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Toward a New Ontology of Caring

Linden Lewis*

Division for the Advancement of Women
Department of Economic and Social Affairs
United Nations, New York
Fax: (212) 963-3463
daw@un.org
http://www.un.org/womenwatch/daw

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* *The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.*

The need for change is always potentially a vexed question, but apprehension about the nature and scope of change tends to add complexity as well as resistance to people's fears. In the fight against time and HIV/AIDS globally, the need to engender changes in behavior, action, thinking, and consciousness has been unrelenting, if not at times daunting. Few would argue against the claim of the gendered nature of the business of the provision of care in general. Providing care for the elderly, the young, the sick or the disabled, has long been a critical but neglected dimension of our understanding of the phenomenon of labor. Care is not normally part of the calculus of capital and labor, except in those circumstances where it is rendered as a service outside of the domestic unit, and remunerated accordingly. Caring has largely been considered central to the activity of women, but given its marginal status within the process of the reproduction of labor, it has also been undervalued, unrecognized and often under-appreciated. As Makhijani argues:

> "The total discounting of non-monetized work, which is largely the work of women, is a major political as well as an economic problem. These inequalities are indicators of an undemocratic economic system in which the economically weak have no representation in the marketplace. That economic weakness translates into political weakness and often into effective deprivation of political representation.[1]

The issues then of representation and democracy are all tied up with practice of equal sharing of responsibility between men and women. "Caring labor is a particularly important kind of work because it has a direct effect on our emotional well-being."[2]

It stands to reason that a call for equal sharing of responsibility between men and women presupposes an unequal distribution of power, privilege and valued resources. If many men are not as involved in assuming their share of responsibility for domestic chores, for caring of the sick and the elderly, or for child care, it would seem to suggest that men's social and economic positions, their control over valued resources and their capacity to determine their own destinies and the destinies of others, play a significant part in whether or not they take any responsibility for sharing tasks. Of course not all men are in such positions of power and privilege, but even those men with diminished capacity for fulfilling traditional male roles due to unemployment or other obstacles, may still benefit from the patriarchal dividend. There is some realization that despite all the onslaughts on patriarchy by women and feminists, as an ideology it retains a remarkable resilience that continues to authorize certain types of male behavior that cut across race, class, and nationality. In short, we should not lose sight of the fact that a discussion about sharing responsibilities between men and women is a discourse on power, how roles are negotiated, and how cultural norms reinforce particular options that are mostly available to men in society. Failure to comprehend the dynamic of power in this discourse may result in an incomplete understanding of the complexity of the problem, and lead to ill-informed and unworkable solutions.

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[1] Arjun Makhijani, Manifesto For Global Democracy: Two Essays on Imperialism and the Struggle for Freedom, (New York: The Apex Press, 2004), 92.

[2] Nancy Folbre, The Invisible Heart: Economics and Family Values, (New York: The New Press, 2001), xii.

AIDS/HIV Prevalence

In a world plagued by the human suffering caused by HIV/AIDS, the needs of families, communities, and societies demand a re-thinking of the practice of care. In areas more devastated by this disease in such places as sub-Saharan Africa, Latin America and the Caribbean, there is greater urgency for this type of adjustment in people's consciousness about equal sharing of responsibility between women and men. AIDS has been described as a leading cause of death among people of ages 15-44 in the Caribbean. The region is second only to sub-Saharan Africa with a prevalence of approximately 2.11 per cent among adults. The conservative estimate by UNAIDS of the people living with HIV/AIDS in region is 360, 000[3]. The only good news here is that the number of infected persons has stabilized, according to a recent UNAIDS Global Report of 2008.
In many of these countries the brunt of the provision of care falls on the shoulders of women, in many cases requiring grandmothers to begin new cycles of mothering and providing care for grandchildren who are left orphaned.   In some instances it is the oldest female child who assumes the responsibility for taking care of younger siblings, or parents in the throes of human decline. Rarely does a male adult or child provide such responsibility for the care of others. This unequal burden cannot be allowed to continue. Caring has to be reconfigured from the conventions of gender practice and away from the popular consciousness, which views such work as an outgrowth of some generic maternal instinct, and therefore the provenance of women exclusively. In short, public health policy must actively embrace a new ontology of caring.

A new ontology of caring presupposes that new questions about the ethical dimensions of the provision of care be asked. Why should one gender have to assume the bulk of the responsibility for providing care for those unable to do so for themselves? Are there specific modalities of suffering that preclude male intervention in order to effect relief? Are men as agents of their own existence lacking in empathy? Is change so rooted in tradition that it cannot be refashioned, even in the face of a pandemic? Added to these ethical questions is the negotiation of stigma that is attendant to people living with HIV/AIDS. Given the mode of transmission of this disease and the moral and cultural framework that often over-determine it, does the provision of care require more courage of men to become involved, or is it much easier for them to distance themselves from a process which already implicates them as perpetrators? Alternatively, are women, who have long had to navigate the terrain of one stigma or another, better equipped to defend themselves from these forms of discrimination? What is clear however is that stigma undermines the delivery of care.   What can women teach men about negotiating stigma while reaching out to offer assistance? Perhaps seeking answers to these questions is a place to start the process of initiating equality of sharing of responsibility between men and women. If this recognition is in anyway valid, then the process of socialization has to be recast so that men and boys begin to feel invested in the process of providing care for others.

Re-socializing Men and Boys

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[3] The Caribbean Regional Strategic Framework for HIV/AIDS, (Georgetown, Guyana: CARICOM Secretariat, 2002), 1.

Men and boys must begin to feel invested in the process of equal sharing of responsibility. Even though it is not often the case, there are occasions, particularly when the oldest child is male, that he has to assume the responsibility of doing chores that would not normally fall to a boy. Assuming such responsibility should not happen by chance however, it should be built into the way households socialize members about its social reproduction. The socialization of equal responsibility of caring must begin early in similar fashion to the way we orient girls into a sense of social duty and responsibility, if not destiny. The reality is however, that the consistent increase in the incidence of HIV/AIDS in the Caribbean is occurring among women. It should come as no surprise therefore that the Caribbean has one of the highest rates of new cases of AIDS among women in the sub-regions of the Western Hemisphere.[4] The urgency for transformation in the thinking about the provision of care and about equal sharing of responsibility between men and women is highlighted by this problem of new AIDS cases, which plague the region. If women are the chief victims of this disease, and it is upon their shoulders that are placed the burdens of care, then clearly others, namely men, must now step up to assume more of this responsibility. The point is, that as human societies, we should not wait until such matters reach crisis proportions before acting.

We should hasten to signal an important note of caution here however. Though in this paper there are references to sub-Saharan Africa and the Caribbean, one should not associate the unequal responsibility of sharing between men and women as a peculiarity of the culture of so-called Third World countries or the Global South. The problem of placing the onus on women for providing care is global, and should not be reduced to the behavior of people in poor countries. Having stated this point, nevertheless we should also be careful to investigate the extent to which issues of race, ethnicity, religion and culture, exercise an influence in determining how the roles of men and women are performed, the taboos which uphold gender conventions of behavior and practice, and the challenges that such cultural markers pose for the idea of change.

The Obstacle of Violence

A real problem for bringing men and boys into the process of taking on equal responsibility for sharing and caring is the issue of violence. How do we reconcile the general upsurge of gender based violence with a new ontology of caring? Violence against women has been on the increase globally, and the Caribbean is no exception. The joint UN/World Bank report concluded: "In sum, violence against women seems to be endemic in Caribbean countries – as it is in most countries around the world."[5] Violence, in its essence, is anathema to the practice of caring, so that addressing the issue of violence has to be central to the new ontology of caring. It is unlikely that the notion of sharing responsibilities would be receptive in a context in which there is physical, sexual and emotional abuse. Violence against women is only one side of the coin, the other has to do with the tremendous violence that men mete out against each other on a daily basis, in the Caribbean and around the world. The violence that men inflict on each other is

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[4] The Caribbean Regional Strategic Framework for HIV/AIDS, p. 4.
[5] See, Crime, Violence, and Development: Trends, Costs, and Policy Options in the Caribbean. A Joint Report by the United Nations Office on Drugs and Crime and the Latin America and Caribbean Region of the World Bank, Report No. 37820, 2007:13.

highly correlated with short-term hedonism, which valorizes the notion of 'dying like a man' – the idea that the pay-off between risk-taking and immediate gratification is worth the effort, and that life in a Hobbesian sense is poor, nasty, brutish and short. The joint UN/World Bank report cited above also noted that many of the persons who initiate such violent actions, and those who fall prey to the same, "are young men of low social-economic status, with a low level of education and poor prospects for income generation, who have witnessed violence at close range.[6] We cannot assume therefore that the problem of promoting the idea of equal sharing of responsibility can take place outside of an economic and material context within which life is taking place. Violence in this sense then has to be analyzed in terms of power and economic deprivation. There are no quick fixes; change in this context has to be a comprehensive strategy, which in turn requires adjustment of both men and women to new modalities of interaction.

A Cautionary Note

In focusing on involving men in assuming greater responsibility for sharing, we should be mindful not to dismiss existing efforts that men currently make in this regard. Men's economic reproduction of households, the provision of childcare of many contemporary fathers, the willingness of some husbands to give up their jobs in the interest of better jobs for their spouses (a growing trend among professional partners), the willingness of many men to work more than one job for the sake of the family or to put children through college, taking responsibility for members of the extended family, providing moral and ethical leadership, etc. are all important aspects of sharing responsibility that are already being done by men, perhaps not in sufficient numbers. These practices should not be minimized or devalued. Rather there is a need to stress the issue of equality of effort. Men must now begin to see themselves as providing the essential care that is necessary for long-term illnesses of parents, and for those battling the disease of HIV/AIDS, whose care demand major investments of time and supervision. Men must be socialized away from the idea that this is women's work. Men and boys must become more sensitized to the fact that when only some members of the family or community are expected to provide care, that the amount of time they have for other activities is severely restricted, and therefore their potential is limited by the weight of their responsibilities. These actions place certain groups, namely women and girls, at a disadvantage. Men must come to understand the ways in which the unequal burdens of these responsibilities circumscribe the full benefits of citizenship for women. There is a need then to promote the broadening of the understanding of the scope of caring among men.

Change Agents

Among those agents charged with effecting change of the order suggested in this paper, the role of the state cannot be over-emphasized. We must lobby to create a balance between a state of caring and a caring state. A state of caring refers to an environment that is conducive to the delivery of adequate care for those in need of it. A caring state is one, which places the needs of its people at the center of its operations. It is a state, which through its government uses its resources to ensure adequate treatment for the sick, elderly and the young, and which functions for the wellbeing of its least able citizens. Only the naive would assume the state to respond

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[6] Crime, Violence, and Development, op. cit, 133.

with such magnanimity. The state is a site of the most intense struggle where such demands are hammered out between the government and the people. It is this type of social pressure that has to be waged in order to push governments to provide resources for the welfare needs of its people. Not only should one expect the state to finance the provision of appropriate care, but to invest in training of caregivers to render their services efficiently and effectively. The following examples should demonstrate the point at hand.

Patients suffering from HIV/AIDS and other devastating diseases, tend to suffer from severe bouts of depression, where they sometimes express little point in continuing a life lived in suffering. These occasions are stressful not only for the sick but also for the caregiver. In these circumstances the government needs to step in and provide professional counseling to such individuals. In addition, it should also consider training for caregivers on how best to cope with the depression of the sick as the first responders to this problem. Counseling for persons who have recently been diagnosed as having contracted HIV or AIDS, or those who are living with the disease, should be provided by the state as a priority. This service is not always forthcoming, and clearly factors such as underdevelopment, poverty and inadequate resources can hamstring the delivery of such services. These factors notwithstanding, Airhihenbuwa laments: "More than twenty years into the epidemic, many governments have yet to assume leadership in promoting policy that protects the human rights of persons living with HIV/AIDS in their countries".[7]

Though one does not expect the state to provide the sole support for these efforts, there has to be the constant pressure of citizens to ensure that these urgent public health policies are addressed. In this regard, there is clearly a need for the state to use its influence and its control of the means of communication to promote community awareness of human rights violations that may undermine prevention. In the Dominican Republic there was a widespread practice of HIV testing without informed consent. Human Rights Watch raised this issue in the Dominican Republic in 2004. Human Rights Watch argued: "The Directorate for Control of Sexually Transmitted Infections, HIV and AIDS (*Dirección General de Control de las ITS/VIH y SIDA*, DIGECITSS) should launch awareness campaigns to inform the public about women's human rights violations that contribute to the spread of HIV/AIDS, such as domestic and sexual violence, subordinate social status, and sex discrimination in the workplace and in access to work and services".[8]

Another way that the state could contribute to the way care is provided and shared is in terms of creating the appropriate environment in which people feel comfortable rendering such services. Caribbean governments cannot afford to suppress discussion of the extent of the problem of AIDS and HIV in the region because of the possible backlash on the tourism industry. There is no denying the importance of tourism to the economies of the region, but to de-emphazise the issue of the spread of a devastating disease because it might scare away some tourists, represents a failure to understand how the muting of such discourses undermine prevention. Moreover,

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[7] Collins O. Airhihenbuwa, Healing Our Differences: The Crisis of Global Health and the Politics of Identity, (Lanham, Boulder and New York: Rowman & Littlefield Publishers, Inc., 2007) 159.

[8] Human Rights Watch, 'A Test of Inequality: Discrimination of Women Living with HIV in the Dominican Republic,' (Report), vol. 16, no. 4 (B), July, 2004.

people are less inclined to be willing to offer care, when so doing stigmatizes them as families, as persons, and especially as men. There is a clear case in Jamaica where homophobia and violence represent specific barriers to the delivery of care both institutionally and privately. Human Rights Watch noted that health workers often mistreated people living with HIV/AIDS; even doctors were refusing to conduct certain types of examination, and health workers tended to release confidential inform to other patients.[9] These practices cannot be allowed to continue. In such a cultural context, it would be more than foolhardy to think that men would be open to the idea of becoming more involved in sharing responsibility when they could be vilified, or worse, beaten for providing care for a highly discriminated group of people in society. In short, the social environment has to be cleansed of such bigotry before the idea of change of this type could be introduced.

We should therefore welcome the initiative of governments in the region to address some of these issues brought on by the spread of HIV/AIDS in the Caribbean. One such initiative is the Pan Caribbean Partnership Against HIV/AIDS (PANCAP). PANCAP was established in February2001 at the annual Meeting of the Caribbean Community Heads of State, and was endorsed by the Nassau Declaration on Health. According to its charge it was established to advocate for HIV/AIDS issues at the governmental level, to coordinate the regional response, mobilize resources, and increase the level of resources in individual countries to deal with this problem. PANCAP has also been responsible for establishing a Caribbean Regional Strategic Framework for HIV/AIDS. These are important initiatives that should be encouraged, but we should continue to push for efforts that would facilitate greater sharing of responsibilities such as the building of daycare centers at sites that are conducive to easy access of parents who are working, or the provision of work arrangements and schedules that do not have the impact of bifurcating the relationship of work and family responsibility

Lastly, trade unions should become more involved in the process of promoting greater equality of responsibility between men and women. After all, the rationale behind trade unionism is to improve the conditions under which people work, but more specifically, to address the needs of the whole person. Issues of sharing responsibility between men and women should be central to their charge. Some unions have taken on these issues, others have not been as involved. It is incumbent on trade unions to push for the rights of migrant workers for example moving from Haiti to the Dominican Republic, or from Guyana to most of the Eastern Caribbean. The undocumented status of many of these workers simply exacerbates their vulnerabilities and opens them to myriad forms of abuse. The Caribbean trade union movement must also be in the vanguard of the struggle against discrimination at work of those persons living with HIV/AIDS. These are issues that broaden the scope of operation of some unions, and for some, there is always the temptation to get bogged down in the so-called bread and butter matters of collective bargaining. As important as terms and conditions of employment are, the other concerns mentioned in this paper, address some of the most fundamental issues of distributive justice, democratization, and the human rights that constitute the foundation of trade unionism. Caribbean trade unions must come to terms with these burning issues occasioned by the deepening process of global capitalism.

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[9] 'A Test of Inequality,' ibid.

Conclusion

Pushing for equal sharing of responsibility between men and women is of course not a new issue; the women's movement has been making this case for sometime now. What is perhaps new is the urgency of the matter. We cannot afford for this disparity to continue any longer. The burden of responsibility and care is simply overbearing at this stage for women to assume on their own. Sharing of responsibility frees up time for other productive activities of benefit to families and society. Men and boys must increasingly come to understand how inequities with respect to sharing responsibilities limit options for those who shoulder the bulk of these undertakings. There are clearly economic, political, social, ethical and philosophical imperatives pushing us inevitably in the direction of change. Change however is not expected to be easy. Equal sharing of responsibility is a process, that will come up alongside an entrenched system of the gendered division of labor, and an encrusted system of patriarchy which some are deftly determined to defend. Change has to be negotiated on several fronts simultaneously. Men and women must demonstrate a willingness to invest in a new kind of democratic order. Trade unions must use their power of mobilizing workers to think differently about the nature of productive activity and responsibility. The state must become the site of struggle for these material improvements in people's lives, and to the extent that we invest faith in a notion of civil society, not as some autonomous space, but as a vehicle for mobilizing the popular will, it too must be called on to promote transformation of these social relations between men and women. The present is the history of the future we wish to create.