



Equity, Gender and Cultural Diversity (DD/EGC)
Health Services and Access (HSS/HS)

Valuing unpaid caregiving to transform women's lives

March, 2018

Demographic changes in recent decades, in particular greater life expectancy at birth and a higher prevalence of chronic diseases, have greatly impacted health agendas, underscoring the growing demand for health care and the social need to provide it, including in the public and private sectors. At the same time, as a result of gender stereotypes in society, caregiving has come to be considered a “reproductive” or “domestic” role. And thus, the main responsibility for this work in homes and communities rests with women who, in most cases, are neither recognized nor paid for their contribution to the health system.

Unpaid caregiving limits the empowerment of women

This situation undermines the conditions needed to achieve the individual and collective empowerment of women, especially in economic terms.¹ The evidence shows that caregivers spend fewer hours in the labor market than non-caregivers, even when their caregiving responsibilities are light. When caregiving exceeds 10 hours per week, participation in the labor market is seriously diminished.² Furthermore, this situation translates into an increase in the total number of hours that women work when we consider both paid work (in the labor market) and unpaid work (in the home), thus reducing the available discretionary time that women can devote to their personal and collective development and well-being.

- In all the countries of the Region where data are available, women devote much more time to unpaid work than men do. Conversely, men devote more time than women to paid work.³
- Unpaid work lacks visibility with respect to what it contributes to production and well-being, meaning that people who do this work have poorer access to economic resources.¹
- The social undervaluing of unpaid work is one of the main causes of the economic and social subordination of women, and one of the factors that legitimizes and propagates imbalances in the distribution of resources and power between women and men.⁴

¹ PAHO, ECLAC, Consejo Superior de Investigaciones Científicas-España, 2008. *La economía invisible y las desigualdades de género. La importancia de medir y valorar el trabajo no remunerado.*

² Lilly, Laporte, y Coyte, 2007: 676. *Labour market work and home care's unpaid caregivers: A systematic review of labour force participation rates, predictors of labour market withdrawal, and hours of work.* *Milbank Quarterly*, 85(4), 641–690. From PAHO/EGC draft document.

³ ECLAC. Gender Equality Observatory. <https://oig.cepal.org/en/indicators/total-work-time>.

A lack of policies results in women caregivers lacking proper access to the formal labor market

In the Americas, public policies aimed at harmonizing productive work and family responsibilities are weak or lacking. Along with certain features of the labor markets in the Region and an unequal distribution of opportunities, this translates into persistent socioeconomic and gender inequity.

Several studies show the impact of unpaid care on women's share of the labor market. Depending on the health care and personal care needs of family members, unpaid caregivers may have to reduce their formal paid working hours and opt for more flexible and less lucrative work in the informal market or, in the worst cases, abandon the labor market and devote themselves exclusively to caregiving.⁵ For example:

- In Ecuador, according to the 2007 time-use survey, the vast majority of people who do paid work and were also caregivers worked in the informal market.⁶
- In Santiago (Chile), a study on home caregivers showed that 14% of women caregivers had left their paid jobs, while 18% saw reductions in income.⁷
- In the United States, it was found that each additional hour per week of unpaid work meant six fewer hours per week in the labor market.⁸
- According to data from the First Central American Survey of Working Conditions and Health (2011), carried out in Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama, even women who work in the informal sector and also have more than three children enjoy better conditions than those who care for people with health problems.⁹

Unpaid caregiving promotes inequity in women's access to social protection for health

In general, the greatest burden of care falls on middle-aged women in the lower socioeconomic strata of society, i.e., those with low levels of education, without their own income, in low-income families, and whose households and dependents have few sources of

⁴ PAHO, ECLAC, Consejo Superior de Investigaciones Científicas-España, 2008. *La economía invisible y las desigualdades de género. La importancia de medir y valorar el trabajo no remunerado*.

⁵ Medel J, Díaz X, Mauro A., 2006. *Cuidadoras de la vida. Visibilización de los costos de producción de salud en el hogar. Impacto sobre el trabajo total de las mujeres*. Santiago: Centro de Estudios de la Mujer.

⁶ World Bank. Unpublished study on Ecuador's time-use survey.

⁷ Medel J, Díaz X, Mauro A., 2006. *Cuidadoras de la vida. Visibilización de los costos de producción de salud en el hogar. Impacto sobre el trabajo total de las mujeres*. Santiago: Centro de Estudios de la Mujer.

⁸ Lilly MB, Laporte A, Coyte PC. *Labor market work and home care's unpaid caregivers: A systematic review of labor force participation rates, predictors of labor market withdrawal, and hours of work*. *Milbank Quarterly* 85(4) 641-690.

⁹ Lopez-Ruiz M., Benavides F.G., Vives A., y Artazcoz L., 2017. *Informal employment, unpaid care work, and health status in Spanish-speaking Central American countries: a gender-based approach*. *International Journal of Public Health*, 62(2), 209–218. <https://doi.org/10.1007/s00038-016-0871-3>

support. There are clear intersections between different forms of social stratification by socioeconomic position, gender, ethnic group, and generation.¹⁰

At the same time, employment indicators show that women have poorer access to labor resources and social protection plans. According to available data for 18 Latin American and Caribbean countries (circa 2016):

- Women's share of the labor market remains 28 percentage points below men's share (51% versus 79%).¹¹
- Open unemployment affects women more than men (10.9% versus 7.9%).¹²
- In 10 countries where information is available, 51.5% of women aged 65 years and over receive retirement or pension benefits in urban areas versus 63.5% for men.¹³

Unpaid care work hinders efforts towards access to universal health in the Region

- Women's access to social protection for health is limited by low levels of participation in the formal labor market, largely as a result of unpaid work in the home, including health care.
- Unpaid care not only impacts women's working life, social life, and financial situation, but also their health. Numerous studies have shown the impact of caregiving on the quality of life of caregivers and on the care they provide.¹⁴ These studies have documented negative effects on physical and psychological health, expressed in nonspecific symptoms such as depression, anxiety, irritability, muscle pain, and potentially incapacitating chronic problems in the circulatory system and joints. They have also demonstrated other effects on women's family, social, and emotional life, and the free time they have for personal and leisure activities, including taking care of their own health. These not only affect each woman's well-being, but also represent a cost for the health system.
- Unpaid health promotion and caregiving in the home, largely provided by women, constitutes one of the key pillars of health development. It is therefore crucial that the health sector address all its implications.

¹⁰ Armstrong, P., 2002. *Guidelines for examining women, work and caring in the New Millennium. Research Bulletin*, 3 (1), 15-18 y Armstrong, P., 2008. *Las mujeres, el trabajo y el cuidado de los demás en el actual milenio*, en OPS, *La economía invisible y las desigualdades de género. La importancia de medir y valorar el trabajo no remunerado* (pp. 195-204).

¹¹ ECLAC. *Statistical Yearbook for Latin America and the Caribbean 2017*.

¹² Ibid.

¹³ ECLAC. *The social inequality matrix in Latin America*. 1st Meeting of the Presiding Officers of the Regional Conference on Social Development in LAC, 2016. Figure III.8.

¹⁴ Amparo Hernández, documento de trabajo realizado para la OPS, 2012. *El trabajo no remunerado de cuidado a la salud y la igualdad de género: elementos para el análisis de las políticas de salud*.

There is an urgent need to measure and value unpaid caregiving

International and national commitments to achieving gender equality explicitly call for shared responsibility and better distribution of household and caregiving duties between men and women. Many countries are making headway in terms of measuring the total time that women and men work—and this is a key piece of information to explain the disadvantageous situation of women—through satellite accounts for unpaid work, which are based on data from time-use surveys. In the area of health, estimating the contribution of unpaid caregiving is essential.

- According to Mexico's health sector satellite account (2008),¹⁵ unpaid caregiving is equivalent to 80% of hospital-based services in the health sector.
- According to this satellite account, women provided 76% of unpaid health care.

Opportunities to tackle inequities in unpaid caregiving

PAHO's Gender Equality Policy (2005) emphasized the value and contribution of unpaid caregiving, mainly by women. Furthermore, PAHO's Strategy for Universal Access to Health and Universal Health Coverage (universal health) promotes valuing and measuring unpaid health care work.

The 2030 Agenda for Sustainable Development promotes the right to health and gender equality, especially Sustainable Development Goal (SDG) 3: *Ensure healthy lives and promote well-being for all at all ages*; and SDG 5: *to Achieve gender equality and empower all women and girls*, with the aim of moving forward with intersectoral and comprehensive approaches. SDG Target 5.4 calls for a need to “recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family”.

Initiatives in the Region

It is important to recognize that initiatives have already been implemented in the Region to link caregiving and health, and that they represent different ways of organizing the health sector. **Uruguay** has created the National Care System, the first regional initiative to comprehensively address paid and unpaid care (Law 19,353, 2015); **Costa Rica** has also made progress with the creation of the National Child Care and Development Network (Law 9220, 2014); and **Colombia** has advanced in multiple ways by recognizing the care given by mothers in the community through payment of a minimum wage and a commitment to developing a National Care System.¹⁶

Recommendations

In order for unpaid caregiving to be included in the development of health policies, the following is necessary:

¹⁵ INEGI. *Sistema de Cuentas Nacionales de México. Cuenta satélite del sector salud de México, 2008*. http://internet.contenidos.inegi.org.mx/contenidos/Productos/prod_serv/contenidos/espanol/bvinegi/productos/derivada/satelite/salud/2008/702825003322.pdf

¹⁶ Pautassi, Laura, et. al. 2018. Advance report on *El trabajo no remunerado de cuidado de la salud en los hogares: Análisis de iniciativas y retos en la Región de las Américas*. In preparation at PAHO.

- Continue the task of recognizing, valuing, and measuring unpaid health care work in homes and communities, and integrating unpaid caregiving into universal health policies as a requirement for advancing toward health systems with greater gender equity.
- Promote the development of studies on the distribution of the visible and invisible costs of health care in order to move forward in the discussion of a just and efficient distribution of health care among the State, the market, and families.
- When analyzing public policies and health systems, include the distribution of the burden of the monetary (visible) and non-monetary (invisible) costs of unpaid work related to meeting the needs of the older persons.
- Considering that health care activities can be simple or complex and short- or long-term, and that they can extend beyond the home in the case of institutionalized patients¹⁷, policies should consider: the nature of the care given and the relationships between the needs of the person receiving care and the capacity and availability of the person who gives it; the socioeconomic level, age, ethnic group, place of residence, and even immigration status of caregivers; and, of course, the level of social protection to which households have access.

It is imperative to recognize, value, and measure unpaid health care work done in homes, especially by women, and to integrate it into health and social protection policies in the Region. It is also essential to continue to promote men's participation in caregiving in order to achieve a fair redistribution of the total workload, both paid and unpaid. Such recognition, value, and redistribution will foster the necessary conditions for advancing toward a society in which men and women are both providers and caregivers, making gender equality a reality both in health and in society.¹⁸

¹⁷ Amparo Hernández, documento de trabajo realizado para la OPS, 2012. *El trabajo no remunerado de cuidado a la salud y la igualdad de género: elementos para el análisis de las políticas de salud*.

¹⁸ ECLAC. 2010. *What kind of State? What kind of equality?*. Eleventh Regional Conference on Women in Latin America and the Caribbean. Brasília, 2010.