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Statement

by

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Equal sharing of responsibilities between women and men in the context of
caregiving in the context of HIV/AIDS.

Ladies and gentlemen, friends and colleagues:

It is a great pleasure and an honour for me to address this meeting today on the “Equal sharing of responsibilities between women and men in the context of caregiving in the context of HIV/AIDS”. I would like to extend my sincere thanks to the International Council on Women for selecting the priority theme of this year’s Commission on the Status of Women for in-depth examination in this side event.

Ladies and gentlemen,

Women everywhere continue to bear a disproportionate share of care work in their households and communities. Unfortunately, although it is known that most caregiving work, especially in the household, is performed by women, the value and costs of such work remains largely unmeasured and its contribution to

economic and social development has not been adequately recognized and valued in economic terms. The dimensions and effects of the gender imbalance in caregiving work have also not been adequately measured. Available data however suggest that differences and inequalities between women and men in regard to paid employment, division of household responsibilities and care-work may be large. A project of the United Nations Research Institute for Social Development covering Argentina, India, Nicaragua, Republic of Korea, South Africa and Tanzania, for example, found that the mean time spent by women on unpaid care work is more than spent by men.

The unequal sharing of responsibilities between men and women reflects stereotypical assumptions about the role of women and men in society. Men are often seen as breadwinners and ideal employees who can give full commitment to work outside the home. In contrast, there is a prevailing view of women as natural or ideal care-givers who have the predominant responsibility for the rearing of children and household work. Men, on the other hand, are often viewed as deficient caregivers and their roles in caregiving are not encouraged or recognized. Both women and men may hold these views and attitudes and transmit them to their peers and to their children.

Although the wages and working conditions of paid care workers vary across employment categories and skill levels, many care workers receive lower wages than workers with comparable skills levels in non-care related occupations. This is particularly so for women. This situation is complicated by the fact that many care workers who provide these services are migrants who may be new in their communities. For example, in recent years there has been an increase in the migration of women caregivers across regions and countries, including as domestic

workers, nannies and nurses. In this situation, caregivers often have little voice; they may be vulnerable to wage discrimination, and even subject to physical abuse. Most of the women who are employed in caregiving in formal and informal sectors as well as in the home, lack basic rights, social protection and job security.

Let me turn now to the special challenges in the situation of caregiving in the context of HIV/AIDS.

According to UNAIDS 2008 report, the global percentage of people living with HIV has stabilized since 2000. However, the overall number of people living with HIV has increased. Over 33 million people worldwide are living with HIV/AIDS. Since most of the worst affected countries have limited health system capacity to deal with those infected, major care-giving burdens fall on household members, especially women and children.

The HIV/AIDS pandemic has therefore magnified the caregiving demands on women and brought greater urgency to addressing the unequal sharing of caregiving responsibilities between women and men. The epidemic has drawn attention to both the importance of care-work that is provided by family members as well as to the weaknesses of public policies and institutions to address the needs of those, mostly women, who provide most care work.

Home-based care providers, whether family members or volunteers, often work with little or no training, limited support during times of stress and without basic equipment to safely perform their tasks.

Older women often assume responsibility for the care of their grandchildren as well as their children who are sick and dying of AIDS. In Southern Africa, for example, studies have shown that two thirds of primary caregivers in households surveyed were women and one quarter of these were over 60 years of age. Married women are more likely to care for their sick husbands than to receive care themselves. Girls carry a considerable burden of care-work. Together with older women, it is estimated that they carry up to 90 per cent of the care needs generated by HIV/AIDS. UNAIDS estimates that women account for two-thirds of all caregivers for people living with HIV in Africa.

The costs of unequal distribution of care work are high. They include poor physical health and psychosocial wellbeing of caregivers as well as foregone income opportunities, confinement to informal work, weaker access to social security benefits, less time for education/training, leisure and self-care, and political activities.

We must respond to the social costs of unequal sharing of responsibilities in the context of HIV/AIDS by scaled-up measures to increase women's independent income-generating potential. We must implement policies to assist and support women who are widowed as a result of HIV since they not only carry the burden of caring for surviving family members, but must often do so in the context of social ostracism or destitution. Enhancing women's financial options helps to mitigate some of the epidemic's most harmful effects.

One of the major constraints to effective policy making in this area is lack of data. Data and information on home-based care are scarce. Even where data do exist, the age or sex-breakdown of caregivers, the costs of providing care and the impact of care-giving on households are lacking.

What implications does unequal sharing of care-giving responsibilities have for women's empowerment?

The unequal sharing of responsibilities between women and men reinforces gender inequality and discrimination which remains deeply entrenched in societies, including in legislation, political structures, socio-cultural norms, and local, national and global economies. A recent survey of women and men in parliaments conducted by the Inter-Parliamentary Union, for example, found that domestic responsibilities were seen as the single most important deterrent for women's participation in politics. When women are absent from the political, economic and social arena because they have disproportionately heavy caregiving burdens, they cannot contribute to policies and programmes to address their needs. This results in a double jeopardy for women.

More equal sharing of responsibilities between women and men will not come about on its own. It requires investment in the education, health, and overall wellbeing of women so that they can find viable income earning opportunities outside the home. In the context of the current financial crisis, we must redouble our efforts to ensure that girls do not become vulnerable to cuts in education budgets because today's failure to invest in women's development will breed future inequality in opportunities.

Policy-makers must also design and implement policies and programmes to strengthen public and private partnerships in caregiving. As global populations age rapidly, appropriate and adequate provisions must be made to meet the expanding caregiving needs of our societies.

Ladies and gentlemen, with or without HIV/AIDS, we must address the unequal sharing of caregiving between women and men.

Thank you.
