POINTERS FOR FUTURE RESEARCH ON GENDER AND CARE IN VOLUNTARY ORGANISATIONS IN SOUTH AFRICA

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ABSTRACT

As Southern African countries struggle to find solutions to the growing care challenges resulting from the HIV and AIDS pandemic, critical reflection is needed on the gendered character of care services delivered by voluntary organisations. The author argues that gender divisions in the provision of care in the private domain are reinforced in voluntary organisations with the burden of care increasingly falling on women, which in turn mimics the unequal gender relations in the society. An exploratory study of the gender dynamics of care services provided by non-profit organisations (NPOs) in urban and rural settings in South Africa was conducted. The gender profile and service areas; attitudes and motivation and remuneration and working conditions were explored. The study concludes that the gendered nature of care in welfare NPOs remains largely unacknowledged by government, donors and voluntary organisations. The South African case raises critical issues and questions for further research and policy advocacy in the Southern African region.

Key words: gender and care; paid and unpaid work; voluntary organisation; HIV/AIDS care, South Africa, Southern Africa

INTRODUCTION

Since non-profit organisations (NPOs) are the major providers of care services for particular target groups in South Africa, especially in poor communities, they are conceived of as government's main partners in the delivery of social welfare services. Over the past decade, various public policies have been adopted and implemented, resulting in increasing numbers of paid and unpaid care workers – many of whom are volunteers – performing care work in a wide range of programmes funded by both government and private donors. This trend has been accelerated by the need to respond to the HIV and AIDS crisis in the country. High poverty levels and rising unemployment have increased the burden of care of poor families, households and communities, with women carrying the greatest responsibility in domestic life. This situation is exacerbated by inadequate and ineffective public services that contribute to the burden of care and gender exclusion.

Similar trends have been noted in a cross-national study of civic service and volunteering in five Southern Africa countries viz. Botswana, Malawi, South Africa, Zambia and Zimbabwe (Patel and Mupedziswa, 2007; Patel, 2007; Patel, Perold, Mohamed and Carapinha, 2007; Moleni and Gallagher, 2006; Kaseke and Dhemba, 2006; Rankopo, Osei-Hwedie and Modie-Noroka, 2006; Wilson and Kalila, 2006). While NPOs are the main providers of care in the Southern African region, the gendered nature of care has received scant attention amongst African researchers and has not gained prominence on the social policy agenda. In view of the lack of knowledge about gender and care arrangements in developing countries, a comparative research study on the political and social economy of care is being implemented under the auspices of the United Nations Research Institute for Social Development (Razavi in Patel, 2009; Razavi, 2007). This article is based on research conducted for this larger global study that included South Africa (Patel, 2009).

Since the gendered character of care in voluntary organisations in South Africa has not been systematically analysed in the past, the perspectives of service providers and carers were solicited. An exploratory design was employed and two focus groups (FGs) were convened, one in the urban Gauteng province, which is the country's economic heartland, and one in the rural Limpopo province, one of the country's three poorest. The participants were purposively selected and were either (i) community caregivers, staff and/or volunteers of NPOs delivering community-based services or (ii) actively involved in the provision of care to orphaned and vulnerable children, older persons and people affected by HIV and AIDS. In Gauteng, five organisations were represented. In Limpopo, 21 participants engaged in residential and mainly community services for the elderly contributed to the discussion. There was one male participant in the Gauteng FG, and six of the Limpopo participants were men. The author facilitated the FGs, and discussions were initiated according to a specific set of questions. A limitation might be that the two FGs were skewed to either children or older persons. These groups are, however, the main target groups of welfare NPOs.

The aim of the investigation was to gain an understanding of the gendered nature of care services delivered by NPOs and to identify the profile of the carers and their motivations to care, including aspects such as support for carers, remuneration and working conditions. The South African gender and care scenario in voluntary organisations raises important issues and questions for future research in the Southern African region. The article is structured as follows: the first section outlines the conceptual thinking underpinning the research. The role of NPOs in South Africa's developmental welfare policy is addressed in section two, which includes the challenges of care. In section three, the FG discussions are presented concluding with the identification of some conceptual issues and pointers for future research and policy advocacy.

NPOS, GENDER AND CARE

Swilling and Russell (2002:7) describe NPOs as being non-governmental organisations that are self-governing, non-profit distributing, public benefit organisations in which individuals participate voluntarily. While the definition excludes governmental structures, this does not mean that organisations may not receive government funding. NPOs constitute one component – alongside the state, the market and families/households – of the overall institutional arrangements providing care; this arrangement is referred to as the "care diamond" (Razavi, 2007). In developing countries where state resources are constrained and where institutions are often weak, there is a growing reliance on NPOs to deliver care services outside the family and households. However, as Razavi (2007) points out, the institutional relations between these

components in the care diamond are often interconnected and the boundaries between them fluid. Little is known about the policies and legislation that inform these institutional arrangements in developing societies in relation to the provision of care services and their gender implications.

Unlike other Southern African countries (see Patel et al., 2007), South Africa has a large and growing NPO sector estimated to comprise 98 920 organisations, with NPOs contributing 1.2% to gross domestic product in 1998 (Swilling and Russell, 2002). Approximately 23% of these NPOs were engaged in the social services providing care and social support to a range of target groups such as children, women, older persons, people with disabilities and people affected by HIV and AIDS. The NPO sector is a major employer of professionals, para-professionals and informal community carers and volunteers, most of who are women engaged in both paid and unpaid work (Patel, 2009; Lund, 2008; Budlender and Lund, 2007). While the number of men engaged in care related work remains small, there is growing evidence of increasing involvement by men in a range of roles and activities in families, households and communities due to the changing nature of the family and the impact of the HIV and AIDS epidemic (see Montgomery, Hosegood, Busza and Timaeus, 2006). NPOs operating in the welfare sector are diverse and have varying contractual relations with the state and donor agencies. Patel (2009) identified four types of NPOs that operate in the social services field namely:

- Public service contractors that deliver social services on behalf of government.
- Donor funded NPOs that are not reliant on government for their main source of funding. Faith-based organisations (FBOs) tend to be a hybrid of the first two types.
- Community-based organisations, most of which are not funded by government or donors directly but are partners with intermediary NPOs in the delivery of services. These organisations are different to the other types of NPOs in that they are informally organised and structured, unlikely to be registered and engage mainly unpaid volunteers.

I take the view that NPOs constitute a distinct category of civil society and form an integral part of the pluralist institutional arrangements in South Africa. NPOs are mandated by policy and legislation to deliver particular types of care services in the community. However, the fluidity or intersection between the domestic (family) and the public (state and civil society) spheres is acknowledged as care roles are often carried over from the private to the public spheres (Phillips, 2002).

A gendered analysis of care is informed by the following key ideas. Gender is socially constructed and is based on socially acquired notions of appropriate expectations and responsibilities for men and women in a society in relation to, amongst others, the provision of care of families, children, older persons and people living with physical and mental disabilities and chronic illnesses.

Since mainly women provide care in the private domain (family/household), NPOs, FBOs and participants in informal community-based organisations by and large consider it acceptable and appropriate for women to provide care services in their communities. Subsequently, gender divisions are reinforced within NPOs, with the burden of care increasingly falling on women (Patel, 2009). Family structures and gender roles are, however, changing, and Montgomery et al. (2006) caution against depicting these as homogenous and static since this view would result in the role of men in care-giving being ignored.

For the purpose of the study, care work is defined as involving the “direct care of persons such as bathing them, feeding them, taking them to the doctor, taking them for walks, talking to them” which may be paid or unpaid (Razavi, 2007:6). It also includes activities such as preparing meals, cleaning, washing clothes and shopping, and these activities vary depending on the intensity of the care needs of the person. Unpaid care work takes place largely in the family, household and community and also includes voluntary work. Since much of this type of care work is performed by women, England (2005:81-82) considered a range of emerging theoretical explanations for why women are poorly rewarded for this work. Some argue that a gender bias is evident as care work is associated with women’s work and is devalued as a result (Cancian and Oliker, 2000). Others point to the social benefit of care work to the recipient and the wider society through an investment in human capabilities. Care work is considered a “public good”, requiring the support of state action. Some scholars also approach the question from the perspective of women themselves (Folbre, 2001) arguing that women are motivated by the intrinsic rewards of altruism. This perspective is referred to as the “prisoner of love” perspective since it often involves the exploitation of

women care workers. A final explanation approaches the issue from the perspective of the connection between “love and money” (see England, 2005). The commodification of care is viewed as problematic as it is considered to be harmful to the carers and takes the view that care provided through the market is less genuine than care provided by the family, community and NPOs. These theories provide a way of thinking about some of the themes and issues that emerged in the FG discussions.

HIV and AIDS and the challenge of care

The current HIV prevalence rate is 21,5% (IndexMundi, 2008), which has far-reaching implications for the care of adults who are ill and the care of children and senior citizens in need of care. In the 20 to 46 age bracket, more women (21,6%) are infected with HIV and AIDS than men (15,4%). Budlender and Lund (2007) estimated the number of people who were AIDS-sick and not on anti-retroviral treatment to be around 500 000 in 2005. As more people receive treatment, the numbers in need of care will decline. About 40 000 babies are infected perinatally as a result of mother-to-child-transmission of HIV, with a further 25 000 being infected due to breast feeding (Actuarial Society of South Africa model cited in Budlender and Lund, 2007). In addition, the care needs of children have increased significantly with approximately 3,8 million children being ‘orphaned’ largely due to HIV and AIDS (Meintjes, John-Langba and Berry, 2008). A small percentage of children (0,5% in 2005) were heads of households (Budlender and Lund, 2007). This scenario demonstrates the extent of the care burden of the HIV and AIDS pandemic, which is being borne largely by women who may be either the mothers of the children or their relatives or grandmothers. Of particular significance are the care needs of young children because of the feminisation of the labour market, the growing numbers of women engaged in informal employment and the large numbers of female-headed households with young children.

In conclusion, Montgomery et al. (2006) demonstrate the enormous social development challenges facing a post apartheid society 15 years after the creation of a democracy. To a large extent, the HIV and AIDS pandemic has resulted in the reversal of some of the country’s human development trends and has increased the pressure on government and the society to meet the growing demand for care and to reverse the progression of the pandemic.

GENDER DYNAMICS OF CARE IN NPOs

This section is a synthesis of the data gathered through the FG discussions with respondents engaged in the delivery of community-based care programmes for children and senior citizens. A wide range of services are provided by NPOs, including the protection of children and older persons against abuse and neglect, and the provision of remedial, promotive and preventive services. All the organisations in the FGs were impacted by the HIV and AIDS pandemic and deployed a diversity of interventions focussing on orphans and vulnerable children, counselling and support; home and community-based care (HCBC); a national, publicly funded public works programme; education and prevention programmes; and livelihoods and community development interventions. The organisations providing services to older persons in communities operated a small number of residential institutions, with the bulk of services being oriented to meeting the diverse needs of this target group, including the care of orphaned and vulnerable children.

Gender profile of carers in NPOs

Of the NPOs engaged in direct social welfare service delivery and in development programmes, women are the main providers of services and care. Professionals, para-professionals and volunteers were all employed in all three types of NPOs, with more women holding managerial positions. With regards to race and gender, NPOs employ large numbers of women, the majority being black, with white women playing a more prominent role in the management of welfare and health NPOs. Men feature less prominently both in professional and non-professional categories and amongst volunteers and community care workers. For instance, in the FGs only three of the community-based programmes had male participants; one programme only had two men out of a total of 28 volunteer carers, and another had 16 out of 248.

An HIV and AIDS education programme initiated by the Department of Health had a comparatively high male participation rate. In these programmes, men were involved in health education and prevention

through a deliberately created men's forum. One of the other participating organisations engaged in child and youth care initiatives actively recruits both men and women for its programmes. However, only 13% of child and youth care workers are men. None of the other programmes represented in the FGs actively recruited men. While men were active across all types of programme activities, they were involved more in decision-making, committee work, financial matters and programmes that were considered to be 'men's work'. Moleni and Gallagher (2006) found similar trends in their study on the gendered nature of volunteering in Malawi.

Information on the gender profile of beneficiaries in the social service programmes was not readily available. Both men and women are the target groups of various other social welfare programmes with some programmes, such as the government's Expanded Public Works Programme (EPWP), specifically targeting women as beneficiaries. It is, however, apparent that women beneficiaries constitute a large part of the public service contractor beneficiary groups (Patel, Hochfeld, Graham and Selipsky, 2008) and NPOs delivering care services in the home and the community, such as in HCBC. This is not unexpected as the focus of welfare services is on children and families, older persons and people with chronic illnesses and disabilities, and the responsibility for care in the family or at a household level generally falls squarely on the shoulders of women. This demonstrates the intersection between the private and the public spheres.

Gender attitudes to social care

Feminists argue that gender attitudes nurtured in the domestic sphere influence the attitudes of both men and women about social care (England, 2005; Phillips, 2002). The levels of male participation in volunteering and in social and community care initiatives are closely related to the nature and type of programme and reflect attitudes about the gender division of care. For instance, home-based and childcare programmes attracted more women, while the programmes attracting men were directly targeted at them – for instance HIV and AIDS education and prevention and community safety projects. The gender division in care was probed at length in the Limpopo FG to gain greater insight into gendered attitudes about care. This is what some of the respondents said:

> "Men are labelled as breadwinners … They feel pressured to bring money home. Some are ashamed to work for nothing … As the head of the family, they must bring something home."
>
> "Caring is seen as a woman's job, and men do not want to be involved with it."
>
> "Men do not want to mix with women. Handwork is not their job."

Culture and tradition were cited as other reasons why men do not share family duties with women. The main barrier to men's participation in child and youth care projects is the view that it is 'women's work' (Wilson, 2009).

The Ntshuxeko Health Development programme actively recruits men. The programme consists of a range of development projects such as life skills, poverty and livelihoods, vegetable production and voluntary counselling and testing. "We are trying to get men to stand up and break the silence about HIV," said one of the FG participants. A participant from the men's forum in one of the projects said that their work was important because "We are assisting in changing the perceptions of care work." A small number of NPOs are engaging men more directly in care work (Palitza, 2009). However, most respondents pointed out the difficulties of recruiting men in care work and attributed these to the gendered attitudes about care as referred to above. In rural areas where there are limited employment opportunities, male participation appears to be higher than in urban areas where a larger number of men (and women) can find employment.

Attitudes of family members about carers' involvement in HCBC were both positive and negative. Some partners were critical of their (mostly female partners') involvement and of their alleged neglect of their own households and families. Women on the other hand did not think that care work was exploitative and that it was unfair that they should provide care. This might suggest the acceptance of women's caring roles and the normalisation of care work as being 'women's work' (England, 2005).

Motivations for participation in care work

All the participants were in agreement that they were motivated by a desire to help others, to respond to community needs, to access training, learn skills and gain experience with the hope of obtaining employment. These benefits of participation were valued irrespective of gender. Many indicated that they helped others because when they are in need, they are able to turn to these organisations for help. Reciprocity was considered very important in participant motivation to help, which was also evident in the study in the Southern African region (Patel et al., 2007).

One of the participants said, "I do it out of the goodness of my heart," suggesting an altruistic motive and a willingness to sacrifice payment or stipends as a result. Responding to a question about care work being exploitative, the following responses emerged:

> "I do not think care work is exploitative because it makes us happy and we see how the beneficiaries are happy and healthy."
>
> "No, because we willingly do it."

Thus, the intrinsic caring motives of care workers allow NPO employers to easily take advantage of them by paying them less, which resonates with the 'prisoner of love' conceptualisation of care work in relation to paid and unpaid care (England, 2005).

Paid and unpaid work

Formal welfare NPOs employ various categories of staff including management, professionals, para-professionals, administrative and support staff. These staff members are mainly employed on a full-time basis. Volunteers make up a large component, with many employed in para-professional categories. Budlender's (2008) research on remuneration in welfare organisations showed that professional staff members receive the highest pay while para-professionals and administrative staff members receive around one-sixth and one-third respectively of what professionals earn. Salaries for support staff were way below the minimum standard set for domestic workers. A common occurrence amongst FBOs is that their volunteers are not paid as religion is expected to be the motivation for involvement with care work.

Most of the welfare organisations are in favour of setting minimum wage rates for personnel in the welfare sector. The Department of Labour's Employment Conditions Commission is considering developing a sectoral determination for the welfare sector (Budlender, 2008).

A pay penalty for social service work in the NPO sector does exist for professional staff, especially for social workers who earn less than their counterparts in government and the private sector (Earle, 2008). While information was not readily available for other categories of staff, this nevertheless indicates a bias against care work and the devaluation of care work.

Estimates of the number of volunteers deployed by welfare NPOs range between 44% (Budlender, 2008) and 60% (Patel et al., 2008), of which half are para-professionals (Budlender, 2008). Remuneration of volunteers comes in the form of stipends, transport, food and allowances. Stipends are the most common form of payment, but no accurate information exists of the number of volunteer care workers not receiving stipends. No estimate has been made of the cost of unpaid care work amongst HCBC organisations. The departments of Social Development and Health, donors and FBOs fund stipends; however, different amounts were paid across government departments and NPOs. Stipends vary between R500 and R1 250 per month in a government funded programme, while volunteers caring for orphans and vulnerable children funded by a private foundation receive R850 per month (Gauteng FG feedback). The hours of work also vary, with some working fewer than 25 hours per week. Seventy-nine percent work full time (Budlender, 2008). There is a lack of clarity between volunteer work that is unpaid and stipended care work.

All the participants are of the view that they should be paid a stipend as they are "doing government's work". They all seem to agree that stipends should be fair and standardised as they cause a great deal of

conflict in communities. They are of the opinion that the reasons that they are not considered to be employed as carers is because volunteering is not recognised as employment in South African labour law. For some, volunteering in social care is a livelihood strategy; the stipend is small, but it provides them with a means of survival.

The participants feel that not only should care work be recognised and subsidised, but families should also be supported for the costs incurred from caring for sick people. Policy guidelines are being developed to bring HCBC work in line with the Basic Conditions of Employment Act.

There is a high turnover rate of participants because of low or no remuneration; when participants get paid jobs, they leave. The high turnover, specifically of women volunteers, is considered to be due to the fact that it is expected of them to care for their own families as well as contribute to community care.

While training of community care workers is provided by the various NPOs that should be accredited by the relevant sector education and training authorities, the effectiveness of these initiatives was questioned by the respondents. Policies are in place to facilitate training but resource constraints and administrative and management problems continue to be barriers to implementation.

IMPLICATIONS FOR RESEARCH AND POLICY

One may conclude from the above analysis that the gendered character of care work in welfare NPOs remains largely unacknowledged by government, donors and the voluntary sector despite South Africa's growing rights-based approach to social development. This is possibly because voluntary organisations, like other institutions, continue to mimic the unequal gender relations and power inequalities between men and women in the society.

The South African example also demonstrates that the boundaries between the state, NPOs and family and community systems of care are not clear-cut and that there is considerable intersection between the various components of the care diamond. This is contrary to the situation in many Southern African countries where care work is still highly privatised or located in the family/community systems (Patel et al., 2007; Patel and Mupedziswa, 2007). A much smaller voluntary sector is prevalent in these countries; state social development capacity, institutions, and social legislation remain under-developed (Patel et al., 2007; Patel and Wilson, 2004). Foreign donor aid plays a key role in many countries in the Southern African region, and large international NPOs are directly involved with local communities in the delivery of care services, particularly in HIV and AIDS care. Future research on the institutional arrangements and the complex interactions with states, donors and households in the provision of care could aid our conceptual understanding of how care is organised in poor and under-developed countries. Regional country studies on gender and care could fill an important knowledge gap that could go some way towards addressing the Northern and gender bias in comparative studies of welfare regimes.

In addition, we need to know more about the gender characteristics and dynamics of care in voluntary organisations delivering services to target groups with special care needs. The changing roles of men in households and community care need to be further examined to assess how care-giving patterns are shifting. Not only will this aid the assessment of the impact of care programmes on gender equity and social development, it could also promote the development of gender-sensitive policies and programmes. Much of the care work in South Africa and in other countries in the region is done by women volunteers who are paid stipends (Patel et al., 2007), leading to the exploitation of women carers, who are mostly unpaid (Wilson, 2007). The distinction between 'real and ambiguous' volunteering needs to be further interrogated. Research to inform the development of appropriate regulatory policies to standardise care work is also needed. Regional economic integration, gender equity and human and social development are key priorities of the Southern African Development Community (SADC Secretariat, 2003). Finding answers to some of these conceptual issues and research questions could go a long way in placing issues of gender and care on the SADC social development policy agenda.

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