

**52nd session of the United Nations Commission on the Status of Women
25 February to 7 March 2008**

Expert panel

**“The equal sharing of responsibilities between women and men,
including caregiving in the context of HIV/AIDS”**

27 February 2008

Moderators’ summary

1. On 27 February 2008, the Commission on the Status of Women convened an expert panel in the margins of the session on “The equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS” to provide an opportunity for raising issues to be considered in preparation for the priority theme of the Commission in 2009. The session was moderated by Ms. Cécile Mballa Eyenga, Vice-Chairperson of the Commission. The panelists included: Ms. Shahra Razavi, Research Coordinator at the United Nations Research Institute for Social Development (UNRISD); Ms. Kristín Ástgeirsdóttir, Director of the Icelandic Centre for Gender Equality; Mr. Dean Peacock, Co-director of the NGO Sonke Gender Justice; and Ms. Noerine Kaleeba, Founder of the of The AIDS Support Organization–TASO Uganda, and former programme development adviser focusing on Africa for UNAIDS in Geneva.
2. Issues related to the political and social economy of care, the promotion of more equitable parental leave policies, the role of men and boys in sharing domestic and caregiving responsibilities, and the sharing of responsibilities for caregiving in the context of HIV/AIDS were discussed during the interactive panel.
3. Commitments were made in the Beijing Declaration and Platform for Action to adopt policies to promote the equal sharing of responsibilities for the family by men and women, including through appropriate legislation, incentives and encouragement. Participants acknowledged, however, that insufficient progress has been made to meet these commitments and that women and girls continued to bear the major responsibility for domestic and caregiving responsibilities. Domestic and caregiving roles are still most often ascribed to women and girls, rather than distributed equally among family members, a factor consistent with hierarchies within families giving more power and rights to men than women. In many cases, the unequal sharing of responsibilities between women and men has persisted because of cultural and social norms, traditional beliefs, and stereotypes that have impeded achievement of gender equality and women’s empowerment.
4. Participants noted that the value that society attributes to caregiving has significant implications for gender equality and women’s empowerment. Caregiving is integral to social development; and contributes to economic growth. Participants noted, however, that because in all societies the provision of care—both unpaid and paid—

tended to be disproportionately allocated to women and girls, it remained undervalued and unrecognized. The unequal division of caregiving responsibilities also cut across economic lines, as women from disadvantaged often provided care services to meet the needs of more privileged groups.

5. Participants pointed out the need to clearly specify “unpaid **care** work” rather than use the more general term “unpaid work”. An important distinction noted was that unpaid care work is not included in the system of national accounts. Time use surveys have indicated that women spend twice as much time as men on unpaid care work, over and above time spent at paid work. As a result, many women have a much longer working day than men.

6. Inequalities associated with paid care work were also recognized by participants. Most paid caregivers were women, reinforcing the stereotype that women were the natural choice as care providers. It was noted that paid care providers typically earned low wages and were afforded little or no social security or employment rights.

7. Unless society assigns more value to both paid and unpaid care work, and recognizes that it should be done by both men and women, women will continue to suffer economically and remain excluded from the public domain as a result of their disproportionate involvement in care work.

8. Possible policy interventions to give greater value to care work include cash payments in the form of allowances that government pay to caregivers, taxation allowances, different types of paid and unpaid leave from employment, social security credits, and the provision of subsidized care services. Participants noted, in addition to recognizing women’s unpaid work in the home, that it was important to provide opportunities for access to the labour market. Participants also provided examples of national laws and policies enacted to encourage more equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS.

9. Participants gave examples of national laws and policies on parental leave which promote equal sharing of family and caregiving responsibilities between women and men. The case of Iceland was highlighted, where recent legislative changes aimed to increase the role of men in child rearing. According to the law adopted by the Icelandic parliament in 2000, parents are afforded nine months of parental leave, at 80 per cent of their former wage, following the birth or adoption of a child. The nine months is to be divided between the parents so that three non-transferable months are reserved exclusively for the mother and the father, respectively, leaving the last three months to be divided between the parents as they see fit. Between 80 and 90 per cent of Icelandic men took advantage of this parental leave.

10. Under Iceland’s parental leave provisions, employees are protected against dismissal and the law allows for a certain amount of flexibility to enable parents to combine work and leave requirements. A stated goal of this parental leave legislation is to increase the participation of fathers in childcare, improve the position of women on the

labour market, increase fertility, and improve the economic situation of families with children.

11. Participants cited other national experiences in relation to parental leave policies. Despite legislative and other changes, results from recent surveys suggested that women continued to shoulder the double burden of engaging in paid employment and assuming the primary responsibility of caring for their families at home. Concern was expressed that the gendered division of labour would persist if provisions for parental leave in some countries remained considerably shorter for men than women.

12. The role of men and boys in sharing responsibilities, including caregiving in the context of HIV/AIDS, was discussed. Even though some men have become involved in the provision of home-based care, participants recognized that women, particularly older women and young girls, continued to bear the greatest responsibility for care of relatives infected by HIV/AIDS. Particularly during the late stages of the illness, care becomes increasingly labour intensive for women and girls, and is further compounded when there is a lack of running water and electricity. Caregiving responsibilities often forced young girls to drop out of school, and older women were left to care for young orphans. To counter these trends, participants called for a more equitable division of labour between men and women in the provision of care for those living with HIV/AIDS.

13. Participants acknowledged that inequalities in the allocation of resources, resulting from men's dominance in decision-making positions, also led to inequalities in the receipt of care. Women and girls frequently lack access to treatment for HIV/AIDS, including vital medicines, despite the fact that HIV/AIDS infections have increased markedly among women. Participants noted that improving women's access to health care was critical not only for combating the disease but also for improving women's ability to continue providing vital care services.

14. A growing number of men and boys, many of whom had a deep sense of commitment to achieving gender equality, were actively engaged in work at the national and grassroots level to bring awareness to existing gender inequalities and the need to eliminate them. Efforts to involve men and boys in caregiving included laws and policies (such as parental leave policies) which aimed to facilitate a balance between work and family responsibilities. Participants also recognized the need to integrate strategies for involving men and boys in caregiving into development plans and programmes.

15. Well implemented projects in some countries have shown the extent to which men and boys have become engaged in gender equality work, challenging assumptions that men and boys are not concerned about efforts to achieve gender equality. The need to expand the definition of caregiving to include men's willingness to take responsibility for protection against HIV transmission was also underscored. The involvement of men in national campaigns to prevent the spread of the disease to their partners was highlighted, as was the need for political will and commitment at the highest level of Government to bring awareness to men's role in combating the disease. Participants also acknowledged

16. Participants concluded by acknowledging the value of sharing experiences and good practices on equal sharing of responsibilities between women and men, and welcomed further discussions on this topic during the 53rd session of the Commission in 2009.