



A UNAIDS Initiative

**The Global Coalition  
on Women and AIDS**

**Media backgrounder**

## **CARE, WOMEN AND AIDS**

All over the world women are expected to take the lead in domestic work and in providing care to family members.

HIV and AIDS have significantly increased the care burden for many women. Poverty and poor public services have also combined with AIDS to turn the care burden for women into a crisis with far-reaching social, health and economic consequences.

The term 'care economy' is sometimes used to describe the many tasks carried out mostly by women and girls at home such as cooking, cleaning, fetching water and many other activities associated with caring for the young, sick and elderly in the household. The value of the time, energy and resources required to perform this unpaid work is hardly recognized and accounted for, despite its critical contribution to the overall economy and society in general.

Women and girls pay an opportunity cost when undertaking unpaid care work for HIV and AIDS-related illnesses since their ability to participate in income generation, education, and skills building diminish. AIDS intensifies the feminization of poverty, particularly in hard-hit countries, and disempowers women. Entire families are also affected as vulnerability increases when women's time caring for the sick is taken away from other productive tasks within the household.

A study in the village of Kagabiro in Tanzania, demonstrated that when a household included someone with AIDS, 29% 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%.

Research has established that up to 90 percent of care due to illness is provided in the home. The vast majority of women and girls who shoulder the HIV and AIDS care burden do so with very little material or moral support. They receive no training, no formal materials such as gloves, medication, food and no means to pay for children's school-fees.

The combined physical and emotional burden of caring for sick household members, including orphans and others who have been affected by the disease, of trying to ensure an adequate food supply, medicines and school fees and of replacing lost income inevitably often forces women to neglect their own health and well-being.

As working-age people increasingly become sick and die of AIDS related illness, the loss of household income forces older women back into the workforce. At a late age, they often become the sole carers and providers for their adult children and orphaned grandchildren. Young girls and adolescents are forced to sacrifice their education to provide care within the home and face reduced prospects for decent work opportunities. For example in

Swaziland, school enrolment is reported to have fallen by 36% due to AIDS, with girls most affected.

The growing impact of the epidemic has shown that HIV and AIDS home care needs to extend its support beyond the person infected by HIV and include his or her family and household members. Home care programmes have shifted from an exclusive focus on medical and nursing care to include counselling, food assistance, welfare support, school-fees for orphans and income generation for widows. Some have successfully involved men and demonstrated that working with men helps change traditional attitudes and cultural beliefs about gender roles, vital to diverting the course of the epidemic.

However, home care programmes are often critically short of kits containing gloves, soap, disinfectants and other basic necessities. Mostly they depend on female community volunteers who are barely able to cope. Government involvement is limited and would diminish further without donor-support. Clearly there is also an urgent need to expand support to HIV and AIDS affected households beyond the health sector if issues of social and economic security are to be addressed effectively.

Much of the care work performed by women and girls is remains unpaid and therefore unaccounted for and undervalued in economic terms. National AIDS Plans hardly take into account the devastating effects of HIV and AIDS on women in the household. A first step towards improving this situation would be to establish women's care burden as an issue. The case must be made that women's care work implies costs to women, households, communities and national economies, and that something can and must be done to reduce women's excessive care burden in the context of HIV and AIDS.

A number of things can be done to raise awareness about the impact of HIV and AIDS on the disproportionate care burden shouldered by women and girls and to encourage action to tackle the problem. They include:

- Highlighting the magnitude and implications of women's unpaid care work in terms of social and economic costs and benefits, both to themselves, their communities and the larger society.
- Encouraging governments, national and international policy makers, communities and households to recognize the urgent need to scale up and broaden social protection and support for caregivers at community and household level.
- Advocating for changes in the gender division of domestic labour at household level and achieving gender equity in care responsibilities.

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