Changes in the care burden over the transition to adulthood

Introduction

Over recent years there has been increasing recognition worldwide about the extent to which women's disproportional responsibility for provision of care within families and society more generally underlies many of the other gender inequalities in society. The most commonly used measure of growth and development, namely gross domestic product (GDP), continues to ignore unpaid production of services for own use (commonly referred to as unpaid care work) despite household maintenance (housework), care of persons and unpaid work for the community being recognised as constituting work and production. The blindness to the importance of care is also often evident in discussions and interventions related to the transition of youth into adulthood. This blindness is likely to result in interventions that are less effective for young women than for young men given that – as this paper shows – this period in many people's lives is one in which the gender disparities in respect of unpaid care work increase exponentially.

The proposed study will use two characteristics of NIDS that are not found in other national datasets in South Africa to explore whether and how these data can be used to investigate the gendered changes in respect of care work that occur as older teenagers enter adulthood. These unique characteristics of NIDS are, firstly, the inclusion of a question on the main caregiver for each child under 15 years of age and the longitudinal nature of the study which allows analysis to compare the situation of an individual at two different points in their life.

The paper explores changes in the care burden of young women and men who are aged between 15 and 19 (inclusive) in the 2008 NIDS survey and nine years older (24-28) in the 2017 NIDS survey between these two dates. It does so by constructing a care burden index for each of these years for all individuals with records for both dates.

The paper first explores separately for each time period to what extent there are gender differences in the care burden as measured by the care index, using descriptive statistics. The descriptive analysis uses both individual characteristics and household characteristics. This will be followed by regression analysis to determine what factors are associated with higher levels of care burden as well as with larger increases in the care burden at the endpoint. The factors used for the descriptive analysis are included as controls in the regression.

The study is an exploratory one that uses an approach that, to my knowledge, has not been used previously.

Structure of the paper

The paper commences by highlighting some of the relevant findings from previous research in South Africa that point to the importance of exploring this topic. This is followed by a brief discussion of the data and method employed.

The first section presenting findings of the analysis describes the situation of the young people in both 2008 and 2017 in respect of a range of standard demographic variables as well as characteristics that one might expect to influence care burden. This is followed by an explanation of how the care burden was constructed and the incidence of the various characteristics used as factors, alongside tables comparing the mean care burden for different categories of young people. Finally, the paper presents some regressions that explore the determining factors of the absolute care burden at the two different points, as well as the absolute and relative change in the care burden for individuals between the two points in time.

The discussion that concludes the paper includes highlights how the key national policy that one might expect to address this issue, namely the current National Youth Policy, makes no mention of the care burden (and also little mention of other gender issues which are more well-known).

Findings from previous research

Statistics South Africa's time use survey of 2010 provides the most recent national data on how individuals spend that time.[1] In line with international practice, the report on the survey classifies all activities into the three broad categories of SNA production, Non-SNA production, and non-productive activities.

- The first category encompasses all activities that are considered in calculations of gross domestic product (GDP), with "SNA" referring to the System of National Accounts which provides the underlying framework for this calculation.

- Non-SNA production consist of activities which are recognised as work and "productive" in the sense of creating value. However, they are currently not included when calculating GDP. The activities concerned involve production of services that are performed on an unpaid basis for one's own household or the community. This includes, in particular, unpaid housework and care of children, the elderly, those with disabilities and those who are ill. This category of activities is more commonly referred to as unpaid care work.

- Non-productive activity includes all non-work activities. This includes, for example, sleeping and eating, learning, socialising, recreation, and the like.

Table 1 gives the estimates of the participation rate (i.e. the percentage of people in a particular group who reported any time doing this category of work in the previous day and the mean (average) number of minutes per day spent on the two production categories. The estimates are given for three age groups, namely children aged 10 and above[2], women and men in the core production and reproductive years of 18-45 years, and older people aged 46 years and above.

For all three age groups the table shows that men are more likely than women to engage in SNA production and that, on average, they spend more time than women on SNA production, while women are more likely than men to engage in non-SNA production and also spend more time than men on non-SNA production. In both cases, the difference in the mean time of women and men cannot be explained only by the difference in participation rate. Expressed differently, even if analysis is restricted to those who engaged in that category of activity, the mean time for men is greater than that for women for SNA production, while the mean time for women is greater than that for men in respect of non-SNA production.

For all three age groups, the gender disparity in respect of non-SNA production is larger than that in respect of SNA production for all three age groups. This means that if SNA and non-SNA production are combined, women tend to spend more time working than men do on an average day.

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[1] Statistics South Africa. 2013, A Survey of Time Use, 2010. Statistics South Africa: Pretoria.
[2] The survey sample excluded children under 10 years of age.

Table 1 Participation rate and mean minutes per day spent on SNA and non-SNA production by sex and age, 2010

Age group	SNA production			Non-SNA production		
	Male	Female	All	Male	Female	All
Participation rate						
10-17 years	29%	25%	27%	75%	85%	80%
18-45 years	59%	45%	52%	76%	95%	86%
46+ years	54%	42%	47%	67%	91%	80%
Mean minutes						
10-17 years	28	18	23	69	120	96
18-45 years	276	169	222	103	268	187
46+ years	239	134	161	107	231	178

The table further reveals – as expected – that those in the middle age group are more likely to engage in and also likely to spend more time than those in the other groups on both SNA production and non-SNA production. The difference between the youngest and middle age groups is larger for SNA than for non-SNA production. Further, the relative gender disparity increases in respect of unpaid care work as one moves from the youngest to the middle age group in respect of non-SNA production, while it remains more or less constant in respect of SNA production. These patterns already suggest that the need for further investigation as to what happens in respect of unpaid care work in the transition from childhood to adulthood.

Each of the three broad activity categories can be further disaggregated. The three main sub-categories within non-SNA production (unpaid care work) are household maintenance, care of persons, and community service. The first consists primarily of housework, including activities such as shopping for household and personal goods. The second is care of persons, which includes care of children and other members of the household needing care. The third category is community service, which includes care of persons in other households, volunteer work, and attendance at community meetings among others. Statistics South Africa's report on the time use survey reveals that In 2010, household maintenance was the most time-consuming by far, at 99 minutes for men on average and 195 minutes for women. Care of persons was recorded for 5 and 29 minutes respectively, and community service at 5 minutes for both male and female.

While household maintenance accounts for the largest proportion of unpaid care work, care of persons shows the greatest gender disparity, with women spending nearly six times as long as men on this category of activity. This constitutes a pointer as to where we should look when exploring gender disparities in unpaid care work.

The determinants of time spent on care of persons have previously been explored using South Africa's time use survey data from 2000.[3] The analysis found a statistically significant relationship (some positive, some negative) between being male, being married, being employed, having a child under six years of age living in the household, being white, household income, years of schooling, age and age squared on the one hand, and time spent on care of persons on the other. Of the dummy factors, having one's own child in the same household had the largest coefficient, following by gender. Regression on unpaid care work as a whole rather than care of persons results in gender having the highest coefficient of all dummy variables. However, having one's own child in the same

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[3] Budlender D. 2010. "South Africa: When Marriage and the Nuclear Family Are Not the Norm" in Budlender D (ed). Time use studies and unpaid care work. Routledge: New York and Oxford: 69-91.

household is still a strong determinant, in second place. This, a simple regression of person care on housework, as well as other evidence suggests that an increase in time spent on person care is generally accompanied by an increase in the time spent on ordinary housework.

Analysis at an even more disaggregated level of activity category reveals that 84% or more of the time spent on person care relates to care of children. This helps explain the link between an increase in person care and an increase in housework if one considers the nappies used for the youngest children, the special food prepared, and the like. This finding adds to the potential importance of understanding the determinants of child care, and exploring methods beyond time use surveys of undertaking such analysis.

Annual statistics from the General Household Survey on the residential situation of children again highlight the strongly gendered nature of responsibility for children in South Africa. In 2015, for example, only 35% of all children in South Africa lived with both parents, while 40% lived with their mothers but not with their fathers. Just over a fifth (21%) lived with neither parent leaving only 3% living with father and not mother.[4] In the case of many of the children not living with parents, it is the grandmothers who play the dominant role in care. While this gender bias in respect of child care and co-residence with children is found in most, if not all, countries, South Africa is a distinct outlier globally in the extent to which this is the case.

These patterns provide the motivation for the further exploration, using a different dataset and variables, undertaken in this paper.

Data and method

The analysis utilises data from the first and most recent NIDS waves so as to obtain as long a timespan as possible. A dataset is constructed with one record for each individual recorded as being aged 15-19 inclusive in 2008's Wave 1 who was also interviewed in the 2017 Wave 5 survey. The dataset is constructed using information from the individual files for both years in respect of both the focus individuals and children in the same household, as well as the household and household roster files.

Various manipulations were required to construct the dataset used in the analysis. In addition to the variables in the adult files, the household files for each of the two years were used to calculate the expenditure per capita and the expenditure quintiles based on them using the variables relating to total expenditure and size of household; the household files were also used to determine if the household had expenditure related to employing a domestic worker; the household roster was used to determine if the young person was the only adult in the household; the child files were used together with the adult files to identify which of the young people was identified as the mother, father and/or primary caregiver of a child; and the link file was used to identify which records across the two waves related to the same individual.

A total of 1,963 individuals in the target age group were identified. They were distributed across 1,702 households. Each province accounted for 114 or more of the individuals. KwaZulu-Natal accounted for the most, at 574. This province therefore accounted for more than a quarter of the sample.

NIDS provides a range of different weights for the datasets. For the descriptive tabulations we use the Wave 5 weights designed for use with panel data. We use this weight with both the Wave 1 and

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[4] http://childrencount.uct.ac.za/indicator.php?domain=1&indicator=2, downloaded 6 August 2018.

Wave 5 data as we want to describe the situation in 2008 and 2017 of the young women and men who were in their late twenties in 2017. For the regressions presented later in the paper, unweighted data are used.[5]

Who are the young people?

Table 2 shows the profile of the sample of young people by race and sex. The group is more or less evenly divided between male and female, with a slight preponderance of males overall, but a preponderance of females in all race groups except the white one. In the latter, there are about twice as many males as females. This bias in the profile highlights the dangers of disaggregating results too finely and/or viewing this sample as being a fully accurate reflection of the population as a whole. However, the African and coloured sub-samples, at 1 709 and 222 individuals respectively before weighting, should be large enough for separate analysis.

Table 2 Young people by race and sex, weighted and unweighted

	Male		Female		Total	
Race	N	%	N	%	N	&
African	2 428 187	86%	2 435 618	88%	4 863 806	87%
Unweighted	*836*	*88%*	*873*	*86%*	*1,709*	*87%*
Coloured	166 781	6%	250 581	9%	417 362	7%
Unweighted	*93*	*10%*	*129*	*13%*	*222*	*11%*
Indian	63 037	2%	43 808	2%	106 845	2%
Unweighted	*9*	*1%*	*10*	*1%*	*19*	*1%*
White	159 294	6%	53 322	2%	212 616	4%
Unweighted	*9*	*1%*	*4*	*0%*	*13*	*1%*
Total	2 817 300	100%	2 783 329	100%	5 600 628	100%
Unweighted	*947*	*100%*	*1,016*	*100%*	*1,963*	*100%*

By 2017, 24% of the young people had completed Grade 12 but not further studies. Women – at 26% - were somewhat more likely than men (22%) to have done so. In addition, 20% or men and 23% of women had studied further. Thus on both these measures the women tended to be more educated than the men.

Table 3 provides information about two characteristics that may vary over time, namely where the young people were living, and the per capita expenditure quintile of the household in which they were living at the time. The quintiles were calculated on the basis of the full NIDS sample of households for each year rather than only for the youth sample.

In terms of location, there is a noticeable movement away from traditional areas (i.e. areas that were part of the apartheid-era homelands) to urban areas, with the percentage in the former dropping from 44% to 30% and the percentage in the latter increasing from 53% to 65%. The differences between male and female in this respect are relatively small although there is some indication that young men may be more likely than young women to move.

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[5] When the regression is done with weighted data, the coefficients of the statistically significant independent factors do not show much change and all have the same direction as before. However, use of weighted data result in additional variables becoming statistically significant.

In terms of quintiles, there is noticeable improvement, with the percentage in the bottom quintile dropping from 38% to 25% while that in the top quintile increases from 7% to 16%. Here there is a stronger gender pattern. Even at the start of the period, male youth are more likely than female to be in the higher quintiles. By the end of the period, the gender difference is very clear, with 20% of young men in each of the bottom and top quintiles versus 30% of young women in the bottom quintile and only 11% in the top quintile. For young men, the median per capita expenditure increased from R390 to R1 305 over the period (235% in nominal terms), while for young women it increased from R367 to R958 (161% in nominal terms). If we express the 2004 values in 2017 rands, then the amount for men is R816 and that for women R768, and the real percentage increases over the period are 60% and 25% respectively.

Table 3 Young people by location and quintile in 2008 and 2017

Characteristic	2008			2017		
	Male	Female	Total	Male	Female	Total
Location						
Traditional	46%	43%	44%	29%	31%	30%
Urban	51%	54%	53%	65%	65%	65%
Farms	3%	3%	3%	5%	5%	5%
Total	100%	100%	100%	100%	100%	100%
Quintile						
1	35%	40%	38%	20%	30%	25%
2	25%	25%	25%	20%	22%	21%
3	17%	17%	17%	19%	20%	19%
4	14%	12%	13%	21%	17%	19%
5	9%	6%	7%	20%	11%	16%
Total	100%	100%	100%	100%	100%	100%

A different measure of movement, based on whether the young person is living in the same district nine years later, finds very little gender difference – with 27% of men and 26% of women having changed district. These two patterns together can be explained if women are more likely than men to have changed district within a particular geotype (such as traditional) rather than from one geotype to another. The gender difference could be associated with differences in the reasons for movement between women and men. For example, women might be more likely than men to move for marriage purposes and men for work purposes.

However, by the end of the period a relatively small proportion of the young people were formally married, with women more likely than men to be married (8% for young women versus 5% for young men). A further 6% of men and 7% of women were reported to be living together with a partner and 2% and 1% respectively in a relationship but not living together.

The differences in location have implications in terms of household income, as seen by the fact that in 2017 the median per capita income for households in traditional areas was R594, while in urban areas it was more than twice as high, at R1 484.

What are the young people's characteristics in relation to factors relevant to care?

Some, if not all, of the above factors have implications for care. For example, to the extent that urban areas have better services of all kinds, there might be more opportunities to relieve the burden of care. Higher qualifications would give young people better access to formal jobs with related benefits such as paid maternity leave. Similarly, higher income would allow young people to purchase goods, services and equipment that lighten the care burden, as well as to employ people to share the burden.

There are, however, further characteristics that have more obvious and direct implications for care. These include the presence of children in the household, the age of the children, the young person's relationship to and responsibilities in respect of the children, and the presence of a domestic worker.

Table 4 shows the situation of the sample of young women and men in relation to living with and care for children under six years – the age at which the care needs of children are most intense.

In 2008, almost none of the young men were either living in a household together with a biological child under the age of six or acting as the primary caregiver for a young child of this age. In contrast, 12% of the young women were living together with their young biological children, of whom more than half were the primary caregivers for these children. A further small number of the female teenagers were the primary caregiver for a young child despite not having a biological child of this age in the household.

By 2017, 8% of the young men were living together with young biological children, and 2% were the primary caregivers for children. Among the young women, 42% lived in a household which contained their young biological children, with 37% also acting as primary caregiver for at least one child. Again, a small number of the young women were acting as primary caregiver for a young child who was not their own.

Table 4 Young people by relationship to children under six years, 2008 and 2017

		Primary caregiver					
		2008			2017		
		No	Yes	Total	No	Yes	Total
Resident mother	No	87%	1%	88%	57%	1%	58%
	Yes	5%	7%	12%	5%	37%	42%
	Total	92%	8%	100%	62%	38%	100%
Resident father	No	100%	0%	100%	92%	0%	92%
	Yes	0%	0%	0%	6	2%	8%
	Total	100%	0%	100%	98%	2%	100%

Where a household employs a domestic worker, this person may help to ease the care burden both by providing direct care to the child (for example, as a "nanny"), and by doing some of the additional housework generated by children. By 2017, 4% of the young women and 5% of the young men were in households that reported some expenditure on domestic workers. This source of possible assistance with the care burden is thus not common.

Computing the care burden measure

We generate a measure of the care burden using the factors that research and common-sense tell us are likely to contribute to it. Each of the following factors contributes 1 to the care burden score:

- Living in the same household as at least one of your biological children under 18 years of age

- Where at least one of the co-resident biological children is under six years of age

- Being identified as the primary caregiver of a child under 18 years of age in the household

- Where at least one of the children for whom primary caregiver is under six years of age

- The household not employing a domestic worker

- Having a child under six years of age in the household who is not attending either an ECD programme or school.

Table 5 shows the percentage of young people "scoring" on each of the factors in 2008 and 2017. The term "older child" is used to refer to children aged 6 to 17 years. In 2008 there are already gender differences in respect of having one's own young child in the household and being the primary caregiver of a young child. By 2017, gender differences are evident across all factors except the absence of a domestic worker. The fact that there is a difference even in respect of a young child not attending ECD or school being in the household, irrespective of whether this is the young person's own child, is explained by the greater likelihood that women will be living in households with children. On most of the individual-level characteristics, a higher percentage of the young people score in 2017 than in 2008. However, in 2017 a smaller percentage of the men are recorded as being the primary caregiver for an older child than was the case in 2008. It could be that male youth recorded as primary caregivers for older children in 2008 were caregivers for siblings.

Table 5 Percentage of sample with characteristics associated with each scored factor.

Factor	2008			2017		
	Male	Female	Total	Male	Female	Total
Older child in household	0%	0%	0%	1%	19%	10%
Child under 6 years	0%	12%	6%	8%	42%	25%
Primary caregiver older child	1%	1%	1%	0%	18%	9%
Child under 6 years	0%	8%	4%	2%	38%	20%
No domestic worker	95%	96%	96%	95%	96%	96%
No ECD/school	22%	28%	25%	20%	40%	30%

Adding the scores for the different factors yields a score between 0 and 6 (inclusive). The score is calculated for both 2008 and 2017 for each young person. Table 6 shows the mean value of the care burden in both 2008 and 2017 for the young men and women. The first columns show the means for the sample as a whole, while the final two columns show the values for the African youth who account for the majority of the sample. The table shows that in 2008, young women already had a higher average care burden than young men. However, the mean score was less than 1 for both groups. By 2017, the scores for both women and men had increased about six-fold. While the relative increase was slightly higher for men, the absolute increase was 2,65 for women as against only 1,14 for men. When analysis is restricted to African youth, the pattern remains very similar.

Table 6 Mean care burden by sex and year, all youth and African youth

	All		African	
Gender	2008	2017	2008	2017
Male	0.23	1.37	0.25	1.35
Female	0.68	3.33	0.72	3.36

Table 7 shows the mean care burden by household per capita expenditure quintile and sex for the two years. For both male and female the mean care burden is less than 1 for all quintiles in 2008. It is below 2 for men in 2017. However, for women it is closer to 4 than 3 for the bottom three quintiles, and more than 2 for quintiles 4 and 5. In both 2008 and 2017, the care burden decreases for both male and female as expenditure increases.

Table 7 Mean care burden by household expenditure quintile and sex, 2008 and 2017

	2008		2017	
Quintile	Male	Female	Male	Female
1	0.40	0.96	1.74	3.89
2	0.21	0.66	1.70	3.71
3	0.10	0.52	1.22	3.20
4	0.14	0.29	1.16	2.72
5	0.02	0.09	1.03	2.27

Table 8 shows the means for the three geotypes in the two years. With this disaggregation women's mean care burden already exceeds 1 in 2008 in commercial farming areas. This could reflect, among others, earlier childbearing among this group of young women. The care burden for women in commercial farming areas remains higher than that for other areas in 2017, but the relative differences between the areas are less stark.

Table 8 Mean care burden by type of area and sex, 2008 and 2017

	2008		2017	
Type of area	Male	Female	Male	Female
Traditional	0.30	0.83	1.56	3.64
Urban	0.17	0.53	1.29	3.15
Farms	0.23	1.17	1.38	3.90

Table 9 is the final table in this section. It shows that for men, the care burden is much higher for those who are in a partnership than for those without a partner. For women, in contrast, it is those not living together with a partner either through cohabitation or marriage who carry the greatest care burden. These patterns suggest a situation in which men who are not together with women play little role in child care.[6] This is expected given the extremely low rate of single-father households.

The fact that the mean burden for men is higher than the media, while the opposite pattern is found for women, highlights that the male distribution is clustered at lower values, while the opposite pattern holds for the women.

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[6] Throughout we assume heterosexual couples. The number of same-sex couples, whether reflected in the data or not, is unlikely to be large enough to affect results.

Table 9 Mean and median care burden by partnership status and sex, 2017

	Mean		Median	
Partnership status	Male	Female	Male	Female
Formally married	2.15	3.47	2.00	4.00
Living together	2.69	3.94	2.00	5.00
Not living together	1.10	4.74	1.00	5.00

The tables above give some sense of the multiple factors that influence the care burden. The next section explores the interaction of the different factors using regression.

What are the determining factors of the care burden?

Table 10 shows the results of regressing the care burden score against a range of different factors in both 2008 and 2017. For 2008 a smaller range of variables is included. In both years the regression is on unweighted data given the earlier indications that the sample is not representative of the national population in respect of some of the relevant variables.[7] The reported standard errors are cluster-robust, with clustering applied at the household level.

Marital status is excluded in 2008 as – with the legal age of marriage at 18 in South Africa – the overwhelming majority of young people are likely to be reported as single and never married. Further, for marital status, schooling and being the only adult in the household, a young person of 15 is not readily comparable with a young person of 19. Change of district is excluded because, by definition, this has not yet happened in 2008.

For both years, gender (being female) has the largest coefficient and is significant at the 95% level. As expected, being female substantially increases the care burden even after controlling for all the other factors. Household size and per capita expenditure quintile of the household are also significant at this level in both years. An increase in expenditure tends to decrease the care burden, while an increase in the size of the household tends to increase it. Age and race (in terms of being classified as coloured) are strongly significant in 2008, tending to increase the care burden.[8] However, they are not significant in 2017.

Three of the variables added to the 2017 regression are strongly significant, with relatively large coefficients. These are being married, cohabiting, and being the only adult in the household. When the 2017 regression is restricted to the variables used in 2008, only being female, expenditure quintile and household size are significant. Age and race remain non-significant.

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[7] As noted above, regressions on weighted numbers result in more of the independent variables becoming statistically significant.

[8] The white and Indian groups are combined given the relatively small numbers.

Table 10   Results of regression on care burden, 2008 and 2017

2008				2017			
Variable	Coeff	Std Err		Variable	Coeff	Std Err	
Female	0.5258	0.0466	**	Female	1.5662	0.0685	**
African	0.1465	0.0987		African	0.2722	0.3559	
Coloured	0.3535	0.1207	**	Coloured	0.3415	0.3672	
				Married	0.9345	0.2024	**
				Live Together	1.0404	0.1673	**
				Only Adult in Household	1.4405	0.1687	**
				Grade12	-0.0363	0.0766	
				Tertiary	0.0736	0.0916	
Employed	0.1119	0.0950		Employed	-0.1026	0.0696	
Traditional area	-0.1996	0.1538		Traditional area	0.0327	0.1642	
Urban	-0.2295	0.1524		Urban	0.0106	0.1579	
Age	0.1100	0.0158	**	Age	-0.0276	0.0222	
Expenditure quintile	-0.1103	0.0245	**	Expenditure quintile	-0.1699	0.0334	**
Household size	0.0718	0.0098	**	Household size	0.1036	0.0145	**
				Changed district	-0.1144	0.0837	
Constant	0.0718	0.0098		Constant	1.8811	0.6659	
r-squared	0.1517			r-squared	0.4197		

** significant at the 95% level; * significant at the 90% level

The regressions presented above do not take full advantage of the longitudinal nature of the survey in that for each of the two years they consider the characteristics of the young person only in the relevant year. To take full advantage of the longitudinal feature, we focus on the change in the care burden for each individual between the two years. Table 11 (based on weighted data) shows that 84% of the sample experienced an increase in the care burden, 13% no change, and only 4% a decrease. It shows further that 18% of men experienced no change in the burden, while only 7% of women were in this situation.

Table 11   Distribution of young people by direction of change in care burden 2008 to 2017

Change	Male	Female	Total
Decrease	1%	7%	4%
No change	18%	7%	13%
Increase	81%	86%	84%
Total	100%	100%	100%

Table 12 shows the results of the regression, with the explanatory variables reflecting the situation in 2017. Gender again has a large coefficient, and is significant at the 95% confidence level. However, cohabitation and being the only adult in the household now have even larger coefficients than gender, and being married has a coefficient that is only a little lower than that for being female. All these factors are significant at the 95% confidence level, as are, being the only adult in the household, age, household expenditure quintile and household size. Cohabitation, being the lone adult and household size – like being female – are associated with a relative increase in the care burden. Age and expenditure quintile are associated with a relative decrease in the care burden as are tertiary education, age, expenditure quintile, and household size. Of these factors, age,

expenditure quintile and changed district are all associated with a small decrease in the care burden. In the case of age, this may perhaps be partly explained by the younger people in the cohort moving out of the childhood home in which more children were present, their being less likely to have a care burden already in 2008, and their being more likely to have younger children who have not yet reached the age of six.

Being employed and changing district are both significant at the 90% level, and associated with a relative decrease in the care burden over time. This association is expected in the case of being employed.

Table 12   Results of regression of change in care burden between 2008 and 2017

Variable	Coefficient	
Female	1.0627	**
African	-0.1606	
Coloured	-0.2019	
Married	0.7401	**
Live Together	1.1695	**
Only Adult in Household	1.2151	**
Grade 12	0.1247	
Tertiary	0.3095	**
Employed	-0.1809	*
Traditional area	0.1976	
Urban	0.2374	
Age	-0.1328	**
Expenditure quintile	-0.1395	**
Household sizer	0.0817	**
Changed district	-0.2153	*
Constant	4.6641	
r-squared	0.2189	

** significant at the 95% level; * significant at the 90% level

Discussion

South Africa has been among the lead developing countries in attempting to measure care, with Statistics South Africa conducting its first time use survey in 2000, with a follow-up in 2010. Both surveys showed clearly the extent to which women were responsible for unpaid care work. As in most other countries, if both paid and unpaid work are considered, on average women South Africa work longer hours than men. The South African time use surveys showed a clear gender difference in the care burden even among the youngest age group, those aged 10-17 years. However, the extent of the burden both in terms of number of hours spent on unpaid care and the relative difference between average male and female hours, was substantially higher for the next age group of 18-45 year olds. The time use surveys further confirmed that in South Africa, as in other countries for which time use surveys have been conducted, child care accounts for most of the time spent by individuals on caring for persons. Further, the presence of children in a household tends to increase the amount of time that adults spend on household maintenance (housework).

The analysis in this paper complements the earlier research. It confirms the heavier burden carried by women than men in respect of child care. It shows further that the size of this burden increases substantially over the years in which children transition into adulthood. A range of different individual and household-level factors come together in influencing the size of the burden. Some of them, at least, could be influenced by policy.

South Africa's current National Youth Policy[9] has as its vision:

> "Integrated, holistic and sustainable youth development, conscious of the historical imbalances and current imbalances and current realities, to build a non-sexist, non-racist, democratic South Africa in which young people and their organisations not only enjoy and contribute to their full potential in the social, economic and political spheres of life but also recognise and develop their responsibilities to build a better life for all."

One of the five listed objectives of the policy is to: "[s]trengthen a culture of patriotic citizenship among young people and to help them become responsible adults who care for their families and communities."

However, despite the references to "current imbalances and current realities", "non-sexist", and the social sphere in the vision, and the explicit reference to care for families in the cited objective, there is barely a reference elsewhere in the policy to the gendered roles of young women and men, and how these roles increase over the course of this period.

The gender blindness of the policy is not restricted to this aspect. The policy document's presentation of the current profile of youth does not differentiate between the situation of young women and men in terms of employment and education despite readily available statistics that clearly show important differences. While there is some reference to pregnancy and maternal deaths in childbirth in the section dealing with health, violence and substance abuse, pregnancy and sex are presented more as a problem rather than as "normal" development in this age category. There is no mention of the situation of young people – whether male or female – after children are born. The need to protect people from sexual and gender-based violence is listed alongside the need for similar protection against "sexually transmitted infections, substance abuse and unplanned pregnancies". However, gender-based violence is not named in the situation analysis despite its widespread prevalence in the country.

Given this overall blindness to gender issues, it is perhaps not surprising that the issue of care is missing completely. Hopefully this paper can serve as additional evidence of the salience of the care burden in gender differences. It can help highlight, in particular, how this salience increases precisely over the period of "youth" when a child transitions to adulthood.

South Africa's Constitution is based on a notion of substantive equality, or equity, rather than formal equality. The Constitution thus does not propose that the ideal situation is that there be no differences between women and men. It proposes instead that characteristics associated with gender be taken into account in policy making and implementation so that one group is not unfairly discriminated against. The silence on the care burden in current policy is, arguably, unconstitutional.

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[9] National Youth Development Agency. 2015. National Youth Policy 2015-2020. Pretoria.