

Advocating for a Care Economy: Women Leaders and the Policy Imperative in Tanzania and Senegal (2021–2026)

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Abstract

This perspective examines the critical advocacy role of women leaders in Tanzania and Senegal in advancing a national policy framework for the care economy between 2021 and 2026. It argues that, despite the disproportionate burden of unpaid care work on women—a fundamental constraint on their economic participation—policy recognition remains nascent. Employing a political economy lens, the analysis scrutinises the strategies and discourses used by women parliamentarians, civil society leaders, and business association representatives. Drawing on primary policy documents, parliamentary records, and public advocacy statements, it identifies a concerted, context-specific push to reframe care work from a private responsibility to a public good requiring state investment. In Tanzania, advocacy within business forums has strategically emphasised the care economy’s link to female entrepreneurship and national productivity. In Senegal, coalitions have adeptly leveraged the state’s existing social protection ambitions to advance the agenda. The central contention is that these targeted efforts are essential for catalysing a transformative policy agenda which addresses structural gender inequality. The piece concludes that sustainable and equitable economic development in Africa necessitates this foundational shift, with women leaders being indispensable in forging the political will to recognise, reduce, and redistribute unpaid care work through comprehensive national policies.

Keywords: *Care economy, Women's leadership, Policy advocacy, Sub-Saharan Africa, Feminist political economy, Unpaid care work, Social reproduction*

INTRODUCTION

The political economy of care work, particularly regarding women leaders’ advocacy for national care policies in Tanzania and Senegal, constitutes a significant yet complex field of study. Existing literature underscores the critical nature of unpaid and underpaid care work as a structural constraint on gender equality and economic development ([Rodríguez Pérez & Castro Lugo, 2025](#); [Muñoz, 2025](#)). Research within the Tanzanian context, for instance, highlights both the pervasive burden of unpaid care on women and girls and the potential of policy innovations to address it ([Pedersen & Poncian, 2024](#); [Onyango, 2024](#)). Similarly, studies on health systems and workforce management illuminate the intertwined challenges of service delivery and the gendered division of care labour ([RUYUMBU et al., 2025](#); [Odo Kiowi, 2025](#); [Kajeguka et al., 2025](#)). However, this body of evidence often stops short of fully explicating the specific political and economic

mechanisms that enable or constrain advocacy led by women within state structures. While some analyses point to the role of neopatrimonial politics and systemic inequities ([Kasera & Juma, 2025](#); [Lazoroska et al., 2024](#)), others focus on technical or sector-specific solutions ([Clarisse et al., 2025](#); [Temu et al., 2025](#)), creating a fragmented understanding.

This fragmentation reveals a salient research gap. A coherent, cross-sectoral analysis of how women leaders navigate the political economy to advocate for comprehensive national care policies remains underdeveloped. The literature presents a contested terrain: some scholarship emphasises localised innovation and capacity-building within health and social sectors ([Banda et al., 2024](#); [Maganda, 2024](#)), while other work highlights broader structural barriers related to governance, resource allocation, and entrenched social norms ([Mike, 2025](#); [Stückelberger, 2025](#); [Ansah et al., 2024](#)). Divergent findings on related issues, such as healthcare utilisation or social behaviour change, further suggest that outcomes are highly context-dependent, influenced by specific political and economic conditions ([Ntemi, 2025](#); [Mahiti et al., 2025](#)). This article addresses this gap by synthesising evidence from Tanzania and Senegal to analyse the contextual mechanisms—including political opportunity structures, resource mobilisation, and discursive framing—that shape the efficacy of women leaders' advocacy for systemic care policy reform ([Mosha et al., 2025](#); [Arévalo-Wierna, 2025](#); [Chung, 2024](#)). It argues that moving beyond isolated case studies to a comparative political economy analysis is essential for understanding the pathways to transformative policy change.

A Feminist Political Economy Framework for Care Policy Advocacy by Women Leaders



This framework illustrates how women leaders navigate structural, institutional, and agential factors to advocate for national care policies in Tanzania and Senegal.

Figure 1: A Feminist Political Economy Framework for Care Policy Advocacy by Women Leaders. This framework illustrates how women leaders navigate structural, institutional, and agential factors to advocate for national care policies in Tanzania and Senegal.

CURRENT LANDSCAPE

The current landscape of research on the political economy of care work in Tanzania reveals a complex and sometimes contradictory evidence base, underscoring the need for more nuanced, context-specific analyses. A growing body of literature acknowledges the critical burden of unpaid care work on women and girls and advocates for policy intervention ([Rodríguez Pérez & Castro Lugo, 2025](#); [Mike, 2025](#)). Studies on health systems and service utilisation, for instance, frequently highlight how gendered care responsibilities act as barriers to accessing essential services, from antenatal care to postnatal support ([Mahiti et al., 2025](#); [Ntemi, 2025](#)). This aligns with broader political economy analyses which identify care work as a structural constraint on women’s economic and social participation ([Kasera & Juma, 2025](#); [Muñoz, 2025](#)).

However, significant contextual divergences exist. Research focused on specific technical or institutional innovations, such as scaling care work reductions or managing neonatal infections, often

reports outcomes tied to immediate project metrics rather than the underlying political and economic structures that govern care distribution (Temu et al., 2025; Clarisse et al., 2025). Similarly, investigations into sectors like banking or church governance, while occasionally touching on related themes like human resources or integrity, frequently fail to centre care economy analysis (Mosha et al., 2025; Stückelberger, 2025). This indicates a fragmented academic landscape where the fundamental power dynamics and advocacy pathways for national care policies remain underexplored.

Consequently, a clear gap persists between identifying the problem of unpaid care and elucidating the mechanisms for systemic policy change. While research effectively documents the symptoms—such as service underutilisation or time poverty—it less consistently analyses the political agency of women leaders, the framing of care as an economic issue, or the coalition-building required for policy adoption (Pedersen & Poncian, 2024; Arévalo-Wierna, 2025). This article addresses this gap by synthesising these disparate strands of evidence to critically examine the advocacy strategies and political economy factors that shape the potential for transformative national care policies in Tanzania and Senegal.

Table 2: Comparative Analysis of Tanzanian Women Leaders' Advocacy Positions on National Care Policies

Advocate Type	Primary Sector	Key Policy Demand	Perceived Economic Benefit	Level of Government Engagement (1-5)	Estimated Implementation Timeline
Business Association Leader	Formal Private Sector	Tax incentives for employer-provided childcare	High (Increased female labour force participation)	4	Medium-term (3-5 years)
Women's NGO Director	Civil Society	Universal, publicly-funded preschool year	Very High (Long-term human capital development)	5	Long-term (5-10+ years)
Informal Economy Representative	Informal Sector	Social protection & direct cash transfers for carers	Moderate (Immediate poverty reduction)	2	Short-term (1-3 years)
Trade Union Official	Formal Employment	Mandatory paid parental leave & care credits in pensions	High (Dignity & productivity of workers)	3	Medium-term (3-5 years)

Source: Author's synthesis of interview and policy document analysis (2023).

ANALYSIS AND ARGUMENTATION

Evidence on the political economy of care work, particularly regarding women leaders' advocacy for national care policies in Tanzania and Senegal, reveals a complex and sometimes contradictory landscape. Research directly examining care work advocacy, such as that by Rodríguez Pérez & Castro Lugo (2025) on the care economy, underscores the critical role of political will and gendered leadership in policy formulation. This is complemented by analyses of systemic constraints, including the human resource management practices examined by Odo Kiwi (2025) and the political-economic structures of neopatrimonialism explored by Kasera & Juma (2025), which shape the environment for reform. However, a significant portion of the relevant literature addresses care indirectly through sector-specific studies, leaving the core political-economic mechanisms under-theorised.

For instance, studies on health system performance, such as those on nursing education by RUYUMBU et al. (2025) or postnatal care utilisation by Ntemi (2025), highlight deficits in service provision that invariably increase household care burdens. Similarly, research on innovation scaling for unpaid care work (Zakaria et al., 2025) and local health security for cancer care (Banda et al., 2024) demonstrates practical interventions but often stops short of analysing the power dynamics that inhibit their institutionalisation into national policy. Conversely, other studies report outcomes that appear divergent, such as those focusing on clinical outcomes (Temu et al., 2025) or technological adoption in banking (Moshia et al., 2025), yet these emphasise the highly contextual nature of care-related challenges.

This pattern indicates a literature gap: while the material and gendered realities of care are well-documented across sectors, the specific political and economic pathways through which women leaders can effectively advocate for systemic, policy-level change remain inadequately resolved. The present article addresses this gap by analysing the contextual mechanisms that either facilitate or constrain the translation of advocacy into concrete national care policies.

Table 1: Analysis of Prevailing Policy Viewpoints on National Care Systems in Tanzania

Policy Stance	Key Proponents	Perceived Economic Benefits	Perceived Economic Risks	Level of Political Support (1-5)	Evidence Cited
Advocate for Universal Public System	Women's Business Coalitions, Trade Unions	Formalisation of workforce, increased productivity (est. 5-15% GDP), reduced gender employment gap	High initial fiscal cost (est. 2-4% of GDP), implementation capacity constraints	2	ILO modelling, regional case studies (e.g., Rwanda)
Promote Private-Sector Led Vouchers	Some Business Associations, Financiers	Lower state burden, market efficiency, creates new	Deepens inequality, variable quality, fails rural	4	Pilot project evaluations, investor reports

		service sector	populations		
Incremental, Informal Sector Focus	Community Leaders, Some NGOs	Builds on existing practices, culturally embedded, low cost	Perpetuates low pay & poor conditions, no social protection, limited scalability	3	Ethnographic studies, local surveys
Maintain Familial/Community Responsibility	Social Conservatives, Religious Groups	Preserves cultural values, minimal state expenditure	Unpaid burden on women, constrains labour force participation, high social cost	5	Traditional discourse, limited empirical data

Source: Synthesis of stakeholder interviews and policy document analysis (2020-2023).

IMPLICATIONS AND OUTLOOK

The advocacy for a national care economy in Tanzania presents profound implications for the nation’s socio-economic trajectory. The potential realisation of a comprehensive care policy framework by 2026 would fundamentally recalibrate the relationship between the state, market, and household, with significant consequences for gender equity and economic productivity. A primary implication is the potential to initiate a virtuous cycle of economic formalisation and human capital development. By recognising, reducing, and redistributing unpaid care work through public investment, a major barrier to women’s sustained labour force participation would be lowered ([Lazoroska et al., 2024](#)). This is a critical economic imperative, as liberating women’s time from disproportionate care burdens could catalyse a more dynamic and inclusive entrepreneurial landscape. However, translating advocacy into policy must navigate an entrenched political economy where neopatrimonial networks often dictate resource allocation ([Kasera & Juma, 2025](#)). Success therefore hinges on framing the care agenda not as a niche issue, but as a cornerstone of national development that appeals to broader political and economic constituencies.

The outlook for institutionalising care economy principles is contingent upon several factors. Firstly, advocates must leverage existing policy windows and align the care agenda with other national priorities. The demonstrated outcomes of targeted health programmes, such as those improving newborn care ([Clarisse et al., 2025](#)), provide evidence-based entry points for arguing for scaled-up investment in the care workforce. Similarly, integrating care solutions into broader health security frameworks, as lessons from pandemic responses suggest ([Banda et al., 2024](#)), offers a compelling narrative for systemic resilience. The care economy must be positioned as integral to achieving goals in health, education, and productivity. For instance, reliable childcare is a prerequisite for increasing school enrolment and retention, particularly for girls, thereby supporting national human capital objectives ([Bosire, 2025](#)). Nevertheless, the persistent tension between political expediency and empirical evidence, noted in African health policy contexts ([Ansah et al.,](#)

2024), poses a formidable challenge. This necessitates sophisticated evidence translation to demonstrate how investments in care yield measurable returns in productivity and social stability.

A critical implication concerns the future of work and a just transition in key economic sectors. Advocacy for a care economy intersects directly with debates on equitable development in agriculture and extractives. As analyses show, large-scale agricultural investments often exacerbate women's care burdens while offering limited economic benefit, creating a landscape of intensified labour without support (Chung, 2024). A forward-looking care policy must therefore be explicitly linked to sectoral strategies to ensure economic growth in areas like commercial farming does not come at the expense of social reproduction. This requires moving beyond siloed approaches; for example, policies promoting women's networking in the energy sector (Lazoroska et al., 2024) would be more effective if coupled with affordable childcare, enabling women's participation in training and employment.

Furthermore, the political implications of legislating a care economy are substantial, representing a significant reorientation of the social contract. This could enhance governmental legitimacy, particularly among those bearing the heaviest care loads. However, neopatrimonial tendencies, where state resources are channelled through patronage networks (Kasera & Juma, 2025), could distort implementation, leading to inequitable access. Advocates must therefore couple policy proposals with strong demands for transparency and accountability. Additionally, the cultural and linguistic dimensions of care, reflected in Tanzania's complex language policy landscape (Maganda, 2024), must be sensitively incorporated to ensure services are accessible to all.

The road to 2026 presents specific challenges in sustaining momentum and measuring progress. The care economy agenda requires innovative metrics that move beyond traditional GDP to capture time use, well-being, and the value of unpaid work. Building a robust national data system on care work distribution will be essential for effective policy design (Onyango, 2024). Moreover, the advocacy movement must broaden its coalition to include male allies, private sector actors, and community leaders. The experience of integrating palliative care into cancer management demonstrates the importance of multi-stakeholder engagement for successful policy innovation (Daniels et al., 2024).

In conclusion, the outlook for Tanzania's care economy is poised at a critical juncture. A failure to institutionalise care policies risks perpetuating a model of economic growth that is extractive of women's time and health, undermining long-term sustainability. Conversely, embracing the care economy offers a pathway to more inclusive and resilient development. It promises to enhance public health outcomes—from malaria prevention through increased capacity for net maintenance and care for the sick (Kajeguka et al., 2025) to managing non-communicable diseases—by strengthening foundational care infrastructure. As global discourse evolves, with increasing attention to childcare systems (Arévalo-Wierna, 2025), Tanzania has the opportunity to position itself as a regional leader in designing a care economy that reflects its unique social fabric and aspirations. The period to 2026 will be definitive in testing the commitment to transforming recognition into transformative policy.

CONCLUSION

This conclusion synthesises the core argument that the advocacy by Tanzanian women leaders for a national care policy (2021–2026) represents a critical struggle to reorient development priorities, confronting entrenched neopatrimonial structures that often privilege short-term political patronage over long-term social investment ([Kasera & Juma, 2025](#); [Pedersen & Poncian, 2024](#)). The analysis affirms that formalising the care economy is a fundamental restructuring, recognising unpaid and underpaid care work as indispensable national infrastructure. While advocacy has successfully elevated the agenda, its translation into funded policy hinges upon navigating a persistent ‘politics–evidence conflict’ ([Ansah et al., 2024](#)) and convincingly framing care as instrumental to broader political and economic goals.

A salient finding is the strategic necessity of this instrumental framing. To gain traction, advocates have adeptly linked care policy to immediate government priorities, such as health security, educational outcomes, and economic productivity. This is evidenced by connecting care infrastructure to improved neonatal health ([Clarisse et al., 2025](#)), chronic disease management ([Daniels et al., 2024](#); [Banda et al., 2024](#)), and enhanced female labour force participation to bolster national resilience ([Lazoroska et al., 2024](#); [Moshia et al., 2025](#)). This reframing moves beyond a purely social justice argument to demonstrate how inadequate care acts as a drag on human capital, constraining sectors from agriculture ([Chung, 2024](#)) to enterprise and limiting overall development ([Onyeaka et al., 2024](#)).

The perspective contributes by situating care within Africa’s business and development landscape, highlighting the advocacy as a form of economic leadership. It underscores that African-led solutions, attuned to local linguistic and cultural contexts ([Maganda, 2024](#)), are paramount. While transnational knowledge exchange provides leverage, as seen in adapting health or educational models ([Bosire, 2025](#); [Banda et al., 2024](#)), policy ownership must remain local. The practical implication is that policymakers require support to view care not as a cost but as a strategic investment. This necessitates broad coalitions spanning business, health economics, and planning ministries, backed by credible implementation roadmaps informed by sectoral pilots ([Kajeguka et al., 2025](#)) and innovative financing.

Future research must build upon these foundations, conducting detailed fiscal space analyses and comparative political economy studies to understand policy traction in neopatrimonial systems ([Mike, 2025](#); [Ntemi, 2025](#)). Further inquiry should track evolving advocacy narratives across African states and explore critical intersections, such as between care work, climate change, and livelihoods ([Chung, 2024](#); [RUYUMBU et al., 2025](#)). Ultimately, the Tanzanian case reveals a pivotal contest over the definition of development itself. The movement’s success will be measured by a tangible reallocation of resources to support the care that sustains all national life and ambition.

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