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PANEL

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

Written statement*

Submitted by

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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.

Strategies for increasing men's involvement in the care economy

Distinguished colleagues, it is a tremendous honour to have this opportunity to explore with you strategies for increasing men's involvement in the care economy. My remarks today reflect many conversations with colleagues back home in South Africa—especially my colleagues at Sonke Gender Justice implementing our One Man Can Campaign.

Worldwide women carry a disproportionate burden of care and support. They are particularly burdened with this care work in countries characterised by high levels of sex and gender based violence: such violence is not only a vector for increased HIV infection but can also physically disable women to the point where they are utterly dependant on the care of others, usually also women.

In my country, South Africa, women provide nearly 70% of all care and support for people with AIDS related illnesses. In a country with a prevalence rate of nearly 20% and with hundreds of thousands in urgent need of anti-retroviral therapy, this means women and girls—and especially poor women and girls—spend enormous amounts of time doing physically and emotionally taxing work taking care of people who are desperately ill. Girls are pulled out of school to take care of sick family members and relatives, compromising their education, deepening social exclusion and exacerbating gender inequality—and in turn leaving them more vulnerable to HIV infection. Similarly, women burdened with enormous caregiving tasks are less able to work in either formal or informal sector jobs, with clear implications for their own and their children's food security. South African analyst, Hein Marais reminds us that widespread and accelerating outsourcing and casualisation of jobs, and cutting of worker benefits means that “most of the burden of Aids care is being displaced into the “invisible” zones of the home -- and onto the shoulders of women”.

However it is of course not just in the developing world that women's opportunities are limited by the gendered nature of the care economy. A study reported on in today's UK Guardian makes clear that despite important improvements in the gender wage gap, women's economic and professional advancement is impeded by the current care economy and its excessive reliance on women picking up the double burden of unpaid and paid work. The report points out that professional women in the United Kingdom “are forced to slide down the career ladder to find jobs that allow them to spend time with their family”, with nearly a third of female corporate managers being forced to take a more junior position after having a child. Men, by contrast, feel no such effect. Given the experience and skills wasted when highly trained women are forced out of jobs they are well qualified for, the authors of the report correctly argue that this constitutes a "hidden brain drain" to society.

A key strategy for addressing the disproportionate burden of care and support borne by women and girls worldwide is to engage men and boys as equal bearers or responsibility for care, and equally capable of giving care. There are a number of ways in which we can engage men to ensure that the care economy is shared equitably by men and women.

Firstly, we need to pay careful attention to our institutions. We need to ensure that national governments assume their responsibilities related to the care economy—especially the provision of essential health care services. In Sub Saharan Africa, only a small minority of people have access to critical care for diarrhoea, far and away the single greatest cause of infant mortality-- let alone HIV, TB and malaria. Who takes care of the many people suffering from conditions that can be prevented or treated? Women and girls, of course. But who makes macro economic decisions that determine the allocation of resources related to the care economy? Mostly men of course—whether at the national level or in institutions like the World Bank, the IMF or pharmaceutical companies and others in the private sector. To reduce the tremendous burden borne by women and girls who take care of the sick, we have to call on men in positions of power in governments to honour their commitments to aid and debt relief, to functioning health services, to clean running water. When these commitments are not met, we have to name this inaction as evidence of disregard for women’s lives.

Secondly, if we are to increase men’s involvement in the care economy, we need to adopt parenting policies that have been shown to increase men’s involvement in caring for their children. In many Nordic countries, men and women enjoy similar amounts of parenting leave. Research shows that men who are involved in the early care of their children remain more involved in the lives of their children over time. Research also shows that this is good for men, their children and also their female partners. It ensures that men and women can share both the joys and burdens of parenting and it improves employment outcomes for women. South Africa currently offers women four months of paid maternity leave but only provides fathers with 3 days per year of what’s called “family responsibility leave”. What message does this send to South Africans? It suggests that child care is not for men.

Thirdly, we need to challenge the notion that men can’t and won’t change. While it is certainly true that many men across the world resist gender transformation, there is compelling evidence that growing numbers of men and boys reject attitudes and practices that violate women’s rights. Sonke’s One Man Can Campaign (www.genderjustice.org.za/onemancan), which we implement across Southern Africa, the Programme H Alliance in Latin America, Men’s Action to Stop Violence Against Women in India, and the global White Ribbon Campaign, amongst many others, demonstrate that men can and do change—including through understanding and taking up, with due love and attention, their share of caregiving work.

Indeed a growing evidence base suggests that well implemented programmes can bring about quite dramatic improvements in men’s gender related attitudes and practices in relatively short periods of time. As we consider ways to increase men’s involvement in the care economy, the question we need to ask is not “can men change” but rather “how do we accelerate changes amongst men so that men take active stands for a more gender equitable world”. Evidence based programme and policy models for working with men to achieve gender equality are increasingly available.

Just two days ago, UN General Secretary Ban Ki Moon launched a global campaign to end violence against women. He added his personal commitment to this campaign, saying: “I will form a global network of male leaders to assist me in mobilizing men and boys – men in Government, men in the arts and sports, men in business, men in the religious sphere, men in every walk of life, who know what leadership truly means.” I look forward to working together with you all to make this campaign a success and to creating a more just and gender equitable world.