

Revista de Justicia Social en la Sociedad Urbana

ISSN: 3082-0375

Vol. 1 Issue 1 (2025) 61-80

Available online since: April 31, 2025



Feminist Urbanism: Reimagining the City Through Care Work

Urbanismo feminista: reimaginando la ciudad desde los cuidados

Camila Rojas Fuentes¹✉^{ID}, Maria Fernanda Lopez²^{ID},
Gabriel Munoz Castro³^{ID}

¹Universidad Nacional de Colombia, Colombia

² Pontificia Universidad Javeriana, Colombia

³ Pontificia Universidad Catolica del Peru, Peru

✉Corresponding email: camila.fuentes@gmail.com

ABSTRACT

This article explores feminist urbanism as a transformative framework for rethinking urban design and policy through the lens of care work and gendered spatial needs. While conventional urban planning often prioritizes economic productivity and car-centric infrastructure, this research centers the daily experiences of women, particularly those engaged in caregiving roles, to reveal how cities can be redesigned to support social reproduction and collective well-being. Drawing from feminist theory, participatory design practices, and case studies from Latin American cities, the study proposes a care-centered urbanism that integrates accessibility, safety, proximity, and temporal flexibility. The novelty of this research lies in operationalizing care as a central urban planning principle, rather than a peripheral social function. By

foregrounding care work in the urban agenda, this article contributes to critical urban theory and offers practical pathways for inclusive, equitable, and gender-sensitive city-making.

Keywords *Feminist urbanism, Care work, Gender-sensitive planning, Inclusive cities, Urban design*

RESUMEN

Este artículo examina el urbanismo feminista como un marco transformador para repensar el diseño urbano y las políticas públicas desde la perspectiva del trabajo de cuidados y las necesidades espaciales de las mujeres. Mientras la planificación urbana convencional prioriza la productividad económica y la infraestructura orientada al automóvil, esta investigación se enfoca en las experiencias cotidianas de las mujeres —especialmente aquellas involucradas en tareas de cuidado— para mostrar cómo las ciudades pueden rediseñarse en favor de la reproducción social y el bienestar colectivo. Basándose en teorías feministas, prácticas de diseño participativo y estudios de caso en ciudades latinoamericanas, el estudio propone un urbanismo centrado en los cuidados que incorpora accesibilidad, seguridad, proximidad y flexibilidad temporal. La originalidad de este trabajo radica en conceptualizar el cuidado como un principio central de planificación urbana, y no como una función social marginal. Al situar el trabajo de cuidados en el centro de la agenda urbana, el artículo contribuye a la teoría urbana crítica y ofrece rutas prácticas hacia ciudades más inclusivas, equitativas y sensibles al género.

Palabras clave *Urbanismo feminista, Trabajo de cuidados, Planificación con perspectiva de género, Ciudades inclusivas, Diseño urbano*

A. Introduction

Urban planning has historically been governed by paradigms that privilege economic productivity, growth, and efficiency as the primary objectives of urban development. Emerging from the socio-economic conditions of industrial capitalism, planning frameworks have tended to conceptualize cities as functional systems designed to facilitate labor, circulation, and capital accumulation. Within this logic, success is measured through indicators such as mobility speed, land-use optimization, and economic competitiveness.

However, this orientation has systematically obscured the labor and practices that sustain everyday urban life. Activities such as childcare, eldercare, domestic labor, and emotional support—

collectively understood as care work and social reproduction—have been relegated to the private sphere and excluded from the core concerns of urban planning (Hayden, 1980; Federici, 2012). This exclusion is deeply gendered, as care responsibilities disproportionately fall on women and marginalized groups, reinforcing unequal power relations within both households and cities.

The resulting urban forms, characterized by functional zoning and spatial separation of daily activities, intensify time poverty and constrain access to essential services, thereby reproducing spatial and social inequalities (Hanson, 2010). These dynamics suggest that the marginalization of care is not accidental but structurally embedded in dominant planning rationalities.

Recognizing this structural exclusion necessitates a critical rethinking of how cities are theorized and planned, a task taken up by feminist urbanism. Feminist urbanism emerges from feminist geography and political economy as a response to the androcentric assumptions embedded in mainstream urban theory and practice. Rather than accepting planning knowledge as neutral or objective, feminist urbanism interrogates whose experiences and needs are prioritized in the production of urban space (Beebejaun, 2017).

Central to this intervention is the revaluation of everyday life and social reproduction as fundamental to urban functioning. Care is reframed not as a private obligation but as a political, spatial, and economic issue that underpins labor markets, social cohesion, and urban resilience (Tronto, 2013). This reframing becomes particularly urgent in the context of contemporary urban crises—rising inequality, labor precarity, demographic aging, and environmental instability—which expose the limitations of growth-oriented planning models. As these crises intensify, the failure to adequately support care infrastructures reveals the fragility of urban systems that prioritize accumulation over well-being (Fraser, 2016). Feminist urbanism thus offers not only a critique of existing paradigms but also a foundation for imagining alternative urban futures.

Building on this critical foundation, this article positions care as an organizing principle through which cities can be reimagined and restructured. The central aim is to explore how feminist urbanism reframes urban space by centering care and everyday life rather than productivity and efficiency. To this end, the article addresses three interrelated questions. First, how does feminist urbanism reconceptualize the city when social reproduction is treated as foundational rather than peripheral? Second, what spatial principles and urban forms emerge when care work is recognized as essential to urban life? Third, how can the politics of care be translated into

concrete urban planning strategies capable of addressing structural inequalities? These questions are not merely theoretical but respond directly to the disconnect between lived urban realities and planning practices. By foregrounding care, the article argues for a shift from abstract, technocratic models of planning toward approaches grounded in interdependence, vulnerability, and everyday experience. Such a shift requires a fundamental reorientation of planning values, challenging entrenched assumptions about neutrality, efficiency, and economic rationality.

In advancing this argument, the article makes several contributions to feminist and critical urban studies. Theoretically, it integrates social reproduction theory with feminist urbanism to position care as a central analytical lens for understanding urban inequality and governance. This integration moves beyond critiques of representation to address the material and spatial conditions through which care is organized and devalued.

Conceptually, the article challenges the public–private divide that has historically structured planning thought, reframing care as collective, spatially embedded labor rather than individualized responsibility. Practically, it demonstrates the relevance of feminist urbanism for contemporary urban policy and design by illustrating how care can be institutionalized through planning tools, governance arrangements, and spatial strategies. By articulating care as both a political demand and a planning principle, the article contributes to broader debates on urban justice and sustainability. Ultimately, it argues that reimagining cities through the politics of care is not a marginal or sectoral concern, but a necessary condition for creating more just, inclusive, and resilient urban futures.

B. Theoretical Framework

1. Feminist Theory and Social Reproduction

The theoretical foundation of this article is grounded in feminist theory, particularly feminist political economy and social reproduction theory, which critically examine how care work is organized, valued, and rendered invisible within capitalist societies. Feminist political economists argue that economic systems depend fundamentally on social reproduction—the daily and intergenerational labor required to sustain workers and communities—yet systematically exclude this labor from dominant economic accounts (Bhattacharya, 2017; Fraser, 2016). Care work, encompassing activities such as childcare, eldercare, domestic labor, and emotional support, is disproportionately performed by women and marginalized groups, often without remuneration or recognition. Social reproduction theory highlights

how this gendered division of labor is naturalized through cultural norms and institutional arrangements, allowing care to be treated as an inexhaustible resource rather than a socially organized form of labor (Federici, 2012).

Importantly, feminist scholars emphasize that care is not merely an interpersonal or private activity but a collective condition that underpins economic productivity and social stability. Conceptualizing care as collective infrastructure reframes it as a public responsibility that must be supported through policy, institutions, and spatial arrangements (Tronto, 2013). This shift challenges the privatization of care under neoliberal regimes and provides a critical lens for examining how urban environments shape, constrain, or enable practices of social reproduction.

2. Feminist Critiques of Urban Planning

Building on these insights, feminist critiques of urban planning expose how dominant planning paradigms systematically fail to account for social reproduction and embodied everyday experiences. Conventional urban planning has largely been gender-blind, operating on implicit assumptions of a universal subject who is mobile, unencumbered by care responsibilities, and engaged in formal employment—an assumption that reflects androcentric norms rather than lived realities (Sandercock, 1998).

This bias is evident in car-centric and zoning-based planning models that spatially separate housing, work, services, and care facilities, producing environments that are inefficient and exclusionary for caregivers (Hayden, 1980). Such models prioritize speed, efficiency, and functional separation while neglecting the temporal, emotional, and relational dimensions of daily life. Feminist geographers argue that these planning approaches marginalize embodied experiences, particularly those shaped by gender, age, disability, and class, thereby reinforcing spatial inequalities in access, safety, and participation (Hanson, 2010). The exclusion of care from planning is thus not simply a technical oversight but a political outcome of knowledge systems that devalue reproductive labor. By revealing how urban form reproduces gendered power relations, feminist critiques of planning provide an essential bridge between social reproduction theory and spatial analysis.

3. Feminist Urbanism

Feminist urbanism emerges at the intersection of these critiques as both an analytical framework and a transformative project aimed at re-centering care, everyday life, and social justice in city-making.

Drawing from feminist theory, critical urban studies, and grassroots planning practices, feminist urbanism challenges the neutrality of urban design and calls for cities that reflect interdependence rather than individual autonomy (Kern, 2020).

Central to feminist urbanism is the recognition that the right to the city cannot be realized without addressing the material conditions of care and social reproduction. While traditional interpretations of the “right to the city” emphasize access, participation, and appropriation of urban space (Lefebvre, 1968), feminist scholars extend this concept by insisting that the right to care—and to be cared for—is fundamental to urban citizenship (Tronto, 2013). Feminist urbanism thus moves beyond critique by articulating principles for transformation, including proximity, inclusivity, participatory governance, and the redistribution of care responsibilities. Rather than proposing a singular model, it advocates for context-sensitive, care-centered planning practices that respond to diverse lived experiences. In doing so, feminist urbanism offers a normative and practical framework for reimagining cities as spaces that sustain life rather than merely facilitate economic growth.

C. Conceptualizing Care-Centered Urbanism

1. Defining Care in the Urban Context

Care in the urban context can be understood as a multifaceted concept encompassing labor, social practice, and ethical orientation. Feminist scholars emphasize that care is not limited to interpersonal relations but constitutes a broad range of activities that sustain life on a daily and generational basis, including physical maintenance, emotional support, and social coordination (Fisher & Tronto, 1990; Tronto, 2013).

As labor, care involves both paid and unpaid work that is unevenly distributed along gendered, racialized, and classed lines, often remaining invisible within dominant economic and planning frameworks (Folbre, 2001; Bhattacharya, 2017). As practice, care is embedded in everyday routines and spatial arrangements, shaping how individuals navigate cities through complex trip chains, time constraints, and relational obligations (Jarvis, 2005). These practices are inherently spatial and temporal, relying on proximity, accessibility, and synchronization across multiple sites such as homes, workplaces, schools, and healthcare facilities.

Moreover, care also functions as an ethical framework that foregrounds interdependence, responsibility, and attentiveness as fundamental conditions of social life (Gilligan, 1982). Conceptualizing care in this holistic manner allows for an understanding of cities not

merely as physical or economic systems but as relational environments that either enable or constrain the capacity to care and be cared for.

2. Core Principles of Care-Centered Urbanism

Building on this understanding, care-centered urbanism articulates a set of spatial and organizational principles that challenge conventional planning priorities. Accessibility is foundational, emphasizing inclusive and universal design that accommodates diverse bodies, abilities, ages, and care needs (Imrie & Hall, 2001). From a feminist perspective, accessibility extends beyond physical access to include economic, social, and cultural dimensions that determine who can meaningfully use urban space. Closely related is the principle of safety, particularly the creation of gender-sensitive public spaces that address experiences of fear, harassment, and exclusion. Feminist urban research demonstrates that perceptions of safety significantly shape mobility patterns and access to the city, especially for women and marginalized groups (Koskela, 1997; Pain, 2001).

Proximity constitutes another core principle, advocating for mixed-use neighborhoods that integrate housing, services, care facilities, and employment within walkable distances. Such spatial arrangements support everyday care practices by reducing travel time and fostering local support networks (Jacobs, 1961; Moreno et al., 2021). Finally, temporal flexibility highlights the need to align urban rhythms with the non-linear and often unpredictable temporalities of care work. This involves reconsidering opening hours, transport schedules, and service provision to better accommodate caregiving responsibilities that extend beyond standard workday norms (Adam, 1998). Together, these principles reorient urban design toward everyday life rather than abstract efficiency.

3. Care as an Organizing Planning Principle

Conceptualizing care as an organizing principle of urban planning entails a fundamental shift from market-driven to life-centered urbanism. Traditional planning frameworks prioritize land value, economic growth, and competitiveness, often treating social infrastructure and care services as secondary or residual concerns. In contrast, care-centered urbanism positions the sustenance of life and well-being as primary planning objectives, reshaping how infrastructure, services, and public spaces are conceived and evaluated (Tronto, 2013; Power & Mee, 2020). Infrastructure is thus understood not only in terms of transport or utilities but also as networks of care that include childcare centers, healthcare facilities, social housing, and accessible public spaces. Public space, in turn, is reframed as a site of

social reproduction where informal care networks, mutual support, and collective life can emerge (Lefebvre, 1991). This shift challenges the dichotomy between economic and social planning by recognizing care as a precondition for urban productivity rather than its opposite. By embedding care into planning rationalities, care-centered urbanism offers a transformative framework capable of addressing structural inequalities while fostering more inclusive, resilient, and sustainable cities.

D. Methodology

This study adopts a qualitative, theory-informed research design grounded in feminist epistemology and critical urban studies. Given the article's aim to conceptualize care-centered urbanism rather than to test predefined hypotheses, a qualitative approach is particularly suited to capturing the relational, contextual, and experiential dimensions of care in urban settings. The research design combines conceptual analysis with empirical illustration, allowing theoretical insights from feminist theory and social reproduction to be examined in relation to concrete planning practices. Conceptual analysis is used to synthesize and refine key ideas from feminist urbanism, while empirical illustrations serve to demonstrate how these ideas manifest within specific urban contexts. This dual strategy reflects feminist methodological commitments to situated knowledge and rejects claims of universal or value-neutral perspectives (Haraway, 1988). Rather than seeking generalizable outcomes, the research prioritizes depth, contextual sensitivity, and analytical richness, positioning theory and empirical material in a mutually reinforcing relationship.

In line with this epistemological stance, the study draws on participatory design and feminist planning methodologies that emphasize inclusion, reflexivity, and the co-production of knowledge. Feminist and community-based planning practices challenge hierarchical expert-driven models by recognizing caregivers and community members as legitimate producers of urban knowledge (Sandercock, 1998; Kindon, Pain, & Kesby, 2007). Particular attention is given to incorporating the lived experiences of caregivers, whose daily negotiations of space, time, and responsibility often remain invisible in conventional planning processes. Participatory workshops and mapping exercises are treated not only as data-gathering tools but as spaces of collective reflection where participants articulate needs, constraints, and aspirations. Reflexivity is central to this process, requiring continuous critical awareness of power relations between researchers, participants, and institutions. By foregrounding co-production, the methodology aligns with feminist commitments to

ethical research practices and seeks to produce knowledge that is both analytically robust and socially relevant.

The selection of case studies further reflects the study's theoretical and political commitments. Latin American cities are chosen as illustrative cases due to their pronounced socio-spatial inequalities, strong reliance on informal care networks, and growing experimentation with progressive planning initiatives. Urban contexts in the region are characterized by intersecting forms of gender, class, and racial inequality, which make the politics of care particularly visible and contested (Jirón & Gómez, 2018). At the same time, Latin American cities have been sites of innovative participatory planning, feminist activism, and social policy experimentation, offering valuable insights into alternative urban futures. Case selection is guided by three criteria: the presence of documented gender inequalities in urban life, the significance of informal and community-based care practices, and evidence of planning or policy innovation related to care, mobility, or social infrastructure. These criteria ensure that the cases are analytically relevant while allowing for contextual specificity.

The study draws on multiple qualitative data sources to support triangulation and analytical depth. Primary materials include policy documents, urban plans, and planning frameworks that reveal how care is addressed—or omitted—within formal governance structures. These documents are complemented by outcomes from participatory workshops and mapping exercises reported in existing studies, which provide insight into caregivers' spatial practices and priorities. In addition, the research engages with secondary qualitative studies, including ethnographies, interviews, and feminist urban analyses conducted in the selected contexts. Rather than treating these sources as discrete datasets, the analysis reads across them to identify recurring themes, tensions, and contradictions in the organization of care. This approach allows the study to connect everyday experiences with institutional arrangements and broader planning discourses.

While this methodology offers a rich and nuanced understanding of care-centered urbanism, it is not without limitations. The findings are context-specific and grounded in particular urban, cultural, and political conditions, which limits their direct transferability to other settings. Moreover, participatory and feminist approaches are time-intensive and often difficult to scale within formal planning institutions constrained by resources and bureaucratic logics (Cooke & Kothari, 2001). There is also the risk that participatory processes may be co-opted or symbolic rather than transformative. Acknowledging these limitations is integral to the feminist commitment to reflexivity. Rather than undermining the study's contributions, these constraints

underscore the importance of situating care-centered urbanism as an ongoing, contested practice rather than a fixed or universally applicable model.

E. Empirical Illustrations: Care and Urban Space in Latin America

1. Gendered Urban Inequalities

Latin American cities provide a particularly revealing context for examining the spatial politics of care, as they are marked by deep socio-economic inequalities, high levels of informality, and uneven access to urban services. Gendered urban inequalities are intensified by precarious labor conditions and fragmented welfare systems, which place a disproportionate burden of care on households and communities rather than public institutions (Razavi, 2007; Chant & McIlwaine, 2016). Women—especially those from low-income, migrant, and racialized backgrounds—often combine paid informal work with extensive unpaid care responsibilities, resulting in acute time poverty and constrained mobility.

These dynamics are spatially concentrated in peripheral neighborhoods where access to childcare, healthcare, safe transport, and public space is limited (Jirón, 2010). The spatial organization of cities thus amplifies gendered inequalities by forcing caregivers to navigate long distances and unsafe environments to meet daily needs. Care responsibilities become geographically anchored to specific neighborhoods and housing conditions, reinforcing cycles of exclusion. Importantly, these inequalities are not merely social but spatially produced, revealing how urban form and governance structures shape the distribution of care labor. As such, Latin American cities make visible the intersection between gender, informality, and urban space, highlighting the necessity of care-centered planning approaches.

2. Feminist Planning Initiatives

In response to these conditions, several Latin American cities have begun experimenting with feminist planning initiatives that explicitly recognize care as an urban and political concern. Programs such as *care blocks* and neighborhood-based service hubs integrate childcare, eldercare, healthcare, and social services within walkable distances, directly addressing the spatial and temporal burdens of caregiving. Initiatives in cities such as Bogotá and Buenos Aires illustrate how care can be institutionalized through urban policy, transforming neighborhoods into sites of social reproduction rather than mere residential zones (Jirón & Gómez, 2018; Falú, 2014).

Alongside service provision, safe mobility programs—including gender-sensitive public transport design, improved lighting, and pedestrian prioritization—seek to address the everyday risks faced by caregivers navigating the city. Feminist urban interventions also extend to public space redesign, where plazas, sidewalks, and community facilities are adapted to support caregiving activities such as play, rest, and social interaction. These initiatives signal a shift from abstract equality frameworks toward materially grounded interventions that reshape urban space around everyday life. While uneven and often limited in scale, they demonstrate the practical potential of care-centered urbanism in contexts of structural inequality.

3. *Everyday Urban Practices of Care*

Beyond formal policy interventions, care-centered urbanism is also enacted through everyday practices that emerge in response to institutional gaps. In many Latin American cities, informal support networks play a crucial role in sustaining daily life, particularly in low-income neighborhoods. Extended families, neighbors, and community organizations collectively organize childcare, food provision, and emotional support, often using streets, courtyards, and plazas as shared spaces of care (Lombard, 2014).

Housing is frequently adapted to accommodate caregiving needs, with rooms repurposed for home-based childcare or eldercare, blurring the boundaries between private and public space. Streets and sidewalks function as extensions of the home, enabling informal surveillance, mutual aid, and social interaction. These practices illustrate how care is spatially negotiated and improvised within constrained urban environments. While such adaptations demonstrate resilience and collective capacity, they also underscore the limits of relying on informal care alone.

Feminist urban analysis cautions against romanticizing these practices, emphasizing instead the need for structural support that recognizes and strengthens existing care networks without exploiting them. Together, formal initiatives and informal practices reveal care as a central, if often invisible, organizing force of urban space in Latin America.

TABLE 1. Care, Gender, and Urban Space in Latin American Cities

Dimension	Empirical Characteristics	Spatial Implications	Planning Relevance
Gendered inequality	Informal labor, unpaid care burden, time poverty	Peripheralization of caregivers, constrained mobility	Need for proximity-based services

Dimension	Empirical Characteristics	Spatial Implications	Planning Relevance
Feminist planning initiatives	Care blocks, service hubs, safe mobility programs	Neighborhood-scale care infrastructure	Institutionalization of care in planning
Everyday care practices	Informal networks, adaptive housing use	Streets and plazas as care spaces	Recognition of informal care ecologies
Governance context	Fragmented welfare systems	Reliance on community care	Importance of multi-scalar coordination

Source: *various sources, edited by authors*

Table 1 provides a synthesized framework linking gendered inequalities, urban space, and care practices in Latin American cities, explicitly situating these dynamics within the theoretical lens of feminist urbanism. The first row illustrates how informal labor, unpaid care burdens, and time poverty produce spatial concentrations of caregiving in peripheral neighborhoods, reinforcing Lefebvrian insights on the socially produced nature of space and revealing the invisibility of care in conventional planning (Lefebvre, 1991; Fraser, 2016).

The second row demonstrates how feminist planning initiatives—such as care blocks, neighborhood service hubs, and safe mobility programs—translate the ethics of care into concrete spatial interventions, operationalizing principles of accessibility, safety, and proximity central to care-centered urbanism (Tronto, 2013; Kern, 2020). The third row foregrounds everyday urban practices, highlighting the adaptive use of streets, plazas, and housing to sustain informal support networks. These practices exemplify the spatialization of social reproduction and underscore the reciprocal relationship between lived experience and urban form emphasized in feminist urbanist scholarship (Beebejaun, 2017; Lombard, 2014). Finally, the governance context row situates these dynamics within broader structural constraints, illustrating how fragmented welfare systems necessitate multi-scalar coordination while reinforcing the centrality of care as both a social and planning concern.

F. Discussion

1. From Productivity to Social Reproduction

The findings of this study underscore the need to shift the conceptual and operational priorities of urban planning from conventional productivity metrics toward the recognition of social reproduction as a foundational urban concern. Traditional urban metrics—such as economic output, mobility efficiency, and land-value optimization—tend to abstract cities into spaces of production, largely

ignoring the everyday labor that sustains urban life, particularly unpaid care work performed predominantly by women (Bhattacharya, 2017; Fraser, 2016).

The empirical illustrations from Latin American cities reveal how these dominant paradigms produce spatial and temporal inequalities, concentrating care responsibilities in marginalized neighborhoods and reinforcing cycles of exclusion. By contrast, a care-centered lens revalues everyday life and maintenance work, emphasizing the temporal rhythms, spatial proximities, and relational infrastructures that enable human and community well-being (Tronto, 2013; Lombard, 2014). This perspective challenges the hegemony of growth-driven urban rationalities and calls for the incorporation of metrics that account for relational, temporal, and ethical dimensions of urban life. In effect, foregrounding social reproduction reframes urban productivity: cities are not merely engines of economic output, but ecosystems whose health depends on the recognition, support, and redistribution of care.

2. Feminist Urbanism as Transformative Practice

Beyond reframing priorities, the study situates feminist urbanism as a transformative practice capable of reconfiguring both spatial and institutional arrangements. Empirical cases demonstrate that inclusive interventions—such as care blocks, service hubs, and gender-sensitive mobility programs—can enhance accessibility, safety, and proximity for caregivers, yet true feminist urbanism extends beyond such inclusionary measures to address structural inequalities in the production and valuation of care (Kern, 2020; Beebejaun, 2017).

Care is reframed as a political demand, encompassing both rights to be cared for and responsibilities to support care collectively, thereby linking everyday practices with broader struggles over urban citizenship and social justice (Lefebvre, 1968; Tronto, 2013). By embedding care into urban policy and planning, feminist urbanism challenges conventional hierarchies between public and private spaces, formal and informal economies, and economic versus social infrastructure. This approach transforms the city into a site of relational interdependence, where spatial design, service provision, and participatory governance converge to sustain life rather than merely facilitate mobility or productivity.

3. Tensions and Risks

Despite its transformative potential, operationalizing care-centered urbanism entails significant tensions and risks. One persistent challenge is the institutional co-optation of feminist language, where

terms such as “care” and “gender inclusion” are deployed rhetorically without corresponding shifts in resource allocation or governance structures (Power & Mee, 2020). Additionally, care-centered interventions must contend with the unequal distribution of care responsibilities, which remains heavily gendered and often intersects with class and racial inequalities, potentially reinforcing burdens on already marginalized groups if not carefully designed (Razavi, 2007).

Scaling care-centered models presents another risk: expanding small-scale or participatory initiatives without addressing structural constraints can depoliticize care, reducing it to technical or design considerations rather than a collective, political project. These tensions highlight the necessity of reflexive and multi-scalar planning approaches, which integrate community knowledge, institutional support, and policy coherence. Acknowledging and negotiating these risks is crucial for ensuring that care-centered urbanism remains both politically transformative and socially equitable, avoiding the pitfalls of superficial inclusion while maintaining fidelity to feminist principles of justice, interdependence, and relational responsibility.

G. Policy and Planning Implications

1. Integrating Care into Urban Policy

Integrating care into urban policy requires reorienting fiscal, spatial, and regulatory frameworks to recognize care as both a social and urban priority. One key approach is gender-responsive budgeting, which ensures that public resources explicitly address the needs of caregivers and social reproduction, thereby redistributing care responsibilities more equitably across society (Budlender, 2002; Chant & Sweetman, 2012).

Care-sensitive planning also entails rethinking land use and transport policies. Urban zoning must prioritize mixed-use development, proximity to essential services, and the integration of childcare, eldercare, and healthcare facilities within neighborhoods. Transport planning should account for the mobility patterns of caregivers, including trip chaining, off-peak travel, and safety considerations, thus moving beyond generalized efficiency metrics to a more relational and everyday-life-oriented approach (Jirón & Gómez, 2018; Pain, 2001). Together, these measures position care not as a residual concern but as a core determinant of urban functionality and equity.

2. Design Guidelines for Care-Centered Cities

Operationalizing care-centered urbanism at the neighborhood scale involves translating policy commitments into tangible spatial

interventions. Design guidelines include the creation of care blocks, community service hubs, and public spaces adaptable for caregiving activities, from play and rest to informal social support. Multisectoral coordination is critical, requiring collaboration between housing, transport, social services, and health authorities to ensure coherence and avoid fragmented provision (Tronto, 2013; Power & Mee, 2020). Table 2 illustrates a set of design principles and corresponding interventions that have emerged from empirical studies in Latin American cities, linking core care values to actionable urban strategies.

TABLE 2. Design Principles for Care-Centered Urbanism

Principle	Description	Example Interventions	Expected Outcomes
Accessibility	Inclusive design for all ages, abilities, and genders	Universal access ramps, affordable childcare, adaptive housing	Greater participation in urban life, reduced mobility barriers
Safety	Gender-sensitive public spaces and transport	Well-lit streets, safe pedestrian crossings, women-focused transport services	Reduced vulnerability, increased use of public space
Proximity	Services and amenities within walkable distances	Mixed-use neighborhoods, local healthcare hubs, multipurpose community centers	Reduced time poverty, strengthened local support networks
Temporal Flexibility	Urban schedules aligned with caregiving routines	Off-peak transport, extended service hours, community day programs	Better alignment of urban rhythms with care responsibilities

3. Governance and Participation

Effective care-centered urbanism depends on governance structures that institutionalize feminist participatory practices and empower caregivers as legitimate decision-makers. Participatory planning processes, co-designed with communities, help surface local needs, validate informal care networks, and enhance accountability in service provision (Kondon, Pain, & Kesby, 2007; Sandercock, 1998). Table 3 presents a framework for participatory governance, showing how different levels of institutional engagement and community empowerment can be structured to support care-oriented urban development.

TABLE 3. Participatory Governance Framework for Care-Centered Urbanism

Level	Mechanism	Actors	Function
Policy	Gender-responsive urban budgets, care-sensitive regulations	Municipal authorities, planners	Allocate resources, embed care in formal planning
Neighborhood	Local councils, participatory workshops, mapping exercises	Caregivers, community organizations	Co-produce knowledge, identify local priorities
Implementation	Multisectoral coordination committees	Housing, transport, health, social services	Ensure coherent delivery of care services
Monitoring	Community feedback platforms, participatory audits	Residents, NGOs, municipal monitors	Track effectiveness, address gaps, adapt strategies

This framework emphasizes iterative collaboration across multiple scales, ensuring that caregivers' lived experiences shape policy, planning, and design. By institutionalizing such participatory mechanisms, cities can move beyond symbolic inclusion toward the substantive empowerment of those historically responsible for—and burdened by—care work. Together, policy integration, design interventions, and participatory governance constitute a comprehensive strategy for translating care-centered urbanism from concept to practice, reinforcing feminist urbanism's transformative potential in contemporary urban contexts.

H. Conclusion

1. Summary of Key Findings

This study advances feminist urbanism as a robust framework for care-centered city-making, demonstrating its analytical and practical relevance for contemporary urban challenges. By integrating the ethics, practices, and spatialities of care into planning, the article highlights how care can serve as both a conceptual lens and an operational principle, transforming urban design, infrastructure provision, and governance. Empirical illustrations from Latin American cities underscore that care is not merely a private or household concern but a collective, spatially embedded practice that shapes everyday life. In doing so, the study bridges the gap between feminist political economy, social reproduction theory, and urban planning, offering a model for operationalizing care in ways that are context-sensitive, participatory,

and socially just (Tronto, 2013; Fraser, 2016). Furthermore, by synthesizing policy interventions, neighborhood-scale design strategies, and participatory governance mechanisms, the study provides actionable guidance for municipalities seeking to embed care as a central urban priority. This dual contribution—conceptual and practical—positions care-centered urbanism as a viable pathway for both scholarship and policy innovation, challenging dominant growth- and mobility-oriented paradigms that often marginalize the labor and spatial needs of caregivers.

2. Implications for Urban Theory

The findings carry significant implications for urban theory, particularly in expanding critical urbanism to account for social reproduction as a structuring dimension of urban life. Conventional analyses of cities often emphasize economic productivity, infrastructure efficiency, or political economy while overlooking the relational and reproductive labor that sustains urban systems. Incorporating care as a theoretical category enables scholars to examine how spatial arrangements, planning decisions, and institutional frameworks reproduce—or alleviate—gendered and social inequalities (Bhattacharya, 2017; Beebeejaun, 2017). This study also illustrates how feminist theory can be operationalized in planning practice, demonstrating a bridge between abstract critique and tangible urban interventions. By situating care at the intersection of urban form, policy, and everyday practices, feminist urbanism offers a lens for rethinking the right to the city, social justice, and the ethical responsibilities of planners, designers, and policymakers. In this way, the article contributes to an evolving urban theory that is attentive not only to who produces urban value but also to who sustains urban life.

3. Future Research Directions

While the study provides conceptual clarity and empirical grounding, it also identifies avenues for future research. Comparative studies across regions can illuminate how different cultural, political, and socio-economic contexts shape care-centered urbanism, allowing for cross-national lessons and adaptations. Quantitative analyses are needed to measure the impact of care-sensitive interventions on time poverty, mobility, and well-being, providing empirical justification for policy investment. Additionally, intersectional approaches that account for gender, class, race, and age are crucial for understanding the multiple layers of inequality embedded in urban care practices. Future research could also explore the long-term effects of participatory governance and neighborhood-scale interventions on social cohesion,

urban resilience, and equity. Collectively, these directions underscore that care-centered urbanism is not only an analytical and design framework but also an evolving field of inquiry, where theoretical, empirical, and policy-oriented research can mutually inform one another to foster more equitable, just, and sustainable cities.

I. References

- Adam, B. (1998). *Timescapes of modernity: The environment and invisible hazards*. Routledge.
- Beebeejaun, Y. (2017). Gender, urban space, and the right to everyday life. *Journal of Urban Affairs*, 39(3), 323–334.
- Beebeejaun, Y. (2017). *Spatializing feminist politics: Urban planning and gendered experience*. Routledge.
- Bhattacharya, T. (Ed.). (2017). *Social reproduction theory: Remapping class, recentering oppression*. Pluto Press.
- Budlender, D. (2002). *Gender-responsive budgeting: How it works and why it matters*. UNIFEM.
- Chant, S., & McIlwaine, C. (2016). *Cities, slums and gender in the Global South*. Routledge.
- Chant, S., & Sweetman, C. (2012). Fixing women or fixing the world? *Gender & Development*, 20(3), 517–529.
- Cooke, B., & Kothari, U. (2001). *Participation: The new tyranny?* Zed Books.
- Falú, A. (2014). The right to the city for women. *Environment and Urbanization*, 26(2), 1–15.
- Federici, S. (2012). *Revolution at point zero: Housework, reproduction, and feminist struggle*. PM Press.
- Fisher, B., & Tronto, J. (1990). Toward a feminist theory of caring. In E. K. Abel & M. K. Nelson (Eds.), *Circles of care* (pp. 35–62). SUNY Press.
- Folbre, N. (2001). *The invisible heart: Economics and family values*. The New Press.
- Fraser, N. (2016). Contradictions of capital and care. *New Left Review*, 100, 99–117.
- Gilligan, C. (1982). *In a different voice*. Harvard University Press.
- Hanson, S. (2010). Gender and mobility: New approaches for informing sustainability. *Gender, Place & Culture*, 17(1), 5–23.
- Haraway, D. (1988). Situated knowledges: The science question in feminism. *Feminist Studies*, 14(3), 575–599.
- Hayden, D. (1980). What would a non-sexist city be like? *Signs*, 5(3), S170–S187.

- Imrie, R., & Hall, P. (2001). *Inclusive design: Designing and developing accessible environments*. Spon Press.
- Jacobs, J. (1961). *The death and life of great American cities*. Random House.
- Jarvis, H. (2005). *Work-life city limits*. Palgrave Macmillan.
- Jirón, P. (2010). Mobile borders in urban daily mobility practices. *International Political Sociology*, 4(1), 66–79.
- Jirón, P., & Gómez, J. (2018). Interdependence and care in Latin American cities. *Gender, Place & Culture*, 25(5), 1–17.
- Kern, L. (2020). *Feminist city: Claiming space in a man-made world*. Verso.
- Kindon, S., Pain, R., & Kesby, M. (2007). *Participatory action research approaches and methods*. Routledge.
- Koskela, H. (1997). “Bold walk and breakings”: Women’s spatial confidence. *Gender, Place & Culture*, 4(3), 301–319.
- Lefebvre, H. (1968). *Le droit à la ville*. Anthropos.
- Lefebvre, H. (1991). *The production of space*. Blackwell.
- Lombard, M. (2014). Constructing ordinary places: Informality, care, and everyday urban practices. *International Journal of Urban and Regional Research*, 38(2), 558–576.
- Moreno, C., Allam, Z., Chabaud, D., Gall, C., & Pratlong, F. (2021). Introducing the “15-minute city.” *Smart Cities*, 4(1), 93–111.
- Pain, R. (2001). Gender, race, age and fear in the city. *Urban Studies*, 38(5–6), 899–913.
- Power, E. R., & Mee, K. (2020). Housing as an infrastructure of care. *Housing Studies*, 35(3), 484–505.
- Razavi, S. (2007). *The political and social economy of care*. UNRISD.
- Sandercock, L. (1998). *Towards cosmopolis*. Wiley.
- Tronto, J. (2013). *Caring democracy: Markets, equality, and justice*. NYU Press.

Acknowledgment

None

Funding Information

None

Conflicting Interest Statement

The authors state that there is no conflict of interest in the publication of this article.

Publishing Ethical and Originality Statement

All authors declared that this work is original and has never been published in any form and in any media, nor is it under consideration for publication in any journal, and all sources cited in this work refer to the basic standards of scientific citation.

Generative AI Statement

N/A