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Op-ed

The personal is political: our families are blueprints for society

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Core to feminist theory is that what happens in the home has public and political implications, and vice versa. Because families remain the primary providers of care in society, caring patterns within the home have profound effects on their members. Families are a primary means of socialising youth into what is 'right' and 'acceptable' - and are a key site where gender-related norms are learned. Therefore, where families are the main providers of care, they should be the key target of gender-related interventions.

In South Africa, families do not always live in the same household. The definition of families offered in the revised White Paper on Families is inclusive of multiple family forms and defines a family as: "a societal group that is related by blood (kinship); adoption; foster care; or the ties of marriage (civil, customary or religious), civil union or cohabitation; and goes beyond a particular physical residence". Families are not homogenous, nor are they necessarily 'nuclear'. A third of South African households are extended beyond biological parents and their children (the so-called nuclear family) and might include aunts, uncles, cousins, in-laws and grandparents.

This is particularly true in South Africa, with its history of forced migration, which meant that families were spread across diverse geographical areas. The disruption of family life has been identified as the most enduring consequence of colonial and apartheid policies and strategies. In the post-apartheid period, women-centred homes have been further entrenched. This has put survival of households with children under threat, given that women-headed-households (WHH) tend to be more impoverished. There are also more WHH located in rural areas, amplifying the disparities between urban and rural disadvantage.

Additionally, large-scale migration to urban areas in search of work has forced mothers to separate from their children. Grandmothers have become the primary caregivers for children remaining in rural areas. Mothers are often employed (formally or informally) in domestic service in these urban centres, looking after other people's homes and children. This has further cemented the perception of women as carers.

As WHH's have increased, so has their need to earn. The Covid-19 pandemic has offered an opportunity to again bring to the light the disparities in expectations for employment. Far more women than men in the NIDSCRAM surveys cited childcare responsibilities as a barrier to participating in the labour market. Furthermore, research shows that it was women who bore the brunt of childcare and job losses, during the lockdowns. And, despite faring worse in the labour market, women were less likely than men to benefit from the Covid-19 Social Relief of Distress (SRD) grant or the Temporary Employee Relief Scheme (TERS), designed as a safety net for unemployed and furloughed workers.

In part due to this inaccessibility of the labour market, social grants are a primary source of income for women. Half of South African households depend primarily on their social grant-recipients. Whether it be the older person's grant (because women live longer) or child support grant (because of women's caregiving responsibilities), women tend to be the primary grant beneficiaries. The post-

apartheid shift in household income, away from migrant remittances towards social grants, has translated into a shift in many South African homes, in which women – as recipients of child support grants and pensions – are increasingly central to domestic economies.

However, women remain relegated to caregiver rather than the ‘breadwinner’ (despite their role in bringing in income for the household) which has historically been a term used for men who earn the lion’s share of income for their households. The disproportionate expectation placed on women to conduct unpaid care work in their families has been shown to have a negative impact on mental health and quality of life. The socioeconomic position of carers has warranted particular attention, with numerous authors citing the compounding pressures falling on poor women, who are often not only caregivers in their own homes, but in the homes of others too.

There is urgent pressure from global bodies such as the United Nations for immediate action to prevent the fall-out from unequal caregiving responsibilities from becoming embedded, ‘post-pandemic’. A common solution presented to the issue of invisible care work is for this work to be made visible in a way that shows the direct link between unpaid care work and a growing economy. However, there are no countries in the world where this has been implemented, highlighting both the difficulties of measuring and quantifying this labour, but also the degree to which care is an under-examined part and parcel of human flourishing.

Why is this caregiver role so bad for gender equality? The short answer is: because it is unrecognised as work, and therefore, unpaid. Unpaid care work refers to all unpaid services provided within a household for its members, including care of persons, housework, and voluntary community work. These activities are considered work, because theoretically one could pay a third person to perform them. The answer is not to rid the world of unpaid care work but rather to democratise responsibility for it. Unpaid care work is sometimes termed ‘social reproduction’ because this care has such a profound impact on emotional, psychosocial and cognitive development of the population. Globally, research has shown that women are responsible for 2-10 times more unpaid care work than men. This has been given as a primary driver for women’s suboptimal access to, and participation in, the labour force.

Care is central to maintaining, repairing, and ensuring the wellbeing of all who live in our country. Because women are more likely to invest higher shares of their income in the wellbeing of their families, and because of their caregiving roles, investing in women’s empowerment and increasing their labour force participation is also an investment in the next generation and in today’s economy.

This is the first of a three-part series that details some key aspects of gender inequality in South Africa. The full research report is available on the Inclusive Society Institute's website. The authors are from Percept, a transdisciplinary collective: Dr Nicole Daniels, Dr Jodi Wishnia, Dr Beth Vale and Mr Nicholas Swarts. Daryl Swanepoel is the CEO of the Inclusive Society Institute.