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Key policy initiatives on equal sharing of responsibilities between women and men, including in the context of HIV/AIDS

Written statement*

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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.

The Gendered Evidence Environment for Policy and Strategy

Many international platforms for action since Mexico City in 1975 have addressed the issue of women's unpaid work. Some of these issues were addressed in the 1993 revision of the United Nations System of National accounts (UNSNA), moving the boundary of production to include, for example, subsistence agriculture and its harvesting, processing and preservation, the collection of firewood, the carriage of water, weaving cloth and basket making.[1]

To make strategic public policy and programmes we need textured, reliable, complete data sets that have analytical and explanatory value. It is very difficult to make responsive public policy and to implement programmes in respect of social capital engagement in productive, reproductive and service activities, if those workers don't count and are invisible.

We need to visit the rules of the 1993 UNSNA which apply to bring about the exploitation of the unpaid care economy. Specific paragraphs to note are as follows:

1.22. "The SNA is a multi-purpose system. It is designed to meet wide a range of analytical and policy needs. A balance has to be struck between the desire for the accounts to be as comprehensive as possible and the need to prevent flows used for the analysis of market behaviour and disequilibria from being swamped by non-monetary values. *The System therefore … excludes all production of services for own final consumption within households …. These services are consumed as they are produced". (*My emphasis)

Note: Four UNSNA institutional units provide care – the private sector (private health providers), government units (public health provision), non profit institutions (e.g.faith based organisations, NGO's), and households. In the context of caregiving of HIV/AIDS patients, regardless of the unit providing care, these services are consumed as they are produced.

1.22 (cont'd): "The location of the production boundary in the System is a compromise, but a deliberate one that takes account of the *needs of most users*". (My emphasis).

1.22 (cont'd): "In this context it may be noted that *in labour force statistics economically active persons are defined as those engaged in productive activities as defined in the SNA.* If the production boundary were extended to include the production of personal and domestic services by members of households for their own final consumption, all persons engaged in such activities would become self-employed, making unemployment virtually impossible by definition".

1.72: "Many goods or services are not actually sold but are nevertheless supplied to other units: for example, they may be bartered for other goods or services or provided free as transfers in kind. Such goods and services must be included in the accounts even though their values have to be estimated. The goods or services involved are produced by activities that are no different from those used to produce goods or services for sale. Moreover, the transactions in which the goods and services are supplied to other units are also proper transactions even though the producers do not receive money in exchange".

Unpaid community and voluntary care giving is included. Caring for your neighbour counts, caring for a member of your household doesn't.

[1] United Nations System of National Accounts (1993), paragraph 6.24

1.75: "…domestic and personal services produced and consumed by members of the same household are omitted. Subject to this one major exception, GDP is intended to be a comprehensive measure of the total gross value added produced by all resident institutional units".

1.82: "The SNA is an integrated system of accounts embracing different kinds of activities and sectors. It is intended for purposes of economic analysis, decision-taking and policy-making. It is a multi-purpose system designed to meet the requirements of different kinds of users: governments, businesses, research institutes, universities, the press and the general public".

Unpaid household work is, apparently, not important for economic analysis, decision taking or policy making.

What is that work that doesn't count? It is specified in the UNSNA:

- The cleaning, decoration and maintenance of the dwelling occupied by the household, including small repairs of a kind usually carried out by tenants as well as owners;
- The cleaning, servicing and repair of household durables or other goods, including vehicles used for household purposes;
- The preparation and serving of meals
- The care, training and instruction of children;
- The care of sick, infirm or old people, and
- The transportation of members of the household or their goods.[2]

Overwhelmingly women everywhere do this work. Of course, if men ever do this work it does not count either. No international law protects children from exploitation in doing this work. We have all seen or read of the lives of children caring for those with HIV/AIDS. Children may lose most of the rights of a child in being faced with no alternative but to spend long hours of every day in these tasks. But as they are apparently at leisure, there are no sanctions about the way this time is spent.

Time-Use Surveys

The last twenty years has seen a major development of time-use surveys conducted by central government agencies, by multilaterals, by academics and by feminist and other researchers. Time-use research has consistently found that unpaid household work is the single largest sector of the nation's economy, and it is certainly the sector in which the most hours are worked.

Some countries with the technical and logistical capacity to measure national time-use data believe the unpaid household sector contributes too little to the national economy to collect the data, or is not a centrally important statistical framework.[3] In a period of global recession claims will be made about losses in service production when the reality is a surge of massive transfers from the market to the unpaid household economy.

[2] UNSNA (1993), paragraph 6.20

[3] As central government agencies look for savings in expenditure in the recession, time-use surveys are being proffered as a series to be discontinued or postponed.

Experts on time-use Surveys[4] have recognised that a key reason to account for domestic labour is 'connected with the allocation of fiscal budget resources, as not all policies, plans and programmes incorporate gender issues. Obtaining a global panorama of how work is distributed within the home in relation to the income level and other variables is a way of gaining knowledge about the social reality within the household, and on that basis family policies could be proposed that aim at a more equitable distribution of activities'.[5]

A major problem of concern to this meeting is the following: The UN Guide on the conduct of time-use surveys[6] says "there is a consensus among time-use experts that primary activities must add up to 1,440 minutes per day". This problem has emerged driven by academics and technocrats. They appear to have difficulties determining how much time is devoted to caring, and whether supervision and 'on call' time, where there is not direct interaction with the ill family member, should 'count'. They debate the 'conceptual dilemma' about how to count the 'in your care' time. They note that leaving the hours that an ill person is 'in your care' in the 24 hour cycle can lead to double counting of unpaid work, since considerable housework is performed simultaneously with it'.

The policy maker needs to see all the work and where that work is and who with and why? It is not helpful to a policy planner if the figures are constructed to assist imputation to a market figure, or to ensure the minutes fit into a neat and tidy 24 hours day, or are confined to a primary activity measurement, for that is simply not how women live their days. The policy maker needs the unadulterated time data which is very clear about simultaneity. It is not useful to me as a policy maker to have hours omitted when people do have to be available – for example when patients are asleep. And I have little patience in adjustments made to time-use data to serve the needs of international comparison.

Measuring and Valuing Unpaid Work

Most of the calls to measure time-use, and indeed my own early work, saw the strategic need for and importance of this work for better policy making. However, 'measuring' the size of this economic contribution became tied to estimating or imputing a market value for the work done. Regardless of the on going academic disputes about how this might best be measured (for example, via the replacement method, or the opportunity cost method); figures have continued to be produced of this nature.

Most international documents concerned with women's unpaid work contain a call for market valuations of this work to be produced, for example to 'devise suitable statistical means to recognize and make visible … (women's) contributions' ... and to develop 'methods, in the appropriate forums, for assessing the value in quantitative terms of unremunerated work that is outside national accounts, such as caring for dependants and preparing food'. The document further suggested 'development of indicators assigning a monetary value to the contribution of women's unremunerated work to the formation of the human capital of the next generation, and to the overall family and societal well-being, may provide the basis for increasing the visibility of women's contribution to health and development'.[7]

I am now categorically of the belief that imputation or estimation is not a necessary step for

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[4] The Report of the Meeting of Experts on Time-Use Surveys Santiago, Chile, 11 and 12 December 2003 United Nations Economic Commission for Latin America and the Caribbean

(ECLAC) LC/L 2058, 19 March 2004.

[5] Ibid: Para 61, p.12

[6] The Guide to Producing Statistics on Time-Use: Measuring Paid and Unpaid Work. Department of Economic and Social Affairs, Statistics Division, United Nations, New York, 2005. Page 26, para 110.

[7] PAHO; 'Advances in Gender Mainstreaming in a PAHO Technical Cooperation Area: National Health ccounts' Provisional Agenda Item 6, MSD21/4 (Eng.) 21st Session of the Subcommittee On Women, Health, And Development Of The Executive Committee. Washington, D.C., USA, 14-16 March 2005. p.3, para 4

the most effective use of the time-use data. Imputation has the effect of removing the value of the raw data and converting it to an abstract in which the most important details for strategic policy interventions have been lost. Abstracted imputations for this unpaid work do not help us get any closer to determining what the policy response should be. It may help convince a Minister that there should be a response, because the cost benefit analysis shows, even with trade offs, that an intervention is 'worth it'. But it is the cross tabulations of the time-use data, supplemented with other material, which provide the comprehensive foundation for a strategic policy response, and for the monitoring and evaluation of any implementation.

The nature of the work that would otherwise have been done in the time replacement required to carry out the care seems to me to be far more important in a strategic policy sense. We're talking about how do we replace the time that would otherwise be spent, for example, in rural livelihoods, food security, the subsistence and informal economy, the health of the wider family and population?

By all means, if it's necessary, right at the end to point out what it would cost to replace this carer, then make that estimation, but a far more strategic policy question is to work out how to "compensate" by policy inputs for the work that cannot now be done, not to pay for it. We haven't yet convinced health authorities in Canada, the United Kingdom or New Zealand to pay for such care given by a member of the immediate family. This is the cutting edge policy conundrum.

Making Primary Health Policy in an Evidence Vacuum

The public health sector is usually a major expenditure item for any government, whether it is being met from redistributing national revenues, or from development assistance programmes. In more advanced economies, the economic imperative of the last decade has been for health institutions to develop more 'efficiencies' and 'effectiveness'. Operationally these policy approaches have had rather more focus on outputs than outcomes, which is an interesting juxtaposition with the nature of health care, which in best practice is focused on outcomes.

One of the chief manifestations of this approach has been to discharge patients earlier from public care facilities. In many countries where HIV/AIDS is of epidemic proportions and hospitals cannot cope, they have just sent all patients 'home'. In making this policy choice, there is a presumption that there is a reserve army of unpaid labour available in the family or community to immediately resume responsibility for the discharged patient. Just who is it that the policy makers are presuming will do this caring role?

In other growing economies, increasing pressure is going on governments for the provision of ever more sophisticated and expensive secondary and tertiary care facilities, at a time when studies in health economics demonstrate that the best investments in health are those associated with prevention, and early detection and treatment. The location of many activities which promote or hinder this initial investment in health care is the household. An estimated 80% of health care in the central and South America is provided in the home, principally by women.[8] Assuming that providing family health care does not have personal, family, and social consequences is unfair, unrealistic, and dangerous for health policy'.[9]

There are economic costs in both cases, in respect of the invisibility of unpaid household and community work. We know this from the growing number of national and other time- use data sets, from surveys or pilot studies on unpaid work and health care, from decades of narrative captured in a wide range of social science literature, and from our own observations and experience. Insufficient or

[8] PAHO; 'Advances in Gender Mainstreaming in a PAHO Technical Cooperation Area: National Health Accounts' Provisional Agenda Item 6, MSD21/4 (Eng.) 21st Session of the Subcommittee On Women, Health, And Development Of The Executive Committee. Washington, D.C., USA, 14-16 March 2005. page 8, paragraph 13.
[9] Ibid page 8, paragraph 13

inadequate care at the onset of illness can exacerbate its severity, with costs incurred across sectors. This occurs from the loss of labour from the market sector, the loss or diminution of unpaid service, productive and reproductive activities either when the woman of the house is ill, or when she has to forego other daily household tasks to carry out the caring work, or when a child is removed from school to assist in caring roles, with the known outcomes of longer term illness increasing the possibilities of poverty, poor nutrition or hunger, and a range of other vulnerabilities.

It is also important to remember that household work includes the daily maintenance of well being, which tends to be even more invisible than caring for the sick. Household access to water, hygienic practices, and a clean environment are all daily household routines that enable a healthy paid, informal or subsistence labour force to remain productive. This work is of significant economic importance.

I am mindful of Guzman's comments that there is a "wide variation in local circumstances. Community-led situational analyses are needed to ensure the appropriateness of Home Based Care and Community Based Care to the local setting and define specific support needs. [10]

In the context of the many published research papers I reviewed for this presentation, what might the extent be of strategic policy questions for input that are raised? I made the following list:

Access to and ability to utilise information

Interruption of schooling

Income generating and subsistence activities diminished or lost

Less food especially for children

Women are the invisible carers but young carers are even more so: even when not the primary care giver their work burden is increased

Loan repayments threatened or cease damaging extended family and community relationships

Everything is worse if you are rural – and it was bad before the energy crisis and world recession

Spread of HIV/AIDS is more likely in violent households

No provision of disinfectant, gloves, soap, bandages, painkillers

No access to clean water

Burden of care creates time poverty

Access to and use of condoms

No sanitation

No hygienic living conditions

No respite for carers

Traditional safety nets are destroyed

[10] De Guzman, A. (2001). Reducing social vulnerability to HIV/AIDS: Models of care and their impact in resource-poor settings. AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV, 13(5), 663-675

No transport

Little or no food

No counselling

Hopelessly inadequate infrastructure

No labour saving technology of the simple grating, threshing, milling, pounding, drying, cooking kind

No fuel whether wood, dung, gas, kerosene, paraffin, charcoal

Caregiver's deteriorating health

Female abandonment by males in the household

Wives and daughters sent to care for HIV positive relatives- of the males in their household- who live elsewhere

Male carers seen as deviant and unmanly

Orphans

…….. and I am sure I didn't capture all the policy and strategic issues in these studies – let alone the many more that can arise.

With all due respect, I don't think arguing for an inadequate and universal payment to the primary caregiver is going to resolve these things. In some cases, it may be the best strategy, but in many, it will not be that.

The estimation, or imputation for gender budgeting purposes of the care economy, is useful in a policy framework for highlighting the extensive exploitation of women, for seeking what might be the most cost effective interventions, and considering what all the trade offs are in a cost benefit analysis framework. But that estimation and visibility are not an end in themselves, but only a beginning – and a step that should not need to be taken in an evidence based approach to policy.

Unpaid Carers and Human Rights:

We also need to consider unpaid women and men, who are carers, in the context of a capability approach to human rights. Just what is the context in which these women and men and girls and boys can be seen as having no human rights because their situation in the current policies *constitutes a justified limitation on the right to be free from discrimination.*

The capability model is not about what people are or what they do, but what they can or cannot be, and what they can or cannot do, given the opportunities or the freedoms. Do we think that the rights of children who work long hours in unpaid work might be losing out on access and opportunities – to education, to leisure and enjoyment of life? Unpaid care giving of the sick is a critical part of the health care system which compromises the well being of the carer – who is then further penalised by the system in terms of loss of earnings, or time to do subsistence and other caring work, or with no recognition at all. Do we recognize to what extent all this caring work undermines women's capacity to take an equal part in civil and political life?

In terms of a rights based approach to those in the unpaid workforce, and for example for those in the 'unpaid' or underpaid or differently paid full time care giving role we have to ask: to what extent does the discrimination and different treatment of girls and women in long

term care giving compromise or inhibit their capacity to participate effectively in political or community life, to attain the highest possible standard of physical and mental health, to exercise their right to opportunities of lifelong education, to enjoy safe and healthy working conditions etc?

We should also ask generational questions, as the strategic policy implications and the rights issues are different depending on whether the carer is a child, the spouse, or the parents (ie grandparents' age) of the PLWA - and they are overwhelmingly women in each case of course.