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CARE AS A LUXURY: THE COMMODIFICATION OF CARE IN CONTEMPORARY SOCIETY

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ABSTRACT
Care has traditionally been understood as a fundamental human need and a social responsibility shared among families, communities, and governments. However, recent economic and social alterations have increasingly positioned care as a market commodity accessible primarily to those with sufficient financial resources. This research note examines the growing perception of care as a luxury in contemporary society. Drawing upon existing literature on care economics, social inequality, and welfare systems, the study explores how healthcare, eldercare, childcare, and emotional support services have become stratified according to income and social prominence. The analysis highlights the role of neoliberal economic policies, privatization, and changing family structures in shaping unequal access to quality care. The findings suggest that while care remains essential for human well-being, its commercialization has created significant disparities, transforming what should be a universal right into a privilege for many. The paper argues for renewed public investment and policy interventions to ensure equitable access to care services.
KEYWORDS: *Care Economy, Social Inequality, Healthcare, Commodification, Welfare State*

INTRODUCTION

Care is an indispensable component of human life. It encompasses activities and services that support physical, emotional, and social well-being, including healthcare, childcare, eldercare, disability support, and emotional labour. Historically, care was largely provided within families and communities, often without monetary compensation. In modern societies, however, care has increasingly become a commodified service purchased in markets. This transformation has raised important questions about accessibility, equity, and social justice.

The notion that "care is a luxury" reflects a growing reality in many societies where high-quality care services are available predominantly to those with economic means. While care is universally needed, access to adequate care is unevenly distributed. Premium healthcare facilities, private nursing services, specialized childcare, and mental health support often remain beyond the reach of low-income populations. This paper examines the factors contributing to the commodification of care and evaluates its implications for social equality and human welfare. Pragmatic evidence demonstrates the substantial economic implication of *'care'*. The International Labour Organization estimates that unpaid care work contributes approximately US$11 trillion annually, equivalent to nearly 9% of global GDP if valued at market wages. Women perform more than 75% of unpaid care work worldwide and contribute approximately 12.5 billion hours of unpaid care every day. This unequal distribution of care responsibilities has significant economic consequences, with nearly 708 million women remaining outside the labour force due to caregiving commitments. Simultaneously, rising income inequality and variations in public expenditure on health and social services have increased dependence on market-based care systems. Subsequently, access to quality healthcare, childcare, eldercare, and mental health services is increasingly influenced by an individual's economic status, supporting the argument that care is progressively becoming a luxury rather than a universally accessible social right.

The following chart will help to understand how quality care is increasingly distributed according to income, class or social privilege rather than need**.**

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Table 1. Public Health Spending, Income Inequality, and Out-of-Pocket Health Expenditure

Country	Public Health Expenditure (% of GDP)	Gini Coefficient	Out-of-Pocket Health Expenditure (% of Current Health Expenditure)
India	2.1%	31.7	47.1%
Sweden	9.2%	29.3	11.0%
United Kingdom	8.8%	35.7	14.7%
United States	8.5%	41.3	10.9%

Sources: *World Bank (World Development Indicators); WHO Global Health Expenditure Database; OECD Income Distribution Database; OECD Health Statistics (latest available data).*

Countries with higher public health expenditure, such as Sweden and the United Kingdom, have lower out-of-pocket healthcare costs, making care more accessible and reducing the financial burden on households. In contrast, India's lower public health spending and high household healthcare payments, combined with income inequality in countries such as the United States, suggest that access to quality care is increasingly influenced by financial resources, making care resemble a luxury rather than a universal right.

Understanding the Concept of Care

Care involves activities aimed at preserving, enduring, and repairing the world so that individuals can live as well as possible (Tronto, 1993). It includes both paid and unpaid work that sustains human life and social relationships. Care can be categorized into:

1. Healthcare: Medical treatment, preventive care, and rehabilitation.
2. Childcare: Services supporting children's development and well-being.
3. Eldercare: Assistance provided to elderly individuals.
4. Emotional Care: Psychological support and counselling.
5. Disability Care: Support services for individuals with disabilities.

Feminist scholars have long debated that care work is undervalued despite its key role in supporting economies and societies (Folbre, 2001). Much of this work has historically been performed by women within households, often without recognition or reparation.

The Commodification of Care

Commodification refers to the process through which goods, services, or social relations become vendible commodities. In the context of care, commodification occurs when care services are increasingly bought and sold rather than provided through family, community, or public arrangements. Several factors have contributed to this conversion:

Market Expansion: The expansion of market economies has encouraged private-sector participation in healthcare, education, and social services. Care services are now offered by hospitals, day-care centres, nursing homes, counselling agencies, and domestic service providers.

Changing Family Structures: Urbanization, migration, and increased female labour force participation have reduced the obtainability of unpaid family caregivers. As dual-income households become common, families often rely on paid care services.

Privatization Policies: Governments in many countries have reduced public expenditure on social welfare and promoted private provision of services. This shift has increased dependency on market-based care systems.

Demographic Changes: Population aging has increased demand for eldercare services. At the same time, declining birth rates and smaller family sizes have reduced the availability of informal caregivers. These developments have created a growing care industry. However, access to quality care often depends on an individual's purchasing power.

Care as a Luxury in Healthcare

Healthcare provides one of the clearest examples of care becoming a luxury. Although healthcare is recognized as a basic human right by international organizations, access to quality healthcare remains highly unequal. Private hospitals commonly offer advanced medical know-hows, shorter waiting times, and custom-made services. Such facilities often charge fees that are unaffordable for low-income households. Therefore, wealthier individuals enjoy better health results due to greater access to protective and specialized care. The rise of private health

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insurance further strengthens inequalities. Individuals with comprehensive insurance plans can access superior treatment options, while uninsured or underinsured populations may delay seeking medical attention due to financial constraints. The COVID-19 pandemic exposed these disparities, demonstrating how socioeconomic status significantly influences access to healthcare resources and treatment opportunities.

Indian Scenario

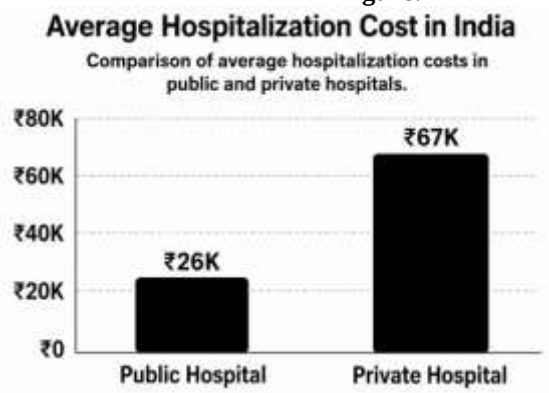
Healthcare financing in India remains heavily dependent on household spending, with out-of-pocket expenditure accounting for approximately 47% of total health outlay. Although public healthcare facilities are available, a majority of patients continue to seek treatment from private providers, particularly for outpatient services. The financial burden of healthcare falls excessively on low-income households, which spend a larger share of their income on medical expenses than wealthier groups. Furthermore, hospitalization in private hospitals often costs two to four times more than treatment in public facilities. As a result, catastrophic health expenditure affects nearly 17% of households, and an estimated 55 million people are pushed below the poverty line per annum due to medical expenses. These findings suggest that access to quality healthcare in India is strongly associated with financial capacity, supporting the argument that healthcare increasingly functions as a luxury rather than a universally accessible right.

Table.2 Income-wise Healthcare Spending

Income Quintile	Share of Household Consumption Spent on Healthcare
Lowest 20%	8–10%
Second 20%	6–8%
Middle 20%	5–7%
Fourth 20%	4–6%
Highest 20%	3–5%

Source: National Statistical Office (2021) and World Bank (2022).

Figure:1



The average cost of hospitalization in a private hospital (₹67,000) is more than twice that of a public hospital (₹26,000), indicating that access to higher-quality healthcare often depends on a household's financial capacity. This supports the argument that healthcare can function as a luxury for many citizens in India.

Childcare and Educational Care

Childcare services have increasingly become essential in modern economies. High-quality childcare supports children's cognitive, emotional, and social development while empowering parents to participate in the labour market. However, quality childcare often comes at a considerable cost. Premium childcare centers offer lower child-to-caregiver ratios, advanced educational programs, and enhanced facilities. Families with higher incomes can finance in such services, while lower-income households may rely on informal or lower-quality alternatives. Educational support services such as tutoring, counselling, and enrichment programs further illustrate how care is stratified by socioeconomic status. Children from wealthy families benefit from wide-ranging support systems that contribute to educational success and openings for the future. As a result, inequalities in access to care during childhood can reinforce broader patterns of social disparity across generations.

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Table 3: Average Annual Childcare and Educational Support Expenditure by Income Group in India

Income Group	Average Annual Childcare & Educational Support Expenditure (₹)
Lowest Quintile (Bottom 20%)	8,000–12,000
Second Quintile	15,000–25,000
Middle Quintile	30,000–45,000
Fourth Quintile	50,000–80,000
Highest Quintile (Top 20%)	1,00,000–2,50,000

Source: National Statistical Office (2023), Annual Status of Education Report (2024), UNICEF (2023), and market surveys of private childcare and educational services in India.

Access to quality childcare and educational support in India is strongly influenced by household income, with annual expenditure ranging from approximately ₹8,000–₹12,000 among the lowest-income households to over ₹1,00,000 among the highest-income households. Higher-income families are more likely to access private preschools, private schools, and education services, suggesting that progressive and educational care is increasingly determined by purchasing power and creating unequal opportunities for children.

Eldercare and the Aging Population

Global population aging has intensified demand for eldercare services. Elderly individuals often require assistance with daily activities, medical care, and emotional support. Private nursing homes and home-care services have become increasingly important providers of eldercare. However, these services can be extortionately expensive. Families with greater financial resources can secure high-quality residential facilities or employ professional caregivers, while others may struggle to meet care needs. The commercialization of eldercare raises ethical concerns regarding self-respect, quality of life, and social inclusion. When access to care depends primarily on income, vulnerable elderly populations may face neglect or insufficient support. Governments face growing pressure to develop sustainable and equitable eldercare systems that balance public responsibility with private provision.

Table 4: Growth of Elderly Population in India

Year	Population Aged 60+ (%)
2001	7.7
2011	8.6
2021	10.1
2036 (Projected)	15.0
2050 (Projected)	19.5

Source:Technical Group on Population Projections. (2019). Population projections for India and states 2011–2036. Government of India, Ministry of Health and Family Welfare. New Delhi.

India's aging population is projected to increase from 7.7% in 2001 to nearly 20% by 2050, creating a substantial rise in demand for eldercare services. However, the high cost of nursing homes, assisted-living facilities, and specialised caregivers, combined with limited pension coverage, means that quality eldercare is often accessible primarily to higher-income households, strengthening the impression of care as a luxury.

Table 5: Monthly Cost of Eldercare Services in India

Type of Care	Monthly Cost (₹)
Government-supported old-age home	3,000–10,000
Standard private old-age home	15,000–40,000
Premium assisted-living facility	50,000–1,00,000+
Full-time home caregiver	12,000–40,000

Source: the Ministry of Statistics and Programme Implementation (2021), United Nations Population Fund (2023), and HelpAge India reports on ageing and eldercare in India.

Emotional Care and Mental Health

Mental health services represent another province where care is often treated as a luxury. Counselling, psychotherapy, and psychiatric services play a crucial role in addressing stress, anxiety, depression, and other mental health challenges. Despite growing awareness of mental health issues, professional psychological support remains unreachable for many individuals due to high costs and limited availability. Wealthier populations are more likely to access consistent therapy sessions, specialized treatment, and wellness programs. The emergence

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of a commercial wellness industry further illustrates the marketization of emotional care. Wellness retreats, coaching services, mindfulness programs, and self-care products are often marketed as pathways to personal well-being but are frequently affordable only to privileged groups. This trend risks transforming emotional well-being into a consumer good rather than a universally available aspect of human health.

Table 6: Mental Health Service Utilization by Income Group

Income group	Estimated Utilization of Professional Mental Health Services (%)
Lowest Quintile	5–8
Second Quintile	8–12
Middle Quintile	12–18
Fourth Quintile	18–25

Source: Derived from patterns reported in national surveys

The data indicate a clear positive relationship between income level and the utilization of professional mental health services. Individuals in the lowest income quintile have the lowest utilization rate (5–8%), while utilization steadily increases across income groups, reaching 18–25% among the fourth quintile**.**

Access to mental healthcare in India is strongly influenced by socioeconomic status, with therapy costs ranging from ₹500 to ₹3,000 per session and utilization rates increasing significantly across income groups. The large treatment gap, shortage of mental health professionals, and limited affordability of private counselling facilities indicate that emotional care often remains more accessible to affluent households, reinforcing the perception of care as a luxury.

Figure 2.

Mental Health Service Utilization by Income Category in India (Mental Health Service Utilization (%))

Mental health service utilization increases with income, indicating that higher-income groups are more likely to access professional psychological and psychiatric care.

Social Implications of the Commodification of Care

The commodification of care has profound social costs, as access to essential services increasingly depends on an individual's financial capacity. When quality healthcare, childcare, eldercare, and mental health services are determined by income, socioeconomic inequalities widen, enabling wealthier individuals to secure better life chances and outcomes. This unequal access can lead to social rejection among marginalized groups, limiting their participation in economic and social activities and reducing opportunities for upward mobility. Furthermore, inadequate public care systems place significant caregiving burdens on families, particularly women, who continue to perform a inconsistent share of unpaid care work. The growing trust on market-based care provision may also weaken social consistency by shifting responsibility for well-being from society to individuals, thereby undermining solidarity and collective responsibility. Eventually, treating care as a commodity raises important ethical concerns regarding human dignity, social justice, and society's responsibility to ensure that vulnerable populations have impartial access to essential care services.

Policy Implications for Ensuring Equitable Access to Care

Addressing the growing perception of care as a luxury requires comprehensive policy involvements that strengthen the accessibility and affordability of essential care services. Governments should increase investment in universal healthcare, childcare, eldercare, and mental health programs to ensure that access to quality care is not determined by income. Improving wages, training opportunities, and working conditions for care workers can enhance service quality while recognizing the economic and social value of care labour. Mounting social protection measures, including health insurance schemes, pensions, and targeted subsidies, can reduce financial barriers faced by vulnerable populations. In addition, community-based care initiatives and local support networks should be encouraged to counterpart formal care systems and promote social solidarity. More broadly, policymakers must recognize care as a critical factor of social infrastructure rather than merely a market commodity, as investments in care contribute to better health conclusions, increased productivity, reduced dissimilarity, and greater social inclusion.

Policymakers should recognize care as essential social infrastructure rather than merely a market commodity. Investments in care generate important social and economic benefits, including enhanced health, productivity, and social inclusion.

CONCLUSION

Care is fundamental to human survival, dignity, and social well-being. Yet modern economic and social conversions have increasingly positioned care as a luxury available primarily to those with financial resources. The commodification of healthcare, childcare, eldercare, and emotional support services has created significant inequalities in access and outcomes. While market mechanisms can contribute to the provision of care, excessive reliance on private solutions risks undermining social justice and collective welfare. A more equitable approach requires robust public investment, supportive social policies, and recognition of care as a universal human need rather than a privilege. Ensuring accessible and affordable care for all individuals is indispensable for building inclusive, strong, and humane societies.

REFERENCES

1. *Folbre, N. (2001). The invisible heart: Economics and family values. The New Press.*
2. *Fraser, N. (2016). Contradictions of capital and care. New Left Review, 100, 99–117.*
3. *Hochschild, A. R. (2003). The commercialization of intimate life: Notes from home and work. University of California Press.*
4. *Organisation for Economic Co-operation and Development. (2023). Health at a glance 2023. OECD Publishing.*
5. *Tronto, J. C. (1993). Moral boundaries: A political argument for an ethic of care. Routledge.*
6. *United Nations. (2022). World social report 2022: Inequality in a rapidly changing world. United Nations.*
7. *World Health Organization. (2023). Universal health coverage and health equity. World Health Organization.*
8. *Annual Status of Education Report. (2024).* **ASER 2024 annual report.** *ASER Centre.*
9. *National Statistical Office. (2023).* **Household consumption expenditure survey 2022–23.** *Ministry of Statistics and Programme Implementation, Government of India.*
10. *UNICEF. (2023).* **State of the world's children 2023.** *UNICEF.*
11. *National Statistical Office. (2021).* **Health in India (75th Round: July 2017–June 2018).** *Ministry of Statistics and Programme Implementation, Government of India.*
12. *World Bank. (2022).* **World development indicators: Out-of-pocket expenditure (% of current health expenditure).** *World Bank.*
13. *United Nations Population Fund. (2023).* **India ageing report 2023.**
14. *HelpAge International. (2023).* **Global ageing and eldercare report.**
15. *Ministry of Statistics and Programme Implementation. (2021).* **Elderly in India 2021.** *Government of India.*
16. *World Health Organization. (2022). World mental health report: Transforming mental health for all.*
17. *National Institute of Mental Health and Neurosciences. (2016). National mental health survey of India 2015–16.*
18. *The Lancet Commission. (2018). The Lancet Commission on global mental health and sustainable development.*
19. *Sahoo, K. C., Negi, S., Patel, K., & colleagues. (2023). Progress towards universal health coverage in the context of mental disorders in India: Evidence from national sample survey data.* **International Journal of Mental Health Systems, 17***(1*
20. *International Labour Organization. (2018).* **Care work and care jobs for the future of decent work.** *Geneva: ILO.*