



HIV/AIDS, Gender and the Care Economy: The Social and Economic Impact of HIV/AIDS

“As AIDS strikes at the lifeline of society that women represent, a vicious cycle develops. Poor women are becoming even less economically secure as a result of AIDS, often deprived of rights to housing, property or inheritance or even adequate health services. In rural areas, AIDS has caused the collapse of coping systems that for centuries have helped women to feed their families during times of drought and famine – leading in turn to family break-ups, migration, and yet greater risk of HIV infection. As AIDS forces girls to drop out of school – whether they are forced to take care of a sick relative, run the household, or help support the family – they fall deeper into poverty. Their own children in turn are less likely to attend school – and more likely to become infected. Thus, society pays many times over the deadly price of the impact on women of AIDS.”

Kofi Annan, UN Secretary-General

Excerpt from Statement on International Women’s Day 2004

Behind every tragedy of death and illness from AIDS, there is a care giver – usually a woman – who has borne not only the impact of loss of loved ones, but also the enormous cost of time, energy and resources to provide this care. Regardless of continent and culture, women are primarily responsible for domestic work within the household and the provision of care to family and relatives, ranging from bringing up children to caring for the sick and elderly. Women pay an opportunity cost when undertaking unpaid care work for HIV/AIDS-related illnesses as their ability to participate in income generation, skills-building and leisure activities is drastically reduced. This is also an ‘empowerment cost’. Through it entire families are affected, as vulnerability increases when women’s time caring for the sick is taken away from other productive tasks within the household.

Older women “grandmothers” often find themselves the sole carers and providers for orphan children and the sick parents. Loss of household income due to sickness and death can also force older women back into the productive sector.

The burden of care work multiplies where treatment, medical care, or social and economic resources are not available. In a context of poor access to water, for example, even longer hours are spent fetching the increased quantities needed to care for the sick.

Key Issues

Women’s care work in the context of HIV/AIDS has a very high opportunity cost and an unsustainable impact on social and economic levels:

Intensification of Feminised Poverty

The feminisation of poverty refers to a process in which women and girls experience poverty and insecurity differently and more intensely than men as a result of gender inequalities in households, communities and institutions. Women’s role in the care economy intensifies women’s poverty and insecurity as opportunities for income generation are lost and a large proportion of an already meager income is spent on care, such as water, gloves, funerals, or medical needs. A study in Kagabiro village in Tanzania demonstrated that when a household included someone with AIDS, 29 percent of household labour was spent on AIDS-related matters. In two-thirds of the cases two women were devoted to nursing duties and on average the total labour lost to households was 43 percent (Tibaijuka 1997). Additional care-related expenses, the reduced ability of caregivers to work, and mounting medical fees and funeral expenses collectively push affected households deeper into poverty. A study in Cote D’Ivoire revealed that health care expenses rose by 400 percent when a family member had AIDS (Bechu 1998). Further exacerbating strains on the household, customary law and gender inequalities often mean that women are unable to inherit property or land, may themselves be ‘inherited’ by other family members (widow inheritance), or are left destitute and stigmatised by their communities. HIV/AIDS is also increasing the numbers of orphans and other dependents within households and communities.



Reduction in Women's Empowerment

The more the burden of care falls to women in communities and households, the less women are able to engage in activities that have the potential to empower women vis-à-vis families, communities and markets. Gender inequality is at the centre of this crisis and prevents women from realising their human rights. The uneven burden of care responsibilities detracts from women's formal and informal sector income-generation, literacy and skills building, schooling and leisure time activities. When women are unable to attend to family crops, the likelihood of a surplus that can be marketed is reduced, thereby further limiting women's ability to access income that would usually be in their control within the household.

Impact on children

Young girls and adolescents are often forced to sacrifice their education to assist in providing care within households and therefore face reduced prospects for gaining decent work opportunities. In Swaziland, school enrolment is reported to have fallen by 36 percent due to AIDS, with girls most affected (UNAIDS 2001). Boys and girls are also pulled out to seek income-generating work, usually under high risk conditions.

Reduction in Food Security

While women produce between 60-80 percent of the food in most developing countries, the extra burden of care and support for those infected and sick has often meant moving away from productive agricultural work (Williams 2002). This is exacerbated in Africa, where women are widely responsible for producing and processing family food crops. In Uganda, there has been a decrease in cultivated land area to accommodate the shortage in labour, largely female labour. Food security and nutrition are threatened due to falling agricultural production, loss of family labour, land, livestock and other assets.

Key Actions Required

While addressing HIV/AIDS requires a holistic approach that deals with the provision of access to drugs, investment in prevention and access to information, the provision of support mechanisms for women's work in relation to HIV/AIDS is also critical to address the vulnerability of poor households and communities. Little has been done to mitigate or alleviate the social and economic impacts of the HIV/AIDS pandemic on the lives of people in affected households. Those initiatives that are in place generally form part of community-based home-care projects, which have low coverage, little support from governments, are critically short of home-care kits containing gloves, soap, disinfectants and other basic necessities, and whose volunteers are barely able to cope. In this regard, some specific points for action are proposed:

- Programmes, policies, and strategies directed at HIV/AIDS need urgently to address the provision of services to poor households coping with HIV/AIDS, taking into consideration the gender dynamics and dimensions and the implications of the care burden on prevention and poverty eradication.
- Social protection benefits to compensate for loss of income are increasingly urgent in societies heavily affected by the pandemic - particularly for women and girls. A social protection benefit would reduce the need for the elderly to seek income-earning opportunities, and could avoid the necessity for children, in particular adolescent girls, to leave school prematurely to seek work. In addition, more time could be spent on ensuring food security such as agricultural activities, engaging in some form of income-generating activity, raising children and supporting their development, on community activities and on the quality of care provided within the household.
- Advocacy and education campaigns are necessary to raise the visibility of women's work within the household and how this work is affected by HIV/AIDS. Campaigns should also promote change in gender relations at the household level, encouraging sharing in the tasks and responsibilities associated with household provisioning by women and men, thereby reducing the untenable burden on women within the household. This requires sustained efforts over several generations to challenge and sensitise children, adolescents and adults to gendered roles and shared responsibilities within families and communities.



Resources and References

Bakker, I (1998). "Unpaid Work and Macroeconomics: New Discussions, New Tools for Action". Publication funded by Status of Women Canada's Policy Research Fund. www.swc-cfc.gc.ca/pubs/0662636074/199808_0662636074_e.pdf

Barnett, T and A Whiteside (2002). "Poverty and HIV/AIDS: Impact, Coping and Mitigation Policy". In: Giovanni, A C (ed.). AIDS, Public Policy, and Child Well-Being. UNICEF. www.unicef-icdc.org/research/ESP/aids/aids_index.html

Bechu, N (1998). "The impact of AIDS on the economy of families in Cote d'Ivoire: Changes in consumption among AIDS-affected households".

HelpAge International and the International HIV/AIDS Alliance (2003). "Forgotten families: older people caring for orphans and vulnerable children affected by HIV/AIDS" www.helpage.org/images/pdfs/HIVAIDS/ForgottenFamiliesReport.pdf

Morris, J and Lewis, S (2003). "Mission Report: Lesotho, Malawi, Zambia and Zimbabwe". 22-29 January 2003, Rome: United Nations.

Steinberg, M, S Johnson, G Schierhout, D Ndegwa (2002). "Hitting home: How households cope with the impact of the HIV/AIDS Epidemic. A survey of households affected by HIV/AIDS in South Africa", Health Systems Trust. <ftp://ftp.hst.org.za/pubs/other/hittinghome.pdf>

Tibaijuka, A K (1997). "AIDS and Economic Welfare in Peasant Agriculture: Case Studies from Kagabiro Village, Kagera Region, Tanzania". World Development 25 (6): 963-975.

UNIFEM (2000). "Progress of the World's Women 2000". New York: UNIFEM.

UNIFEM (2003). Issues Paper for ECOSOC Ministerial Roundtable Discussion on "Economics and Rights: Interconnections in the context of HIV/AIDS and Feminized Poverty". Hosted by UNIFEM, 30 April 2003. www.un.org/esa/coordination/ecosoc/hl2003/issuespaperUNIFEM.pdf

UNIFEM Gender and HIV/AIDS Web Portal
www.genderandaids.org

UNAIDS (2001). "AIDS epidemic update". Geneva: Joint United Nations Programme on HIV/AIDS.

Williams, M (2002). "Gender Issues in Multilateral Trading System" (DRAFT)



HIV/AIDS, Gender and the Care Economy

UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS