Panel Presentation 2 - Outline

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- What is the Care Economy?
- How do we understand it in the context of HIV/AIDS and UN goals?

What is the care economy?

1. **Preamble**: not to be confused with home-based care and not to assume that problems have only emerged with HIV/AIDS

2. Identify **what are care economy activities from Time Use classifications**
   - **How it is linked with money economy**: what makes somebody available for decent work: the notion of two-way interactions, away from the one-way “breadwinner on which the breadusers depend” model that HIV/AIDS impact and mode of transmission analyses use.

3. **Why is it an economy** when it is officially classified as non-economic: notion of opportunity cost, simply introduced as limited time and energy budgets, involving opportunity costs of time and energy uses.

4. **How is the care economy organised?** (What questions should we ask and what are some of the answers: households and families as social institutions as well as community organisations: who decides who does what and for whom? asymmetries of power, rights, responsibilities, obligations, activities, assets) bringing out the gender relations and filial relations on an intergenerational basis. Generic Questions to contextualise: rural, urban, agro-ecological, migration) [Points 5-6 onwards will be articulated around 10 Key Questions for understanding an economy/society]

5. **Some characteristic features of the care economy**: gender cooperation and division of labour
   - power relationships, accumulation of workloads on women and girls (types of tasks, norms, obligations) in particular for domestic work,
   - the under-resourcing of the care economy (by the state, market) compounded by poverty: the time and energy intensive nature of the care economy and the notion of time-energy poverty.
   - The cooperative nature - social capital and intangible social resources
   - The extent to which it is inclusive of values not existing in market economies: the issue of valuation: use, option and existence value i.e the costs and benefits of care to the care-giver as well as the members receiving care: psychosocial, emotional, relational

6. **Contextualising the care economy and HIV/AIDS**: impacts of environmental degradation and rural-urban migration, impacts of economic liberalisation and structural adjustment policies and programmes prior to HIV/AIDS or more accurately the mature phase of the epidemic as unfolding right now (forsaking analysis should invite people to think not only in terms of how already unsustainable before HIV/AIDS, but how this dynamic actually increases vulnerability to infection)
7. **HIV/AIDS: Core message** shaking the foundations of the care economy and making care economy work unsustainable as even those in paid work or school are retrenched to this sector

- **The shock to the intergenerational household/family** and norms of reciprocity and commitment over generations by the middle generation disappearing.

- The **recomposition of workloads and shifts in time use patterns as the care of the sick** part of the care economy increases enormously and linked to it the domestic tasks, the impacts of loss of income and the labour associated with income (will not dwell on it but invite the audience to think through what they know more than me but using the analysis, as a simulation exercise) How it is a two-way interaction

- **using up intangible resources, networks** of extended family, associations

- **costs and valuation:** Replacement costs: Evaluate loss of benefits from the destruction of the care economy (death of mother, disintegration of the family and family networks) replacement costs of a household/family) as well as direct and opportunity costs of home-based care.

8. **Conclusions**

- **UNIFEM:** empowerment of women, gender equality from rights-based framework, policy mainstreaming: poverty, macroeconomic, budgets etc.

- **ILO:** Expanding the principle of Decent work and the concept of the world of work, reworking the link between the care economy and money economy