

Quietly Reverting Public Matters into Private Troubles: Gendered and Class-Based Consequences of Care Policies in Turkey

Aysen Candas¹ and Yildiz Silier²

This article surveys the politically charged contextual shifts of the public–private distinction, and by focusing on the issue of care policies, traces how the simultaneous processes of depoliticization and reprivatization produce particularly gendered class-based consequences for the underprivileged groups of women. This is the case, especially in contexts such as Turkey, where neither women’s empowerment nor the demographic and cultural shifts this entails have taken place. The authors list the new meanings attached to Private and Public.

As feminist social critics have long argued, although there cannot be a once-and-for all boundary drawn between the private and the public, a *boundary* is nevertheless necessary. For instituting a society of equals, and depending on the context, we might need to both protect the “public” from the infiltration of the “private” and protect the “private” from the encroachment of the “public”. The meanings of private and public are recalibrated throughout contexts and we need to keep an account of these changes. For example, a group’s idea of the virtuous life should not be imposed on the general public, if it were; it would be an instance of generalization of what is in fact the particular—private—onto the public. Or, market “imperatives” offer a particular prescription for designing the economy and society and if they are allowed to infiltrate every function in society, this may lead to the dissolution of society (Polanyi 1944). In these instances, we would want to protect the public from being colonized by the private (i.e. the market private). Yet in sexuality and gender-related issues when we aim to assert gender equality, women’s right to decide, or anti-discriminatory norms, we would want to protect these particular groups from a generalized particular (a majority) acting as the public. In

¹Department of Political Science and International Relations, Bogazici University, Istanbul, Turkey, aysen.candas@boun.edu.tr

²Department of Philosophy, Bogazici University, Istanbul, Turkey, yildiz.silier@boun.edu.tr

these instances, we would want to protect the private and particular (groups, differences) from the public. *Insofar as the measure is equal liberty*, there is no contradiction in these positions.¹

These examples illustrate how politically pertinent the boundary between the private and the public is and why the boundary must remain as not an essentialist but a contextual construct whose measure is equality (Okin 1989). The political should not pervade the personal sphere nor should all private matters be politicized. To put it differently, we will argue that some issues that were formerly privatized need to be re-politicized in order to institutionalize a society of equals.

In the current neoliberal policy environment which displays both globalizing and particularizing tendencies, fewer *class and gender inequality*-related private troubles become politicized to become public matters, while most issues that were politicized in the previous era through struggles are getting re-privatized and turned into non-public troubles. The retrenchment of the welfare states and the relatively mild responses this generates is an indicator of the extent of depoliticization.

The “crisis in care” and the policy responses to it constitute an example of how reprivatization takes place. The globalizing tendency of neoliberal policies can be confirmed by their proliferation even in contexts where the original policy drivers which are usually employed to justify these policies are absent. Take the example of Turkey. The Turkish state is becoming involved in care policy at a time when most European countries are also doing so, yet issues that are driving the concern with care, such as population aging, the empowerment of women, stagnant fertility rates, and the eclipse of the male-breadwinner model, are largely absent in Turkey. Thus neoliberal care-at-home oriented care policies are arising in an entirely different demographic, institutional, social, and cultural setting. In different contexts, the same policy means different outcomes for women, and especially poor women (Ungerson 2004). As a result, what amounts to an impoverishment of women in the European context (Lister 1990, 450–451), in Turkey might signal the official rejection of gender equality as a social policy goal and reassertion of the traditional gender roles alongside with the impoverishment of women.

This article surveys the politically charged shifts and recalibrations of the public–private conceptions and their boundaries through an investigation of care policies in Turkey. How many meanings of the public and the private are in circulation and what are they? What happens when the traditional family structure and classical patriarchy (whose material bases are intact)² encounter, a policy of commodification of care and its re-domestication under a wave of religiously oriented nation-building process³? Is it possible to detect, analyze, and criticize the transformation or petrification of class and gender hierarchies, if we give up articulating the shifting meanings of, and the boundaries between, the private and the public?

In the first section, we provide a theoretical framework that depicts the implications of the boundary between the public and the private and give an account of recalibrations of the meanings of public and private. In the second section, we survey the literature on the simultaneous depoliticization and reprivatization of care. Finally, focusing on the recent trends in Turkey on the provision of care, we reflect on the social implications of the simultaneous depoliticization, re-domestication, and privatization focusing on the underprivileged women.

Recalibrations of the Public and the Private

For Davidoff (1998, 165), “The public–private divide has played a dual role both as an *explanation* of women’s subordinate position and as an *ideology* that constructed that position.” Accordingly, feminists have long challenged the myth of “private woman, public man” (Olsen 1983; Pateman 1983; Okin 1989), while revealing that the perpetuation of the discourse of a strict distinction has gendered and class-specific consequences and the rhetoric of neatly separated spheres both perpetuate and depoliticize injustice (Vickery 1993).

Thanks to the women’s movements, previously normalized private troubles, such as rape and domestic violence, found recognition as political matters and are turned into public issues to be addressed by the society at large and through state intervention. Similarly, the male-breadwinner model, which treated family as a unit, has been challenged and the welfare states were accordingly obliged to devise ways to approach women’s, particularly poor women’s, troubles as public issues that require positive discrimination and compensation.

As Nancy Fraser argues, the recognition of poverty and gender-based discrimination as public matters was a political achievement. Different interpretations of needs, and the different political positions that address them, began to be articulated and the three groups, composed of experts, oppositional movements, and “privatizing discourses” (voiced by business interests), continued to clash in the public sphere in order to dictate public policy (Fraser 1991, 157, 173). The victory of the emphasis on “personal is political”, achieved through political contestation and the emergence of women as social right-bearing citizens, however, had to confront two unanticipated developments: The neoliberal attack on the welfare state and the proliferation of culturally conservative social movements against the ideals of progressive movements.

First, the neoliberal *Zeitgeist*, which seems determined to erase the public, seemed to have found in the feminist emphasis on “the personal is political” an instrument for its purposes (Eisenstein 2005; Fraser 2009). The feminist emphasis on the political nature of the personal was being recalibrated. On the one hand, what was deemed to be, and would rather remain, private such as the sexual identity of partners or the right to abortion became re-politicized as public matters, but this time by conservative movements. On the other hand,

the private was recalibrated to refer to “the familial and/or communal sphere,” and this sphere was also demarcated as one where the unregulated market can roam freely.

Second, neoliberal economic policies have often connected with neoconservative cultural agendas. Politicization of the personal was reflected in the politicization of life styles at a time when neoconservative movements were on the rise. This can be seen in the regressive politicization of some achievements of the previous era, such as the right to abortion, while the climate became ever more impervious to the demands of relatively new social movements, such as the LGBT (lesbian, gay, bisexual, and transgender).

This regressive politicization of the personal, in turn, dialectically necessitated the reassertion of the privacy and intimacy rights (Cohen 2004) and their protection by the state. Those who originally asserted that “personal is political” this time around reflected on the need for the right to privacy. Some feminists, who study gender while highlighting the ever present significance of social class, such as (Benhabib 1992, 2002), (Davidoff and Hall 2002), (Davidoff 1995), (Landes 1998),⁴ (Fraser 1991) and (Boyd 1997) among others, have been asserting a point that was eloquently made also by Pitkin (1981): Despite its ambiguity, shiftiness, contestable, and ideological nature, even if the idea of separate spheres is an illusion, dropping the public and private distinction *altogether* would be an obstacle to making a critical analysis of class and power inequalities (Katznelson 1996, 94).

This history can be better understood by tracing the proliferation of at least three different notions of the private and two different notions of the public:

Private I: A person is someone making his/her own choices (personal autonomy).

Private II: A person is the risk bearer whose failures and successes are entirely private (privatization of risk and responsibility).

Public I: The state aims to provide more equality, more freedom, and a better quality of life to all its components, through the funds extracted from the citizens (social welfare state).

Public II: Instead of the central political association which hosts many particular ethical conceptions, various ethical communities constitute the new publics. Not Public I, but these ethical communities and the private companies run by the members of these communities deliver ‘public’ services and carry out philanthropic projects and charity activities. Since these activities must be carried out under the imperatives of market rationality, profit becomes the primary aim; charity is at best considered a positive externality and at worst, merely a justificatory façade (the “minimal” state).

(Cultural) Private III: The emergence of a sublimated set of traditional or reinvented family values and religious values (empowerment of community).

Private III is a recalibration of the idea of personal autonomy (Private I) in such a way that personal autonomy is negated and collectivized, a person is culturally the community’s responsibility, whose life style must be made to

conform to that particular ethics, whose choices must be restricted to the set of choices informed by the traditional family or religious values. Persons can be the object of philanthropy and charity—if they are “deserving poor.” In this sense, the emergence of the Private III is also the assertion of the new Public II.

Thus, while Private I and Public I were recalibrated, their original meanings were negated while the emergent forms continue to be referred to as private and public. The advantage for neoliberal forces in using the cognitive associations of Private I and Public I is to utilize the democratic legitimacy these have attained, while completely emptying the content of these ideals. The *new* sense of the *personal* commercialized sphere no longer refers to *individuals*, but rather colonizes a part of what used to be public, recalibrating it as familial/communal (emergence of Private II and Private III). Private II privatizes risks and denies social responsibility on personal *economic* outcomes, while Private III denies personal autonomy and choice in *cultural and life style matters*. In addition, Private II involves the economic sphere while it does *not* apply to the cultural sphere and life style, while Private III involves the cultural sphere and life style and collectivizes the person’s options. Both Private II and Private III, however, recognize the market as the just distributor of social outcomes. This is entirely at odds with the content of the original Public I, which is then recalibrated as Public II and allied with the idea of monoculturalist communities. Public II turns traditional culture into an area where state intervention is justified as a means of preserving culture and insofar as profit maximization and market logic constitute the ultimate rationality. Economic privatization and cultural collectivization, favored by Private II, Private III, and Public II, appeared precisely at a time when state intervention into the economy for egalitarian purposes was delegitimized in the discourse of both the right and the social democratic left alike.⁵

In the neoliberal policy environment, where the boundaries between the state and the private sector become blurred and deinstitutionalization of publicly funded public facilities seeps in, political solutions increasingly involve delegating public issues to the private initiatives through the state’s arbitration. Yet given that the market is only responsive to its own logic, public issues on which the egalitarian democratic states ought to be making compensating or “transformative” (Fraser 1997) interventions are pushed off the agenda. These include gender and other discrimination-related inequalities as well as class stratification, which prevents the least advantaged from obtaining equal access to the means to ensure satisfaction of their basic needs and equal citizenship rights.

Politics is about reverting personal troubles that *should* concern all into public matters. Discourses that suggest the need to get rid of the public–private distinction altogether as a conceptual tool contribute to a proliferation of a rhetoric of politicization, which is in fact an overpoliticization in the sense that “everything is political” (Phillips 1999, 99,) coupled with the quiet depoliticization of the particular context, which needs to be politicized as a matter

of justice. Neoliberalism shifts the boundary between the private and the public toward the eradication of the egalitarian Public I. But how do these recalibrations happen?

Susan Gal sheds some light on the cognitive processes that accompany social change in the absence of politicization. According to Gal (2002, 81), the public–private dichotomy is “a fractal distinction”, which means that:

Whatever the local, historically specific content of the dichotomy, the distinction between public and private can be reproduced repeatedly by projecting it onto narrower contexts or broader ones. Or it can be projected onto different social “objects,” activities, identities, institutions, spaces and interactions – that can be further categorized into private and public parts. Then through recursivity (and recalibration), each of these parts can be categorized again, by the same public/private distinction.

Gal calls these recalibrations “fractal splits.” The blue-collar women, who work part time, selling cosmetics outside the home, but perceive themselves as stay-at-home mothers constitute an example. While what these women do for wages is not unpaid (domestic) type of activity, they do not conceive what they do as “public (away from home) . . . [they] think of their jobs as sidelines, not real work . . . While overstepping the bounds of the home, these working women recreate a public/private dichotomy in which they can remain stay-at-home mothers” (Gal 2002, 82–83). While recalibrating a part of what used to be public space and activity as private, the agents involved in the process perceive themselves to be doing everything in the same way, thus experiencing the public–private dichotomy *as if* it were the same. In the absence of politicization, the relevant public is often unable to recognize the sliding, and in many ways *altered* meaning of the redesigned geography of the public/private. Thus, fractal splits always involve “a partial forgetting” or what Gal calls an “erasure” (Gal 2002, 83, 91).

Reflecting on Gal’s account, we could say it is in the very erasure of those recalibrations of the public/private dichotomy, in the deleted, omitted *shift in meaning* that clues can be found to both the process of depoliticization and to the depoliticized, muted, and denied content of the political—that which had to, but could not be, politicized. The shifting boundary between public and private and the accompanying erasures are nicely reflected in social policies geared toward catering to the need for care.

Depoliticization and Reprivatization of Care

According to Tronto, there are two propositions concerning the “vicious circles of privatized caring”. The first is that “as long as care continues to shape the capacities of citizens to be citizens differently, there can be no genuine equality among citizens,” and “as long as neoliberals continue to insist that the

separation of public and private life accurately describes the limits of government's power, they provide an ideological justification for the deepening circles of unequal care." (Kittay 1999; Tronto 2006)

Tronto points out how the dismissal of "care as a public value" (Tronto 2006, 17) is an outcome of the neoliberal strategy of the relativization or "privatization," which amounts to the depoliticization of the common need for care on the one hand, and an emphasis on choice, on the other. Thus, care, an "objectively public matter" (Pitkin 1981, 330), is interpreted as a private matter that merely involves personal taste and choices, and whose delivery can be rendered equitably only through the privatized caring. Thus, on care provision, the trend is to assert Private I, emphasizing choice and autonomy—the principles denied in abortion or sexual orientation debates. However, regarding care policies, Private I is recalibrated into a strange combination of Private II and Private III. Not having enough material leads underprivileged groups of women to search for solutions for their care needs through Private III. This operates in parallel with the denial of Public I and the assertion of Public II (where it is usually the religious communities who can provide a network to satisfy various care needs of its members). Through such mechanisms, care becomes "naturally" domestic in addition to being commodified. The commodification of care in fact represents an erasure of Public I as a policy option. This needs to be politicized, but instead gets treated as if it were a matter of personal choice to be dealt by the unequal resources and unequal power relations that inhere in the domestic sphere where gender stratification roams, and the market, where differential class capabilities roam. Both gender and class inequalities *deepen* through the erased political significance of the commodification of care and resignification of it as a domestic and subjective trouble.

It was in this vein that Fraser highlighted "familializing" and "economizing" as the two mechanisms through which what are objectively public matters are depoliticized. According to Fraser,

Domestic institutions, especially the family . . . depoliticize certain matters by personalizing and/or familializing them; they cast these as private-domestic or personal-familial matters in contradistinction to public, political matters. Second, official economic capitalist system institutions, especially paid workplaces, markets, credit mechanisms and "private" enterprises and corporations . . . depoliticize certain matters by economizing them; the issues in question here are cast as impersonal market imperatives, or as "private" ownership prerogatives, or as technical problems for managers and planners, all in contradistinction to political matters (Fraser 1991, 168).

Familial ideology proposes returning to the traditional male-breadwinner model and threatens achievements toward gender equality. The fetish of personal choice reaffirms class-inequalities by assuming that the ability to delegate care responsibilities and have one's loved ones receive good quality care is

deserved only by those who can afford to pay. Those who cannot afford to delegate care duties to private nannies (or to their close relatives) will have to become sit-at-home care-givers.

In this context, the discourse of “community” as Public II appears as the fractal split of the Public I, reminiscent of solidarity yet instantiating a “solidarity of sameness” (Candas and Bugra 2010) and not an inclusive public. It is not the generalizable human interests, but rather particularistic needs of a presumably homogeneous group whose supposedly monolithic needs are to be catered through traditional family-based care at home and through market mechanisms, that are at stake. The idea that care as a universal need can also be provided in the form of social rights and through public funding and institutions (Nakano Glenn 2000; Akkan 2010) does not even come onto the agenda as a reasonable alternative. Boyd makes this point succinctly: Invocations of community responsibility are prevalent, and rather than “community” assuming a public or collective meaning, in this context it is a tool of privatization (Boyd 1997, 19).

According to Brodie, flexible production, weak regulatory schemes and the decline in skilled jobs contribute to the tendency to the “feminization of poverty”. Women’s workload increases to compensate for the loss of household income. Social services are shifted from the paid to the unpaid labor of women. Gains made toward gender equality are eroded, as exemplified by the reductions in public child care. Women’s working conditions become worse with the reduction of public sector jobs, which offered them more favorable conditions (Brodie 1994, 49–51). “[T]he neo-conservative discourse about the new mode of regulation is cast in terms of inescapable necessity, a neo-Darwinian survival-of-the-fittest which allows no place for politics, compensatory justice or political agency” (Brodie 1994, 48).

Furthermore, “choice” and “agency”, which neoliberalism celebrates as its particular “achievements” are unequally distributed among different classes of women. Thus talking about women and neoliberalism in general terms can mask rather than reveal the class-specific consequences of neoliberal policies. Connell concurs with Brodie and Boyd on the negative impact of neoliberalism for poor or underprivileged women:

The result is increased pressure on the social relations of the domestic-private since average hours of work increase in contrast to sociologists’ predictions about the leisure society. The stress is handled first by lowering women’s expectations (through conservative rhetoric about family values, women are supposed to choose the housewife role) and secondly by the increase in flexible, low-paid jobs for women (Connell 2008, 326).

Both of these options reinforce the patriarchal division of labor at home as the default option precisely for the underprivileged women. The wages they might receive would not cover private childcare and thus they are forced to “choose” to become full-time housekeepers (Oakley 1976). In fact, women of all classes have

pre-determined “choices”: “The low-educated, low-earning mothers provide their own childcare since they cannot afford to pay for childcare, whereas high-educated, high-earning mothers cannot afford not to pay for childcare.” (Bjonberg 2006, 105) As a differentially distributed agency corresponds to the rise of a second serfdom for underprivileged and poor women, a reprivatized public called “community” and “traditional family” take the center-stage instead of the public.

According to Daly and Lewis, the changes in the welfare state regimes cannot be understood merely “in terms of retrenchment and cut-backs”. To do so “is to stop short of the real qualitative change that is being played out around the activity of and responsibility for caring”:

... underlying the alterations that are being made to benefit entitlement is a more subtle shifting of responsibilities among institutional domains ... There is a general move away from the state as provider (of cash and care) towards the family and voluntary sector. The market, either directly as a provider or indirectly as a purveyor of particular principles, is also being drawn in more ... while care was always important historically as a consideration for welfare state policy, contemporary developments move it to the very centre of welfare state activity (Daly and Lewis 2000, 282).

The welfare state’s involvement in care is an area where neoliberal governance leads to the privatization of public services (euphemistically referred as deinstitutionalization), but unlike other sectors, in many European countries, it also involves the introduction of new means-tested benefits to support the “adult worker family model” (Crompton 1999; Lewis 2001).

The care crisis in Europe and North America has been the outcome of demographic changes as well as changes in work (decline of the male-breadwinner model linked to the increasing “feminization of labor”), family structure, and gender relations. The increase in divorce rates has contributed both to the feminization of poverty (Sharma 2005) and to an increase in child poverty.⁶ In Europe in particular, the fall in birth rates, aging populations and their increasing health and elder care needs, and the discovery of children as a precious “commodity” in an increasingly “knowledge economy” that requires high-skilled workers, have all contributed to public investment in childcare (Lewis 2006, 12). While trends to privatization dominated, whether and to what extent privatization was favored depended on the inherited welfare state regime, as well as on the acuteness of the crisis of care.

Gender and Class-Based Consequences of Care Policies in Turkey

The Turkish state’s care policies in the past decade pose interesting puzzles for those who study the politics of care in a neoliberal policy environment.

What happens when, *before the patriarchy is shaken due to an erosion of its material bases*, women already begin to face the neoliberal policy options provided by a neoliberal *and* religiously oriented government?

Demonstrating once again the assertion that “states embody gender regimes” (Connell 1990; Kandiyoti 1991, 431; Arat 2010), the Turkish government⁷ views women and children as those who need to be protected despite the fact that domestic crimes against women have increased 1400 percent in the last seven years.⁸ Reflecting its view of women’s primary social role, the government changed the name of “Ministry of Women and Family” into “Ministry of *Family* and Social Policies” and reduced the number of women’s shelters. Women’s economic dependence on men, their inability to work either due to the lack of affordable childcare or the fact that they are not allowed to work are not recognized as public matters.

In Turkey, which had a Bismarckian social state that covered only the formally employed⁹ workforce (Bugra and Candas 2011), *none* of the policy drivers used to justify neoliberal policies in Europe are present: There is no demographic crisis. Fertility rates in Turkey are still very high: 2.03 percent in 2010 versus the Organisation for Economic Co-operation and Development (OECD) average of 1.74 percent, EU-21 is 1.63 percent.¹⁰ According to World Bank (2009) statistics, the female labor participation rates are astonishingly low at 22–27 percent. Due to the dissolution of agriculture as well as the resurgence of the “maternalist” ideology, female employment rates actually fell after 2000 (İlkkaracan 2010). Comparable predominantly Muslim countries recorded an increase since 2000s, leaving Turkey the *single exception that recorded a 12,7 percent decline in female employment* between 1988 and 2008. (World Bank 2009, ii, 16).

Turkey has the highest gender gap in employment rates (41.9 percent in 2009) in OECD countries. Mexico, which comes closest to Turkey, has a gender gap of 33.3 percent, while the OECD average is almost half of Turkey’s (OECD Employment Outlook, 2010). The divorce rate is low—just 1 percent in 2011—compared with the OECD average of 4 percent, while the marriage rate is the highest in the OECD at 66 percent. Turkey’s long term unemployment rate was 28.6 percent in 2010.¹¹ According to EUROSTAT, in 2009, the social protection-related spending in EU was 29.5 percent of the gross domestic product compared with a mere 14 percent in Turkey.

Cash transfers for the disabled, who receive the minimum monthly wage, registered the largest increase (44 percent). However, only the disabled whose level of income is below the minimum wage can participate. This means-tested program enables the female relatives of the disabled to be employed at home and receive wages.

Given this bleak picture, every report written on Turkey underlines the need to increase social spending. Moreover, to enable women to work outside of home, care services must be affordable and institutional options must be on the agenda. Given the tremendously low rates of female labor force participation,

care policies must be designed in a way that would render working outside of home easier for women. How has the Turkish state responded to these appeals?

The *Official Gazette* provides data on care provided through institutions or at home. Table 1 shows the public rehabilitation centers' numbers in 2006–2009.¹²

These numbers include institutional care for children, the disabled, and the elderly. For a country with a population of 80 million, the rate of institutionalization is remarkably low. Yet instead of *also* planning to establish publically funded public institutions, the government decided to invest in *private institutions and make contributions to the private centers per person* and to also establish a *care-at-home scheme*.¹³ The government paid twice the minimum wage per disabled to a certified private institution. For the disabled that are being cared at home, the government pays a monthly minimum wage to the family. Income per person in the household must be less than 2/3 of the minimum wage to participate in the program. The monthly wages are paid to the person who cares for the disabled. Since 2007, the number of participants has increased substantially from 28,583 persons to 210,320 in 2009, with plans to expand the program to encompass 561,000 by 2014. The Social Services and Child Protection Agency (SHCEK) is responsible for both the institutional care and the care-at-home programs. By 2009 the care-at-home scheme accounted for 53 percent of the total SHCEK budget.

The same government document lists *the strategic priorities* in relation to care as:

1. Promoting the care-at-home services with an eye toward “maintaining the structure in Turkey” (p. 6),
2. Institutions that would care for the mentally disabled will be increased while the existing public institutions will be supervised more frequently.
3. Educational programs that would generate qualified care personnel will be established also to give support to families who take care of their disabled at home.

Table 1 The public rehabilitation centers' numbers in 2006–2009²

Year	Number of centers			Capacity	Number of persons who use the facilities		
	Sleep-in	Daytime	Total		Sleep-in	Daytime	Total
2006	41	25	66	3,027	3,070	1,584	4,654
2007	47	17	64	3,434	3,458	634	4,092
2008	57	15	72	4,098	3,802	470	4,272
2009	62	10	72	4,758	4,190	379	4,569

4. Care technologies that are at par with universal norms will be produced at home.
5. Care insurance systems and financing options will be developed.

Yet shortly after this report was released, SHCEK was abolished and its duties were transferred to Family and Social Services and the Child Services General Directorates, both of which are now under the new Ministry of Family and Social Policies. Since the summer of 2012, the Family Ministry and Health Ministry has announced the banning of abortion and C-sections. This proposal is officially being reconsidered following demonstrations and signs of international concern. Nevertheless reports from hospitals around the country show that public hospitals and most private hospitals no longer conduct abortions, even in the case of rape. In addition there are media reports that pregnant women's medical records are being shared with the Health Ministry to determine whether suspicious miscarriages or abortions are taking place. The Health Ministry initially denied this but then admitted that the program has been in effect for the past six months. The current prime minister of Turkey, Tayyip Erdogan, regularly insists that all Turkish women have three children. Recently he remarked that "actually it must be five children, for now there are washing machines and childcare is easier".¹⁴ Finally, there is a pilot project that would have the ombudsman attempt to convince the couples who want to divorce not to do so.¹⁵

It is not surprising that Turkey is a bad example for the "feminization of wage labor" thesis, but a good example for the "feminization of poverty". Whereas the feminization of poverty is usually explained as a result of the destruction of traditional families, in Turkey despite the strength of the traditional family model, the feminization of poverty has increased and the rate of child poverty is the highest among OECD countries (Candas and Yilmaz 2011). This reflects the structural nature of children's and women's poverty, the result of the state's determination to keep the structure of the traditional family intact.¹⁶

Paying means-tested benefits to family caregivers of elderly or disabled members of their family is at first sight, similar to the care policies in Europe,¹⁷ yet Turkish policies differ in two fundamental respects. First, in European countries that favored the care-at-home policies, the disabled person himself/herself receives the cash transfer and pays it to those whom he/she selects as his/her care-givers. In Turkey, the care-at-home scheme seems designed as an incentive for the family to take care of the disabled at home, rather than increasing the autonomy of the disabled person.¹⁸ Thus, the Turkish scheme denies Private I to the disabled and asserts Private III while in Europe care-at-home schemes assert Private I for the disabled. Second, none of the European countries seem to be completely overhauling existing levels of institutional provision of care (Public I) and the institutionalization level of care is higher, whereas in Turkey the existing institutional care centers and public

institutions are already extremely limited in number and fall well short of meeting the needs, yet even these centers are being abolished. The government now interprets “institutional care” as the cash transfers it gives to the certified private institutions for the care of the persons in need. Thus, Public I is totally negated and replaced by Public II in alliance with the assertion of Private II for the families who now have to shoulder the care responsibilities where no other option is available, and Private III, permitting various communities’ private companies to make profitable deals with the government.

In the context of the global economic crisis where unemployment is as high as 10 to 15 percent, traditional values dictate that women should be advised to stay at home, rather than competing with men for the scarce jobs. Moreover, if women are paid minimum wage for caring at home, it is possible to show this as gainful employment of women, thus inflating low female employment rate statistics. The added “benefit” would be that the Turkish traditional family structure would be preserved.

It is precisely this rationale that perpetuates the gendered division of labor by naturalizing it. Neoliberalism, by eroding class and gender compromises established by the welfare states, not only undermines but also depoliticizes social justice-related issues. Hence, defending the goals of gender equality and advancing social justice requires the setting of barriers against the subjection of all social life to the dictates of economic rationality, efficiency, and the logic of commodification.¹⁹

Thus, care, which has never attained a formal institutional character in Turkey, is being also entirely deinstitutionalized and re-domesticated as a *pre-emptive measure* that would “protect” the traditional family structure from dissolving and to prevent any progress toward gender equality. The current Prime Minister’s words: “I don’t believe that men and women are equal, I think they are different” reflects this attitude. While none of the neoliberal states have completely deinstitutionalized their formal care facilities and while some (such as Japan) are even investing in formal care for the first time (Peng 2002, 45), Turkey has begun to abolish the few institutions that existed and to set up a completely private, i.e. family and private facility based, care. Similarly since 2006, there has been sporadic news of the government’s plans to subsidize foster care arrangements through provision of salaries and social security to volunteering families. The project seems to be aimed at completely deinstitutionalizing the care of children who do not have families, while supporting—through subsidies—the proliferation of a foster care system.²⁰ Recent policy objectives reveal the state’s intention to subsidize stay-at-home mothers and housewives.

These policies would give the government the ability to record care-at-home, means-tested benefits as “job creation.” They would also no doubt contribute to a clientelistic base for votes. While doing the same home-based care, women can receive small wages without being exposed to the environment outside of home. Thus, women would continue to stay safely within the confines of their “natural” disposition.

Feminists may well be divided on the issue of wages for housework, but that debate seems to be not relevant in Turkey, because it is the starting point that matters politically: in a context where patriarchy is so strong that women are not at liberty to leave their homes, can ‘wages for housework’ be interpreted as an emancipatory option (assertion of Private I)? Or would it lead to the reinforcement of their life style whether they chose it or not (assertion of Private III)?

The themes of depoliticization and reprivatization discussed above can be used to illuminate the Turkish case. [Daly and Lewis \(2000, 295\)](#) regard current changes in European care policies as part of a general tendency to emphasize obligations (parental responsibilities) rather than social rights. As autonomy in the sense of the self-sufficiency of the family has become one of the main targets, the social right to give and receive care is undermined. The issue of care is not only an aspect of the universal human condition, but also a point where gender, race, and class domination intersect. According to Ungerson,

In terms of “class” (loosely defined) we may be seeing the beginnings of a revival of a form of domestic service, with all the connotations of subservience and unequal work relationships that this implies. In terms of gender, payments may represent a form of targeted, and, because they are generally so low, exploitative, wages for casual “women’s work” and lead to the further gender segmentation of already gender-divided labor markets. In terms of “race” and “ethnicity”, we may be seeing the beginnings of yet another form of an unregulated and gray labor market, where employers, be they agencies or individual disabled people, might feel they can find particularly flexible labor ([Ungerson 1997a, 378–379](#)).

Matters deemed to be personal are left to the market ([Knijn and Kremer 1997, 328](#); [Knijn and Ungerson 1997](#); [Ungerson 1997a, 362](#)). Since this takes place in an environment where personal choices and agency are highlighted, the political nature of this privatization never gets politicized. The public whose collective responsibilities are reprivatized respond by erasure and inaction, and states respond by trying to get rid of their social responsibilities through serving “market imperatives”. Social justice-related issues are increasingly branded as familial or communal matters. In Turkey in particular, the erasure involves the fact that the state actively takes part in, and intervenes through its policies and constant decree-making, to privatize (Public II) in a context where public care facilities (Public I) are already largely absent. What is going to happen to children/elderly/disabled without families who can no longer stay at public institutions and who are not “presentable enough” to be selected by foster families? Whether the elderly or the disabled prefer to rely on the fickle kindness of their relatives rather than relying on their social rights? Questions such as these do not enter the public’s agenda.

Conclusion

The consequences of privatized care are objectively public thus political, while these may for a long time to come remain subjective, non-political, even anti-political for the neoliberal minded passive and active participants of the *Zeitgeist*. The politically significant consequences of privatization of care in Turkey's context are firstly the re-naturalization of traditional gender roles as well as social class position accompanied by celebrations of the women's "essential differences" and communities' and individuals' "choices". Second, the government can enjoy this maneuvering capacity when its actions are not subject to public deliberation, scrutiny, and contestation (Pitkin 1981, 329–330). The public character of state's actions is disowned by the state and not politicized by the society. Thus, the state can deny that it is involved in social engineering.

Third, women are affirmatively and not transformatively recognized as a primarily care-giving species differentiated by their ability to give birth and take care of their offspring and family members (Fraser 1997). The costs of not politicizing the movement of the gender regime toward a deliberate gender inequality are very high. If people are recognized as citizens through their public activities, recalibration of the domestic space as wage-making space, and care in the family as a commodity, may not give women equal recognition and self-esteem, for they may still perceive themselves as "stay at home mothers, daughters and brides" and remain half-citizens. Finally, if care is conducted by the family members, women in traditional settings may lose the most powerful justification they employ to convince their husbands, fathers, and brothers to go out of home to work. It is likely that they would only convince the male members of the household and get permission to work outside, if their labor outside of home is likely to provide additional income for a poor household. If the state gives women a minimum wage for conducting care-related activity they have already been doing at home, women may find themselves even more trapped in their essentialized roles.

While trying to socially engineer the ideal woman as stay-at-home caregiver, and the ideal family as one that keeps women in the domestic-private, neoliberal conservative governments may dissolve whatever is there concerning authenticity and empathy in care relations, by commodifying what may well be provided as labor of love and ruin its original intent. Love is precious but may well be rare. Hence, there is the need to recognize the right *not* to care, and the need to abolish the stigma attached to women who simply do not want to care. The right not to care (Finch 1996, 207) gets to be a non-signifier, where essentialist attitudes toward women are the norm—precisely where recognizing women's right not to care needs to be recognized the most.

It seems that we have to devise new ways of dealing with what Lister (1994, 19) calls "The contemporary variant of the Wollstonecraft dilemma . . . We are torn between wanting to validate and support, through some form of income maintenance provision, the caring work for which women still take the

responsibility in the ‘private’ sphere and to liberate them from this responsibility so that they can achieve economic and political autonomy in the public sphere.” As Brenner (2007, 214) sums it up: . . . degendering care and making care a more collective responsibility are connected. So long as care is a woman’s responsibility, it will remain devalued. And so long as it is a private responsibility, it will remain gendered.

In this article, we wanted to emphasize the inegalitarian malleability of the public–private divide under neoliberal care policies, while pointing out the significance of the context in which these shifts take place. Globally applied inegalitarian policies may produce even worse outcomes where moves toward gender equality are at their initial stages or where gender inequality has suddenly become “the new goal”, although neoliberal policies anywhere seem to have particularly gendered and class-specific consequences. What is public and what is private is, and will always be, a contextual matter, yet an egalitarianism asserting boundary between the two at any point in time is a critical necessity for addressing both gender and class inequalities.

Notes

Aysen Candas (PhD 2005, Columbia University, New York) is an Associate Professor at the Department of Political Science and International Relations of Bogazici University, Istanbul. As a political theorist, who has written her dissertation on Rawls and Habermas with reference to procedural democracy and social justice relationship, she currently works on the indivisibility of basic rights, freedom of speech, right to privacy, constitutional democracy and its paradoxes, social justice, inequalities of status and social class and their overlapping and diverging outcomes, minority rights, and women. She has various articles that are published in English and Turkish. She is a researcher and an executive committee member of the Social Policy Forum at Bogazici University. Tel: + 90212359 6558; E-mail: yildiz.silier@boun.edu.tr.

Yıldız Silier (PhD 2003, University of Kent at Canterbury, UK) is an Assistant Professor at the Department of Philosophy of Bogazici University, Istanbul, who is specialized in social and political philosophy. Her dissertation challenges Isaiah Berlin’s distinction between negative and positive conceptions of freedom by focusing on the works of Kant, Hegel, Marx, Charles Taylor, and Gerald Cohen. She is currently working on socialist feminism, the philosophical assumptions and political consequences of different accounts of freedom, struggles for liberation, and global justice. She has published one book in English (*Freedom: Political, Metaphysical, Negative and Positive*, 2005, Ashgate) and two books in Turkish (*The Illusion of Freedom: Rousseau and Marx*, 2006 and *The Age of Gluttony: Essays in Philosophy and Political Psychology*, 2010).

1. For the diverse meanings of the public–private distinction, see (Weintraub 1997) and (Savran 2009). The different senses of “public” and “private” that we use in this article will be elaborated below.

2. Following [Kandiyoti's \(1984\)](#) arguments that “the material bases of classic patriarchy crumble under the impact of new market forces,” this article questions what happens when the new market forces and classical patriarchy are rendered mutually supportive by the state to the extent that the material bases of classical patriarchy are preserved.

3. “It is an entirely different matter for a woman to be subject to the customary strictures of a community which happens to be Hindu or Muslim and quite another for her to live under a regime that has adopted one or another faith as a source of public policy, social legislation, and national identity. A sphere marked out as ‘private’ at one stage of nation building may reappear with the full trappings of the ‘public’ at another, their boundaries being fluid and subject to redefinition.” ([Kandiyoti 1991](#), 430).

4. “Yet not all feminists were committed to a critique of the private sphere or to altering inherited gender patterns. By the 1980s, “pro-family” feminists began to defend women’s role as mothers as the necessary basis for gender identity and feminist political consciousness. Pro-family feminists also sought to protect the private world of the family and personal life from all political intrusion, whether from the meddlesome state policies or feminist politicization of the personal sphere” ([Landes 1998](#), 4).

5. Neoliberal states continue to intervene in the economy either to deregulate—which required constantly passing laws and dismantling institutions—or to rescue financial capitalism from collapse, i.e. through covering certain financial institutions’ debts and losses.

6. While the increased employment of women has a beneficial effect on child poverty rates, “in countries where formal childcare costs are high and the gender pay gap is wide” this does not seem to be the case ([Lewis 2006](#), 7).

7. Prime Minister Erdogan has recently announced that their aim is to cultivate religious generations.

8. For a report that summarizes the findings of recent statistics that are published by the Ministry of Justice, see <http://www.usak.org.tr/makale.asp?id=2250> last accessed on November 10, 2011.

9. The informal sector constitutes about half of the economy in Turkey.

10. <http://www.oecd.org/statistics/>.

11. http://www.oecd-ilibrary.org/economics/country-statistical-profile-turkey_20752288-table-tur.

12. SHCEK, <http://www.resmigazete.gov.tr/eskiler/2011/01/20110119-6.htm>.

13. “In February 2007, government changed the face of disabled care in Turkey. They issued a new law that promotes prioritization of home-based care of disabled people in need of care, instead of state-led institutional care. They changed the related article in the law, without any political deliberation or consultation with relevant institutions or non-governmental organizations. The new article allows the care of a disabled person at home, through a cash payment equal to the official monthly minimum wage. If, however, home based care is not possible, and the disabled person is placed at a private rehabilitation center, the remuneration to this center is equal to two minimum wages. The implementation of the policy was rapid, and the number of disabled persons receiving home-based care increased from 56 in 2006 to 30.608 in 2007.” ([Salman 2012](#); see also [Ungerson 1997](#)).

14. <http://www.sabah.com.tr/Gundem/2012/10/27/bosanacak-ciftlere-aile-ombudsmanligi>.
15. <http://www.focushaber.com/erdogan-simdi-is-kolay-5-cocuk-bile-olur-h-127091.html>.
16. Turkey ranks 206th among 215 countries in female labor market activity in UN statistics of 2008.
17. “There is something of a move underway in most parts of Europe towards the public subsidization of the private (parental) caring of young children. It may even be that the nature of the classic family policy architecture is undergoing a change in that any new benefits which are being introduced for families with children are taking the form of payments for (private) caring rather than, say, general subsidies to families like child benefits” (Daly and Lewis 2000, 292–293). For example, in recent years welfare states in Britain and Netherland apply policies of “indirect compensation of care . . . which contain regulations that gives families financial incentives for the woman to remain at home” (Knijn and Kremer 1997, 351).
18. On the legislation concerning disabled care at home, see <http://www.shcek.gov.tr/evde-bakim-odemelerinde-2011-yili-icin-uygulanacak-net-asgari-ucret.aspx> last accessed on November 10, 2011.
19. “In many countries there is also a growing tendency for middle-class households to employ domestic staff, who support the family in handling the ‘care’ responsibilities. This often involves unemployed women or female migrants who tend to be socially marginalized and who are employed as cheap, flexible labor to solve the problems of reconciling the family and paid work. This care work is undeclared, which means that it is paid but not formally known to the authorities. The conversion from unpaid informal work to paid informal work in the form of undeclared employment can also be termed ‘commodification’; that is, inclusion in the market without formalization” (Pfau-Effinger 2006, 140).
20. The Minister of Education Nimet Cubukcu gave an interview to the *Zaman* daily as early as 2006, but the plan did not materialize. For an electronic version of the interview, see <http://www.zaman.com.tr/haber.do?sessionid=55E33DA47B74DA18B8F7164CB3C17C7E?haberno=434724> last accessed on November 10, 2011.

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