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WHEN FAMILIES BECOME WELFARE STATES: GENDERED CARE REGIMES AND INFORMAL SOCIAL PROTECTION IN CONTEMPORARY JAMMU

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Abstract:

The impact of political conflict extends beyond institutions of governance and security; it reshapes the ways in which care is organised and provided within society. Existing scholarship has largely focused on terrorism, displacement and violence, whereas less attention has been paid to the impact of political uncertainty on daily practices of welfare and the redistribution of caregiving responsibilities. Similarly, literature on informal social welfare often conceptualises the family as a unified provider of care, overlooking the gendered organisation of care within households.

Drawing on secondary literature, qualitative interviews and field observations, this paper explores how households in contemporary Jammu negotiate emotional support, intergenerational responsibilities, financial insecurity, healthcare, elder care and child care amid prolonged political uncertainty. It argues that political conflict has intensified dependence on family for welfare while reinforcing the gendered division of labour, in which women bear the burden of everyday welfare, caregiving and emotional support that often remains “invisible” and “unrecognised”.

By conceptualising care as a political institution, this paper makes three interventions. First, it argues that prolonged political conflict has reshaped welfare in contemporary Jammu. Second, it demonstrates that families function as informal welfare institutions, compensating for uneven state provision through gendered care arrangements. Third, it examines how education, urbanisation, migration and mobility are not dismantling but negotiating gendered care arrangements within families. The paper contributes to contemporary debates on social policy, unrecognised work, informal care economy and gendered divisions within a conflict-affected state.

Keywords: Gendered Care; Care Economy; Political Conflict; Welfare State; Unpaid Care Work; Jammu; Social Policy

INTRODUCTION:

Whether paid or unpaid, care work remains highly gendered. Globally, women spend on average 4 hours and 25 minutes each day on unpaid care work, compared with an average of 1 hour and 23 minutes for men. Discriminatory social practices continue to position women and girls as

primary caregivers, and the household as the primary site of care. In the unpaid care work sector, India has been experiencing wide gender gaps. As per the Times Use Survey conducted by the National Statistical Office in 2019, women of working age (15-59 years) spend the majority of their time in unpaid domestic services, whereas men spend most of their waking hours in paid employment. Indian women spend 5.6 hours on unpaid care work, whereas men spend just 30 minutes daily, which significantly exceeds the global average. Women's unpaid care and domestic work in India represent an economic value of almost 15%-17% of the GDP. Even education doesn't eradicate the stark difference; rather intensify it, as the ratio of time spent in care work between male and female widens with an increase in education level. Where educated, working females have to spend more time on unpaid care work than non-literate females, Men, with secondary or higher education spend notably less time on unpaid care work when compared to non-literate males.

Women or girls living in conflict-affected settings are estimated to spend nearly four times more of their day than men on unpaid care task. In conflicted regions, for instance Gaza, since 7 October 2023, more than 1.9 million people — 85 per cent of the total population of Gaza — have been displaced, including what UN Women estimates to be nearly 1 million women and girls. For families with elders or members with disabilities, it is women who disproportionately stay behind as caregivers. Women are stressed about their future, as inadequate resources, food shortages, loss of livelihood and opportunities can compel families to opt for coping mechanisms like early marriages, especially when a huge number of girls have lost either one or both parents. This evidence is important for unveiling the impact of conflict in disrupting the basic fabric of care organisation within the household and intensifying women's responsibility. This is international documentation of the effects of full-fledged war on primarily social institutions, while scholarship on the Jammu and Kashmir insurgency and its impact on gender has mainly focused on women of the "Kashmir Valley".

Jammu and Kashmir is experiencing ageing alongside migration of the workforce, reducing the number of family members available for elder care. Rising Life expectancy with a declining birth rate is further accelerating demographic change. In 2023, People aged 60 and above were 8 to 9 percent of the total population, and it is expected to rise to 15 percent by 2036. Unemployment pushes this cycle further. More than 370,000 young people were registered as unemployed by November 2025. Many move to big cities or abroad, leaving fewer adults at home. This burden is gendered, as responsibility disproportionately shifts towards women for ageing parents and other dependent members. Such responsibilities can make women withdraw from paid employment and education to continue their unpaid care duties. Thus, demographic change can further intensify the pressure placed on family-based welfare and women's unpaid care labour.

Studies document the experience of women affected by disappeared husbands, including half widows and its psychological and social impact. For instance, studies on half widows revealed how

women in Kashmir had to take the role of the disappeared male member, support the family financially by engaging in paid employment, while simultaneously navigating familial and social expectations. As mentioned, this scholarship is “valley-centric,” while less attention has been paid in analysing the Jammu region. The geographical gap needs to be addressed with care because we cannot simply assume the Kashmir data as a similar experience for Jammu.

OBJECTIVES:

The study aims to:

1. Examine the role of family and informal networks in meeting everyday welfare and care needs.
2. Analyse how political conflict, migration and demographic change affect household care responsibilities.
3. Examine the gendered distribution of unpaid domestic and caregiving work.
4. Analyse how caregiving responsibilities relate to women's education and employment.
5. Examine family-based welfare alongside government welfare and financial assistance.

HYPOTHESIS:

H1: When formal welfare systems are unable to meet everyday care needs, families often take greater responsibility for welfare but this distribution is highly gendered and patriarchal.

METHODOLOGY:

This study adopts a qualitative research design combining secondary literature, field observations, qualitative interviews and analysis of policy and documentary material. Jammu is the primary analytical site, while the wider Jammu and Kashmir context is used to situate political conflict and social change. The paper also draws on a survey of 23 respondents examining family care, household responsibilities, women's education and employment, intergenerational changes and informal family support.

RESULT AND DISCUSSION:

Family as an Informal Welfare Institution:

Welfare is not just the responsibility of the State but is also produced through informal institutions such as family, households, communities and kinship networks, non-profit organisations and the private sector. The family remains central to the social welfare system because it provides forms of support that cannot always be substituted through formal welfare provisions. In Jammu, a family is the primary social group, consisting of individuals connected by blood, marriage, or adoption. As humans need emotional, financial and social support throughout their lives, family becomes the first site of socialisation, which provides a nurturing environment, teaches traditional values, norms, rules and cultural practices that further shape individuals' identity and behaviour. During periods of illness, economic insecurity, warfare, and unforeseen calamities, the role of family becomes more prominent, extending beyond financial assistance to everyday caregiving and emotional support.

Political Conflict and Family Life:

Women or girls living in conflict-affected settings are estimated to spend nearly four times more of their day than men on unpaid care tasks . Therefore, prolonged conflict can dismantle and disrupt the distribution and formation of welfare structures, as responsibilities may shift towards informal institutions such as households, where women often have to carry an additional disproportionate burden; in such situations, women become default “shock absorbers”. Wartime economies often divert public spending from social services (including care services), health and education toward military expenditures, further weakening already fragile care systems.

Data compiled by the South Asia Terrorism Portal show a decline in conflict-related fatalities from 4,011 in 2001 to 121 in 2012. In 2024, 127 fatalities were recorded across J&K, compared with 134 in 2023. Of the 2024 fatalities, 82 occurred in Kashmir Division and 45 in Jammu Division. By April 6, 2025, 12 of the 15 recorded fatalities had occurred in Jammu Division (South Asia Terrorism Portal, 2025). These variations demonstrate that conflict is not experienced uniformly across the region.

Research in Jhangar and Sarya in Rajouri shows how border violence becomes embedded in everyday routines as families adjust farming, household work, schooling and social interaction according to the possibility of shelling and ceasefire violations, while families and neighbours provide support to vulnerable members, including through childcare and eldercare.

Gendered Organisation of Care:

Care within families remains strongly gendered. Childcare, eldercare, domestic work and emotional support are shaped by gender expectations, which may become more pronounced when conflict disrupts livelihoods or separates family members (International Labour Organization, 2018). A 2026 qualitative study of 30 women from Jourian, Pallanwala and Arnia found that cross-border violence, militarisation and displacement increased caregiving responsibilities, economic insecurity and psychological burdens among women.

Similar patterns appear in research on half-widows in Kashmir. A mixed-methods study of 109 half-widows from Baramulla identified psychological distress and responsibility for dependants amid uncertainty surrounding absent husbands. These studies demonstrate how conflict can redistribute household responsibilities.

Demographic change may further intensify these pressures. The proportion of people aged 60 and above in Jammu and Kashmir is projected to increase substantially by 2036. At the same time, unemployment and migration can reduce the number of working-age adults remaining within households. Where eldercare continues to depend primarily on family members, these changes may shift additional responsibilities towards women and constrain their participation in paid employment and education.

Survey Findings:

The survey included 23 respondents. Women constituted 65.2%, men 30.4%, and 4.3% preferred not to disclose their gender. Most respondents were aged 18–30 (69.6%), while 17.4% were 31–45 and 13% were 46–60. Urban respondents constituted 52.2% and rural or semi-rural respondents 47.8%. Nuclear families accounted for 60.9%, joint or extended families for 30.4%, and other family structures for 8.7%. More than half (56.5%) were not in paid employment.

Women were identified as the primary caregivers for children, elderly persons or dependants by 43.5% of respondents, while 26.1% reported equal sharing, 17.4% said responsibilities depended on the situation, and 13% identified men. Gender differences were stronger in household work: 73.9% stated that women mainly managed cooking, cleaning and organising care, compared with 21.7% reporting equal sharing. No respondent identified men as primarily responsible.

For day-to-day care of an ill family member, 34.8% identified women, 26.1% reported equal sharing and 39.1% said it depended on the situation. Nearly half (47.8%) reported that caregiving affected women's ability to study, change jobs or begin working. Among respondents discussing employed women, 43.5% stated that women continued to manage major household or care responsibilities and 47.8% said this happened sometimes.

The findings also indicate changing but continuing gendered responsibilities. While 52.2% reported that caregiving responsibilities had changed somewhat and 26.1% said they had changed significantly compared with the previous generation, women remained central to care. When a family member moved away for education or employment, 50% reported that responsibilities were shared, but 40.9% identified the mother or wife as usually taking over responsibilities. Only 4.5% identified the father or husband and 4.5% a daughter or daughter-in-law.

Family support across households was not universal: 34.8% received financial or other support from relatives living elsewhere, 8.7% received it sometimes and 56.5% did not. Regarding continued dependence on relatives despite government welfare or financial assistance, 26.1% answered yes, 13% sometimes, 47.8% no and 13% did not know.

Most respondents (56.5%) believed that both family and government should be responsible for children, elderly persons and dependants, while 43.5% identified family as primarily responsible. Importantly, 69.6% stated that women now have greater educational and employment opportunities but continue to carry most household and caregiving responsibilities. These findings indicate that expanding opportunities have not eliminated women's unpaid care burden.

Overall, family-based care has not disappeared but is being reorganised in response to education, employment, mobility and changing family structures. The survey nevertheless demonstrates that this reorganisation remains gendered, with women continuing to perform much of the unpaid labour through which family welfare is produced.

CONCLUSION:

This study demonstrates that families and informal networks fill important welfare gaps when formal systems cannot adequately meet everyday care needs. In contemporary Jammu, family-based welfare is shaped by political conflict, migration, demographic change, economic insecurity and changing family structures. However, the responsibility for sustaining household welfare remains disproportionately gendered. The literature and survey findings show that women continue to undertake substantial domestic and caregiving responsibilities even as their educational and employment opportunities expand. Conflict can intensify these responsibilities by disrupting livelihoods and separating or removing household members, while ageing and migration may further increase the demand for family-based care. Care should therefore not be treated solely as a private family responsibility. Greater institutional support and a more equitable distribution of responsibility among the state, families, communities and individuals are necessary to reduce the burden of unpaid care while recognising the continuing importance of family as a source of social support.

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