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Paid Care Providers in South Africa:

Nurses, Domestic Workers, and Home-Based Care Workers

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ACRONYMS

AIDS	acquired immuno deficiency syndrome
ARV	anti retroviral
APN	associate professional nurse
ASSA	Actuarial Society of South Africa
BCEA	Basic Conditions of Employment Act
CBO	community-based organisation
CCMA	Commission for Conciliation, Mediation and Arbitration
COIDA	Compensation for Occupational Injuries and Diseases Act
COSATU	Congress of South African Trade Unions
DENOSA	Democratic Nursing Organisation of South Africa
DoH	Department of Health
DoSD	Department of Social Development
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
GDP	Gross Domestic Product
HBC	home-based care worker
HIV	human immunodeficiency virus
HPCSA	Health Professions Council of South Africa
ILO	International Labour Organisation
ITUC	International Trade Union Confederation
LRA	Labour Relations Act
LFS	Labour Force Survey
NEHAWU	National Education, Health and Allied Workers Union???
NGO	non-governmental organization
NPO	non-profit organisation
NQF	National Qualifications Framework
OVC	orphans and other vulnerable children
OAP	old age pension
OSD	Occupation-Specific Dispensation
PN	professional nurse
RVE	Risk, Vulnerability and Employment study
SADSAWU	South African Domestic Service and Allied Workers Union
SANC	South African Nursing Council
TUS	Time Use Survey
UIF	Unemployment Insurance Fund

CONTENTS

1 INTRODUCTION

This is the fourth report on the South Africa research for the care project, and it covers three groups of carers: nurses, domestic workers, and paid and unpaid home-based care workers. The first report, RR1 (Budlender and Lund 2007), gave a country overview; characteristics of poverty and inequality; policy changes over the time of transition to democracy and subsequently; and socio-demographic trends, in particular, characteristics of household composition, fertility and mortality. In the second research report, RR2, Debbie Budlender used the 2000 Time Use Survey to estimate the value in time and money of unpaid care work, and to estimate the involvement of different social groups (using for example sex, age, race, income and employment status) in paid and unpaid care work. She used the valuation estimates for comparisons with the value of paid care work, all paid work, GDP, and taxation (Budlender 2007). The third report, RR3, (Lund 2007) focused on non-household institutions providing care – the state, private sector, and the organized social sector, and to lesser extent informal providers. It attempted to assess the nature and dynamics of 'the care diamond', looking particularly at provision of care for three generations – children, adults of working age, and older people.

This fourth paper considers people working in three occupations where the work is centrally about care: nurses, home-based care workers, and domestic workers. These were selected for a number of reasons. Women are concentrated in these types of work, which provide employment or opportunities for voluntary work for hundreds of thousands of South African women. The work is found in both the public sector and the private formal health sector, as well as in the subsidized not-for-profit welfare sector. Domestic workers work in the private homes of their employers. The selection enables the identification of movement horizontally across and within private and public sectors, for example nurses moving between government and private sector employment. It also enables analysis of vertical movement within a sector, for example when nurses' tasks, formerly restricted to certain professional grades, are shifted downwards towards lowly paid or unpaid women 'volunteers' (so-called 'task shifting'). The three occupations also contain a range of types of employment and work, from very formal and relatively well paid, to thoroughly informal, and low paid and altogether unpaid. They are active on a continuum from the secure, formal employment of professional and assistant professional nurses, to the informal home-based care workers, some of whom are truly volunteers, while others are in an ambiguous and precarious employment position. Domestic workers occupy a position in-between: domestic work in South Africa was regulated fairly recently and there is access to some social security coverage.

The purpose of RR3 was to capture the dynamics that took place between different non-household pillars of provision of care work – the state, the private sector, and community-based organized care. In this paper the focus is on the work that different groups of paid (and some unpaid volunteer) carers do, and the boundaries, some fixed and some changing, within and between these occupational groups. The groups cross all points of the 'care diamond'.

The sources and reliability of the data for each of the selected occupations needs to be noted. Nurses and domestic workers are both captured relatively clearly in the national labour force surveys, and there are supplementary surveys of both these groups as well. There has been no national survey of home-based carers, but this paper has drawn on the growing body of quantitative and qualitative surveys from different parts of the country. Survey sources have been supplemented with interviews with selected informants on all three groups of carers. Thus the main tables and figure have data pertaining to the nurses and domestic workers. While domestic workers are enumerated in the labour force surveys, the surveys probably do

not capture a category of kin members who do domestic work in exchange for 'board and lodging', and nor will they usually capture domestic workers from neighbouring countries who are in the country illegally as it is in the interests both of their employers and themselves not to be 'counted'.

For data analysis, nurses are a relatively straightforward category to deal with. Two main categories – the professional nurses (PNs) and associate professional nurses (APNs) - can be identified in the LFS. A small group of midwives were omitted from the numerical analysis as their numbers are so small. We tried to include a broader range of less skilled health workers, but the numbers for groups such as orderlies were too small.

This paper uses the term home-based care worker (HBC) to mean a non-family member who visits people who need care, mostly in their own homes, but sometimes in community-based facilities, and who is sometimes attached to a health facility such as a clinic. This is clearly distinguishable from the household caregiver, the resident family member who cares for a sick person in that household. The number of HBCs is impossible to estimate accurately. As described by Parenzee and Budlender (2007) in a study of the Home/Community Based Care Programme (HCBC) component of the Expanded Public Works Programme (EPWP), they are found in a number of programmes and departments; their employment position is often ambiguous; there is confusion between 'learnerships' and 'work opportunities'; there is provincial variation in what they are called and how they are categorized; and the line between 'employment' and 'voluntary work' is very fuzzy. This is one of the themes of this paper.

The study takes place in the context of the crisis of the HIV/ AIDS epidemic, and the stresses this has placed on the society as a whole, and on caring work. As reported in RR1, the AIDS and Demographic Model of the Actuarial Society of South Africa (ASSA) estimated that in 2007 there would be 5.5 million people infected with HIV/ AIDS, giving a prevalence rate of 11.4 percent (ASSA model accessed www.assa.org.za 31 March 2005). Prevalence rates are higher among women than men – 21.6 percent of women and 15.4 percent of men in the age group 15 to 49. The epidemic affects poor and rich people, but poorer people are more likely to be infected and less likely to have access to health services, or take up such provision even when it is there. Large numbers of people die each year, and many die in their own private homes or formal and informal hospices as the hospitals and clinics are full. The need for care-giving and for care-receiving is acute. The increased need for care is accompanied by a shortage of trained health personnel: 36 percent of posts for health professionals in the public sector were vacant in 2008, with variation between provinces - 48 percent in the poor rural province of Eastern Cape, compared to 28 percent in urban Gauteng (Health Systems Trust website). Greater use is being made of volunteers and low paid care 'workers', the great majority of whom are women, while at the same there is an exceptionally high unemployment rate among both men and women.

2 CARE WORK IN THE SOUTH AFRICAN LABOUR MARKET

As noted in the first research report in this series (Budlender and Lund 2007), in 2006 about two thirds of men and half of women aged 15 to 64 years old were recorded as being economically active, with about 13.5 million people being in paid employment. There are exceptionally high rates of unemployment in South Africa: again in 2006, 30.7 percent of women and 21.2 percent of men were unemployed, using the strict definition of unemployment. This unemployment happens alongside low rates of self-employment. The

informal economy in South Africa is still relatively small (Devey et al 2007), though a more recent estimate puts it at over 30 percent (Heintz and Posel 2008).

Budlender (2007) assessed the extent of paid care work within total employment in South Africa. Twenty four occupational categories were chosen and used to compare the imputed value of unpaid care work with the remuneration of paid care workers in the economy as a whole. There were some 2.8 million paid care workers in the total of about 13.5 million people in paid employment. Thus paid care workers accounted for a fifth (21 percent) of all employed people, nearly two out of five (38 percent) of employed females, and less than one in ten (9 percent) of employed males.

Domestic workers accounted for over a third (37 percent) of all the care workers, and two fifths of female care workers. The professional nurses and associate professional nurses accounted for 1 percent and five percent respectively. Between them, nurses and domestic workers account for 19 percent of all employment, with female domestic workers constituting 16 percent of all women in employment. There do not appear to have been consistent increases or decreases in the numbers of people working in these occupations between 2000 and 2007.

3 DESCRIPTION OF THE THREE GROUPS OF CARE WORKERS

This section describes some characteristics of the selected groups – how important each group is as a source of employment or work activity for women and for men, and whether they involve work in the public or private sector. It describes who the workers involved are, in terms of sex, age, race, education and marital status.

Numbers in employment
The first point to be made is that large numbers of people, most of whom are women, are employed in these occupational categories. Domestic workers form by far the largest group of the three, with over one million captured in the September 2007 Labour Force Survey. According to the 2000 Income and Expenditure survey, 11 percent of households report spending on domestic workers (falling to 9.5 percent when restricted to households with at least one child 0 – 12).

Table 1 about here

Among all health professionals, nurses are by far the most numerous. Table 1 shows that some 32 PNs and 128 000 APNs were enumerated in the 2007 LFS (after weighting), compared to the next most numerous group, the medical practitioners, where the 45 000 counted in the same LFS were about equally divided between men and women. With regard to social workers, some 11 000 were registered with the South African Council for Social Service Practitioners (the council governing the social and associated workers) in September 2005, of whom 89 percent were women, and half African, and just over a third white (Earle 2007). Not all of these would necessarily be practising. The umbrella council for the health professions, the Health Services Professional Council of South Africa (HSPCA) had 5 300 psychologists and 6500 physiotherapists in their register in 2008 (Health Systems Trust website).

Public and private sector
Domestic workers, by definition, work for private individuals, though some may be employed through employment agencies. The two categories of nurses we deal with work in both public

and private sectors, though the majority are in the public sector: 66 percent of PNs and 71 percent of APNs. Most of these are employed by provincial government (the level known as state government in countries such as India and the USA - that is, not local government, and not national government) - 57 percent of PNs and 58 percent of APNs. A quarter of both PNs (24 percent) and APNs (25 percent) work for the category called 'private business or private household' – it is not possible here to distinguish between those employed in a private hospital, and those employed in someone's private home.

The HBCs are employed in various ways. Most are attached to NGOs, and some of these are subsidized by government via the NGOs contracted by government to employ them (sometimes through the avenue of the EPWP); others are attached to small and informal CBOs and religious groups. Their precarious employment status will appear as a central theme in the discussion.

Sex

As shown in Table 1, nearly all of the nurses and domestic workers are women, and the vast majority is African. Likewise HBCs are largely African women. This is demonstrated in three studies: the systematic sample of a small group of urban and rural carers across KwaZulu-Natal (Hunter 2005); the larger survey done by Community Agency for Social Enquiry (CASE) which included 135 caregivers from 45 sites nationally (Mwite et al 2005); and Wallwork's sample of four types of organisations in Durban area using paid and unpaid volunteers (Wallwork 2007).

Age

Table 1 shows the ages of the nurses and domestic workers. Two thirds of the PNs and 62 percent of the APNs are in their thirties and forties, while the domestic workers are more evenly spread over the thirties, forties and fifties. The CASE study (Mwite et al 2005) of home- and community-based care recorded the ages of 130 HBC caregivers, 91 percent of whom were female. Over a third of them (36 percent) were in their twenties, compared to the lower proportions of nurses and domestic workers in that younger age group – 10, 13 and 17 percent for PNs, APNs and domestic workers respectively (Table 1). Far fewer were in their forties and fifties - about thirty percent, compared to the situation where about half of all the PNs, APNs and domestic workers (52, 51 and 49 percent respectively) were in these age groups.

Race