

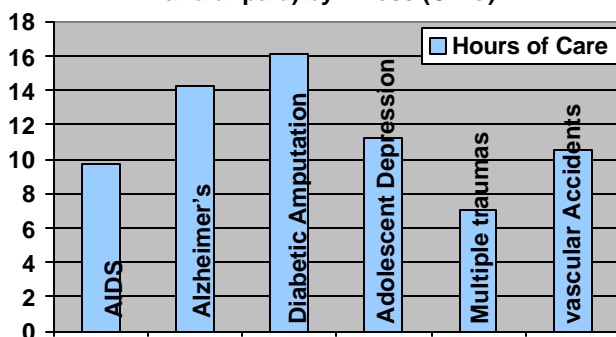
Women's Unremunerated Health Work

Modern health systems are able to operate because women are willing to shoulder the burden of care for their partners, family members, friends and communities.

Women have historically been responsible for the care of sick and disabled family members as an extension of their domestic roles. Over recent years however, a number of factors have combined to increase women's burden of unpaid health work; including an ageing population, an increase in the incidence of diseases that require long-term care, and an increasing reliance from the health sector on ambulatory care and out-patient services. This is happening at a time when the entry of women into the workforce means a decrease in the numbers of available unpaid health workers.

This burden of care increasingly presents an obstacle to the development of women's own human capital, and places enormous strains on family relations, household budgets, and paid care services. After taking care of their own children for an average of 18 years, a significant number of women (see Quick Facts) can now also expect to care for one or both of their parents for an average of 18 years. Yet government expenditure on home and community care services continues to lag far behind the cuts to government spending on health services, and women are forced to pick up a disproportionate amount of the shortfall.

Hours of daily home-based care (paid and unpaid) by illness (Chile)



Source: Reca et al. 2002

A Changing Epidemiological Profile

Especially in the developing world, HIV/AIDS now represents one of the most significant sources of long-term disease and disability, and it places a physical and emotional burden on the women who care for their infected family members, often when they themselves are infected. Other factors include increasing morbidity from diseases such as cancer, a high incidence of communicable diseases such as malaria and tuberculosis, which even when they are not fatal may leave patients with chronic health problems; diseases and weakness resulting from malnutrition; disabilities resulting from natural disasters, violent conflict, unsafe working conditions, and road accidents, the physical and mental health effects of gender-based and other forms of violence; and depression and other mental illnesses.

The global population is now living longer lives than they ever have. With the general increase in life expectancy however, the incidence of diseases that require long-term care has also increased. Older people suffer from Alzheimer's, arthritis, heart disease, cancer, stroke, diabetes, osteoporosis, sensory deterioration (blindness and deafness), and, in developing countries, communicable disease such as pneumonia.

Women as Caregivers...

- In Canada, 80% of paid and unpaid caregivers are women, 75% of them between the ages of 50-65. (2)
- In the US, 55-70% of primary caregivers are women. (4)
- In the US, the average woman will spend 18 years taking care of a parent. (4)

The Need for Unpaid Care...

- While half the acute care beds were removed from Ontario hospitals, government support for home care increased only 0.4% in 3 years ('96-'99) (2)
- In Spain, more than 50% of illnesses are resolved within the domestic sphere. (5)
- In Quebec, the average length of hospital stays went from 8 days in '93-'94 to 4 days in '97-'98. (1)
- A 1997 survey of Canadian and American research showed that 70-80% of nursing/personal care for the elderly was provided by family members. (1)

The Value of Unpaid Care...

- In Spain, 88% of health care work is unremunerated. (5)
- In the US, the economic value of unpaid care is estimated to be 6 times that of paid home care services. (4)
- According to a Saskatchewan study, people caring for an elderly family member save the health system \$24 000 a year per person. (2)

Caring for Domestic Violence...

- In Haiti, 70.7% of domestic violence victims sought help within their own families (DHS 2000).
- In the Dominican Republic, 54% of victims of physical abuse sought help from a parent, and 31% sought help from a friend (3).
- In Peru, 46% of domestic violence victims sought help from someone they knew (DHS 2000).

What is Unpaid Health Work?

- It is the care provided to a sick or disabled family member, friend or community member outside the hospital, health centre or doctor's office, for no compensation;
- It can include personal care (washing, feeding, exercising), medical (injections, bandages, monitors), or domestic services (cooking, cleaning, shopping);
- It is usually invisible, seen as an extension of women's domestic work, and not recorded in health statistics or national budgets;
- It often includes an emotional relationship – and can be provided by more than one person, to more than one person at a time.
- The burden of unpaid care changes according to a family's socio-economic status, ethnicity, and region of residence.

The health systems of developed countries are about to face an unprecedented demand for long-term care services, which the majority of them are unprepared for. By contrast, most developing countries already rely to a much greater extent on women's unpaid labour, particularly in rural areas, to supplement under-funded public health systems.

Health Sector Reforms

Women's burden of unpaid health work is also increasing as a result of health sector reform processes. Most health sector reform focuses primarily on reducing the number of hospitals, the number of beds in hospitals, and the amount of time beds are occupied, with little thought as to where people go once they leave the hospital. There has been some increase in state spending on community and home care services, but in very few cases has the increase been large enough to offset the cuts to formal health services.

The shift to ambulatory care and an increasing reliance on out-patient services is predicated on the fact that there will be someone at home to care for the recovering patient. In some cases, paid home care services are available, though not always affordable. In other cases, patients are referred to publicly-funded community or home care services, which are generally over-burdened and understaffed. In a great number of cases however, patients are simply sent home with their partners, mothers, daughters or friends, who are given instructions on how to care for them, and left to manage on their own.

Results

The factors described above have combined to place heavy burden of unpaid health care work on families and communities, most of which is assumed by women as an extension of their domestic responsibilities.

- Patients are receiving differential and sometimes inadequate levels of care following surgery, childbirth, illness or disability.
- Caregivers (mainly women) are providing increasingly complex services – not just personal care services but in many cases medical procedures which they are not qualified, and inadequately trained to perform.
- The health of caregivers themselves can be negatively affected by the emotional and physical stress involved in caring for a sick family member or friend

What do we do?

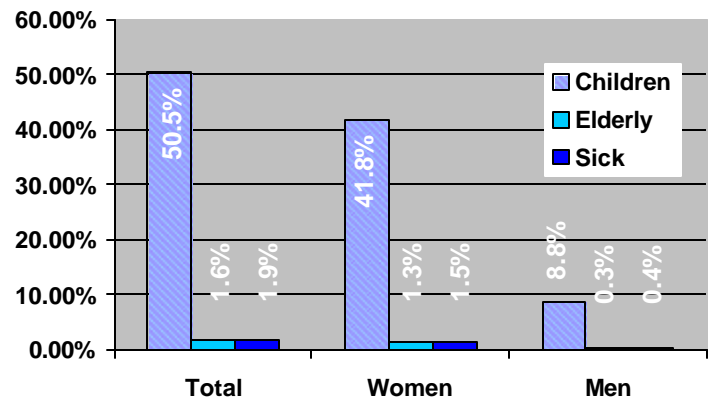
A number of steps should be taken to redress the imbalance that currently exists between the public and community or home burdens of care, and to alleviate or support women who are caring for one or more sick, disabled or elderly family members.

- Support to community care programs and local health centres should be increased so that they can handle more of the burden of care in their communities.
- Governments should consider implementing tax breaks for families or individuals that have significant caregiving responsibilities.
- A cost and benefit analysis of health care reform measures should be carried out to determine a) how much money they are really saving the public health system, b) the impact of these measures on women's burden of domestic, unpaid labour, and c) the impact of women's caregiving responsibilities on their own health and development (in terms of lost employment income, increased household spending on health supplies, emotional and physical consequences of caregiving, etc.).
- National standards of quality control for home care should be established to ensure that patients are receiving adequate and appropriate care, and that caregivers are appropriately knowledgeable and skilled before taking on their responsibilities.
- Social protection such as health and disability insurance should be expanded to include unremunerated health care workers, who may have to give up paid employment to undertake their caregiving responsibilities and should be compensated accordingly.

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Care activities as a contribution to unremunerated services (Mexico)



Source: Gomez 2001