



GENDERING GROWTH MODELS

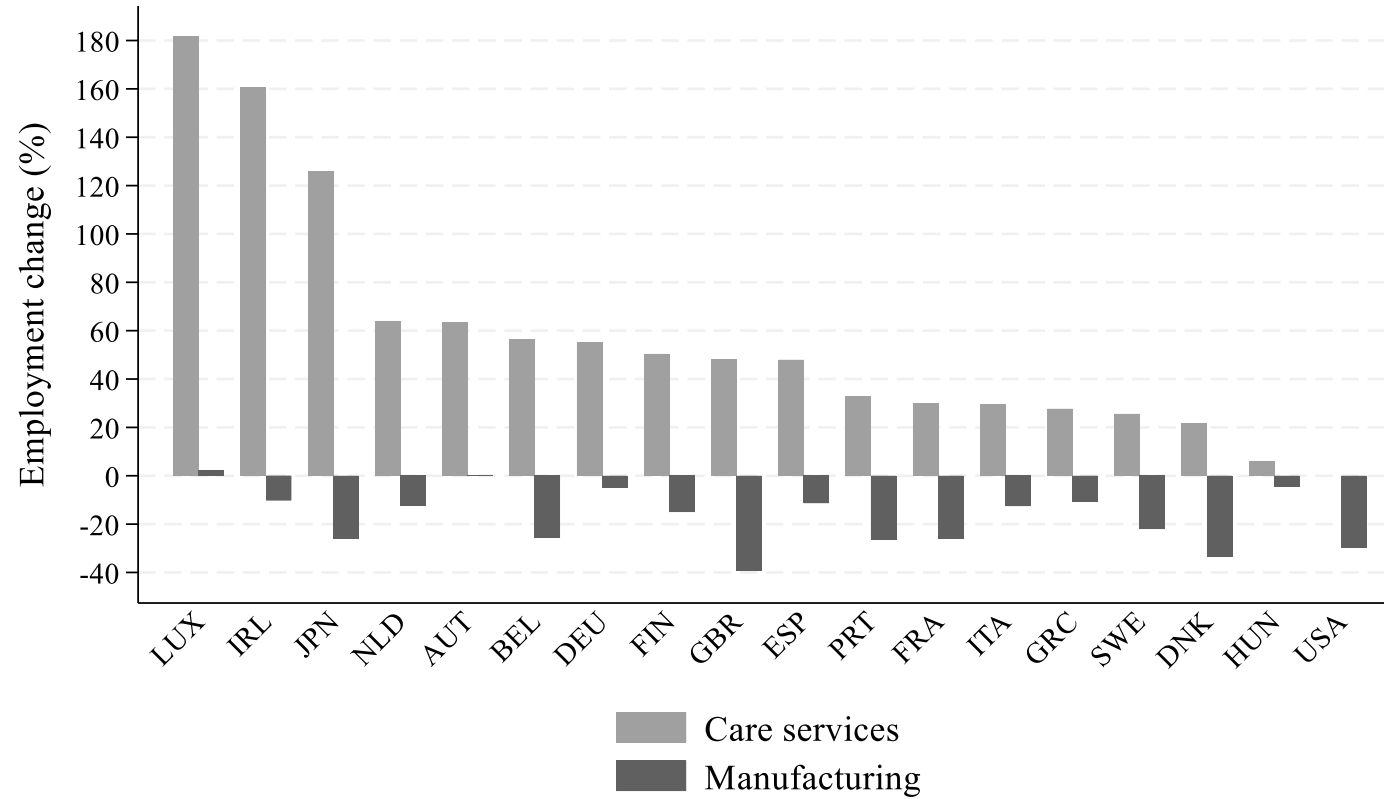
Demand and Growth Regimes:
Structural and International Dimensions

Pauline Kohlhase

Mai 19th 2026



CARE EMPLOYMENT



Own calculations based on EU-KLEMS



RESEARCH QUESTION

Main question

How do gender inequality and the organisation of care shape cross-country differences in economic growth?

Sub question

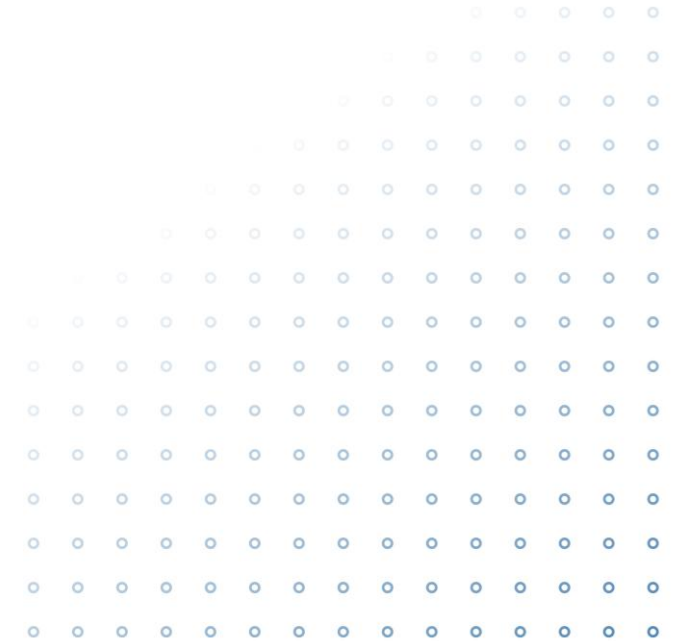
How does care employment generate domestic demand?





CARE SECTOR

- Domestic sector
- Low-productivity
- Labor intensive
- Cost-intensive





GROWTH MODELS PERSPECTIVE

- How do countries generate economic growth during post-Fordism?
- Demand-focussed

Classification (Baccaro & Pontusson 2016; Baccaro, Blyth & Pontusson 2022)

- Debt-financed consumption-led growth models (e.g. United States)
- Export-led growth models (e.g. Germany)
- Balanced growth models (e.g. Sweden)

- (Comparative Political Economy) Research on Gender and Growth Models (Avlijaš 2021; Bohle 2025; Mabbett 2025; Bohle & Mabbett 2025)





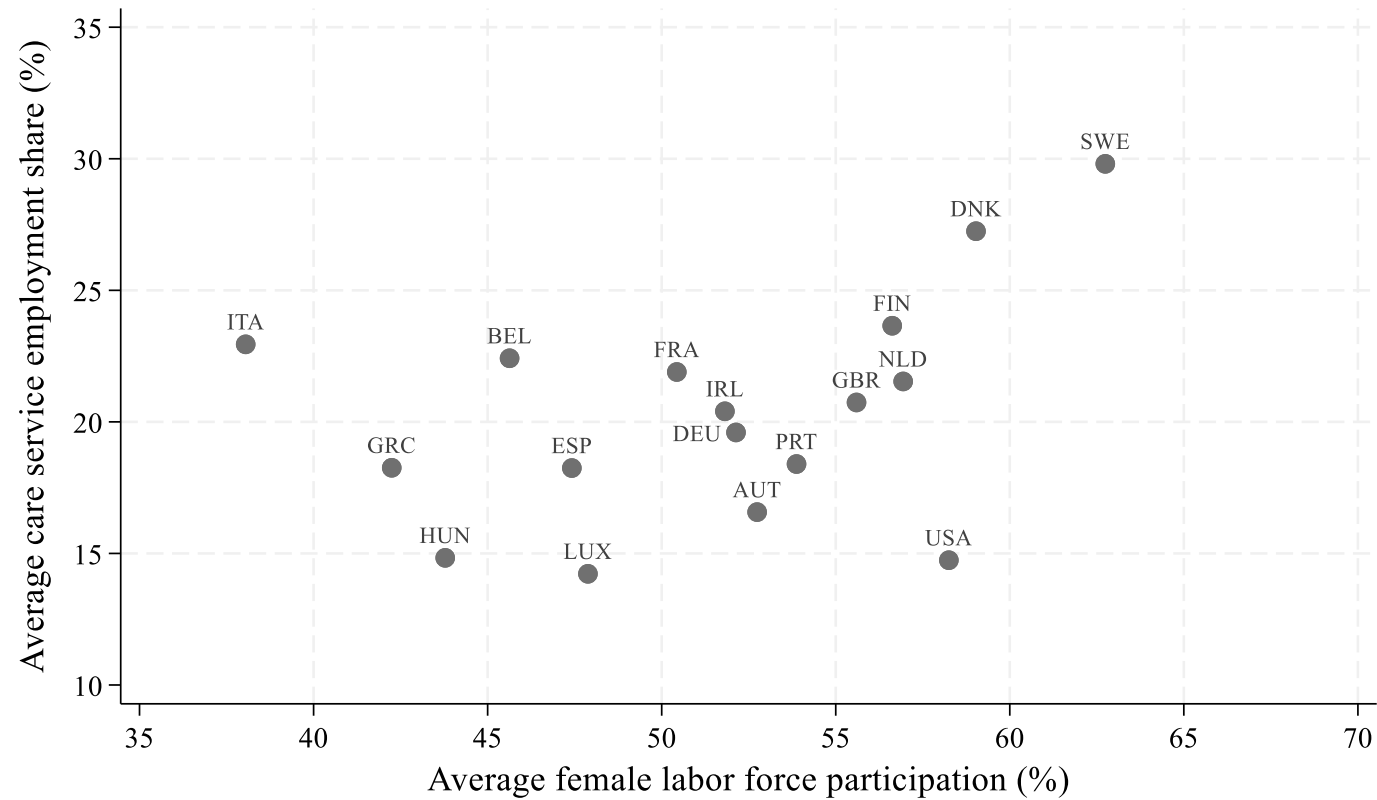
THEORY

- Growth Models Perspective (e.g. Baccaro & Pontusson 2016; Baccaro, Blyth & Pontusson 2022)
- Care organisation in comparative political economy (e.g. Lewis 1992; Orloff 1996; Esping-Andersen 1999, Estévez-Abe 2005; Mandel & Shalev 2009)
- Feminist political economy & feminist macro-economics (e.g. Folbre 2006; Braunstein, Bouhia & Seguino 2019; Braunstein, Segiuno & Altringer 2021; Onaran, Oyvat & Fotopoulou 2022)

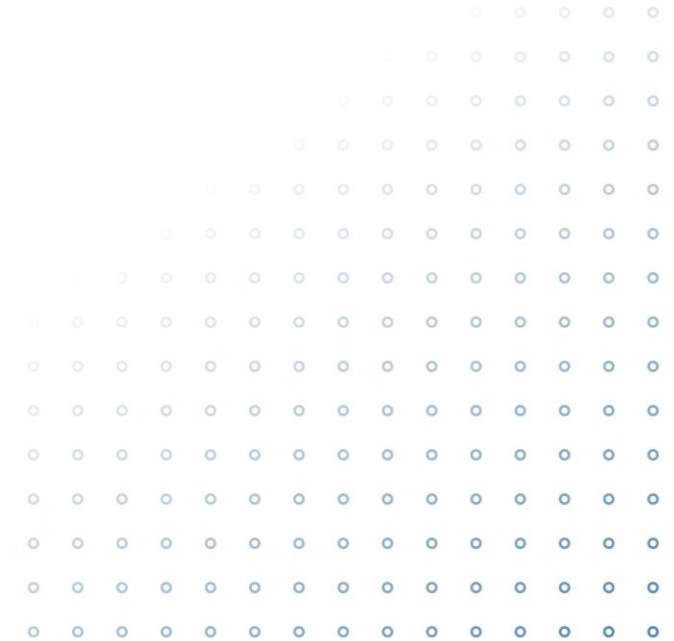
Welfare state	Care regime
Social-democratic	Public provision
Liberal	Marketized
Conservative	Household (unpaid by women)



CARE EMPLOYMENT AND FEMALE LABOR FORCE PARTICIPATION



Own calculations based on EU-KLEMS & World Bank





THEORY

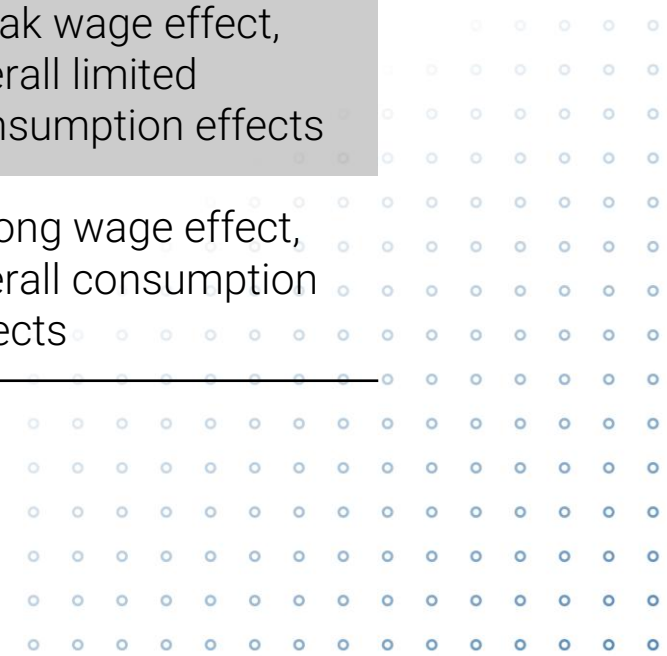
- Care formalization converts unpaid labor into formal employment
- Care demand exists prior to market monetization
- Formalized care transforms latent into effective demand
- Care employment expands labor income and aggregate demand
- State-funded care directly creates socially necessary employment
- Care formalization expands effective demand through wage-mediated employment
- Care investment strengthens wage-led growth dynamics
- Labor-intensive care raises wage share rather profit share when care is well remunerated
- Low-paid care weakens consumption-led demand expansion





CARE FORMALISATION & DEMAND FORMATION OR FEMINIST ASPECTS OF FULL EMPLOYMENT

Care formalisation	Demand implications	Labor-income formation in care services	Implications for household consumption
Employment-generating care formalization	Care is formalized through employment creation, but wages remain low	Limited compensation of care employees and primarily short-term	Weak wage effect, overall limited consumption effects
Wage-generating care formalization	Care is formalized through employment creation and sustained wage growth	Continuous and expanding compensation of care employees	Strong wage effect, overall consumption effects





CARE EMPLOYMENT REGIMES AND GROWTH MODELS

Care regime	Coordination	Care formalization	Labor-income formation in care services
Publicly coordinated	High	Wage-generating	Strong / growing
Marketized	Low / fragmented	Employment-generating	Moderate / mixed
Familialist	High	Limited formalization	Weak / stagnating



CARE EMPLOYMENT REGIMES AND GROWTH MODELS

Care regime	Care formalization and female employment	Main domestic-demand mechanism	Growth-model implication
Publicly coordinated	High levels of wage-generating care formalization and stable female employment	Wage-financed household consumption through sustained labour-income growth	Contribution to consumption-led growth
Familialist	Limited care formalization and comparatively	Weak domestic-demand formation	Contribution consumption repression
Marketized	Employment-generating care formalization	Weak domestic-demand formation through care services	Gendered implications for debt-led growth through different channels



DATA AND METHODS

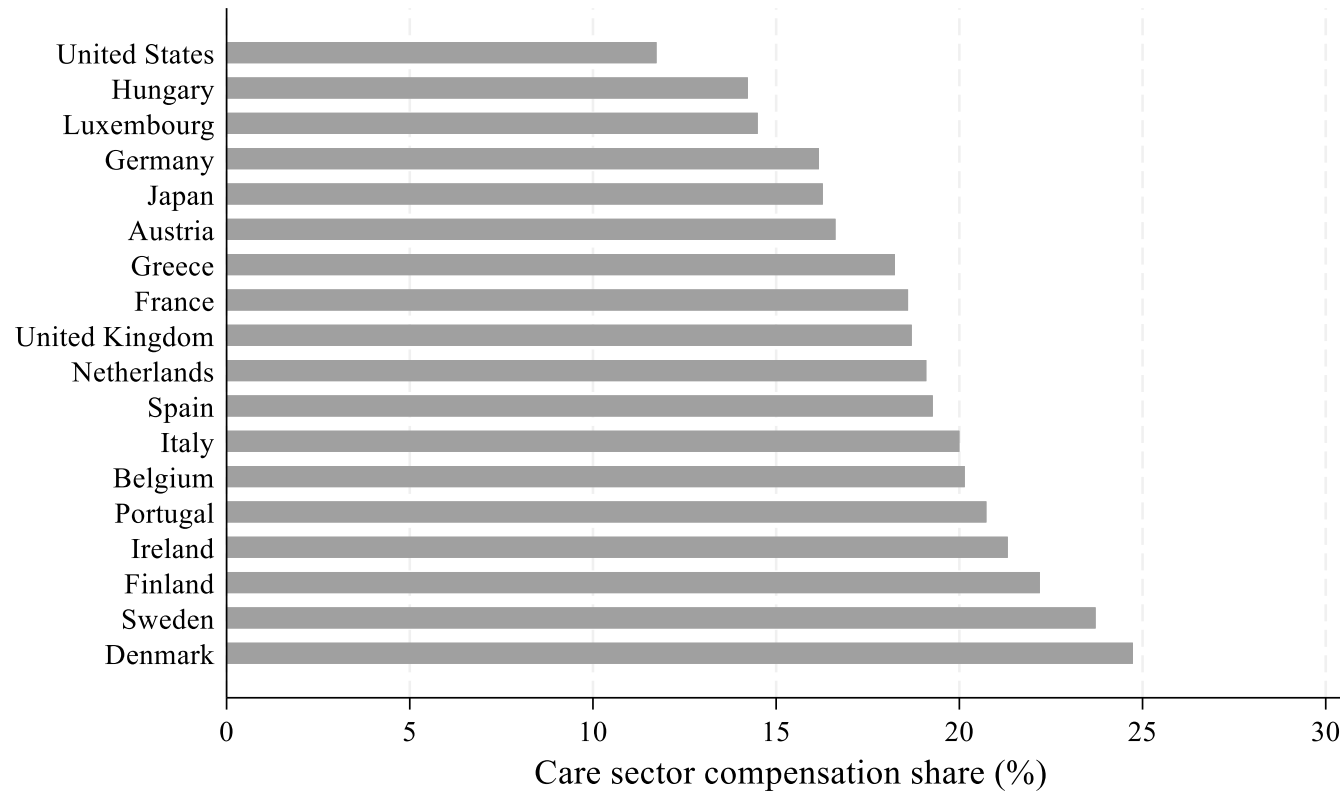
Methods:

- Descriptive analysis
- (Mediation model using time-series panel data)
- Comparative case study (Sweden, Italy, Germany, the United States)

Variables	Data sources
Demand components (E, I, C, G, M)	OECD Input-Output-Data
Care employment & compensation of care employees	EU-KLEMS
In-cash & in-kind benefits	OECD
Coordination	Visser (2016) / OECD



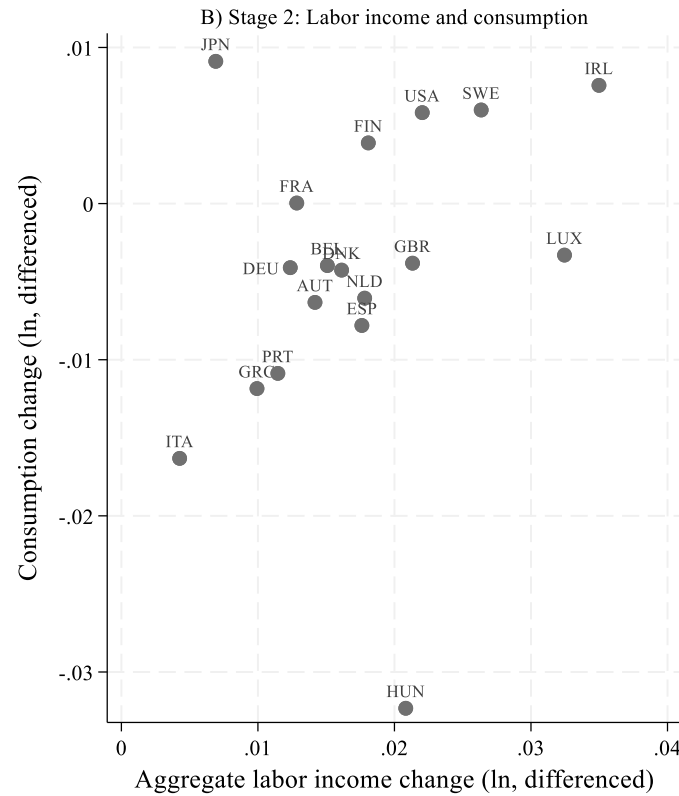
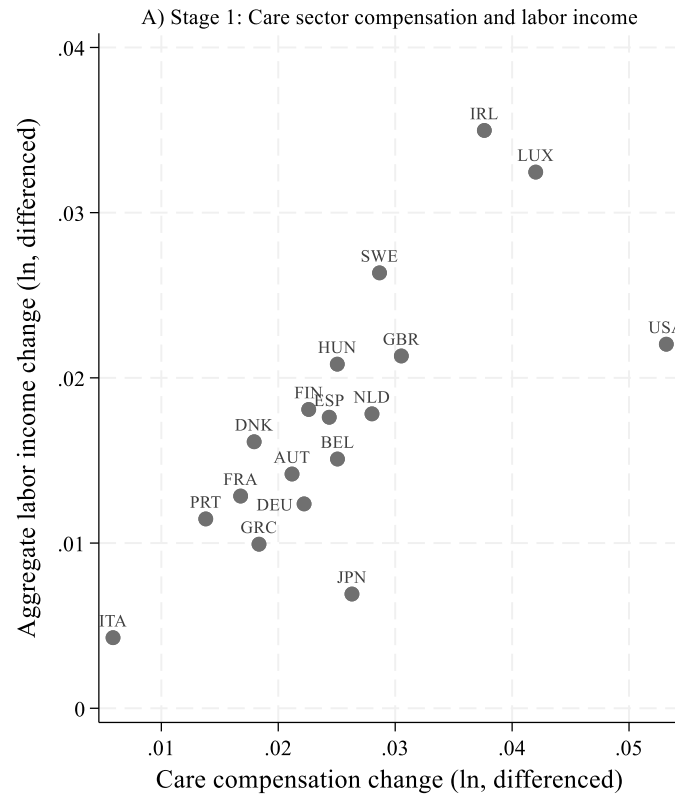
COMPENSATION OF CARE EMPLOYEES



Own calculations based on EU-KLEMS



COMPENSATION OF CARE EMPLOYEES, LABOUR INCOME FORMATION AND HOUSEHOLD CONSUMPTION

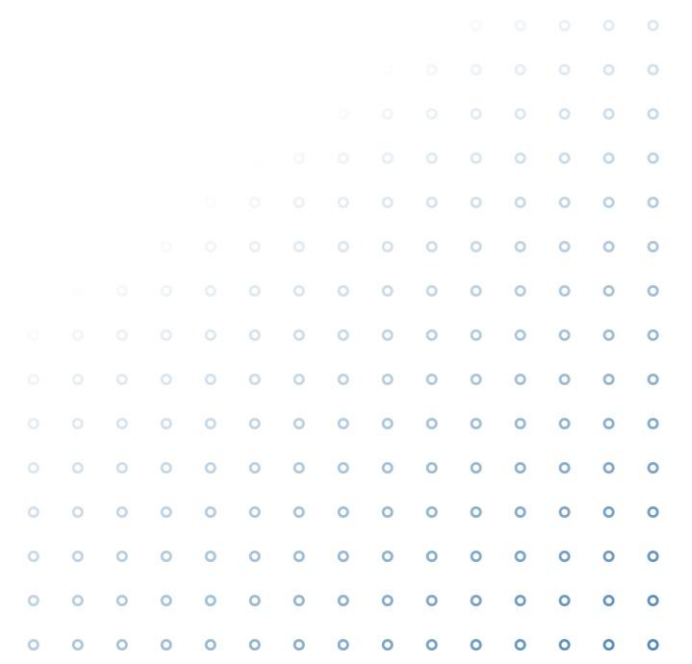
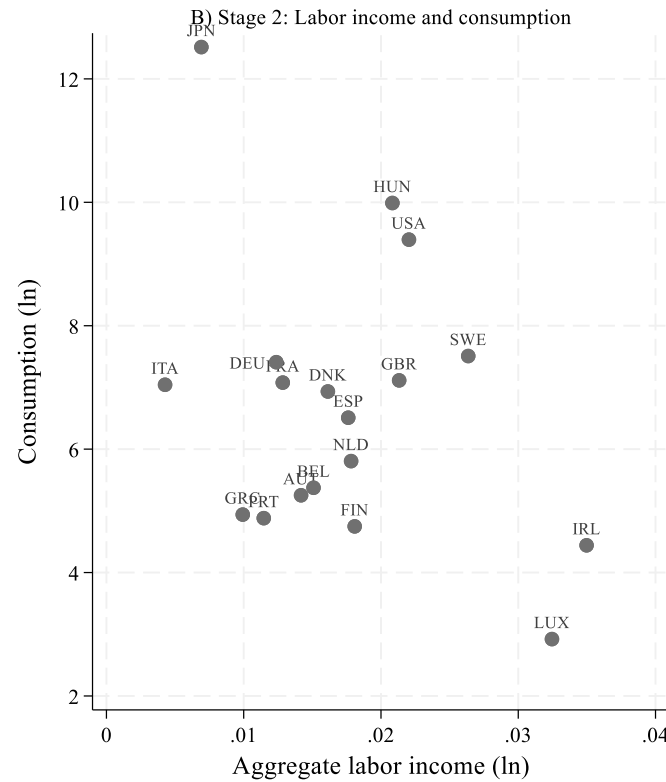
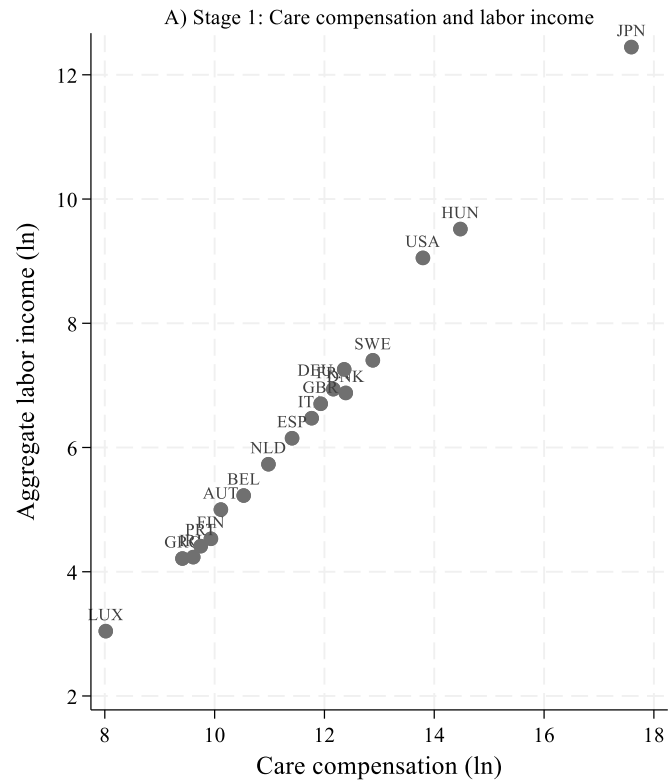


Own calculations based on EU-KLEMS





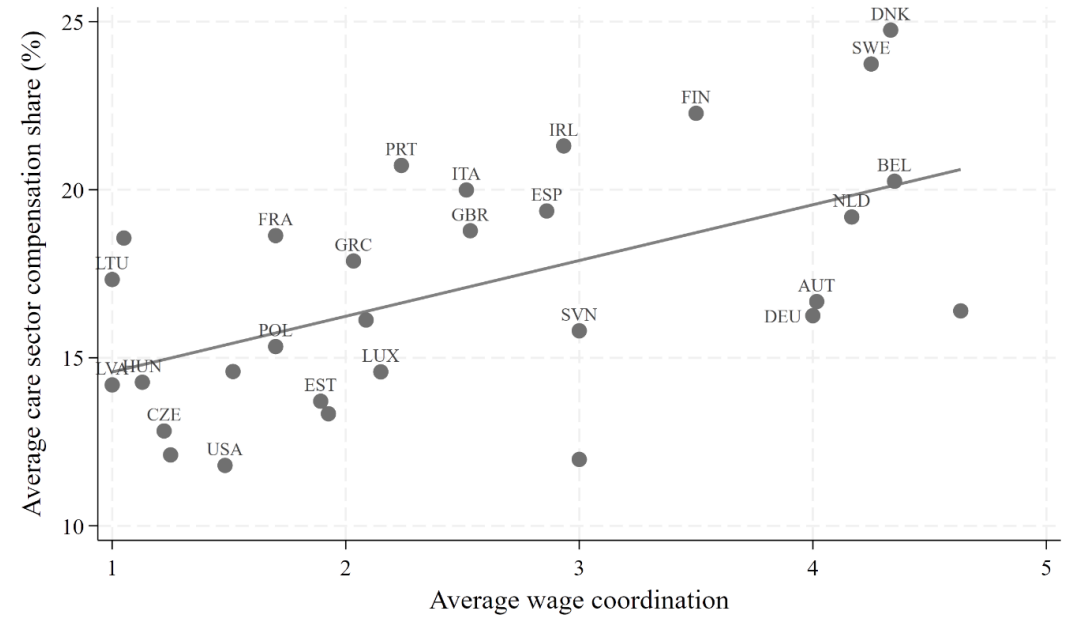
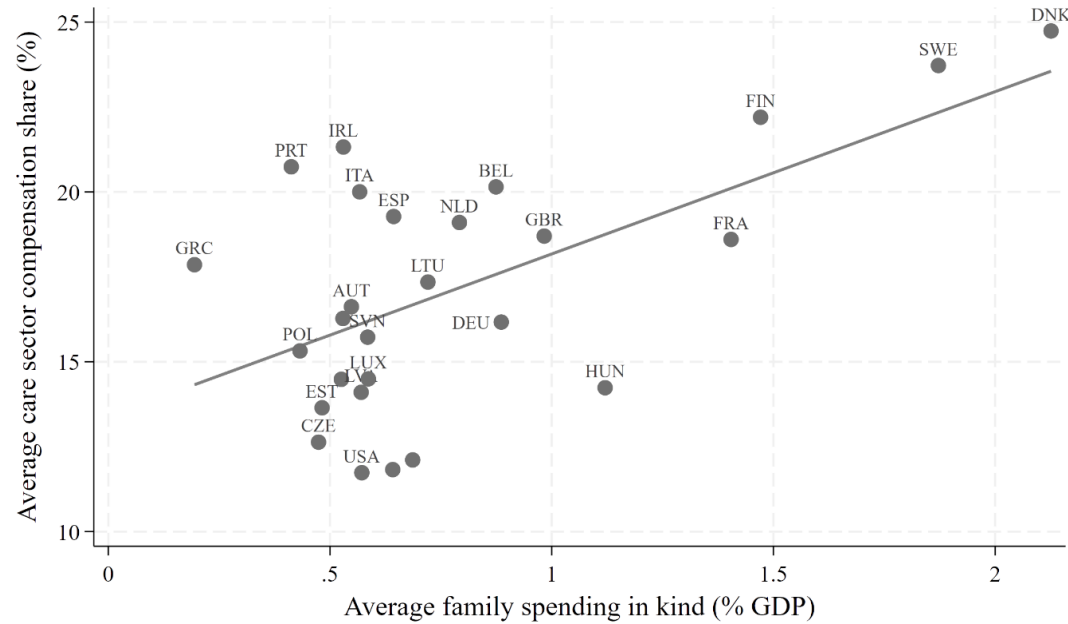
COMPENSATION OF CARE EMPLOYEES, LABOUR INCOME FORMATION AND HOUSEHOLD CONSUMPTION



Own calculations based on EU-KLEMS



INSTITUTIONAL DETERMINANTS OF COMPENSATION OF EMPLOYEES IN CARE EMPLOYMENT



Own calculations based on EU-KLEMS



CASE STUDIES

Country	Collective bargaining & wage formation in care services	Employees in care and compensation of care employees 1995–2020	Consumption share of growth	Analytical case
Sweden	highly formalized, publicly regulated	high care compensation, stronger labor income, positive consumption	High	strongest positive case
Germany	formalized but more moderate	Growing employment but low compensation	Low	middle case
United States	marketized, uneven coordination	high compensation but weaker aggregate translation	High	critical mixed case
Italy	fragmented, familistic, weaker formalization	low compensation, weak labor income, negative consumption	High (stagnating)	weakest case



CONCLUSION

- Care as latent demand (Kaleckian interpretation of care employment)
- Care formalization translates unpaid work into paid employment
- Care compensation of employees can contribute to wage-led growth
- Care employment is a necessary but not sufficient condition for wage formation in care services
- Coordination and state spending facilitate differences in compensation of employees in care services
- Welfare state policies are facilitate national growth models through care services
- Care formalisation stabilised demand regimes





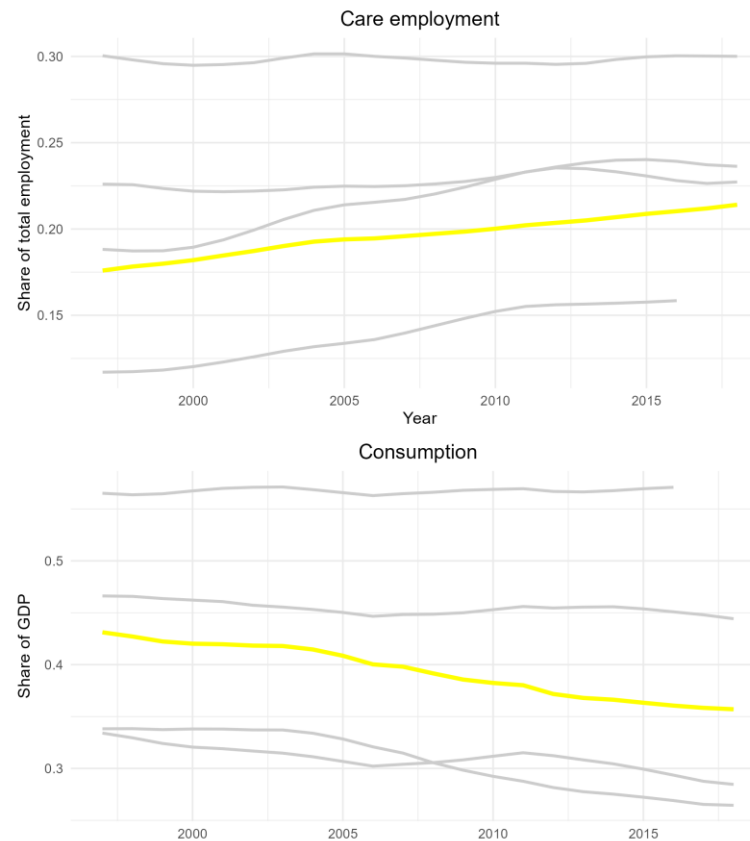
APPENDIX



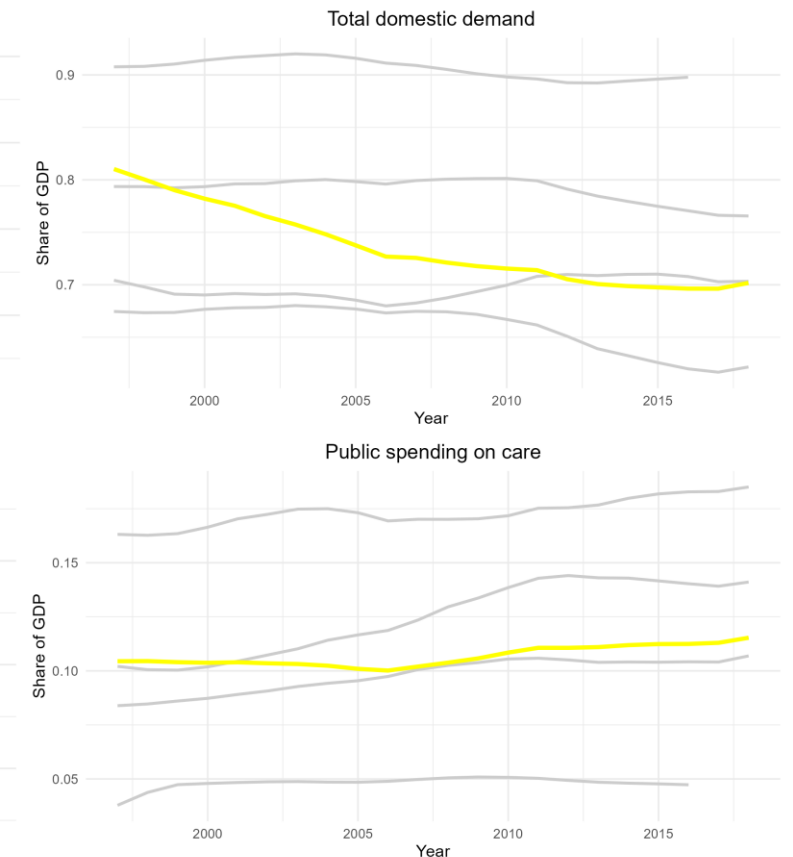


GERMANY

- Early 1990s: transitioning away from male breadwinner economy with limited institutionalised care provision
- Care employment expands, but through fragmented provision
- Familialisation + cash benefits complement employment effects
- Demand pressure is not consistently converted into production
- Care does not become a demand anchor
- Limited macro-economic implications



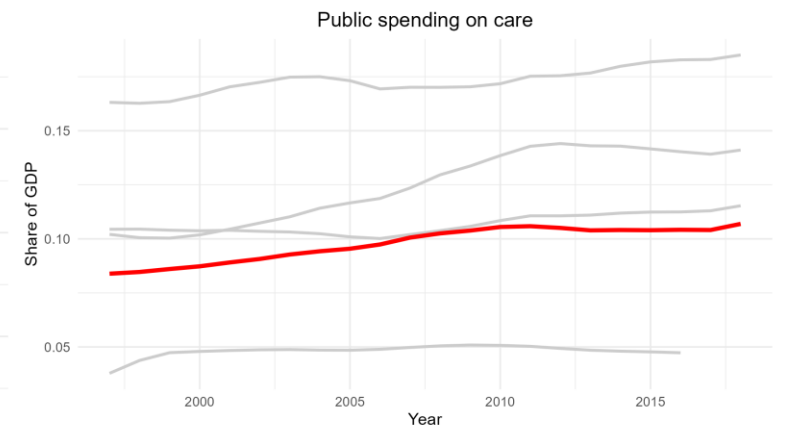
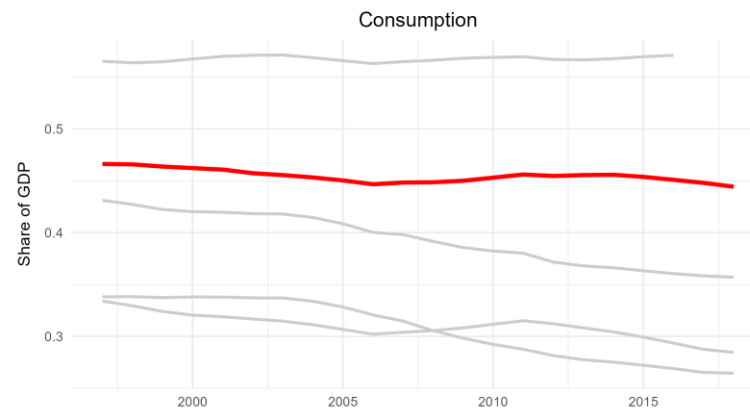
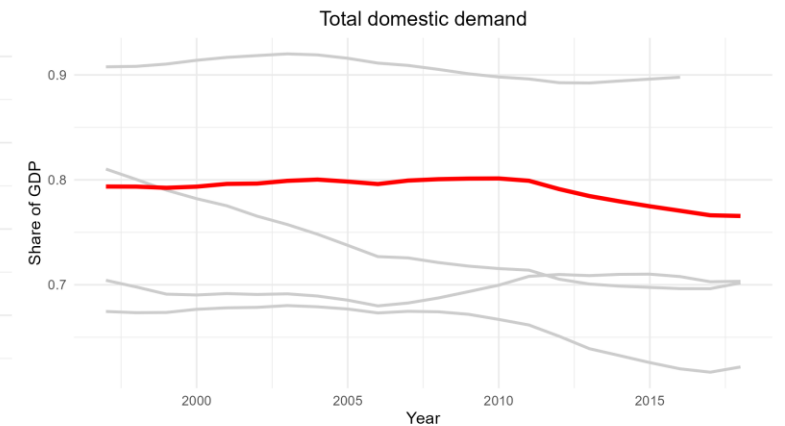
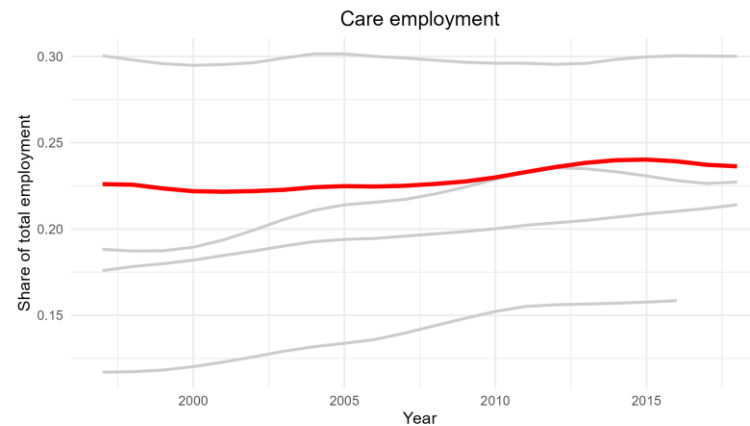
Own calculation based on EU-KLEMS & OECD





ITALY

- Early 1990s: transitioning away from male breadwinner economy with limited institutionalised care provision
- Care employment expands mainly through private and informal channels
- Demand effects remain tied to household budgets
- No stable institutional demand anchor emerges
- Limited macro-economic implications

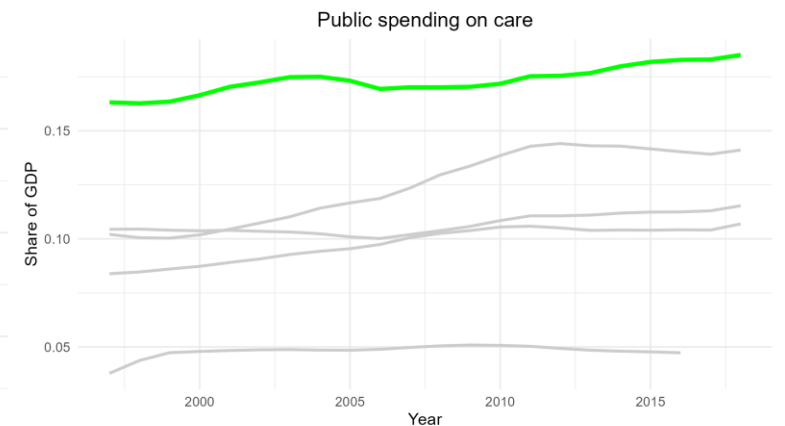
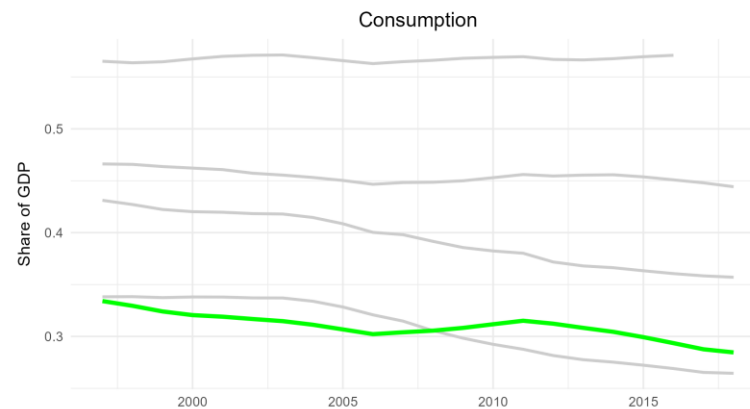
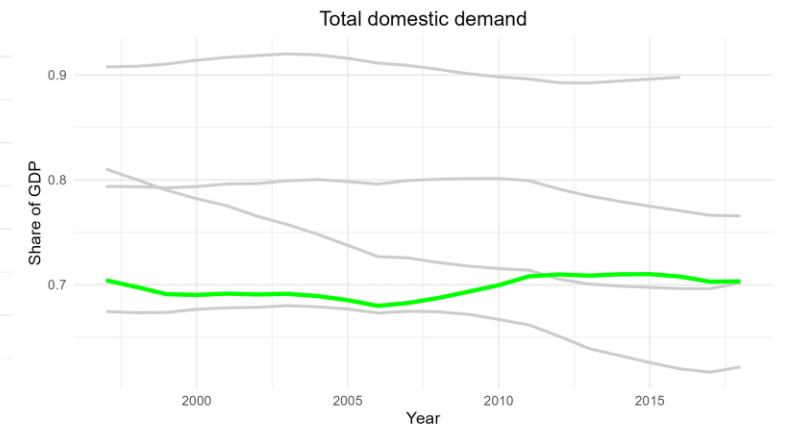
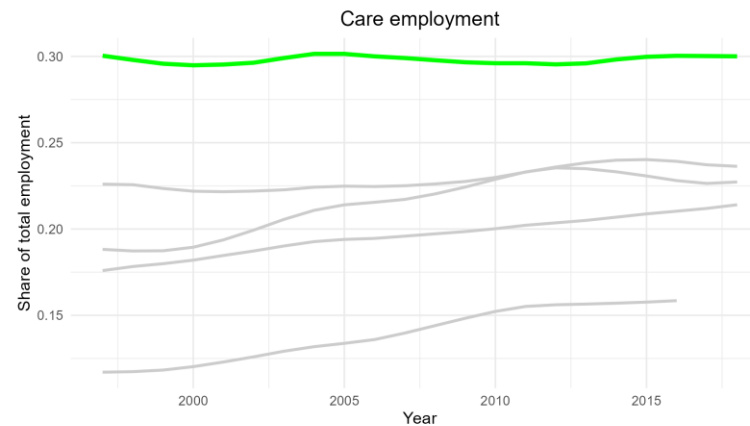


Own calculation based on EU-KLEMS & OECD



SWEDEN

- Established dual breadwinner model
- Public provision of care
- Care employment is large, permanent, and institutionalised
- Domestic demand does not grow rapidly, but is smoothed
- Consumption volatility is reduced
- Care functions as autonomous social consumption



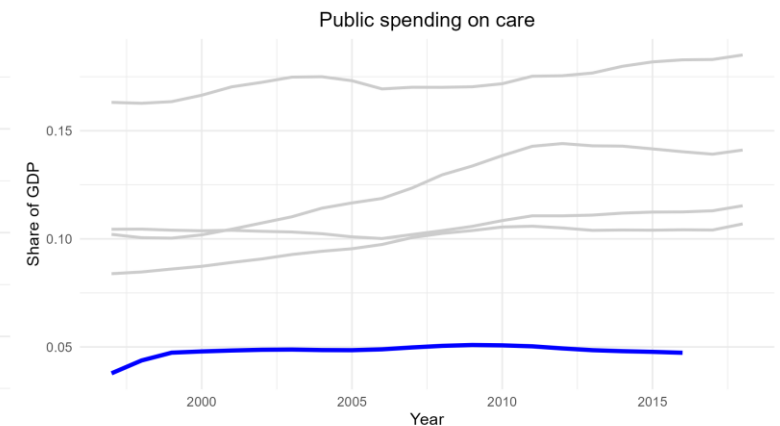
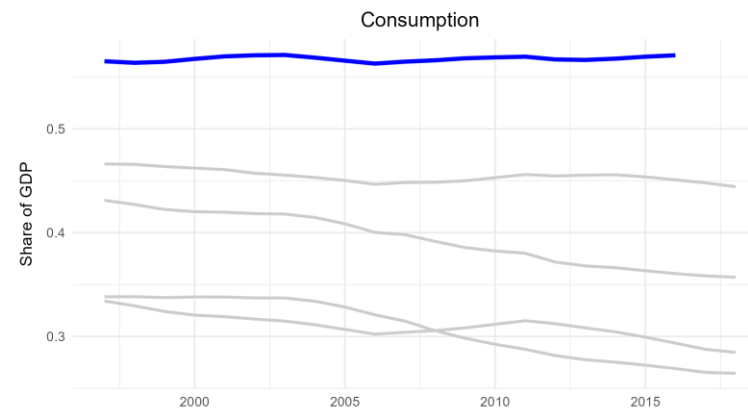
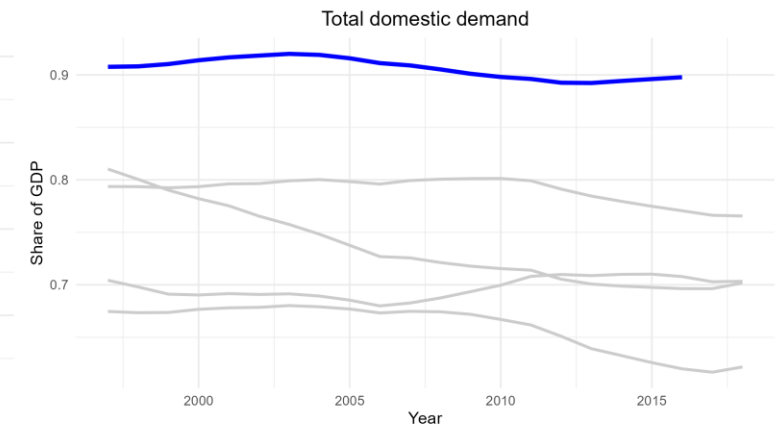
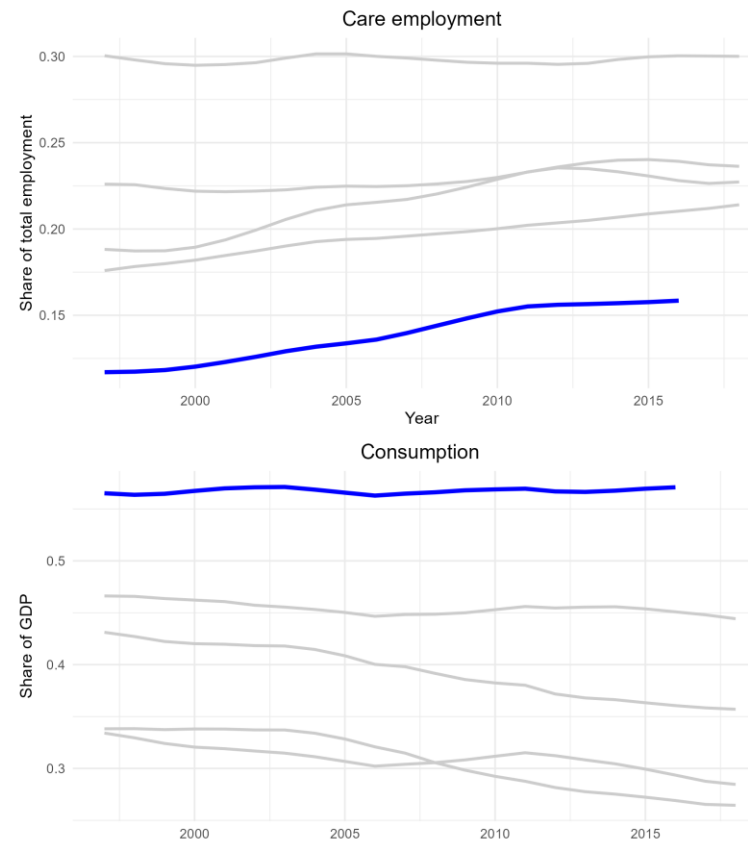
Own calculation based on EU-KLEMS & OECD





UNITED STATES

- Established dual earner models
- Marketised care
- Employment (yet growing) in care services
- But demand transmission is household- and credit-mediated
- Institutionalised care does not replace debt as primary demand driver
- Institutionalised care exists, but does not stabilise demand



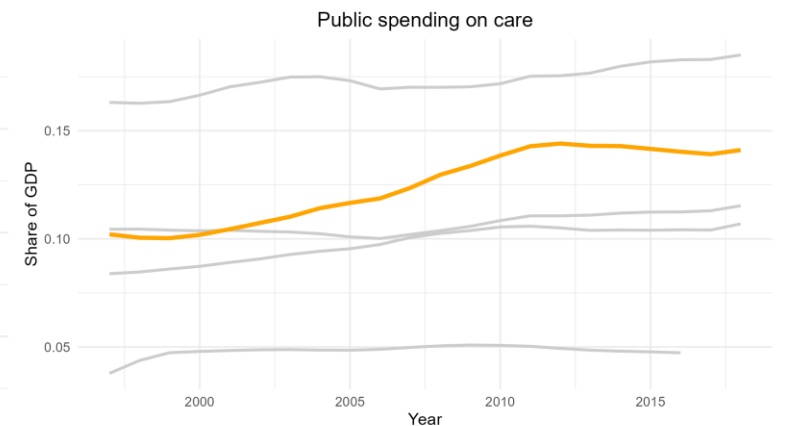
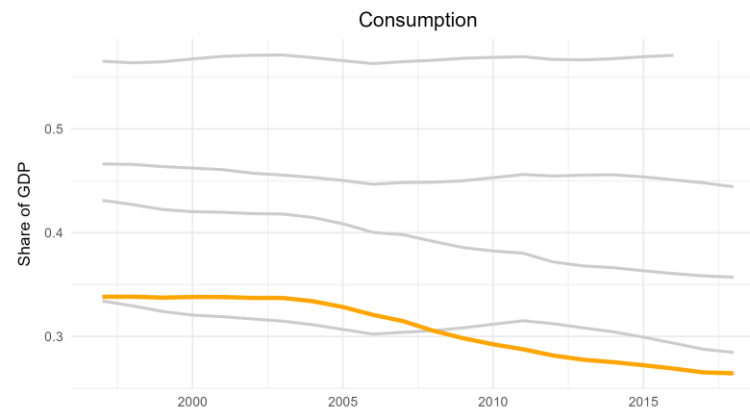
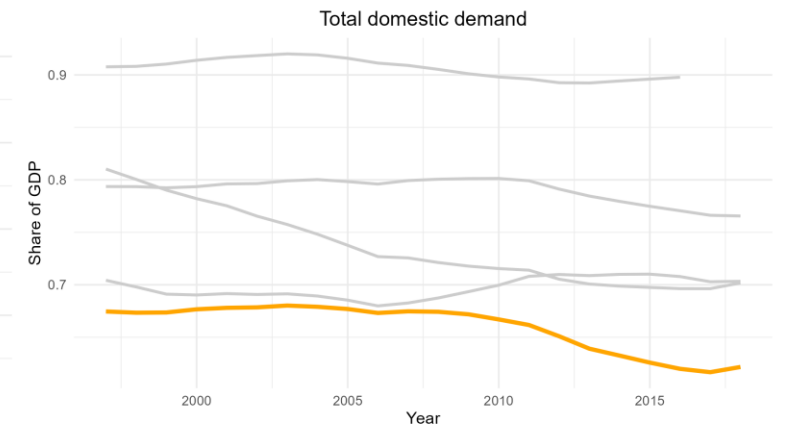
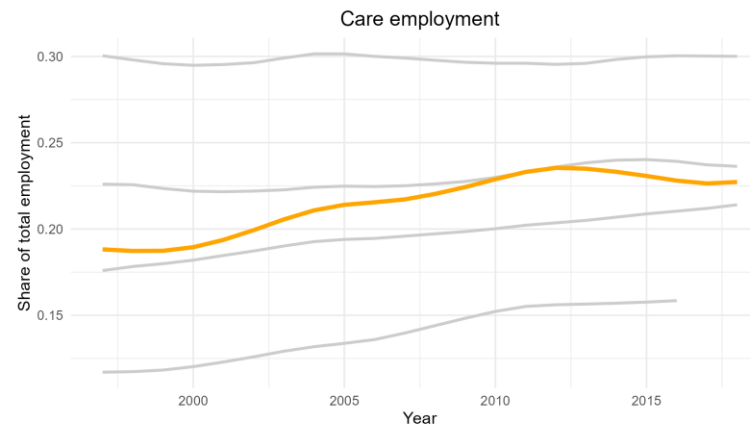
Own calculation based on EU-KLEMS & OECD





NETHERLANDS

- Early 1990s: transitioning away from male breadwinner economy with expanding institutionalised care provision
- Care employment expands substantially
- Domestic demand and consumption still stagnate
- Care partially offsets wage restraint and debt fragility
- Care is not dominant, but macroeconomically relevant



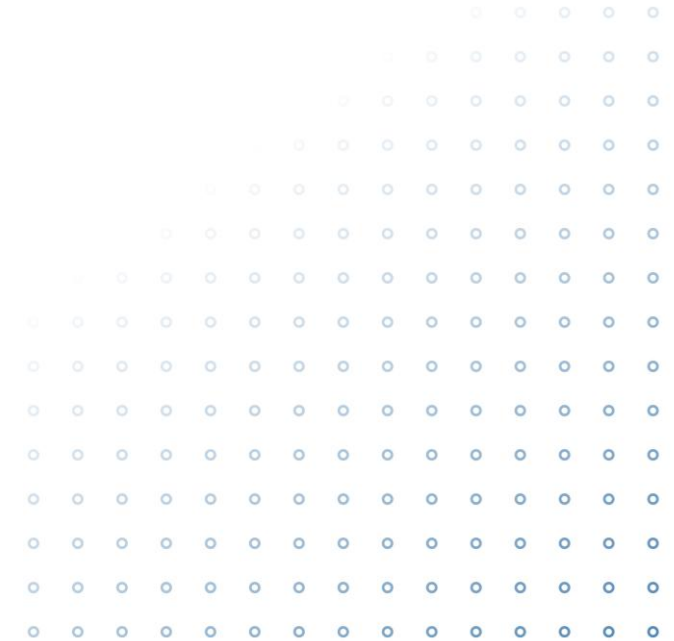
Own calculation based on EU-KLEMS & OECD





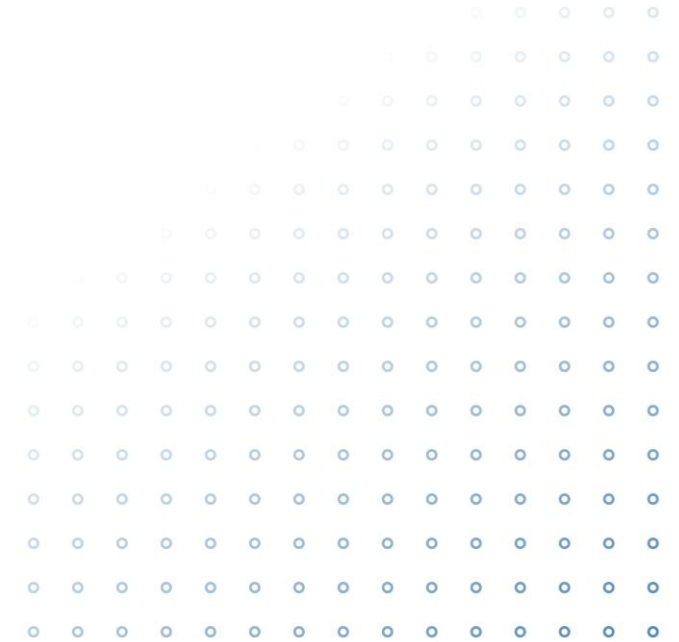
CARE AS FOCAL DRIVER OF GROWTH

As a result, care-based demand does **not** produce explosive cumulative causation. Instead, it provides a **floor to domestic demand**, while redistribution generates short-run responsiveness. This yields a **stabilising growth regime**, distinct from volatile debt-led models. (sieht man auch wieder an der sequence: `tdd_rel` comes before `wage_shares` in the Netherlands)



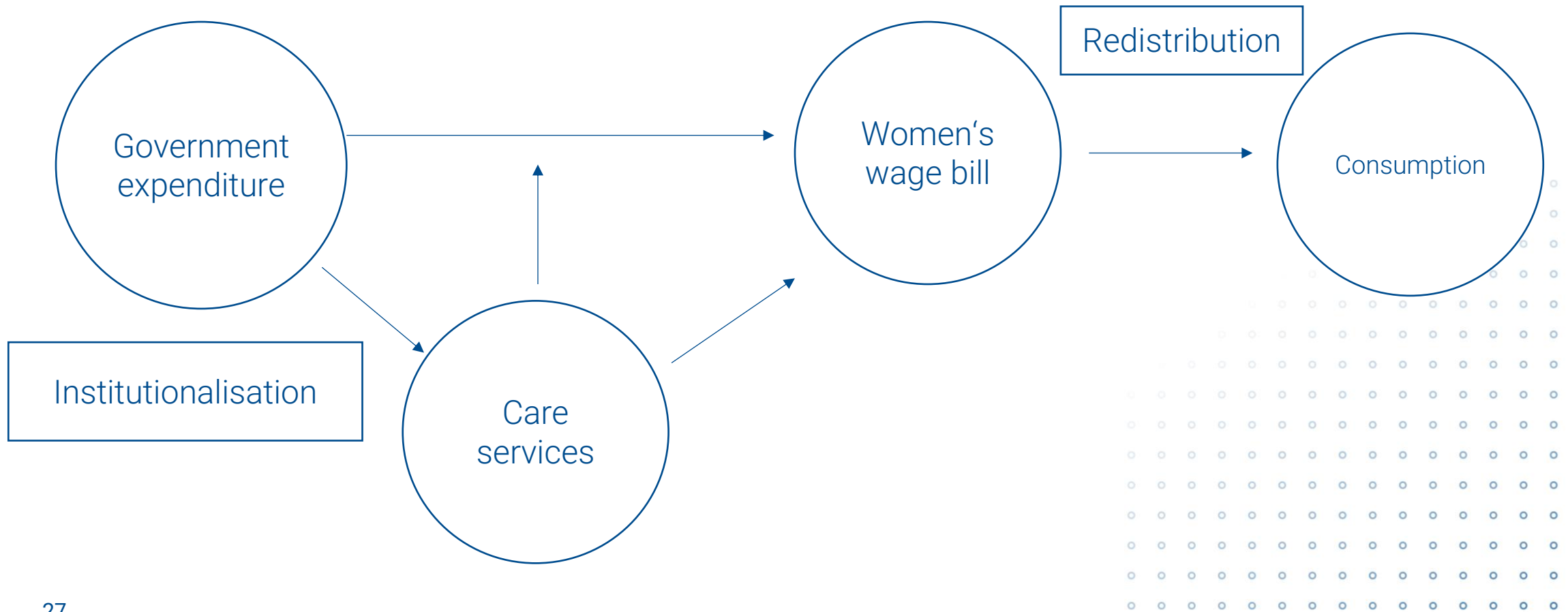


TYOLOGY





REVERSE CAUSALITY





QUICK GUIDE

Indent level 0 = Paragraph headline

Indent level 1 = Paragraph text

- Indent level 2 = List level 1
 - Indent level 3 = List level 2
 - Indent level 4 = List level 3

Indent level 5 = Paragraph headline small

Indent level 6 = Paragraph text small

Explanation

In the menu ribbon **Home** you can find the two buttons shown on the right (**Decrease List Level** and **Increase List Level**) with which you can sequentially decrease or increase the list level, even for text that has already been entered.

Each list level has its own format regarding font size, color, bullets, and spacing as shown above. To avoid copying mismatching formatting from Word or other PowerPoint files, it is best to insert the text unformatted using **Paste** (left in menu ribbon) and **Keep Text Only (T)**.

