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

Written statement*

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Sharing Care More Equally in an Unequal World

This paper asks three related questions. First why is care (both paid and unpaid) important and who bears the costs of providing it? Second, what kind of policies and programmes are

The problem of multiple inequalities and why redistributing care responsibilities between women and men cannot be enough

How much care families and households provide (on an unpaid basis most often) can be measured through the metric of time. The main source of data is from time use surveys. These surveys differ from standard labour force surveys in that they typically ask respondents to report on *all* activities done in a specified period. They tell us how much time is spent by the surveyed population on: a) *non-productive activities*: sleep, leisure, studies, and self-care; b) *employment-related work*, which in developing countries includes both market work and subsistence activities such as subsistence agriculture and gathering fuel and water and c) *unpaid care work* which includes unpaid housework and person-care (Budlender 2008).

We know from time use surveys in the more developed market economies that the time that family members allocate to unpaid care activities is significant and that it does not disappear as countries develop. Time use surveys are now being increasingly carried out in developing countries too. The UNRISD project on the Political and Social Economy of Care analysed the time use data for Argentina/Buenos Aires, India, Nicaragua, South Africa, Republic of Korea and Tanzania. The findings for these six countries (analysed in Budlender 2008) suggest that the mean time spent by women on unpaid care work is more than twice the mean time spent by men. In some countries women spend nearly ten times as much time on UCW than men. As expected, men tend to spend more time on paid work than women do, but the gender gap in paid work is smaller than the gender gap in unpaid care work.

When all types of work are combined, therefore, women in all six countries allocate more time to work than men—which means less time for leisure, education, political participation and self-care. A similar pattern is found among most high-income countries (with the exception of several Nordic countries). In general therefore, we can talk of “time poverty” being more prevalent among women than men. But this statement relates to averages (or means), calculated across the population. But there are significant differences among both women and, to a lesser extent, men (since men tend to do very little UCW and it tends to stay consistently low regardless of other factors). For example, having younger children in the household tends to increase the amount of unpaid care work done, especially by women. In some countries we can see very clearly that the amount of unpaid care work tends to *decrease* as income goes up. This could be explained by several factors, including the poorer infrastructure (piped water, electricity) and technology available to poor households, the fact that the poor live in larger households and have more children, and their weaker ability to purchase care (by employing domestic workers and nannies).

It seems rather misleading therefore to talk about “time-poverty” as a blanket term without looking at the economic situation of the household. Good care depends upon adequate resources: material goods, time, and skills (Tronto 1993). It is one thing to be time-poor and income-rich (Manhattan professionals prior to the financial crisis), another thing to be time-poor and income-poor (Indian time use survey would seem to suggest that this is indeed the case for many low-income women and men in the country), and yet quite another to be time-rich and income-poor because for political-economy reasons the development path that is taken cannot generate sufficient paid employment opportunities—a severe problem in the labour reserve economies of southern Africa, where capital no longer needs the labour that it pulled from rural households over so many generations (O’Laughlin 1998). Think of South Africa for example where unemployment rates of

We need a care lens to look at the process of capital accumulation and what happens in the process of development, rather than assuming *a priori* that development/growth will lead to an improvement in care-giving and human welfare.

Looking at economic policies through a care lens would mean asking what happens to care-giving and wellbeing in the process of development: does capital accumulation—a necessity for developing countries—facilitate care-giving and enhance human well-being? Or does it come at their expense? The process of development has often meant diversifying the productive base by nurturing manufacturing industries, typically by increasing outputs of items produced for pay by women. There is a lot of evidence that suggests that capital accumulation that relies on increases in women's paid work to produce exports is not

References.

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