

Insecurity Amongst Female Family Caregivers of Older Persons in South Africa

Key Points

- The number of older persons requiring care is increasing and is set to put an unsustainable burden on family care where the majority of long term care for older persons takes place.
- The lack of policy action in this area is a failure against the State's own commitments to fight gender equality as evident in the The Beijing Declaration and Platform for Action (BPfA)
- Being a family caregiver for an older person has many costs including economic, loss of time and loss of opportunities to earn income
- Female family members who perform care are also invisible as they are not in the labour force, their work is not regulated and it is not recognised.
- Family caregiving for older persons reveals womens' insecurity and entrenches racial and gendered inequalities.
- There is a need for policies and strategies to support family care, and for closer examination of the the State's own commitments to fight gender equality as committed to under the BpfA

Long term care for older persons in South Africa takes place in families. There is an intrinsic value and many social rewards that go with care work but there are also costs to the caregiver and family, especially to women's well-being in carrying the responsibility. South Africa has approximately 5.4 million people over the age of 60 who make up approximately 9 percent of the population. This is projected to increase to 20% (approx. 11.5 million older persons) by 2050. Increasing longevity together with an increase in non-communicable diseases in South Africa, increases the care needs of older persons, which will be provided predominantly by women and female family caregivers.

South Africa has signed the main international conventions relating to gender equality, including the The Beijing Declaration and Platform for Action (BPfA), and it has ratified a range of gender



equality commitments, but the government does face challenges in ensuring that such legislative and policy imperatives on gender equality translate into substantive change in the lives of women. This advocacy brief argues that the South African government has a much greater role to play in supporting female caregivers in family care work if it is to transform gender and racialised inequalities that are currently being experienced and reproduced. The findings of the research indicate the dire economic and social consequences of overlooking the gendered aspects of family care work of older persons and argues that the lack of policy action in this area is a failure against the State's own commitments to fight gender equality and is evidence of the need to remind the State about the BpFA.

Problem:

Family caregiving for older persons, particularly in female dominated households, reveals women's insecurity and entrenches racial and gendered inequalities.

Women do more care and time-use surveys in South Africa show how women spend eight times more time on childcare than men (Statistics South Africa, 2010) but less is known about the existence and extent of the gendered nature of care for older persons in South Africa. The practical, financial, and emotional care work takes place in all households but female dominated households which are larger, have more dependents, including older persons, and fewer resources are especially impacted by caring for older persons.

The findings show that

female family caregiving for older persons contributes to poverty including time poverty across differently placed female kin within families. Currently care is provided in a context of high unemployment, rising food and fuel costs, increased levels of non-communicable diseases such as heart disease, stroke, hypertension, diabetes and cancer, which increases the strain on families.

Time poverty and gendered poverty that derives from unpaid care work in households is due to the difficulties in balancing precarious employment that many women in low income households engage in with unpaid care responsibilities but it is also a result of the way in which caring for an older person is located in households that are also caring for children or people living with disabilities.

The costs of care are multiple and are not only financial. The costs include the loss of time and opportunities in engaging in other income or training activities for the main caregiver or other supportive female kin members. The costs are also felt by supportive female kin such as daughters or nieces who may undertake this work for little pay, resulting in the generational reproduction of inequalities and marginalisation for female carers. At a societal level insecurity arises as much of the responsibility of sustaining livelihoods and caregiving for the older person is centred on female kin, who are largely unsupported by wider social and economic policies.

This briefing note presents the findings from the Intergenerational Relationships in South Africa study and discusses the policy implications arising.¹ The project undertook 50 interviews with co-residential employed female family caregivers in Cape Town and Johannesburg. The research was carried out in 2018 and 2019, and ethical approval was obtained from the University of Cape Town.





1. Female dominated households and care responsibilities

Care for older persons occurs in many households but female dominated households, which are larger and are more likely to have dependents, including children and older persons, carry extensive care responsibilities. Research shows that household formation is becoming more gendered, where resident adults are one gender only.ⁱⁱ In 2018 almost half of all households had resident adults of only one gender. In female dominated households, where more older persons reside relative to male dominated households, women are supporting care for the young, ill, people living with disabilities and the elderly. For the last two decades the literature has focussed on the ways in which older persons were caregivers in the context of HIV/ Aids however when the older person gets sick and is no longer able to support the family, the family carer for the older person, also takes on the responsibility for the care of other kin members, who the older person once looked after. Female family caregivers are filling the gaps in social and economic policies needed to support older persons; but the risks of filling such gaps on women as caregivers and on care receivers is concerning. Our ongoing work is exploring how this might be not only harming the caregiver but also leaving significant unmet care needs.

In South Africa, there are approximately three times more widows (34.2 per cent) than widowers (11.3 per cent). The majority of older persons are women, and female predominance tends to increase with age as men marry younger wives.ⁱⁱⁱ While we know little about who cares for older

men as daughters, wives, sisters or sons, older women receiving care are less likely to have a male spouse providing care. Moreover, given the very high rates of non-marriage among younger black South African women, carers are less likely to be married and therefore less likely to share care responsibilities, including the costs, with a spouse. The gendered and racialised structure of marriage is an important consideration when considering how care practices and responsibilities for working women come to be differentiated.



2. Costs: financial, time and opportunity costs

The research revealed that whilst caregiving was considered a moral duty and had some social rewards it also involved many sacrifices. The women in the study, who were caregivers and employed, encountered significant time poverty. They were unable to be mobile, either go out and socialise, enjoy leisure activities, or engage in further training, studies, additional income generating activities. Whilst they encountered significant financial sacrifices in being the main provider for the older person and household, they also experienced many indirect costs, that are hidden and unfold over time, such as:

- ▶ the inability of a caregiver and the household to move beyond barely meeting monthly costs
- ▶ the impact on caregivers's well-being and on her employment opportunities
- ▶ the impact of unpaid caregiving on women and girls educational activities



3. The woman who gets brought in is invisible: not in the “labour force”, not regulated, not recognised

The research showed that whilst employed women carried the primary responsibility for care, they also sought significant support from female kin members. Most women in the sample requested support from cousins, daughters, sisters, i.e. female kin. In some cases this was paid, i.e. care for older persons was outsourced to other family members. As such, one sees how it is an economic activity, a cousin is providing a service and she is being paid for it. Whilst this market based system of family care supports other women, it creates another invisible layer of inequality, as this under-paid work is not part of the labour force, not regulated, not adequately paid and largely unrecognised.

The findings from the research showed that family members who were being paid for care work were receiving between ZAR500 and ZAR1000 per month for full time work. This level of payment is far below the minimum wage but it also shows how some family caregivers are kept in poverty by

earning between the the food poverty line (ZAR624 per month in 2021) and the lower-bound poverty line (ZAR 890 per month in 2021). This form of work, unrecognised and under-valued, prevents women from being able to support their dependants. Moreover women who care for older persons may be asked to work long hours and may be further marginalised when their work is exploited by family members. The unequal distribution and remuneration of care work is a major challenge to women’s full and equal participation in the labour force.

The care needs are filled by relying on the low pay or unpaid work of female kin. The women supporting other women with kin care are unable to seek employment, are unable to fully support themselves or their children and in the absence of state recognition, they engage in this form of precarious work as a way of sustaining a livelihood. There are many associated consequences for their lives of doing this low paid unrecognised care work, including the experience of financial, food and housing insecurity as well as being unable to afford transportation, attend to other work or education activities.





4. Fragility centring on one person

The research focussed on families where there is a female employed family member. Previous work has documented the crisis of social reproduction in low-income working class households where there isn't a waged income and families are reliant on social grants.^{iv} Our findings from show that the the crisis of social reproduction is not limited to low-income households, or households that rely exclusively on social grants. It is also a feature of households where there is an waged-income earner. At a societal level we see the risks involved in not supporting family caregiving of older persons not only in low income households but also in low-middle income households too. This argument resonates with findings that indicate "just over a fifth of all employed South Africans spread their earnings (and other income sources) so thinly across their households that there was not enough income to meet the minimum of the most basic needs of all household members."^v Low-middle income households carry the responsibility of many family members, losing the waged-income potentially puts the whole family at risk.

In this research I unveiled how the care of all dependent persons when centred on the receipt of one income makes many women and kin in female dominated households live in greater financial and time poverty. The research found that the important nature of care works prevents many women from walking away from such work – women are unlikely to hand over these responsibilities to others, either because they can't afford it and/or it is their

moral obligation. The fact that women take on the responsibility for caring makes their contribution to care in society and households more likely to be exploited. It further creates disadvantages across generations and within societies. Given the unequal amount of time women spend on unpaid or poorly paid care work for older persons, it is unlikely that they can engage in full time employment or in more secure employment.

In the absence of more state care provision, it is hard to overlook the way in which the state uses the labour of women, within families, to provide care for older persons which carries significant costs to their own health, well-being and mental health. But care activities are about collective welfare. Care economies are currently built on the unpaid work of women but the state needs to consider its responsibilities. The risks of female family caregivers ongoing provision to a number of dependents, including older persons has grave implications for the wider social protection and health system. The economy and health care system is propped up by the unpaid care work of women. It is the work that female kin undertake that allows other women and men to participate in the labour force. But care work also supports the health system as carers, who meet the care needs of older person, may prevent older persons from having to access costly institutional, medical care or intervention. As the number of older persons doubles over the next 25 years, the cost of not paying attention and supporting family caregivers will be felt by society and the economy.



5. The state's responsibilities to support families.

The state has provided the Older Persons Grant but this only contributes to the financial costs - and fails to address the physical and psychological costs of care. Because the state has failed to directly support quality and accessible eldercare, many women undertake this work privately. Whereas female family caregivers are carrying the responsibilities as the head of a household with a high number of dependents, many of whom have complex care needs, the support they get from other female kin is also

invisible, underpaid and unsupported. As the number of older persons requiring long term care increases, more women will encounter the cost of the invisible care work. A major challenge in realizing gender equality in South Africa lies in breaking the cycle of dependency of women who continue to be marginalised. The gendered nature of care work exploits women and drives poverty and inequality in our society. Any attempt to transform gendered inequalities needs to consider family care work of older persons as a key step in addressing such inequalities.



Recommendations

The need to support older persons needs to have more prominence in state departments. The introduction of 'a desk' at Treasury would better support the Department of Social Development's work in supporting care for older persons. It would put older persons on the agenda and make it visible and it would give government and treasury a better grasp of what support older persons and families need on the ground. Additionally, the findings suggest that different forms of state support should be offered to family care givers, depending on who the caregiver is and the type of care provided. Here are a few possibilities:

- ▶ Cousins, nieces, daughters and many other women providing care could be brought into the social grant system and their work could be recognised. I would recommend that DSD supports family caregivers through a care wage akin to a care dependency grant.
- ▶ Furthermore, Treasury could support employed family caregivers, i.e. designing tax policies or family-care policies that assist

employed caregivers more concretely, such as extending family responsibility leave or tax incentives when covering the costs of care of other kin.

- ▶ Developing ways of measuring and collecting data on context-specific levels of unpaid care work of older persons. This is essential to inform policies that improve the lives of women and older persons.

The state, through the Dept of Social Development, Health and Treasury, should consider how caregiving for older persons is located in households where women, who take on the responsibility to care for an older person, often do so whilst carrying significant care responsibilities for other kin members, most notably children, unemployed adults and people living with disabilities. This insight can assist health professionals, home based / community-based care programmes and policy makers in supporting care for older persons as well as understanding the care needs of the caregiver.

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ⁱ For more details on the paper see Moore, E. (2023). Family care for older persons in South Africa: heterogeneity of the carer's experience. *International Journal of Care and Caregiving*. (Mar 2023)

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ⁱⁱ Posel, D. and Hall, K. (2021) The economics of households in South Africa, in A. Oqubay, F. Tregenna and I. Valodia (eds) *The Oxford Handbook of the South African Economy*, Oxford: Oxford University Press, pp 800–22

ⁱⁱⁱ Statistics South Africa (2017b) *Vulnerable Groups Series II: Social Profile of Older Persons: 2011–2015, Report No. 03–19–03*, Pretoria, South Africa: Statistics South Africa.

^{iv} Fakier, K., & Cock, J. (2009). A Gendered Analysis of the Crisis of Social Reproduction in Contemporary South Africa. *International Journal of Feminist Politics*, 11(3), 353–371. Mosoetsa S (2011) *Eating From One Pot: The Dynamics of Survival in Poor South African Households*. Johannesburg: Wits University Press.

^v Rogan, M., & Reynolds, J. (2019). Trends in the Working Poverty Rate (WPR) in Post-Apartheid South Africa, 1997–2012. *Development Southern Africa*, 36(5), 699–715. <https://doi.org/10.1080/0376835X.2019.1590181>