

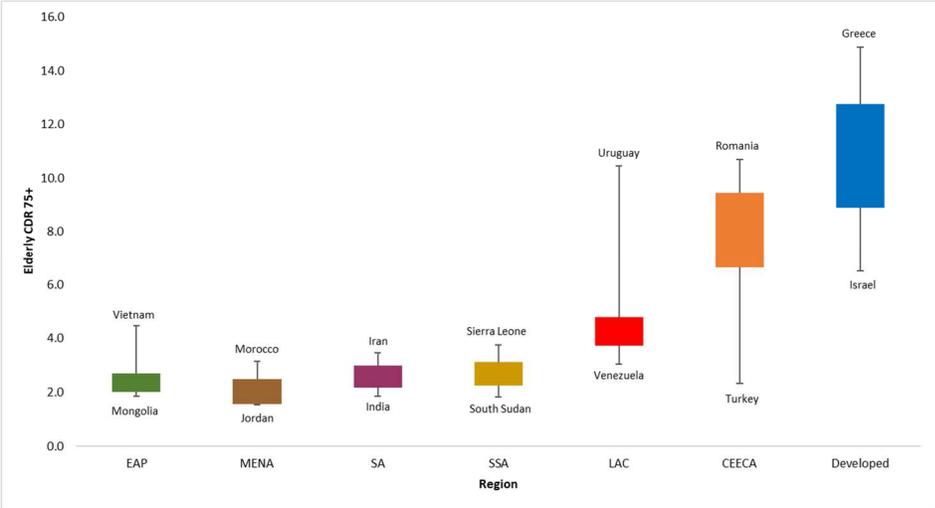
# Long Term Care for Older People: The Role of Unpaid Care Work

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One of the gains of the last century, in terms of human progress, has been in terms of life expectancy. Even over a short period of about a decade between 2000-2005 and 2010-2015 globally, life expectancy at birth rose by 3.6 years, from 67.2 to 70.8 years. All regions shared in the rise, but the greatest gains happened in sub-Saharan Africa (by 6.6 years)—a much welcome development after the human devastation and fall in life expectancy due to the HIV/AIDS epidemic.

We know that in 2015 more than half of people aged 75 years and older lived in developing regions, though the relative weight of this age group is greater in developed regions. In Slide 1 we have constructed a ‘care dependency ratio’ for older people (75+) over potential care-givers (15-64 years) and compare this ratio across major world regions. The box plot ranks regions from lowest to highest by median value of their respective elderly CDRs. The ratios in EAP, MENA, SA and SSA are similar and lower than those of LAC, CEECA and Developed countries. The former also have very small ranges when compared to the latter. (Contrast this with the CDR for 0-6 age group, where the regional ranking is almost the reverse, with developing regions showing much higher CDRs).

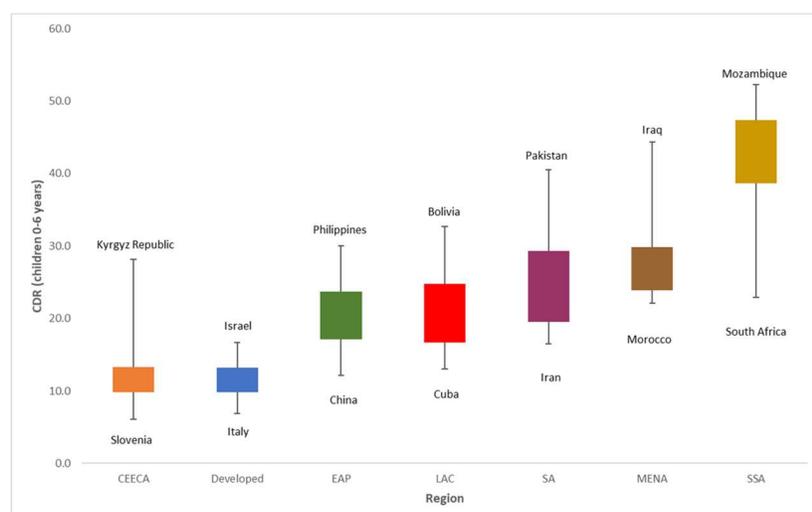
**Figure 1: Care dependency ratios (75+ years)\* by region, latest IPUMS data available**



Source: UN Women computations using data from IPUMS International (accessed on 29 November 2017).

Note: \* Care dependency ratio (75+ years) = (population aged 75+ years/population aged 15-64 years)\*100

**Figure 2: Care dependency ratios (0-6 years)\* by region, latest IPUMS data available**



Source: UN Women computations using data from IPUMS International (accessed in September 2017).  
 Note: \* Care dependency ratio (0-6 years) = (population aged 0-6 years/population aged 15-64 years)\*100

The point is not to relativize the challenge of LTC in LMIC – but to understand why it may not be on the radar screen of policy-makers. HOWEVER, while currently Europe has the highest proportion of population that is over 60 years (25 per cent), by 2050 all regions of the world except Africa are expected to have a quarter of their populations above 60 years.<sup>1</sup>

Given this emerging scenario, what are the social arrangements for LTC currently and what are the policy challenges? First, it needs to be stressed unequivocally that gender is a big part of this story: women are the main stakeholders in the provision of long-term care. On the demand side they make up the majority of beneficiaries; and on the supply side they are overrepresented among caregivers, both paid and unpaid.

My focus is specifically on the place of unpaid care. I hope to make four points in this short presentation: (1) conceptual issues; (2) role of unpaid care work and its gender fault lines; (3) methodological challenges; and (4) what we do know about UCW. I will end with a few words about the interlinkages between LTC and the Agenda 2030. The issue of appropriate policy responses, which we have covered elsewhere,<sup>2</sup> will be addressed by other panelists.

**(1) Conceptual issues.**

While care continues to be widely seen as a family affair, it is hard to think of a country where other institutions are not involved in its delivery. Thus, the institutional framework for care includes not only the family but also the market (e.g. for-profit service providers along a spectrum), the state (e.g. elderly home run by the municipality) and the not-for-profit sector (e.g. community hospice), constituting a ‘care

<sup>1</sup> UN DESA *World Population Prospects, op.cit.*

<sup>2</sup> UN Women. Forthcoming. *Turning promises into action: Gender equality in the 2030 Agenda*. New York: UN Women, Chapter 6.

diamond'.<sup>3</sup> **An advantage of this broad formulation is that it highlights the interdependent relationship between the institutions where care is provided and the tensions that lie at the heart of any care system.** Where public care services are being cut back (story in several European countries)—for example, through austerity measures—the need for care does not disappear. For those who can afford it, market-based services may provide a substitute. But families who cannot afford the fees will either have to fall back on women's and girls' unpaid time—or leave care needs unattended (as shown in the drop in life expectancy in the 2010-2014 period in the UK of 3.84 months for men and 5.16 months for women aged 60+).<sup>4</sup>

Unpaid care includes both person-to-person care (also called direct care or nurturant care, as Mignon Duffy has termed it) and indirect care, the activities that provide the preconditions for caregiving, such as preparing meals, shopping and cleaning (i.e., domestic work).

It should also be noted that the term 'informal care' is often used in the literature on developed countries, interchangeably with unpaid care. This term is not very current in the literature on care in developing countries, where the term 'unpaid care' is used. However, in some ILO publications the term informal care seems to be used to capture both unpaid care (e.g. provided by family members) and informal paid care (e.g. provided by domestic workers). There is some confusion in usage of terminology that I hope this EGM can help sort out.

## **(2) Unpaid care work in LTC: Who cares?**

Within families, the provision of unpaid care is far from random. The designation of women as carers is a powerful social construct with concrete material ramifications. Women as front-line care providers spend about 3 times as much time on **unpaid care** as men do (see Figure 3), though gender inequalities vary across countries and are particularly stark in developing regions.<sup>5</sup> Both the distribution and the intensity of care work also vary within countries depending on family structure and composition, income levels, availability of infrastructure such as piped water on the premises and the accessibility of health and care services.

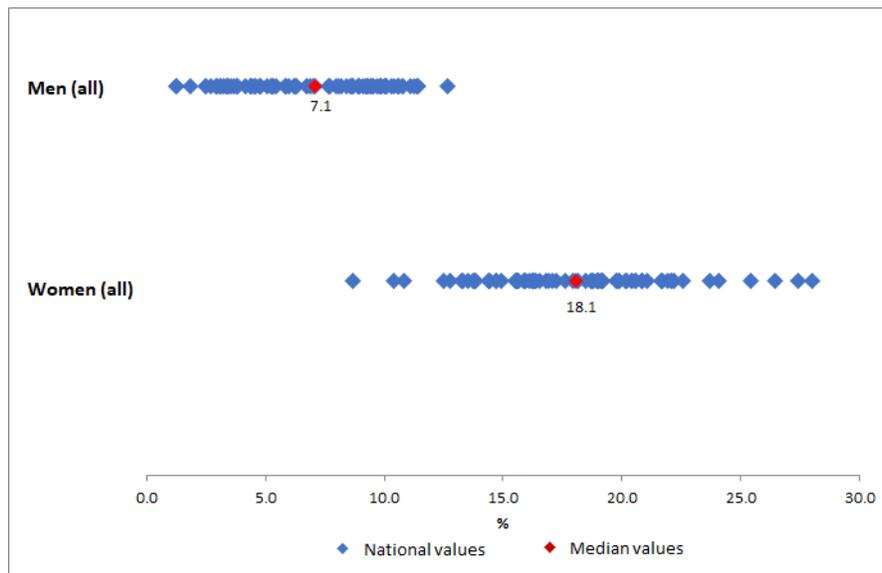
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<sup>3</sup> Razavi, S. 2007. *The Political and Social Economy of care in a Development Context : Conceptual Issues, Research Questions and Policy Options*. PP GD No.3, Geneva: UNRISD.

<sup>4</sup> Watkins, J. et al. 2017, 'Effects of Health and Social Care Spending Constraints on Mortality in England: A Time Trend Analysis', *British Medical Journal* 7.

<sup>5</sup> UN Women. 2015. *Progress of the World's Women. Transforming Economies, Realizing Rights*. New York: UN Women.  
Charmes, J. 2015. *Time Use Across the World: Findings of a World Compilation of Time Use Surveys*. New York: Human Development Report Office.

**Figure 3: Proportion of time spent on domestic chores and caregiving, by sex, 2005-2015 (percentage of time spent per day)**



Source: UNSD, SDG's database, accessed October 2017

In the case of care for older persons, apart from social norms which reinforce the role of families in the provision of care, some countries have put in place legislation that places the burden of LTC entirely on families. These countries include: Algeria; Argentina, Brazil, Chile and Mexico; China and India; and Russian Federation and Turkey.<sup>6</sup>

The evidence that we do have suggests that families are the backbone of LTC systems everywhere, whether as spouses, adult children or grandchildren, even though friends and neighbors can also contribute significantly to unpaid care for older persons, as research on Switzerland suggests. In that country friends and neighbors assist with shopping, laundry and meal preparation while spouses and daughters help with daily support tasks which involve intimacy and touch-intensity (bathing, feeding, etc) and sons mostly deal with administrative tasks (bills, insurance, etc.).<sup>7</sup> The EGGE report on long term care for the elderly in 33 European countries also confirmed that 'family and friends remain the most important group of providers' of elderly care.<sup>8</sup>

We can get a detailed gender breakdown from data on Japan and Korea (Republic of): in Japan data from Care Service Provider Survey (Ministry of Health, Labour and Welfare) shows that for those who still live at home the male/female breakdown of main carer is: **28 and 72 percent** respectively (while the

<sup>6</sup> Scheil-Adlung, X. 2015. *Long-term Care Protection for Older Persons: A Review of Coverage Deficits in 46 Countries*, ESS Working Paper No. 50, Geneva: ILO.

<sup>7</sup> Madorin, M., B. Schnegg and N. Baghdadi. 2012. "Advanced Economy, Modern Welfare State and Traditional Care Regime: The Case of Switzerland", in Razavi, S. and S. Staab (eds.), *Global Variations in the Political and Social Economy of Care: Worlds Apart*. Abingdon/New York: Routledge, pp. 43-60.

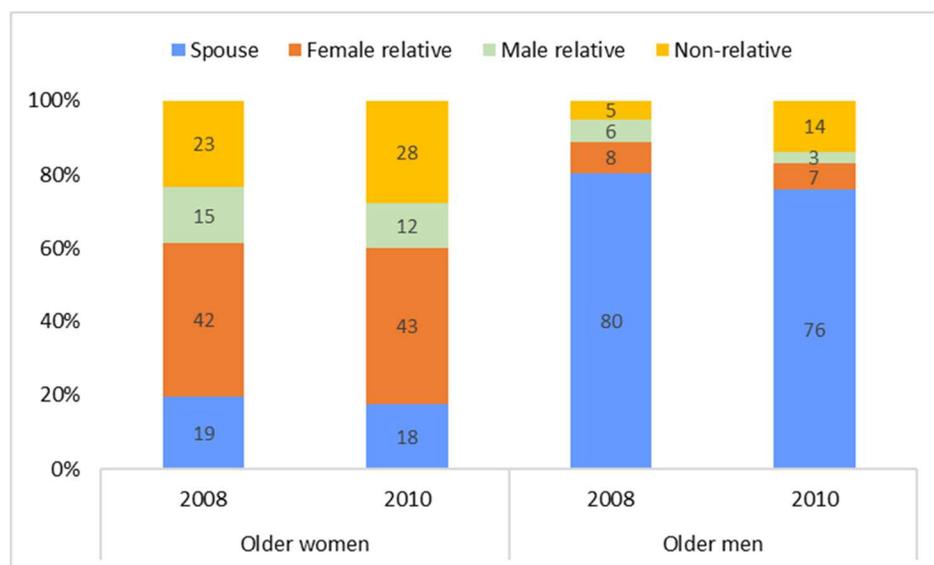
<sup>8</sup> Bettio, F. and A. Verashchagina. 2010. *Long Term Care for the Elderly. Provisions and Providers in 33 European Countries*. Luxembourg: European Union.

male/female composition of those requiring care was 38 and 62 percent respectively).<sup>9</sup> Close to three-quarters (72%) of the care was provided by **spouses, children and children’s spouses**. It is also important to highlight that in this case close to half of intense care needs are met outside the family, and even those being cared for by family members received supplemental professional care for a few hours a day or a few days a week.<sup>10</sup>

For Korea, the Longitudinal Study on Ageing (from the Korean Labour Institute) provides a useful breakdown of average monthly time spent on elder care **by sex and relation to person being cared for**. Given that women enjoy longer life expectancy and tend to marry men who are older than they are, we can expect significant gender asymmetry in care provided by spouses: i.e. women tend to care for their male spouses, but are less likely to be cared for by their spouses.

We see this hypothesis reflected in 2008 data for Korea, just before the enactment of LTCI. In the case of **male elderly, their spouses took on the bulk of the care work (80%)** with female relatives (8.4%), male relatives (6%) and non-relatives (5%) as supplements. In the case of **female elderly, however, the bulk of the unpaid care was provided by their female relatives, probably daughters and daughters-in-law (42%)**, while non-relatives (23%), **spouses (19.5%)**, and male relatives (15%) did the rest.<sup>11</sup> I will say a little more about how this changed with the enactment of LTCI later.

**Figure 4: Distribution of Unpaid Care for Older Women and Men in RoKorea, 2008 and 2010**



Source: Jayoung Yoon (2014) Counting Care Work in Social Policy: Valuing Unpaid Child- and Eldercare in Korea, *Feminist Economics*, 20:2, 65-89, DOI: 10.1080/13545701.2013.862342

<sup>9</sup> MHLW 2006b cited in Abe, A. 2010. *The Changing Shape of the Care Diamond: The Case of Child and Elderly Care in Japan*. GDP No.9, Geneva: UNRISD, Table 8.

<sup>10</sup> *ibid.*

<sup>11</sup> KLOSA data for 2008 and 2010 cited in Yoon, J. 2013. “Counting Care Work in Social Policy: Valuing Unpaid Child and Eldercare in Korea”, *Feminist Economics* 20(2): 65-89, Table 3.

For developing countries we have limited time use data that is nationally representative on care for older persons (esp. compared to time use data on childcare), and I will explain why shortly. But the limited information we have from specialized surveys shows considerable gender inequalities in the provision of care for older persons, as the next slide with data for China, Mexico, Nigeria and Peru shows. The gender inequalities are significant, though rural China stands out as an exception with considerable gender parity (could this be due to preponderance of sons and China's 'missing women' phenomenon).

**Table 1. Care arrangements for older people in China, Mexico, Nigeria and Peru**

	Peru		Mexico		China		Nigeria
	Urban	Rural	Urban	Rural	Urban	Rural	Total
Caregiving context for dependent older people (sample size)	135	26	114	82	183	54	228
<b>Principal caregiver characteristics</b>							
Spouse	18.5%	26.9%	16.7%	15.9%	38.8%	38.9%	13.7%
Child or child-in-law	40%	50%	73.7%	65.8%	43.2%	59.3%	68%
Non-relative	25.2%	3.8%	3.6%	0.0%	16.4%	1.9%	1.4%
Female	85.9%	88.5%	83.3%	81.7%	67.2%	50%	63.2%
<b>Care arrangements</b>							
Principal caregiver has cut back on work to care	16.3%	23.1%	25.4%	36.6%	3.8%	48.1%	39.2%
Additional informal caregiver(s)	45.9%	57.7%	55.3%	58.5%	7.1%	22.2%	66.5%
Paid caregiver	33.3%	7.7%	3.5%	1.2%	45.4%	1.9%	2.1%

Source: Mayston, R., M. Guerra, Y. Huang, A. L. Sosa et al. 2014. "Exploring the Economic and Social Effects of Care Dependence in Later Life: Protocol for the 10/66 Research Group INDEP Study." *SpringPlus* 3, p. 379.

### (3) Counting UCW: How useful are time use surveys?

Time use surveys have been very useful for measuring time allocated to unpaid care work more broadly, i.e. activities which fall outside of the system of national accounts (SNA). The monetary valuation of unpaid care work in so-called 'satellite accounts', which some countries produce, draw on time use surveys, and then attach a monetary value to this time (different methods for doing this) to arrive at estimates of the value of UCW, for example, in comparison to a particular economic sector (e.g. ECEC services, or paid elderly care), or as % of GDP. BUT to do this valuation exercise you need accurate time use estimates.

In most countries with detailed time use survey instruments, codes measuring care for adults do not distinguish between elderly and other adults. LAC countries using CAUTAL classification do make the distinction, but not most other countries. Apart from that, the other difficulty is that there are smaller numbers of elderly people needing intense care, compared say to children in the 0-6 age group. Caring for a person with dementia or other debilitating conditions and disabilities is extremely time-intensive, but it is not adequately reflected in time-use surveys because of the low frequency of such cases among the surveyed population.

It should be said that time use surveys can nevertheless be used to capture eldercare if they include additional questions as it has been done in the US Time Use Survey since 2011. In this case questions on eldercare were added to the survey, and the latest results for 2016 show some interesting findings, including that of the 41.3 million eldercare providers in non-institutional population age 15 and over, the majority (56%) are women. Also interesting is the finding that while 16 percent of eldercare providers cared for someone with whom they lived, 83 percent cared solely for someone with whom they did not live.<sup>12</sup>

It seems to me important for specialists who work on LTC to engage with the TU community to find different ways of including questions about eldercare in time use surveys.

#### **(4) Putting what we know together**

**First**, given the paucity of time use data and specialized surveys on elderly care, residential patterns of elderly (IPUMS) may tell us a little bit about care arrangements.

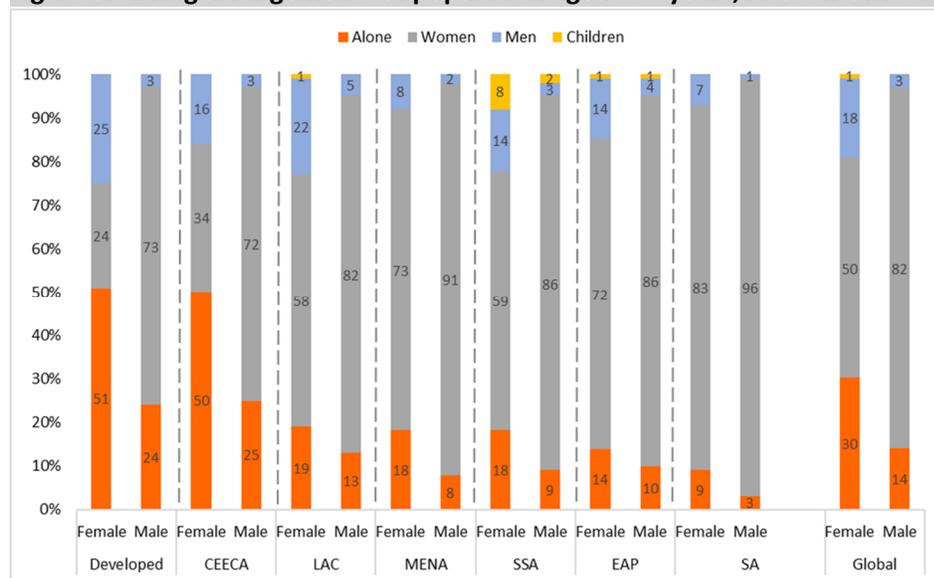
Globally, women in the 60+ age group are more likely to live alone, compared to men of the same age group, **17.6% vs. 8.7%**. This, in turn, can be explained by greater female longevity in most parts of the world, as well as the tendency for women to marry men who are older than themselves, thus increasing the risk of widowhood, and the lower tendency of widowed women to re-marry compared to widower men.

**Whether an older person lives alone or with other people is a crude indicator of the extent to which the older person receives assistance from others, financially or in terms of care.** Obviously, those who live alone may receive assistance from outside the household (as we saw with data from the US), but living together with others facilitates regular assistance. Living together with others also facilitates the older person sharing their own financial resources or providing care for others. For example, in South Africa it is widely accepted that the old age grant is shared with other members of poor households.

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<sup>12</sup> Bureau of Labour Statistics (USA). 2017. *Unpaid Eldercare in the United States : 2015-16 Data from the American Time Use Survey*. [www.bls.gov](http://www.bls.gov)

**Figure 5: Living arrangements of population aged 80+ years, latest IPUMS data**



Source: UN Women-commissioned data work to Esteve, A and Garcia, J. June 2017 and Budlender, D. 2017.

Data from IPUMs suggests that among the population aged 80 years and older, men are far more likely than women to live with another adult who can potentially care for them: Thus globally 14% of men and 30% of women live alone. **The overwhelming majority of older men – 82% - live with at least one adult woman in their household**, with only 3% living in a household with no adult women but at least one adult man. **Among older women half (50%) live with at least one other adult woman, leaving 18% living with no other adult women but at least one man.** Given the caring roles that women generally play, these patterns suggest that **women are both more likely than men to be caring for elderly people, and also less likely than men to have someone looking after them when they are elderly.**

***South Asia has the lowest proportions of elderly people living alone, likely reflecting the strong family norms in this regions, as well as poverty disallowing the establishment of separate households.*** SA and MENA are especially likely to have older men living with other adult women rather than only other adult men. This could reflect especially strong norms about women’s responsibility for care.

Both the IPUMs data on old people’s living arrangements and the data from the 4-country study already shown (on Peru, Mexico, China and Nigeria) suggest large gender inequalities in the provision of unpaid elder care in these low and middle income countries. In other words families often mean predominantly women, and we know from other qualitative research that supplementary state funded services are few and far between.

If this is indeed the case, then it may be quite different from the evidence from high income European countries where the gender inequalities in elder care seem to be more attenuated, especially compared to gender inequalities in the provision of unpaid care for children. A positive finding of the already-mentioned EGGE report on long term care in Europe was that ‘men take part in informal long-term care much more than in (informal) childcare and their contribution may be on the rise’.<sup>13</sup> And much of this is

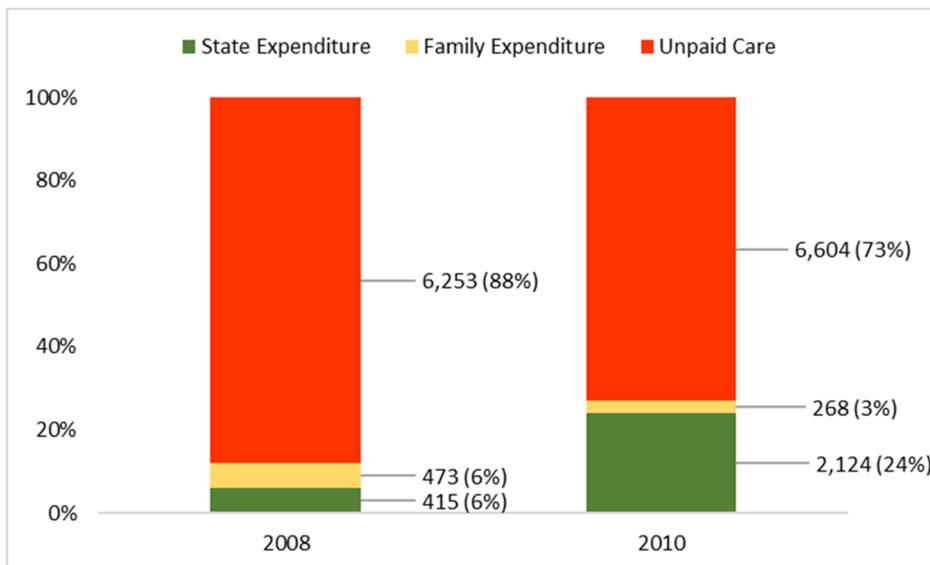
<sup>13</sup> Bettio and Verashchagina. 2010, *op.cit.*

attributed to men caring for their wives/partners (in contrast they show huge gender imbalance in the LTC paid workforce where women account for about 90% of the total). Another related and positive finding is that 'having to care for an older person is less consequential on choices about employment than childcare is ... the estimated incidence of employment loss is generally below 10%'.<sup>14</sup> How does the gender inequality in unpaid care provision for the elderly compare to unpaid care provision for children in LMIC? We really do not know the answer, but the fact that age differences among spouses is larger in these countries compared to Europe may mean greater gender inequality in the provision of unpaid care for one's spouse (i.e. fewer older men likely to be around to care for their elderly spouses).

**Second**, given the significance of families, and women, as the backbone of LTC, it is critical to have policies that support and attenuate the care burdens of unpaid care givers. As we and many others have argued repeatedly, whether it is for childcare, care for sick people, or elderly care, a key priority for all low and middle income countries is to ensure the universal provision of accessible, affordable and quality infrastructure that reduces the drudgery of unpaid care work: water that is available on the premises being the absolute must. And yet as we see in the next slide, this is far from the case, especially in poorer countries.

**Finally**, a variety of hands-on (non-domiciliary) care services can be a life line for over-stretched and stressed unpaid care providers, who may not some respite from the daily grind of care provision for an elderly parent, spouse or grand-parent. Peter will no doubt talk about the continuum of long term care for older people. But let me share an interesting finding from Korea where the LTCI policy (2008) seems to have had a positive impact both in reducing the out of pocket payments made for LTC and in reducing the time burden of unpaid care providers, by improving the availability and affordability of home-based care services.

**Figure 6: Relative shares of family/unpaid care, markets and states in elderly care in the Republic of Korea, 2008 and 2010**



<sup>14</sup> Bettio and Verashchagina. 2010, *op.cit.*, p.13

Source: Jayoung Yoon (2014) Counting Care Work in Social Policy: Valuing Unpaid Child- and Eldercare in Korea, *Feminist Economics*, 20:2, 65-89, DOI: 10.1080/13545701.2013.862342

Investing in LTC services can also become an employment growth engine; the devil of course is in the detail: to create services that meet both quality standards for care recipients and create jobs that are decent (living wage, adequate labour conditions) – issues that will no doubt be taken up by other panels at this EGM.

There are multiple synergies between investments in LTC and SDGs. Investments in affordable, accessible and quality LTC systems can contribute to gender-equitable sustainable development by:

- Enabling the well-being and autonomy of older persons, among whom women are overrepresented (Target 3.4)
- Providing respite for unpaid caregivers, also predominantly women, by shifting some of the responsibility to care workers (Target 5.4)
- Giving unpaid caregivers the capacity to maintain their connection to the labour market (Target 8.5)
- Creating decent jobs (Target 8.3) in the social care sector by promoting adequate wages, working conditions and training opportunities for a predominantly female workforce that is often also disadvantaged in terms of ethnic, racial and migration status.