



# **REPORT**

## **Online Discussion**

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

## **Organized by**

**Division for the Advancement of Women  
Department of Economic and Social Affairs  
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## I. INTRODUCTION

The online discussion “Women and Men: Equal Sharing of Responsibilities” was organized by the United Nations Division for the Advancement of Women (DAW), Department of Economic and Social Affairs (DESA). The findings from the discussion will contribute to preparations for the 53<sup>rd</sup> session of the Commission on the Status of Women in 2009, which will consider “The equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS”, as its priority theme.

The discussion was moderated by Elissa Braunstein, who also prepared this report. This report does not contain an exhaustive review of all the comments posted, but rather it provides an analytical summary and overview of the discussion, with some illustrative examples of participant contributions.

A number of commitments on the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS, have already been made by governments at the international level, including at the International Conference on Population and Development (1994), the Fourth World Conference on Women (1995), the World Summit for Social Development (1995), and the 23<sup>rd</sup> special session of the General Assembly (2000), as well as in the outcomes of sessions of the Commission on the Status of Women since 1996. International human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC), also recognize the obligations that State parties have to promote the equal sharing of responsibilities between women and men.

In light of these commitments, the discussion focused on expanding the understanding of the causes of unequal sharing of responsibilities between women and men in the public and private spheres, identifying the consequences of this inequality, and proposing policy responses to promote an equal sharing of these responsibilities.

The discussion was held from July 7, 2008 to August 1, 2008, and included a different theme in each of the four weeks:

- **Week One:** Gender stereotypes and equal sharing of responsibilities between women and men in the private sphere.
- **Week Two:** The effects of unequal sharing of responsibilities on women’s full participation in the public sphere.
- **Week Three:** HIV/AIDS and equal sharing of responsibilities between women and men.
- **Week Four:** Other issues, wrap up and recommendations for future action.

A total of 1,243 participants registered for the discussion, the majority of whom were female (86 percent). Participants were geographically diverse, with 35 per cent from Africa, 27 per cent from Asia and the Pacific, 18 per cent from Europe, 14 per cent from North America and six per cent from Latin America and the Caribbean. Organizationally, about half of registrants came from the NGO sector, with another 14 percent from academia, nine percent from the United Nations system and eight percent from government (see Annex 1 for more detailed participant

statistics). During the discussion, 340 messages were posted (excluding those posted by the moderator) by 147 contributors. While contributors broadly reflected the organizational distribution of participants, the geographical distribution of contributors was more heavily weighted towards Africa (44 percent of contributors versus 35 percent of participants). (See Annex 2 for more detailed contributor statistics.)

## **II. GENDER STEREOTYPES AND EQUAL SHARING OF RESPONSIBILITIES BETWEEN WOMEN AND MEN IN THE PRIVATE SPHERE**

### **A. Background**

It is probably universally true that gender – the social meaning and implications assigned to biological sex – is one of the central determinants of both chosen and socially-imposed responsibilities. The term “responsibility” refers to a wide range of activities and obligations at the household level. Caregiving, obligations and activities that involve connecting to other people in an effort to meet their needs, is a big part of these responsibilities, particularly in the context of HIV/AIDS. In the first week of discussion, participants focused on how gender stereotypes shape the sharing of responsibilities between women and men in the private sphere, and how this distribution of responsibilities could be made more equal. The term “private sphere” in this context refers to family or household as distinct from the term “private sector,” which typically refers to the business sector, and is included in the second week of discussion on the public sphere.

Because the links between stereotypes and responsibilities are complex, the discussion incorporated a framework to organize participants’ thinking about the sources, consequences and solutions to the unequal sharing of responsibilities between women and men in the private sphere.

Gender-based divisions of labour are rooted in the institutional, social, and material contexts in which people live. These structures create fundamental differences in choice and opportunity between women and men. A useful way of considering these differences is through what economist Nancy Folbre terms the “structures of constraint” that shape individual choices. These structures are cultural norms; distribution of assets; rules or laws; and personal preferences (which can be shaped by social norms).<sup>1</sup>

Women and men make decisions about what kind of work they do, for example, minding a child or sick relative versus doing paid work, in part due to gender-based preferences. However, what individuals value, and what choices they perceive as possible, are shaped by the social world, and are clearly different for women and men. Norms, stereotypes and the traditional structures of gender and kinship construct the social expectations of women and men. For example, in some parts of the world women are primarily associated with the care of the family, and much of their work time is spent outside of the market, whereas men’s work is typically viewed as more directly productive. Assets also impact the division of labour between women and men.

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<sup>1</sup> Nancy Folbre. 1994. *Who pays for the kids? Gender and the structures of constraint*. London and New York: Routledge.

Systematic differences by gender in access to and ownership over assets are common around the world, and partly determine women's bargaining power in the household. Laws or other rules such as property rights and family law are also crucial determinants of the type of responsibilities that men and women can or do assume. Patriarchal property rights, where eldest men have the right to claim and apportion the fruits of the labour of all household members, can create incentives for high fertility and lower female labour force participation.

With these structures of constraint as a reference point, proposed discussion topics centered on the division of private sphere responsibilities between women and men, the associated consequences for women's power in household and political decision-making and social and economic development, the benefits of equal sharing for women and men, the lack of recognition of unpaid work (especially that having to do with care), and the associated tension between women's increasing market labour force participation and the ongoing supply of care in the private sphere.

## **B. Summary of the discussion**

Any discussion of the equal sharing of responsibilities between women and men in the private sphere is likely to begin with the almost universal acknowledgement that women and girls bear a disproportionate share of household responsibilities, regardless of culture or socio-economic status. Perez Akech Odera's experience in Kenya reflected that described by many participants: *"In our community, it is assumed and accepted that all domestic chores ranging from food production and processing, care of children, laundry and a million other duties related to daily operations in the house have to be done by the women. This is inculcated in the socialization process such that any man seen to be interested in giving assistance in these areas is viewed as weak and less of a man. As much as one would think it is the men who support this status, the reality is that even women do."*

With this shared experience in mind, participants exchanged views on why gender inequality in the distribution of responsibilities exists, focusing primarily on the roles of gender-based preferences and norms in dictating both what individuals choose to do and what is expected of them. Gender stereotypes are particularly resistant to changing external circumstances, so that even when, for example, women increase their involvement in paid work, their unpaid household responsibilities seldom decline, or they simply get passed on to other women in the household, thus replicating the stereotype.

One of the manifestations of the interplay between persistent gender norms and women's changing roles involves the global increase in female-headed households. Some argue that the two are causally linked: as women assume greater financial responsibilities for their families but maintain their traditional roles as the main family caregivers, the traditional basis for male-female family formation erodes.<sup>2</sup> Increased disease and death, for example through the spread of HIV/AIDS, also contribute to the rise in female-headed households. Many discussions of the sharing of private sphere responsibilities between women and men presume that all families include a co-habiting male-female couple, with consequences for how policy responses are

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<sup>2</sup> *Ibid.*

formulated. As pointed out by Nthabiseng Sepanya Mogale in the context of South Africa: “... *I would like to urge other participants to help us look beyond sharing but rather at how we could mobilize resources, systems and private and public institutions to enable single parents to cope and thus delegate or even rely on other institutions and systems to be effective within the private or family sphere. Sharing somehow assumes both parents are there. In our country lately this may not be the case.*” Households headed by single individuals responsible for care – in particular by women and girls, but also by men and boys – constituted an important thread throughout the entire online discussion. Participants termed them “single-carer households” to acknowledge their diversity.

In discussing the consequences of unequal sharing of responsibilities, participants focused almost exclusively on the negative consequences for women’s empowerment and economic security. No one, however, commented on the negative consequences for men beyond the indirect effects that the invisibility of care work and gender inequality have on a country’s economic growth and development, which of course ultimately affects both men and women. Boys may suffer when their mothers have little education or are overworked, and men may have lower quality family relationships when they are uninvolved in household life. More careful analysis and discussion of how men both benefit and lose when they do not share household responsibilities is an important issue for future consideration.

Participants widely argued that formal and community-based education is probably the most effective way to bring about equal sharing. Participants emphasized the importance of specifically targeting men and boys in these educational efforts, particularly as a way to counterbalance resistance to giving up male privilege in the household.

In this context, participants often drew on the role of religious organizations as both a resource for and an obstacle to countering gender stereotypes. It was argued that religion is sometimes used to mask the real sources of inequality, as when it portrays the unequal sharing of responsibilities between women and men as “virtuous” or “correct.” But, participants noted that the moral legitimacy of religious organizations can also be utilized to raise awareness on what many families and communities often take for granted, namely that women are primarily responsible for the private sphere. Participants frequently saw the influence of religious communities as a potential asset for informal education efforts.

In addition, participants agreed that providing more support for paid and unpaid caregiving through compensation and other incentives would simultaneously lessen women’s household work loads, and raise the value of care. This last point – raising the value of care – is particularly important for getting men to equally share responsibilities because those who “care” in a society are very seldom amply rewarded for it in terms of resources (caring for the young, sick or elderly generally pays little or nothing) or property rights (for example, inheritance or pension rights). If men’s resistance to changes in gender stereotypes is in part because it is not in their economic self-interest, then raising care returns will increase the willingness of men to share in household responsibilities.

The last set of policy responses discussed involved the ways in which legal and policy interventions can strengthen efforts to change gender stereotypes around household work,

especially property rights. Where women have a legal right to an equal share of household resources, they are better able to participate in making household labour allocation and consumption decisions. Even though many countries have anti-discrimination legislation (or are party to international agreements like the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)), lack of implementation and enforcement, limited awareness of rights, and persistence of gender norms, can result in such legal frameworks having little effect on intra-household bargaining over the division of responsibilities and access to and control over resources.

### **C. Sources of unequal sharing**

Participants cited gender-based preferences and norms as being the most important determinants of the unequal division of responsibilities between women and men in the private sphere. Sarat Bazoum described this dynamic in her experience in Burkina Faso: *“Personally, I remember that my mother kept on reminding me of the role of a woman in her household; she always told me that your good results at school won’t make you a good mother, won’t give you appropriate skills for your future life, a real woman in your future family. These conditions disadvantage girls even if later they have the chance to occupy a high position in society. They will be crawling under the weight of their daily charges, leaving them a small parcel of time for diverse activities (political as well as well economic ones). These imaginary norms get institutionalized and therefore determine women’s conditions of living.”*

Participants noted that such norms are highly resistant to change. For example, men who seek to share equally with women in the carrying out of household responsibilities sometimes face resistance from their communities. To reiterate what Perez Odera of Kenya observed, *“[Gender norms are] inculcated in the socialization process such that any man seen to be interested in giving assistance in these areas is viewed as weak and less of a man.”* Socialization and idealized images of masculinity that do not include seeing men as caregivers mean that men who share household responsibilities are perceived to be less manly or somehow weakened by cooperating with their female partners. Similarly, a few participants noted that women who challenge the stereotype that to be feminine means to be weak, are sometimes accused of being too manly.

Still, many participants acknowledged that men may resist changes in gender roles simply because they benefit from patriarchal systems. Having control over the household, more free time, and better access to the labour market are privileges that some men do not want to give up. Even though the emotional rewards of a more equal relationship with their female partners, or greater potential for their daughters in the labour market, might be promising compensation, many men still prefer to maintain traditional male and female roles in the household because of the greater power these roles afford them. Furthermore, the fact that women’s traditional household responsibilities are typically of such low social value is a persistent obstacle to men’s willingness to take them on. Assitan Coulibaly of Mali concluded: *“In most countries caregiving is considered a woman’s job because it is not remunerated so it is without any value.”*

Participants also discussed how women themselves either perpetuate damaging gender stereotypes, find it difficult to resist them, or do not take advantage of existing educational or

labour market opportunities. Poima Brown-Lutal of American Samoa made this point: *“It is not to state that women do not want change, but I wholeheartedly believe that there are populations of women who want change, and those that are innately afraid of the unknown consequences of such change, and yes would rather remain in the status quo of letting it remain a ‘man’s world,’ (no offense to any of our male counterparts)...so to speak.”* Andrea Johnston of Girls Speak Out in the United States was not surprised that women sometimes resist this type of change: *“I am never surprised that females engage and believe in sexist rules and practices that limit them because no other window to behavior has been opened to many girls and women. They’re not excluded because they’re inferior or incapable, but because it is convention and tradition, which is not immutable.”*

In addition to discussing the role and persistence of gender stereotypes, participants also cited gender inequalities in laws that apply to the private sphere as a significant factor in the unequal division of responsibilities. For example, family law that privileges sons over daughters in inheritance creates few incentives for families to invest in a daughter’s education, consigning her to a subservient role in the household. Even where countries have passed laws stipulating that men and women have equal property rights, unequal gender norms can hinder their implementation.

#### **D. Consequences of unequal sharing of responsibilities between women and men in the private sphere**

##### ***1. Women’s economic insecurity***

One consequence of the unequal sharing of household responsibilities between women and men is that women have less access to income-generating opportunities because they are socialized to focus on the home, and/or their household responsibilities mean they simply have less time or less energy to engage in paid work. Joselyne Namukhula of Uganda explained, *“Women’s responsibilities are practical, that is to say, they all require full body participation which later weakens...their health in general. For example, in the greater parts of Africa, according to culture, women have to do the domestic work like cooking, washing, taking care of the children and the family at large, agriculture, and maintaining the home in general. [None of] these activities [generate] income, hence the women can not save money to make investments to better themselves.”* Lisa Rose Blanchette of the group To Love Children in the United States explained the consequences for women’s economic security experienced by many women in the North: *“[S]o many women were and continue to be raised with the expectation that they will become wives, mothers, and run a home. This implies there is no payment other than the security of family (husband) that goes with it. But with divorce and death rates as they are, security is hardly assured. Women know this. Men know this. Can we admit it and make meaningful substantive changes based on this knowledge? Perhaps. Change is a frightening specter and many would rather exist in their current dysfunction than forge into the unknown.”*

The unequal sharing of responsibilities between women and men can have long-term negative effects on their economic security. Even when women do enter the labour market, they usually earn less than men and, are also more prone to be employed in marginalized, informal or less-secure employment, with little to no provisions for social protection. These conditions together



with fewer years of work can lead to lower pensions.

## **2. *Women's lack of empowerment***

Lower income and less time results in women having less say over household labour, resources and income allocation decisions. These dynamics seem to confirm stereotypes about women and men: that women are more suited and successful in a home/family environment, and that men are better at working in the market or productive sphere. Hence, stereotypes affect distribution of household work between women and men, girls and boys. The resulting decision-making hierarchy between men and women can also result in women having little or no influence over their reproductive lives, i.e. decisions on when to have children or whether to use condoms, an issue that was also prominent in the third week's discussion on HIV/AIDS.

## **3. *Invisibility of care***

Participants agreed that women's (largely unpaid) care work is virtually invisible, partly because of women's lower status. Felicia Eghan of Canada put it this way: "*Housework, childrearing, taking care of the sick and elderly as well as the disabled are very important for the progress of humanity but these important responsibilities are not valued because most of them are shouldered by women.*" This invisibility is perhaps most clear in the context of the statistical methodologies used to measure economic production. The underestimation of women's work in the official System of National Accounts (SNA), which provide summary measures of economic performance and were intended to cover market transactions only, has been repeatedly pointed out by feminist economists since the late 1970s. Partly as a result of pressure from the international women's community, in the 1993 SNA revision the U.N. Statistical Commission recommended that national statistical offices create satellite accounts of nonmarket activity to be used in conjunction with traditional measures of market activity.<sup>3</sup> While the statistical demands of valuing unpaid work are high, participants argued that women's lower status was at the heart of this oversight.

This invisibility detracts from the knowledge base used to conduct macroeconomic and social policies. Barrister Rizwana Yusuf of Bangladesh explained: "*The differences in the work patterns of men and women, and the 'invisibility' of work that is not included in [GDP] leads to women's lower access to resources and lack of attention in macro economic policy that adds to inequity and perpetuates gender gaps. This has far reaching implications that influence the workforce pattern in the context of paid and unpaid and formal and informal sectors.*" Chris Mulford of the World Alliance for Breastfeeding Action in the United States extended this call to specifically include more research on men: "*I think women's AND men's caring work and housework should be counted. We need a baseline if we are going to work for change; otherwise, we won't know what progress we are making.*"

The invisibility of unpaid work also may compromise longer-term economic growth and development. For example, policies that cut social spending on health care to close government budget gaps raise demands on the unpaid care sector. From a planning perspective, two things

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<sup>3</sup> Duncan Ironmonger. 1996. "Counting outputs, capital inputs and caring labor: Estimating gross household product." *Feminist Economics* 2(3): 37-64.

result that have implications for development but are completely missed because of the invisibility of care. First, the decline in government spending is not a savings but a shift from the market to the nonmarket provision of care. Second, if children are pulled out of school, or their mothers out of income generating activities, to care for the sick at home, both current and future productive capacity decline.

## **E. Policy responses**

### ***1. Raising awareness of gender stereotypes among women and men***

#### ***(i) Community-based education***

Grass-roots education, involving elders, religious leaders, or other significant community leaders, and informal education through community-based institutions, were widely cited as key to countering damaging gender stereotypes. Betty Taylor of the United States explained the process: *“The reframing [of traditional gender roles] may begin with conversations with elders and significant others...by focusing on the familiar, [for example,] customs and practices and then introducing new and differential ways or more positive possibilities of action to be taken under consideration.”* Susan Chebet Choge of the Masinde Muliro University of Science and Technology in Kenya described the importance of grass-roots education this way: *“Introduce change from within the cultures...The community members concerned should be encouraged to take the lead in advocating for change. This will make the rest of the community accept the advocated changes and attitudes, since one of their own is also doing and advocating for it. This approach will eliminate the perception that the advocated change is foreign.”*

#### ***(ii) Family involvement***

Community-based education links up with the fact that parents or other primary caregivers, who are so essential in the socialization process that creates gender stereotypes in children, must be incorporated in educational efforts and encouraged to support gender equality in the sharing of household responsibilities between their daughters and sons. Bernadine Grant of Canada described the importance of her parents in countering the gender and ethnic stereotypes she faced while growing up: *“[T]raining your daughters to understand that they can do more than cooking and cleaning is imperative in their success... [My mother] really made me understand that I was valuable and I could do anything boys could do....”*

#### ***(iii) Raising awareness among men and boys***

Educating men and boys about the negative impacts of gender inequality, incorporating positive images of men and boys in this education, and involving them in awareness-raising efforts were cited as key features of any educational programme seeking to address the harmful effects of gender stereotypes. Stephen Kangwa Chilobwa of the Zambia Men’s Network Project argued, *“As cardinal as it is to educate women and girls, let us not forget that the privileged group (men) – who don’t think they are privileged until they begin to see things as unfair – also need to be sensitized on the unfairness so that they become aware of their role in reinforcing these gender role divisions and see the need to positively deconstruct them. Otherwise we will end up with*

women demanding responsibility-sharing, while men will continue to build walls and see women as a threat, which in turn will lead to more gender-based violence.”

**(iv) Media**

One way to counter gender stereotypes and the unequal sharing of responsibilities in the private sphere associated with them involved critically evaluating the media, as it can either support or challenge traditional gender stereotypes. In speaking of television, magazines and newspapers, Griselda Lassaga of the Universidad de Bernal in Argentina noted, “*Here they [the media] reinforce the idea that the place of a woman IS AND MUST be at home, cooking, preparing meals for the family, washing, dishwashing... old stereotypes of traditional roles.*” On the other hand, the media could also be used as a positive force for change by, for example, showing men in nontraditional caring roles as described by Socheat Chi of CARE Cambodia: “*Media has a powerful impact in giving out messages to the society and bringing about change in attitudes. Men would not feel ashamed in washing the dishes if they see a TV spot showing men doing the laundry.*”

**(v) Institutional leadership**

Even though localized efforts through community-based education and family involvement constituted the core of most of the discussion on education and raising awareness, it was also commonly noted that both formal governmental and civil society organizations can be important in starting and financing such educational efforts. Rachel Aston of the Mothers’ Union in the United Kingdom gave an example of such a programme, noting, “*Within the private sphere, grassroots cultural change is the only way to change ingrained gender stereotypes... However, what influences or kick starts cultural change may be led externally, for example by global society, government, NGOs etc. Mothers’ Union groups run programmes within their own communities that provide families with skills such as literacy and farming methods, whilst addressing gender stereotyping and the unequal sharing of responsibilities. This ensures that inequality is tackled in all parts of family life.*”

**2. Formal education**

The necessity of ensuring access of girls to a high quality education is widely documented. Results include lower fertility, greater child and maternal health, and higher incomes for women that are more likely to be spent on basic needs and education than male incomes. Vivi Germano-Koutsounadis of Australia recounted how advanced education among immigrant women induced men in their communities to accept their leadership: “*[Women] had the opportunity to gain an education and achieve professional status through tertiary education. [T]herefore, these women were accepted in the ethnic communities by the men, because [these communities] needed their [expertise] to assist the thousands of immigrants who migrated from their country of origin.*” Formal education systems can also raise awareness on gender stereotypes among both male and female students by paying attention to how these stereotypes are woven into curricula and textbooks, and by incorporating awareness of gender roles in all aspects of teacher training. Participants also noted the direct empowerment effects of a good formal education, as it better enables girls to bargain with their partners and families for greater gender equality in the

household and sensitizes boys to the demands of family caregiving. Perez Akech Odera of Kenya wrote, “[Higher] education for the girl child is one way of empowering girls to have bargaining powers for their rights. In this way, they are better placed to argue, discuss and reach a compromise with their men folk.”

Enhancing girls’ access to formal education means that policymakers must directly address how the traditional division of household responsibilities sometimes acts as an obstacle to girls’ school attendance. For example, getting girls to school might require providing publicly-funded or subsidized childcare for young children, as it is often girls who are pulled out of school to take care of their younger brothers and sisters. Sarat Bazoum of Burkina Faso described this problem: “To address this difficulty...the creation of facilities such as pre-schooling infrastructure ([with] low cost access) where kids are followed up would reduce girls’ involvement in taking care of young brothers and sisters, giving them time to attend class without any difficulties and a chance to succeed at school.”

### **3. Financial support for caregiving**

At the core of the discussion on the unequal sharing of responsibilities between women and men, and in particular women’s disproportionate share of household responsibilities, was the low value accorded to care work (both paid and unpaid), and how that acts as an obstacle to changing both the status of women and the status of care work. Fatma Elkory Oumrane of Mauritania noted, “Among these ideas, I think that as long as the role at home on the one hand and the role of ‘parent’ on the other are not valued, supported, honored, encouraged and developed, inequalities will always be there to make participation of women ‘incomplete.’”

Participants proposed addressing this low value by raising financial support for unpaid caregiving, in the form of compensation and other incentives. Mariam Yunusa of UN-HABITAT in Kenya explained, “Society is challenged to devise safe and profitable ways and means of making motherhood not only safe and pleasurable but that it [society] should share in the burden of nurturing as well. Society should uphold motherhood and share the burden through sensitively designed care and compensation, and support incentives packaged for families with a focus on women ... Several countries are already doing this as a means of replenishing their ageing populations. This is one area where the [Division for the Advancement of Women] needs to do more work. Without a concerted effort backed by sound research, children, mothers, fathers, and the society as a whole stand to lose.” Virginia Saldanha, of the Federation of Asian Bishops’ Conferences, Office of the Laity, Family & Women’s Desk in India, gave some specifics on how this type of financial support could be delivered, “State policies should give incentives to those who do this work for free (parents/relatives/volunteers), like tax rebates for the earning member of the family; concessions for care givers in travel, healthcare and food (this should help single parents/elder caregivers/volunteers).” Financial compensation for unpaid caregiving could substantially counter gender stereotypes, as noted by Sodeyi Rose Titi of Nigeria, “If money is attached to all the domestic work carried out, it would attract men which would bring about equal sharing of responsibility.”

Increasing financial support for caregiving faces financial and institutional limits. Shelly Archibald of Canada challenged the discussion this way: “The issue of providing financial

*support to caregivers certainly seems like a good idea on the surface. But I'm not sure where the money would come from under this type of system – especially in an impoverished country that doesn't have the resources (financial, human) to dedicate to this end. Such a model would only be applicable in an industrialized country with a large population base that could support/pay for this system.”* Muhammed Usman Ghani of the Survive Welfare Organization in Pakistan made the point about the limits of institutional capacity: *“Financial support for care givers is possible in welfare states where welfare policies are enacted in the public and private spheres to benefit workers.... [S]ocial services or care centres are not common in our society, where men and women prefer to leave their children under family care and guardianship.”*

In addition, participants noted that designing such a system of financial support for caregivers would face the added challenge of creating a new sub-class of workers that are largely female. Again, Shelly Archibald of Canada queried this point: *“[W]hat about compensation for caregivers? If we paid women to care for loved ones with a chronic/terminal illness, would this equalize the system and promote gender equality in caregiving? I don't believe it would make any difference, mainly because we would create another sub-class of low paying, dead-end jobs (primarily) for women, without having to change the fundamental problems related to gender inequality in care.”* This result is already happening as a “global care chain” is created where poor women migrate to wealthier countries and work as paid caregivers. Lee Sze Yong described this phenomenon in Singapore: *“The trend...is to get a foreign domestic worker to help with care-giving, as many women are working. This causes another layer of issues, [for example] maid abuse by employers, child neglect by maids, no rest day for maids, etc.”* This issue was discussed in the second week in the context of how sharing of responsibilities between women and men affect women's participation in the public sphere.

#### **4. Legal and political support**

The ability of women and men to successfully counter the types of gender stereotypes that underlie the unequal sharing of responsibilities in the household can be strengthened by legal and political supports in the wider society. Ensuring equal property rights between men and women under the law was by far the most common legal measure discussed. Such property rights improve women's bargaining power in the household, making them better able to demand a more equal division of household responsibilities, as well as enhance their economic security when their traditional roles limit their participation in paid work. Asina Omari of the University of Dar Es Salaam, Tanzania gave an example of how educating people about their existing rights can empower them in the private sphere: *“[T]he Tanzania Women Lawyers Association has a campaign to educate the community on the importance of having wills as a way to do away with property grabbing in case of death of the husband.”*

While a number of participants' countries have made progress in terms of equal property rights legislation, participants widely acknowledged that there is a gap between legislation and implementation, partly because of the persistence of traditional gender stereotypes. Perez Akech Odera of Kenya noted, *“[T]he culture of many communities has a negative bearing on property ownership by women. Much as the declarations have been made, with some countries passing laws to guide equal property ownership between men and women, the people's culture does not allow for meaningful progress in this area.”* Participants identified this obstacle as an extremely

serious one. Edouard Munyamaliza of the Rwanda Men’s Resource Centre described how efforts to change property rights can sometimes even result in violence, “[W]e are even experiencing never-ending conflicts over property because Rwanda has enacted and promulgated a law on matrimonial regimes, succession and liberalities to allow ... women to inherit, but as you have just said, the understanding of men of this situation and the application of this law are proving very difficult due to poor cultural beliefs that are anchored in their minds. Instead of taking advantage of this positive change to advance socio-economic development, once again women are victims of violence and abuse of rights.”

### **III. THE EFFECTS OF UNEQUAL SHARING OF RESPONSIBILITIES ON WOMEN’S FULL PARTICIPATION IN THE PUBLIC SPHERE**

#### **A. Background**

Looking towards the public sphere, which involves activities and relationships that take place outside of the household – in the community, the workplace and in government bodies – the second week’s discussion focused on how the unequal sharing of responsibilities affects women’s abilities to fully participate in all aspects of public life.

In terms of the workplace, the key issue considered is what economists Nilufer Cagatay and Diane Elson have called “male breadwinner bias.”<sup>4</sup> Male breadwinner bias refers to the fact that workplaces are too often fashioned after male models of work, that is, treating workers as if they do not have significant family responsibilities beyond sharing their wages. In most societies, very few provisions are made for addressing these constraints on women’s labour force participation. Examples of such provisions include affordable and accessible child and elder care, flexible paid work arrangements, and educational institutions that can accommodate the schedule of a working parent (i.e. longer school days and summer enrollment).

One of the results is that the substantial demands on women’s time outside of the workplace – the fact that women are most often the ones responsible for caring labour regardless of their labour market status – substantially limit their ability to fully participate in labour markets. As a consequence, economies do not benefit from women’s full participation in the labour market, the nonmarket care sector is often under stress, and women themselves are disadvantaged in amassing the assets or bargaining power that it takes to shift gender norms and roles in ways that would overcome these obstacles.

The same goes for women’s participation in and influence over civic and governmental organizations. Where women’s household responsibilities constrain their abilities to find the time or develop the skills necessary to participate in public forums and governance processes, their influence on policy-making and social change is limited. Not only does this result in public policies that are unlikely to address the needs of both women and men vis-à-vis the care sector (paid and unpaid), it also reduces women’s abilities to advocate for those changes, and to prioritize action on other issues that directly affect them.

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<sup>4</sup> Diane Elson and Nilufer Cagatay. 2000. “The social content of macroeconomic policies.” *World Development* 28(7): 1347-1364.

To explore these issues, participants were asked to focus on two aspects of the unequal sharing of responsibilities. The first set of issues involved how women's disproportionate share of responsibilities in the private sphere (the focus of the prior week's discussion) limits their abilities to participate in the public sphere. Questions posed drew attention to men's perspectives by, for example, focusing on how policies, programmes and initiatives have led to a more equal balance between work and domestic responsibilities for both women and men who enter the labour force. The second set of issues involved the sharing of responsibilities between women and men in public sphere decision-making, the challenges men and women face in terms of sharing participation in public life equally, and how public policies could be more gender-responsive.

## **B. Summary of the discussion**

Fatou Diouf's (Senegal) statement regarding women's political participation is a sobering but widely shared feeling about the current state of women's political participation around the world: *"The representation of women has not evolved much since the Fourth World Conference on Women in Beijing in 1995. Although the fundamental right of women and men to participate in political life is recognized internationally and nationally, there is always a gap between equality in the exercise of power and decision-making. The concerns and interests of women are [not] taken into consideration and women can not influence key social, economic and political decisions that concern the entire society."*

Contributions focused on three themes: how women's disproportionate share of household responsibilities limits their involvement in the public sphere, both in terms of the type of labour market and/or political participation they engage in, and extent to which they can engage (i.e., how much extra work they can put in or which political meetings they can access); the additional factors (relative to what was detailed in the prior week) that come into play when considering the public sphere; and finally, proposed solutions and good practice examples, which constituted the bulk of the discussion.

Three conceptual aspects of the discussion merit separate analysis. First, participants frequently noted that it is virtually impossible to separate the public from the private spheres, since the two are so interdependent. For example, stereotypes of masculinity that keep men from taking up an equal share of responsibilities in the private sphere constrain their female partners from public sphere participation, both in the labour market and in political decision-making, because of the time pressure experienced by women providing the bulk of family care. Similarly, stereotypical notions of femininity which keep women primarily associated with the home make it more difficult for girls to attain the types of labour market skills that would afford them fuller participation in paid work, and ultimately more bargaining power at home. The associated consequences illustrate the interlinkages between the private and public spheres: private sphere stereotypes and responsibilities lead to public sphere inequalities which perpetuate private sphere stereotypes and unequal responsibilities. As a consequence of these links between the private and public spheres, some of the countermeasures discussed below, such as increasing men's involvement in (paid and unpaid) care work, inevitably seem to blur the two issues.

Second, participants also argued that the constraints keeping women and men from equally sharing responsibilities in public life are more complex than a straightforward analysis of the traditional gender division of labour (women at home and men in the market) would lead one to consider. These points extended the insights of the “male breadwinner bias” model (where models of work are fashioned after a prototypical male with a wife at home) to the very structure of the political workplace. Political negotiations and spheres of influence are often constructed in terms that reflect the rules of typically male activities like team sports. Examples of these dynamics were wide-ranging, from aggressive negotiation styles to late night meetings at the local pub. Changes which would allow for women’s increased participation or changes to accommodate women’s schedules are not brought about easily. Once again, the reach of gender norms and stereotypes extends far beyond the division of responsibilities in the private sphere.

And third, the fact that women provide the bulk of care work, at little or no cost, in effect subsidizes public sphere production (i.e., the economic activities of business, government and civil society). The invisibility of care, and the consequences for production and planning, were also discussed during the first week in the context of the private sphere. In the discussion participants extended the analysis to detail how norms around care provision actually structure the market. For example, collective social responsibility for child care (for example, publicly financing daycare centers through government taxation) is very rare across the world because (mostly female) family members provide that care for free. Well-cared for children are also future productive labourers and taxpayers, but these investments are not fully borne by the public sphere institutions that will ultimately benefit from them. In essence, women’s ongoing supply of care – even in the most challenging moments of economic crisis and poverty – lessen the monetary costs of production for business, government and civil society, and enable these institutions to evolve in ways that completely ignore nonmarket production in the private sphere and hobble the public participation of caregivers.

It is important to note that the discussions on care work were largely limited to caring for children or the sick. Very few participants referred to caring for aging parents or the elderly as a central aspect of the unequal sharing of responsibilities between women and men. Industrialized countries tend to have some form of economic security for elders such as universal pension systems or free health care for the elderly. As this is not the case for most developing countries, it is somewhat surprising that this issue did not come up with greater frequency. In future discussion and research, it would be particularly helpful to focus on these aspects of care.

## **C. Unequal sharing and labour market participation**

### ***1. The persistence of discriminatory norms***

Participants argued that gender stereotypes that are pervasive in the private sphere are replicated in the labour market, where women are associated with certain jobs or responsibilities that reflect their traditional roles of care and being primarily oriented towards the family (for example, schoolteacher, nurse, early childhood educator or childcare worker), with men being similarly stereotyped towards what is perceived to be masculine market work (for example, manager, full-time or formal sector work). Joselyne Namukhula of Uganda explained this dynamic: *“The gender division of labour in the public sphere is influenced by household settings and*



*socialization processes. The very people giving employment or making decisions in the public sphere are people who have been brought up in certain settings with stereotypes. For example, boys grow up seeing their mothers and sisters in the kitchen and tilling the garden, while their fathers and uncles are looking after animals or doing income generating activities. It's very hard for a girl to move alone even if it is to go to the nearest shop without a boy escort in my culture because women are considered weak and the men are the strong link. How do you expect a man who has been brought up with a view that women are subordinate to men to have a different attitude in allocating resources at the work place? It is easier to [see] a woman as a secretary, ... tea girl, or even sweeper than a man in the public sphere."*

## **2. *The limits on girls***

Participants noted that the situation is particularly limiting for young girls. As detailed in the first week, the socialization process leading to different expectations of women and men begins in early childhood. Daughters often have higher household workloads than sons, including responsibilities for caring for younger siblings or older or disabled family members. One of the results is that girls often have fewer educational opportunities than boys, feeding back into a social system that deems men as more capable participants in the public sphere. Mercy Adhiambo Orenge, a 21-year old young woman from Kenya, described her own experience: *"[W]hen I was growing up, I was the one who was to take care of my younger siblings, fetch water, cook, and do other household chores. [Although] I had brothers, they were not allowed to do the chores which were 'for girls.' This definitely affected my school work. I had no time to read because most of my time was involved in housework. I know I am not speaking for myself...So many girls go through this. No wonder most girls do not perform too well in their examinations, and some of them have great potential. Unequal sharing of responsibilities especially affects education. It extinguishes the fire of the girl child and most of them end up getting [a] poor quality education. [S]ome even drop out when housework outweighs school work, [and] hence we end up with uneducated women, who in the future also subject their female children to the same treatment, and the cycle continues."*

## **3. *Women's paid work and the distribution of care***

As women throughout the world have increased their involvement in paid work, there has been very little re-distribution of their unpaid caring and other household responsibilities. This results in what many term the "double" or "triple" day, with women involved in paid work outside the household maintaining their roles as the primary caregiver within their families. Chitra Nohanlal of the National Bureau for Gender Policy in Suriname summarized it well: *"As many women have jobs, children are left in the care of a day care center or family members. The shift in women's time did not result in the transformation of care relations between men and women. Women still have responsibility for the family."*

As touched on in the first week, in some countries, women subcontract out their caring responsibilities by employing foreign domestic workers. In others, higher income urban families employ low-income women or girls, who have often migrated from rural areas to take up this work. Amanda Khozi Mukwashi of the United Kingdom described it this way: *"So in order to save the day, either other women will be employed to take on those responsibilities or women*

*will be 'brought in' to support another woman's involvement in the public sphere. My difficulty is that unless the labour conditions of the women that are being brought in consider gender justice, we are merely moving the problem to a level that is very difficult to monitor and engage with. We are shifting the burden of unequal sharing of responsibilities to an even more vulnerable group of women. Instead of making demands on their partners or the community/state, many women turn to poorer women to alleviate their 'double burden.'*" At the same time, some women turn to paid care work as a means for their own economic empowerment. The issue is not about paid care work per se, but rather that it tends to be low-paid with limited or not access to social security benefits, and predominantly female, a reflection and confirmation of the low status accorded care work – both paid and unpaid.

#### **D. Unequal sharing and political decision-making**

As noted above, Fatou Diouf of Senegal summed up participant feeling on women's participation in political life well: *"Although the fundamental right of women and men to participate in political life is recognized internationally and nationally, there is always a gap between [legal] equality [and] the exercise of power and decision-making. The concerns and interests of women are [not]taken into consideration and women cannot influence key [social, economic and political areas] that concern the entire society."*

Participants agreed that the unequal sharing of responsibilities between women and men in the private sphere, severely restricts women's participation in political decision making. Esther Njiro of South Africa pointed out the impact of stereotypes generated in the private sphere on women's participation in the public sphere, *"Cultures [promote] that men are the natural leaders when it comes to public institutions. The prevailing mind-set is that if men are available then it is their duty to lead while women serve them. A married woman who speaks in public is chided by not only her husband but[also by] other women."*

In addition, women face limits on the time needed to fully participate in decision-making, as explained by Sarat Bazoum of Senegal: *"Women are overwhelmed by their daily tasks, strengthened by the harsh conditions of work and life (cooking, washing, water fetching, taking care of the kids, the husband etc.). They spend time and energy in the fulfillment of these so-called responsibilities, [and so they] must occupy a large part of [women's] agendas. Do they or can they have time to fully participate in public sphere activities? Of course not."* Fatima Azizova of Azerbaijan detailed the deleterious effects of unequal sharing of responsibilities in the private sphere on women's participation in a local water user union: *"We face the same situation here. [The] role of women in the water user union is very weak. However, women in rural areas are involved in most of the agricultural activities (feeding of animals, cleaning, milking, processing dairy products, etc.), and overloaded with household work. [The division] of responsibilities between men and women is unfair. Women are still an isolated group inside the household."*

#### **E. The public subsidy provided by unpaid household work**

Joan O'sa Oviawe of the Grace Foundation in Nigeria made an insightful point when she wrote: *"Many women's roles as caregivers to nuclear and extended family members reduce the burden*

*on governments to provide a state social-welfare system (especially in developing countries). Women often pick up the slack where the government fails to provide adequate mechanisms to take care of the vulnerable in society.”* State social welfare systems refer to government programmes that socialize the financing and provision of care and protection against risk. Examples include disability insurance, public health care services, and pensions for the elderly. Women’s provision of unpaid household work is implicitly treated as a limitless resource in economic analysis and policy, able to fill in the gaps left by economic hardship or inadequate social welfare spending.

In addition, the greater the likelihood that a woman is a single caretaker and/or poor, the less likely she will be able to pay someone else to fulfill her caregiving responsibilities. A common outcome in the developed world is that she will work for low wages in the care industry. The result, as described by Linda Basch of the National Council for Research on Women in the United States, is that among women, the poor tend to shoulder a disproportionate share of care work (and the associated public subsidy): *“Women in the U.S. continue to shoulder a major share of household and care-giving responsibilities. Poverty and the prevalence of households headed by single women also have significance for the division of labour in the private sphere. Women-headed households have about one-half the income and less than one-third the wealth of other American households. Lack of access to adequate child care, health care and paid sick leave impact the number of hours spent on care-giving and household responsibilities.”*

## **F. Policy responses**

### **1. Balancing work-family life**

#### **(i) Incorporate men into paid and unpaid care work**

In the discussions of how to more equally distribute responsibilities, participants expanded on the recommendation of the first week to counter gender stereotypes by educating men and boys to specifically include models of work-family life balance that are based on the equal participation of men in care work, both in the private and public spheres. When women can equally share household responsibilities with their male partners, they are better able to equally participate in all aspects of the public sphere. Public policies can directly promote male involvement in care work, both at home and in the market. An example of increasing men’s participation at home might be parental leave which requires that both mothers and fathers take equal amounts of leave from work to care for a new baby. Such policies facilitate fathers’ relationships with their children and alleviate the stigma of family responsibilities often attached to female employees that limit women’s labour market advancement.

Similarly, getting more men involved in paid care work will raise the prestige of such work and counter the value judgments and biases people have around the traditional sexual division of labour. Nurgul Djanaeva of the Forum of Women’s NGOs in Kyrgyzstan explained: *“Words, lectures, statements and [even] just policies permitting women to enter the political arena won’t and don’t change attitudes or get men involved in this extremely ‘non-prestigious’ sphere [of care work]. They are not enough. Men should be interested and encouraged in doing this job by various temporary affirmative programmes at least until a generation grows and norms are*

*shaken and under doubt, and new, fairer norms replace old ones.*” Changing norms around men and care work directly affects women’s capacities to be involved in the public sphere, both in terms of female labour supply (i.e. having fewer household responsibilities), and labour demand for female workers (i.e. countering deleterious employer attitudes about family-work life balance).

There are challenges in this area as well, since very few men are socialized from boyhood to take on these responsibilities. For example, problems have arisen in some countries that have implemented policies to encourage male involvement in parenting. Antje Blumenthal of Germany described the persistence of stereotypes in limiting the effectiveness of these policies: *“In our country we have installed some national programmes to expand equality between women and men. Fathers have the opportunity to stay at home with the child and the mother can go on working. Many men take the opportunity but [find] they have to fight against prejudices within society and [the] companies [at which they work]. Especially men [are expected] to be career-oriented. If they decide to take care of their child some employers have little sympathy for this decision.”* Once again, participants emphasized the importance of countering stereotypes in any policy designed to bring about an equal sharing of responsibilities between women and men, whether in the private or public spheres.

**(ii) Focus on social and physical infrastructure**

Reggie Modlich’s contribution from Canada is a good introduction to this issue: *“Our cities, houses and transportation systems are designed, built, and run relying on a ‘housewife’ doing caregiving and domestic chores. The labour market, pensions, social services, political structures, school systems, all are similarly based on the ‘caregiver,’ - almost always the woman - in the home.”* Because we all live in societies that depend on (largely women’s) unpaid household labour, the very infrastructure that has been developed as a result is biased against women’s greater participation in the public sphere.

Governmental, civil society and community organizations can directly promote the equal participation of women and men in the workplace by providing social services and infrastructure that draw some of women’s traditional responsibilities out into the community. Examples include early childhood education (before age five), longer school days, affordable and accessible healthcare, and parental leave for both mothers and fathers. Florence Ihome of Nigeria explained: *“[There is a] need to put structures and operating procedures in place to ensure the smooth implementation of legal instruments. For example, if a country legislates affirmative action, a lot of women may be unable to take advantage of the provision if daycare centres are not available, flexible working hours do not exist, etc.”* Priyanjali Prabhakaran makes this plea in the context of India: *“In Indian cities, low- income women are employed in large numbers in the construction industry. It is mostly unorganized without any trade unions. The women workers usually will have small children or even infants to take care of, who will be left near the construction sites. Since participation in the economic activity can bring economic freedom, such workers should be provided with childcare facilities. More than equal sharing, liberating both men and women from caregiving to participate in the workforce is a state responsibility.”*

The same principle can be applied to improving girls' readiness for full and equal participation in the labour market. When designing educational or vocational programmes to assist girls in acquiring labour market skills, participants noted that these programmes must incorporate an awareness of how girls' traditional responsibilities will inevitably limit their involvement if there is no publicly-provided substitute for girls' household work, or at least some economic incentive for families that do invest in girls' education.

**(iii) Change workplace culture**

Rather than always focusing on how women must change to increase their participation in public life, discussants urged that we take a critical look at the public workplace to see how the rules and norms accepted as standard practice limit women's full and equal participation. Amanda Khozi Mukwashi of the United Kingdom explained this point: *"I think one thing that I have experienced, myself and through others, is that the workplace, whichever space that might be in terms of private firms, NGOs, public space etc., are all defined and run to suit a male culture and method of operation. So when we are talking about decisions being made at the [p]ub or meetings being held at very awkward hours or 'soft' skills being seen as not as important as the 'hard' tough male who has the ability to be objective and not emotional, we need to re-shape that politics...In summary, I guess what I am saying is that we need to re-define the workplace and in order to do so, we need to re-shape the politics itself, in the workplace. So, for example, let us not talk about how women are unable to deliver....but let us talk about what kind of leadership is needed to transform our ways of working to get the most out of employees, male and female, in order to achieve the vision. That way, the onus is on the organisation and the leadership, in particular, and not on women as a problem to be solved."*

**2. Women's political participation**

**(i) Public education and advocacy**

A particular thread of the discussion emphasized the effectiveness of advocacy and organizing specifically aimed at raising women's direct political participation. When women actively participate in politics, whether it be through simply voting or standing for government office, the likelihood that their concerns will get political attention increases greatly. Schirin Salem of the German Technical Corporation describes one such programme in Mauritania: *"If women's ability to influence areas of public decision-making is limited, and there is no doubt, then we need strong initiatives on political participation of women, especially in developing countries. There are some examples of innovative approaches (by the German Technical Cooperation) which I know, like a project in Mauritania, which intended to enhance the political participation of women, especially due to the elections, which took place in 2006. They supported women candidates and developed together with the Ministry of Women a broad awareness raising and education campaign, which involved relevant target groups: political parties, public administration, [religious] and traditional authorities, civil society, the media and prospective candidates. They have also initiated a very successful media campaign with several chansons [songs], documentaries, radio and TV spots and posters. One of the results was the high rate of elected assembly women in the project regions (higher than the statutory 20 percent) and the high [rate of] female voter participation."*

**(ii) Active promotion of women into government**

Participants broadly acknowledged that women's share of household responsibilities resulted in their having less direct representation in government and policy-making bodies, partly because of low participation, and partly because of the associated persistence of gender stereotypes that treat only men as natural leaders and lead to discrimination against women in the public sphere. To counter this, Kwachu Justine Ngum of Women in Alternative Action in Cameroon explained, we need to be active about getting women into elected and appointed public offices: "*[J]ob discrimination [against] women vis-à-vis men constitutes a major problem. This is evident in the ratio or percentage of men to women in some key jobs in government...Unequal sharing of opportunities is a real problem for women in my society and stems from...discrimination...against women whether in the political, administrative, economic, social or cultural frameworks. To balance this scale, there is [a] need to: Introduce [a] quota whereby a fifty-fifty (50/50) [balance] between men and women is taken in some strategic positions in order to empower women; [and to] introduce equal opportunity ... in the recruitment process, especially of government jobs.*" Many participants lauded the potential effects of gender-based quotas in elected government office as one of the more promising ways to increase not only women's representation in the public sphere, but also the significance of issues having to do with unpaid household work.

**(iii) Gender-responsive budget initiatives**

One of the ways to increase women's political participation and the representation of their concerns in government policymaking is by analyzing government spending from a gender perspective. This type of analysis raises awareness about the extent to which government is supportive of women's equal participation in the public sphere, and the lack of attention to women's caregiving roles in government policy (for example, when social welfare programmes are cut to close budget deficits).

Gender-responsive budget (GRB) initiatives encompass a number of budgetary activities that ultimately aim to increase gender equality in government spending. These include: comparing programme expenditures by their different impacts on men and women; employing time-use surveys to understand the relationship between national budgets and household time-use; gender-sensitive policy analysis; and using sex-disaggregated data and gender sensitive indicators to assess public programme impacts. Rosemary Kakwanzi-Kezaabu of the Uganda Revenue Authority summarized participant perspectives on GRB well: "*It is vital for government to allocate [based on a] gender-responsive budget to address [the] different roles and responsibilities handled by women and men. Gender budget analysis is vital to equally allocate, optimize, and utilize resources. Adopting a gender response could be beneficial to address the gender disparities and [implement] gender [sensitive] policies and programmes.*"

Participants also noted, however, that gender-responsive budget analysis and resource commitments do not always lead to implementation. Nalusiba Cissy of the National Union of Women with Disabilities of Uganda expressed this point, however: "*In Uganda, gender sensitive laws have been put in place, but their budget allocation and implementation is still a big*

challenge. The private sector is not even aware of the existence of such laws. How can the UN agencies support our governments to popularize [and] allocate appropriate budgets and operationalize these gender sensitive laws?” Sylvia B. Engracia, in recounting her own experience with GRB in the Philippines, provided some direction on these questions: “*To institutionalize [gender-responsive] planning and budgeting I think it is essential to have champions who are positioned high enough in the organization to be able to push for [gender-responsive] interventions. The role of oversight organizations is also important. As well, having [an incentives] system that rewards agencies that are [gender-responsive] will help. Donors can also help by making gender-responsiveness a criteria for providing assistance.*”

### **3. Legal frameworks**

#### **(i) Implementation of existing laws**

Many participants raised reservations about the effectiveness of rules or laws in countering gender inequality in the public sphere, as they often are not fully implemented. A common illustration of this point was the prevalence of gender-wage gaps throughout the world, despite the widespread existence of anti-discrimination employment legislation. One part of the solution would be to enforce implementation of current laws. As explained by Henry Serunkuma of Uganda: “*Unless governments pay attention to our calls, and initiate/implement policies on domestic relations, women will stay unsuccessful even at workplaces. Men ... take good advantage of ... systems and processes at the workplace. Employers, who are most likely men, barely consider giving women maternity leave and many women have lost jobs [while] others [have been] forced to work beyond [what is medically recommended]. Such gender relations in the workplace greatly limit women’s competitiveness in the labour market.*”

#### **(ii) Take a human rights approach**

Some participants felt that treating the unequal division of responsibilities as a matter of human rights, and introducing the possibility of legal enforcement of those rights, was a promising avenue requiring further exploration. Participants suggested that raising government obligations to ensure women’s equal participation to those expected of government commitments to political rights or freedom from ethnic or racial discrimination should be seriously considered. Anita Mathew of India made this point: “*Education has to change radically across the board by not paying lip service to removing gender stereotyping, [and by] reinforc[ing] the meaning of human rights and responsibilities of both men and women to allow them to respect each other ... as human beings. Policy makers need to sit with educationists with human rights experience who have worked in the field to initiate programmes. [These changes should] be monitored and evaluated [from a rights perspective] rather than simple needs and welfare, as often happens when it comes to education and health, the two vital areas that can and must bring in changes to balance work and home management...*”

### **4. The collection and use of gender-sensitive statistics**

An important requirement for implementing any type of gender-responsive policy is the collection of sex-disaggregated data, including data on unpaid household work and time-use. In

addition to reiterating points made in the first week of discussion on the value of including unpaid work in measurements of national production, participants also focused on the importance of sex-disaggregated data for policy assessment, raising awareness, and advocacy. Mariam Yunusa of UN-HABITAT in Kenya related an example: *“As a pioneer staff of the then newly established National Commission for Women (now Federal Ministry for Women Affairs in Nigeria), we spent the first two years trying to understand and define what it is that the new Commission was set up to do. Initially there was much heat generated by the argument that women need to be allowed to contribute to development, etc. But the more we explained, the more perplexed the men were because it was much emotion, backed with little rationalization. There was a dearth of data by then, so our arguments came across as hollow noise. .... With the data we had, we embarked on persuasion, consultation, negotiation, explanation, advocacy and general public awareness raising. As soon as we were able to illustrate that integration of women into development processes is beneficial for the family and for the whole society, we began to get a listening, and soon, the Commission became a full fledged Ministry with its own cabinet Minister.”*

#### **IV. EQUAL SHARING OF RESPONSIBILITIES BETWEEN WOMEN AND MEN, INCLUDING CAREGIVING IN THE CONTEXT OF HIV/AIDS**

##### **A. Background**

The responsibility of caring for those living with HIV/AIDS and for those affected by the pandemic, such as children orphaned by HIV/AIDS, falls disproportionately on women and girls. Girls drop out of school to care for sick parents or for younger siblings. Older women often take on the care of ailing adult children and later, when they die, care for the orphaned children. They are often also responsible for providing an income to support surviving family members. Older women and others caring for orphans and sick children may be isolated socially because of HIV/AIDS-related stigma and discrimination. They also may lack access to, or have control over, the assets needed to support themselves and their families or those that they care for.

The unequal sharing of responsibilities for care and support between women and men also has enormous implications for women’s and men’s own health and well-being, as well as for the adults and children for whom they care. This is especially true when those responsible for the care and support of others are themselves infected.

In the third week’s discussion, which centered on the equal sharing of responsibilities between women and men, including caregiving, in the context of HIV/AIDS, suggested topics focused on two broad themes. The first theme considered the interaction between gender inequality and women’s increased responsibility for care of HIV/AIDS affected/infected persons, with special attention paid to the situations of young girls and older women. The second theme covered the ways in which governments, and non-governmental and civil society organizations can promote the equal sharing of care responsibilities between women and men in the context of HIV/AIDS, and the extent to which such initiatives already exist.



## B. Summary of the discussion

Participants unequivocally agreed that women and girls provide the majority of care when individuals and families are infected or affected by HIV/AIDS. This pattern spans the life cycle: when young girls head households after their parents become ill or die, when mothers care for ill and dying partners and children, or when older women (for example, grandmothers) take on orphaned children whose parents have died from the disease. Philippa Amable of the Anglican Communion in Ghana described it this way: “[T]his caregiving is the traditional role of the woman. It is the wife who takes care [of] and nurses a sick husband, while her mother or sister or other female relation is the one to care for her when she falls ill. She is the one who cares for a frail parent no matter how many brothers she has, and if a woman has no daughter to do this the chore falls to her daughter-in-law.” These responsibilities increase women’s overall workloads, as they must combine expanded care with the heavier financial responsibilities that come with greater health care needs, as well as the pressures of the loss of a family income earner. Added to the emotional weight of facing the eventual death of a beloved family member or one’s self, and the stress of combining paid work and care takes an incredible toll on women and girls.

Participants approached the ensuing discussion from this vantage point – that there is an extremely unequal sharing of responsibilities between women and men in the context of HIV/AIDS – and focused on its effects. Three main categories of effects emerged: health and well-being, the impact of the social stigma so often associated with HIV/AIDS on women’s abilities to fulfill their traditional responsibilities, and the unique situation of single-carer households. As with the other topics, the discussion centered on solutions, many of which overlapped with those suggested in prior weeks, including expanding economic opportunities for girls, involving men in care work, and expanding social services.

In discussing women’s disproportionate share of responsibilities associated with the care crisis created by HIV/AIDS, participants brought out the tremendous inequality of systems of care more forcefully than in the discussions of the prior two weeks. These strong portrayals of inequality arose cross-culturally, cross-nationally/ethnically, and at all levels of economic development. The issues surrounding HIV/AIDS are more immediate and dire, and it is easier to see how the assumption that women’s caring labour is unconstrained and flexible allows governments and communities to ignore the care crisis created by HIV/AIDS, with negative consequences for all. This in fact is more easily perceived than the more general point that women’s unpaid care work subsidizes economic production.

The gender dynamics surrounding care in the context of HIV/AIDS were not perceived by participants as more socially significant or unequal than those in the private and public spheres. Looking through the lens of the HIV/AIDS care crisis enabled participants to better understand the mechanisms and effects of the unequal sharing of responsibilities between women and men in all spheres of life, and how sharing equally will require a fundamental reorientation in how societies organize care. Such a reorientation requires the equal participation of men and women in care, but also must involve getting state and other public institutions, including community organizations, engaged in care provision.

### C. Impact of unequal sharing of responsibilities on women

Women's systematic lack of access to resources, whether it be education, income-generating activities, political power, or property rights, increases their vulnerability to the stresses of care in the context of HIV/AIDS, and limits their ability to control their own sexual and reproductive health, increasing the likelihood that they themselves will contract the disease. Likewise, where gender norms limit women's activities to unpaid work in the household, including caregiving, there are very few opportunities for women to access pathways to empowerment (for example, education, independent income, community support networks, or social services), and their vulnerability to infection can increase.

Examples of this dynamic were very common among participant contributions. As noted by Odigie-Emmanuel Omoyem of Nigeria, when women lack access to resources, *"they are unable to employ a care giver...they are more likely to engage in sex work...[and] they are likely to stay tied to an unfaithful sexual partner who they are aware is engaging in sexually [risky] behavior."* Sarat Bazoum of Burkina Faso explained: *"Because of their biological morphology women are more vulnerable to a lot of STDs. In addition [because they lack power] in the household, women are not entirely responsible for their sexuality and are therefore reduced to silence, [in] respect and submission to their men. [V]ery few women can deliberately choose the use of condoms; the situation is worse among illiterate women."* Susan Choge of Masinde Muliro University of Science and Technology in Kenya pointed out that: *"The unequal sharing of responsibilities in managing HIV/AIDS leads to more HIV/AIDS infections."*

The same aspects of inequality, lack of access to resources, and social marginalization that make it difficult for many women and girls to advocate for their own sexual and reproductive health also compromise their ability to care for others. As Shelly Archibald of Canada pointed out: *"Being powerless limits your ability to ask [for] and receive help/support when caring for others; it can cause significant stress on the caregiver, limiting the time and attention the ill member might receive on a daily basis. It can also limit the financial or health/social service resources at your disposal to properly care for the affected individual."* On a similar note, Dr. Marilyn Johncilla, also of Canada, described how systems of discrimination in the context of Africa and the Caribbean affected women's abilities to care for others: *"Systems of discrimination and racism based on race, gender, culture, religion and other characteristics of difference have continually marginalized African and Caribbean women and their communities. These intersectionalities together with HIV/AIDS related stigmatization and discrimination tend to further compound women's ability to access and utilize HIV/AIDS resources. African and Caribbean women feel they are at the mercy of different systems within the family, community, the larger systems and institutions when accessing care. It takes women many years to learn how to navigate and negotiate these complicated and compounded multiple systems, if at all, to access resources."*

A related issue raised by a number of participants is the importance of combating violence against women, including sexual violence. Violence against women is a symptom of unequal power relations and negative gender stereotypes, and the tacit acceptance of domestic violence by governments and local communities poses a serious obstacle to the achievement of gender equality, and to women's ability to fully exercise their human rights. In a discussion of how

cultural stereotypes contribute to violence against Aboriginal women in Canada, Shelly Archibald graphically illustrated the pernicious connections among women's inequality with men, gender-based violence, and their vulnerability to HIV/AIDS: *"An example: ...Aboriginal women ... are continually confronted by sexualized violence that is rationalized by men in their own culture, and within the wider society. This increases the likelihood of sexual assault/rape, which has repercussions for the higher rates of HIV/AIDS infection among these women. Some women I have cared for in a professional capacity have expressed feelings of shame when dealing with care providers who believe that it is the woman's fault that she was diagnosed with this illness."*

#### **D. The effects of social stigma**

Many community members fear people with HIV/AIDS, and impose a social stigma on those who are HIV-positive and the people who are related to or care for those who are HIV-positive. Describing this type of stigma, Muhammed Usman Ghani of the Survive Welfare Organization in Pakistan wrote: *"[T]his disease is a social stigma and people avoid any social relation with any person or family suffering from the disease, because the majority of people have fear and misconceptions [that] touching, kissing, holding hands, using common washrooms could transmit HIV/AIDS...[A] young girl who is responsible for care is refused domestic and commercial jobs because of the false impression that she belongs to an immoral and corrupt family."*

This stigma is particularly costly for young girls and elderly women because they are expected to provide care to family members (regardless of their own health status), while at the same time facing multiple sources of difficulty and discrimination in labour markets. These types of challenges include: health problems due to old age, HIV status, and the demands of caring for others; time constraints because of caring responsibilities for family members who may or may not be infected with HIV/AIDS; lack of education and labour market skills because of early withdrawal from the education system (in the case of young girls being pulled out of school to care for affected family members) or lack of training due to traditional roles (in the case of elderly women); and direct discrimination by potential employers, health care workers and community members because their families have been infected/affected by HIV/AIDS.

#### **E. Single-carer households**

Female-headed households were a running theme throughout the entire discussion, but particularly in the context of HIV/AIDS. Combining the heightened demands of care with little potential for accessing any male support makes the question of "sharing responsibilities" a perplexing one. This problem is exacerbated in cases where HIV status actually contributes to the rise in female-headed households. As pointed out by Olagoke Akintola of South Africa: *"In Southern Africa, there is a high proportion of households headed by women. While we are calling for more men to join in providing care for people living with HIV/AIDS, these women will not have access to the male spouses who can share the responsibilities with them. In many cases they also would not have access to the relatives of the male spouse. The financial and emotional support which may come from men in married relationships are not even available to*

*such women. Gendered patterns of blame ensure that men blame their female spouses for HIV infection and desert their spouses on learning of their HIV status. Some men who get infected accuse their spouses of infecting them. In these regions many women do not even have a clue of the whereabouts of the father of their children.”*

These concerns are applicable to other types of households where caregivers are also the main source of financial support, including those headed by elder children (often daughters) when parents are deceased, and older women (especially grandmothers) when a relative, neighbor or friend leaves children behind. Susan Choge of Masinde Muliro University of Science and Technology in Kenya painted a poignant picture of these types of households in Kenya: *“When death results - especially of mothers – due to HIV/AIDS, grandmothers are the ones left with the sole responsibilities of taking care of the children left behind. This situation is prevalent in Kenya today. These children suffer from malnutrition, lack of love, and most of them drop out of school. When they grow up a little, they leave their grandmother’s abode to look for work. Most of them, especially girls, end up in prostitution and boys end up becoming thugs. If other family members of the extended family shared the responsibilities of caring for these orphans they would have prevented such social catastrophes.”*

Choge brings in the potential for the extended family to share caring responsibilities when turning to fathers or male partners is not an option. Whether looking to the extended family for care support, or expanding social supports for caregivers, it is clear that promoting the equal sharing of responsibilities in the context of HIV/AIDS must account for a variety of family types, including provisions for providing care support to those with no potential for accessing the help of close male relatives.

Of course, single-carer households are sometimes headed by men, as in the case of widowed fathers or grandfathers. Though these types of households certainly exist, more research is needed to assess their prevalence, needs and challenges, including the extent to which men in such households receive support from other women, and to incorporate that knowledge into policy-making. In the discussion, none of the participants brought up the vulnerabilities of single male-headed households.

## **F. Policy responses**

### ***1. Expand economic opportunities for young women***

In parallel with the disproportionate care responsibilities taken on by young girls and women in the context of HIV/AIDS, and the low status afforded to them in many societies, a key point of intervention would be to focus on expanding economic opportunities for young women in particular. Such opportunities would enable them to have control over their sexual and reproductive health, as well as enhance their ability to meet the financial responsibilities that so many take on after the death of their parents. As Rosa María Mendoza of El Salvador argued, *“It is clear to me that both genders have responsibility in HIV/AIDS prevention. But in developing countries women have more vulnerability, because of our culture and lower education level...Give more education to girls and women and we will [have] a healthy population and fewer people infected with sexually transmitted illnesses.”*

## **2. Involve more men in caring for those infected/affected with HIV/AIDS**

Once again, participants focused on how essential it is to draw more men into caring for those affected by HIV/AIDS, including by targeting interventions at the entire extended family, women AND men, with a focus on challenging the traditional idea that care is a woman's job. Sala Derenalagi of Fiji explained: *"HIV/AIDS awareness seminars [on] roles and responsibilities are targeted for women's participation rather than for the family. Our women need to be trained to share responsibilities and men to realize that they too have a role to perform. Education for both is the key to equal sharing of these responsibilities."* Celumusa Purity of South Africa agreed: *"Expecting men to share full responsibilities with women in the context of care giving in relation to HIV/AIDS will remain a wish if our culture still cultivates the notion that men are not care givers."*

Specific ideas discussed included creating HIV/AIDS support groups that target only men as a bridge to increasing their involvement in care. The idea of encouraging more men to take up volunteer or paid positions as caregivers, perhaps first only for individuals with tuberculosis since that disease bears less social stigma than HIV/AIDS, came up again as a productive step towards changing gender stereotypes on care.

Dr. Janak McGilligan of Barli Development Institute for Rural Women in India described some success with involving men through an educational initiative: *"At our three community based extension centres in Chatisgarsh, we work with about 700 pregnant women/lactating mothers; boys and girls who are primary, middle, and high school students, junior youths, teenagers/adolescents and children. We feel it is essential to have a broad spectrum of the community when we conduct special sessions on HIV/ AIDS with a presentation that emphasizes the equal sharing of responsibilities between women and men...We feel we have had a lot of success due to our targeting of educating men. Although we can guide our girls as carefully as possible we understand that without also an intense focus on the men in their lives we may miss a vital opportunity to change a larger social mentality."*

## **3. Expand social services that support caregiving and health**

With the extent of the responsibilities for health and well-being shouldered by women and girls in the context of HIV/AIDS, providing socially-organized and financed supports or caregiving services seemed an obvious remedy to many. As pointed out by Susan Choge of Masinde Muliro University of Science and Technology in Kenya: *"I suggest that the government takes the lead by coming in to share responsibilities of managing and caring for HIV/AIDS victims. It should be responsible to know what happens to the children of parents who die from HIV/AIDS. If it does not, the society mostly stigmatizes and neglects them. It should also provide food for the sick in order to prolong the lives of the infected persons and give them more years so that they can take care of their children longer."*

Among the few participants who specifically commented on the role of government, they agreed that very little government support for caregiving currently existed, and that it reached very few families. To respond to this gap, participants stressed strengthening political will to bring about

behavioral changes at the micro level as well as to provide services that directly support the equal sharing of responsibilities between women and men in caregiving. Reinforcing the state's commitment to promoting an equal sharing of responsibilities between women and men could have immediate results (in the sense of quickly expanding resources, education, and health services), and address practical and strategic gender needs.

Participants also commented on the role of non-state actors (for example, NGOs, religious organizations and other community organizations) in supporting caregiving services and health. Rosemary Kezaabu of Uganda argued, *"The input of NGOs whose mission is to provide health programmes and counseling services is vital."* Muhammad Usman Ghani of Pakistan shared the same sentiment: *"Civil society plays an essential role [in] bridging the gap between public and private sectors. The government ... social welfare and health care facilities are implemented through civil society and grassroots organizations. The government sector plays a role of facilitator whereas the actual work is performed by these organizations..."*

#### **4. Create multi-level alliances**

While participants often focused on a particular level of public intervention in addressing the unequal sharing of care responsibilities (for example, community, local NGO, national government), some emphasized the importance of linking the efforts of all of these stakeholders as essential for the success of any programme. The message of shared responsibility needs to be communicated at different levels in a variety of ways, all reinforcing one another. Macro-level organizations such as international institutions and organizations (for example, the World Bank or regional development banks, or the United Nations system) and national governments have greater access to funding, management expertise, and the media. When partnered with the community knowledge and local institutions such as religious organizations and NGOs, the strength of macro-level actors can be used to maximize the effectiveness of intervention programmes.

Enhancing the support of women's groups in particular was a common recommendation, as these are often the most effective in reaching out to women as well as in claiming political power for women through collective action. International organizations can use their influence to increase the attention paid to women's groups by other international institutions and national governments and other international, regional and national level actors. Nelly Bandarra, an economist with expertise in Europe, wrote, *"International institutions have done so little to support women's organisations especially in less developed countries, where we have the problems described in the debate. I think that it is fundamental to strengthen women's organisations without which nothing can be done. They not only raise awareness but can also intervene at all levels pressuring governments."* Bandarra also noted that cross-national coordination of women's groups in terms of building mutual projects could *"provide structure and support and they could learn from each other...."*

Although participants did not specifically call for targeting men's groups in creating multi-level alliances, this is certainly part of the more general recommendations for getting men involved in caring for those affected by HIV/AIDS detailed above.

## V. CONCLUSION

As the discussion has shown, traditional gender roles and stereotypes often narrowly define the division of labour between women and men, and girls and boys in both the private and public spheres. The HIV/AIDS pandemic illustrates the implications of these gender norms, as women and girls have taken on the great majority of care work generated by the crisis. Unequal sharing of responsibilities between women and men limits women's participation in the labour market, and can lead to a double or even triple day for women when they are employed. It also has implications for women's full participation in political decision-making, limiting their potential to find the time and develop the skills needed for their full participation. While a variety of policy interventions have emerged in an effort to ameliorate women's responsibilities, and to encourage men's and women's equal sharing of responsibilities, it remains clear that much more work needs to be done.

This conclusion will detail the main strands of discussion and key recommendations, ending with some observations about future research. It provides a very brief summary of cross-cutting issues, and should not be seen as an exhaustive representation of the discussion.

### A. Key Discussion Themes

#### ***1. The division of responsibilities between women and men and their consequences.***

Participants agreed that women and girls bear a disproportionate share of household responsibilities, across all cultures and levels of development, and that cultural norms and stereotypes are the root causes of this inequality. One consequence of this unequal sharing is that women and girls have less access to resources and income-generating opportunities, with lower income and less time resulting in women also having less say over household labour, resource and income allocation decisions, as well as limited involvement in the public sphere, especially in terms of decision-making. Girls who are given a disproportionate share of household and caring responsibilities at an early age are further limited by lack of access to education that would prepare them for formal labour markets and other responsibilities in the public sphere.

***2. Care work.*** Very little attention is paid to the social and developmental importance of care work in the household, either in national income accounting systems or in state and community planning. Enhancing the collection and use on sex-disaggregated data on women's and men's participation in the market and domestic spheres would make for better-informed public policies. What is known is that as women throughout the world have increased their involvement in paid work, but there has been very little re-distribution of their unpaid caring and other household responsibilities among other household members, including men. A common alternative is for women to subcontract out these responsibilities by employing a (typically female) worker from the expanding paid care industry. While these jobs provide paid opportunities for the many women working in the paid care sector, they are often informal and/or low-paid.

***3. Single-carer households.*** As pointed out by a number of participants in the discussion, the very nature of the topic about the equal sharing of responsibilities between women and men presumes that all families are headed by a co-habiting male-female couple. Increasingly, this is

not the case for both developed and developing countries, as female-headed households have been on the rise globally, and the proportion of elderly households has risen in the developed world. This is of particular relevance in the context of HIV/AIDS, where illness and death raise the proportion of households headed by women, children, or an elderly relative.

**4. *An absence of an equal focus on men.*** Although issues pertaining specifically to men ran throughout the entire online discussion, and each of the three main discussion topics included policy responses expressly targeting men, men's needs and roles were not a central discussion theme. This may reflect the fact that only 14 percent of participants were men. Participants that did address the issue of men's involvement agreed that meeting men's needs are an essential part of any programme aiming to bring about equality. Gray Southon of New Zealand made this point well: *"I would suggest a solution of true equality requires balancing the strategy and providing equal consideration of the needs of everyone, and the equal involvement of everyone...In [principle], if we are going to move into an equal society, then men and women will need to participate effectively in that move. If we don't, then most men will be left behind trying to maintain traditional relationships, while the women try to pursue equality. That does not seem to me to make either a happy or an equal society."*

## **B. Key participant recommendations**

### **1. Education**

Participants most commonly centered on education as a policy response to the perpetuation of the types of gender-based norms and preferences that maintain the unequal division of responsibilities between women and men, and girls and boys. Participants cited formal, informal and grass-roots education as key to re-directing employers, teachers, health-care workers, parents, spouses, and children away from the stereotypes that underlie and perpetuate gender inequality in the private and public spheres. The discussion placed particular emphasis on facilitating educational opportunities for young girls, partly to counter the negative effects of stereotypes, but also to directly address the unequal division of responsibilities between sons and daughters. Such opportunities might include state-financed childcare centers that are specifically designed to meet the needs of school-age girls with childcare responsibilities, or economic incentives for families to increase investment in daughters. This is particularly important in the context of the caregiving challenges created by HIV/AIDS, where responsibilities fall disproportionately on girls.

### **2. Strengthen male involvement in care work**

Involving more men and boys in care work will make it more visible, create better private and public systems of caregiving, and counter the stereotype that caregiving is largely the responsibility of women and girls. Methods discussed for achieving this goal included: formal and community-based education to counter the types of socialization that inhibit men from participating in care work; instituting social policies that encourage men and women to achieve work-family life balance, such as equal or more balanced parental leave policies for men and women; and implementing programmes that draw men into the paid care sector. As part of implementing these changes, researchers, policymakers and advocates need to do better jobs of



creating knowledge about, and a social and political climate conducive to, seeing men as equal caregivers, and not always treating caregiving as a problem for women and girls.

### ***3. Enhance public support for caregiving***

Governmental or other types of public institutions can have a direct impact on women's disproportionate share of household responsibilities by providing social services that support care. Examples include early childhood education (before age five), longer school days, affordable and accessible childcare, healthcare, nursing homes and parental leave for both mothers and fathers, and flexible work arrangements that facilitate work-family life balance for women and men. States could offer financial support for caregivers, such as state-sponsored caregiver allowances, pensions, tax incentives, or special benefits for caregivers (for example, travel, healthcare or food). These types of programmes should be designed to avoid creating a sub-class of (women) workers and doing little to address the fundamental inequality between women and men in providing care.

### ***4. Raise women's political participation***

Participants touched on a number of methods for increasing women's political participation. These included more public education and advocacy aimed at raising women's local political participation; quotas in elected and appointed offices (particularly at the local level, where women's traditional roles in unpaid work are often strongest and can be addressed most directly); and ensuring that political culture is "woman-friendly". In addition, obstacles to women's full and equal participation in decision-making need to be identified and addressed, for example, meeting times (no meetings at night); safe transport to and from meetings; or making sure women have equal access to spaces where decisions are taken.

### ***5. Gender-responsive budgeting, policy analysis and data collection and use***

Mainstreaming gender perspectives into all aspects of policymaking was a continual thread throughout the entire discussion. Gender-responsive budgeting and gender analyses of policies can greatly increase the prominence of gender equality goals in government policies and resource allocations. Increasing the availability of sex-disaggregated data is essential to this goal, as efforts to raise the visibility of women's issues in political discourse must be grounded in rigorous quantitative analysis. Expanding data gathering efforts should include resources for time-use studies. This type of information increases the visibility of unpaid household work sector, better enabling analysts and policymakers to understand the impact of various measures on well-being and not only on economic productivity.

### ***6. Macro-level support for micro-level intervention***

Comments on state governments and international organizations and institutions centered around their support for locally-based knowledge-gathering and interventions. The most common types of support discussed included: financial support; management and technical expertise; large-scale public education efforts that make use of the media and formal education systems; coordination of local civil society groups working towards similar goals to ensure more

coordinated regional, national or international approaches and increased information-sharing; and documentation and dissemination of good practices.

## **C. Directions for future research and discussion**

### **1. *Men and care***

Part of the reason why it is so difficult to bring about an equal sharing of responsibilities between women and men is that there is little understanding of male perspectives around caregiving. More research on men's caregiving is needed to better understand the obstacles and entry points. Insights from such research and data collection should be incorporated into public policy aimed at achieving an equal sharing of responsibilities between women and men in both the private and public spheres. Very little is known about the prevalence or needs of single-carer households headed by men, and the extent to which they receive support from women. The question should also be raised whether there are any barriers to men's participation in care work, for example a lack of access to non-traditional courses of study, such as early childhood education or nursing.

### **2. *The consequences of unequal sharing for men***

Throughout the discussions on the consequences of unequal sharing, participants focused almost exclusively on the consequences for women and girls, and to a lesser extent for men and boys. As stated in the summary for week two, participants did specify that men also suffer when women's unequal participation constrains economic growth. Many participants emphasized the necessity of including men in any effort to bring about equal sharing of responsibilities. From a practical standpoint, a programme that overlooks male participation will not be very effective. No one, however, argued that the consequences of unequal sharing are particularly large for men beyond the lower-quality relationships they might have with their female partners. This may be the result of the sentiment that unequal sharing reflects patriarchal privilege. It is difficult to simultaneously identify something as a privilege and a negative consequence.

### **3. *Raising the value of care, and support for it, in a development context***

Two related policy responses discussed – raising the value of care, and extending public sphere support for it – are much easier to implement in economies with an extensive tax base and the institutional capacity to engage in large-scale public welfare programmes. In the context of a developing country, it is more difficult to implement such policy responses. Future work needs to carefully consider the practical side of such recommendations, dealing directly with questions such as: how much will it cost, what type of delivery systems must be constructed, and what type of social and economic obstacles can we anticipate.<sup>5</sup>

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<sup>5</sup> Along these lines, see: Caren Grown, Chandrika Bahadur, Diane Elson, and Jesse Handbury. 2008. "The financial requirements of achieving gender equality and women's empowerment," in Mayra Buvinic, Andrew Morrison, A. Waafus Oforu-Amaah, and Mirja Sjoblom (eds.) *Equality for women: Where do we stand on Millennium Development Goal 3?* Washington, DC: World Bank.

#### **4. *Eliminating institutionalized gender stereotypes***

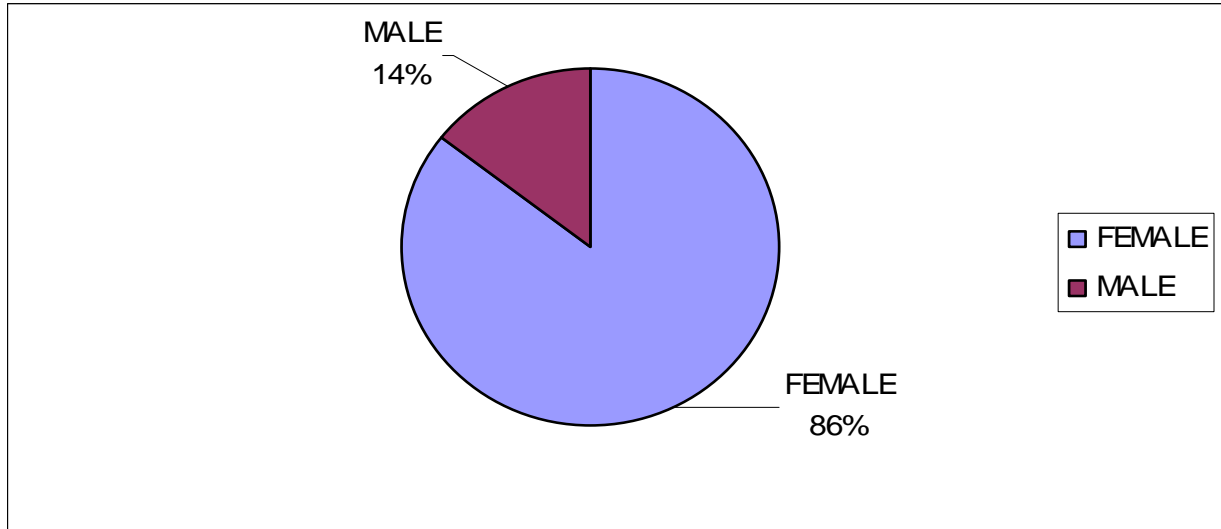
The discussion rooted the formation of gender-based norms and preferences in the private sphere: the unequal division of responsibilities between women and men in the household as the source of stereotypes that reach out into the public sphere to limit women's participation. However, participants frequently pointed out the manner in which these stereotypes are institutionalized and reproduced in the public sphere, highlighting a two-way causality between the public and private spheres. For example, workplaces built around an idealized notion of the typical male breadwinner – one with a wife at home – make it more difficult for both women and men, with significant family responsibilities to succeed professionally. Workplace norms can thus perpetuate existing stereotypes. Beginning discussions of caregiving with a focus on stereotypes which highlight the unequal division of responsibilities between women and men is rooted in both the private and public spheres – is important for future work.

# Annex 1: Statistics on participation

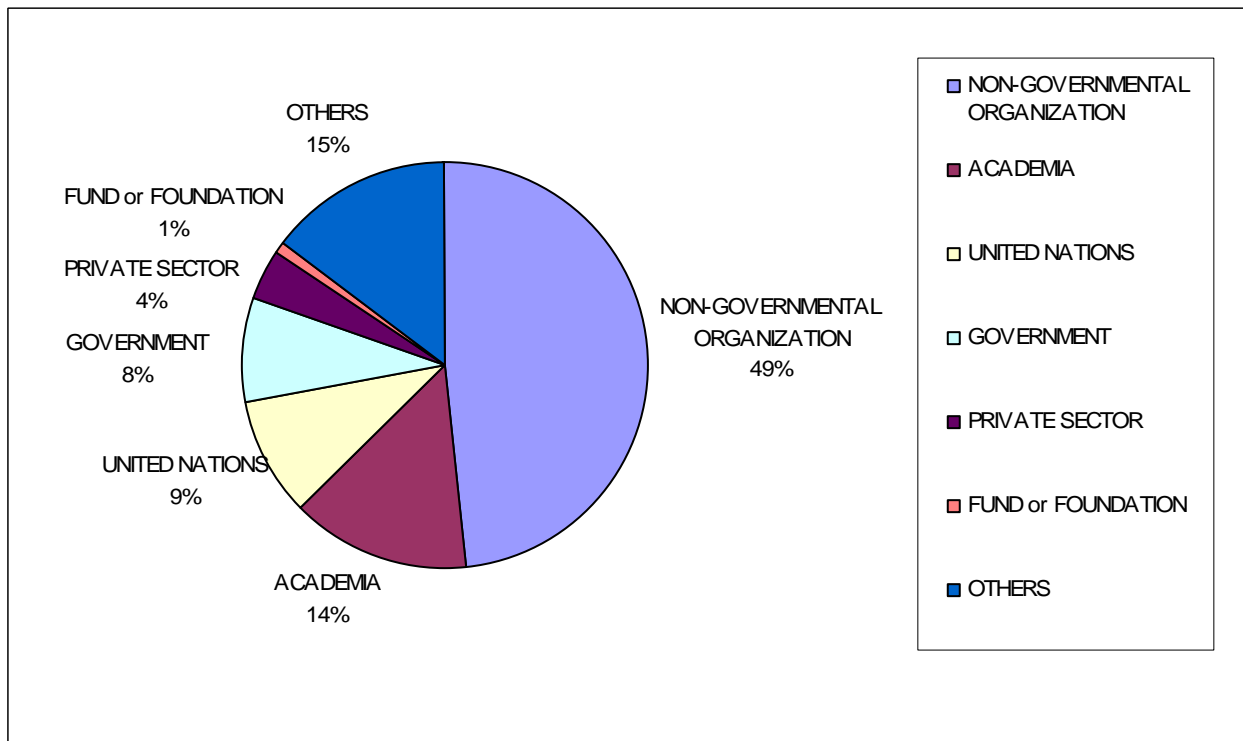
## I. Registrants

Total number of registrants: 1,243

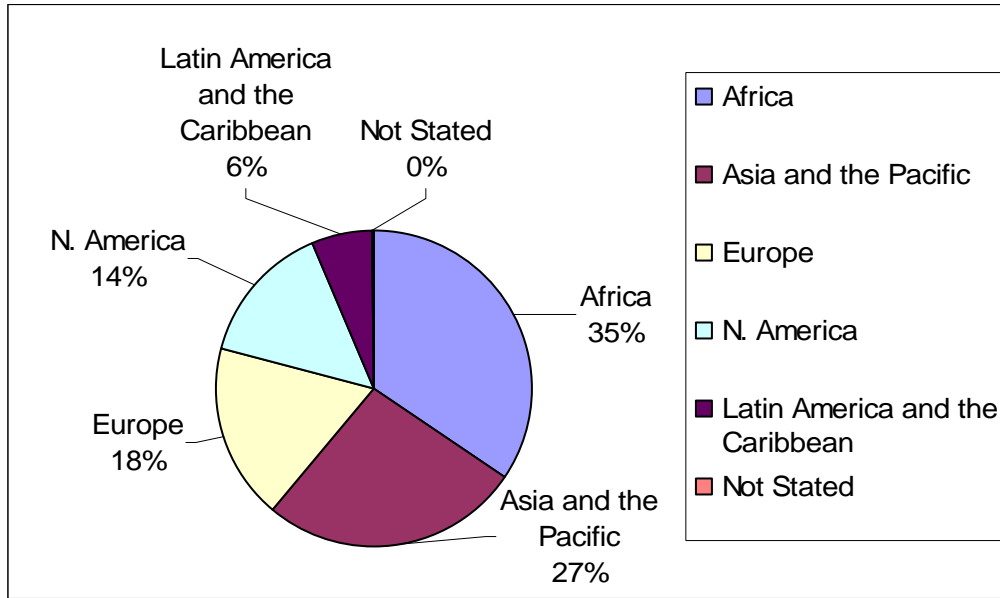
### Registrants by sex



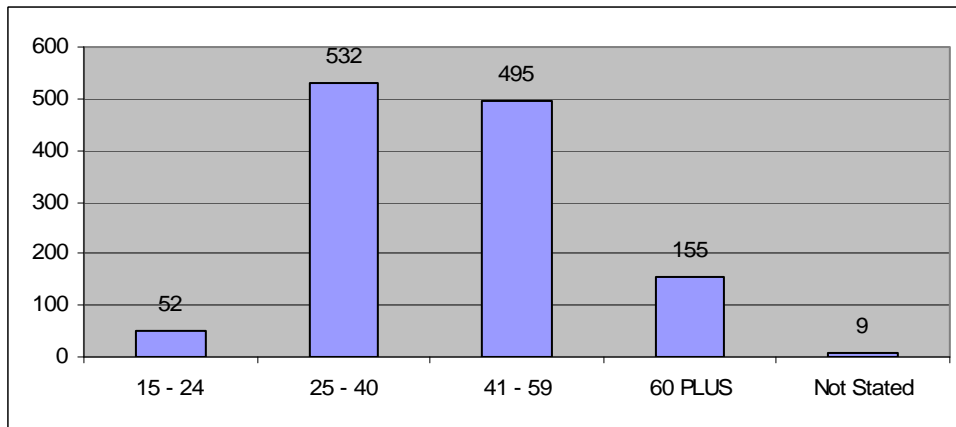
### Registrants by affiliation



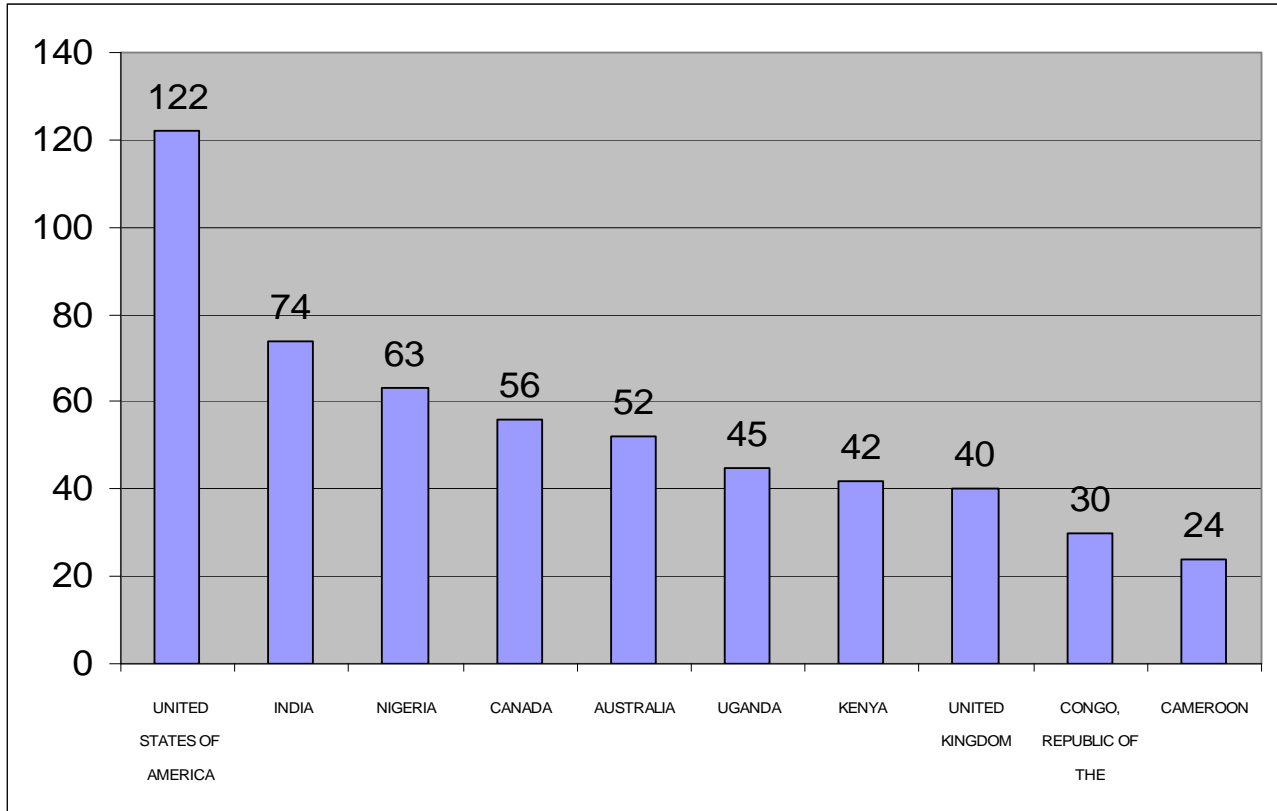
### Geographical distribution of registrants



### Registrants by age



**Top 10 nationalities represented in registrants**



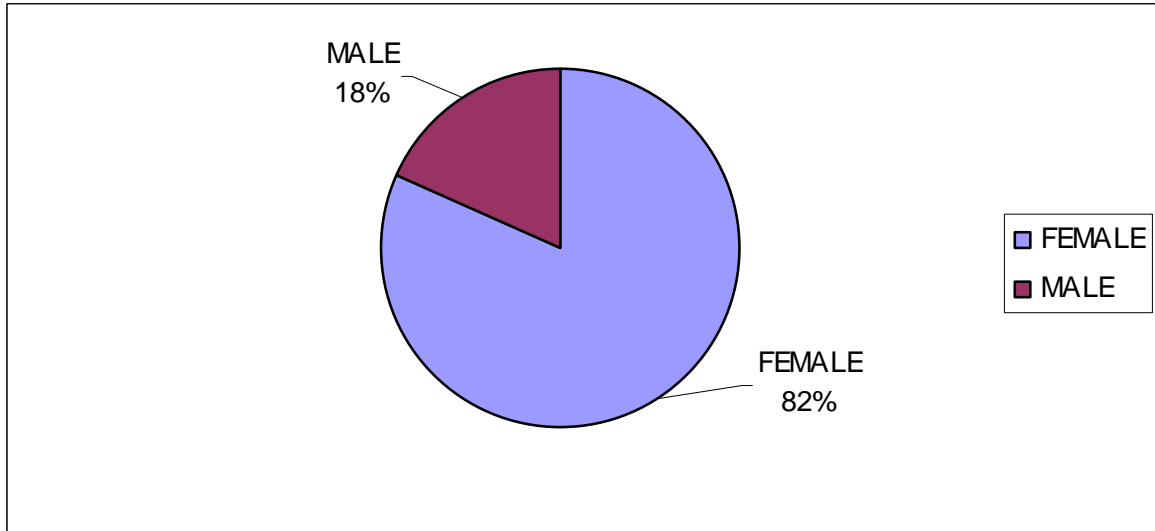
UNITED STATES OF AMERICA	122
INDIA	74
NIGERIA	63
CANADA	56
AUSTRALIA	52
UGANDA	45
KENYA	42
UNITED KINGDOM	40
CONGO, REPUBLIC OF THE	30
CAMEROON	24

## II. Contributors (i.e., registrants who posted at least 1 message)

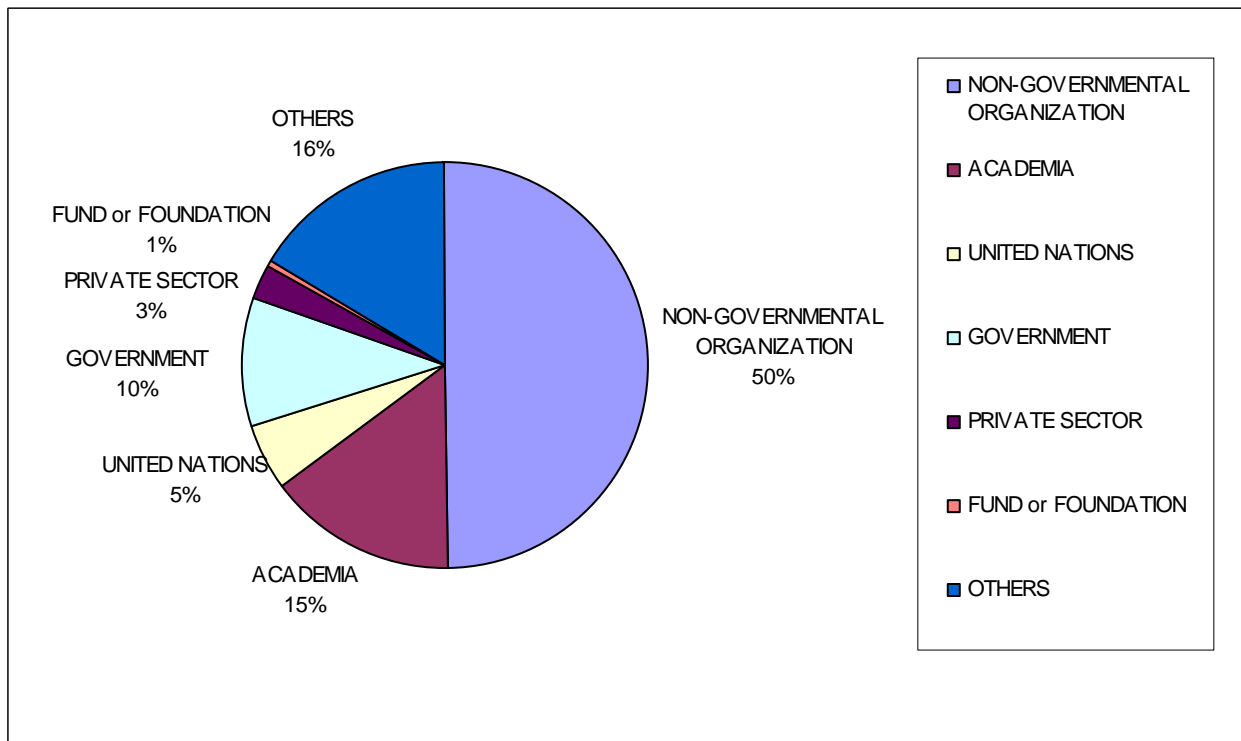
Total number of contributors: **147** (excluding 1 moderator and 3 Administrators)

Total number of postings: **340** (excluding 82 messages posted by the moderator)

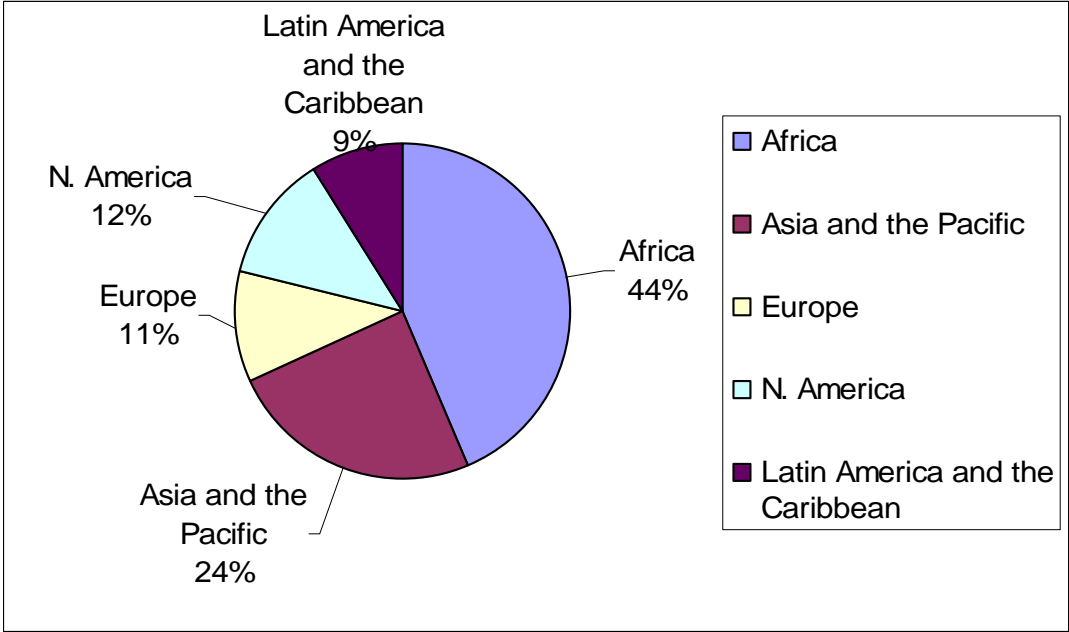
### Contributors by sex



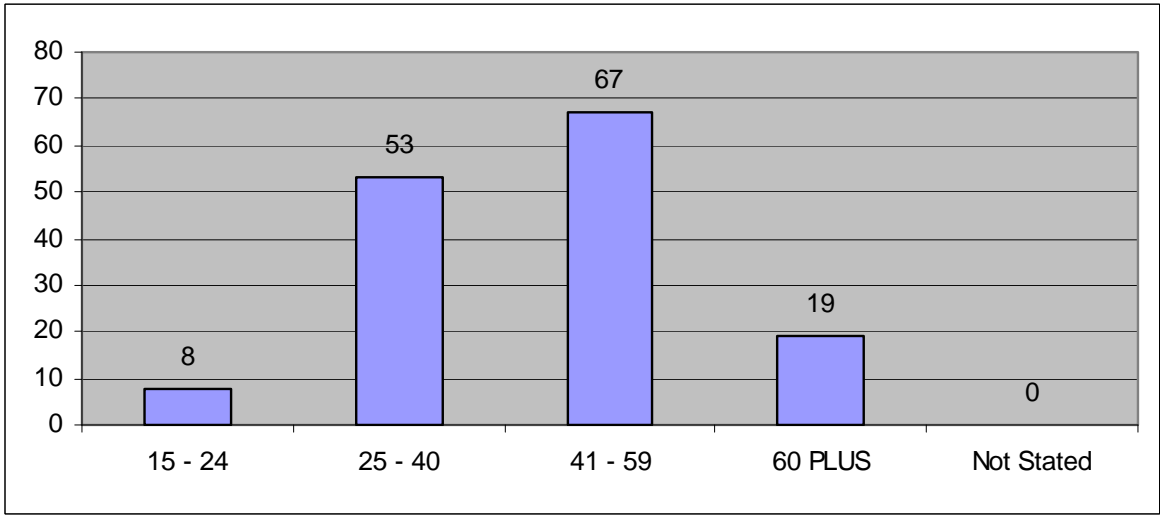
### Contributors by affiliation



**Geographical distribution of contributors**

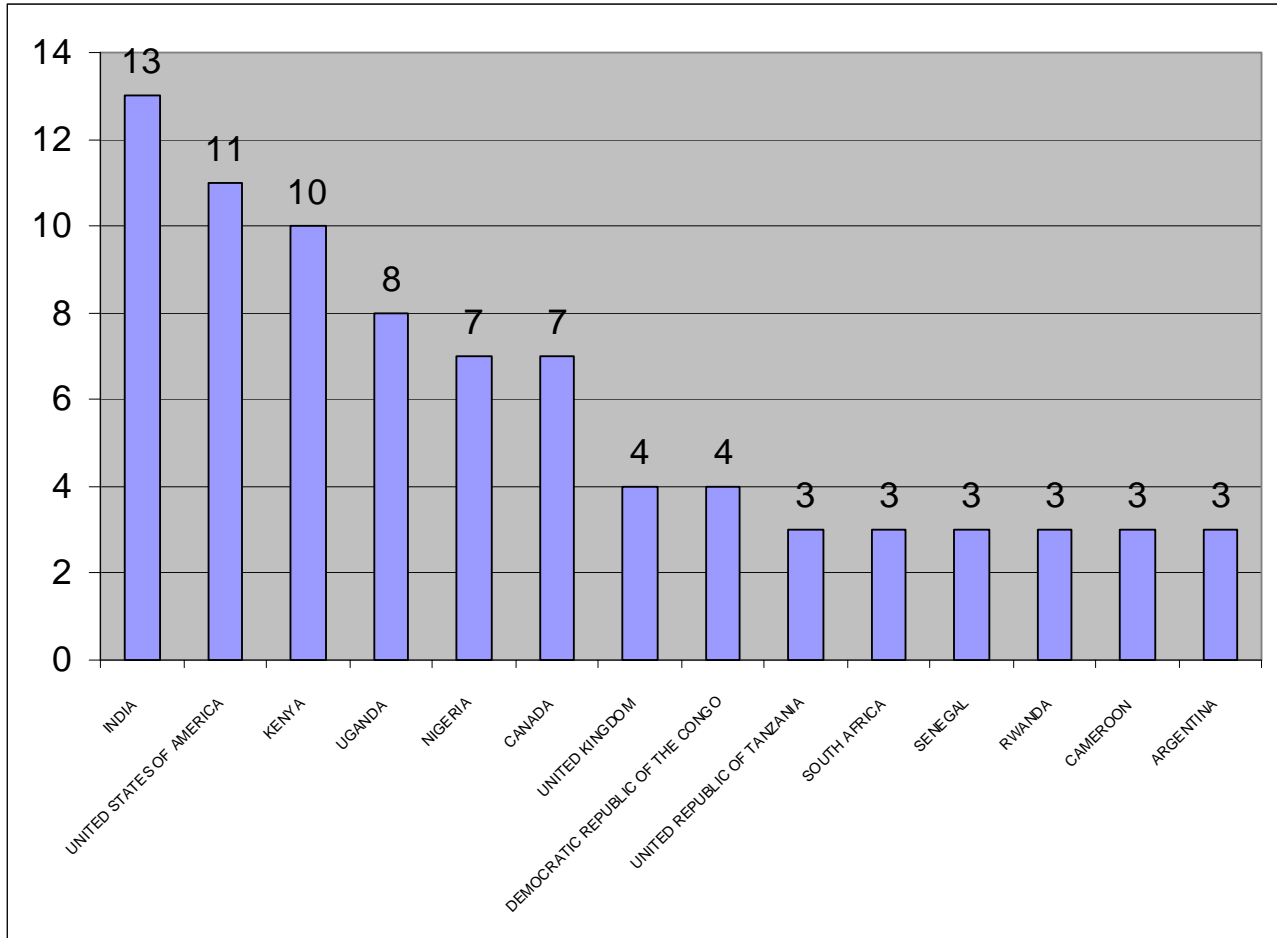


**Contributors by age**





**Top 14 nationalities represented in contributors**



INDIA	13
UNITED STATES OF AMERICA	11
KENYA	10
UGANDA	8
NIGERIA	7
CANADA	7
UNITED KINGDOM	4
DEMOCRATIC REPUBLIC OF THE CONGO	4
UNITED REPUBLIC OF TANZANIA	3
SOUTH AFRICA	3
SENEGAL	3
RWANDA	3
CAMEROON	3
ARGENTINA	3

## Annex 2: Number of participants in online discussion by country

### I. Registrants

<b>Africa</b>	ALGERIA	1	<b>Asia and the Pacific</b>	AFGHANISTAN	5
	ANGOLA	2		AUSTRALIA	52
	BAHRAIN	3		AZERBAIJAN	7
	BENIN	3		BANGLADESH	14
	BOTSWANA	3		BHUTAN	1
	BURKINA FASO	8		CAMBODIA	2
	BURUNDI	9		CHINA	15
	CAMEROON	24		FIJI	4
	CHAD	1		INDIA	74
	CONGO, REPUBLIC OF THE	30		INDONESIA	10
	COTE D'IVOIRE	2		IRAN, ISLAMIC REPUBLIC OF	2
	DEMOCRATIC REPUBLIC OF THE CONGO	12		IRAQ	1
	EGYPT	6		ISRAEL	2
	ETHIOPIA	18		JAPAN	9
	GAMBIA	5		JORDAN	8
	GHANA	10		KIRIBATI	1
	GUINEA	1		KYRGYZSTAN	3
	KENYA	42		LAO PEOPLE'S DEMOCRATIC REP.	1
	LESOTHO	5		LEBANON	6
	LIBERIA	5		MALAYSIA	3
	LIBYAN ARAB JAMAHIRIYA	1		MONGOLIA	1
	MADAGASCAR	1		MYANMAR	1
	MALAWI	5		NEPAL	14
	MALI	6		NEW ZEALAND	21
	MAURITANIA	1		OCCUPIED PALESTINIAN TERRITORIES	1
	MAURITIUS	5		PAKISTAN	19
	MOROCCO	4		PAPUA NEW GUINEA	3
	MOZAMBIQUE	4		PHILIPPINES	15
	NAMIBIA	2		REPUBLIC OF KOREA	1
	NIGER	2		SAMOA	2
	NIGERIA	63		SAUDI ARABIA	1
	RWANDA	16		SINGAPORE	5
	SENEGAL	11		SRI LANKA	6
	SEYCHELLES	1		SYRIAN ARAB REPUBLIC	6
	SIERRA LEONNE	4		TAJIKISTAN	1
	SOMALIA	1		THAILAND	3
	SOUTH AFRICA	15		TONGA	1
	SUDAN	11		TURKEY	7
	TOGO	2		VIET NAM	1
	TUNISIA	3		YEMEN	1
	UGANDA	45		<b>TOTAL</b>	<b>330</b>
	UNITED REPUBLIC OF TANZANIA	9			
	ZAMBIA	15			
	ZIMBABWE	16			
	<b>TOTAL</b>	<b>433</b>			

<b>Europe</b>	ALBANIA	1	<b>Latin America and the Caribbean</b>	ANTIGUA & BARBUDA	1
	AUSTRIA	10		ARGENTINA	12
	BELGIUM	5		BAHAMAS	1
	BOSNIA AND HERZEGOVINA	1		BARBADOS	1
	BULGARIA	2		BOLIVIA	1
	CROATIA	3		BRAZIL	12
	CYPRUS	1		CHILE	4
	CZECH REPUBLIC	2		COLOMBIA	6
	DENMARK	8		CUBA	2
	FINLAND	3		DOMINICAN REPUBLIC	2
	FRANCE	17		ECUADOR	2
	GEORGIA	5		EL SALVADOR	2
	GERMANY	15		GUATEMALA	2
	GREECE	2		GUYANA	2
	HUNGARY	2		HAITI	2
	IRELAND	12		HONDURAS	2
	ITALY	8		JAMAICA	2
	LITHUANIA	2		MEXICO	4
	MALTA	1		PANAMA	1
	MONTENEGRO	1		PARAGUAY	1
	NETHERLANDS	15		PERU	10
	NORWAY	4		ST. VINCENT AND THE GRENADINES	1
	POLAND	6		SURINAME	2
	PORTUGAL	13		TRINIDAD AND TOBAGO	2
	FMR. YUGOSLAV REPUBLIC OF MACEDONIA	3		URUGUAY	1
	ROMANIA	1		<b>TOTAL</b>	<b>78</b>
RUSSIAN FEDERATION	5				
SERBIA	1				
SLOVAKIA	5				
SPAIN	21				
SWEDEN	7				
SWITZERLAND	1				
UKRAINE	1	<b>North America</b>	UNITED STATES OF AMERICA	122	
UNITED KINGDOM	40		CANADA	56	
<b>TOTAL</b>	<b>224</b>		<b>TOTAL</b>	<b>178</b>	

## II. Contributors

Africa	BURKINA FASO	2
	BURUNDI	1
	CAMEROON	3
	DEMOCRATIC REPUBLIC OF THE CONGO	4
	EGYPT	1
	ETHIOPIA	2
	GHANA	1
	KENYA	10
	LESOTHO	1
	LIBERIA	2
	MALAWI	1
	MALI	2
	MAURITANIA	1
	NIGER	1
	NIGERIA	7
	RWANDA	3
	SENEGAL	3
	SIERRA LEONNE	1
	SOUTH AFRICA	3
	TOGO	1
	TUNISIA	1
	UGANDA	8
UNITED REPUBLIC OF TANZANIA	3	
ZAMBIA	2	
TOTAL	64	

Asia and the Pacific	AFGHANISTAN	1
	AUSTRALIA	2
	AZERBAIJAN	1
	BANGLADESH	1
	BHUTAN	1
	CAMBODIA	1
	FIJI	2
	INDIA	13
	KYRGYZSTAN	1
	LAO PEOPLE'S DEMOCRATIC REP.	1
	LEBANON	1
	NEPAL	1
	NEW ZEALAND	2
	PAKISTAN	2
	PAPUA NEW GUINEA	1
	PHILIPPINES	1
	SAMOA	1
	SINGAPORE	2
	SYRIAN ARAB REPUBLIC	1
	TOTAL	36

<b>Europe</b>	AUSTRIA	1
	CROATIA	1
	DENMARK	1
	FRANCE	1
	GERMANY	2
	IRELAND	1
	ITALY	1
	NETHERLANDS	1
	POLAND	1
	PORTUGAL	1
	SPAIN	1
	UNITED KINGDOM	4
<b>TOTAL</b>	<b>16</b>	

<b>Latin America and the Caribbean</b>	ARGENTINA	3
	BRAZIL	1
	DOMINICAN REPUBLIC	1
	EL SALVADOR	1
	GUATEMALA	1
	GUYANA	1
	HONDURAS	1
	SURINAME	2
	TRINIDAD AND TOBAGO	1
	URUGUAY	1
	<b>TOTAL</b>	<b>13</b>

<b>North America</b>	UNITED STATES OF AMERICA	11
	CANADA	7
	<b>TOTAL</b>	<b>18</b>

## **Annex 3: Resources**

### *Selected resources*

#### **Resources from civil society**

##### **CareWork Network**

www.carework-network.org

##### **Nancy Folbre's caretalk blog**

blogs.umass.edu/folbre

##### **Population Council**

Gender and family dynamics: men and male roles

[www.popcouncil.org/genfam/men.html](http://www.popcouncil.org/genfam/men.html)

##### **Women in decision-making**

[www.partagider.fr](http://www.partagider.fr) – French website on good practices regarding women's participation in decision-making in the family, economic and political spheres

#### **United Nations system resources**

##### **United Nations Commission on the Status of Women**

*48th session (2004): "The role of men and boys in achieving gender equality"*

<http://www.un.org/womenwatch/daw/csw/csw48/Thematic1.html>

*52nd Session (2008): Parallel event on "The equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS"*

<http://www.un.org/womenwatch/daw/csw/52sess.htm#53rd>

##### **UNAIDS**

*Web portal on gender*

<http://www.unaids.org/en/PolicyAndPractice/Gender/default.asp>

##### **United Nations Development Fund for Women (UNIFEM)**

*Transforming the national AIDS response: mainstreaming gender equality and women's human rights into the 'three ones'*

[http://www.unifem.org/resources/item\\_detail.php?ProductID=115](http://www.unifem.org/resources/item_detail.php?ProductID=115)

*Gender-responsive budgeting newsletter & website*

www.gender-budgets.org

##### **United Nations Economic Commission for Africa**

*Gender and social development*

[http://www.uneca.org/eca\\_programmemes/acgd/default.htm](http://www.uneca.org/eca_programmemes/acgd/default.htm)

**United Nations Economic and Social Commission for Asia and the Pacific**

*Gender and Development Section*

<http://www.unescap.org/esid/GAD/index.asp>

**The International Labour Organization (ILO)**

*Gender equality at the heart of decent work, campaign 2008-2009*

<http://www.ilo.org/gender/Events/Campaign2008-2009/lang--en/index.htm>

**United Nations Economic Commission for Europe**

<http://www.unece.org/oes/gender/Welcome.html>

*Time-use surveys:*

<http://www.unece.org/stats/gender/timeuse/Welcome.html>

*Gender roles and responsibility sharing:*

<http://www.unece.org/stats/gender/genpols/keyinds/families/respshare.htm>

**United Nations Economic Commission for Latin America and the Caribbean**

*Contribución de la economía cuidado a la protección social*

[http://www.eclac.cl/cgi-](http://www.eclac.cl/cgi-bin/getprod.asp?xml=/mujer/noticias/paginas/5/29975/P29975.xml&xsl=/mujer/tpl/p18f-st.xsl&base=/mujer/tpl/top-bottom.xsl)

[bin/getprod.asp?xml=/mujer/noticias/paginas/5/29975/P29975.xml&xsl=/mujer/tpl/p18f-st.xsl&base=/mujer/tpl/top-bottom.xsl](http://www.eclac.cl/cgi-bin/getprod.asp?xml=/mujer/noticias/paginas/5/29975/P29975.xml&xsl=/mujer/tpl/p18f-st.xsl&base=/mujer/tpl/top-bottom.xsl)

**United Nations Economic and Social Commission for Western Asia**

*Gender statistics programmes project*

<http://www.escwa.un.org/gsp/index.html>

**United Nations Girls Education Initiative (UNGEI)**

[www.ungei.org](http://www.ungei.org)

**United Nations International Research and Training Institute for the Advancement of Women (UNINSTRAW)**

*Project on global care chains*

<http://www.un-instraw.org/en/media-center/e-news/new-project-on-global-care-chains-2.html>

**United Nations Research Institute for Social Development (UNRISD)**

*Political and social economy of care*

[http://www.unrisd.org/unrisd/website/projects.nsf/\(httpProjectsForProgrammemeArea-en\)/37BD128E275F1F8BC1257296003210EC?OpenDocument](http://www.unrisd.org/unrisd/website/projects.nsf/(httpProjectsForProgrammemeArea-en)/37BD128E275F1F8BC1257296003210EC?OpenDocument)

**United Nations Population Fund**

*Involving men in promoting gender equality and women's reproductive health*

<http://www.unfpa.org/gender/men.htm>

## *Reading List*

### **1. General Readings**

- Badgett, L. and Folbre, N. (1999) "Assigning care: Gender norms and economic outcomes," *International Labour Review*, 138(3): 311-26.
- Elson, Diane. (1998) "The economic, the political and the domestic: Businesses, states and households in the organisation of production," *New Political Economy* 3(2): 189-208.
- Folbre, N. (2001) *The invisible heart: Economics and family values*, New York: The New Press.
- Folbre, N. (1994) *Who pays for the kids? Gender and the structures of constraint*, New York: Routledge.
- Folbre, N. and Bittman, M. (eds) (2004) *Family time: The social organization of care*, New York: Routledge.
- Lerner, G. (1986) *The creation of patriarchy*, New York: Oxford University Press.
- Nelson, J. (2007) *Economics for humans*, Chicago: University of Chicago Press.

### **2. Conceptualizing Care**

- Himmelweit, S. (1999) "Caring labor," *Annals of the American Academy of Political and Social Science*, 561(1): 27-38.
- Gardiner, J. (1997) *Gender, care and economics*, Basingstoke: Macmillan.
- Kittay, E. (1998) *Love's labor: Essays on women, equality, and dependency*, New York: Routledge.
- Meagher, G. (2002) "Is it wrong to pay for housework?" *Hypatia* 17(2): 52-66.

### **3. Paid Care Work**

- Daly, M. (ed.) (2002) *Care work: The quest for security*, Geneva: International Labour Organization.
- England, P., Budig, M. and Folbre, N. (2002) "Wages of virtue: The relative pay of care work" *Social Problems*, 49(4): 455-73.
- Folbre, N. and Nelson, J. (2002) "For love or money?" *The Journal of Economic Perspectives*, 14(4): 123-40.
- Zelizer, V. (2005) *The purchase of intimacy*, Princeton: Princeton University Press.

### **5. Unpaid Care Work**

- Beneria, L. (1992) "Accounting for Women's work: The progress of two decades," *World Development* 20(11): 1547-1560.
- Deutsch, F. (1999) *Halving it all. How equally shared parenting works*, Cambridge: Harvard University Press.
- Folbre, N. (2008) *Valuing children: Rethinking the economics of the family*, Cambridge, MA: Harvard University Press.

### **6. Valuation of Care Work**

- Folbre, N. (2006) "Measuring care: Gender, empowerment, and the care economy," *Journal of Human Development* 7(2): 183-200.



- Goldschmidt-Clermont, Luisella and Elisabetta Pagnossin-Aligisakis (1999) "Households' non-SNA production: Labour time, value of labour and of product, and contribution to extended private consumption," *Review of Income and Wealth* 45(4): 519-529.
- Ironmonger, D.(1996) "Counting outputs, capital inputs and caring labor: Estimating gross household product," *Feminist Economics* 2(3): 37-64.
- Ironmonger, D. (2004) "Bringing up Bobby and Betty: The inputs and outputs of child care time," in Michael Bittman and Nancy Folbre, eds. *Family time: The social organization of care*, New York: Routledge.
- United Nations Department of Economic and Social Affairs Statistics Division (2005) *Guide to producing statistics on time-use: Measuring paid and unpaid work*, New York: United Nations.

## **7. Policy Issues**

- Elson, Diane. (1998) "Integrating gender issues into national budgetary policies and procedures: Some policy options," *Journal of International Development*, 10(7): 929-41.
- Gornick, J. and Meyers, M. (2003) *Families that work*, New York: Russell Sage.
- Knijn, T. and Kremer, M. (1997) "Gender and the caring dimension of welfare states: Toward inclusive citizenship," *Social Politics*, 4(3): 328-61.
- Lewis, J. (1992) "Gender and the development of welfare state regimes," *Journal of European Social Policy*, 2(2): 150-73.
- Stark, A. (2005) "Warm hands in cold age--on the need of a new world order of care," *Feminist Economics* 11(2): 7-36.