

**Commission on the Status of Women  
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**Statement by  
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Mr. Chairperson,  
Distinguished Delegates and Colleagues,  
Ladies and Gentlemen,

I am pleased to be with you this year. I am particularly pleased that the Commission's priority theme for this year is "The equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS"—an issue that goes to the heart of how different societies respond to the basic human need for care from infancy through to old age. Surely the world will look different if we move care from its current peripheral location to a place nearer the centre where it is visible, recognized, and taken into account in policy-making.

Unfortunately it often takes a crisis to awaken decision-makers to the risks of ignoring important social issues. Just as the recurrent financial crises, including the current one in the developed countries, seems to have driven the message home about the risks of unfettered financial liberalization, the HIV/AIDS pandemic has been a tragic wake-up call to those who assume that families and communities—and more concretely women and girls—will continue to provide an unlimited supply of unpaid care to meet rising needs and to compensate for the shortfalls in policy.

It is indeed out of a very difficult situation in those countries where there are very high rates of HIV/AIDS prevalence, and where there is enormous pressure on people's capacity to cope with care demands, that questions are being raised about the limits of relying on the unpaid work of girls and women—as the title of this 53<sup>rd</sup> session of CSW makes clear. Similarly, in some richer countries, where fertility rates have dropped to below replacement level, those in Finance Ministries are beginning to worry about the solvency of their pension systems, about the aging population and about who is going to take care of the elderly.

These difficult situations are starting to create some new openings for getting decision-makers to think about the reasons why they should not take women's unpaid work for granted. They will also have to think very seriously about how public policies can help reduce the burdens of that work, to support those who carry it out and to complement it with other forms of care—delivered through public services, or state-regulated and subsidised provision by markets or not-for-profit providers.

As the Commission knows, UNRISD has been carrying out a multi-country comparative research project on the **Political and Social Economy of Care** since

2006, which includes detailed research in Asia, Latin America, and sub-Saharan Africa. This work has given us a better understanding of the issues involved, and the policy challenges that governments around the world, particularly in developing countries, are facing in putting their economies on a long-term growth path while at the same time making sure that growth does not happen by destroying human capabilities.

Looking at economic policies through a care lens would mean asking what happens to care-giving and wellbeing in the process of development: does capital accumulation—a necessity for developing countries—facilitate care-giving and enhance human wellbeing? Or does it come at the expense of both?

Policy responses to care responsibilities must focus on the reduction and elimination of economic and social disadvantages that women face due to their disproportionate involvement in unpaid care activities while at the same time ensuring that those who need care (be it young children, those who are ill, or frail elderly persons) are able to access good quality care in a dignified manner.

While responsibility for unpaid care has its rewards (both for the person who performs these tasks and for society more broadly), it also has numerous costs. These costs or “care penalties” come in different forms: **weaker labour market attachment** (foregone jobs, shorter work hours, lower wages), **weaker claims to social security**, and **less time for education, training, leisure and self-care, and political activities**. Five specific areas stand out for policy action:

### **1. Investment in appropriate infrastructure**

The provision of easily accessible drinking water, sanitation and electricity will reduce the time needed for fetching fuel and water – a task that becomes particularly burdensome when caring for a patient with HIV/AIDS. This is a key priority for many low-income countries.

### **2. Provision of social and care services**

Reliable and affordable social care services should be a top priority in all countries. State-led care service provision can have a triple pay-off by: (1) providing good quality care to care-recipients; (2) creating decent service-employment for women (and men), (3) enhancing women’s choices to engage in paid employment. If *women* are to benefit from new care services arrangements, however, they need to be designed in ways that adapt to women worker’s needs in terms of proximity, opening hours, and costs.

Basic social services such as primary education and health are seamlessly connected to the unpaid care work carried out within households. Decent primary schools and public health services can reduce the care burden that is placed on family members. Public health systems have to be strengthened in countries where under-funding of public services has weakened their ability to attend to the population’s health needs.

### **3. Recognition of unpaid care work in social security**

Leave entitlements (including parental leave) constitute a classical social security response to care responsibilities. They provide both time and money to workers with care responsibilities. As the payments for leaves are usually financed through social

insurance to which the employee must have contributed for a minimum number of years in order to benefit, their relevance for many lower-income developing countries, where labour relations are largely informal, is limited. Extending maternal leave to fathers and providing incentives for men to make use of leave provisions, as undertaken in several developed countries, is nevertheless desirable from a gender equality standpoint, and can constitute an important area of state action in many middle-income developing countries. While parental leaves are a way of supporting family care of young children, long absences from the labour market may also complicate re-entry.

#### **4. Social assistance**

Cash-transfer schemes targeted at “vulnerable” groups have become a popular social assistance instrument in recent years in many developing countries, framed as a measure for reducing poverty and enhancing children’s capabilities. These transfers are often meant to facilitate the care work of mothers by allowing them to purchase essential inputs (such as food or school materials).

Despite their positive effect on poverty, more attention needs to be paid to the socially divisive affects of “targeting” as well as its administrative costs. There are also concerns about the financial sustainability of such programmes, especially when they are dependent on donor funding. From a gender perspective these programmes also run the risk of strengthening the provision of care as something that only mothers should do, thereby exonerating other sectors from responsibility. This last problem could be avoided if payment for care is done in a more gender-neutral form (as in the case of the South African Child Support Grant which is given to the primary carer, rather than mothers *per se*).

#### **5. Decent wages and working conditions for paid care workers**

Although wages and working conditions of care workers vary across employment categories and skill levels, many care workers receive lower wages than workers with comparable skill levels in non-care related occupations. In developing countries, care workers often face particularly precarious conditions. There is an urgent need to provide adequate working conditions and rewards (including decent wages and social security coverage) to front-line care workers, whether nurses, teachers, carers in crèches and homes for the elderly, domestic workers or “volunteers” in Home-Based Care programmes.

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Thank you, Mr. Chairperson.