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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled “Women 2000: gender equality, development and peace for the twenty-first century”: implementation of strategic objectives and action in critical areas of concern, and further actions and initiatives

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

Report of the Secretary-General

Summary

The present report has been prepared in accordance with Economic and Social Council resolution 2006/9, in which the Council identified “The equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS” as the priority theme for the fifty-third session of the Commission on the Status of Women. It analyses the current situation and proposes recommendations for consideration by the Commission.

* E/CN.6/2009/1.



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I. Introduction

1. In accordance with Economic and Social Council resolution 2006/9, in which the Council identified “The equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS”, as the priority theme for the fifty-third session of the Commission on the Status of Women, the present report analyses the current situation in relation to the theme and proposes recommendations for consideration by the Commission.¹

2. The report builds on, among other sources, an Expert Group Meeting on the priority theme organized in October 2008 by the Division for the Advancement of Women in collaboration with the International Labour Organization (ILO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United Nations Research Institute for Social Development (UNRISD) and hosted by the Economic Commission for Europe (ECE). The Division for the Advancement of Women also organized an online discussion on the theme in July-August 2008.²

II. Global policy and legal frameworks

3. The outcomes of numerous intergovernmental bodies have addressed the equal sharing of responsibilities between women and men. The Programme of Action of the International Conference on Population and Development (1994)³ noted that full participation and partnership of both women and men is required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and the maintenance of the household. Male responsibilities with respect to child-rearing and housework were emphasized and investments to lessen the daily burden of domestic responsibilities imposed on women were called for (para. 4.1).

4. The World Summit for Social Development (1995)⁴ addressed the need for equal partnership between women and men in family and community life and society, and shared responsibility of men and women in the care of children and older family members. Governments committed to recognize and make visible the full extent of the work of women and their contributions to the national economy, including in the unremunerated and domestic sectors (Copenhagen Declaration on Social Development, commitment 5 (g) and (n)).

5. The 1995 Beijing Declaration⁵ emphasized that the equal sharing of responsibilities and a harmonious partnership between women and men were critical to their well-being and that of their families, and to the consolidation of democracy (para. 15). The impact of the unequal division of labour and responsibilities on

¹ The report should be read in conjunction with document E/CN.6/2009/4.

² Information on the Expert Group Meeting and the online discussion is available at: http://www.un.org/womenwatch/daw/egm/equalsharing/egm_equalsharing.htm.

³ *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

⁴ See *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annexes I and II, commitment 5 (g) and (n).

⁵ *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex I.

women and girls was addressed in the Platform for Action⁶ within the context of the critical areas of concern focused on poverty, education and training, health, the economy, and power and decision-making.

6. The Platform for Action noted that a more equal sharing of responsibilities between women and men enhances the opportunities of women and girls to shape and design public policy, practice and expenditure so that their interests may be recognized and addressed (para. 185). The Platform for Action called on Governments to ensure opportunities for women and men to take job-protected parental leave and to have parental benefits; and to promote the equal sharing of responsibilities for the family by men and women, including through appropriate legislation, incentives and/or encouragement (para. 179 (c)).

7. The further actions and initiatives to implement the Beijing Declaration and Platform for Action,⁷ adopted by the General Assembly at its twenty-third special session, entitled “Women 2000: gender equality, development and peace for the twenty-first century”, highlighted the fact that failure to recognize and measure in quantitative terms unremunerated work of women, which is often not valued in national accounts, has meant that women’s full contribution to social and economic development remains underestimated and undervalued. Member States noted that, as long as there is insufficient sharing of tasks and responsibilities with men, the combination of remunerated work and caregiving will lead to a continued disproportionate burden for women in comparison with men (para. 47).

8. Agreed conclusions 1996/3 of the Commission on the Status of Women on child and dependant care, including sharing of work and family responsibilities,⁸ highlighted the fact that greater participation of men in family responsibilities, including domestic work and child and dependant care, would contribute to the welfare of children, women and men themselves (para. 5).

9. The agreed conclusions of the Commission on the Status of Women on the role of men and boys in achieving gender equality (2004),⁹ for example, also recognized that joint partnership between women and girls and men and boys was essential to achieving gender equality (para. 3). The Commission called for greater awareness and knowledge among men and women on their roles as parents, legal guardians and caregivers (para. 6 (c)).

10. The HIV/AIDS pandemic has brought greater urgency to the issue of caregiving, including in terms of the division of labour between women and men. The Beijing Platform for Action called for improved gender-sensitive policies and programmes, including the provision of resources and facilities to women who find themselves the principal caregivers or economic support for those infected with HIV/AIDS (para. 108 (g)).

11. The agreed conclusions of the Commission on the Status of Women on women, the girl child and HIV/AIDS (2001)¹⁰ encouraged the active involvement of men and boys in challenging gender stereotypes and attitudes, as well as their full

⁶ Ibid., annex II.

⁷ General Assembly resolution S-23/3, annex.

⁸ See *Official Records of the Economic and Social Council, 1996, Supplement No. 6 (E/1996/26)*, chap. I, sect. C.

⁹ See Economic and Social Council resolution 2004/11, paras. 3 and 6 (c).

¹⁰ See Economic and Social Council resolution 2001/5, sect. A.

participation in prevention, impact alleviation and care (para. 10, Actions to be taken Governments, the United Nations system and civil society, as appropriate, para. 2 (i)). The agreed conclusions of the Commission on the elimination of all forms of discrimination and violence against the girl child (2007)¹¹ urged Governments to identify and address the needs of girls heading households, including in the context of the HIV/AIDS pandemic, and to increase men's responsibility for home-based care in order to address the disproportionate burden borne by women and girls in caring for the chronically ill (para. 14.5 (e)).

12. Article 5 (a) of the Convention on the Elimination of All Forms of Discrimination against Women¹² notes the need for appropriate measures to eliminate prejudices and practices that are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women under article 11.2 (c), States parties are encouraged to provide the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of childcare facilities. Article 18.1 of the Convention on the Rights of the Child¹³ calls on States Parties to use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child.

13. ILO Convention No. 156 concerning Equal Opportunities and Equal Treatment for Men and Women Workers: Workers with Family Responsibilities (1981), and its accompanying Recommendation No. 165, highlighted the fact that both men and women workers may have family responsibilities and provided specific guidance on the responsibility of the State for implementing policies and measures to assist both men and women workers in reconciling employment and family responsibilities.

III. Patterns and trends in the unequal sharing of responsibilities between women and men

14. A wide range of activities that are undertaken in households are unremunerated. These include work in family businesses and other income-generating activities as well as cooking, cleaning and the care of family members. In many parts of the world, work at household level also includes the collection of water and firewood and can include food crop production and care of small livestock. In rural areas and urban slums in many developing countries, the lack of infrastructure and service facilities, and limited access to appropriate technology and labour-saving devices, increase the work burden and the accompanying time expenditure at household level, especially for women.

15. Caregiving at the household level involves the direct care of persons including children, the elderly, the sick and persons with disabilities, as well as able-bodied adults. The nature of caregiving is affected by factors such as size of household and number and age of children; and there are significant differences between developed and developing countries in the availability of infrastructure and services supporting caregiving. Changes in demographics in rapidly ageing societies and in the context

¹¹ See *Official Records of the Economic and Social Council, 2007, Supplement No. 7 (E/2007/27)*, chap. I, sect. A.

¹² United Nations, *Treaty Series*, vol. 1249, No. 20378.

¹³ *Ibid.*, vol. 1577, No. 27531.

of HIV/AIDS have increased the need for care and expanded the focus of care from children to the elderly and to adults of prime working age.

16. Available data from all regions, including from time-use studies, reveal significant differences and inequalities between women and men in regard to paid employment, division of household responsibilities and care work.¹⁴ Although the share of women in paid work has grown significantly around the world in recent decades, with women having constituted 46.4 per cent of the labour force in 2007,¹⁵ women continue to have a disproportionate responsibility for unpaid work in the household. Available data for a number of countries show that women spend more time than men on cooking, cleaning and childcare.¹⁶ When hours in paid and unpaid work are combined, women tend to have longer working hours per week than men and less time for leisure or sleep. In contrast, men typically spend more hours in paid work than women.¹⁵

17. In many areas, women face obstacles in carrying out these responsibilities effectively because of lack of access to resources such as property, income, technology and essential services, as well as limited potential for participating in decision-making processes.

18. Unpaid work at household level, including caregiving, remains invisible and unmeasured and its contribution to economic and social development has not been adequately recognized and valued in economic terms, despite its being essential for the reproduction of the labour force and the well-being of societies. Some researchers suggest that women pay a “reproduction tax” because of the unequal sharing of responsibilities for caregiving¹⁷ and note that the unpaid care work of women is a hidden subsidy given to public provisioning and the economy.¹⁸

19. The System of National Accounts (SNA) sets international standards for the measurement of the market economy. While the SNA measures some types of unpaid work such as work in family businesses and activities such as collection of firewood and water, it does not count activities such as cooking, doing laundry and cleaning; the care of children, the elderly, the sick and people with disabilities; or volunteer activities, in calculations of gross domestic product (GDP). As a consequence, women’s unpaid contribution to the economy remains unrecognized in data collection and is insufficiently reflected in policy development.¹⁸ Some countries, however, do measure these activities through “satellite accounts”.¹⁹

¹⁴ United Nations Development Fund for Women (UNIFEM), *Progress of the World’s Women: Women, Work and Poverty* (New York, UNIFEM, 2005).

¹⁵ International Labour Organization, “Equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS” (EGM/ESOR/2008/BP.2), background paper prepared for the Expert Group Meeting.

¹⁶ United Nations Development Programme, *Human Development Report 2007/2008: Fighting Climate Change: Human Solidarity in a Divided World* (Basingstoke, United Kingdom, Palgrave Macmillan, 2007), as cited in Mary Daly, “The equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS” (EGM/ESOR/2008/BP.1), background paper prepared for the Expert Group Meeting.

¹⁷ Ingrid Palmer, “Public finance from a gender perspective”, *World Development*, vol. 23, No. 11 (November 1995), pp. 1981-1986.

¹⁸ Rania Antonopoulos, “The unpaid care work-paid work connection”, The Levy Economics Institute Working Paper, No. 541 (Annandale-on-Hudson, New York, July 2008).

¹⁹ United Nations Research Institute for Social Development, “The social and political economy of care: contesting gender and class inequalities” (EGM/ESOR/2008/BP.3), background paper prepared for the Expert Group Meeting.

20. As women have increased their participation in the labour market, the responsibilities for caregiving and other household work have not been shared more equally between women and men. Either women continue to carry out these responsibilities in addition to their work in the labour market, with considerably increased work burdens, or the responsibilities are taken on by other women engaged as paid care workers in the formal sector or domestic workers in the informal sector.

21. Women's labour-market participation has increased the demand for provision of care outside the home.¹⁹ In both developing and developed countries, paid care work provided by the public, private and not-for-profit sectors has become a growing area of the economy. The State can influence the quality of care provision through its role in performing service delivery, financing and policy and regulatory functions.¹⁹

22. The gender-based division of labour and undervaluing of care work in the household have been replicated in the public sphere. Women do more unpaid care work than men, and they are also overrepresented in the paid care sector, in both developing and developed countries.¹⁹ Although the wages and working conditions of paid care workers vary across employment categories and skills levels, many care workers receive lower wages than workers with comparable skills levels in non-care related occupations.¹⁹ The lower status and pay of care work are influenced by the dominance of women in the sector.

23. Care work is labour intensive. Good-quality care requires that each caregiver be responsible for a limited number of care recipients, which increases the cost for care, and makes it difficult to increase productivity in the care sector, without affecting the quality of care. Efforts to increase efficiency often lead to low pay for care work compared with occupations demanding similar skills levels.¹⁹

24. Hiring domestic workers has always been a common solution for many families in all parts of the world that seek to reconcile household responsibilities with the demands of employment. Domestic work has become one of the major sources of employment for women; for example, 10 per cent of all new jobs created in Latin America in 2004 were in domestic service.¹⁸ Domestic workers (who are often women migrants or belong to minority groups) work under difficult conditions in many countries. Many domestic workers do not have formal contracts and receive no social benefits, such as health insurance or pensions.²⁰

25. The use of young girls as domestic servants is common in many parts of the world. These girls are often exposed to discrimination and violence, as they are isolated in homes with little or no social support or protection. Girls' involvement in domestic work within their own households or in domestic service contributes to their lower levels of educational enrolment and achievement.²¹

26. Urbanization and migration have weakened traditional family support systems. In addition, the growth of single-headed household has further increased the burden of care work.¹⁵ In the context of challenges in meeting household care needs,

²⁰ Shahra Razavi, "The political and social economy of care in a development context: conceptual issues, research questions and policy options", *UNRISD Gender and Development Programme Paper*, No. 3 (Geneva, UNRISD, June 2007).

²¹ See report of the Secretary-General of 12 December 2006 entitled "The elimination of all forms of discrimination and violence against the girl child" (E/CN.6/2007/2).

families develop a range of solutions in combining paid work and care responsibilities. Poor families in many parts of the world have to leave children alone or in the care of older siblings or take them to work. In Indonesia, for example, 40 per cent of working women care for their children while working; 37 per cent rely on female relatives; and 10 per cent are assisted by girls.¹⁵

27. Research from a number of countries, including Brazil, Canada, Guatemala, the Netherlands, South Africa and the United States of America, points to an increase in involvement by men in care work, in particular parenting, over the past decades.²² Studies conducted in the Caribbean and in Mexico and Brazil suggest that men may be more likely to participate in caregiving under certain circumstances, for example, when they are out of work, have time available, or do not have the means to hire a paid worker to perform the caregiving tasks.²² Research findings from 20 industrialized countries, based on time-use surveys conducted between 1965 and 1998, showed that men's unpaid work time had increased most significantly in situations where women worked full-time and paid leave benefits were available to men.²³ Some research shows that men are more likely to be involved in certain types of care activities such as recreation and play with children than in direct and routine care activities, like bathing, preparing food and cleaning.²²

28. Available studies show that more equal sharing of responsibilities can result in benefits for both women and men, including, inter alia, better work/life balance and improved well-being as well as enhanced relations with partners and children.²⁴ Other benefits to families of men's increased engagement in caregiving have also been noted in different parts of the world.²⁵ One key, but often overlooked, benefit of men's equal sharing of responsibilities is the potential of such involvement to promote gender equality among children.²²

Causes of unequal sharing of responsibilities

29. The unequal sharing of responsibilities between women and men is closely linked to the persistence of gender inequality and discrimination which remain deeply entrenched in societies, including in legislation, political structures, sociocultural norms, and local, national and global economies. Efforts to address current imbalances in sharing of responsibilities must be situated within the overall global agenda for the promotion of gender equality, women's human rights and empowerment of women and girls.

30. Gender inequalities in customary law and legislation, for example, can contribute to the unequal division of responsibilities between women and men. Laws

²² See Gary Barker, "Engaging men and boys in caregiving: reflections from research, practice and policy advocacy in Latin America" (EGM/ESOR/2008/EP.1), expert paper prepared for the Expert Group Meeting; and note 19 above.

²³ Jennifer Hook, "Care in contact: men's unpaid work in 20 countries, 1965-2003", *American Sociological Review*, vol. 71, No. 4, pp. 639-660, as cited in UNRISD (2008) (see note 19 above).

²⁴ Robert W. Connell, report of the online discussion organized by the Division for the Advancement of Women, 30 June-25 July 2003, on "The role of men and boys in achieving gender equality" (EGM/Men-Boys-GE/2003/WP.2 of 7 October 2003).

²⁵ Division for the Advancement of Women, *Women 2000 and Beyond: The role of Men and Boys in Achieving Gender Equality* (forthcoming).

that do not grant women and men the same rights in marriage, family relations, divorce and access to property contribute to women's economic dependence on men and reduce their access to resources. This reinforces women's disproportionate share of household work and caregiving responsibilities, and reduces incentives to invest in the education of girls. Even where countries have passed laws stipulating that men and women are equal before the law, discriminatory practices, and limited awareness of rights, can hinder their implementation.

31. Stereotypic assumptions regarding the role of women and men in society are a major cause of the unequal division of responsibilities between women and men. Gender-based stereotypes convey widely held views of men as breadwinners and ideal employees who can give full commitment to their work. Women may be viewed instead as natural or ideal caregivers who have the predominant responsibility for the rearing of children and household work. As a result, employers may perceive women as unreliable workers who are unable to give the same degree of commitment as men to their work.²⁶ Men, on the other hand, are often viewed as deficient caregivers and their roles in caregiving are not encouraged or recognized.²² These stereotypes shape expectations and influence both women's potential to participate in employment and public life, and men's availability for assuming their equal share of responsibilities and their ability to secure their right to be involved in caregiving.

32. Workplace culture plays a role in facilitating or hindering the ability of workers, both women and men, to balance work and family responsibilities. Labour-market pressure on men to be ideal workers and work long hours results in there being little available time for family and household responsibilities. This discourages men from taking advantage of leave entitlements and requesting flexible working hours or part-time work arrangements. At the same time, women may be discriminated against in the labour market on the basis of their actual or perceived caregiving responsibilities.

33. The fact that the availability of reliable childcare facilities has not kept pace with the increase in women's labour-market participation has been a major contributor to unequal sharing of responsibilities. Insufficient policy attention has been given to providing services such as day-care centres, health clinics and services for the elderly. In many countries, cutbacks in public expenditures have led to a weakening of essential public services, such as health, education and social services, and a greater reliance on user fees.¹⁵ These are likely to worsen with the current financial crisis and thus increase the caregiving burden imposed on women at the household level.

Consequences of the unequal sharing of responsibilities

34. The costs of unequal sharing of responsibilities include weaker labour-market attachment (forgone jobs, shorter working hours, confinement to informal work, and lower wages), weaker access to social security benefits, and less time for education/training, leisure and self-care, and political activities.¹⁹

²⁶ Mary Daly, "The equal sharing of responsibilities between men and women, including caregiving in the context of HIV/AIDS" (EGM/ESOR/2008/BP.1), background paper prepared for the Expert Group Meeting.

35. In most parts of the world, women are often forced to adapt their labour-market behaviour to the need to combine paid employment and household and care responsibilities.¹⁹ In Latin America, for example, over half of all non-employed women aged 20-24 cited their unpaid household work as the main factor accounting for their not seeking paid employment.²⁷ Women are therefore likely to concentrate in low-paid jobs marked by occupational segregation. Many may engage in informal and/or temporary or part-time work, including domestic work.¹⁵

36. Owing to their concentration in informal work, many women do not enjoy basic rights and are not eligible to access social security benefits — entitlements that define decent work. The quality of women's labour-market participation influences the extent of their entitlements. Access to adequate pensions may be jeopardized because of lower wages and shorter work histories due to interruptions related to childcare. Ultimately, women's absence from the labour force, or their underemployment, negatively affects economic growth and poverty reduction.

37. Where women cannot seek employment because of their domestic and care responsibilities, they are more dependent on the income of male family members. This influences their role in intra-household power-sharing and decision-making and can make them vulnerable to violence and abuse.²⁸ Unequal participation in decision-making also limits women's right to decide on the number, timing and spacing of children, which can lead to an increase in their household and caregiving work.

38. In many parts of the world, particularly in poor household, girls, because of their household and caregiving responsibilities, are more likely than boys, to drop out of school. This compromises girls' education, future employment opportunities and potential for economic independence¹⁵ and leads to an intensification of the intergenerational transfer of poverty.

39. The unequal gender-based division of responsibilities within households also limits women's potential to develop skills required for participation in public life, including in decision-making. As a result, women have limited opportunity to influence the development of policies and strategies, the allocation of resources and the provision of services, in areas that directly affect their lives. As of November 2008, women's share of seats in national parliaments around the world stood at 18.3 per cent.²⁹ A recent survey of women and men in parliaments revealed that domestic responsibilities were perceived as the single most important deterrent to women's participation in politics.³⁰

²⁷ Economic Commission for Latin America and the Caribbean (ECLAC), *Social panorama of Latin America 2006* (United Nations publication, Sales No. E.06.II.G.133).

²⁸ Dean Peacock and Mark Weston, "Men and care in the context of HIV and AIDS: structure, will and greater male involvement" (EGM/ESOR/2008/EP.9), expert paper prepared for the Expert Group Meeting.

²⁹ Inter-Parliamentary Union, at <http://www.ipu.org/wmn-e/world.htm> (accessed 15 November 2008).

³⁰ Inter-Parliamentary Union, *Equality in Politics: A Survey of Women and Men in Parliaments* (Geneva, Inter-Parliamentary Union, 2008).

IV. Caregiving in the context of HIV/AIDS

40. The HIV/AIDS pandemic has drawn attention to both the importance of care work and the weaknesses and insufficiencies of public policies and institutions created to address the care needs created by the disease. Over 33 million people worldwide are living with HIV/AIDS. In low- and middle-income countries, nearly 10 million are in immediate need of treatment and intensive and long-term care; however, only 3 million are receiving the treatment and care they require.²⁸

41. The many challenges faced by women and girls in caregiving in ordinary circumstances are significantly increased in families affected by HIV/AIDS, particularly in relation to resources and support provided, the lack of involvement of men, and the impact on the empowerment of girls.

42. In many developing countries, particularly those in which HIV/AIDS is highly prevalent, the lack of medical staff, combined with failing health systems and inadequate resource allocations, has meant that home-based caregivers subsidize many aspects of care provision, delivering services that the overburdened public hospitals and clinics cannot provide.²⁰ In many parts of the world, home-based care is provided by family members and neighbours and, increasingly, also through volunteers who are unpaid or who receive an allowance or in kind compensation.³¹ A variety of home-based care organizations — including not-for-profit organizations such as community-based and faith-based organizations — are becoming increasingly common in HIV/AIDS-affected countries.

43. Home-based care providers, whether family members or volunteers, often work with little or no training and limited support and without the basic equipment needed to safely perform their tasks.²⁰ While some home-based care organizations receive Government funding, the majority receive funding and technical support from international non-governmental organizations and development agencies.

44. Home-based caregiving for HIV/AIDS patients is a full-time occupation which carries significant physical and emotional costs. Fear of stigma and discrimination cause many to provide care in secrecy, leading to further isolation for the caregiver and care recipients.³² Financial burdens are also high, including the loss of earnings when a caregiver stays at home, as well as costs related to the purchase of medicines, transportation to clinics, user fees for health services and rising food costs. The high costs of caregiving often lead to debt. In Thailand, almost half of parents who were primary caregivers of someone living with AIDS had borrowed money and many never expected to get out of debt.³³

45. Data and information on home-based care are scarce, with most information provided by small-scale studies. There is little systematic data collection at the national

³¹ United Nations Development Fund for Women, “Who’s taking care of the carers? desk review of promising initiatives supporting caregivers”, 2007.

³² HelpAge International, “Building bridges: home-based care model for supporting older carers of people living with HIV/AIDS in Tanzania” (Dar es Salaam, HelpAge International Tanzania, 2007).

³³ J. Knodel and others, as cited in Joint United Nations Programme on HIV/AIDS (UNAIDS), “Caregiving in the context of HIV/AIDS” (EGM/ESOR/2008/BP.4), background paper prepared for the Expert Group Meeting.

or international level on caregivers disaggregated by age or sex, the costs of providing care or the impact of caregiving on households.³⁴

46. Most research shows that, compared with men and boys, women and girls disproportionately assume responsibilities for caring in the context of HIV/AIDS as both family members and volunteers. It has been estimated that, globally, women and girls provide up to 90 per cent of the care needs generated by the illness.³⁵ Older women assume the responsibility for their grandchildren when the parents are ill or absent. Married women are more likely to care for their sick husbands than to receive care themselves. A considerable burden of care work is carried by children, two thirds of whom are girls.³⁶

47. Studies in developing countries have shown that the unequal responsibilities of HIV/AIDS-related care can divert women's labour from productive work, thereby creating further household food insecurity.³⁶ Where women lack property and inheritance rights, women- and girl-headed households are particularly vulnerable because of inadequate resources.²⁸ Women who are widowed as a result of HIV/AIDS especially are at high risk for becoming destitute because of lack of property rights.³⁷ Some studies show that economic pressures from increased care responsibilities can lead to sexual risk-taking by caregivers of all ages, increasing their susceptibility to HIV infection.³⁶

48. Limited data and analysis are available on the contributions of men to care-related responsibilities in homes and volunteer programmes. Bias of researchers may lead to the underreporting of men's role as caregivers.³⁶ There is some evidence, however, that men contribute to care by providing transportation, doing heavy lifting and providing financial support.³⁶ Stereotypic views on the roles of men create social barriers to men and boys' becoming caregivers. While men may recognize that they should be sharing responsibilities more equally, they may not do so out of fear that they will be met with derision and lose respect among their peers for engaging in "women's work".²⁸ The lack of compensation for volunteers has also been identified as a barrier to male participation in caregiving.³⁸

49. In addition to relieving the pressure on women and girls, men's increased involvement in caregiving in the home or in volunteer organizations may have benefits for men themselves, in terms of increasing men's willingness to be HIV-tested or avail themselves of the benefits to be derived from support groups of people living with HIV. It may also increase the use by men of care provided by volunteer organizations.³⁶

³⁴ C. Miller, as cited in Joint United Nations Programme on HIV/AIDS (UNAIDS), "Caregiving in the context of HIV/AIDS" (EGM/ESOR/2008/BP.4), background paper prepared for the Expert Group Meeting.

³⁵ Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA) and United Nations Development Fund for Women (UNIFEM), "Caregiving", in *Women and HIV/AIDS: Confronting the Crisis. A Joint Report by UNAIDS/UNFPA/UNIFEM* (Geneva and New York, 2004).

³⁶ Joint United Nations Programme on HIV/AIDS (UNAIDS), "Caregiving in the context of HIV/AIDS" (EGM/ESOR/2008/BP.4), background paper prepared for the Expert Group Meeting.

³⁷ Joint United Nations Programme on HIV/AIDS (UNAIDS), *2008 Report on the Global AIDS Epidemic* (Geneva, UNAIDS, 2008).

³⁸ Olagoke Akintola, "Towards equal sharing of AIDS caring responsibilities: learning from Africa" (EGM/ESOR/2008/EP.5), expert paper prepared for the Expert Group Meeting.

50. The HIV/AIDS care crisis clearly demonstrates that sharing of care responsibilities between women and men will not be sufficient to reduce the care burden on households and communities. Increased investment in well-functioning and accessible public-health and social services, prevention efforts, affordable treatment, and training of health-care providers, as well as expansion of infrastructure such as access to water and sanitation, is required.³⁶

V. Policy responses

51. The unequal sharing of responsibilities has implications for a range of policy areas, including health, social welfare, family, education and the labour market, and requires a complex set of policy responses. A transformation of both individual attitudes and behaviour and institutional arrangements, particularly in the labour market, is necessary. At the same time, women and girls need to be supported in confronting existing unequal burdens.

52. Policy responses have not always been explicitly driven by the objective of reducing the unequal sharing of responsibilities between women and men and have often been linked to other issues, such as the need to strengthen women's engagement in the labour market so as to increase economic efficiency, expanded care needs in an ageing population, declining fertility rates, and concerns about child welfare.³⁹

53. Caution is required so as to ensure that policy responses do not inadvertently perpetuate, or exacerbate the impact of, stereotypes and inequalities. For example, policies on parental leave, crèches and work-life balance that target only women are based on the assumption that women have sole responsibility for care and also fail to recognize the responsibilities of men. Policies designed for both women and men are more likely to contribute to equitable sharing of responsibilities.¹⁵

54. To ensure that women's disproportionate burden of care responsibilities is addressed in a wider gender-equality framework, constitutional and legislative guarantees prohibiting discrimination have been passed in a number of countries. The repeal of discriminatory employment laws and adoption of legislation ensuring equal rights related to family, marriage, divorce and access to land, and efforts to strengthen implementation of these laws, are particularly important.

55. A range of policy initiatives by Governments have focused on reducing the burden of unpaid work, particularly caregiving, and assisting women and men in combining their work and family responsibilities. Policy options have been shaped by different perceptions of the role of the State, ranging from insurer of universal and equitable social provisioning to deviser of targeted policies designed to fill gaps when family or market structures fail.⁴⁰ Responses have included leave provisions, cash benefits, and different forms of provision of care services and facilities, as well as improvement in access to infrastructure and basic services, particularly in

³⁹ Sue Himmelweit, "The right to request flexible working: a 'very British' approach to gender (in) equality?" *Australian Bulletin of Labour*, vol. 33, No. 2, pp. 246-263; and Organization for Economic Cooperation and Development (OECD), *Babies and Bosses: Reconciling Work and Family Life — A Synthesis of Findings for OECD Countries* (Paris, OECD, 29 November 2007).

⁴⁰ UNRISD, *Gender Equality: Striving for Justice in an Unequal World* (Geneva, UNRISD, 21 February 2005).

developing countries. Effective use has been made of research and advocacy to promote changes in attitudes and behaviours. The impact of pension and tax systems has also been investigated and addressed by some countries.

56. Leave provisions constitute a classic social security response by Governments in both developed and developing countries with respect to supporting women and men in reconciling work and family responsibilities. These provisions, however, distinctly vary in terms of eligibility, pay and duration and, in some cases, their relevance is reduced in lower-income countries where labour relations are largely informal.¹⁹ Both developing and developed countries provide *maternity leave*, and *paternity leave* is also being provided increasingly. *Parental leave* — longer-term arrangements of varying lengths for care of young children — may be taken up by either parent.¹⁵ Many countries provide carers' leave, which allows workers to take short-term leave to address family crises such as accidents or serious illnesses. Short periods of emergency leave may also be provided.¹⁵

57. Innovative measures are being taken to expand usage and coverage of leave provisions. In some countries, maternity leave benefits for domestic and temporary workers as well as unemployed women are explicitly included in labour legislation. In Uruguay, for example, various provisions related to maternity benefits explicitly apply to domestic women workers and unemployed women.⁴¹ An innovative approach in Central and Eastern Europe provides with grandparents entitlement to parental leave, in recognition of the value of such intergenerational support.⁴¹

58. Leave allowances are usually provided through some form of social insurance (requiring employee contributions for a minimum period of time) or are based on cost-sharing among employers, employees and public funding. Where employers bear a large share of the costs, the impact on women's access to the labour market can be negative because some employers may regard the employment of women as costly.⁴² The fact that, in most countries, the time taken for parental leave is not included in the calculation of pension benefits also has negative consequences for women who disproportionately utilize such provisions. Some countries, such as Germany, Norway, Sweden and Switzerland, have introduced provisions to ensure that persons taking parental leave are awarded pension credits.¹⁵

59. While periods of leave represent an important means of supporting family care, extended periods of leave to fulfil caregiving responsibilities may have the overall effect of reducing future employment prospects for women. Research suggests that when women are away from work for very long periods of parental leave, it becomes difficult for them to re-enter the workforce even if employers are obliged to reinstate them.⁴³ Some countries have changed their provisions for parental leave to limit the time outside the labour force and reduce the chances of falling into a "leave trap". The possibility of taking parental leave on a part-time basis can facilitate contact with workplaces and help avert problems of reintegration.

⁴¹ ILO, *Maternity at Work: A review of national legislation — Findings from the ILO's Conditions of Work and Employment Database* (Geneva, International Labour Office, 2005).

⁴² World Bank, Poverty Reduction and Economic Management Network, "Labor market regulations for women: are they beneficial", PREMNotes, No. 94 (December 2004).

⁴³ OECD, *Employment Outlook: Towards More and Better Jobs* (Paris, OECD, 2003).

60. The take-up of leave provisions by men is limited in most countries. Research has shown that fathers may want to avoid being seen as uncommitted to their jobs and may fear the consequences that leave for care work might have for their careers.¹⁵ Men's low take-up is also linked to the stereotypic expectation that women should take the main responsibility for family care.¹⁵ However, whether the leave is paid and the extent of payment have a direct influence on take-up rates by men. Experience in a number of countries that maintain relatively high payments during parental leave indicates positive experiences of take-up by men. In order to address the problem of low take-up rates by men, some countries, including Austria, Denmark, Iceland, Norway and Sweden, stipulate that part of the parental leave can be taken only by the father and will be lost if he does not take it.¹⁵

61. To assist both women and men in reconciling their work and family responsibilities, a number of countries have introduced policies on working arrangements. These include reduction of long legal working hours, flexibility of work time and location, and the possibility of taking part-time work.¹⁵

62. Working part-time, or moving between full- and part-time work, allows workers greater flexibility. In the Netherlands, legislation provides all workers with the right to change working hours without including the requirement that they have caring responsibilities. However, even where part-time options are available to both women and men, they are mainly taken up by women because of stereotypic assumptions about their roles as caregivers and their lower salaries.¹⁵

63. While working part-time provides greater flexibility, it often brings disadvantages, including reduced access to income, vocational training and promotion opportunities. Improving the quality of part-time work, through regulation of working conditions and social benefits, may lead to a greater use of such arrangements by both women and men and may end the perception of working part-time as an option only for women workers.¹⁵

64. In a number of countries, innovative approaches have been taken to extending social protection to workers in the informal sector. In India, for example, through partnerships with the Government and the insurance industry, the Self-Employed Women's Association (SEWA) has provided a comprehensive package of social insurance benefits to informal women workers through its integrated insurance scheme. In Chile, revisions in health insurance policy have enabled temporary or seasonal agricultural and horticultural workers to participate and receive coverage.⁴⁰

65. Some countries offer cash benefits in the form of family and child allowances to assist families with the costs of raising children and to support the well-being of families. On the other hand, cash payments tend to strengthen the provision of care by family members and may reinforce views of women as caregivers and exempt other sectors from responsibility.²⁰ Cash transfers, often targeted at poor families, have become a common social assistance instrument in recent years. Their provision is often conditional on families' complying with certain requirements which may add to the responsibilities of women (such as school attendance, taking children to health checks or attending workshops on nutrition). Innovative programmes in Argentina and Chile combine cash transfers with access to training, facilitating women's participation in paid employment as representing a more sustainable route out of poverty.²⁰

66. Reliable and affordable provision of care facilities for children, the sick and elderly plays a key role in facilitating reconciliation of work and family life. The most commonly provided facilities are preschools and kindergartens. For children under age 3, public financing for care facilities is less common. Governments have encouraged the private sector, non-governmental organizations and private entities to become active providers, and have made efforts to make childcare more affordable by providing subsidies to care providers or income allowances to parents.¹⁵ Argentina, Chile, the Republic of Korea and Uruguay, for example, have moved towards more comprehensive provisioning of care services, extending services and experimenting with financing and delivery mechanisms.¹⁹

67. The provision of basic services such as primary education and health services can reduce the care work of families, especially in developing countries. In countries where primary educational facilities are underfunded and dropout rates are high, or where school hours are not adapted to parents' working hours, the unpaid care burden is intensified.¹⁹ Experience shows that benefits from public services increase if they are adapted to people's needs in terms of location and opening hours, for example through the extension of school hours to accord with working hours or the decentralization of Government services.¹⁵

68. Investments in public infrastructure such as water, transportation and energy are important policy responses in developing countries, with a significant impact on the care work performed within households, particularly in the context of HIV/AIDS. Technological advances could further reduce the burden of time and energy imposed on women in respect of household work and caregiving, but are often too expensive for poor households.¹⁵

69. Some countries have made efforts to provide domestic workers with basic social and labour rights. In South Africa, for example, new legislation introduced minimum wages, the right to a written contract, paid leave, severance pay, a dismissal notice, and the employer obligation to register workers at the State unemployment fund. Studies on this law have noted the positive impact of labour-market interventions on wages and working conditions.¹⁹

70. A number of countries have taken measures to engage men and boys and to raise awareness of men's responsibilities within families. Initiatives have focused on promoting active and responsible fatherhood through training and sensitization, peer groups and awareness-raising campaigns in, inter alia, workplaces, educational institutions and sports arenas. Efforts to engage and support young fathers have been undertaken in many countries.

71. While policy attention to home-based caregiving in the context of HIV/AIDS has been limited, there have been some innovative initiatives, including development of social protection measures that provide cash assistance to HIV-affected households and efforts to increase the involvement of men in care. In Zimbabwe, for example, a project developed by Africare trained 120 men aged 20-65 to be volunteer caregivers in order to increase the participation of men in home-based care and HIV/AIDS education. The project focused on expanding traditional notions about masculinity to include caring and supportive behaviour and also provided technical assistance and medical and material supplies.³⁸ However, a more holistic, coherent and multisectoral policy approach is required to mitigate the short- and long-term impact of the HIV/AIDS pandemic on households, communities and societies. This requires scaling up of efforts to build and maintain

capacity in the public sector, including efforts to address the acute shortages of health-care professionals, and to improve prevention strategies and programmes.

72. In many countries, pension schemes cover the financial needs of elderly people who are no longer employed. Where pensions are tied to contributions made while employed, there is a bias against women owing to the gender wage gap and the fact that women spend less time in formal employment because of interruptions for child care. The privatization of pension provisions has exacerbated these gender inequalities because the benefits received are determined by individual earnings. Some Governments have addressed the disadvantages experienced by women through minimum pensions, redistribution towards low-income groups, and credits given for years spent caring for children.⁴⁴ For example, in South Africa, a non-contributory pension plan, which guarantees low-income women and men a monthly old-age pension from the State, is in place.⁴⁰

73. Many countries have undertaken time-use surveys to access data to guide policymaking. Such surveys provide information on patterns of time use by women and men, including on unpaid housework and person care, and other activities such as sleep, leisure, studies and self-care. Persistent limitations in terms of data collection and analysis contribute to the invisibility and continuing undervaluation of unpaid care work.¹⁸ Efforts are needed to extend these surveys to more countries, increase the collection of time-series data, overcome variations in availability of rural and urban data, and harmonize concepts and methods so as to increase comparability.

VI. Conclusions and recommendations

74. Unequal sharing of responsibilities between women and men, including in caregiving in the context of HIV/AIDS, persists in all parts of the world. Gender inequality and discrimination contribute to the continuing imbalance in the division of labour between women and men and perpetuate stereotypic perceptions of men as breadwinners and women as caregivers. As a consequence, the potential of women and girls for participation in education and training, the labour market and the public sphere is constrained.

75. The recognition, measurement and valuing of care work, including through time-use surveys, need to be significantly enhanced. While in some countries, men's involvement in parenting has increased in response to targeted interventions, concerted efforts are needed to enhance the role of men and boys in household work and caregiving and to facilitate the reconciliation of work and family life for both women and men.

76. Increased sharing of responsibilities between women and men will not, however, be adequate with respect to addressing the persistent challenges of caregiving in society. The HIV/AIDS pandemic has illustrated the need for the increased involvement in care work of all stakeholders — States, the private sector, civil society and households. Policymakers must recognize that care work is a critical societal function, contributing to the reproduction of society and to economic development. A multisectoral approach, including increased

⁴⁴ Emily Esplen, *Gender and Care: Overview Report* (Brighton, United Kingdom, BRIDGE, Institute of Development Studies, University of Sussex, January 2009).

investment in quality public services, is needed to reduce the care burden on households.

77. The Commission on the Status of Women may wish to consider recommending the following actions to facilitate the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS.

78. Governments, the United Nations and other international and regional organizations, non-governmental organizations, the private sector, employer organizations and trade unions, and other stakeholders, should, as appropriate:

(a) Ratify, without reservations, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child, including the Optional Protocols thereto,⁴⁵ and ensure the full and effective implementation of the provisions of the Conventions and the concluding comments of the Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child;

(b) Ratify, bring national legislation into conformity with, and fully implement ILO Convention No. 156 concerning Workers with Family Responsibilities (1981) and its corresponding Recommendation (No. 165);

(c) Take all appropriate measures to eliminate de jure and de facto discrimination against women in relation to marriage, family law, inheritance and property;

(d) Ensure that care work is recognized, measured and valued and systematically integrated into policies across all relevant sectors, including education, health and employment;

(e) Promote greater understanding and recognition of the fact that care work should be shared between women and men, as well as among the State, the private sector, civil society and households; and strengthen dialogue and coordination among Governments, employers, civil society, including women's organizations and trade unions, and donors, in this respect;

(f) Adopt gender-sensitive policies and legislation and review existing policies and legislation to improve rights, social protection, working conditions, and representation of both paid and unpaid caregivers;

(g) Ensure that both women and men have access to parental leave and other forms of leave, including maternity and paternity leave, and provide incentives to men to avail themselves of this leave, including, inter alia, through earmarked entitlements for fathers, and awareness-raising campaigns for the general public, schools, workplaces and other relevant institutions;

(h) Increase flexibility in working conditions to facilitate greater reconciliation of work and other responsibilities, including caregiving; ensure the protection of workers through flexible working conditions with regard to wages, social protection and other benefits; and target such measures to all workers so as to avoid reinforcement of gender stereotypes;

⁴⁵ United Nations, *Treaty Series*, vol. 2131, No. 20378; and *ibid.*, vol. 2171, No. 27531, and *ibid.*, vol. 2173, No. 27531.

(i) **Adopt or review policies on social protection for people with care responsibilities, including family and child allowances, cash transfers and tax credits, and ensure that information on these benefits is widely available;**

(j) **Develop minimum pensions independent of years of contribution to ensure that basic minimum needs are met, and recognize leave periods for caregiving in calculation of pension benefits;**

(k) **Ensure the development and/or expansion of quality and affordable care services for children, the elderly, the sick and people living with disabilities; and ensure that such services meet the needs of both caregivers and care recipients in terms of proximity, hours of operation and cost;**

(l) **Increase investments in quality and affordable public services, including schools and health services, and increase access to public infrastructure, such as transportation, water, sanitation and energy, in particular in rural and slum areas, so as to reduce the care burden on households;**

(m) **Significantly scale up efforts, in the context of the HIV/AIDS pandemic, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010 and ensure that those efforts promote gender equality;**

(n) **Integrate gender perspectives into national HIV/AIDS policies and programmes, taking into account the caregiving responsibilities of both women and men;**

(o) **Strengthen and improve public health-care services to alleviate the current demands on women and girls to provide unpaid care services in their households and communities in the context of HIV/AIDS, including in rural areas;**

(p) **Develop multisectoral policies and programmes and increase resource allocations to support home-based care providers, including through access to information on HIV prevention, treatment, care and support, as well as training and provision of basic equipment and resources;**

(q) **Implement comprehensive and coordinated informational campaigns, involving, inter alia, educational institutions, workplaces in both the public and the private sector, the media and civil society, to challenge stereotypic gender roles and promote greater sharing of paid and unpaid work between women and men;**

(r) **Take measures to increase the role of men in caregiving within households and in care professions, and scale up interventions to reach boys and young men, including through fatherhood preparation courses and peer programmes;**

(s) **Strengthen the capacity of national statistical offices to effectively conduct and utilize time-use surveys to inform policy development that facilitates the sharing of unpaid work between women and men;**

(t) **Conduct research and collect sex- and age-disaggregated data, in order to inform policymaking, measure progress in the sharing of**

responsibilities between women and men, including in the context of HIV/AIDS, and identify the barriers men face due to stereotypic expectations;

(u) Carry out gender-sensitive evaluations and impact assessments of measures taken, and incorporate gender-responsive budgeting processes across all policy areas, including in the context of HIV/AIDS;

(v) Increase consultation with women and strengthen their access to decision-making in policies and programmes designed to support caregiving, including in the context of HIV/AIDS.
