## ARV Treatment and Time Allocation to Household Tasks: Evidence from Kenya

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**Abstract**

Using longitudinal survey data collected over a period of two years, this paper examines the impact of antiretroviral (ARV) treatment on the time allocated to various household tasks by treated HIV-positive patients and their household members. We study outcomes such as time devoted to housework, firewood and water collection, as well as care-giving and care-seeking. As treatment improves the health and productivity of patients, we find that female patients in particular are able to increase the amount of time they devote to water and firewood collection. This increased productivity of patients coupled with large decreases in the amount of time they spend seeking medical care leads to a reduced burden on children and other household members. We find evidence that boys and girls in treated patients’ households devote less time to housework and other chores. These results suggest that the provision of ARV treatment generates a wide variety of benefits to households in resource-poor settings.

**Gender Connection**

Gender Focused Intervention

**Gender Outcomes**

Intrahousehold bargaining, reproductive health, women's access to healthcare

**IE Design**

Reflexive Comparison

**Intervention**

This paper uses survey data from Kenya to examine the impact of (free) antiretroviral (ARV) treatment on the time allocated to various household tasks by treated HIV-positive patients and their household members. An increase in funding in late 2003 enabled the Mosoriot HIV clinic to grow rapidly with the number of patients rising from 150 to 3714.

**Intervention Period**

Increases in funding in late 2003 allowed HIV/AIDS clinics to grow rapidly

**Sample population**

The survey sample contains two different groups of households. The first group comprises 503 households chosen randomly from a census of all households in Kosirai Division without a patient receiving HIV/AIDS treatment (AMPATH). The second group comprises 200 households that were chosen at the clinic and contained at least one adult HIV-positive AMPATH patient who began receiving ARV therapy (ARV households) prior to Round 2.

**Comparison conditions**

The study compares the time use of individuals from the first rounds of the study to final rounds of the study after ARV has been implemented.

**Unit of analysis**

Individual Level

**Evaluation Period**

March 2004-September 2006, there was a midline survey about 6 months after the baseline

**Results**

The within household changes in the allocation of household tasks depends substantially on the age and gender of household members. As HIV-infected adults become sick and unable to work and contribute to household chores, their
family members need to reallocate their time to non-market labor activities. Children appear to be the ones who, at the margin, are called upon to make up for the reduced productivity of the sick person by performing additional household chores. As the sick adults begin to receive ARV therapy, they are able to increase their market and non-market labor supply, thereby allowing household members to significantly reduce their time spent performing chores as well as their time spent caring for the sick person. Results point to significant decreases in the amount of housework performed and care-giving provided by various household members once sick adults are treated with ARV therapy. For AIDS patients, having been on ARV therapy since the first round is associated with a reduction in hours devoted to health care in the past week (3.5 hours for men and 3 hours for women). The impact on individuals who started treatment between the two rounds is smaller for men, but larger for women: combining the coefficients of the two ARV variables, there is a net reduction of about 2 hours in time spent seeking health care for men, and more than 4.5 hours for women. A positive and significant relationship is found between the length of time a woman has been on ARV therapy and the number of hours in the past week that she reports performing physically more demanding tasks, such as collecting water and firewood. For female ARV recipients in both rounds, time devoted to collecting water increases by nearly 2 hours in the past week, and time devoted to fetching firewood increases by 1 hour (for men, no significant effects on HH chores). Other household members do not observe a significant relationship between ARV treatment and time that patients spend performing housework. This holds for both male and female household members of ARV recipients. Female household members spend significantly less time seeking health care as the patient starts receiving ARV treatment. There is a large and significant reduction in hours spent collecting water by older girls in all ARV households. It is difficult to measure the total impact of the treatment because there is no control group of AIDS patients who do not receive treatment.


http://microdata.worldbank.org/index.php/catalog/725,
http://microdata.worldbank.org/index.php/catalog/724,

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