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INTERACTIVE EXPERT PANEL

Key policy initiatives on equal sharing of responsibilities

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

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

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

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

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

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

Time-Use Surveys

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

Some countries with the technical and logistical capacity to measure national time-use data believe the unpaid household sector contributes too

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

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

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

Making Primary Health Policy in an Evidence Vacuum

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

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

In other growing economies, increasing pressure is going on governments for the provision of

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

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

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

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

Access to and ability to utilise information

Interruption of schooling

Income generating and subsistence activities diminished or lost

Less food especially for children

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

Loan repayments threatened or cease damaging extended family and community relationships

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

Spread of HIV/AIDS is more likely in violent households

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

No access to clean water

Burden of care creates time poverty

Access to and use of condoms

No sanitation

No hygienic living conditions

No respite for carers

Traditional safety nets are destroyed

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

No transport

Little or no food

No counselling

Hopelessly inadequate infrastructure

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

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