

The care society

A horizon
for sustainable
recovery with
gender equality

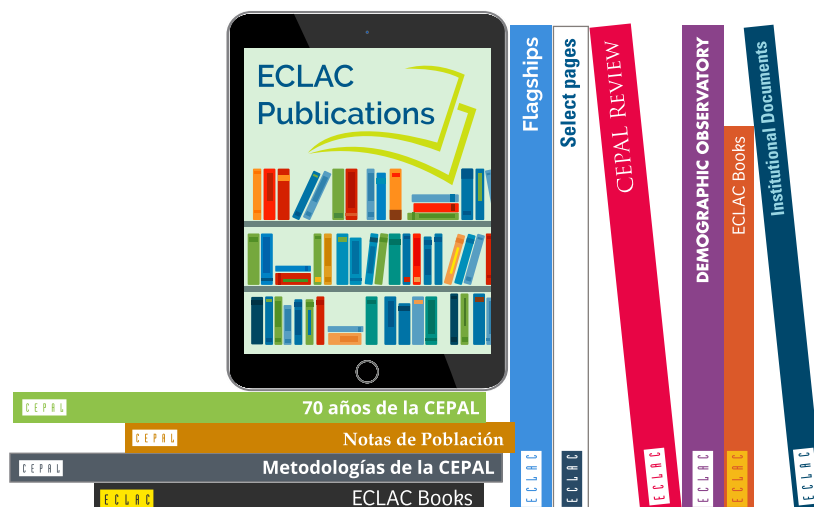


UNITED NATIONS



**XV Regional Conference
on Women in**
Latin America and the Caribbean
Buenos Aires, 7–11 November 2022

Thank you for your interest in this ECLAC publication



Please register if you would like to receive information on our editorial products and activities. When you register, you may specify your particular areas of interest and you will gain access to our products in other formats.

[Register](#)



UNITED NATIONS

ECLAC



www.cepal.org/en/publications



www.instagram.com/publicacionesdelacepal



www.facebook.com/publicacionesdelacepal



www.issuu.com/publicacionescepal/stacks



www.cepal.org/es/publicaciones/apps

The care society

A horizon
for sustainable
recovery with
gender equality



UNITED NATIONS



**XV Regional Conference
on Women in**
Latin America and the Caribbean
Buenos Aires, 7–11 November 2022

José Manuel Salazar-Xirinachs
Executive Secretary

Raúl García-Buchaca
Deputy Executive Secretary
for Management and Programme Analysis

Ana Gúezmes García
Chief, Division for Gender Affairs

Sally Shaw
Chief, Documents and Publications Division

This document was prepared by the Economic Commission for Latin America and the Caribbean (ECLAC), in its capacity as technical secretariat of the Regional Conference on Women in Latin America and the Caribbean, for the fifteenth session of the Conference (Buenos Aires, 7–11 November 2022).

Ana Gúezmes García, Chief of the Division for Gender Affairs of ECLAC, was responsible for the overall coordination of the document, with support from Lucía Scuro, Senior Social Affairs Officer in the same Division.

The drafting group, which was directed by Ana Gúezmes, Lucía Scuro, Nicole Bidegain and Iliana Vaca Trigo, included Diego Collado, Diana Rodríguez and Alejandra Valdés, of the Division for Gender Affairs of ECLAC, and Camila Baron, Jennie Dador, Alma Espino, Eleonor Faur, María Elena Valenzuela and Belén Villegas, consultants with the same Division. Substantive input, statistical processing and valuable comments were provided by Paula Aghon, Florencia Aguilera, Catalina Alviz, Georgina Binstock, Camila Bustamante, Javiera Cáceres, Marcela Cerrutti, Kethelyn Ferreira, Carolina Miranda, Fernanda Moscoso, Daniela Moyano, Macarena Muñoz, Francisca Orellana, Valentina Perrotta, Paula Quinteros, Carolina Salazar, Vivian Souza, Ana Catalina Valencia, Julia Vivanco, Marisa Weinstein and Mariana Winocur, consultants with the same Division.

Various substantive divisions of ECLAC, as well as the Commission's subregional headquarters and national offices, participated in the preparation of the document. The authors are particularly grateful for the collaboration of Helena Cruz Castanheira, Jorge Rodríguez and Pamela Villalobos, of the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, Andrés Espejo, Claudia Robles Valdés and Daniela Trucco, of the Social Development Division, Sonia Gontero and Ramón Pineda, of the Economic Development Division, and Martín Abeles, Soledad Villafaña and Lucía Tumini Valdés, of the ECLAC office in Buenos Aires.

Special thanks are also owed to the Americas and the Caribbean Regional Office of the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the Latin American and Caribbean Regional Office of the United Nations Children's Fund (UNICEF) for their contributions.

The valuable inputs stemming from the discussions and exchanges that took place in four expert meetings (held in September and November 2021, and in March and June 2022) attended by representatives of academia, think tanks, women from feminist, indigenous and civil society organizations, representatives of United Nations agencies, funds and programmes, and governments of the region, are gratefully acknowledged.

The document incorporates valuable contributions from ministers and authorities of machineries for the advancement of women in Latin America and the Caribbean, provided at the special meeting of the Presiding Officers of the Regional Conference on Women in Latin America and the Caribbean (Santiago, 22 and 23 June 2022) and the sixtieth, sixty-first and sixty-second meetings of the Presiding Officers (held from 23 to 25 February 2021, on 29 and 30 September 2021, and on 26 and 27 January 2022, respectively).

Support for the preparation of this document was also received from the ECLAC-AECID Technical Cooperation Programme and from the Open Society Foundation cooperation project "Promoting the inclusion of gender equality in economic policies to advance women's economic autonomy and progressive structural change in Latin American countries" and the WellSpring Philanthropic Fund cooperation project "Promoting women's rights and autonomy for transformative economic recovery in Latin America and the Caribbean".

The boundaries and names shown on the maps included in this publication do not imply official acceptance or endorsement by the United Nations.

United Nations publication
LC/CRM.15/3
Distribution: G
Copyright © United Nations, 2022
All rights reserved
Printed at United Nations, Santiago
S.22-00703

This publication should be cited as: Economic Commission for Latin America and the Caribbean (ECLAC), *The care society: a horizon for sustainable recovery with gender equality* (LC/CRM.15/3), Santiago, 2022.

Applications for authorization to reproduce this work in whole or in part should be sent to the Economic Commission for Latin America and the Caribbean (ECLAC), Documents and Publications Division, publicaciones.cepal@un.org. Member States and their governmental institutions may reproduce this work without prior authorization, but are requested to mention the source and to inform ECLAC of such reproduction.

Acknowledgements

The authors are grateful for the input to this document stemming from discussions and conversations that took place in the four expert meetings held in September and November 2021 and in March and June 2022. Participants at the meetings included the following members of the academic community and think tanks, women from civil society organizations, officials of United Nations agencies, funds and programmes and representatives of governments of the region: Lorena Aguilar, Cecilia Alemany, Paz Arancibia, Julio Bango, Karina Batthyány, Juliette Bonnafé, Jorge Campanella, Rosa Cañete, Marina Casas, Lilián Celiberti, Raquel Coello, Francisco Cos-Montiel, Patricia Cossanni, Jerome de Henau, Daniela de los Santos, María Ángeles Durán, Marina Durano, Alma Espino, Marta Ferreyra, Natalia Genta, Ana Cristina González, Hortensia Hidalgo, María Jimena Jurado Giraldo, Débora Ley, Norma Gabriela López Castañeda, Guillermina Martín, Piedad Martín, María José Martínez, Ernesto Murro, Anita Navar, Gaby Oré, Laura Pautassi, Andrea Quesada Aguilar, Shahra Razavi, Corina Rodríguez Enríquez, Diana Rodríguez Franco, Soledad Salvador, Celina Santellán, Cristian Silva, Zulma Sosa, Ana María Tribín, Joan Tronto, Alison Vascónez, Mariama Williams, María Teresa Zapeta and Javiera Zárate.

Contents

Foreword	9
Chapter I	
Gender equality and the care society	15
Introduction	17
A. Care at the heart of sustainable development with gender equality	17
1. Care as a link between productive and reproductive processes.....	20
2. The social organization of care.....	22
B. Care and the sustainability of life	23
C. The right to care.....	24
1. The right to care in Latin American and Caribbean constitutions and regulations.....	25
2. The State as guarantor of the right to care	26
D. Towards the care society.....	27
1. The care society poses a challenge to the current development pattern	27
2. What is the care society?.....	28
Bibliography	30
Chapter II	
The inherent link between the sexual division of labour and gender inequality	33
Introduction	35
A. Unsustainable natural resource exploitation and its effects on women in all their diversity.....	35
1. Extractivism, environmental degradation and their impact in relation to gender inequalities.....	36
2. Extractivism as applied to women’s time and work	41
B. Sexual division of labour, its links with other structural inequality challenges and its impact on women’s autonomy.....	43
1. Socioeconomic inequality and the persistence of poverty are perpetuating the care crisis	44
2. Patriarchal, discriminatory and violent cultural patterns reinforce the sexual division of labour	47
3. The persistent concentration of power and hierarchical gender relations consolidate the unjust sexual division of labour	50
C. Sexual division of labour and care organization in territories	51
1. A territorial perspective	52
2. Mobility and migration of women caregivers.....	59
Bibliography	62
Chapter III	
Care amid demographic, epidemiological and economic changes.....	67
Introduction	69
A. Effects of demographic, economic and epidemiological trends on the supply of and demand for care.....	69
B. The COVID-19 crisis: aftermath and lessons learned.....	81
Bibliography	84

Chapter IV	
The labour market and care work.....	87
Introduction	89
A. A model sustained by women’s time	90
1. Labour market and time spent on care	92
B. Taking care of paid caregivers.....	105
1. Conditions for paid female domestic workers	107
2. Continuity of health care.....	110
3. Working conditions in the education sector	113
Bibliography	118
Annex IV.A1.....	121
Annex IV.A2.....	123
Chapter V	
Macroeconomic and global challenges for a care society.....	125
Introduction	127
A. The links between international trade, the production structure and women’s economic autonomy in an uncertain context	128
1. The constraints of trade and production specialization in moving towards a care society	129
2. The challenges of women’s labour participation in the context of the region’s trade specialization	131
B. The structural and conjunctural challenges of fiscal policy for equality	138
1. The main fiscal challenges in Latin America and the Caribbean	138
2. The need to value the care economy economically and invest in it.....	144
Bibliography	146
Annex V.A1	149
Chapter VI	
A change of era: the State for the care society	151
Introduction	153
A. The State for the care society	154
1. The State as duty bearer.....	154
2. The role of the State in providing, coordinating and regulating care	155
B. Public policies for the care society.....	156
1. Guiding principles for the design of care policies	156
2. Comprehensive care policies and systems.....	159
3. Fiscal compacts for the care society.....	161
4. Labour market policies for the transition to a care society.....	163
5. Inclusive digitalization and the closing of the digital gender gap.....	165
6. Caring for the planet	167
C. Removing the constraints of gender inequality to make the transition to a care society	168
1. Sustainable and inclusive growth.....	168
2. The redistribution of work, time and resources.....	169
3. A culture of rights and equality.....	169
4. Parity democracy	170
Bibliography	171
Tables	
Table IV.1 Latin America (11 countries): mandatory provision of childcare services by companies.....	101
Table IV.2 Latin America (18 countries, weighted average): attendance by children under 6 at educational institutions, by age and household income quintile, around 2019.....	114
Table IV.A1.1 Latin America and the Caribbean (36 countries and territories): characteristics of maternity leave.....	121

Table IV.A2.1	Latin America and the Caribbean (33 countries and territories): paid paternity leave (postnatal for the father)	123
Table V.A1.1	Latin America (13 countries): high-export sectors by country, around 2018	149
Figures		
Figure II.1	Latin America (16 countries): average amount of time devoted to paid and unpaid work by persons over 15 years of age, by sex, latest available period	44
Figure II.2	Latin America and the Caribbean (24 countries, weighted averages): trends in labour force participation rates and unemployment rates, by sex, 2001–2021	45
Figure II.3	Latin America (13 countries, weighted average): variation in the number of employed persons aged 20–59, by sex and by the presence of children aged 0–15 in the household, 2019–2020	46
Figure II.4	Latin America (7 countries): variations in women’s employment as paid domestic service workers, around the second quarter, 2019–2020	46
Figure II.5	Latin America and the Caribbean (14 countries): women aged 20–24 who were married or in a stable union before the age of 18, by place of residence, latest year available	48
Figure II.6	Latin America (6 countries): time spent by persons aged 18 or under performing unpaid work, by sex and civil status	49
Figure II.7	Latin America and the Caribbean (21 countries): seats held by women in local governments	50
Figure II.8	Latin America (5 countries): time spent collecting water by persons 15 and over, by sex	53
Figure II.9	Latin America (11 countries): time spent performing unpaid work by persons 15 and over, by sex and type of household deprivation	54
Figure III.1	Latin America and the Caribbean (38 countries and territories): population distribution by degree of ageing, age group and gender	70
Figure III.2	Latin America and the Caribbean (38 countries and territories): population, distribution of care units and ratio of care units to population aged 15–64 years	72
Figure III.3	Latin America and the Caribbean: indicators showing the unsustainability of an economic model that does not include care, 1999–2020	77
Figure III.4	Latin America (9 countries): time spent caring for household members subject to dependency owing to disability or chronic illness, and participation rate of the population aged 15 years or older, by gender	80
Figure IV.1	Latin America (16 countries): total paid and unpaid work time of the employed population aged 20–69, by sex and age group, latest year available	94
Figure IV.2	Latin America and the Caribbean (18 countries, weighted average): paid female domestic workers as a share of all employed women and workers contributing to or enrolled in the social security system, around 2020	107
Figure IV.3	Latin America and the Caribbean (8 countries): paid female domestic workers without a written contract, around 2020	109
Figure IV.4	Latin America (10 countries): time spent providing health-related care to household members by population aged 15 years and over, by sex	111
Figure IV.5	Latin America (4 countries): time spent providing care and the participation rate of the population aged 15 and over, by sex and by presence of children in the household	115
Figure V.1	Latin America (18 countries): export-related employment (direct and indirect) relative to total employment, by gender, around 2018	132
Figure V.2	Latin America (13 countries, weighted average): variation in the number of women employed in selected high-export sectors, 2020–2018, and proportion of women by sector, around 2018–2020	133
Figure V.3	Latin America (13 countries): gender distribution of the population aged 15 years or over, by personal income quintile, around 2020	138
Figure V.4	Latin America (7 countries): composition of individual income according to receipt of emergency cash transfers in the midst of the coronavirus disease pandemic (COVID-19) and other non-contributory government transfers, by gender, 2020	141
Figure V.5	Latin America (10 countries): value of unpaid household work, 2010–2021	144

Boxes

Box II.1	Care work in disaster situations	39
Box II.2	A situational perspective and localized approach in the “care diamond”	56
Box II.3	Care at territorial level: experiences with mapping and georeferencing	57
Box II.4	Piloting “communities of care” in the Dominican Republic with a view to the development of a national care policy	58
Box II.5	Migration corridors for caregivers in Latin America and the Caribbean	60
Box II.6	Georeferencing and women migrants in Latin America and the Caribbean	61
Box III.1	Home care workers	81
Box IV.1	Parental leave in Argentina, Chile, Colombia, Cuba and Uruguay	99
Box IV.2	The Citizen Enterprise Programme in Brazil	102
Box IV.3	The cost of teleworking for women	104
Box V.1	Indebtedness and care in Argentine households	142

Diagrams

Diagram I.1	Commitments of the Regional Gender Agenda to overcome structural challenges of inequality and achieve women’s autonomy and gender equality	18
Diagram I.2	The Regional Gender Agenda and global commitments to achieve gender equality	19
Diagram I.3	The centrality of care in the Regional Gender Agenda	20
Diagram I.4	Women’s autonomy and gender equality in the care society	29
Diagram II.1	Co-responsibility accords included in the Regional Gender Agenda, 1997–2020	42
Diagram II.2	Sexual division of labour and weak care policies perpetuate the structural challenges of inequality	43
Diagram II.3	The role of technology in the design of care policies	61
Diagram V.1	Link between production specialization, participation in trade, women’s economic autonomy and the sustainability of life	130

Map

Map IV.1	Latin America and the Caribbean (29 countries): legal hours of paid work	93
----------	--	----

Infographics

Infographic III.1	Latin America (20 countries): demographic trends affecting the demand for care	75
Infographic III.2	Latin America (17 countries, weighted average): distribution of individual labour income, by income quintile and gender, latest data available	76
Infographic IV.1	Latin America (15 countries): additional full-time jobs needed to cover unpaid work performed in households relative to the employed population, latest year available	91
Infographic IV.2	Latin America and the Caribbean (17 countries): the structural challenges of gender inequality in the care economy	106
Infographic IV.3	Latin America: characteristics of the health sector workforce, around 2020	112
Infographic IV.4	Latin America: characteristics of the education sector workforce, around 2020	116
Infographic V.1	Latin America (13 countries, weighted average): comparison of the situation of women employed in high- and low-export sectors, around 2020	134
Infographic V.2	Latin America (12 countries, weighted average): export employment in selected high-export sectors, by gender, around 2018	135
Infographic V.3	Latin America (13 countries, weighted average): employment characteristics in selected high-export sectors, by gender, around 2020	136



Foreword

The fifteenth session of the Regional Conference on Women in Latin America and the Caribbean is taking place against a complex international and regional backdrop. The region and the world are grappling with a protracted multidimensional crisis and an uneven recovery that has disproportionately affected women, deepening the structural challenges of gender inequality in the region. The unprecedented effects of the coronavirus disease (COVID-19) pandemic, coupled with the worsening economic and social situation stemming from international energy, food and financial crises, the growing challenges posed by climate change and the high indebtedness of many countries in the region resulted in massive job losses, increased demand for care and an overburden of care work for women in all their diversity, among other consequences. At the same time, all these factors have highlighted the fundamental role of paid and unpaid care work for the sustainability of life.

The multiple crises of recent years have also shown that the current development pattern suffers from deep structural gaps that affect the vast majority of the population of Latin America and the Caribbean and place tensions on social compacts. Gender inequality is one of the most significant gaps that urgently need to be closed.

In the position document prepared for its thirty-ninth session, the Economic Commission for Latin America and the Caribbean (ECLAC) argued that the region must redouble efforts both to reactivate its economies and to transform development models in the countries, centring these efforts on policies to accelerate structural change for sustainable and inclusive development. ECLAC has proposed working on 10 spheres that are particularly promising for promoting structural changes, including the care economy as a key economic sector for enhancing growth dynamics, reducing gender inequalities and facilitating the integration of women into the labour market.

The war in Ukraine has added new economic and social difficulties to this already complex context. The armed conflict will likely lead to lower rates of global and regional growth, higher inflation and a slower recovery in employment, as well as higher prices, including for food. This comes on top of a recovery that has already been slow and incomplete, particularly for women, whose economic participation rates showed an 18-year setback in 2020. What is more, the structural challenges of gender inequality—which the governments of the region identified at the thirteenth session of the Regional Conference on Women in Latin America and the Caribbean—have only grown worse. Socioeconomic inequality and the persistence of poverty; discriminatory, violent and patriarchal cultural patterns; the sexual division of labour and the unfair social organization of care; and the concentration of power and hierarchical relations in the public sphere are structural features of the profound inequalities between men and women in the region. These four structural challenges limit the economic, physical and decision-making autonomy of women and girls.

These challenges of inequality manifest themselves in a protracted care crisis, the demand for which is met through an overburden of unpaid work falling on households and primarily on women, women's monetary and time poverty, and indebtedness incurred to meet the care demand. What is more, care demand will only grow in the coming years, in light of ongoing demographic and epidemiological trends. As well as the major contribution that care work makes to social reproduction, its contribution to the economy as a whole accounts for between a quarter and a fifth of GDP in at least 10 countries of the region where it has been measured. Seventy-four per cent of this contribution is made by women. When the gender approach is absent from macroeconomic policies, especially fiscal policy, and is not mainstreamed in public policymaking overall, it is women who absorb the effects of multiple crises by taking on increased unpaid domestic and care work.

In this scenario, a comprehensive, multiscale and cross-cutting approach is needed to meet the targets set in the 2030 Agenda for Sustainable Development and the Regional Gender Agenda, to prevent gender gaps from widening further and to make progress towards substantive equality and the autonomy of women and girls in all their diversity. The Regional Gender Agenda provides a road map for Latin America and the Caribbean and for the implementation of public policies that link up the economic, social and environmental dimensions of sustainable development and contribute to the eradication of the structural challenges of gender inequalities and inequalities within and among countries.

Latin America and the Caribbean is the only region in the world where, for the past 45 years, the Regional Conference on Women in Latin America and the Caribbean has brought together governments, international

agencies and civil society organizations, particularly women's and feminist organizations, to analyse progress and challenges in ensuring women's rights and autonomy and achieving gender equality. The agreements and commitments made by the Conference come together in the Regional Gender Agenda, which is a meaningful, ambitious and comprehensive road map, in which the governments of the region have agreed that it is urgent to shift the development pattern and develop welfare states in order to move towards a care society that recognizes interdependence between people, as well as between productive processes and society: a care society that places the sustainability of life and the planet at the heart of development.

These reflections underpin the proposal set forth in this document, *The care society: horizon for a sustainable recovery with gender equality*, prepared by the Division for Gender Affairs of ECLAC for the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean (Buenos Aires, 7–11 November 2022), which reflects the concern regarding the need for a paradigm shift and offers diagnoses and recommendations for moving towards a care society.

The first chapter presents the notion of the "care society," which includes caring for people and the planet from a gender and human rights-based perspective. This is seen as an essential alternative to the current development pattern, which places no value on essential life-sustaining activities, reproduces gender, socioeconomic, ethnic and territorial inequalities and has a deleterious socioenvironmental impact.

The second chapter, following the ECLAC structuralist approach and the feminist perspective on the sustainability of life, looks at the link between the sexual division of labour and the other three structural challenges of gender inequality in light of the excess unpaid work burden generated by the COVID-19 pandemic. This chapter also addresses migration and the displacement of women in the region, analysing their implications for the way in which care, territory and the public policy design are conceptualized.

The third chapter offers an analysis of the region's demographic changes, the main epidemiological patterns and their link to economic trends. It describes the transitions facing countries in terms of the population that will need care in the coming decades, the changes in household composition and the consequences for the type and intensity of care required. With the rise in life expectancy and the prevalence of communicable and non-communicable diseases, people are increasingly living with illnesses that require long-term care. This raises an alert to the need to view co-responsibility from an intergenerational perspective and to urgently strengthen public health systems from a gender perspective.

The fourth chapter describes the institutional, regulatory and cultural dimensions of a labour market that disregards care needs (both care of others and self-care). It addresses the link between time spent on paid and unpaid work and how this affects the possibilities for care and self-care. It offers an analysis of the working conditions of those who provide care on a paid basis: female domestic employees, health care personnel and workers in the education sector.

The fifth chapter presents some of the challenges linked to macroeconomic and trade dynamics in terms of driving recovery processes with gender equality in the short term and moving towards a care society in the region. It sets forth a number of challenges regarding the way women participate in the labour market in the context of the region's poorly diversified production structures and trade patterns, and emphasizes the need to shift trade toward key sectors for the sustainability of life. It also highlights structural challenges of fiscal policy and emerging challenges arising from the COVID-19 pandemic and stresses the need to invest strategically in gender equality and care policies as key to a recovery with equality.

Drawing on the analyses developed throughout the document, the sixth chapter discusses the need to return the State to a central role in leading and establishing new transformative, inclusive and feminist compacts that prioritize the well-being of all and a more sustainable relationship with the environment, and that include groups that have historically been excluded from decision-making processes that affect their lives.

The care society is a horizon to be shaped in a collective and multidimensional manner, so as to overcome the structural challenges of gender inequality and place the care of people and the planet at the heart of sustainable development. Times of turmoil require proposals that offer hope. This is what the care society is

about: it is a proposal for organizing society in such a way that the sustainability of life is the priority objective. To achieve this objective, it is essential to recognize the irreplaceable value of care for both people and the planet, and to distribute care provision on the basis of social and gender co-responsibility.

Accordingly, and with a view to collectively building the care society, I call upon governments and international actors to build fiscal, social and cultural compacts to allocate resources and propose new social configurations with care as the backbone. It is my conviction that societies such as we are proposing will offer a better life for all.

The proposal is an ambitious one, but the reality is that this is not a time for gradual or timid changes, but a time for bold and transformational ones. We urgently need a profound transformation recognizing the links between the economy, society and the environment. The proposal put forward by the Regional Conference on Women in Latin America and the Caribbean is to progress towards a care society as a horizon for a sustainable recovery with gender equality. We hope that the assessments offered in the document and the discussions held at the fifteenth session of the Regional Conference will raise the level of ambition to respond to the multiple challenges and complexity of our region's economies and societies, and lead to the equality and sustainability that our era demands.

José Manuel Salazar-Xirinachs

Executive Secretary
Economic Commission for Latin America
and the Caribbean (ECLAC)



CHAPTER

I

Gender equality and the care society

Introduction

- A. Care at the heart of sustainable development with gender equality
- B. Care and the sustainability of life
- C. The right to care
- D. Towards the care society

Bibliography

Introduction

In addition to exacerbating the structural challenges of gender inequality, the coronavirus disease (COVID-19) pandemic has highlighted the unfair organization of care within society and the need for a paradigm shift in the development model that puts care and sustainability of life at the centre (ECLAC, 2021).

This chapter presents the concept of the “care society”, which includes caring for people and the planet in a gender-responsive manner and in the human rights framework. This is seen as an essential alternative to the current development pattern, which fails to consider and value activities that are essential for sustaining life. As a result, it reproduces gender, socioeconomic, ethnic and territorial inequalities, and causes socio-environmental devastation.

Contributions have been made by feminist economics, together with various proposals put forward by women’s and feminist organizations in conjunction with governments, particularly the national machineries for the advancement of women. These have been reflected progressively in international agreements, in the 2030 Agenda and, above all, in the Regional Gender Agenda. In the region, women and indigenous peoples have added their contribution, with good living as a guiding principle that invokes a harmonious relationship between nature, people and social organization.

Over the last 45 years, under the auspices of the Regional Conference on Women in Latin America and the Caribbean, governments have approved a series of agreements that include measures on the design of care policies and a call for care to become a responsibility that is shared between the State, the private sector, families and the community. These agreements lead to information being generated on the time use and work dedicated to care, and on its economic value; and a commitment to develop comprehensive care systems based on a gender, intersectional, intercultural and human-rights perspective. From the human rights standpoint, the concept of the right to care is introduced as a right that must be guaranteed and protected as one of the main State obligations (Güezmes, Scuro and Bidegain Ponte, 2022).

On this basis, faced with overlapping structural and conjunctural crises and the persistence of the structural challenges of gender inequality, there is a need for a far-reaching transformation in the development pattern. The care society is presented as an alternative and proactive model—a form of organization that makes the sustainability of life the priority objective which, in turn, allows the structural challenges of gender inequality to be overcome. The aim is to recognize the irreplaceable value of care in achieving this objective and to make its provision a societal matter based on social co-responsibility.

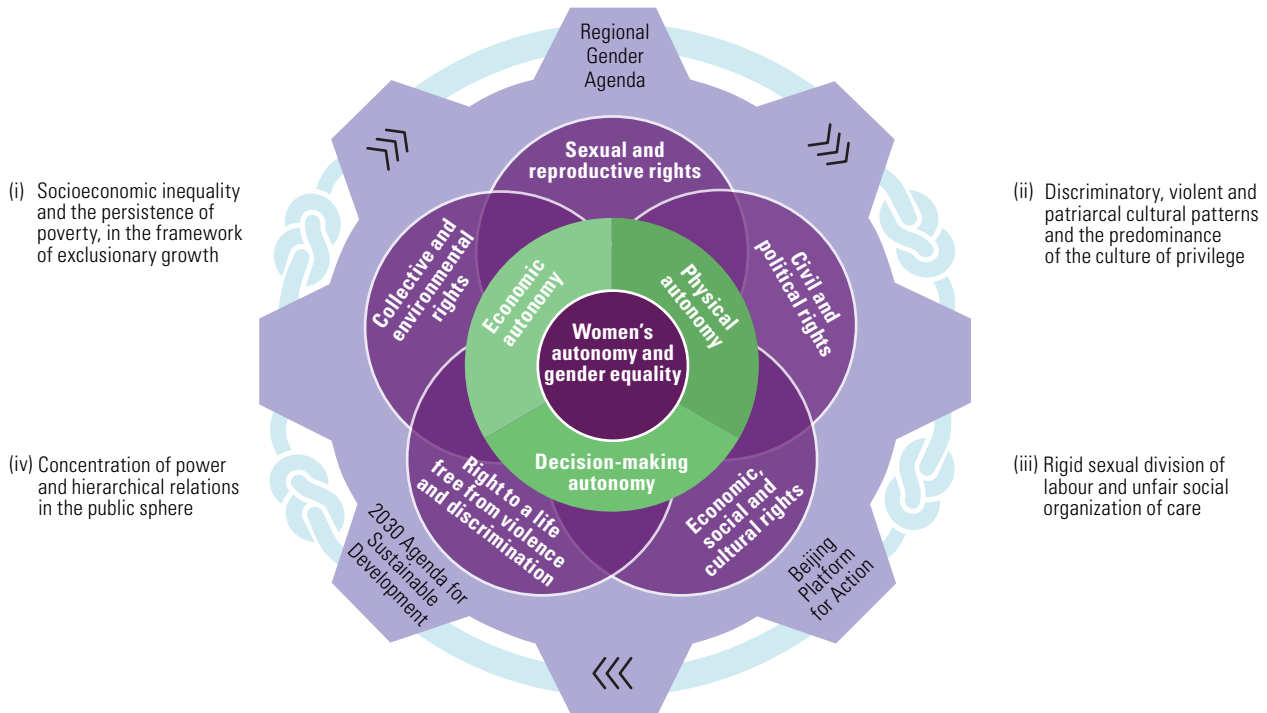
The care society represents a horizon that entails collective and multidimensional construction. This chapter presents conceptual and institutional guidelines that will be developed further in later chapters with specific diagnoses and recommendations.

A. Care at the heart of sustainable development with gender equality

This section argues that prioritizing the sustainability of life over the accumulation of capital is the precondition for achieving sustainable development with equality; and that this means putting care at the centre of the development model. Over more than four decades, the member States of the Economic Commission for Latin America and the Caribbean (ECLAC), meeting at the sessions of the Regional Conference on Women in Latin America and the Caribbean, approved the Regional Gender Agenda. This aims to guarantee women’s rights and drive progress towards their autonomy, laying the foundations for societies with equality, in dialogue with the women’s and feminist movements of the region (ECLAC, 2021) (see diagram I.1).

Diagram I.1

Commitments of the Regional Gender Agenda to overcome structural challenges of inequality and achieve women's autonomy and gender equality



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Towards a care society: the contributions of the Regional Gender Agenda to sustainable development* (LC/MDM.61/3), Santiago, 2021.

The central role of care in achieving gender equality has been a priority in the debates and agreements of ECLAC member States since the First Regional Conference on the Integration of Women into the Economic and Social Development of Latin America and the Caribbean, which was held in Havana in 1977; and both its conceptualization and the agreements in this regard have become more far-reaching in the last two decades (ECLAC, 2021). The 2030 Agenda for Sustainable Development highlights the urgent need to achieve gender equality through its 17 Sustainable Development Goals (SDGs); and it sets forth a transformative vision of a pathway to economic, social and environmental equality and sustainability. The achievement of gender equality is cross-cutting and inseparable from the rest of the Agenda's goals. Goal 5 calls for the recognition and valuation of care and unpaid domestic work in target 5.4.

The redistribution and valuation of care are also linked to efforts to eradicate poverty and implement social protection systems for all people, as set out in Goal 1, to end hunger, achieve food security and improved nutrition; and to promote sustainable agriculture, as spelled out in Goal 2. The provision of quality care is also critical to ensuring healthy lives and promoting well-being for all at all ages (Goal 3); ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all (Goal 4); and promoting sustained, inclusive and sustainable economic growth and full and productive employment and decent work for all (Goal 8). Investing in the care economy also contributes to building resilient infrastructures, promoting inclusive and sustainable industrialization and fostering innovation (Goal 9); reducing inequality within and between countries (Goal 10), combating climate change and its impacts (Goal 13); promoting peaceful and inclusive societies for sustainable development, providing access to justice for all and building effective, accountable and inclusive institutions at all levels (Goal 16); and strengthening the means of implementation and revitalizing the Global Partnership for Sustainable Development (Goal 17) (ECLAC, 2022).

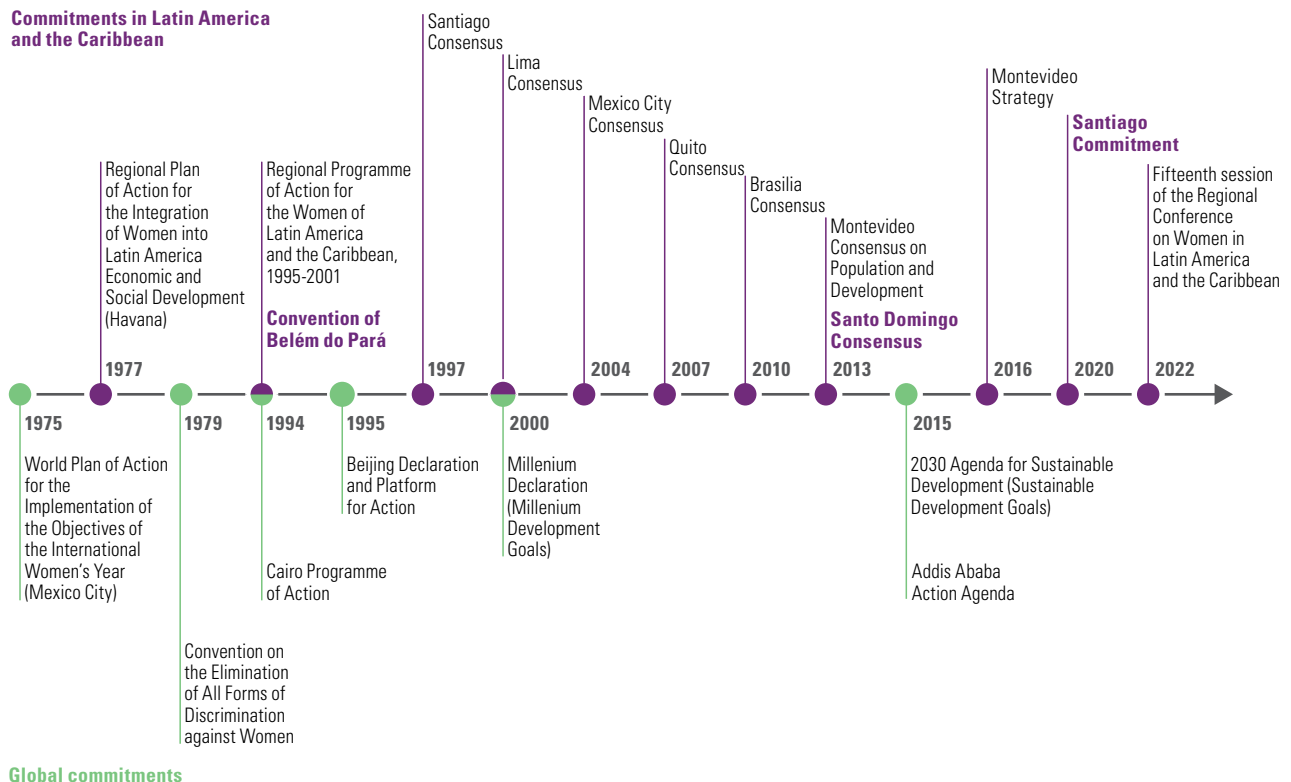
The 2030 Agenda is complemented and expanded by the Regional Gender Agenda. The States of Latin America and the Caribbean have issued a call to overcome the sexual division of labour and promoting care as a right

(Bidegain Ponte, 2017, p. 17).¹ The Montevideo Strategy has noted that the unfair social organization of care hinders women's autonomy and reproduces gender inequalities, interwoven with other dimensions of social inequality (socioeconomic, ethnic, racial and territorial). In addition to being an ethical imperative, transforming this social organization is one of the priorities for achieving women's autonomy and rights (ECLAC, 2017); and it is also fundamental for achieving sustainable development with equality.

The Regional Gender Agenda interacts with international and regional commitments aimed at protecting, respecting and guaranteeing all of the human rights of women and girls in their diversity, as well as non-discrimination and the achievement of gender equality. These commitments include the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (the Belém do Pará Convention, 1994). The Regional Gender Agenda also reaffirms the full validity of the Declaration and Platform for Action of the Fourth World Conference on Women (held in Beijing in 1995) and the Programme of Action of the International Conference on Population and Development (held in Cairo in 1994); as well as the resolutions on women, peace and security adopted by the United Nations Security Council; the Programme of Action of the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance (held in Durban in 2001); the United Nations Declaration on the Rights of Indigenous Peoples (2007); and the commitments made at sessions of the International Conference on Financing for Development (held in Monterrey in 2002, Doha in 2008 and Addis Ababa in 2015), the sessions of the Conference of the Parties to the United Nations Framework Convention on Climate Change and the 2030 Agenda for Sustainable Development (2015), among others (ECLAC, 2021) (see diagram I.2).

Diagram I.2

The Regional Gender Agenda and global commitments to achieve gender equality



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Towards a care society: the contributions of the Regional Gender Agenda to sustainable development* (LC/MDM.61/3), Santiago, 2021.

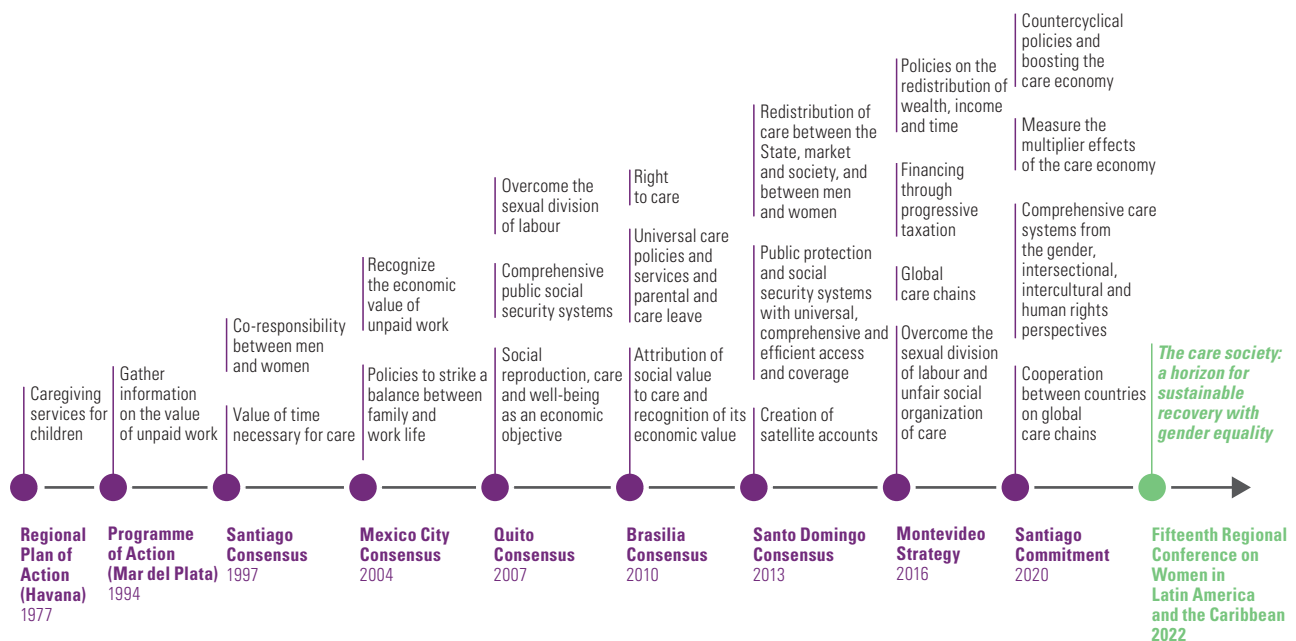
¹ In the Latin American and Caribbean region, the agreements reached since the first Regional Conference on the Integration of Women in the Economic and Social Development of Latin America and the Caribbean, held in Havana in 1977, have highlighted the profound links that exist between gender equality, care and development (ECLAC, 2021).

The links between care, women's autonomy, gender equality and development have been studied extensively by the feminist academic sector in the fields of economics, sociology, health and political science.

The region's governments have progressively adopted a series of agreements that are fundamental for the design and implementation of care policies; and they have made progress in having care viewed as a right (see diagram I.3). These agreements reaffirm the principles of universal and progressive access to quality care services and the importance of co-responsibility, between men and women but also between the State, the market, communities and families. They also highlight the importance of promoting the financial sustainability of public care policies aimed at achieving gender equality. Moreover, the agreements approved by the governments have emphasized the importance of the role of the State and the essential need for coordination between its institutions, as well as between the national, subnational and local levels, and the intersectional approach (ECLAC, 2021).

Diagram I.3

The centrality of care in the Regional Gender Agenda



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Towards a care society: the contributions of the Regional Gender Agenda to sustainable development* (LC/MDM.61/3), Santiago, 2021.

1. Care: a link between productive and reproductive processes

Care is essential for social reproduction, since all individuals require care during their lives, albeit more intensively at certain stages and in certain conditions of life. There is significant gender inequality among those who are in a position to provide care. Worldwide, women provide 76.2% of all time spent in unpaid care work (ILO, 2019).

The contributions of feminist economics have shown that, in practice, care is the link between production and reproduction processes (ECLAC, 2016). Unpaid care work makes the existence of the market-based economic system possible (Larguía and Demoulin, 1976; Benería, 1979). The capitalist system is sustained by

women's time, as an implicit resource for the reproduction of the labour force, capital and society as a whole (Bosch, Carrasco and Grau, 2005; Carrasco Bengoa, 2016; Fraser, 2016).²

The care overload limits women's ability to earn their own income and to devote time to self-care, leisure and other activities that are central to their autonomy —the latter being understood as the ability of individuals to make free and informed decisions about their lives, so that they can live their lives according to their own aspirations, in the historical context that makes them possible (ECLAC, 2011, p. 9).

Generally speaking, the persistence in the region of the sexual division of labour is based on unequal power relations and the unfair social organization of care has major implications in terms of the equality gaps between men and women, between women of different socioeconomic levels and between countries and territories. (Bidegain Ponte, 2017). It also impacts the feminization of poverty and the reproduction of inequalities between the genders and between women of different socioeconomic status, as well as ethnic-racial and territorial inequalities. This is because care work is transferred according to a social hierarchy based on gender, class and place of origin (Pérez Orozco, 2014). Many Latin American and Caribbean women participate in global care chains that are formed through the transfer of care work from one group of women to others, and with a notable absence of male participation in the corresponding tasks (ECLAC, 2016).

Despite its vital importance, the central place of care in the provision of well-being has remained invisible in the mainstream economy (ECLAC, 2022). Based on an androcentric model, orthodox economics only values paid work, while concealing that which is unpaid (Rodríguez Enríquez, 2015). The labour market restricts time for caring for others, caring for the planet and caring for oneself, as if those who fulfil labour-market functions had no care needs of their own, nor responsibilities for the care of others and their environment (Pérez Orozco, 2006). This omission, in addition to obstructing women's autonomy, denies the economic value of care and reproduces socioeconomic, ethnic-racial, territorial and gender inequalities.

The capitalist system also displays an anthropocentric bias, which conceals the central role played by resources extracted from nature in the development of production processes. Natural resources are treated as unlimited inputs for economic activity (Carrasco Bengoa, 2016). By detaching the concept of value from discussions on what is productive and what is unproductive, economics as a discipline became unable to assign value to elements that are useful for satisfying objective and subjective human needs, both individual and collective. Thus, wealth, understood as the accumulation of value, also distanced itself from the concept of well-being (Vaca Trigo and Baron, 2022). The measurement of gross domestic product (GDP), the economic indicator used most widely for economic decision-making, displays an androcentric bias in the low valuation of women's contribution and the fact that it ignores time spent on care; it also reveals an anthropocentric bias by ignoring care for the planet (Vaca Trigo and Baron, 2022). Paradoxically, what is not accounted for are precisely the resources and activities that are indispensable for maintaining a healthy life (Heintz, 2019).

Overall, the economic system relies largely on spheres that orthodox economics has traditionally treated as non-economic activities, such as the care economy and environmental conservation. These are domains that it has placed in a secondary or, at best, subsidiary position with respect to the main economic activities. Nonetheless, they are two spheres that produce value in the form of public goods on different scales (national, regional and global), the realization of which is essential both for the sustainability of life and for the very functioning of the market (Heintz, Staab and Turquet, 2021; Folbre, 2004; Picchio, 2001, and Gottschlich and Bellina, 2016, cited in ECLAC, 2022).

² The COVID-19 crisis provided clear evidence of the intensification of care work by women to sustain life in a critical scenario, as noted by ECLAC (2020, 2021, 2022).

2. The social organization of care

Gender inequality in the allocation of care work in society is not merely a reflection of individual decisions or interpersonal negotiations. It is part of the social organization of paid and unpaid work, and of an economic and political system that has more or less explicit normative frameworks and power relations (Esquivel, Faur and Jelin, 2012).

Historically, care was assigned as part of family responsibilities, based on a hegemonic biparental and heterosexual model, which ignored the different forms of family organization. In a cultural context that assumed paid work as a male domain, care duties fell disproportionately on women (Jelin, 2010 and 2017; Faur, 2014). The productive system, carved from an androcentric standpoint and supported by patriarchal cultural patterns, presupposed the existence of a full-time worker, without care responsibilities. Thus, a decisive activity in the reproduction of individuals, the workforce and society as a whole was characterized by a rigid sexual division of labour, which contributed to reproducing gender inequalities and restricting women's autonomy and their ability to earn their own income (Esquivel, 2011; Rodríguez Enríquez, 2015).

The profound economic, socio-demographic and cultural transformations that have taken place in recent decades, including increased female participation in the labour market, and changes in household structures and family dynamics —involving a high incidence of separations and divorces, resulting in female-headed households— have not fundamentally altered the sexual division of labour (Wainerman, 2003). The result, in the words of Arlie Russell Hochschild, has been a “stalled revolution”: while women's labour participation increased significantly, male involvement in care did not keep pace (Hochschild and Machung, 1989).

Understanding care as part of a social organization transcends the household domain. Care is provided in different public, private and community settings and institutions, and includes direct and indirect care components (Razavi, 2007; Razavi and Staab, 2010).³ Both inside and outside the home, care can be paid or unpaid, and it can be provided as part of a public or commercial service. In each of these formats, the main caregivers are women, many of whom perform paid care work, albeit in precarious conditions and without social protection.

From an institutional perspective, care is a pillar of welfare regimes (Sainsbury, 1999; Martínez Franzoni, 2008). The State plays the dual role of providing services and regulating the way in which the right to care and care responsibilities are assigned and distributed in a given society, both in terms of paid care work —such as in the education, health, social work, community care and domestic service sectors— but also in the household domain. In doing so, it affects the possibility of transforming (or reproducing) gender and socioeconomic inequalities that are embedded in the social organization of care (Faur, 2011; Batthyány, 2018).

When State provision is insufficient to cover the population's care needs, households that have the resources to obtain care services in the market do so by hiring domestic service, home caregivers and private institutions (kindergartens, homes for the elderly, among others). In contrast, lower-income households rely on women's reproductive work, which limits their access to the labour market and shows how care becomes a key issue in understanding socioeconomic inequalities (Faur, 2011; Rodríguez Enríquez, 2015).

In this situation, the prevailing development model in Latin America and the Caribbean has led to ever wider social, economic and environmental gaps, which are closely interrelated (Gramkow and Porcile, 2022). It has also triggered a profound care crisis, with serious implications for the well-being of the population and the capacity to strengthen a development pattern based on equality and sustainability (ECLAC, 2022). Far from resolving the structural challenges of gender inequality, the model has deepened the social, ethnic, racial and territorial inequalities that diminish women's autonomy, particularly among women who are affected simultaneously by different dimensions of social inequality (ECLAC, 2022). From the cultural standpoint, what prevails is the persistence of a patriarchal culture (ECLAC, 2022) and naturalization of the culture of privilege (Hopenhayn, 2022).

³ Shahra Razavi (2007) characterized as a “care diamond” the figure representing interaction between States, markets, families and community organizations. There is no unique modality for configuring the roles, responsibilities and interactions of each of the institutions involved in this diamond; instead, they differ in particular historical and political contexts.

In a context of recurrent crises, what is at stake is the sustainability of life itself. The unsustainability of the hegemonic development pattern arises from the dual process of exploitation of nature and of the body and time of women, whose unpaid domestic and care work operates as an adjustment variable to alleviate both the effects of environmental degradation and shortcomings in the provision of care services. The COVID-19 pandemic provided clear evidence of the intensification of care work performed by women in order to sustain life in a critical context, as ECLAC has noted previously (2020, 2021 and 2022).

This makes it necessary to recover the proposition of feminist economics: to put the sustainability of life at the centre of economic concerns (Picchio, 2001; Bosch, Carrasco and Grau, 2005, cited in Vaca Trigo and Baron, 2022). Prioritizing the sustainability of life means decentralizing or removing the protagonist space assigned to markets, around which the most important economic indicator, GDP, has been built (Vaca Trigo and Baron, 2022).

B. Care and the sustainability of life

What does the sustainability of life mean? Bosch, Carrasco and Grau (2005) refer to a multidimensional process that is essential both to give continuity to life in its different expressions (personal, social and ecological) and to develop conditions, standards and quality of life that are acceptable to the entire population.

Thus understood, the sustainability of life interweaves two fundamental aspects. The first entails guaranteeing the conditions for social reproduction, ensuring the continuity of society, and having the inputs needed to sustain production processes, irrespective of the contexts in which they are carried out (Carrasco Bengoa, 2016). The sustainability of life is thus eco-dependent: to ensure the life of present and future generations, it is necessary to halt environmental degradation (Carrasco Bengoa, 2016). This dimension makes care indispensable. Life is vulnerable and finite; it is precarious; if it is not cared for, it is not viable (Pérez Orozco, 2014, p. 223).

According to ECLAC (2022), care includes all activities that ensure human reproduction and the sustaining of life in an adequate environment. This includes safeguarding the dignity of people and the integrity of their bodies, education and upbringing, the maintenance of social ties, psychological assistance and emotional support. It also implies the upkeep of domestic spaces and goods, as well as care of the planet. Care has a material dimension, involving a job, an economic activity, which entails a cost and requires a psychological disposition that is conducive to developing or maintaining an affective bond (Batthyány, 2004).

However, social reproduction does not, in itself, guarantee the well-being of the population as a whole; nor is it sufficient to overcome the structural inequalities that weigh down and exacerbate the current development pattern in the Latin American and Caribbean region. The provision of care to others, along with self-care and care of the planet, all require the availability of time, a series of goods, resources and services, and basic conditions for this, including the subjective well-being that allows this work to be carried out (ECLAC, 2022). By virtue of this, the second decisive aspect for the sustainability of life involves guaranteeing decent living conditions for the population as a whole. This introduces ethical, political and ideological dimensions, which are historically situated. How is good living to be defined and what are the social priorities in this definition, in different scenarios (Carrasco Bengoa, 2016)?

Prioritizing the sustainability of life over the accumulation of capital is a precondition for attaining well-being for the population as a whole and achieving a transformative recovery, based on equality and sustainability. Among other things, this implies overcoming the unfair social organization of care, which, in practice, engenders profound injustices in terms of time and the availability of resources and services. Women suffer from a disproportionate burden of care provision and insufficient coverage of public, non-market services. This reproduces socioeconomic, racial and ethnic inequalities and prevents women from generating their own income and strengthening their autonomy. The unfair social organization of care is at the heart of the unsustainability of the current model; and it reproduces the structural challenges of gender inequities that are intertwined with other dimensions of structural inequality.

The social organization of care thus reflects a social and political construction, based on a specific cultural framework, in which there are different worldviews as to what should be cared for, who should provide care, and how it should be provided. For example, indigenous peoples conceive their social organization as directly linked to environmental care; care also includes a spiritual dimension; and interdependence is built on respecting people's autonomy and valuing all lives, human or otherwise (FIMI, 2020). In this context, good living, a term that emerged as an indigenous, *campesino* and popular synthesis of an alternative development model, is based on elements such as the collective achievement of a life lived to the full, based on cooperation, complementarity, solidarity and justice —life being a unique, interrelated system, marked by diversity and interdependence among human beings and with nature (León Trujillo, 2014). In this paradigm, the sustainable reproduction of life stands at the core of the economy.

Sustainability of the planet requires a development pattern that places care at the centre of priorities; recognizes the interdependence that exists between people, and between people and the environment; and distinguishes the multiple interdependencies with the economic, the cultural and the socio-environmental (Celiberti, 2019).

Ultimately, the role of the State is decisive. In addition to having the capacity to provide care services, it is tasked with regulating care provision by markets, communities and families (Razavi, 2007). In doing so, it can either transform the unfair social organization of care, by promoting gender equality, women's autonomy and co-responsibility for care; or else it can reproduce historical gender and class inequalities (Faur, 2011; Rodríguez Enríquez and Marzonetto, 2015). The human rights framework provides the legal foundations for placing care at the centre, while highlighting the State's role in this.

Care aims to guarantee not only survival, but also well-being and development (Durán Heras, 2000). From a philosophical point of view, Tronto and Fisher introduce a definition that highlights several important issues. The first is that, in addition to maintaining and ensuring continuity of the world, care “repairs” it; the second issue is the need to weave networks to sustain life; and the third offers a comprehensive view, which includes our bodies, our being and our environment, so that we can live in the world as well as possible (Fisher and Tronto, 1990 cited in Tronto, 2006, p. 5).

From this perspective, ECLAC argues that the recovery from the COVID-19 crisis needs to be transformative, based on gender equality and sustainability. Putting care at the centre implies a profound reorganization of the way in which the economic and social system is organized in our societies, which challenges the State to serve as regulator of that system. Human rights provide the institutional framework that makes it possible to place care at the centre of human rights.

C. The right to care

The right to care, understood as the right to provide care, the right to receive care, and the right to care for oneself, form part of the human rights now recognized in international covenants and treaties, which every human being enjoys, irrespective of his or her vulnerability or dependency status. Based on the principles of equality, universality and social and gender co-responsibility, these rights make possible the sustainability of human life and care for the planet. The right to care implies guaranteeing the right of each person in the three dimensions of the concept (providing care, being cared for and caring for oneself); recognizing the value of care work and guaranteeing the rights of persons who provide care, beyond the stereotyped assignment of this function as women's responsibility, and promoting institutional co-responsibility among its providers (State, market, private sector, families).

In addition to being an intense task that should be valued in its full dimension, care is a human right: the right to care, to be cared for and to care for oneself (Pautassi, 2007). This normative definition, based on the three central components that consider it in relation to caregivers, recipients or owners of care, is part of the human rights tradition. The results of this process account for the three dimensions of care, which, far from linking it to benefits or states of need or conditions of vulnerability of women or other groups, recognize its universal and interdependent value (Pautassi, 2007).

The human rights approach to care is based on a set of legal principles and standards: (i) universality; (ii) the obligation to guarantee the minimum content of rights; (iii) the obligation of States to undertake actions and adopt measures that recognize progressiveness in their actions and the consequent prohibition of regressive measures or actions; (iv) the duty to guarantee citizen participation; (v) the principle of equality and non-discrimination; (vi) access to justice; and (vii) access to public information. These standards form part of a common matrix that is applied in defining intervention policies and strategies, both of States and of social actors and development cooperation agencies, and also in the design of actions for the monitoring and evaluation of public policies (Pautassi, 2021).

In the region, achievements in terms of regulatory development, public policies and innovative approaches to women's rights, gender equality and environmental sustainability were developed in accordance with the global framework of international covenants and treaties. These relate mainly to the Convention on the Elimination of All Forms of Discrimination against Women, ratified by all Latin American and Caribbean countries, and the general recommendations of the Committee of Experts. They also refer to the framework of multilateral commitments for implementation of the 2030 Agenda and the Sustainable Development Goals, and the Regional Gender Agenda, promoted by ECLAC and agreed on at each session of the Regional Conference on Women in Latin America and the Caribbean, thanks to the impetus of feminist and women's movements.

Placing care within the human rights framework means basing the respective public policies, on the instruments of international human rights, especially economic, social, cultural and environmental rights. The efficacy and enforceability of these rights, and their possibility of being litigated or upheld through the courts are gaining strength, since human rights are all claimable, indivisible, interdependent and universal (Abramovich and Courtis, 2004; Abramovich, 2006; Pautassi, 2007).

The fact that the right to care has emerged as a public policy domain in itself requires the implementation of concrete measures (ECLAC, 2016). As recognized at the twelfth session of the Regional Conference on Women in Latin America and the Caribbean, held in Santo Domingo in 2013, such measures are the responsibility of society at large, together with the State and the private sector (ECLAC, 2014). However, the role of the State is central, since not only does it provide services, but it also regulates —by action or omission— the way markets, families and communities participate in the provision of care and access to it (Razavi, 2007; Faur, 2014).

1. The right to care in Latin American and Caribbean constitutions and regulations

On the path followed in Latin America and the Caribbean, and in the progress of the Regional Gender Agenda, some countries have decided to recognize care and its contribution to the economy expressly in the Constitution, thus providing it with stronger guarantees and broadening its interpretation through jurisprudence.

For example, the Constitution of Ecuador (2008) emphasizes the care of older adults, persons with disabilities and children; and it stresses that the State will establish public policies and programmes, differentiated by geographical areas, gender inequities, ethnicity and culture, and also by individuals, communities, peoples and nationalities. It also declares that the State will encourage the greatest possible degree of personal autonomy and participation in the definition and implementation of these policies. In addition, it recognizes the unpaid household work of self-support and human care as productive work.

Article 338 of the 2008 Political Constitution of the Plurinational State of Bolivia provides that the economic value of household work must be recognized as a source of wealth and quantified in the public accounts. Similarly, the 1999 Constitution of the Bolivarian Republic of Venezuela and the 2009 Constitution of the Dominican Republic recognize the productive value of household work as a generator of wealth and social well-being (CEM, 2021).

The Political Constitution of Mexico City of 2017 is unique in recognizing care as a fundamental right and the organization of a care system. Its text declares that all individuals have the right to care that sustains their life and provides them with the material and symbolic elements needed to live in society throughout their life cycle. The authorities will establish a care system that provides universal, accessible, relevant, sufficient

and quality public services and develops public policies. The system will prioritize persons in a situation of dependency owing to illness, disability, life cycle, especially childhood and old age, and those who assume responsibility for their care, without pay.

In addition to constitutional progress, parliaments have ratified international conventions and have drafted comprehensive laws and regulations on care policies and services. These recognize paid domestic work, and implement policies on time, co-responsibility and maternity, paternity and parental leave, among other measures. The vast majority of these provisions are systemized and available in the repository of laws of the ECLAC Gender Equality Observatory for Latin America and the Caribbean.

At the regional parliament level, progress includes the Framework Law on the Comprehensive Care System of the Latin American and Caribbean Parliament (PARLATINO, 2012) and the Framework Law on the Care Economy (PARLATINO, 2013). In addition, the Inter-American Commission of Women, of the Organization of American States (CIM/OAS), has developed the Inter-American Model Law on Care (CIM, 2022).

At the forty-eighth session of the Human Rights Council in 2021, Argentina and Mexico presented the “International Declaration on the importance of care in the field of human rights.” This initiative was supported by 50 States and recognizes the importance of generating greater debate on the issue of care and its link to human rights (Government of Mexico, 2021).

Access to care, and its effective exercise as a right, are incorporated through legislative reforms or through services delivered by government, mainly targeting children, persons with disabilities or in situations of dependency, and older adults. The nature of this right is not defined, but it is close to the group of economic, social and cultural rights. Care can thus be associated with the right to work, and with the shared duties of parents regarding the upbringing and development of children (Pautassi, 2018), as they appear in the international covenants and treaties already signed by the States. This role is the responsibility of the committees tasked with monitoring these covenants, among others, through their general recommendations on living conditions and access to material and cultural goods in terms appropriate to the inherent dignity of the human family (Nikken, 2010).

The right to care must also be interpreted broadly, in accordance with the jurisprudence of the international human rights covenants and the committees tasked with monitoring them, which reflect changing and progressive social valuations.

Thus, although express recognition of this right in national regulatory frameworks helps to effectively guarantee the right to care, the absence of express recognition does not negate the obligation and urgent need to universalize services and strengthen care policies and related public policies that guarantee this right.⁴

2. The State as guarantor of the right to care

Recognition of care as a human right of all persons, as opposed to approaches that focus on basic needs or on population groups that are vulnerable because of their economic, social, ethnic-racial or cultural conditions, makes it possible to clearly define the central role of the State and the different actors: (i) the right-holders; (ii) the duty-bearers; (iii) the mechanisms for enforcing the right to care; and (iv) measures aimed at reducing inequalities and gaps in access to and enjoyment of the right to care.

Thus, a State that guarantees the right to care in a gender-responsive manner, plays a key role, since it has the possibility of regulating the social organization of care within the framework of international standards, organizing the ecosystem of services designed and offered by public and private institutions and establishing quality standards, in different financing modalities. In fact, this type of regulation occurs by action or omission,

⁴ For example, article 72 of the Constitution of the Eastern Republic of Uruguay states that the rights, duties and guarantees enumerated by the Constitution do not exclude others that are inherent to the human personality or derive from the republican form of government. Article 13 of the Constitution of the Plurinational State of Bolivia declares that the rights proclaimed in the Constitution shall not be construed as a denying other unspecified rights. This formula is similar to that contained in the Venezuelan Constitution (1999), which includes the rights and guarantees enumerated therein, and also resembles the provisions of international human rights instruments, a normative duality that should not be understood as a denial of other rights and guarantees that are not specifically included.

to the extent that State provisions, and the coverage of the services it provides, establish how markets, firms, families and communities participate in the provision of care and access to it (Razavi, 2007; Faur, 2014). Insofar as States serve as guarantors of the right to care, public institutions can design, implement and oversee the supply of care services and ensure that access is not conditioned by individuals' purchasing power, their ethnic origin, sexual orientation, gender identity, the territory in which they live, or any other individual characteristic (Güezmes, Scuro and Bidegain Ponte, 2022).

The guarantor State is also responsible for promoting cultural public policies aimed at fostering social and gender co-responsibility, with a view to transforming traditional patterns and shedding the caregiver role that patriarchy assigns exclusively to women, under the protection of international human rights instruments. Similarly, in terms of educational policies and basic curricula, States must do their utmost to quell discourses that tend to naturalize traditional gender roles and stigmatize attempts to change this hierarchical and unequal order.

In short, the aim is to construct a democratic society with egalitarian aspirations among its members; a society that considers care provision as one of the most important social responsibilities, in which men must renounce their patriarchal privileges and participate co-responsibly (ECLAC, 2017; Izquierdo, 2018). Furthermore, caring for the planet must be an important element that needs to be interrelated with the fair organization of wage-earning work, care and reciprocal obligations for the care received throughout life.

D. Towards the care society

Every society has rules that govern it and institutions that shape it (systems of government and justice, schools, different family configurations, among many others). Societies also shape particular ways of organizing work and the economy more generally. These are traversed by power relations and hierarchies, affective relations, interpersonal ties and interactions. They are also a reflection of the cultures that found and transform them. They all accumulate historical, political and social backgrounds that make them what they are at any given moment; and they can all be changed.

1. The care society poses a challenge to the current development pattern

As a proposition, the care society contributes towards reimagining modes of social organization, and it reveals the way in which today's societal model has become unsustainable and unequal.

The current development pattern —androcentric and anthropocentric— fails to consider and value activities that are essential for sustaining life. Society is organized through a model that is centred on capital accumulation (Carrasco Bengoa, 2016; Celiberti, 2019). Markets are at the epicentre of the economy, and their mechanisms define the functioning of the socioeconomic structure (Pérez Orozco, 2014). This situation reflects a historical construction that reveals a series of interconnected dimensions that conspire against the sustainability of life.

Firstly, the model conceals the links between capitalist production and the domain of care and nature, of exploitation on the one hand and depredation on the other. It is an androcentric and anthropocentric model, which demonstrates the impossibility of reducing inequalities (on the contrary, it widens them) and of curbing environmental degradation (Carrasco Bengoa, 2016).

Secondly, market-centred social organization means valuing productive time more highly than reproductive time; and it generates a persistent sexual division of labour that leaves women responsible for coping with human vulnerability (Izquierdo, 2018). The dichotomous construction between paid work and care generates a social, economic and cultural hierarchy. This limits the construction of collective responsibilities in sustaining life, and places it under constant threat (Pérez Orozco, 2014). For women, the model restricts their economic, physical and political autonomy. For society as a whole, it reduces time spent on self-care, caring for others and caring for the planet.

Thirdly, the model entails a fictitious conception of humanity, which presupposes the existence of self-sufficient subjects and denies the constitutive vulnerability of bodies, the interdependencies between people and their eco-dependency (Butler, 2017; Pérez Orozco, 2014). It is an inherent conception of liberal democracies, based on the existence of individuals who are free and equal, from an androcentric paradigm (Izquierdo, 2018).

In the context of the COVID-19 crisis, compounded by the food, energy, care, economic and financial, climate and ecological crises—that is, in the current context of interconnected social, economic and planetary imbalances (UNDP, 2020)—it is clear that achieving a transformative, sustainable and equitable recovery requires a course correction in the current development model, together with a modification of the cultural and institutional pillars on which it is built. The concept of the care society seeks to transcend models that undermine well-being, increase inequalities and sustain structural injustice.

2. What is the care society?

In her essay titled “¿Riesgo o cuidado?,” Joan Tronto contrasts the idea of the risk society (developed by Ulrich Beck and Anthony Giddens) with that of the care society. In her view, the risk society attempts to address the unintended consequences of social action, so risk is perceived as an external condition that needs to be controlled. Tronto argues that not only is it impossible to live without risk, but there are populations whose lives are at risk continuously. In contrast, the care society proposes a different paradigm, which seeks to strengthen care relationships, recognizing that all people are vulnerable and interdependent (Tronto, 2020).

Contrary to the ideal of self-sufficiency, which assumes dependency as an anomalous condition, pertaining to incompetent individuals (Fraser and Gordon, 1997), the care society concept recognizes that vulnerability is intrinsic to the human condition (Butler, 2017; Tronto, 2020). No one is entirely autonomous, and no one is entirely dependent; instead, autonomy or dependency should be envisaged as a continuum (Esquivel, Faur and Jelin, 2012). However, patriarchal cultural patterns have put women in a situation in which they have less relative autonomy. The care society is based on interdependence and eco-dependence, as constituent dimensions of individuals and their network of social, interpersonal and environmental relationships.

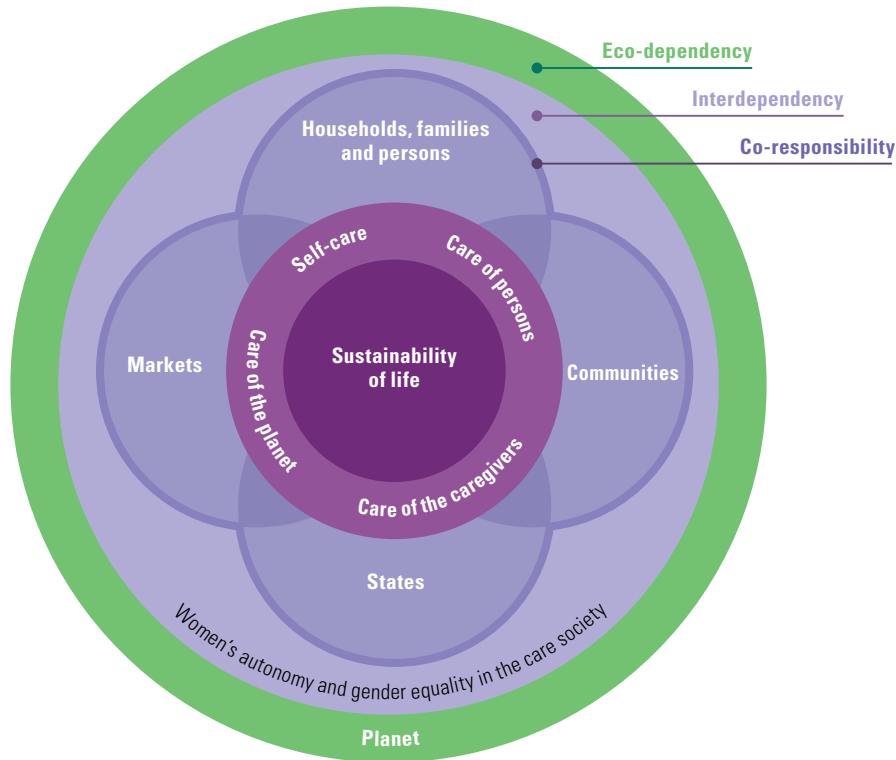
In contrast, prioritizing care means recognizing that vulnerability is part of the human condition, along with interdependency and eco-dependency. The aim is to foster caring relationships, in which everyone has the capacity to provide care because they are also care recipients (Tronto, 2020). This poses a challenge to the individualistic conception of the current social and economic system.

Accordingly, ECLAC has called for faster progress towards economic, climate and gender justice and a transition to a care society that prioritizes the sustainability of life and the planet and guarantees the rights of people who require care and of those who provide care; that takes into account self-care; that works to reduce the job insecurity that pervades the care sector; and that raises awareness of the multiplier effects of the care economy on well-being and as a sector that can drive a transformative recovery with equality and sustainability (ECLAC, 2021). From the institutional standpoint, the care society aims to achieve social co-responsibility, both between men and women and between the State, markets, communities and families. Care policies and ensuring the right to care require a profound social and political reorganization of care, with active participation by the State, the community and public and private institutions in the provision of services, in order to overcome socioeconomic inequalities and the structural challenges of gender inequality (see diagram I.4).

The care society requires transforming the power relations that underlie the sexual division of labour, putting an end to the culture of privilege, and guaranteeing women’s economic, physical and political autonomy. A priority objective for such a model to overcome the challenges of gender inequality is women’s autonomy. This is understood as their capacity to make free and informed decisions about their lives, so that they can live their lives according to their own aspirations and desires, in the historical context that makes them possible (ECLAC, 2011, p. 9). Putting care at the centre becomes an essential element in constructing an alternative model of society, in which the purpose and focus is the sustainability of life.

Diagram I.4

Women's autonomy and gender equality in the care society



Source: Economic Commission for Latin America and the Caribbean (ECLAC).

If the foregoing is to be achieved in conditions of dignity for all citizens, gender inequality and its multiple intersections with socioeconomic, ethnic-racial and territorial inequalities need to be rolled back; and a special commitment must be made to population groups that have been excluded or discriminated against historically (Carrasco Bengoa, 2016; Izquierdo, 2018; Tronto, 2020).

From the economic standpoint, the goal of prioritizing the sustainability of life over the accumulation of capital requires breaking free from the current development model that is based on accumulation by dispossession (Harvey, 2003) and according value to care, as central processes that make it possible to sustain life. The prevailing model is dominated by extractivism, environmental depredation, violence and the harassment and dispossession of indigenous and campesino populations. This requires promoting the redistribution of care work and balancing the burdens and benefits derived from the relationship with environmental resources. Caring for the planet thus becomes part of the care society, because the transformative model is only viable if it is sustainable and incorporates respect for the capacities of the planet and human dignity (ECLAC, 2022).

Care is located at the intersection between social and gender relations and the particular ways in which State policies superimpose caregiving responsibilities on them. This perspective makes care a dimension from which to analyse public policies (Daly and Lewis, 2000; Faur, 2014). The key question is the extent to which the existing set of policies allows for an effective redistribution of care, both between genders and between public and private institutions, in order to move towards a social organization that no longer assigns responsibility to households and, therefore, to women (Faur, 2014; Batthyány, 2018).

In cultural terms, it is essential to promote care relationships and enhance the value of care as an ethical imperative to make life on the planet possible. It is also crucial to overcome its feminization and build a model based on the collective and egalitarian provision of care. To this end, it is urgent to dismantle the culture of patriarchy and privilege. On this basis, the social construction of masculinities, which has helped to disassociate

men from daily caregiving responsibilities, must be challenged, in order to move towards a paradigm in which everyone provides care—not only because everyone needs it, but because they are capable of doing so. This means strengthening care relationships (Tronto, 2020). Similarly, the emotional dimension of care work, which is equally central to strengthening social ties but often overshadowed by economic perspectives, is also recognized (Hochschild, 1983; Arango Gaviria, 2011).

Overall, the care society emphasizes the political dimension of everyday life. The aim is to consolidate a society that promotes the availability of time, resources and services, as necessary to make life and good living sustainable, based on equal protection of the right to care.

The State has a central role in building a care society through work towards universal quality services, coordinated and intersectoral policies, financial sustainability and the principle of co-responsibility. It is also vital to invest in universal health, quality education and care systems as pillars of a new welfare state in the region (ECLAC, 2022) —sectors that have a direct impact on alleviating the burden of care work in households.

At the same time, and beyond the sphere of State responsibility, the care society represents a horizon that can only be constructed collectively. Only by linking different institutions and actors will it be possible to launch a process that refines the principles, processes and contents of the care society, and is sustained by the political commitment needed to transcend the short term, linked to the logic of the market. This is the prerequisite for moving towards new forms of social organization, based on a vision that pursues medium and long-term structural change.

Bibliography

- Abramovich, V. (2006), "The rights-based approach in development policies and strategies," *CEPAL Review*, No. 88 (LC/G.2289-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), April.
- Abramovich, V. and C. Courtis (2004), *Los derechos sociales como derechos exigibles*, Madrid, Editorial Trotta.
- Arango Gaviria, L. G. (2011), "El trabajo de cuidado: ¿servidumbre, profesión o ingeniería emocional," *Trabajo y ética del cuidado*, Bogota, Universidad Nacional de Colombia.
- Batthyány, K. (2018), "La organización social del cuidado. Políticas, desafíos y tensiones," *Género y cuidado. Teorías, escenarios y políticas*, Bogota, Universidad Nacional de Colombia/Pontificia Universidad Javeriana/Universidad de los Andes.
- Benería, L. (1979), "Reproduction, production and the sexual division of labour," *Cambridge Journal of Economics*, vol. 3, No. 3.
- Bidegain Ponte, N. (2017), "The 2030 Agenda and the Regional Gender Agenda: Synergies for equality in Latin America and the Caribbean," *Gender Affairs series*, No. 143 (LC/TS.2017/7/Rev.1), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), April.
- Bosch, A., C. Carrasco and E. Grau (2005), "Verde que te quiero violeta: encuentros y desencuentros entre feminismo y ecologismo," *La historia cuenta: del crecimiento económico al desarrollo humano sostenible*, E. Tello, Barcelona, El Viejo Topo.
- Butler, J. (2017), "Vulnerabilidad corporal, coalición y la política de la calle," *Nómadas*, No. 46, Bogotá, Universidad Central, April.
- Carrasco Bengoa, C. (2016), "Sostenibilidad de la vida y ceguera patriarcal: una reflexión necesaria," *Atlánticas. Revista Internacional de Estudios Feministas*, vol. 1, No. 1.
- CEM (Centre for Women's Studies) (2021), "Comparativo constituciones América Latina," *Material Pedagógico*, No. 109/110, Santiago.
- Celiberti, L. (coord.) (2019), "Presentación," *Las bases materiales que sostienen la vida: perspectivas ecofeministas*, Montevideo, Cotidiano Mujer/Colectivo Ecofeminista Dafnias.
- ECLAC (Economic Commission for Latin America and the Caribbean) (2022) *Social Panorama of Latin America, 2021* (LC/PUB.2021/17-P), Santiago, 2022.
- _____(2021), *Towards a care society: the contributions of the Regional Gender Agenda of Latin America and the Caribbean* (LC/MDM.61/3), Santiago.
- _____(2020), *Building a New Future: Transformative Recovery with Equality and Sustainability* (LC/SES.38/3-P/Rev.1), Santiago.
- _____(2017), *Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030* (LC/CRM.13/5), Santiago.
- _____(2016), *Equality and women's autonomy in the sustainable development agenda* (LC/G.2686/Rev.1), Santiago.

- (2014), “Santo Domingo Consensus”, *Report of the twelfth session of the Regional Conference on Women in Latin America and the Caribbean* (LC/L.3789), Santiago.
- (2011), “Informe anual 2011. El salto de la autonomía: de los márgenes al centro”, *Project Documents* (LC/W.436), Santiago, September.
- CIM (Inter-American Commission of Women)/EuroSocial (2022), “Ley Modelo Interamericana de Cuidados” [online] <https://www.oas.org/es/cim/docs/LeyModeloCuidados-ES.pdf>.
- Daly, M. and J. Lewis (2000), “The concept of social care and the analysis of contemporary welfare States”, *British Journal of Sociology*, vol. 51, No. 2, June, London School of Economics and Political Science/Routledge Journals.
- Durán Heras, M. A. (2000), *La contribución del trabajo no remunerado a la economía española: alternativas metodológicas*, Madrid, Instituto de la Mujer.
- Esquivel, V. (2011), “La economía del cuidado en América Latina. Poniendo los cuidados en el centro”, *Atando nudos deshaciendo nudos*, Panama City, United Nations Development Programme (UNDP), October.
- Esquivel, V., E. Faur and E. Jelin (2012), “Hacia la conceptualización del cuidado: familia, mercado y Estado”, *Las lógicas del cuidado infantil: entre las familias, el Estado y el mercado*, Buenos Aires, Institute of Economic and Social Development (IDES).
- Faur, E. (2014), *El cuidado infantil en el siglo XXI. Mujeres malabaristas en una sociedad desigual*, Buenos Aires, Siglo XXI editores.
- (2011), “A widening gap? The political and social organization of care in Argentina”, *Development & Change*, No. 42.
- Fraser, N. (2016), “Las contradicciones del capital y los cuidados”, *New Left Review*, vol. 100, July-August.
- Fraser, N. and L. Gordon (1994), “A Genealogy of Dependency: Tracing a Keyword of the U.S. Welfare State”, *Signs*, vol. 19, N° 2.
- FIMI (2020), *Estudio global sobre la situación de las mujeres y niñas indígenas en el marco del 25 Aniversario de la Declaración y Plataforma de Acción de Beijing* [online] <https://fimi-iiwf.org/global-study-on-the-situation-of-indigenous-women-and-girls/>.
- Fisher, B. and J. Tronto (1990), “Toward a feminist theory of caring”, *Circles of Care: Work and Identity in Women's Lives*, Albany, SUNY Press.
- Folbre, N. (2004), “A theory of the misallocation of time”, *Family Time*, N. Folbre y M. Bittman (eds.), The Social Organization of Care, Routledge.
- Gottschlich, D. and L. Bellina (2016), “Environmental justice and care: critical emancipatory contributions to sustainability discourse”, *Agriculture and Human Values*, vol. 34, No. 4.
- Government of Mexico (2021), “Joint Statement on the Importance of Care in the Human Rights Arena led by Argentina and Mexico. 48th Session of the Human Rights Council”, 22 September [online] https://www.gob.mx/cms/uploads/attachment/file/669780/Declaracio_n_Internacional_sobre_la_importancia_del_cuidado_en_elambito_de_los_derechos_humanos.pdf.
- Gramkow, C. and G. Porcile (2022), “Un modelo de tres brechas”, *El Trimestre Económico*, vol. 89, No. 353, January-March.
- Güezmes, A., L. Scuro and N. Bidegain Ponte (2022), “Igualdad de género y autonomía de las mujeres en el pensamiento de la CEPAL”, *El Trimestre Económico*, vol. 89, No. 353, January-March.
- Harvey, D. (2003), *The New Imperialism*, Oxford, Oxford University Press.
- Heintz, J. (2019), *The economy's other half: how taking gender seriously transforms macroeconomics*, New Castle upon Tyne, Agenda Publishing.
- Heintz, J., S. Staab and L. Turquet (2021), “Don't let another crisis go to waste: the COVID-19 pandemic and the imperative for a paradigm shift”, *Feminist Economics*, vol. 27, N° 1-2.
- Hochschild, A. R. (1983), *The managed heart. Commercialization of human feeling*, University of California Press.
- Hochschild, A. R. and A. Machung (1989), *The Second Shift: Working Parents and the Revolution at Home*, New York, Viking.
- Hopenhayn, M. (2022), “La cultura del privilegio y la igualdad de derechos: antípodas por resolver en las democracias latinoamericanas”, *El Trimestre Económico*, vol. 89, No. 353, January-March.
- ILO (International Labour Organization) (2019), *Care work and care jobs for the future of decent work*, Geneva.
- Izquierdo, J. (2018), “Consideraciones recientes del debate sobre cuidados”, *El trabajo de cuidados: una cuestión de derechos humanos y políticas públicas*, Mexico City, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).
- Jelin, E. (2017), “Familias: un modelo para desarmar”, *Mujeres y varones en la Argentina de hoy. Géneros en movimiento*, Buenos Aires, Siglo XXI -Fundación OSDE.
- (2010), *Pan y afectos, la transformación de las familias*, Buenos Aires, Fondo de Cultura Económica.
- Larguía, I. and J. Dumoulin (1976), *Hacia una ciencia de la liberación de la mujer*, Barcelona, Anagrama.
- León Trujillo, M. (2014), “Economía solidaria y buen vivir: nuevos enfoques para una nueva economía”, *Sostenibilidad de la vida: aportaciones desde la economía solidaria, feminista y ecológica*, Bilbao, Reas Euskadi.

- Martínez Franzoni, J. (2008), *Domesticar la incertidumbre en América Latina: mercados laborales, política social y familia*, San Jose, Editorial de la UNCR.
- Nikken, P. (2010), "La protección de los derechos humanos: haciendo efectiva la progresividad de los derechos económicos, sociales y culturales," *Revista IIDH*, vol. 52.
- PARLATINO (Latin American and Caribbean Parliament) (2013), "Ley Marco sobre Economía del Cuidado" [online] https://parlatino.org/pdf/leyes_marcos/leyes/ley-economia-cuidado-pma-19-oct-2013.pdf.
- _____(2012), "Proyecto de Ley Marco de Sistema Integral de Cuidados," Comisión de asuntos laborales, previsión social y asuntos jurídicos, Buenos Aires, 25- 26 October [online] https://parlatino.org/pdf/leyes_marcos/leyes/proyecto-sistema-integral-pma-30-nov-2012.pdf.
- Pautassi, L. (2021), "El derecho humano al cuidado. Su relevancia constitucional," *Las tramas del cuidado en la nueva Constitución*, Santiago, Juntas en Acción y Centro de Estudios de la Mujer, August.
- _____(2018), "El cuidado: de cuestión problematizada a derecho. Un recorrido estratégico, una agenda en construcción," *El trabajo de cuidado: una cuestión de derechos humanos y políticas públicas*, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).
- _____(2007), "El cuidado como cuestión social desde un enfoque de derechos," *Women and Development series*, No. 87 (LC/L.2800-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Pérez Orozco, A. (2014), *Subversión feminista de la economía: aportes para un debate sobre el conflicto capital-vida*, Madrid, Traficantes de Sueños.
- _____(2006), "Amenaza tormenta: la crisis de los cuidados y la reorganización del sistema económico," *Revista de Economía Crítica*, No. 5, March.
- Picchio, A. (2001), "Un enfoque macroeconómico "ampliado" de las condiciones de vida," *Tiempos, Trabajo y Género*, Barcelona, Universidad de Barcelona.
- Razavi, S. (2007), "The political and social economy of care in a development context: conceptual issues, research questions and policy options," *Gender and Development Programme Paper*, No. 3, Geneva, Instituto de Investigaciones de las Naciones Unidas para el Desarrollo Social (UNRISD).
- Razavi, S. and S. Staab (2010), "Underpaid and overworked: a cross-national perspective on care workers," *International Labour Review*, vol. 149, No. 4, December.
- Rodríguez Enríquez, C. (2015), "Economía feminista y economía del cuidado: aportes conceptuales para el estudio de la desigualdad," *Nueva Sociedad*, No. 254, March-April.
- Rodríguez Enríquez, C. and G. Marzonetto (2015), "Organización social del cuidado y desigualdad: el déficit de políticas públicas de cuidado en Argentina," *Revista Perspectivas de Políticas Públicas*, vol. 4, No. 8.
- Sainsbury, D. (1999), "Gender and Social-Democratic Welfare Status," *Gender and welfare state regimes*, New York, Oxford University Press.
- Tronto, J. (2020), *¿Riesgo o cuidado?*, Buenos Aires, Fundación Medifé edita.
- _____(2006), "Vicious circles of privatized caring," *Socializing Care: Feminist Ethics and Public Issues*, Lanham, Rowman & Littlefield Publishers.
- UNDP (United Nations Development Programme) (2020), *2020 Human Development Report: The next frontier: Human development and the Anthropocene*, New York.
- United Nations (2015), *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, New York.
- Vaca Trigo, I. and C. Baron (2022), "Descentrar el producto interno bruto (PIB): bienestar, cuidados y tiempo," *Project Documents (LC/TS.2022/80)*, Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Wainerman, C. (2003), *Familia, trabajo y género. Un mundo de nuevas relaciones*, Buenos Aires, United Nations Children's Fund (UNICEF)/Fondo de Cultura Económica.

CHAPTER



The inherent link between the sexual division of labour and gender inequality

Introduction

- A. Unsustainable natural resource exploitation and its effects on women in all their diversity
- B. Sexual division of labour, its links with other structural inequality challenges and its impact on women's autonomy
- C. Sexual division of labour and care organization in territories

Bibliography

Introduction

The deepening inequalities arising between and within countries as they weather a string of multidimensional crises and the adverse impact of those inequalities on living conditions have added new fuel to the debate around the foundational elements of the model that generates and heightens these inequalities, including gender inequality. Studies conducted by feminist scholars and by the Economic Commission for Latin America and the Caribbean (ECLAC) have proposed systemic approaches based on the understanding that events taking place in the market, communities, households and the environment are inextricably interconnected and thus must be analysed through a lens of interrelationship. The concept of a “care society” represents a paradigm shift, in which life itself is the core value that leads to more just, sustainable and egalitarian societies and the State focuses on strengthening social safety nets and taking care of the planet. By embracing the interdependence of the social, economic and environmental dimensions, the care society opens the way for the convergence of structural elements that can serve as pillars for sustainable, transformative and egalitarian development in Latin America and the Caribbean. In keeping with this line of thought, this chapter discusses the link between the sexual division of labour and gender inequality from an intersectional perspective, based on three dimensions.

In line with the Commission’s structuralist approach and a feminist perspective on the sustainability of life, section A discusses the unsustainability of the current societal model, which is based on resource extractivism, territory and the use of time, especially women’s time. The point is made that, while environmental degradation has a disproportionately large impact on women, its specific effects differ across different groups of women.

Section B addresses the link between the sexual division of labour and the three other structural challenges of gender inequality (socioeconomic inequality and poverty, the concentration of power and patriarchal cultural patterns) in the light of the increased burden of unpaid work generated by the COVID-19 pandemic. The deterioration caused by the existing production and environmental model, the care crisis (ECLAC, 2019) and the crisis triggered by the COVID-19 pandemic serve as the backdrop for this analysis of the structural challenges of gender inequality and the way forward for strengthening women’s autonomy. Women’s excessive burden of unpaid work and the decline in their workforce participation highlight the inherent link between the sexual division of labour and the other structural challenges of gender inequality.

Lastly, section C focuses on the spatial and social contexts in which care work is performed and on how those contexts influence the way in which it is organized, its scale and its distribution. It also looks at the link between care work and territorial features and at how that link influences the gender inequalities experienced by migrant women and women who live in rural areas. The proximity and territorial dimension is explored in order to arrive at a deeper understanding of care work, and the migration and movement of women in the region are analysed in order to determine their implications for the conceptualization of care and the corresponding public policy impact.

A. Unsustainable natural resource exploitation and its effects on women in all their diversity

ECLAC has argued that the implications of the unsustainable appropriation and exploitation of nature, which have steered development “towards extremely abusive ways” of using resources and led to “the depletion of [the] non-renewable natural resources” (Prebisch, 1980) on which the population depends for its survival (Sunkel, 1981), are a crucial consideration in development processes. The territorial, regional and spatial dimensions of development must therefore be understood so that it can be grounded in care and in respect for the shared foundation of all living things (Sunkel and Leal, 1985). These ideas connect with the sustainability of life framework that was to be conceptualized later on in feminist economic theory and clarify how goods that are derived from nature and the time devoted to care work create value in the form of public goods which

are consumed at the national, regional and global levels and which are essential, not only in order for markets to function, but in order to sustain life itself (Heintz, Staab and Turquet, 2021; Picchio, 2003; Federici, 2012; Gottschlich and Bellina, 2016).

An appreciation for the sustainability of life, which entails conserving and preserving water, land, forests and other common goods, leads into an alternative vision of development as a process that takes place outside the framework of “depredatory” mechanisms for making use of natural resources (Esquivel, 2016, p. 114; Prebisch, 1980, p. 86) and that is oriented towards maintaining collective mechanisms for managing life risks (Carrasco and Díaz, 2017). The care society approach takes up this debate and calls for a paradigm shift that will place the sustainability of life at the centre of the discussion and that will fortify the agendas, such as the Regional Gender Agenda, that serve as the foundation for sustainable development strategies designed to engender equality in the region.

Economic growth and increased well-being depend, in large part, on care work and on natural resources. During the pandemic, the increased pace of natural resource development and extraction and the intensification of care work deepened gender inequalities in the market and in the home. Hence, the economic, environmental, social and political factors involved and their interrelationships must all be addressed in conjunction with one another if we are to grasp the complexity of these inequalities.

The region’s economic model is based on natural resource extraction unchecked by any standards of environmental or social sustainability (ECLAC, 2019). Extractivism, —the excessive extraction and intensive use of natural resources (Gudynas, 2015; United Nations, 2019a)— plays a major role in the degradation of the environment (both directly and indirectly via increased energy consumption) and threatens the very existence of those resources, many of which are non-renewable (Altomonte and Sánchez, 2016; Burchardt and Dietz, 2014; Brand, Dietz and Lang, 2016; Bacha and Fishlow, 2012). This model has also sped up the pace of the decades-long trend towards the “reprimarization” of the Latin American economies (Ocampo, 2017b; Tussie, 2011), especially during the commodities supercycle and the growth of agroindustry seen since the start of the millennium (Ocampo, 2009 and 2017b; Ouma, 2020 and 2022). This has placed Latin America and the Caribbean in a particularly vulnerable position with respect to commodity demand cycles and its terms of trade with the developed world (Altomonte and Sánchez, 2016).

The extractivist model has led to greater inequality and has fostered a culture of privilege and the concentration of wealth (Bárcena, 2021; ECLAC, 2020a). Specialization in commodity exports and the small size of the manufacturing sector are associated with low levels of formal-sector employment and a structural tendency towards income inequality and the concentration of political power (Prebisch, 1976; Cimoli and Rovira, 2008). This type of specialization also entails a high degree of price volatility (Ocampo, 2017a) and thus uncertainty, which depresses investment (Cimoli and others, 2020) and has a drastic effect on tax revenues. This decrease in revenues constrains public investment and policy initiatives in such areas as care work aimed at promoting greater equality. And all of this has a disproportionate impact on women, since they perform most of the unpaid work required to ensure the sustainability of life; play a smaller, more precarious and more intermittent role in the labour market; are concentrated in lower-productivity, lower-paid sectors that add less economic value (ILO, 2016a; UNCTAD, 2017; ECLAC, 2019); and are underrepresented in decision-making circles and political power structures. All these factors are even more influential in the case of indigenous, Afrodescendent and migrant women.

1. Extractivism, environmental degradation and their impact in relation to gender inequalities

In terms of their environmental implications, extractive industries are responsible for 50% of the world’s carbon emissions and for over 80% of biodiversity loss (IRP, 2019). The sexual division of labour and the predominant cultural patterns also have an impact on environmental problems and on the consequences of climate change for the day-to-day lives of the members of the region’s households (ECLAC, 2017). Feminisms have addressed the question of the effects of environmental degradation on gender inequalities extensively (Shiva, 1989; Braidotti

and others, 1994). Because women have less access to natural resources, public services and infrastructure, and because of the responsibilities that they shoulder in the subsistence economy and in agrarian production and domestic work around the world (Bauhardt and Harcourt, 2019), environmental degradation and climate change are having a stronger impact on them. The greater adverse impact that environmental degradation has on women stems from the fact that women are mainly responsible for the care work involved in ensuring family members' well-being and health and in supporting the affective bonds that bring the members of a household together (Bauhardt and Harcourt, 2019; Bauhardt, 2014). Pollution, deforestation, biodiversity loss and extractivist ventures that harm the health of the population in general all increase the burden of care work borne by women (United Nations, 2019a; Cielo and Coba, 2018; Floro and Poyatzis, 2019). Processes that degrade the environment often have a greater impact on the territories and areas where rural and indigenous women live, thereby magnifying their adverse effects on these women's living conditions and their already heavy burden of care work.

Environmental degradation and the scarcity of natural resources pose serious threats to ecosystems and livelihoods, causing or exacerbating biodiversity loss, food insecurity, poverty, population shifts, violence and the loss of traditional cultural knowledge. And all of this deepens gender inequalities and reinforces power imbalances (Castañeda and others, 2020; Aguilar, 2021). Extractive activities frequently interfere with local livelihoods and drive population shifts that often marginalize and impoverish local communities (Hofmann and Duarte, 2021; United Nations, 2019b). Inhabitants of rural areas in Latin America, in particular, are increasingly being dispossessed of their land owing to the scale of extractivist activities in the mining and forestry industries, agribusiness and other sectors (Altomonte and Sánchez, 2016).

It is especially difficult for indigenous peoples to gain access to suitable food and drinking water, and they continue to be subject to tensions stemming from the lack of safeguards for their rights over their lands (ECLAC, 2022a). Extractive activities were not suspended during the pandemic, and they continue to adversely impact the lives of these peoples, whose well-being and rights have also been affected by the fallout from the COVID-19 pandemic owing to their lack of comprehensive health services, the persistence of structural violence and discrimination, and their limited access to social protection services, justice, education and sources of decent employment (ECLAC, 2022a).

The damage done to the territories and common goods of indigenous peoples by pollution and extractive activities impair their ability to preserve their traditional livelihoods, such as food gathering, farming and pasturage. Resource shortages force indigenous women to leave their places of origin, making them more vulnerable to human rights violations (IACHR, 2017). This situation prompted the Inter-American Commission on Human Rights (IACHR) to adopt a resolution which recognizes indigenous peoples as groups in especially vulnerable situations. The Regional Gender Agenda¹ drawn up by the governments of Latin America and the Caribbean sets out a series of agreements on ways to address the inequalities experienced by indigenous women. These agreements focus on recognizing the cultural, social, economic and political contributions made by indigenous women and on crafting tools and policies for fostering their autonomy, promoting their ways of life and guaranteeing their rights.

Access to land, territory and natural resources has a special meaning for indigenous peoples.² For indigenous women in Abya Yala,³ land is not only a productive resource; it is also a way of living with nature and is the life force of the land itself and of water, forests, plants and animals. Caring for the land and respecting the land are part of the knowledge that is handed down from one generation to the next in a shared chain of

¹ All the commitments made by the governments of Latin America and the Caribbean since 1977 within the framework of the Regional Conference on Women in Latin America and the Caribbean can be accessed on the libguide for the Regional Gender Agenda at [online] <https://www.cepal.org/en/subsidiary-bodies/regional-conference-women-latin-america-and-caribbean/regional-gender-agenda>.

² A series of agreements regarding international law on the human rights of indigenous peoples address this subject, including the following: International Labour Organization (ILO) Indigenous and Tribal Peoples Convention, 1989 (No. 169); United Nations Declaration on the Rights of Indigenous Peoples, 2007; American Declaration on the Rights of Indigenous Peoples, 2016; United Nations Declaration on the Rights of Peasants and Other People Working in Rural Areas, 2018; Permanent Forum on Indigenous Issues resolution 2000/22; Programme of Action of the International Conference on Population and Development 1994 (chapter IV); International Convention on the Elimination of All Forms of Racial Discrimination (approved in 1965 and entered into force in 1969); Beijing Platform for Action; Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém de Pará), 1994; and Convention on the Elimination of All Forms of Discrimination against Women, 1979.

³ Abya Yala is the term used by the Kuna peoples of Colombia and Panama for the American continent as a whole. Its literal meaning is "land in full bloom", "land of life blood" or "noble land that embraces everyone". The name Abya Yala symbolizes identity and respect for the land that is one's home.

responsibility connecting women, their ancestors and the coming generations.⁴ Land is therefore usually not thought of as a “marketable resource” but rather as a collective good that creates a bond between nature and the community. The degradation of natural resources and ecosystems, the rising price of arable land, the expansion of extractivist activities, megaprojects and construction projects undertaken without the free, prior and informed consent of the indigenous peoples affected by them, and the effects of these factors on access to resources have been a significant driver of forced migrations of indigenous women that put their lives in danger (Velásquez, 2018).

As they strive to defend their territories, resources and rights in the face of extractive activities, indigenous and rural women face various forms of intersecting and mutually reinforcing gender, ethnic and racial violence (Wijdekop, 2017). Indigenous communities, rural women and Afrodescendent women have been on the front lines of movements to resist and defend against deforestation, land hoarding and abusive resource development (UNDP/UN-Women, 2021; Mazzucato, 2020; Federici, 2019; Chagnon and others, 2022).⁵

Environmental threats and pressure on natural resources amplify gender inequalities (Castañeda and others, 2020; Navarro, 2013; Rivera, 2018). As a result, extractive industries have fuelled an increase in violence directed at women and especially at women environmental and human rights defenders. Transitioning to a development model in which the sustainability of life is the central value necessarily entails arriving at an in-depth understanding of the demands being made around food sovereignty and access to natural resources (including land and water). A light needs to be shone on the resistance that challenges extractivism and the violations of these communities’ economic and social rights, which is being led and supported by indigenous and campesino women, small-scale women producers and feminist movements (Esquivel, 2016).

The Regional Agreement on Access to Information, Public Participation and Justice in Environmental Matters in Latin America and the Caribbean, more commonly known as the Escazú Agreement (Costa Rica, 2018), represents a great stride forward in the protection of human rights relating to environmental matters. The Escazú Agreement seeks to ensure the right of all persons to have access to information in a timely and appropriate manner, to participate meaningfully in making the decisions that affect their lives and their environment, and to have access to justice when those rights have been infringed.⁶

In order to analyze the effects of environmental degradation on women’s autonomy and how it relates to care work, consideration has to be given to each particular geographic context, because each area will be faced with specific situations and difficulties connected with climate change and disaster risk. The varying impacts of climate change as viewed from a gender perspective are tied in with socioeconomic inequalities and the persistence of poverty within the context of an exclusionary and unsustainable growth model (Aguilar, 2021). In a highly unequal structural context such as that of Latin America and the Caribbean, social, environmental and economic crises translate into increasing inequalities that, in the absence of public goods that would rectify the negative externalities produced by international asymmetries, gradually undermine the factors that sustain life (Bárcena and Cimoli, 2022).

The region as a whole is confronted with very specific challenges in terms of the provision of care in disaster areas, and this is even more complex in the case of the Caribbean countries (see box II.1). The increasingly frequent natural disasters associated with climate change have an especially strong impact on caregivers’ workloads since, for example, they may force medical services and facilities to shut down, thereby directly increasing the demands for care in the home. This overburdens women caregivers and increases their time and income poverty (Floro and Poyatzis, 2019).

⁴ This topic was addressed at the third virtual meeting of experts entitled “Towards the Care Society in Latin America and the Caribbean: caring for the planet”, held on 23 March 2022 by ECLAC in cooperation with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the United Nations Development Programme (UNDP) and the United Nations Environment Programme (UNEP).

⁵ The Committee on the Elimination of Discrimination against Women (United Nations, 2022) has issued a series of recommendations over recent years regarding the territorial and environmental rights of indigenous and rural women, including the following: general recommendation No. 39 (2021) on the rights of indigenous women and girls; general recommendation No. 37 (2018) on the gender-related dimensions of disaster risk reduction in the context of climate change; and general recommendation No. 34 on the rights of rural women. See Committee on the Elimination of Discrimination against Women, “general recommendations”: [online] <https://www.ohchr.org/en/treaty-bodies/cedaw/general-recommendations>.

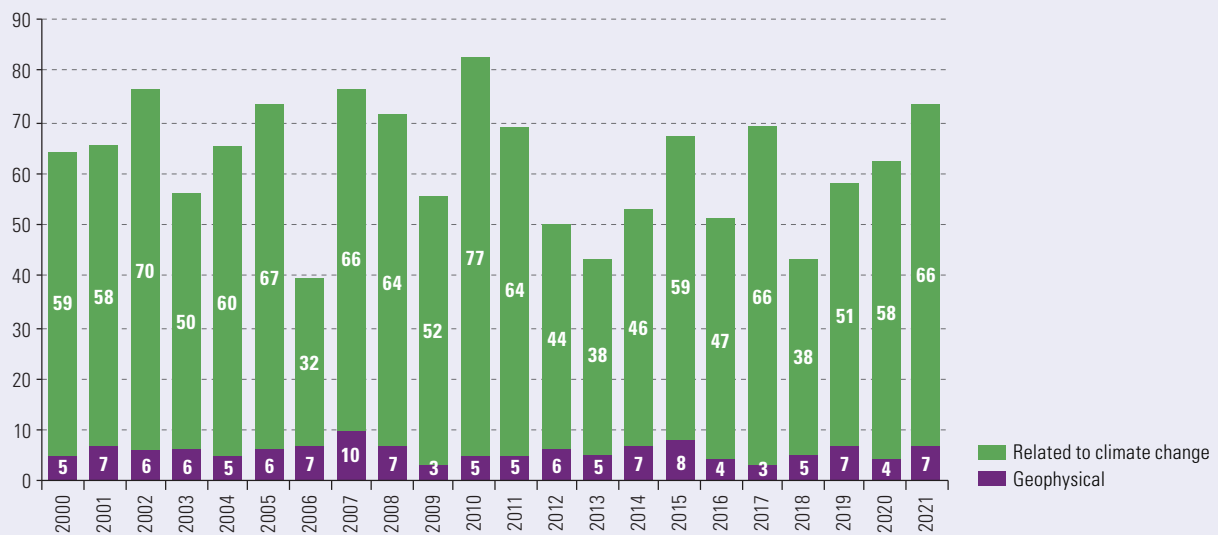
⁶ The Escazú Agreement entered into force on 22 April 2021 upon being ratified by the number of signatory States specified in its article 22. The Agreement protects: (i) the right of access to environmental information, particularly for ethnic groups and indigenous peoples; (ii) the right to participate in environmental decision-making processes; (iii) the right to access to justice in environmental matters; and (iv) recognition, protection and promotion of all the rights of human rights defenders in environmental matters.

Box II.1**Care work in disaster situations**

The Latin American and Caribbean region is highly exposed to disasters such as hurricanes, earthquakes, flooding and landslides that can have devastating effects on the population and economy. Between 2000 and 2022, there have been 1,482 disasters in the region, or 16% of all the disasters that have occurred during those years in the entire world (Centre for Research on the Epidemiology of Disasters (CREDE), 2022), and nearly 40% of those events took place in Central America (Belize, El Salvador, Guatemala, Honduras, Nicaragua and Panama), Mexico and the Caribbean (CEPALSTAT, 2022f). The Caribbean is one of the most vulnerable areas to disasters in the entire world and has the highest disaster-related costs relative to the size of its economies of any subregion. In fact, the 10 countries or territories that have been hit the hardest in terms of losses as a percentage of GDP over the past two decades are all located in the Caribbean (UNDRR/CREDE, 2018).

Figure 1

Latin America and the Caribbean (42 countries and territories): number of disasters per year, by type, 2000–2021



Source: Economic Commission for Latin America and the Caribbean (ECLAC), CEPALSTAT [online database] <https://statistics.cepal.org/portal/cepalstat/index.html?lang=en>.

The extent of the devastation caused by some of these major disasters is more closely related to human intervention in the environment than it is to the physical phenomenon in itself, however. The destruction of ecosystems by human activity, social inequality and poverty, and the rapid and unplanned growth of cities, among other factors, heighten disaster risks. Although some events, such as earthquakes, tsunamis and volcanic eruptions, are natural phenomena, they become disasters because they occur in areas where people and communities are in vulnerable positions. Other disasters, such as floods, droughts and landslides, are linked to climate change, which has been intensified by human activity (UNDRR/UN-Women, 2022).

The impact of disasters is experienced in different ways, and certain factors, such as gender, age and ethnic/racial identity, influence people's ability to prepare for disasters and react when they occur (UNDRR/UN-Women, 2022). Viewed from a gender perspective, the structural challenges of inequality, and particularly the sexual division of labour and unjust social organization of care work, play a role in the variability of disaster impacts, since women and girls are traditionally the ones who are in charge of providing care and performing unpaid domestic work.

In emergency and disaster situations and particularly in their aftermath, the amount of care work undertaken by women and girls tends to increase (UNDRR/UN-Women, 2022). There are various reasons for this, such as, for example, the closure of childcare centres or the breakdown of drinking water treatment and distribution facilities and other basic services. Under these circumstances, women are obliged to take on additional care tasks and to travel longer distances or devote more time in order to obtain the resources and services whose distribution has been interrupted (WHO, 2014).

In disaster situations in the Caribbean, female mortality rates rise, and women and girls are at greater risk of gender-based violence and have to overcome additional barriers in order to meet their needs and pursue their livelihoods (Bleeker and others, 2021). Girls and adolescents are also at greater risk of falling victim to sexual violence and abuse because many of their sources of protection (schools, caregivers, authorities) become unable to perform their usual functions (UNDRR/UN-Women, 2022).

In Caribbean countries such as Dominica and Jamaica, for example, single-parent households headed by women are generally poorer and larger than male-headed households (Dunn, 2013; CDB, 2010). These households, and especially the women in them, are at greater risk because they must bear the double burden of reproductive and productive workloads while having limited access to the labour market, support networks and survival strategies (Bleeker and others, 2021). In Dominica, for example, in the wake of Hurricane Maria in 2017, women, older adults and children were in the majority in all of the country's shelters (Commonwealth of Dominica, 2017). During that disaster, women over 65 years of age provided most of the necessary care both in the shelters and elsewhere and reported spending at least 18 hours a week performing unpaid care work (Commonwealth of Dominica, 2017). Most of these women were also the main breadwinner for their households (with an average household size of five members) and said that they could not leave the shelters because they no longer had a dwelling and did not know where or how to obtain the materials they would need to rebuild (Commonwealth of Dominica, 2017).

The Sendai Framework for Disaster Risk Reduction, adopted in 2015, is the principal normative framework for disaster reduction initiatives. It recognizes the need for an inclusive, participatory approach to disaster risk reduction that incorporates a gender perspective and calls for special attention to be devoted to people disproportionately affected by disasters (United Nations, 2015). Even though disasters augment gender inequalities, women's potential contributions and leadership in disaster risk reduction efforts are often disregarded. Women are not fully represented in decision-making circles, and the dominant sociocultural attitudes and norms frequently hinder their participation (WHO, 2014; UNDRR/UN-Women, 2022).

Comprehensive gender analyses that take the time use and care burdens of women and men into consideration also need to be incorporated into the development and implementation of disaster risk reduction policies and programmes in order to avoid placing added burdens on women in these situations (Committee on the Elimination of Discrimination against Women, 2018; ECLAC/UN-Women, 2022).

It is of crucial importance to mainstream a gender perspective into national environmental, climate change adaptation and mitigation, and disaster risk reduction policies, initiatives and programmes. The differentiated risks and impacts experienced by women and girls in all their diversity —especially those who are faced with multiple, interrelated forms of discrimination— must be recognized, and steps need to be taken to build their resilience and response capacity for dealing with the adverse effects of climate change and disasters, environmental degradation and pollution in urban and rural areas.

Source: Economic Commission for Latin America and the Caribbean/United Nations Entity for Gender Equality and the Empowerment of Women (ECLAC/UN-Women), "Declaration Adopted by Ministers And High-level Authorities of The National Machineries for the Advancement of Women in Latin America and the Caribbean for the Sixty-sixth Session of the Commission on the Status of Women (CSW66)", Santiago, 2022; A. Bleeker and others, "Advancing gender equality in environmental migration and disaster displacement in the Caribbean", *Studies and Perspectives series*, No. 98 (LC/TS.2020/188), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2021; Caribbean Development Bank (CDB), "Country Poverty Assessment – Dominica", Tunapuna, 2010; Committee on the Elimination of Discrimination against Women, "General recommendation No. 37 (2018) on the gender-related dimensions of disaster risk reduction in the context of climate change" (CEDAW/C/GC/37), New York, 2018; Economic Commission for Latin America and the Caribbean (ECLAC), CEPALSTAT [online database] <https://statistics.cepal.org/portal/cepalstat/index.html?lang=en>; Government of Dominica, *Post Disaster Needs Assessment Hurricane Maria September 18, 2017: A Report by the Government of the Commonwealth of Dominica*, Roseau, 2017; L. Dunn (ed.), "Gender, Climate Change and Disaster Risk Management", *Working Paper series*, No. 7, Mona, Institute of Gender and Development Studies/Friedrich-Ebert-Stiftung (FES), 2013; World Health Organization (WHO), *Gender, Climate Change and Health*, Geneva, 2014; United Nations Office for Disaster Risk Reduction/United Nations Entity for Gender Equality and the Empowerment of Women (UNDRR/UN-Women), *Towards Gender Equality and Women's Leadership for Resilience to Disaster Risks in Latin America and the Caribbean*, Panama City, 2022; Centre for Research on the Epidemiology of Disasters (CRED), EM-DAT International Disaster Database, Brussels, 2022; United Nations Office for Disaster Risk Reduction/Centre for Research on the Epidemiology of Disasters (UNDRR/CRED), *Pérdidas económicas, pobreza y desastres 1998-2017*, Brussels, 2018; United Nations, *Sendai Framework for Disaster Risk Reduction 2015–2030 (A/RES/69/283)*, New York, 2015.

The injuries and deaths caused by natural disasters, their impact on rehabilitation and treatment services, the increase in the incidence of non-communicable diseases triggered by the damage done to sanitation, drainage and sewerage facilities, and exposure to the elements as a result of the damage and destruction of housing all add to the amount of care that must be provided in the home (Floro and Poyatzis, 2019; Bauhardt and Harcourt, 2019).

The conditions existing in the aftermath of a disaster, such as food shortages, the destruction of drinking water systems, standing water and broken sewage pipes, do not only result in disease but also require the provision of additional care in order to sustain life, and these tasks, once again, add to the demands on women's time and the unpaid work that they are called upon to perform.

Human rights, the situation of women and gender inequalities should be central features of the discussion around climate change and environmental degradation. In Latin America and the Caribbean, the Regional Gender Agenda incorporates the provisions on climate change contained in the Brasilia Consensus, adopted at the eleventh session of the Regional Conference on Women in Latin America and the Caribbean in 2010, which recognizes that "climate change and disasters can disrupt production development, women's use of time, particularly in rural areas, and their access to employment" (Aguilar, 2021). The Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030 recognizes that the integration of women's rights and their autonomy in efforts to adapt to climate change and mitigate its effects are not only an essential complement to global commitments regarding women's human rights and gender equality, but also maximize the effectiveness of climate policies, programmes and resources. Along these same lines, the Santiago Commitment, reached at the fourteenth session of the Regional Conference on Women in Latin America and the Caribbean, reinforces this stance in three of its paragraphs (32, 33 and 34) on gender equality and climate change. These agreements underscore the incorporation of a gender, intersectional, intercultural and rights-based perspective into national policies and budgeted programmes on sustainable development, climate change mitigation and adaptation, and disaster risk reduction. They also recognize the differentiated effects of climate change on women in all their diversity. In addition, they highlight the importance of actively supporting the participation of women's and feminist organizations and movements, including those of indigenous, Afrodescendent, grassroots and rural women, in the design, implementation and monitoring of policies on climate change mitigation and response and on disaster risk management.

2. Extractivism as applied to women's time and work

In capitalist societies, a large part of the care work performed in the home, at the community level and within the framework of personal relationships is unpaid. Even when caregiving takes the form of paid work, it is generally undervalued, precarious and invisible.

Although the extraction of natural resources and its political and social effects continue to be an important issue, these literally extractive practices have also gradually begun to be applied in other areas ranging from digital and intellectual processes to finance (Chagnon and others, 2022; Gago and Mezzadra, 2017; Gago, 2019; Ye and others, 2020; Svampa, 2019). Along these same lines, feminisms have analogized resource extractivism to the reproductive or care work performed by women as part of various intersecting processes (Wichterich, 2019). The extraction of women's unpaid work is characterized as a key component of current processes of accumulation (Mies, Bennholdt-Thomsen and Von Werlhof, 1988; Mies, 1986; Federici, 2004; Hartsock, 2006), which actually function as a subsidy for the market profit rate (Carrasco, 2014; Pérez, 2019a).

Feminist economics therefore sounds a warning about the need to go beyond analyses that simply focus on "productive" extractive activities by incorporating a systemic vision of work. In this same vein, Wichterich (2019) uses the term "care extractivism" to describe the "intensified commodification of social reproduction and care work along social hierarchies of gender, class, race and North-South as a strategy to cope with a global crisis of social reproduction". Thus, "care extractivism" serves as an analogy to the concept of resource extractivism.

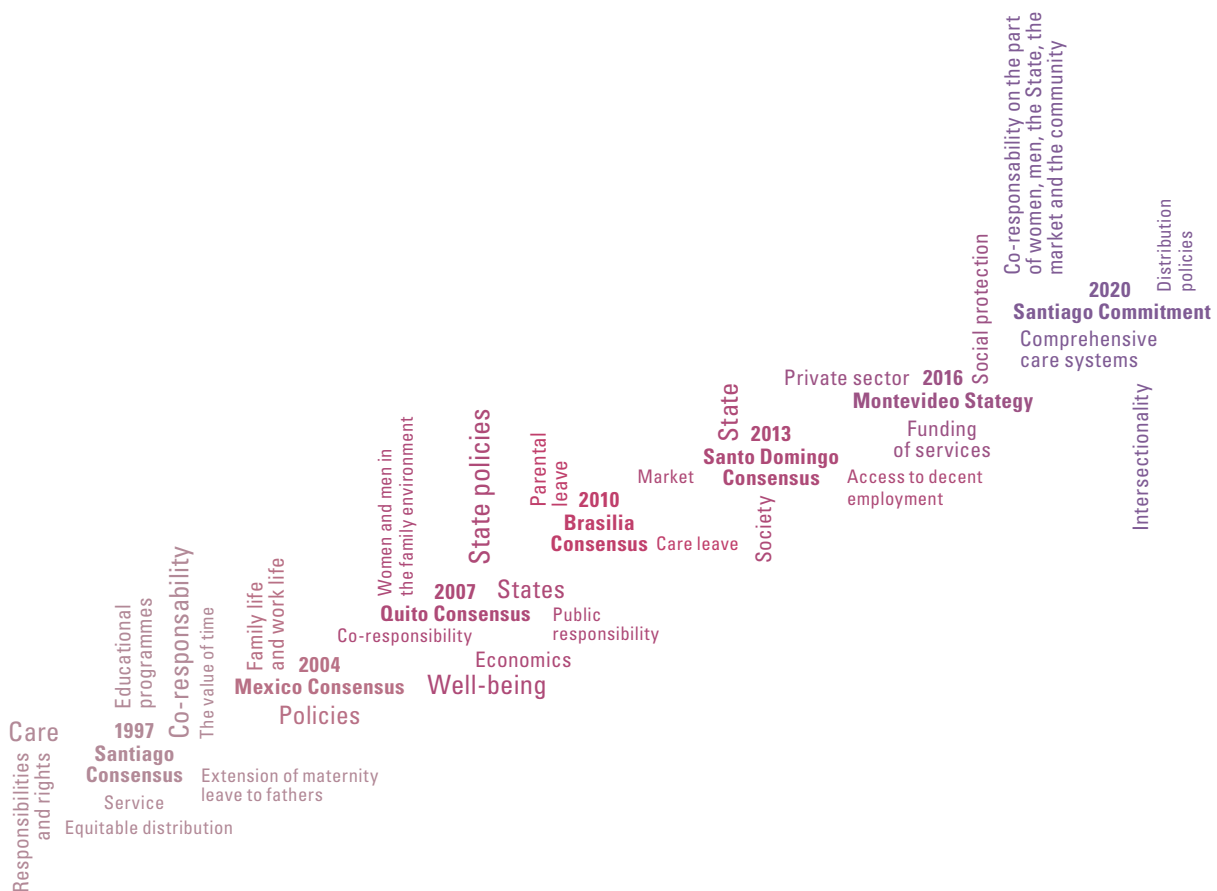
In addition, the extractivism of women's time and work has an affective, as well as an economic, dimension. Care work includes an interpersonal, socio-affective component that Hochschild (2000) refers to as "emotional labour". Care entails affective elements, subjective needs and personal desires that are inseparable aspects of care work as such (Pérez, 2019b; UN-Women, 2018). These dimensions of care cannot be monetized and, unless they are redistributed, these forms of care work and their socio-affective dimensions will continue to be sustained by women.

The extraction of the time and labour required to provide life-sustaining care thus involves asymmetric responsibilities and socio-affective relationships, as well as socioeconomic inequalities. Addressing the sexual division of labour and the current way in which care work is organized thus entails developing ways not only of formalizing this type of work and providing services, but also of promoting social and affective co-responsibility for care between men and women.

The governments of the region have reached a series of core agreements regarding the design and implementation of care policies aimed at promoting co-responsibility between men and women and between the State, the market, communities and households (see diagram II.1). These agreements include commitments to create comprehensive care systems, develop time distribution (parental leave) policies, promote private-sector care initiatives and devise means of bringing about cultural change, among others.

Diagram II.1

Co-responsibility accords included in the Regional Gender Agenda, 1997–2020



Source: Economic Commission for Latin America and the Caribbean (ECLAC), "Regional Gender Agenda", Santiago, 2022 [online] <https://www.cepal.org/en/subsidiary-bodies/regional-conference-women-latin-america-and-caribbean/regional-gender-agenda>.

Given all the various agreements that it includes, the Regional Gender Agenda reaffirms the importance of taking an intersectional approach to care policies, the principles of universality and progressiveness as applied to access to quality care services, the role of the State, the need for coordination between its institutions and the national, subnational and local levels of government and the financial sustainability of public care policies focusing on achieving gender equality.

B. Sexual division of labour, its links with other structural inequality challenges and its impact on women's autonomy

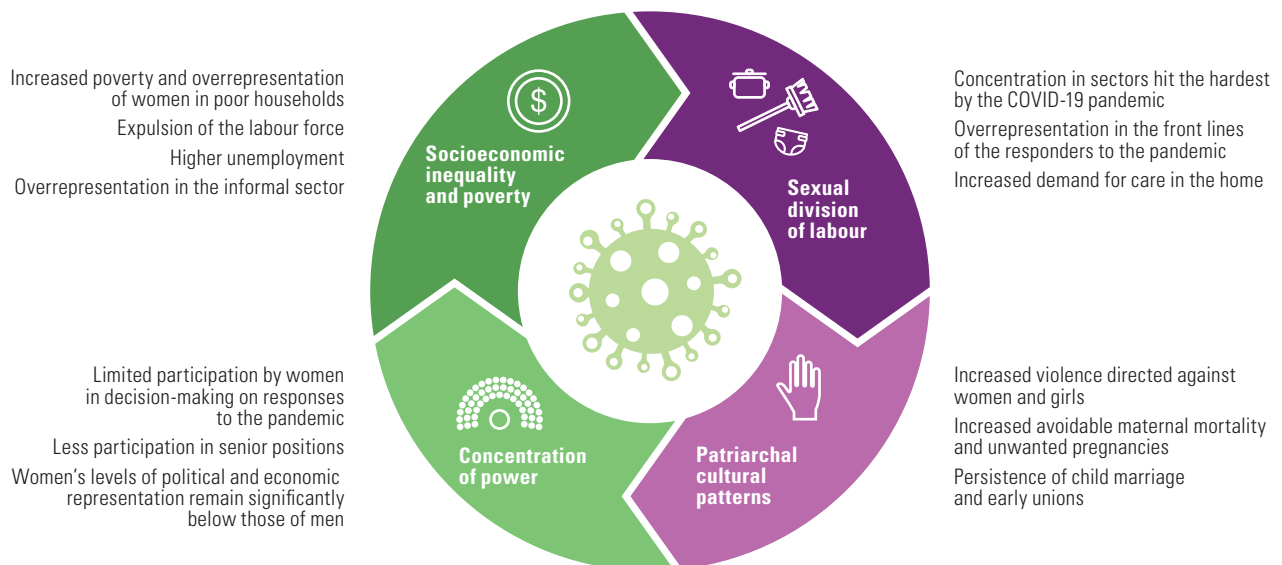
The increasing inequalities arising between and within countries as they weather a string of multifaceted crises and their adverse impacts on living conditions have added new fuel to the debate around the foundations underpinning the model that generates and deepens these inequalities, including gender inequality. The COVID-19 crisis, along with a number of other factors, has underscored the importance of care work and the unequal way in which it is distributed between men and women.

Women's excessive burden of unpaid work and the decline in their workforce participation serve to highlight the inherent link between the sexual division of labour, persistent poverty, patriarchal and discriminatory cultural patterns and the concentration of power. The mutually reinforcing factors that perpetuate gender inequalities hinder women's enjoyment of their rights and efforts to move towards substantive equality. Within the framework of the current crisis, the sexual division of labour and the unjust way in which society organizes care work continue to pose structural challenges that are perpetuating inequality in Latin America and the Caribbean. This puts limits on women's autonomy and generates a series of economic and social inefficiencies that harm society as a whole (ECLAC, 2020b and 2022b).

Overcoming the structural challenges of inequality and ushering in a paradigm shift that will enable the region to transition into a care society (ECLAC, 2021a) entail identifying and closing existing gaps between the need for care and the supply of accessible, high-quality services. It will also involve changing people's attitudes so that they unlearn stereotypical gender roles and no longer see them as "normal." It will also mean putting an end to the existing patriarchal culture of privilege and hierarchical power relations that underpin the existing ways in which society organizes care work (see diagram II.2).

Diagram II.2

Sexual division of labour and weak care policies perpetuate the structural challenges of inequality



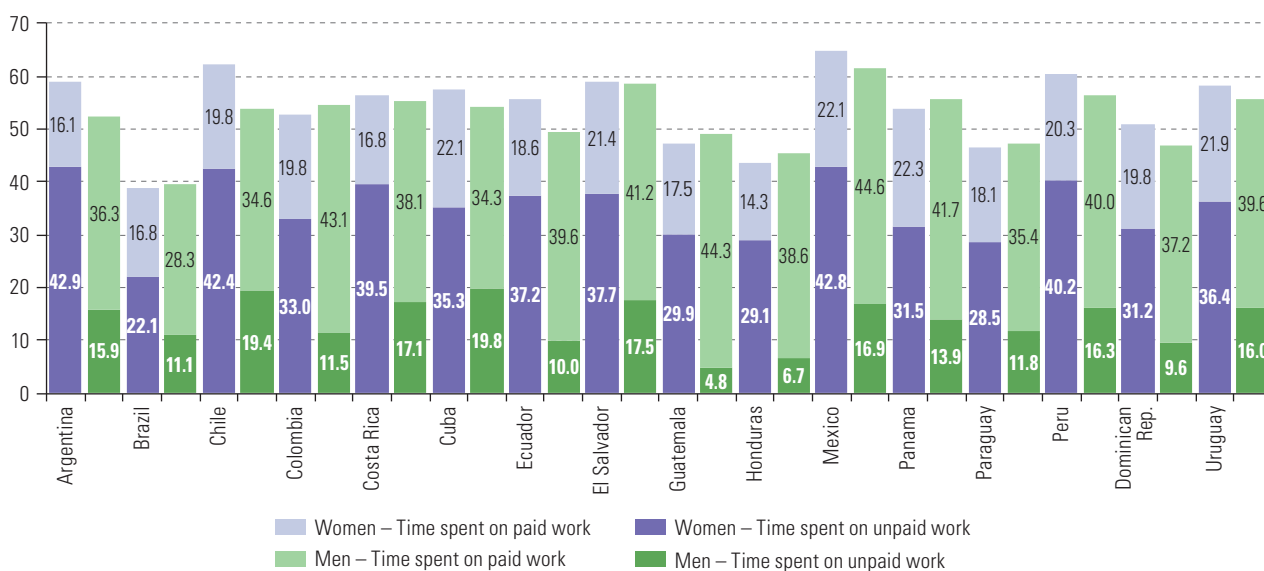
Source: Economic Commission for Latin America and the Caribbean (ECLAC).

1. Socioeconomic inequality and the persistence of poverty are perpetuating the care crisis

Before the outbreak of the COVID-19 health crisis, in the countries of the region that compile the relevant data, women were spending between 22 and 42 hours per week on housework and care work, or as much as three times as many hours as men did, on average (ECLAC, 2020b and 2019) (see figure II.1). The pandemic triggered a drastic increase in this workload, as many care services were relocated to the home, children had to be helped to learn at home because their schools had closed, more home care had to be provided to persons with health conditions because the public health-care system was under so much pressure, and many other dependent persons had to be cared for in the home because the facilities that had been providing that care were also closed (ECLAC, 2020b).

Figure II.1

Latin America (16 countries): average amount of time devoted to paid and unpaid work by persons over 15 years of age, by sex, latest available period
(Hours per week)

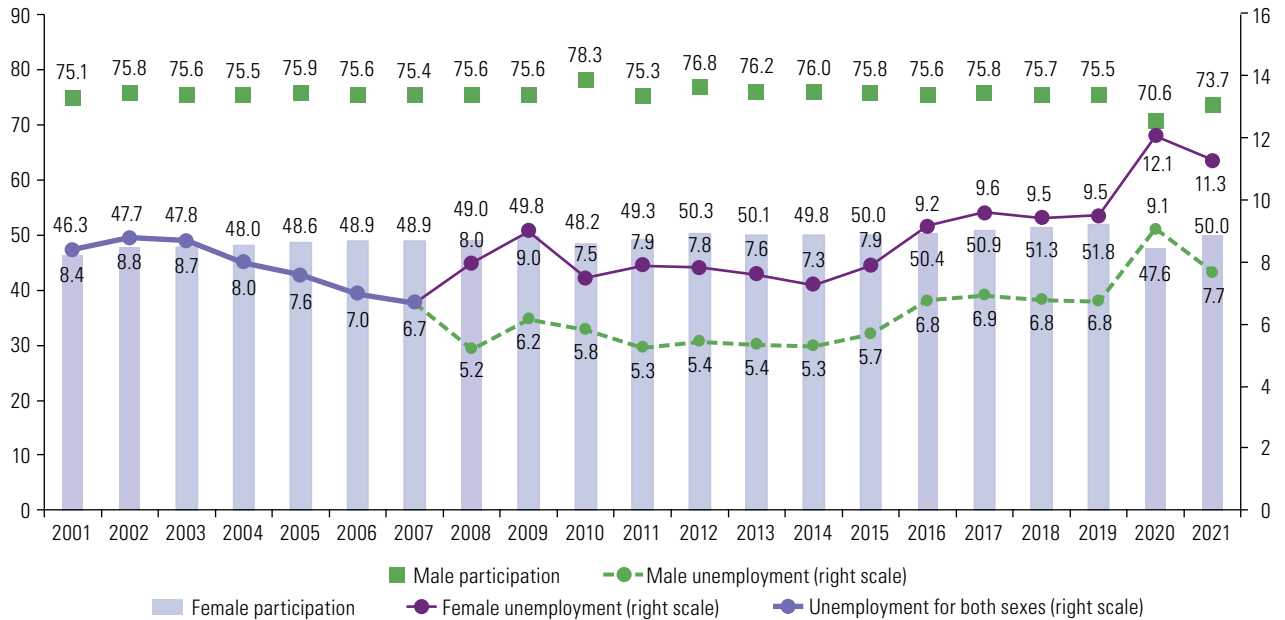


Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean [online] <https://oig.cepal.org/en>.

The pandemic has also depressed female employment levels, which had already remained flat over the last decade. Whereas the female labour force participation rate climbed by 5.3 percentage points between 1997 and 2007, over the past 10 years it has edged up only slightly and in 2019 reached an average of 51.8% (23.7 points below the male rate) (ECLAC/ILO, 2020) (see figure II.2). The unprecedented job losses seen between the second quarter of 2019 and the second quarter of 2020 were steeper for women than they were for men (ECLAC, 2021b). In 2020, this exodus from the labour market rolled back the labour force participation rate for women to where it had been 18 years ago. Although more recent statistics appear to signal a recovery of sorts, it is still a slow and unequal one when compared to the rebounding employment levels for men. This decline in women's employment was especially sharp among lower-income households: whereas the employment rate for women in the fifth income quintile in 2020 was 56.4%, the rate for women in the first income quintile was only 36.1% (ECLAC, 2022b). The impact has been especially severe for women with lower education levels, whose employment level has fallen more steeply than for men with the same level of education and women with higher levels of education (ECLAC, 2022c).

Figure II.2

Latin America and the Caribbean (24 countries, weighted averages):^a trends in labour force participation rates and unemployment rates, by sex, 2001–2021 (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the countries' official figures and projections.

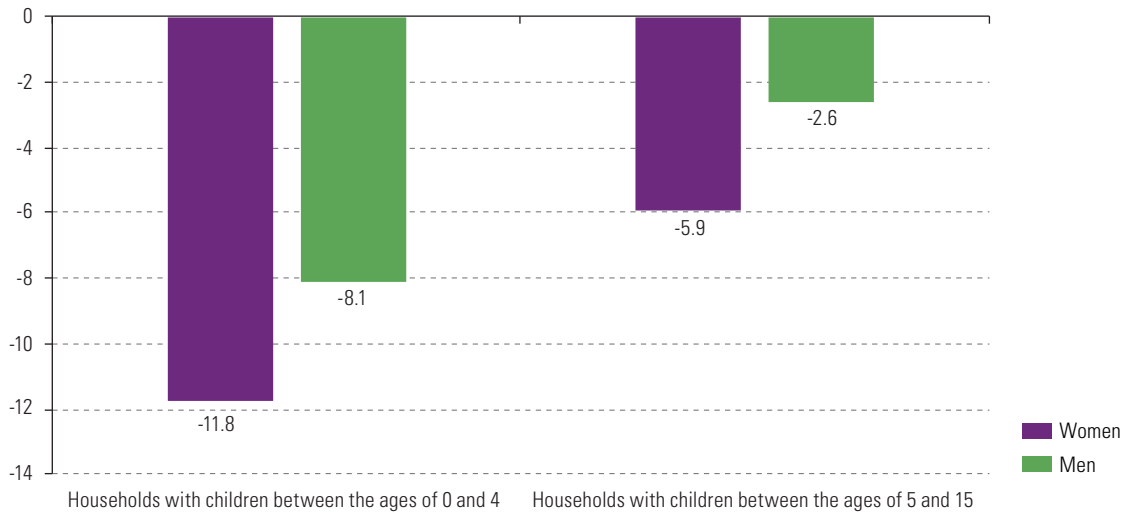
^a The countries included are: Argentina, Bahamas, Barbados, Belize, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Trinidad and Tobago and Uruguay. The figures for 2019 do not include the Bolivarian Republic of Venezuela.

Women's unemployment and labour force participation rates did not fall only because of the overall downturn in employment during the economic crisis; the increase in the amount of care work that they had to take on was also a factor. Actually, the fact that women are overburdened with housework and care work is the main obstacle to their full integration into the labour market. Approximately 60% of women in households whose members include children under 15 years of age state that their family responsibilities prevent them from seeking paid employment, whereas the corresponding figure for households where children in that age group are not present is 18% (ECLAC, 2021c). Women between 20 and 59 years of age in households where there are children under 5 years of age are the group that had the lowest pre-pandemic employment rates, and they are also the group whose employment levels have dropped the most as a consequence of the crisis (see figure II.3).

Another highly feminized employment sector that has been hit hard by the pandemic is domestic service. This sector, where women are in the vast majority, employs 9.8% of all employed women in the region, and many of them are Afrodescendent, indigenous and/or migrant women (Valenzuela, Scuro and Vaca Trigo, 2020). Paid domestic service work has historically been a sector in which working conditions are substandard; it is one of the most poorly paid categories and also one in which levels of informality are particularly high (76% of the women employed in this sector do not have pension or benefit coverage). Many of these women are also discriminated against because they are migrants or because of their ethnic/racial origins. The lockdowns ordered during the pandemic also led to wage decreases and job losses in this sector (Valenzuela, Scuro and Vaca Trigo, 2020) (see figure II.4).

Figure II.3

Latin America (13 countries, weighted average):^a variation in the number of employed persons aged 20–59, by sex and by the presence of children aged 0–15 in the household, 2019–2020 (Percentages)

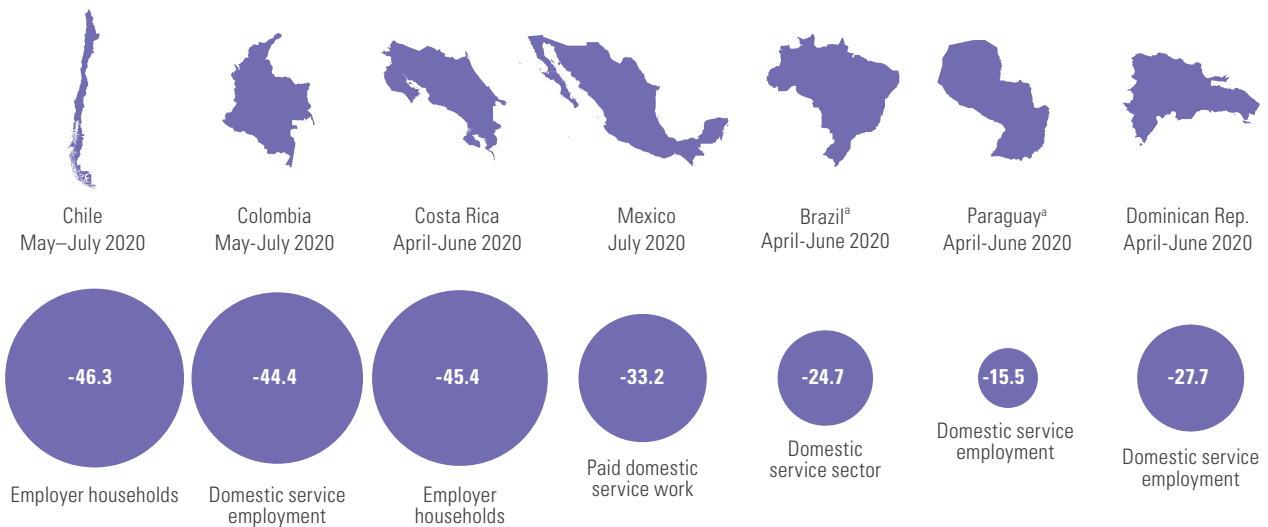


Source: Economic Commission for Latin America and the Caribbean (ECLAC), Household Survey Data Bank (BADEHOG).

^a The countries included are: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Paraguay, Peru, Plurinational State of Bolivia and Uruguay. The average shown for 2019 reflects the figures for all the above countries except Chile and Mexico; the data for those countries are from 2017 and 2018, respectively.

Figure II.4

Latin America (7 countries): variations in women's employment as paid domestic service workers, around the second quarter, 2019–2020 (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official data.

^a The variations in employment levels are for both sexes.

In addition to causing job losses, a deterioration in working conditions and benefits and an increase in unpaid work, the crisis has also added to existing workloads in such sectors as health care and education (ECLAC, 2021d). In sum, the structural gender inequalities that typify the region have grown worse under the social and economic circumstances created by the COVID-19 pandemic. This crisis has highlighted the

importance of care work for the sustainability of life, work that has been carried out mainly by women. The excessive burden of unpaid work borne by women, the decline in their workforce participation and in the quality of their employment, the heavier workloads for employees in certain sectors and the significant deterioration in a number of sectors where almost all employees are women, such as the paid domestic service sector, have demonstrated the link between care work and the structural challenges of gender inequality. As a result of these shifts, the pandemic has also led to an increase in women's monetary poverty and time poverty.

2. Patriarchal, discriminatory and violent cultural patterns reinforce the sexual division of labour

While headway has been made in upholding women's rights and in broadening access and participation for women of all ages in all their diversity, in many areas within society, discriminatory, sexist and racist sociocultural patterns continue to perpetuate inequality and violence in Latin America and the Caribbean (ECLAC, 2017). In the past few years, the lockdowns, social distancing measures and mobility restrictions put in place during the health crisis increased women's and girls' exposure to domestic violence while, at the same time, making it more difficult for them to gain access to essential services.

The absence or insufficiency of care policies has not only perpetuated traditional gender roles whereby women are almost entirely responsible for care work, it has also made it even harder for women to access support networks. The various types of lockdowns and restrictions introduced by the governments of the region in an attempt to deal with the risk to the population's health and to flatten the contagion curve isolated women in ways that greatly increased their exposure to gender-based violence. Data compiled on past pandemics and other similar emergencies indicate the women and girls are at greater risk of becoming victims of systematic violence when they are isolated (Peterman and others, 2020). It is impossible to arrive at any exact measurement of the increase in violence under these conditions, both because it is so difficult to identify cases of domestic violence and because many countries do not yet have robust systems for gathering information on such incidents (WHO, 2020). Nonetheless, administrative records definitely point to an increase in reports made on domestic violence platforms and especially calls to emergency hotlines (ECLAC/UNICEF/United Nations, 2020).

The COVID-19 pandemic not only exacerbated the painful, persistent and invisible underlying structural and cultural realities that lead to gender-based violence (ECLAC, 2020c), it also laid bare the shortcomings of the policies and services intended to address this long-standing problem, which harms the health of individuals and the population as a whole and violates the rights and safety of girls, adolescents and women. According to the Gender Equality Observatory for Latin America and the Caribbean, between approximately 4,000 and 4,500 feminicides or femicides were committed each year between 2018 and 2020 in the countries that report official data on such cases to ECLAC. These fatalities constitute the extreme end of a spectrum of the unseen, ignored—and often unpunished—discrimination and violence that are experienced by women and that have repercussions for the whole of society.

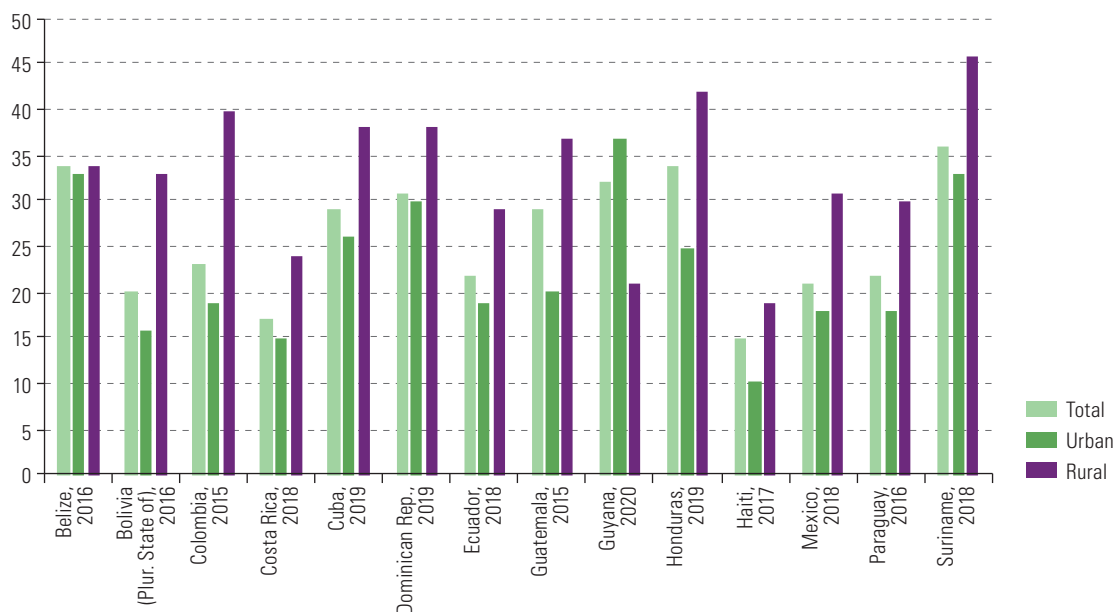
The sexual division of labour is linked to structural violence and harmful practices such as child marriage and early and forced unions.⁷ These types of practices reproduce gender inequalities and are closely related to violence, poverty, dropping out of school, and ineffective legal provisions and policies or the total lack of such instruments (ECLAC, 2021e). Cultural patterns that associate women with motherhood and reproduction, the lack or inadequacy of policies on reproductive and sex education, and the shortage of specialized health services all contribute to the persistence of these problems (ECLAC, 2019).

⁷ The term "child, early and forced marriage" is used by the United Nations but has been modified slightly to reflect certain particular circumstances in Latin America and the Caribbean. The word "child ... marriage" refers to all marriages and unions involving a person under 18 years of age, which demarcates the end of childhood pursuant to the Convention on the Rights of the Child. In this document the terms "child" or "girl child" and "adolescents" are used to refer to persons under 18 years of age. The word "early" relates to the fact that the marriage or entrance into a union by girls or adolescents interferes with their schooling, their entry into the labour market and their physical, psychological and emotional development. The word "unions" is added to the set phrase in contexts relating to the region in order to reflect the greater frequency of informal marriages or free unions (UNFPA/Plan International, 2019; ECLAC, 2021e).

Girls and adolescents involved in child marriages and early unions have been especially affected during the pandemic owing to their lack of access to contraceptives, which has led to unplanned or unwanted pregnancies and, in many cases, to unsafe terminations of pregnancies in countries where abortions are illegal (Riley and others, 2020; UNFPA, 2020). In Latin America today, between 10% and 25% of women have become mothers before age of 18, and if the threshold is raised to 20 years of age, the figures rise to between 25% and 44%. Between 30% and 75% of teenage mothers report that they did not plan to become pregnant.⁸ According to data for 2020 compiled by the Gender Equality Observatory for Latin America and the Caribbean, 22% of women between the ages of 20 and 24 in the region were either married or in a stable union before they reached 18 years of age (see figure II.5).

Figure II.5

Latin America and the Caribbean (14 countries): women aged 20–24 who were married or in a stable union before the age of 18, by place of residence, latest year available (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations Children's Fund (UNICEF), UNICEF DATA [online database] <https://data.unicef.org/>; multiple indicator cluster surveys, demographic and health surveys, and other national household surveys, 2015–2021.

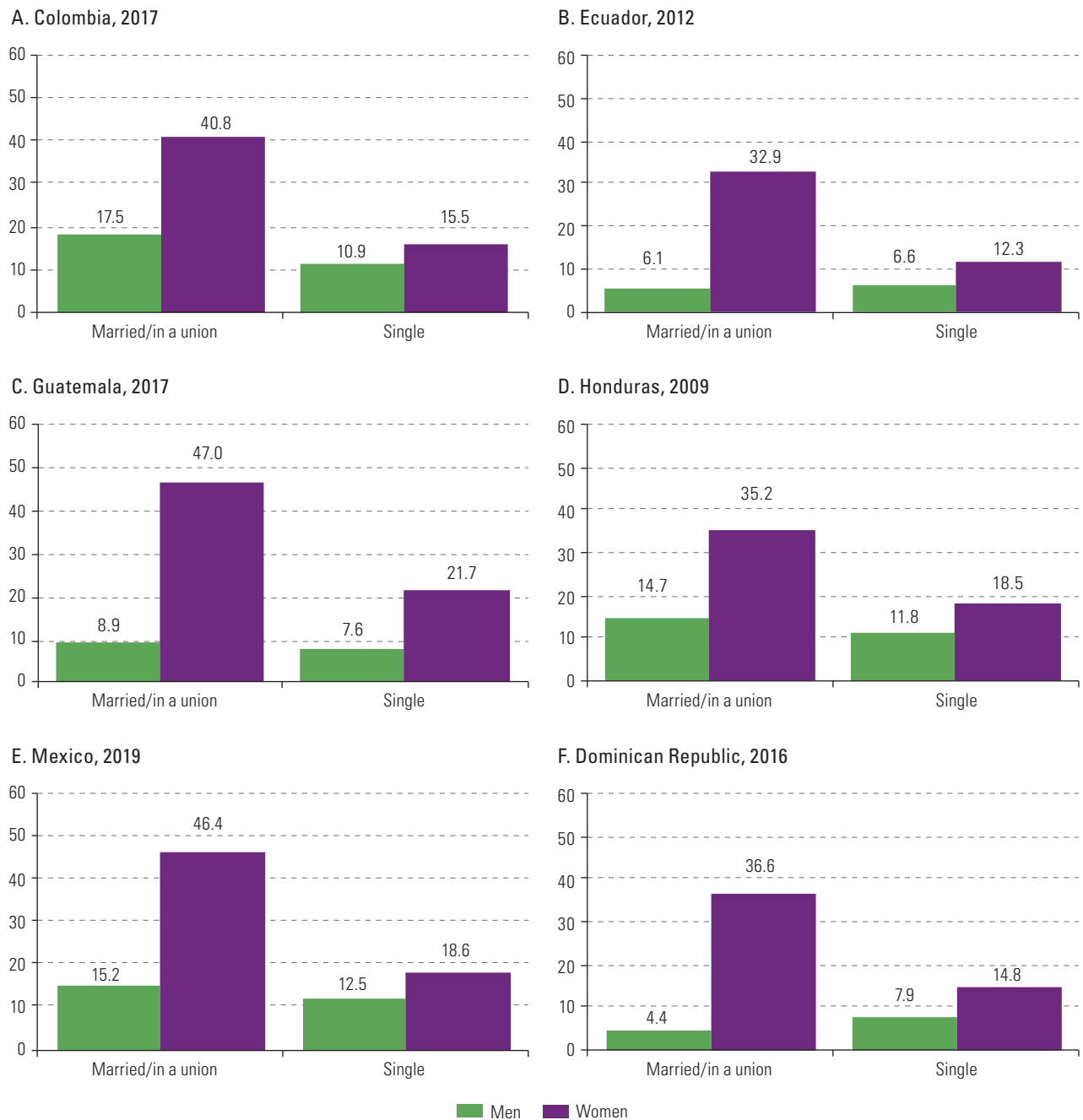
Child, early and forced marriages and unions are both the cause and consequence of structural gender inequality challenges. The sexual division of labour is instilled at an early age and is heightened in the case of girls who are married or enter into a conjugal union. The available data for the region indicate that girls who marry or enter into a union spend twice as much time (the equivalent of a full-time job) performing unpaid work as unmarried girls. Gender gaps in terms of time use are much wider for girls who enter into early marriages or unions, who devote approximately 20 more hours per week to unpaid work than men do (ECLAC, 2021e) (see figure II.6).

The performance of care work by girls and adolescents interferes with their development, since it leaves them with less time to engage in various physical, social, cognitive and emotional activities that contribute to their overall development and their autonomy (ECLAC, 2021e). Bearing responsibility for caregiving during childhood and adolescence also has an impact on girls and adolescents' health, nutrition, sedentarism, cognitive development, educational attainment and general well-being (ECLAC, 2021e).

⁸ Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, on the basis of microdata from national population censuses stored in the REDATAM database. REDATAM7 processing of the censuses of Argentina (2010), Bolivarian Republic of Venezuela (2011), Brazil (2010), Colombia (2018), Costa Rica (2011), Dominican Republic (2010), Ecuador (2010), Guatemala (2018), Honduras (2013), Mexico (2010), Panama (2010), Peru (2017), Plurinational State of Bolivia (2012) and Uruguay (2011).

Figure II.6

Latin America (6 countries): time spent by persons aged 18 or under performing unpaid work, by sex and civil status
(Hours per week)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), "Los matrimonios y uniones infantiles, tempranos y forzados: prácticas nocivas profundizadoras de la desigualdad de género en Latin America and the Caribbean", *Project Documents* (LC/TS.2021/186), Santiago, 2021.

Note: The sources of the data differ, so the data are not comparable across countries. The purpose of this figure is to illustrate the trends identified within each country. Paid work is defined as work performed to produce goods or provide services that are traded in the market and is calculated as the sum of the amount of time devoted to employment, the search for employment and commuting to and from places of work. Unpaid work is defined as work for which no monetary compensation is received and is calculated as the amount of time that a person spends producing goods for self-consumption, doing unpaid housework, providing care that is not paid for (in a person's own home or to help others), doing community work and doing volunteer work.

Early and forced marriages and entry into conjugal unions are a violation of the human rights of boys, girls and adolescents and constitute an obstacle to the autonomy of women in the early stages of the life cycle. The region therefore needs to achieve the crucial goal of doing away with this harmful practice in order to attain gender equality and sustainable development and, at the same time, to promote the enjoyment of the right to self-care by young girls and adolescents as a way of developing their physical autonomy (ECLAC, 2021e).

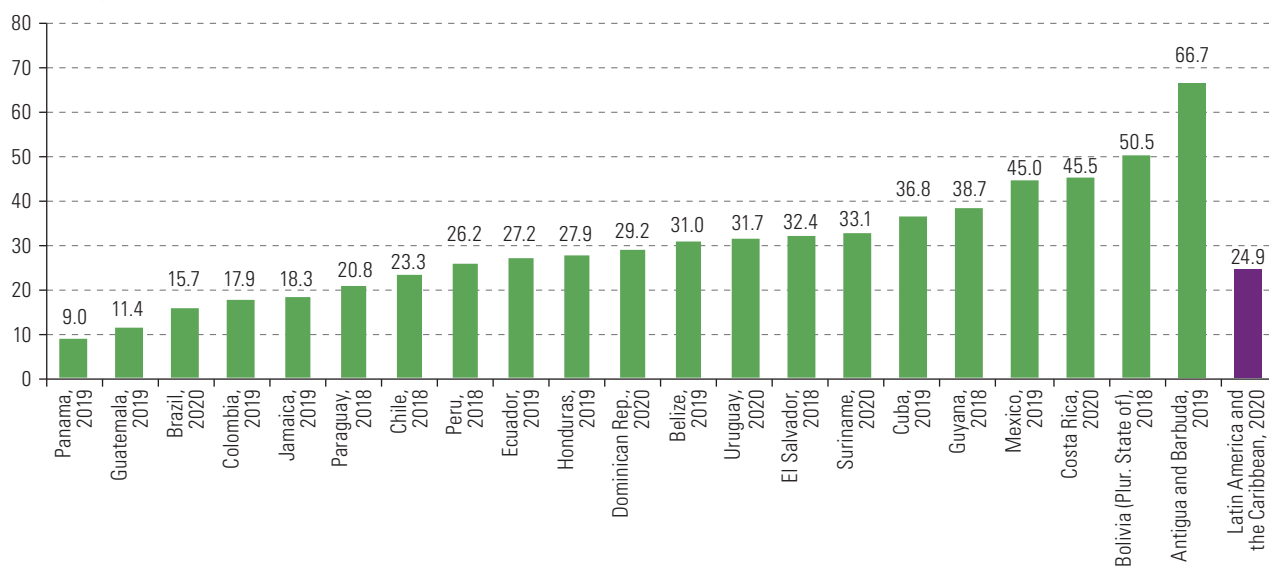
3. The persistent concentration of power and hierarchical gender relations consolidate the unjust sexual division of labour

The underrepresentation of women in various decision-making circles is one of the manifestations of the structural gender inequalities apparent in the exercise of power and autonomy (Inter-American Task Force on Women's Leadership, 2022). The persistence of gender inequalities in the political arena is especially notable. Despite the gradual consolidation of legal norms aimed at strengthening women's participation in politics, numerous institutional, social and cultural factors continue to limit their access to power, to a role in decision-making, to justice and to mechanisms for enforcing their rights (ECLAC, 2017). The end result is that the level of political and economic representation of women continues to be significantly lower than that of men (ECLAC, 2019).

The persistent concentration of power and hierarchical gender relations consolidate the sexual division of labour. The affirmative action and parity measures put in place in some countries have succeeded in bringing about some increases in women's participation in politics, but their participation is still being limited by the fact that almost all caregiving tasks are assigned to women. Policies aimed at recognizing, redistributing and reducing the care workload are therefore of crucial importance in promoting parity democracy.

Data compiled by the Gender Equality Observatory for Latin America and the Caribbean indicate that, while the number of women holding seats in legislative bodies has been gradually rising in recent years, only 33.6%, on average, of the members of national parliaments are women. And while women's representation in political decision-making bodies at various levels has improved, their participation at the local level is still far from being on a par with that of men. In fact, less than 25% of the seats in local government bodies (Sustainable Development Goals indicator 5.5.1 (b)), on average, are held by women (see figure II.7).

Figure II.7
Latin America and the Caribbean (21 countries): seats held by women in local governments
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean [online] <https://oig.cepal.org/en>.

While affirmative action mechanisms and quota or parity laws and regulations have been very important tools for increasing women's participation in decision-making bodies, parity has not yet been attained, and these mechanisms alone are not enough to achieve that goal (ECLAC, 2016a and 2019). This is because gender gaps in representation are part of a patriarchal political system that is bolstered by a political culture in which men's and women's differential access to power is seen as a natural state of affairs (ECLAC, 2019). As a result, strategies for evading the mechanisms that have been introduced in order to promote women's participation are often used in order to maintain the status quo. These strategies include the assignment of districts that are known to be "unwinnable"; failing to provide material or human support, attacks and behind-the-scenes negotiations entailing a candidate's subsequent resignation (ECLAC, 2016a; Inter-American Task Force on Women's Leadership, 2022). Within the civil service, unequal power relations and implicit discrimination are common, and gender biases and roles pose obstacles to women's professional development and restrict their access to leadership positions (Inter-American Task Force on Women's Leadership, 2022). Women's increased participation in elective posts is, in many cases, coupled with an intensification of political violence directed at women in the form of various types of harassment, discriminatory treatment, a greater demand for accountability, intimidation and physical violence directed at these women and their families (ECLAC, 2019 y 2016a). A number of countries in the region have passed laws to combat violence against women politicians, but more action in this area is needed in order to support women's autonomy and safeguard their rights (ECLAC, 2019 y 2016a).

The governments of Latin America and the Caribbean have approved a series of agreements within the framework of the Regional Gender Agenda aimed at heightening women's representation in decision-making bodies and leadership positions and at achieving parity. One of those agreements—the Montevideo Strategy—was formulated at the thirteenth session of the Regional Conference on Women in Latin America and the Caribbean in 2016 and calls for the establishment of "mechanisms that guarantee participation on a parity basis by women in all their diversity in the public sphere, in elected and designated positions encompassing all functions and at all levels of the State" (ECLAC, 2017, measure 3.b). Along the same lines, the Santiago Commitment, established at the fourteenth session of the Regional Conference on Women in Latin America and the Caribbean of ECLAC (2020), refers to the importance of encouraging "continued efforts to increase the representation of women, including women with disabilities, in the decision-making process to achieve parity democracy, with an intercultural and ethno-racial approach" (ECLAC, 2020d, para. 12).

In order to achieve a more even distribution of access to power, a number of structural challenges must be overcome, and one of the most important of those challenges is to prevent women from being overburdened with care work (ECLAC, 2019). The persistent concentration of power and hierarchical gender relations consolidate the unjust sexual division of labour and continue to keep women out of decision-making circles. Policies designed to recognize care work, redistribute it and place greater value on it are of key importance for promoting women's participation in decision-making (ECLAC, 2019). In order for a parity democracy and equal access to power to be possible, the way in which society organizes care work must change. Without effective policies for fostering co-responsibility for care, women will remain relegated to the "private" sphere of life, will have fewer genuine opportunities to take part in political, social and economic affairs and will thus have less autonomy in decision-making.

C. Sexual division of labour and care organization in territories

The sexual division of labour influences the daily lives of all people in the region, but its effects are manifested differently in the context of intersectional relationships in which socioeconomic status, ethnic and racial identity, and place of origin, among other factors, all play a role.

First, gender inequalities, especially in terms of the way in which society organizes caregiving tasks, have a definite territorial dimension. Care work is performed in spatial, social and geographic contexts that have

a substantial influence on the amount of such work and its distribution. Accordingly, the way that the care work performed by women in all their diversity is organized takes different forms in urban areas, indigenous territories and rural zones.

Second, the persistence of poverty, in combination with patriarchal and violent cultural patterns (both of which are structural challenges associated with gender inequality in the region), reinforce the sexual division of labour as manifested in such phenomena as women's mobility and migration by women. This gives rise to global or regional care chains, a concept that has been widely employed to explain the factors prompting women to migrate from lower-income countries to higher-income ones where they then undertake reproductive tasks.

1. A territorial perspective

When considering the issue of care from a territorial perspective, emphasis is placed on the set of social relations that coexist at a given time and place between local political, social and institutional actors (UN-Women/ECLAC, 2020). It is the identities of those actors, the associated inequalities and the relationships among them, in particular, that give rise to multiple intersectionalities, and the spatial dimension is one of those intersectionalities (Massey, 2005). The spatial dimension does not simply reflect the variability of intersectional relationships, it also helps to shape them. Gender, patriarchy and the territory itself take on specific forms that need to be regarded from a feminist, situational perspective (Segato, 2014). Feminist geography challenges the traditional way of thinking about and planning cities and posits that an intersectional approach needs to be taken by urban planners so that consideration is given to such factors as women's rights to safe transit routes, equal access to public services, health, education, transportation, housing and social services (Valentine, 1989).

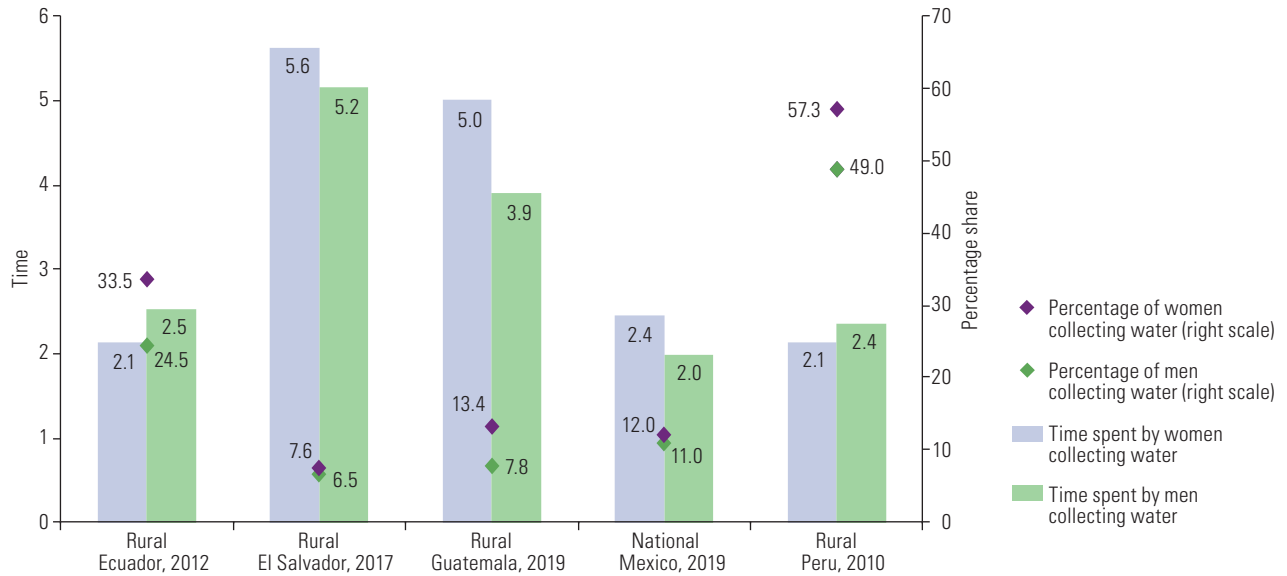
The territorial dimension of care reminds us of the importance of avoiding universalist, decontextualized approaches to the sexual division of labour and the organization of care work (Tronto, 2020). While all human beings will give and need care during their lives, caregiving takes on different forms in different contexts. The territorial approach to care policies—which should always be intersectional— involves taking economic, social and cultural conditions into consideration, as well as the particular needs in each territorial unit. Care work should be analysed situationally, since inequalities, and especially gender inequalities, are shaped not only by income, age, ethnic and racial identity and household characteristics, but also by the features of the spatial context in which care is being provided, which may lessen or increase the caregiving workload.

In 2020, 81% of the population of Latin America and the Caribbean lived in urban areas, making it the most urbanized developing region in the world (United Nations, 2019a, cited in ECLAC, 2022e). It is also a highly metropolitan region, with 35% of the population living in cities with over 1 million inhabitants (ECLAC, 2022f). Given the fact that the Latin American and Caribbean population is so much more highly concentrated in cities than the populations of other regions (ECLAC, 2016b), caregiving usually takes on different forms in rural and urban areas (in large cities, there is also some difference in care work between central areas and the city outskirts). Since the coverage of public and private caregiving services is generally patchy or non-existent in rural areas, rural households—and particularly the women within them— tend to perform a greater amount of the unpaid work that is essential for the survival of the household's members. Accessing care services in rural areas often involves making journeys that require both time and money. In addition, public transportation is often scarce and inefficient, and roads are in poor condition or are impassable during some seasons or times of day.

Another consideration is that care work in rural areas and, to a lesser extent, in the outlying areas of many cities, involves a number of indirectly related tasks, such as gathering firewood and collecting water (see figure II.8) (ILO, 2019). The absence or insufficiency of basic social and physical service infrastructure greatly adds to the amount of unpaid work that rural households must undertake. In addition to the added cost associated with the lack of accessible and affordable basic services, this also undermines women's health and wears them down, thereby decreasing their quality of life, especially as they age. Women in rural areas not only spend more time than men doing unpaid work; they also spend more time on such tasks than men and women in urban areas do (ECLAC, 2016a).

Figure II.8

Latin America (5 countries): time spent collecting water by persons 15 and over, by sex
(Hours per week and percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of time-use surveys from the respective countries.

Note: As the data are drawn from different sources, they are not comparable across countries. The purpose of this figure is to show the trends existing in each country. Hours per week are calculated using the total number of hours spent hauling water divided by the population that engages in this activity. Shares of this workload are calculated as the percentage of persons over the age of 15 of each sex who stated that they engaged in this activity. The data are for rural areas except in the case of Mexico, where the information was compiled at the national level.

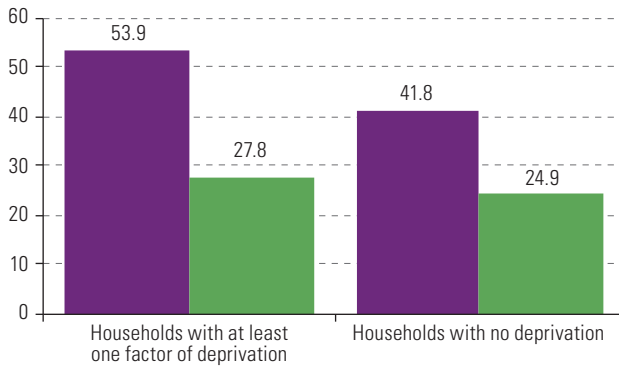
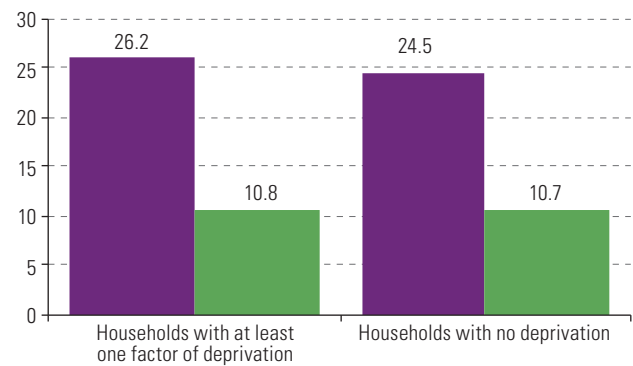
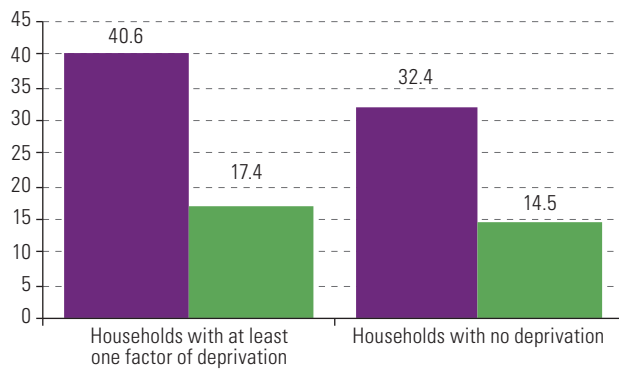
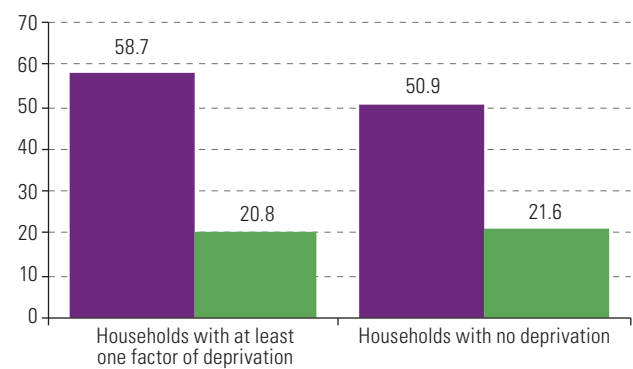
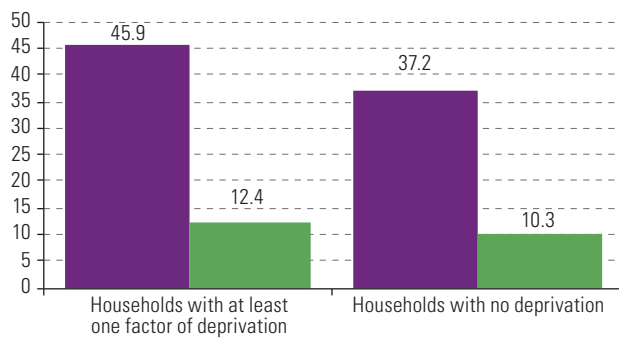
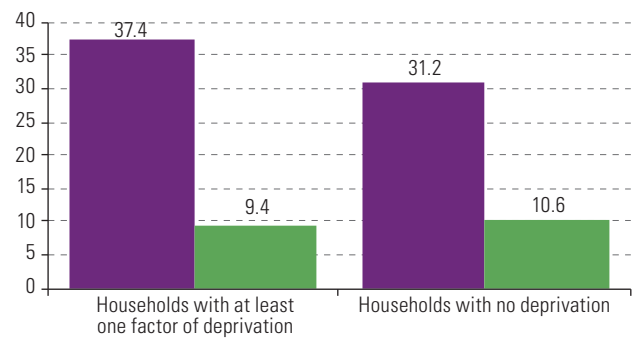
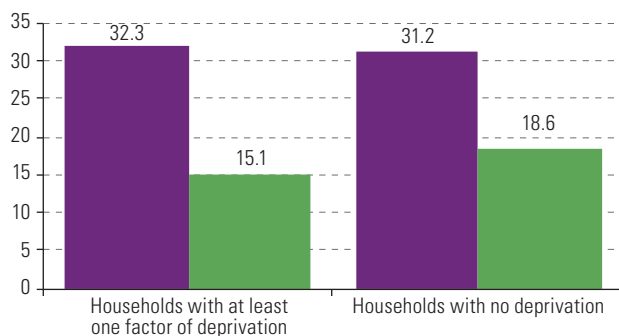
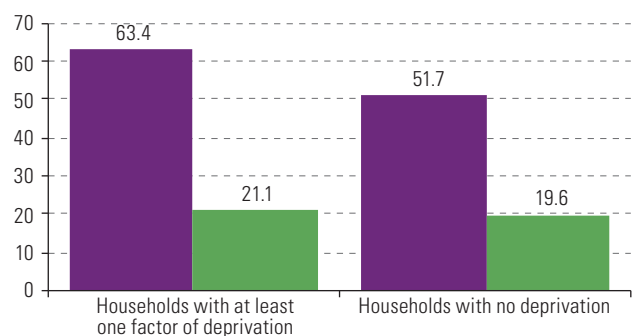
Care work also takes on differing forms in the cities. Certain aspects of infrastructure (e.g., paved roads, access to drinking water and sanitation facilities) and of the frequency and safety of modes of transport have a significant impact on the care workload. Since women use public transit and non-motorized forms of transportation (bicycles and walking) more than men do and since they are often carrying packages or shopping bags or are pushing strollers or accompanied by children, the negative effects of these barriers are greater for them (Scuro and Vaca Trigo, 2017a).

Housing and sanitation conditions and infrastructure are crucial factors. There is a close relationship between the amount of time spent doing unpaid work and non-monetary deprivation. A 2017 study (Scuro y Vaca Trigo, 2017b) based on time use surveys shows how, in households subject to certain forms of deprivation,⁹ their members—and especially the women among them—devote more time to unpaid work. The gender gaps in these households are also wider (see figure II.9). The fact that households subject to at least one of the forms of deprivation covered in that study had a greater burden of unpaid work than other households reflects the link between urban, housing and infrastructure policies and the possibility of reducing the amount of time spent on care work, which would support women's economic autonomy and their opportunities for entering the labour market and generating income.

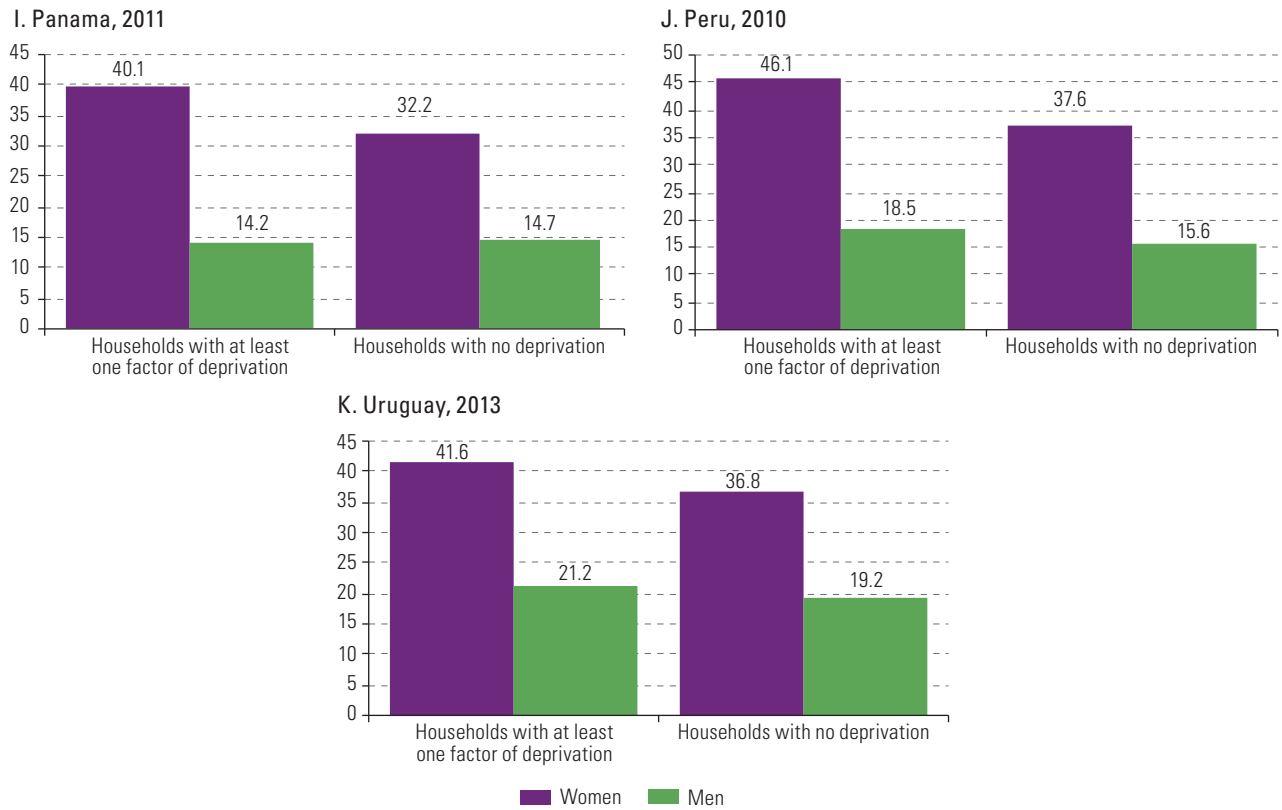
⁹ Overcrowding, substandard building materials in the home, insecure land title, lack of safe drinking water and lack of sanitation facilities.

Figure II.9

Latin America (11 countries): time spent performing unpaid work by persons 15 and over, by sex and type of household deprivation
(Average number of hours per week)

A. Argentina, 2013**B. Brazil, 2012****C. Colombia, 2012****D. Costa Rica, 2011****E. Ecuador, 2012****F. Guatemala, 2014****G. Honduras, 2009****H. Mexico, 2014**

■ Women ■ Men



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of time-use surveys from the respective countries; L. Scuro and I. Vaca Trigo, “El trabajo no remunerado en la medición no monetaria de la pobreza”, *Indicadores no monetarios de pobreza: avances y desafíos para su medición*, Seminars and Conferences series, No. 87 (LC/TS.2017/149), P. Villatoro (comp.), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2017.

The territorial approach to care policies also provides information about the community networks and relationships within each territorial unit, which are the pillars of social reproduction (Picchio, 2001). In general terms, community-based management of care work can be defined as management carried out within a territorial unit on the basis of bonds created by cultural or religious affinities, neighborly or kinship relationships, friendship or activism, among others. Community soup kitchens, libraries, social clubs, cultural centres, non-profits, religious organizations and trade unions are just some of the types of organizations that can be involved in providing community-based care. Often, these kinds of initiatives do not start out with the aim of providing care; they often arise in order to provide basic services, but then end up providing care work because the need for it becomes evident. Because of the intrinsic nature of these types of arrangements, in which relationships of proximity are a central element, they are often developed in the context of small cultural or territorial communities.

In community-based or socialized forms of care, the dividing line between community care and the care provided in the home is sometimes blurred, and the associated regulatory and institutional frameworks may also vary. This modality of care, as is also the case of market-based care, is a heterogeneous cluster of arrangements that should not be viewed in isolation but rather within its own socio-territorial and cultural context. For example, in urban centres —as has been made very apparent during the pandemic— community-based care is provided in public spaces, in the streets and in other informal venues, but it is also provided by highly institutionalized bodies. Women in the region have led efforts to collectivize care as a way of economizing on food, fuel and school supplies and on working together to stave off poverty.

In Latin America and the Caribbean, in particular, where the State and the private sector are, at least in some locations, largely uninvolved in service delivery and policies in this area, the community and the households within it have become the main care providers. As in other aspects of care, women have been on the front lines as leaders of community organizations (Zibecchi, 2015). Recovering and reclaiming care knowledge, know-how and practices in different areas of the region is an essential tool for determining priorities that can then serve as inputs for public policies because these priorities are not always apparent to decision-makers in the central government. Mechanisms for supporting the participation of local political, social and institutional stakeholders in the management of care play a crucial role in the design and implementation of public policies on care (UN-Women/ECLAC, 2021).

Box II.2

A situational perspective and localized approach in the "care diamond"

Households, the market, the State and the community are all involved in the design, funding and provision of care, and form the four sides of what has been called the "care diamond" (Razavi, 2007). Their interactions are complex, however, and the dividing line between them is often blurred and movable. The care diamond is thus not a static or invariable assemblage, but instead takes on different material forms in different countries and territories. Which of the diamond's sides will play the most important or most influential role will therefore depend on a number of factors, including the cultural, economic, political and institutional characteristics of the country in question, the quality of the services provided in each territorial unit, the way that unit and community networks are organized and the way in which tax revenues are distributed.

Arrangements for ensuring service and providing access to quality services can be distributed in a wide variety of ways among the private sector, the community, households and the State. The way these arrangements are configured will depend on the welfare structure and the variety and quality of the services provided by the State, as private providers will tend to fill niches of unmet demand. Accordingly, service providers' level of professionalism and service quality may often be highly variable. In some countries, the main responsibility for well-being lies with families and women (familialist regimes), whereas in other countries, this responsibility has been shifted to public institutions and the market (defamilialized regimes) (Sainsbury, 1996; Martínez, 2012). In some areas, because of the absence or scarcity of public or private care service providers, the community plays the central role in this connection.

Access to health, education and care services, the geographic features of the territory in question (accessibility, connectivity and proximity to urban centres) and the cultural, economic, social and demographic characteristics of the population will all play a part in shaping the care diamond in each case.

Given this heterogeneity, the care diamond has to be viewed from a situational perspective in order to understand each society's particular dynamics as they relate to the management and organization of care services. However, regardless of the shape of the care diamond, the implementation of care policies will entail strengthening the role of the State (including local government) from a feminist perspective through the establishment of universal, intersectoral, comprehensive and financially sustainable care policies and systems. A situational, territory-based care approach should therefore be incorporated into public care policies, but this should be done in a way that will not interfere with efforts to level up the quality of services and ensure their even distribution throughout the region.

Source: S. Razavi, "The political and social economy of care in a development context: conceptual issues, research questions and policy options", *Programme Paper*, No. 3, Geneva, United Nations Research Institute for Social Development (UNRISD), 2007; D. Sainsbury, *Gender, Equality and Welfare States*, Cambridge, Cambridge University Press, 1996; J. Martínez, "Care and well-being in a development context", *Combating Poverty and Inequality: Structural Change, Social Policy and Politics*, Geneva, United Nations Research Institute for Social Development (UNRISD), 2010; Economic Commission for Latin America and the Caribbean (ECLAC), *Towards a care society: the contributions of the Regional Gender Agenda to sustainable development* (LC/MDM.61/3), Santiago, 2021.

The many different configurations of care services point up the need to adopt a situational perspective in order to take into account all the socioeconomic, territorial and cultural factors that influence the sexual division of labour, determine the way in which care services are organized and inform the development of situation-based, localized public care policies. In practical terms, taking a localized approach to the development of care policies

will involve undertaking spatially focused ex ante evaluations in order to obtain the information needed to understand the spatial dynamics of the care network. The development of indicators using georeferenced mapping techniques will not only provide design inputs but can also serve as a “living” tool for continuously improving and optimizing public policies (ECLAC, 2022d). Public policy could also benefit from the design of an information tool in the form of georeferenced maps that show users what care services are available and what policies are in effect in each area.

Box II.3

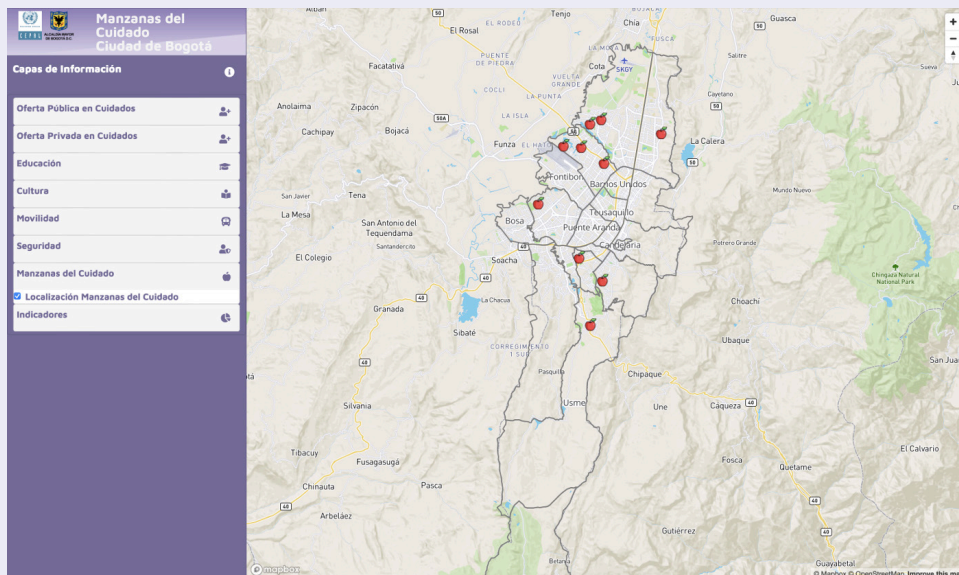
Care at territorial level: experiences with mapping and georeferencing

The Economic Commission for Latin America and the Caribbean (ECLAC) has been developing diagnostic assessments and tools that incorporate a localized, geospatial approach to the design of public policies on care. The work that has been done in the city of Bogota and in Argentina provides two valuable examples of the kind of progress that is being made along these lines.

ECLAC and the District Secretariat for Women of the Office of the Mayor of Bogota worked with academics and with other parts of the United Nations system to develop technical standards and a series of indicators from a gender perspective for use in designing and implementing a care system. These indicators were used to help determine how to demarcate the various care service districts and to plot out the routes for mobile units. A georeferenced map was developed that provides a detailed description of these indicators for use as a dynamic input for public policy optimization (see map 1).

Map 1

Bogota: care service districts

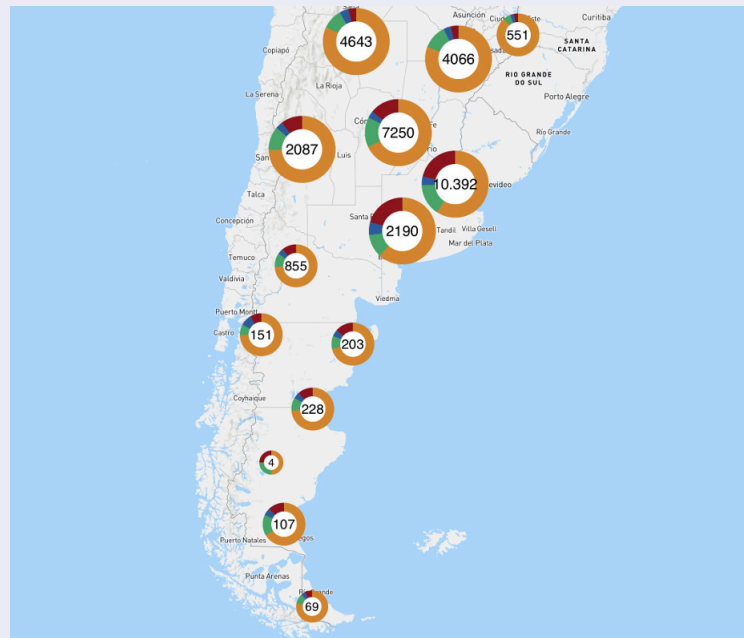


Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean [online] <https://oig.cepal.org/en/maps>.

In the case of Argentina, a federal care service map was prepared with technical assistance from ECLAC that shows the locations of different organizations, educational institutions and services that provide care or training for caregivers. This map not only allows users to identify what resources are available to households for use in organizing care strategies in each region of the country but also show where people who wish to work in the care sector can obtain the proper training (see map 2).

Map 2

Argentina: the federal care service map



Source: Ministry of Women, Genders and Diversity, "Mapa Federal del Cuidado" [online] <https://mapafederaldelcuidado.mingeneros.gob.ar/>.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), "Diseño y puesta en marcha del Sistema Distrital de Cuidados en la ciudad de Bogotá: un pacto político, social y fiscal", *Gender Affairs series*, Santiago, 2022, in press.

Localized care policies also entail the mapping of social and institutional actors so that mechanisms can be devised for maintaining dialogue with local governments and with community and private organizations that provide care services at the local level. These maps are also useful for coordinating these policies with public land use plans. Subnational governments supply services that influence the well-being of the population, such as improving public spaces, rubbish collection, street sweeping and cleaning, local transport and street lighting, and they often are the main providers of essential services such as transportation, water supply and sanitation (ECLAC/IDB, 2022). Given how much these services and policies influence the sexual division of labour and the way in which society organizes care services, having maps of local stakeholders and services, along with mechanisms for dialogue and for coordination with those services, is of key importance for the design and implementation of local care policies. In addition, localized care policies can serve as a way of piloting care initiatives so that the knowledge obtained and lessons learned from their implementation at the local level can serve as inputs for the design of strategies and policies at the national level.

Box II.4

Piloting "communities of care" in the Dominican Republic with a view to the development of a national care policy

The Dominican government is aware that care services are an essential component of the sustainability of economic, social and cultural systems and has launched a pilot project involving the establishment of "communities of care" in various municipalities. These communities will develop local care service plans using a participatory, intersectoral model that will involve various care-related public and private organizations in each of these areas. The government plans to develop a comprehensive national care system but, for now, the communities of care will start out by targeting poor and vulnerable households participating in the *Supérate* ("excel") programme, which is the State's main non-contributory

social protection programme. This initiative is targeting certain groups in need of care (young children, dependent older adults and dependent persons with disabilities) and caregivers (women who provide unpaid care and paid domestic service workers). The guiding strategy for this programme entails seeking out a new way for society to organize care services and new ways of linking up the efforts of the State, society at large, the community and the market. The idea is to promote the creation of decent work opportunities and to uphold the right to receive care within the framework of strategies for combating inequality and poverty as a basis for a just and transformative economic recovery in the wake of the coronavirus disease (COVID-19) pandemic.

Source: Ministry of Economy, Planning and Development, *Comunidades de cuidado: construyendo una Política Nacional de Cuidados con los actores del territorio*, Santo Domingo, 2021.

2. Mobility and migration of women caregivers

The local economy has taken on a new meaning as the globalization process —and, especially, what Rodrik (2012) has called the “hyperglobalization” process— have progressed over the last 30 years or more. The hyperglobalization process has not only connected economic agents around the world through transnational production and commercial chains while giving rise to the deterritorialization of capital and the financialization of economic activities but has also been reaching into spheres of activity that have traditionally not been part of the formal economy. As a result, unpaid or poorly paid work performed in the periphery is being converted into merchandise (in the formal or informal market) that is subsidizing households and markets in the centre. The capital, information and merchandise flows that are circulating as part of the globalization process are thus accompanied by international circuits of caregivers who support the social reproduction process in the countries to which they migrate (Ehrenreich and Hochschild, 2003; LeBaron, 2010). The migration corridors through which caregivers pass in order to take up paid domestic service work or to find employment in various care subsectors, mainly in home care, are a manifestation of the inequality in the region (ECLAC, 2019).

The care crisis has highlighted and helped to perpetuate gender, class and ethnic inequalities, along with inequalities between different locations and territories. In recent years the number of women who migrate in search of employment opportunities has risen substantially (Valenzuela, Scuro and Vaca Trigo, 2020). Because of the sexual division of labour, women migrants are often limited to traditionally feminized occupations, such as domestic service work, care work, nursing and social or community services, all of which are highly precarious and unstable. Estimates calculated by the International Labour Organization (ILO) indicate that paid domestic service work is one of the main sources of employment for women migrants, with 35.3% of all women migrants working in that sector (ILO, 2016b).

Hochschild (2000, p. 33) defines global care chains as “a series of personal links between people across the globe based on the paid or unpaid work of caring.” The concept of global care chains has been widely used in accounting for migration by women from lower-income countries to take up reproductive tasks in higher-income ones. International migration for the purpose of engaging in care work is driven by factors in countries of origin (poverty, lack of job opportunities, economic or political crises, violence, unsafe conditions, disasters) and in countries of destination (the scarcity of caregivers associated with the care crisis) (Valenzuela, Scuro and Vaca Trigo, 2020).

Discrimination and ethnic/racial and gender inequalities are especially apparent in the transnationalization of care (Parreñas, 2005; Razavi, 2007). The women in these care circuits often face formidable difficulties in obtaining a legal migration status (permanent residency visas or the right to move freely or to work). Although they migrated to another country in order to obtain paid work and better living conditions, these workers are often isolated and are working in precarious conditions in the informal sector.

The concept of global care chains was originally associated with the migration of women from Asia and Latin America to work in social reproduction jobs in Europe and North America, but the range of countries both

of origin and destination has since grown. While Latin America was once only a region of origin for caregivers migrating northward, it is now the site of South-South flows of workers moving from one country to another within the region owing to the existence of intraregional differences in labour markets and income levels (Valenzuela, Scuro and Vaca Trigo, 2020).

Box II.5

Migration corridors for caregivers in Latin America and the Caribbean

Migration corridors act as systems connecting two different territories that are used on a continuous basis by persons leaving one territory to live in another, on either a temporary or a permanent basis. In some cases, these corridors run along national borders, but they often connect regions with a shared (e.g., ethnic) identity, even if they are located in different countries. These corridors are routes for the exchange or movement of goods and services, labour markets, households, information, customs and traditions. The formation of migration corridors for caregivers is closely associated with the emergence of development hubs around urban centres that have created specialized, highly paid jobs in service sectors (Valenzuela, Scuro and Vaca Trigo, 2020).

The region is crossed by a number of migration corridors for caregivers. The main countries of destination in the region for women migrants seeking employment in domestic service or care work are Argentina, Chile and Costa Rica. There are also high-volume migration corridors running from Guatemala to the southern border of Mexico and from Haiti to the Dominican Republic. Increasingly, Panama is also becoming a country of destination for women from other Central American countries seeking paid domestic service work. Brazil is a destination for women migrants seeking paid domestic service work coming from various countries in Latin America and the Caribbean and from outside the region as well (Valenzuela, Scuro and Vaca Trigo, 2020). The United States is the main destination for women migrants coming from the Caribbean and Central America. There are approximately 2 million people employed in domestic service in that country, and at least 46% of them were born in another country (many in Latin America and the Caribbean) (Valenzuela, Scuro and Vaca Trigo, 2020).

The persistent economic and health crisis in Latin America and the Caribbean has not put a stop to these interregional and intraregional migration flows (ECLAC, 2022e). Once most countries dropped the mobility restrictions introduced in order to curb the coronavirus disease (COVID-19) pandemic, people began to migrate again, and the number of people doing so has risen steadily since early 2021. This is an important consideration when formulating public policies on paid domestic work and care solutions involving the employment of caregivers since, in many cases, these caregivers are migrant women who are unlikely to have succeeded in obtaining legal immigration status.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), *The sociodemographic impacts of the COVID-19 pandemic in Latin America and the Caribbean* (LC/CRPD.4/3), Santiago, 2022; M. Valenzuela, L. Scuro and I. Vaca Trigo, "Desigualdad, crisis de los cuidados y migración del trabajo doméstico remunerado en América Latina", *Gender Affairs series*, No. 158 (LC/TS.2020/179), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2020.

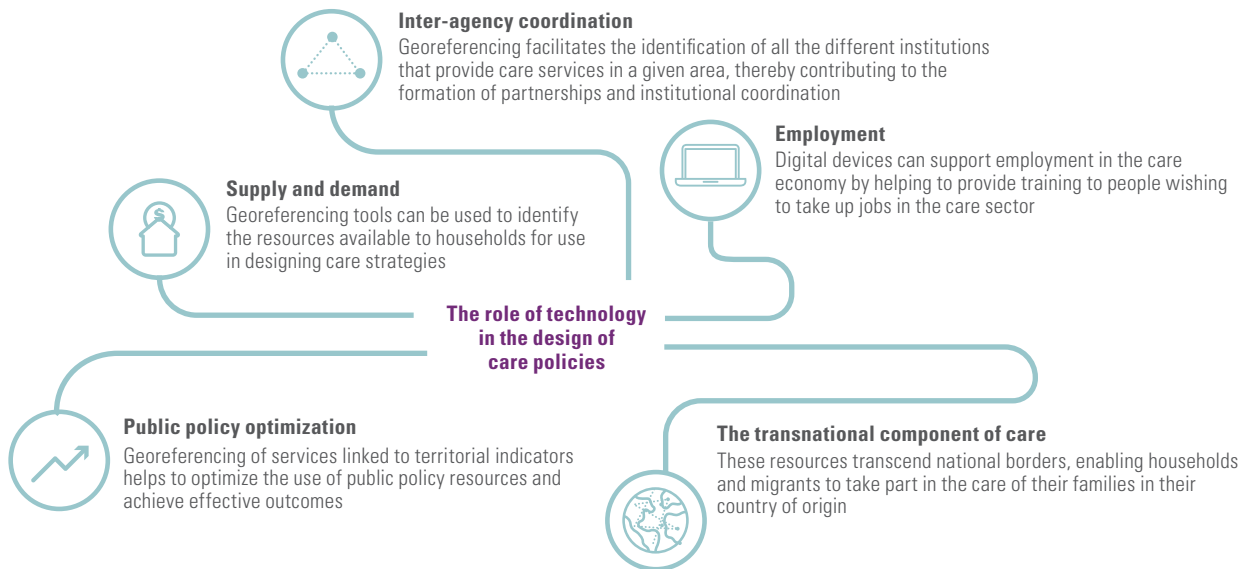
International migration poses a new challenge for the analysis of care. Many women who migrate in order to take up employment as caregivers in their country of destination are also breadwinners for their household in their country of origin. And, in many cases, they continue to provide care for their families back home from a distance. The existence of transnational families has given rise to new ways of providing care that transcend national borders, and remote care practices are becoming more and more common (Valenzuela, Scuro and Vaca Trigo, 2020).

These new migration-related care practices, which are mainly associated with low-income women migrants who are not accompanied by their family members, are transforming the ways in which care is provided and, consequently, the way in which care must be understood and organized (Pérez, 2010) and, in a broader sense, the way family and care relationships must be managed and understood. These processes are, in turn, embedded in complex power relations driven by gender, ethnic identity, social class and place of origin. The effects of these processes can be seen in the households in countries of destination that pay for care services, in the homes of migrants and in the households of migrants whose members have stayed behind in their countries of origin (Pérez, 2010). The transnationalization of care alters the very concept of what care is and consequently generates a demand for new care-related goods and services.

Technology and digital devices play a special role in this new care landscape, and their role has become even more important since the start of the pandemic (see diagram II.3). Mobile telephones, the Internet and social media provide a new way for women to maintain some control and ability to manage care for their families from afar.

Diagram II.3

The role of technology in the design of care policies



Source: Economic Commission for Latin America and the Caribbean (ECLAC).

Box II.6

Georeferencing and women migrants in Latin America and the Caribbean

The emergence of global care chains is changing the configuration of care service supply and demand patterns. Transnational families are engaging in new types of practices to provide and receive care across national borders, and new public policy approaches are therefore needed (ECLAC, 2019). Technology can play a central role in facilitating transnational care, which is becoming increasingly common in our societies.

Within the framework of the Regional Gender Agenda, the governments of Latin America and the Caribbean have agreed to design measures to build a new digital culture that will, among other things, allow girls and women to integrate new technologies into their daily lives and facilitate their strategic use (ECLAC, 2013, para. 33). The creation and refinement of digital georeferencing tools that provide access to information about care services quickly and efficiently can play a critical role in the transnationalization of care. Tools such as geospatial platforms, applications and maps designed for use by people who need information about care services or who are care providers are becoming accessible and are coming into everyday use. Many of these applications form a cross-border bridge between care service demand and supply that enables migrants, for example, to take part in decisions and assume responsibility for the care of members of their families back in their country of origin.

It is important to ensure that these tools incorporate a territorial and gender perspective at all times, however. For example, decisions about the placement of services should take the nature of the physical environment (types of roads, rough terrain, etc.) into account. Since most people who need care must deal with mobility restrictions of some type, information about the routes and accessibility of the various care services is of substantive importance. In parallel with georeferencing strategies and the digitalization of information about available care services, steps should continue to be taken to enhance strategies for bringing about cultural changes that will promote co-responsibility for care on the part of both men and women. This will call for the delineation of care policy strategies for redistributing care work among men and women and integrating these measures into the design of locally based policies. Georeferencing tools should provide support for the organization of care work rather than increasing the workload and responsibilities borne by women.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's autonomy in changing economic scenarios* (LC/CRM.14/3), Santiago, 2019; 40 years of the Regional Gender Agenda (LC/G.2682/Rev.1), Santiago, 2017; *Santo Domingo Consensus*, Santo Domingo, 2013.

Bibliography

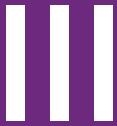
- Aguilar, L. (2021), "Gender equality in the midst of climate change: What can the region's machineries for the advancement of women do?"; *Gender Affairs series*, No. 159 (LC/TS.2021/79), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Altomonte, H. and R. Sánchez (2016), *Hacia una nueva gobernanza de los recursos naturales en América Latina y el Caribe*, ECLAC Books, No. 139 (LC/G.2679-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Bacha, E. and A. Fishlow (2012), "The recent commodity price boom and Latin American growth: more than new bottles for an old wine?"; *The Oxford Handbook of Latin American Economics*, J. Ocampo and J. Ros (eds.), Oxford, Oxford University Press.
- Bárcena, A. (2021), "Discurso de Alicia Bárcena, Secretaria Ejecutiva de la CEPAL" document presented at the XXII Meeting of the Forum of Ministers of Environment of Latin America and the Caribbean, Barbados, 2 February [online] <https://www.cepal.org/es/discursos/xxii-foro-ministros-medio-ambiente-america-latina-caribe>.
- Bárcena, A. and M. Cimoli (2022), "Repensar el desarrollo a partir de la igualdad"; *El Trimestre Económico*, vol. 89, No. 353, Mexico City, Fondo de Cultura Económica.
- Bauhardt, C. (2014), "Solutions to the crisis? The Green New Deal, Degrowth, and the Solidarity Economy: alternatives to the capitalist growth economy from an ecofeminist economics perspective"; *Ecological Economics*, vol. 102, Amsterdam, Elsevier.
- Bauhardt, C. and W. Harcourt (eds.) (2019), *Feminist Political Ecology and the Economics of Care: In Search of Economic Alternatives*, Milton Park, Routledge.
- Braidotti, R. and others (1994), *Women, the Environment and Sustainable Development: Towards a Theoretical Synthesis*, London, Zed Books.
- Brand, U., C. Dietz and M. Lang (2016), "Neo-extractivism in Latin America: one side of a new phase of global capitalist dynamics"; *Ciencia Política*, vol. 11, No. 21, Bogota, National University of Colombia.
- Burchardt, H. and K. Dietz (2014), "(Neo-)extractivism – a new challenge for development theory from Latin America"; *Third World Quarterly*, vol. 35, No. 3, Hoboken, Taylor & Francis.
- Carrasco, C. (2014), "La economía feminista: ruptura teórica y propuesta política"; *Con voz propia. La economía feminista como apuesta teórica y política*, Madrid, La oveja roja.
- Carrasco, C. and C. Díaz (eds.) (2017), *Economía feminista: desafíos, propuestas, alianzas*, Barcelona, Entre Pueblos.
- Castañeda, I. and others (2020), *Gender-based Violence and Environment Linkages: The Violence of Inequality*, Gland, International Union for Conservation of Nature (IUCN).
- Chagnon, C. and others (2022), "From extractivism to global extractivism: the evolution of an organizing concept"; *The Journal of Peasant Studies*, vol. 49, No. 4, Hoboken, Taylor & Francis.
- Cielo, C. and L. Coba (2018), "Extractivism, gender, and disease: an intersectional approach to inequalities"; *Ethics & International Affairs*, vol. 32, No. 2, Cambridge, Cambridge University Press.
- Cimoli, M. and others (2020), "Choosing sides in the trilemma: international financial cycles and structural change in developing economies"; *Economics of Innovation and New Technology*, vol. 29, No. 7, Hoboken, Taylor & Francis.
- Cimoli, M. and S. Rovira (2008), "Elites and structural inertia in Latin America: an introductory note on the political economy of development"; *Journal of Economic Issues*, vol. 42, No. 2, Hoboken, Taylor & Francis.
- ECLAC (Economic Commission for Latin America and the Caribbean) (2022a), *Report on the Activities conducted by the Latin American and Caribbean Demographic Centre (CELADE) - Population Division of ECLAC during the period 2018-2022* (LC/CRPD.4/5), Santiago.
- _____(2022b), *Social Panorama of Latin America, 2021* (LC/PUB.2021/17-P), Santiago.
- _____(2022c), *Preliminary Overview of the Economies of Latin America and the Caribbean, 2021* (LC/PUB.2022/1-P), Santiago.
- _____(2022d), "Diseño y puesta en marcha del Sistema Distrital de Cuidados en la ciudad de Bogotá: un pacto político, social y fiscal"; *Gender Affairs series*, Santiago, forthcoming.
- _____(2022e), *The sociodemographic impacts of the COVID-19 pandemic in Latin America and the Caribbean* (LC/CRPD.4/3), Santiago.
- _____(2022f), CEPALSTAT [online database] <https://statistics.cepal.org/portal/cepalstat/index.html?lang=en>.
- _____(2021a), *Towards a care society: the contributions of the Regional Gender Agenda to sustainable development* (LC/MDM.61/3), Santiago.
- _____(2021b), "Santiago Commitment: A regional instrument to respond to the COVID-19 crisis with gender equality"; Santiago.
- _____(2021c), *Social Panorama of Latin America, 2020* (LC/PUB.2021/2-P/Rev.1), Santiago.
- _____(2021d), "The economic autonomy of women in a sustainable recovery with equality"; *COVID-19 Special Report*, No. 9, Santiago.
- _____(2021e), "Los matrimonios y uniones infantiles, tempranos y forzados: prácticas nocivas profundizadoras de la desigualdad de género en América Latina y el Caribe"; *Project Documents* (LC/TS.2021/186), Santiago.

- (2020a), “COVID-19 and the socioeconomic crisis in Latin America and the Caribbean,” *CEPAL Review*, No. 132 (LC/PUB.2021/4-P), Santiago.
- (2020b), “The COVID-19 pandemic is exacerbating the care crisis in Latin America and the Caribbean,” *COVID-19 Report*, Santiago.
- (2020c), “The pandemic in the shadows: femicides or feminicides in 2020 in Latin America and the Caribbean,” *Briefing Note*, Santiago [online] https://www.cepal.org/sites/default/files/infographic/files/21-00793_folleto_la_pandemia_en_la_sombra_web_1.pdf.
- (2020d), *Santiago Commitment*, Santiago.
- (2019), *Women’s autonomy in changing economic scenarios* (LC/CRM.14/3), Santiago.
- (2017), *Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030* (LC/CRM.13/5), Santiago.
- (2016a), *Equality and women’s autonomy in the sustainable development agenda* (LC/G.2686/Rev.1), Santiago.
- (2016b), *Horizons 2030: Equality at the centre of sustainable development* (LC/G.2660/Rev.1), Santiago.
- (2013), *Santo Domingo Consensus*, Santo Domingo.
- ECLAC/IDB (Economic Commission for Latin America and the Caribbean/Inter-American Development Bank) (2022), *Panorama de las relaciones fiscales entre niveles de gobierno de países de América Latina y el Caribe* (LC/TS.2022/4), Santiago.
- ECLAC/ILO (Economic Commission for Latin America and the Caribbean/International Labour Organization) (2020), “Employment trends in an unprecedented crisis: policy challenges,” *Employment Situation in Latin America and the Caribbean*, No. 23 (LC/TS.2020/128), Santiago.
- ECLAC/UNICEF/United Nations (Economic Commission for Latin America and the Caribbean/ United Nations Children’s Fund/ United Nations) (2020), “Violence against children and adolescents in the time of COVID-19,” *COVID-19 Report*, Santiago.
- Ehrenreich, B. and A. Hochschild (2003), *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, New York, Henry Holt & Company.
- Esquivel, V. (2016), “La economía feminista en América Latina,” *Nueva Sociedad*, No. 265, Buenos Aires, Friedrich-Ebert-Stiftung (FES).
- Federici, S. (2019), “Social reproduction theory: history, issues and present challenges,” *Radical Philosophy*, vol. 2, No. 4, London, Radical Philosophy Collective.
- (2012), *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle*, New York, PM Press.
- (2004), “The Great Caliban: the struggle against the rebel body,” *Capitalism Nature Socialism*, vol. 15, No. 2, Hoboken, Taylor & Francis.
- Floro, M. and G. Poyatzis (2019), “Climate change, natural disasters and the spillover effects on unpaid care: the case of Super-typhoon Haiyan,” *Feminist Political Ecology and the Economics of Care: In Search of Economic Alternatives*, Milton Park, Routledge.
- Gago, V. (2019), *La potencia feminista: o el deseo de cambiarlo todo*, Madrid, Traficantes de Sueños.
- Gago, V. and S. Mezzadra, (2017), “A critique of the extractive operations of capital: toward an expanded concept of extractivism,” *Rethinking Marxism*, vol. 29, No. 4, Hoboken, Taylor & Francis.
- Gottschlich, D. and L. Bellina (2016), “Environmental justice and care: critical emancipatory contributions to sustainability discourse,” *Agriculture and Human Values*, vol. 34, Berlin, Springer.
- Gudynas, E. (2015), *Extractivismos: ecología, economía y política de un modo de entender el desarrollo y la naturaleza*, Cochabamba, Bolivian Center for Documentation and Information (CEDIB).
- Hartsock, N. (2006), “Globalization and primitive accumulation: the contributions of David Harvey’s dialectical Marxism,” *David Harvey: A Critical Reader*, Oxford, Blackwell.
- Heintz, J., S. Staab and L. Turquet (2021), “Don’t let another crisis go to waste: the COVID-19 pandemic and the imperative for a paradigm shift,” *Feminist Economics*, vol. 27, No. 1-2, Hoboken, Taylor & Francis.
- Hochschild, A. (2000), “Global care chains and emotional surplus value,” *On The Edge: Living with Global Capitalism*, London, Jonathan Cape.
- Hofmann, S. and M. Duarte (2021), “Gender and natural resource extraction in Latin America: feminist engagements with geopolitical positionality,” *European Review of Latin American and Caribbean Studies*, No. 111, Amsterdam, Centre for Latin American Research and Documentation (CEDLA).
- IACHR (Inter-American Commission on Human Rights) (2017), *Las mujeres indígenas y sus derechos humanos en las Américas*, Washington, D.C.
- ILO (International Labour Organization) (2019), “Empowering Women in the Rural Economy,” *Decent Work in the Rural Economy: Policy Guidance Notes*, Geneva.
- (2016a), *Women at Work: Trends 2016*, Geneva.
- (2016b), *Labour Migration in Latin America and the Caribbean: Diagnosis, Strategy and ILO’s Work in the Region*, Lima.
- Inter-American Task Force on Women’s Leadership (2022), “Un llamado a la acción para impulsar el liderazgo de las mujeres y la democracia paritaria en las Américas” [online] <https://www.oas.org/es/taskforcewomenleadership/docs/llamadoalaaccion.pdf>.

- IRP (International Resource Panel) (2019), *Global Resources Outlook 2019: Natural Resources for the Future We Want*, Nairobi.
- LeBaron, G. (2010), "The political economy of the household: neoliberal restructuring, enclosures, and daily life," *Review of International Political Economy*, vol. 17, No. 5, Hoboken, Taylor & Francis.
- Massey, D. (2005), *For Space*, London, SAGE Publications.
- Mazzucato, M. (2020) "Re-empowering governments for green, equitable and resilient development," *Development Policy and Multilateralism after COVID-19*, Policy Note, New York, United Nations.
- Mies, M. (1986), *Patriarchy and Accumulation on a World Scale: Women in the International Division of Labour*, London, Zed Books.
- Mies, M., V. Bennholdt-Thomsen and C. Von Werlhof (1988), *Women: The Last Colony*, London, Zed Books.
- Navarro, M. (2013), "Luchas por lo común contra el renovado cercamiento de bienes naturales en México," *Bajo el Volcán*, vol. 13, No. 21, Puebla, Meritorious Autonomous University of Puebla.
- Ocampo, J. (2017a), "El desarrollo liderado por los productos básicos en América Latina," *International Development Policy*, No. 9, Geneva, Graduate Institute of International and Development Studies.
- _____(2017b), "Commodity-led development in Latin America," *Alternative Pathways to Sustainable Development: Lessons from Latin America*, G. Carbonnier, H. Campodónico and S. Tezanos (eds.), Leiden, Brill.
- _____(2009), "Impactos de la crisis financiera mundial sobre América Latina," *CEPAL Review*, No. 97 (LC/G.2400-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Ouma, S. (2022), "Agri-investment scholars of the world unite! The finance-driven land rush as boundary object," *Dialogues in Human Geography*, vol. 12, No. 1, Thousand Oaks, SAGE Publications.
- _____(2020), *Farming as Financial Asset: Global Finance and the Making of Institutional Landscapes*, Newcastle, Agenda Publishing.
- Parreñas, R. (2005), "The international division of reproductive labor: paid domestic work and globalization," *Critical Globalization Studies*, R. Applebaum and W. Robinson (eds.), New York, Routledge.
- Pérez, A. (2019a), *Subversión feminista de la economía: aportes para un debate sobre el conflicto capital-vida*, Madrid, Traficantes de Sueños.
- _____(2019b), "El conflicto capital-vida," *Luchas y alternativas para una economía feminista emancipatoria*, P. Dobreé and N. Quiroga (comps.), Asunción, Latin American Social Sciences Council (CLACSO).
- _____(2010), *Cadenas globales de cuidado: ¿qué derechos para un régimen global de cuidados justo?*, Santo Domingo, International Research and Training Institute for the Advancement of Women (INSTRAW).
- Peterman, A. and others (2020), "Pandemics and violence against women and children," *Working Paper*, No. 528, Washington, D.C., Center for Global Development (CGD).
- Picchio, A. (2003), "A macroeconomic approach to an extended standard of living," *Unpaid Work and the Economy: A Gender Analysis of the Standards of Living*, London, Routledge.
- _____(2001), "Un enfoque macroeconómico 'ampliado' de las condiciones de vida," *Tiempos, trabajos y género*, C. Carrasco (ed.), Barcelona, University of Barcelona.
- Prebisch, R. (1980), "Biosphere and development," *CEPAL Review*, No. 12 (E/CEPAL/G.1130), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- _____(1976), "A critique of peripheral capitalism," *CEPAL Review*, No. 1, Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Razavi, S. (2007), "The political and social economy of care in a development context: conceptual issues, research questions and policy options," *Programme Paper*, No. 3, Geneva, United Nations Research Institute for Social Development (UNRISD).
- Riley, T. and others (2020), "Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low- and middle-income countries," *International Perspectives on Sexual Reproductive Health*, vol. 46, New York, Guttmacher Institute.
- Rivera, S. (2018), "La larga marcha por nuestra dignidad," *Cuestión Agraria*, No. 4, La Paz, Tierra Foundation.
- Rodrik, D. (2012), "Globalization dilemmas and the way out," *Indian Journal of Industrial Relations*, vol. 47, No. 3, New Delhi, Shri Ram Centre for Industrial Relations and Human Resources.
- Scuro, L. and I. Vaca Trigo (2017a), "La distribución del tiempo en el análisis de las desigualdades en las ciudades de América Latina," *¿Quién cuida en la ciudad? Aportes para políticas urbanas de igualdad*, ECLAC Books, No. 150 (LC/PUB.2017/23-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- _____(2017b), "El trabajo no remunerado en la medición no monetaria de la pobreza," *Indicadores no monetarios de pobreza: avances y desafíos para su medición*, Seminars and Conferences series, No. 87 (LC/TS.2017/149), P. Villatoro (comp.), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Segato, R. (2014), "El sexo y la norma: frente estatal, patriarcado, desposesión, colonidad," *Revista Estudios Feministas*, vol. 22, No. 2, Santa Catarina, Federal University of Santa Catarina.
- Shiva, V. (1989), "Women in Nature," *Staying Alive: Women, Ecology and Development*, London, Zed Books.

- Sunkel, O. (1981), *La dimensión ambiental en los estilos de desarrollo de América Latina*, ECLAC Books, No. 5 (E/CEPAL/G.1143), Santiago, Economic Commission for Latin America and the Caribbean/United Nations Environment Programme (ECLAC/UNEP).
- Sunkel, O. and J. Leal (1985), "Economía y medio ambiente en la perspectiva del desarrollo"; *El Trimestre Económico*, vol. 52, No. 205, Mexico City, Fondo de Cultura Económica.
- Svampa, M. (2019), *Las fronteras del neoextractivismo en América Latina: conflictos socioambientales, giro ecoterritorial y nuevas dependencias*, Bielefeld, Bielefeld University Press.
- Tronto, J. (2020), *¿Riesgo o cuidado?*, Buenos Aires, Medifé Foundation.
- Tussie, D. (2011), "América Latina en el sistema mundial de comercio"; *LATN Working Paper*, No. 132, Buenos Aires, Latin American Trade Network (LATN).
- UNCTAD (United Nations Conference on Trade and Development) (2017), *Trade and Development Report 2017. Beyond Austerity: Towards a Global New Deal*, Geneva.
- UNDP/UN-Women (United Nations Development Programme/United Nations Entity for Gender Equality and the Empowerment of Women) (2021), "COVID-19 Global Gender Response Tracker: Global Factsheet. Version 2"; New York, 22 March.
- UNFPA (United Nations Population Fund) (2020), "Impact of COVID-19 on access to contraceptives in the lac region"; *Technical Report*, New York.
- UNFPA/Plan International (United Nations Population Fund/Plan International) (2019), *A Hidden Reality for Adolescent Girls: Child, Early and Forced Marriages and Unions in Latin America and the Caribbean*, New York.
- United Nations (2022), "Committee on the Elimination of Discrimination against Women" [online] <https://www.ohchr.org/en/treaty-bodies/cedaw>.
- (2019a), *Global extractivism and racial equality: report of the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance (A/HRC/41/54)*, New York.
- (2019b), *Situation of women human rights defenders: report of the Special Rapporteur on the situation of human rights defenders (A/HRC/40/60)*, New York.
- UN-Women (United Nations Entity for Gender Equality and the Empowerment of Women) (2018), *El trabajo de cuidados: una cuestión de derechos humanos y políticas públicas*, Mexico City.
- UN-Women/ECLAC (United Nations Entity for Gender Equality and the Empowerment of Women/Economic Commission for Latin America and the Caribbean) (2021), *Towards the Construction of Comprehensive Care Systems in Latin America and the Caribbean: Elements for Implementation*, Mexico City.
- (2020), *Care in Latin America and the Caribbean During the COVID-19: Towards Comprehensive Systems to Strengthen Response and Recovery*, Mexico City.
- Valentine, G. (1989), "The geography of women's fear"; *Area*, vol. 21, No. 4, London, The Royal Geographical Society.
- Valenzuela, M., L. Scuro and I. Vaca Trigo (2020), "Desigualdad, crisis de los cuidados y migración del trabajo doméstico remunerado en América Latina"; *Gender Affairs series*, No. 158 (LC/TS.2020/179), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Velásquez, I. (2018), *Acceso de las mujeres indígenas a la tierra, el territorio y los recursos naturales en América Latina y el Caribe*, New York, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).
- WHO (World Health Organization) (2020), *Global Status Report on Preventing Violence Against Children 2020*, Geneva.
- Wichterich, C. (2019), "Care extractivism and the reconfiguration of social reproduction in post-fordist economies"; *ICDD Working Paper*, No. 25, Kassel, International Center for Development and Decent Work (ICDD).
- Wijdekop, F. (2017), *Environmental Defenders and Their Recognition under International and Regional Law: An Introduction*, Amsterdam, International Union for Conservation of Nature (IUCN).
- Ye, J. and others (2020), "The incursions of extractivism: moving from dispersed places to global capitalism"; *The Journal of Peasant Studies*, vol. 47, No. 1, Hoboken, Taylor & Francis.
- Zibecchi, C. (2015), "Cuidando en el territorio: el espacio comunitario como proveedor de cuidado"; *Serie de Documentos de Trabajo: Políticas Públicas y Derecho al Cuidado*, No. 3, Buenos Aires, Latin American Team on Justice and Gender/ Interdisciplinary Center for the Study of Public Policies/ Association for Civil Rights (ELA/CIEPP/ADC).

CHAPTER



Care amid demographic, epidemiological and economic changes

Introduction

- A. Effects of demographic, economic and epidemiological trends on the supply of and demand for care
- B. The COVID-19 crisis: aftermath and lessons learned

Bibliography

Introduction

Demographic, epidemiological and economic changes modify the characteristics of the demand for care. The way in which these elements combine produces different configurations of the supply of care and the demand for it (both present and future). Since the construction of a care society presupposes a thorough knowledge of the population's needs, it is necessary to understand the short-, medium- and long-term transformations that affect the care burden, the type and intensity of care, and the real possibilities of providing it.

The information available for Latin America and the Caribbean shows that when the growing demand for care is satisfied mainly on an unpaid basis within households, the unfair social organization of care, in which women are the main providers, is exacerbated. Designing relevant policies in this area requires knowledge of the type of care demanded and how its provision is distributed between the State, households and families, the private sector and the community.

The COVID-19 pandemic once again highlighted the unsustainable nature of the current organization of care and the current development model. In Latin America and the Caribbean, the burden of domestic and care tasks is concentrated in households, affects women disproportionately, has been exacerbated during the pandemic and requires an urgent approach with a short- and long-term perspective.

To ensure that the post-pandemic recovery does not aggravate the unfair social organization of care, policies need to be developed to improve the distribution of total work time. Moving towards a care society implies recognizing that care is fundamental to the sustainability of life and the well-being of the population at large. This requires commitment from all stakeholders involved in its organization: governments, the private sector, communities, families and households.

This chapter provides information on the main demographic changes and epidemiological trends that are unfolding in the region, and how they relate to economic trends. It describes the transitions that the countries will face in terms of potential care-giving and care-receiving populations in the coming decades, the changes in household composition, the consequences of longer life expectancy and the prevalence of certain communicable and noncommunicable diseases for the type and intensity of care.

A. Effects of demographic, economic and epidemiological trends on the supply of and demand for care

Changes in employment, population movement in and across territories, increased life expectancy, the incidence of chronic diseases and population ageing combine to generate an increase in the demand for care and a reduction in the time and number of people available to provide it. This complex combination leads to what has been called the "care crisis" or "social reproduction crisis" (Ezquerro, 2011; Fraser, 2016; ECLAC, 2019).

The care crisis has long been associated with countries that have an ageing population pyramid, which tend to be those where the population enjoys the best living conditions.¹ Societies with mature demographics are hailed for the positive aspects of declining mortality rates and a growing proportion of older adults in the population. Nonetheless the notion of ageing highlights the increasing proportion of dependent persons in the population and concern for the sustainability of their care (Durán, 2018). However, the current care crisis has a global dimension and affects all countries, not only those that have had a narrow-based population pyramid for many years. Demographic processes are not independent of changes in economic and social models. The combinations of various socioeconomic factors generate different facets of the care crisis, which are expressed in a particular way in each region, country and territory.

¹ The population projections were based on data from World Population Prospects 2019 (United Nations, n.d.). World Population Prospects 2022 was published after the consultation date for processing this chapter, and will be used as the source of future ECLAC publications.

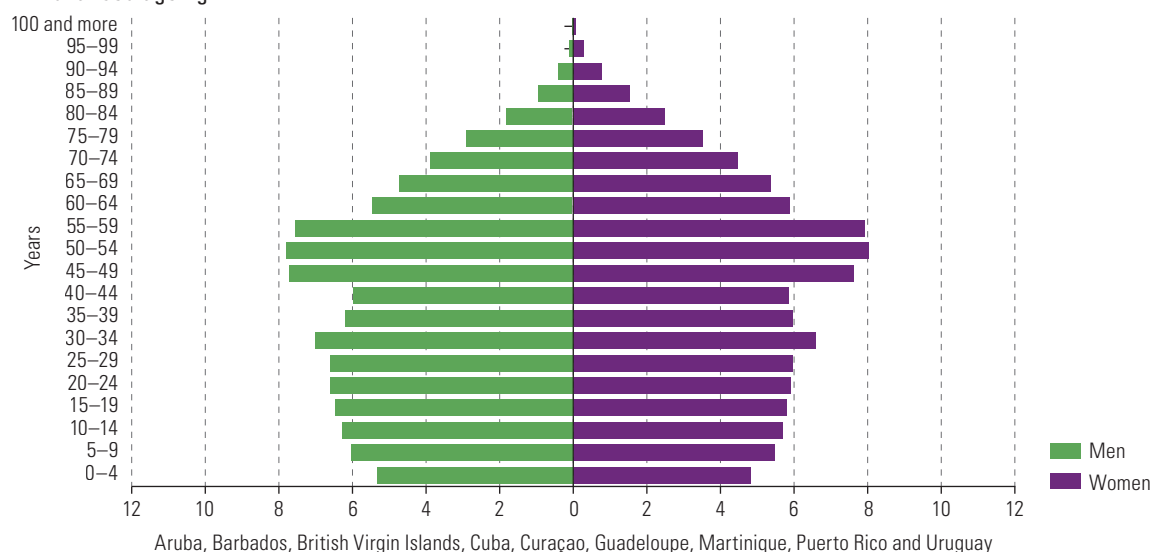
Two of the most salient features of the demographic transition in Latin America and the Caribbean are the rapid expansion of the working-age population (aged 15–64 years) and the steep fall in fertility rates. As a result, in the coming years, a generation of adolescents and young people will enter the labour market and reproductive age in a context of high levels of poverty and unemployment (Schiel, Leibbrandt and Lam, 2014). Although a population concentrated in the 15–64 age group is the predominant characteristic of the age transformation and will remain so at least until the 2030s in the region as a whole, societies are becoming older in all countries (ECLAC, 2019). From the standpoint of the demographic bonus, countries that are less advanced in the transition (mild ageing) have a window of opportunity to take advantage of the fact that their populations are heavily concentrated in the working-age bracket.² However, this measure only considers the positive effects of entering the labour market, but ignores the fact that persons of working-age are, at the same time, the potential caregivers. For this reason, it is necessary to analyse demographic transition processes, taking into account the reduced time available for domestic and care work and the increased intensity and costs of care when it is concentrated in older ages. The current labour market model, organized on the basis of a full-time working day, ignores the pressure on the overall demand for care and the consequences of the double workload, which falls mostly on women.

The progressive lengthening of life expectancy and decline in the total fertility rate have an impact on population growth projections regionwide. Countries can be grouped into three categories: (i) advanced ageing, where the over-60 population accounts for more than 20% of the population; (ii) moderate ageing, where this age group accounts for between 10% and 20% of the population; and (iii) mild ageing, where the over-60 population accounts for less than 10% of the total (see figure III.1).

Figure III.1

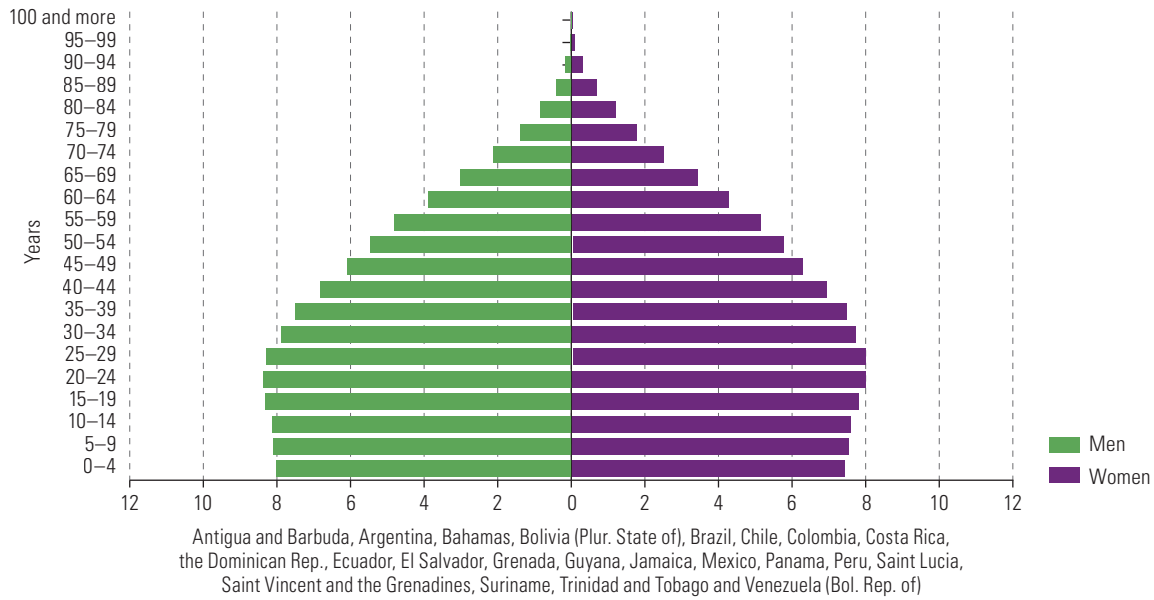
Latin America and the Caribbean (38 countries and territories): population distribution by degree of ageing, age group and gender
(Percentages)

A. Advanced ageing

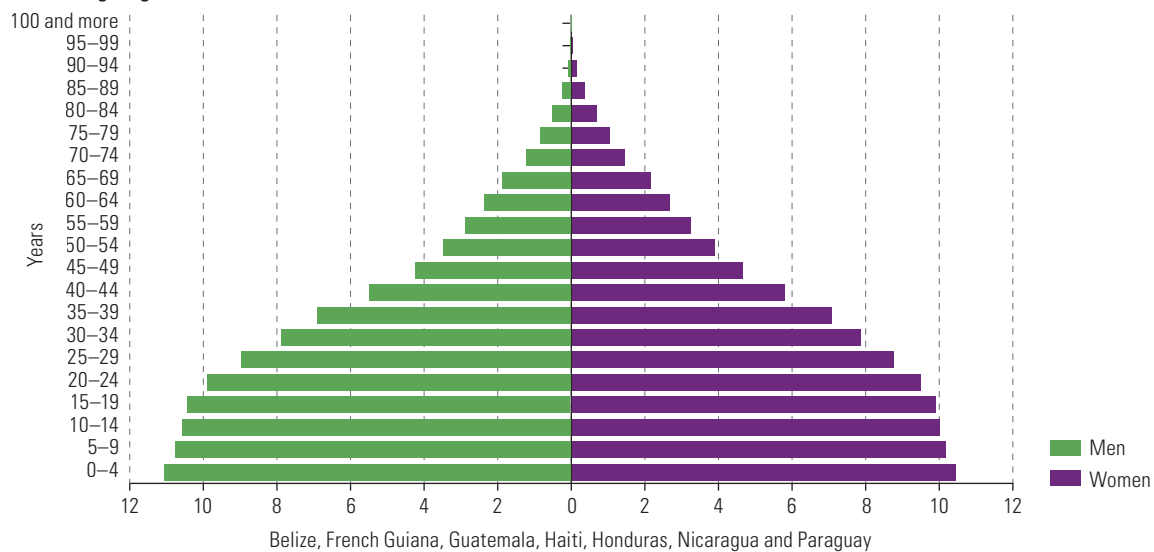


² The term “demographic bonus” is an economic concept, created by Bloom, Canning and Sevilla (2003), which represents the portion of a country’s economic growth that derives from changes in the age structure of its population. The authors state that, while the growth of a population has a negative and statistically non-significant effect on the growth of per capita output, the growth of the economically active population has a positive and statistically significant effect on *per capita* output (Pinto Aguirre, 2015).

B. Moderate ageing



C. Mild ageing



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, World Population Prospects 2019 [online database] <https://population.un.org/wpp/> [accessed on 15 July 2022].

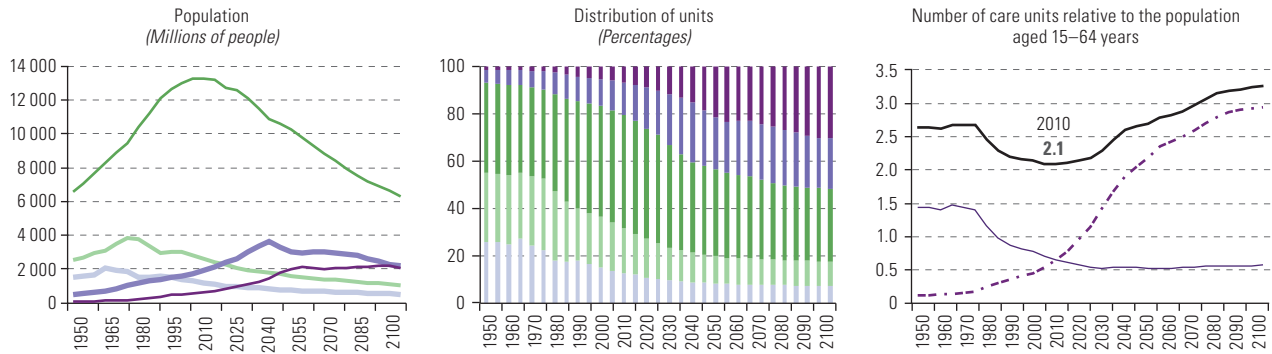
The difference in the rate of ageing in the three groups of countries and territories affects the type of care they will need in the short, medium and long terms. The conception of care based mainly on childcare responds to a broad-based population pyramid model (mild ageing). However, in most of the region’s countries, households are already dealing with intergenerational care, which means having to care for children and older adults simultaneously.

In countries subject to advanced ageing, the proportion of the population aged 15–64 years started to decline as from 2010, after peaking at 67.8% of the total. In countries with moderate ageing, this occurred in 2020, when the working-age share reached 67.5%, while in the case of the countries with mild ageing this will occur in 2045, when the 15–64 year age group will account for 67% of the total (see figure III.2).

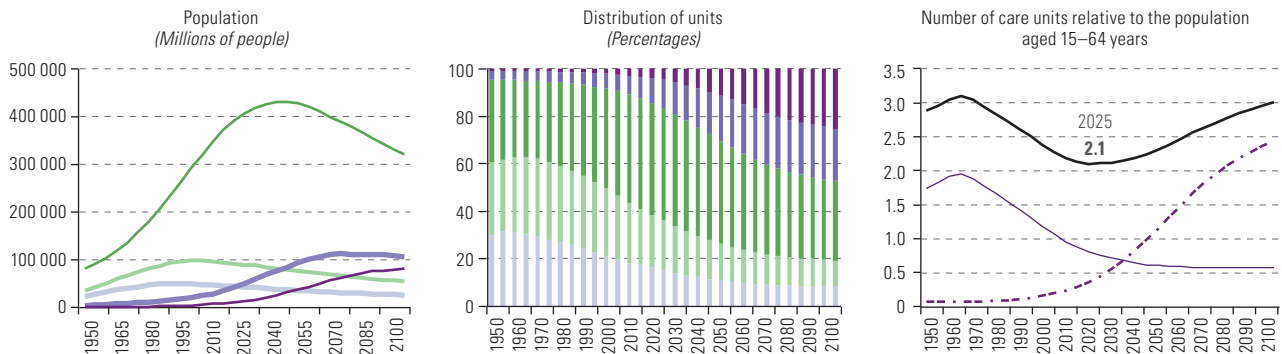
Figure III.2

Latin America and the Caribbean (38 countries and territories): population, distribution of care units and ratio of care units to population aged 15–64 years

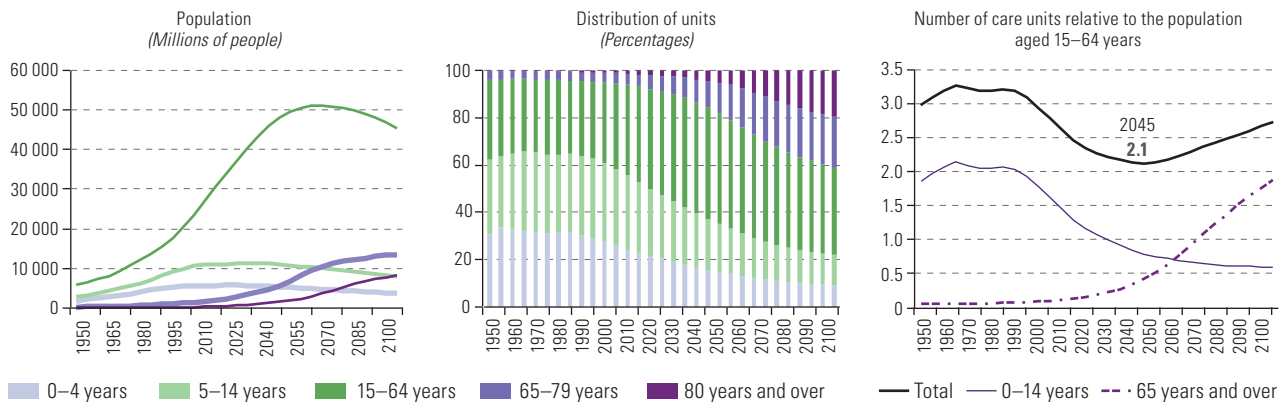
A. Advanced ageing



B. Moderate ageing



C. Mild ageing



0–4 years 5–14 years 15–64 years 65–79 years 80 years and over

— Total — 0–14 years - - - 65 years and over

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations, World Population Prospects 2019 [online database] <https://population.un.org/wpp/> [accessed on 15 July 2022].

Note: Care units are calculated using the scale proposed by M. A. Durán in “El desafío de la dependencia en una proyección de futuro”, *Documentación Laboral*, No. 102, 2014.

Projections of the demand for care are of major social, economic and political significance, as they make it possible to find alternatives to the current care organization model, which is unsustainable in the face of demographic and epidemiological changes. Recognizing that the demand for unpaid care work in a territory

depends both on the number of people available to perform the respective tasks and on the intensity of the demand for care of the people who live there, Durán's (2014) scale was used to estimate the impact of demographic transitions on the supply of and demand for care in different age groups.³ The exercise makes it possible to forecast the demand for care that households will be unable to meet and will have to be transferred to the public or private sector. This information is crucial for anticipating the budgetary appropriations that the government makes for the provision of services to meet these demands. As can be seen in figure III.2, the composition of the demand for care will undergo changes in all of the countries reviewed: the bars representing the demand for care of the population over 65 years of age (lilac and purple) are growing and those corresponding to the demand for care of children under 15 years of age (light blue and light green) are decreasing.

The black line highlighted in figure III.2 corresponding to the column "Ratio of care units to the population aged 15–64" shows that, in countries with advanced ageing, the weight of the demand for care in the population aged 15–64 shrank between 1970 and 2010, but has since increased steadily. In 2010, the demand for care of children under 15 years of age represented 31.4%, while that of people over 65 years of age was 20.7%. Between 2020 and 2025, the demand for care of the 65-year-old population will exceed that of children under 15. The burden of care will increase from 2.1 units per person in 2020 to 2.7 in 2050. This means that, while with the current demographic distribution each person aged 15–64 years devotes on average one unit of care to him/herself and 1.1 to others, in 2050 care for others would reach 1.7 units (55% higher). Of these 1.7 units, 0.5 would correspond to the care of the next generations, while the remaining 1.2 units would serve the needs of previous generations. The magnitude of this transformation requires a paradigm shift in the formulation of care policies, which currently prioritize childcare.

On the other hand, countries with a moderate level of ageing display a reduction in the demand for care since 1970, which will continue until 2025 before increasing again. In 2025, children under 15 years of age will generate 36.2% of the demand for care, while persons over 65 years of age will account for 16.3%. The concentration of the care burden on children aged 0 to 15 years will reverse from 2045 onwards, to give way to an increase in the care of persons aged 65 years and older.

The trend in mildly ageing countries is likely to entail a reduction in the demand for care until 2050. From 2070 onwards, the population aged 65 and over will demand more care than the child population. Between 2020 and 2050, the care burden will decrease from 2.4 to 2.1 units for potential caregivers, but its composition will change rapidly. Caregivers will devote twice as much time to the elderly (an increase from 0.2 to 0.4 units of care).

Demographic analysis from the care perspective must be complemented by studies that also describe the social context, including migratory issues. Migrant women have traditionally provided care and continue to do so, both in the domestic sphere and in the health and service sectors. The increase in regional migration has compensated for the lack of persons of productive age in countries with ageing populations; and it has moderated intergenerational demographic imbalances. For example, in the case of Chile, it is estimated that between 2002 and 2017, immigration contributed 45% of the growth of the population aged 20–39 years and reduced the negative effect of the absolute decrease in the population under 20 years of age (Martínez Pizarro and Cano Christiny, 2022). It is worth noting that 51.6% of migrants in Latin America are women and more than a third of them (35.3%) are employed in the paid domestic service sector (Valenzuela, Scuro and Vaca Trigo, 2020).

The existence, or otherwise, of extensive family, community or friendship networks, the moral obligatory nature of care with respect to others, the capacity for organization and innovation, the degree of internal conflict between groups and the relative power of each subgroup to modify previous forms of social organization are conditions that determine the care model in each context (Durán, 2014).

³ The scale assigns care units by age group. The potentially self-sufficient population aged 15–64 years is assigned one care unit; the population aged 5–15 years or 65–79 years is assigned two care units; and children aged 0–4 years and persons aged 80 years and over are assigned three care units.

Changes in living arrangements and household composition, combined with the increase in life expectancy, translate into care network configurations that are very different from those that predominated when most of the population lived in rural areas and when nuclear and extended households were the predominant model. The increase in single-person households, among both the young and the elderly, makes it necessary to consider unpaid care provided between households, that is, persons who care for others without cohabiting. This situation covers both the care of children living in monoparental households with shared care, and the case of older adults who live alone but need assistance for certain activities. It is also the case of single-person households where care is needed in the event of illness.

The aforementioned demographic transitions occurred in the framework of the major transformations of the economic models that occurred in the last century. Starting in the 1960s, the population of the cities grew to outweigh the population of the countryside. The increase in the economically active population as a percentage of the total was accompanied by massive migration from rural to urban areas. Although in recent years there has been a substantial decrease in rural-to-urban-migration, large cities have continued to expand. Between 1980 and 2000, the number of cities with more than 1 million inhabitants doubled. Today, two-thirds of the population live in cities of 20,000 or more inhabitants, and almost four out of every five people live in urban areas. Characterizing the population by area of residence reveals the growing pressure of demand for care in large cities and the challenge of providing care in rural areas, where 18.5% of the region's population still lives (see infographic III.1). Urban areas in Latin America and the Caribbean have grown with a medium-density pattern, which has posed environmental and economic challenges and heightened the cost of providing inclusive access to urban goods and services (United Nations, 2016). This transformation triggered major changes in living arrangements, household size and routines, both for paid and unpaid work alike.

Another fundamental dimension for characterizing the type of care demanded and care provided by households is the latter's composition. The region's countries display clear features of the second demographic transition, which is characterized by below-replacement fertility rates, an increase in consensual unions (fewer marriages) and a postponement of the age at first union and first child, among other features. There is a general trend towards an increase in monoparental households, a reduction in household size and greater diversity in family formation, as in the case of same-sex unions (UNFPA, 2020; Arriagada, 2004; Jelin, 2005).

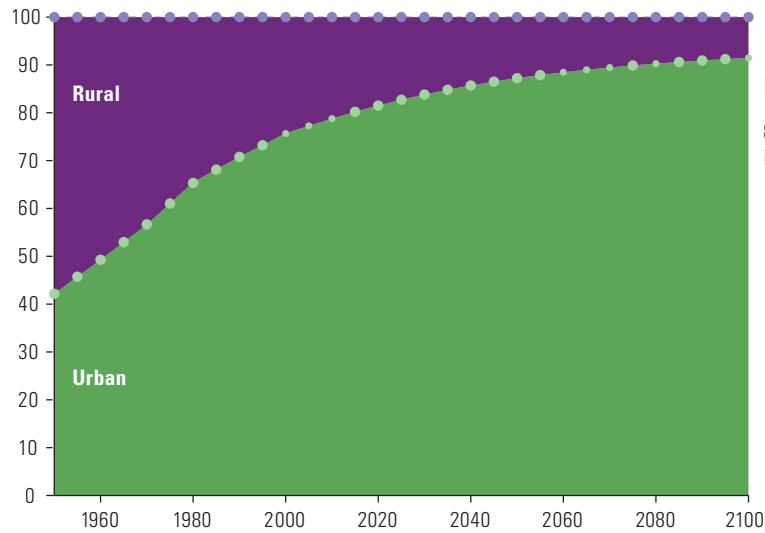
Over the last 20 years, the average household size decreased from 4.3 to 3.5 members (see infographic III.1). The reduction in the number of children per household is a key factor in understanding the reduction in unpaid work time in historical terms and the increase in time available for paid work. However, analysis of household composition by income quintile reveals significant differences. While in the lowest income quintile the average decreased from 5.3 to 4.4 children per household, in the highest quintile it went from 3.3 to 2.7. In addition, single-person households are concentrated in the higher income brackets (24.8% of households in the richest quintile and only 6.7% in the poorest). The proportion of single-person households increased from 8.4% in 2010 to 13.2% in 2020, and that of monoparental households rose from 10.2% to 13.6% in the same period. The changes observed at the extremes of the income distribution are very different. In the highest income quintiles, there is a steep decline in biparental nuclear households and an increase in non-family households (single-person and non-nuclear).⁴ In contrast, in the lowest income quintiles, monoparental households (extended and nuclear) are growing, and there is a higher average number of dependents per household, which implies a greater care burden. The majority of households in Latin America are not in the biparental nuclear category, which represented 49% of the total in 2020.

⁴ The term "nuclear household" refers to a household consisting of a primary conjugal nucleus (head of household and spouse without children, or head and spouse with children, or head with children), exclusively (ECLAC, n.d.). Extended households are nuclear households in which one or more relatives also live together (father or mother or both, with or without children and other relatives). Composite households include nuclear households in which one or more non-related members also live (father or mother or both, with or without children, with or without other relatives and other non-relatives). Non-family households are households made up of one person (single-person household) or of persons without immediate mutual kinship relations, in which there is no conjugal nucleus or a father/mother-child relationship, although there may be other kinship relations.

Infographic III.1

Latin America (20 countries):^a demographic trends affecting the demand for care

Distribution of the population by geographic zone
(Percentages)



Rapid urbanization

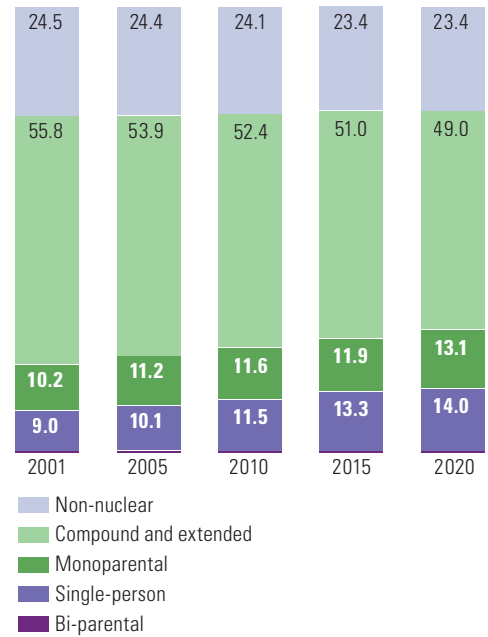
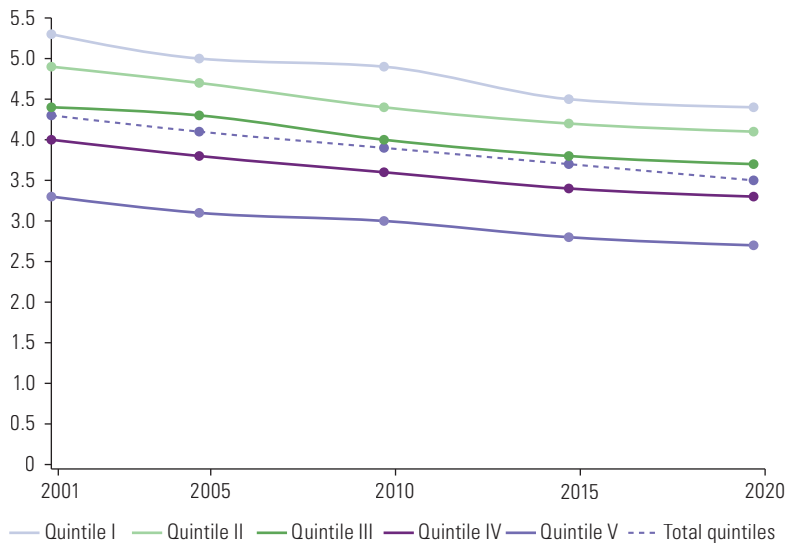
8 out of every 10 people in the region live in **urban zones**

Distribution of the population by types of household
(Percentages)

Growth of single-person and monoparental households

14% of households in the region are **single-person**
13.1% of households in the region are **monoparental**

Average household size, by per capita income quintile
(Number of persons)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of CEPALSTAT [online database] <https://statistics.cepal.org/portal/cepalstat/index.html?lang=en> [accessed on 31 May 2022].

^a Data refer to the average for the following countries: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia and Uruguay. Data on average household size and type do not include Cuba or Haiti.

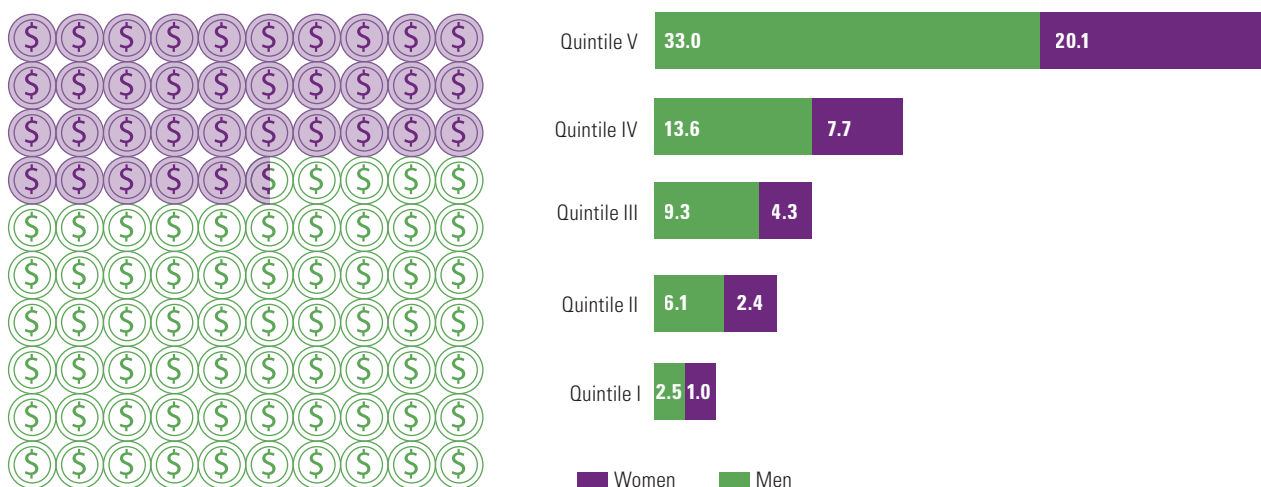
The diversification of household composition should be understood in light of two of the most radical transformations in the social and economic structure: the massive increase in women’s participation in paid work and the decrease in the rural population. These transformations relate to the development model, but also to cultural changes. While in 1990 women represented 35% of the labour force, in 2020 they accounted for 41% (ILO, 2022).

Despite the increase in the female labour participation rate, women continue to account for a small share, just 35.5%, of total household income. This situation is widespread, with men's share of household income exceeding that of women in all quintiles. However, inequality in the distribution of income between men and women is even greater in the poorest households (see infographic III.2). This shows that women's labour market entry did not take place under equal conditions and that, because they earn lower incomes, they have less bargaining power within households. In many cases, this inequality has an impact on the distribution of unpaid tasks and results in greater total paid and unpaid work time for women.

Infographic III.2

Latin America (17 countries, weighted average):^a distribution of individual labour income, by income quintile and gender, latest data available (Percentages)

Women receive **35.5%** of total labour income



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of CEPALSTAT [online database] <https://statistics.cepal.org/portal/cepalstat/index.html> [accessed on 31 May 2022].

^a The countries included are: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala (2014); Honduras, Mexico, Panama (2019); Paraguay, Peru, Plurinational State of Bolivia and Uruguay (2014).

Lack of income and lack of time are intertwined and reinforce each other mutually. Women without their own income cannot hire services in the market to alleviate the burden of unpaid work; and, in turn, the excess burden of unpaid work obstructs women's participation in activities that would enable them to generate their own income. The difference between the amount of unpaid work time spent by women with and without their own income varies between three and 11 hours more per week than men in 12 countries in the region. Consequently, women are not only overrepresented in poverty rates, as measured by income, but they also suffer from time poverty (Vaca Trigo and Baron, 2022).

Between 2002 and 2012, economic growth in the region was accompanied by a decrease in the poverty rate and, at the same time, an increase in women's labour participation. However, these trends mask the conditions under which women entered the paid labour force, including low wages and an increase in total working hours, both paid and unpaid. The particular way in which women enter the region's labour market determines the increase in the poverty femininity index (that is, the number of women living below the poverty line for every 100 men in this condition) in periods of economic growth. This relationship between gross domestic product (GDP) growth and the poverty femininity index stems from a model that prioritizes mistaken criteria of economic productivity, ignores and devalues processes that are indispensable for the sustainability of life, and systematically offers better pay in sectors that employ men. The value of the index varies between 100 in Honduras (no gap) and 128 in the Dominican Republic (ECLAC, 2022b).

The reduction in poverty rates in the region also coincided with a decrease in the number of care units among the working-age population, and an increase in women's labour force participation and total household income (see figure III.3). During the COVID-19 pandemic, increased care burdens had a negative impact on female employment. To avoid the trends observed in the indicators in figure III.3, policies are needed to protect women's employment and income and, at the same time, promote co-responsibility in the provision of care. Otherwise, there is not only a risk of reversion to widening gender gaps, but also of an increase in poverty rates owing to the reduction in women's labour contribution to total household income.

Figure III.3

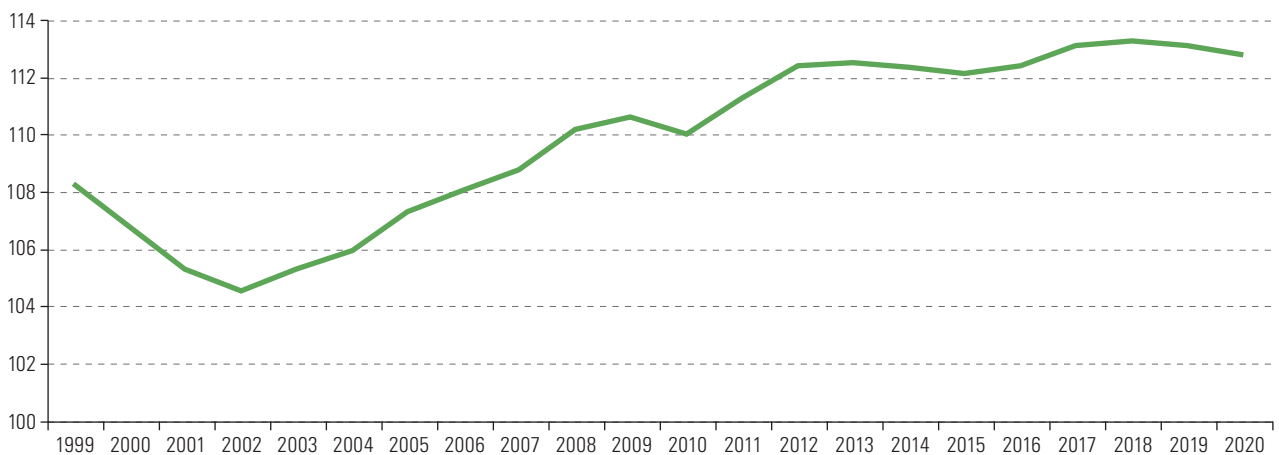
Latin America and the Caribbean:^a indicators showing the unsustainability of an economic model that does not include care, 1999–2020

A. Gross domestic product (GDP)^a

(Millions of United States dollars at current prices)

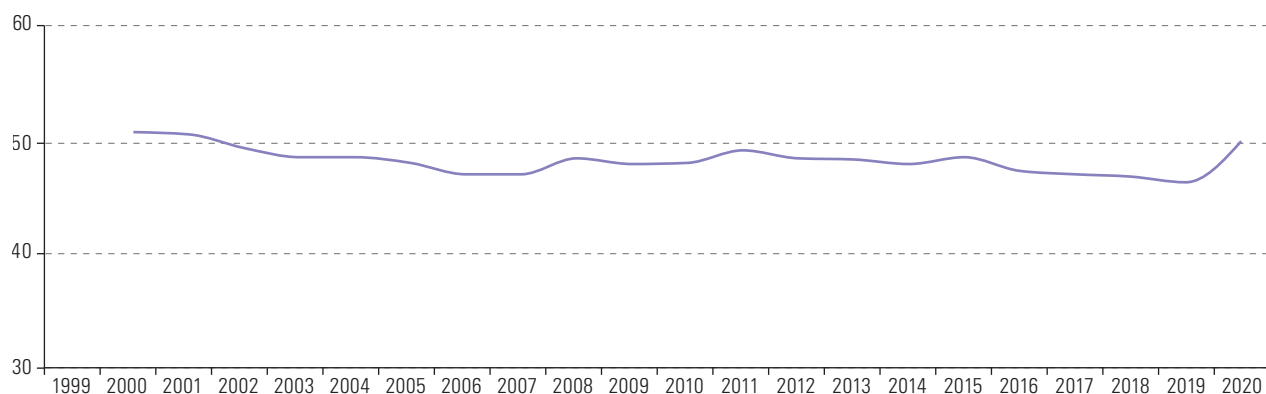


B. Femininity index in poor households^b

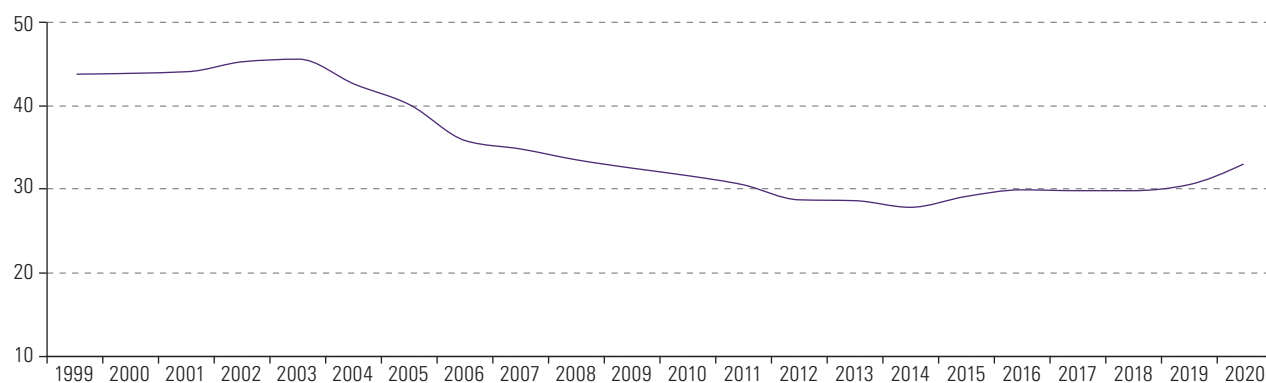
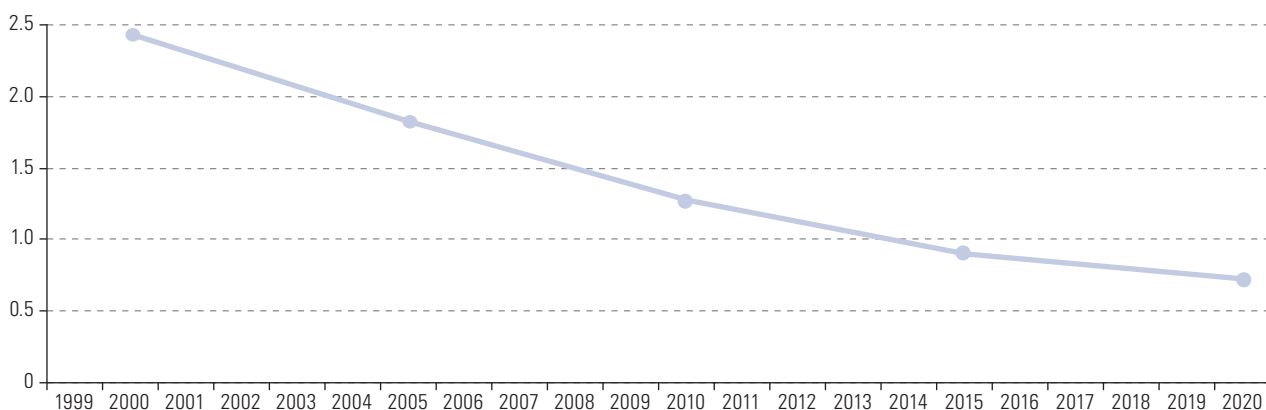


C. Proportion of women outside the labour force^c

(Percentages)

D. Poverty rate^d

(Percentages)

E. Number of care units relative to the population aged 15–64 years^e

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of CEPALSTAT [online database] <https://statistics.cepal.org/portal/cepalstat/index.html?lang=en> [accessed on 31 May 2022], M. Á. Durán, “El desafío de la dependencia en una proyección de futuro”, *Documentación Laboral*, No. 102, 2014, and United Nations, *World Population Prospects 2019* [online database] <https://population.un.org/wpp/> [accessed on 15 July 2022].

^a Refers to the average for 33 countries: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Uruguay.

^b ^c ^d Refer to the average for 18 countries: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia and Uruguay.

^e Refers to the average for 38 countries and territories in Latin America and the Caribbean: Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivarian Republic of Venezuela, Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Curaçao, Dominican Republic, Ecuador, El Salvador, Grenada, Guadeloupe, Guatemala, Guyana, French Guiana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Puerto Rico, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Uruguay.

Changing lifestyles, environmental and economic factors, and production and consumption patterns have an impact on epidemiological trends. The population's health status and the nature of the diseases determine the need, intensity and complexity of care delivery, both in health care institutions and also outside them.

In recent years, the increase in life expectancy and the burden of communicable and noncommunicable diseases has exacerbated the demand for care and the need to adapt health systems to the new circumstances. Life expectancy at birth in Latin America and the Caribbean was estimated at 75 years in 2015–2020, an increase of three years since the start of the twenty-first century. Although this indicator is higher than those of Asia (73.3) and Africa (62.7), it is still significantly below life expectancy at birth in North America (79.2 years), Europe (78.3) and Oceania (78.4) (ECLAC, 2019). However, numerous demographic and epidemiological studies suggest incorporating the criterion of healthy life expectancy.⁵

Declining mortality and changes in disease patterns will generate a significant increase in the number of older people with severe chronic diseases or disabilities who will need daily care. In the region, more than 8 million people aged 60 years or older need help in carrying out basic activities of daily living, such as eating, bathing, using the toilet, or getting dressed.⁶ This figure, which corresponds to more than 1% of the region's population and 12% of persons in this age group, highlights the magnitude of the care problem. It also coincides with data from the Organisation for Economic Co-operation and Development (OECD), according to which around 13% of older people need care services and in most cases receive them at home (Aranco and others, 2018). Other estimates suggest that by 2030 there will be 14 million people suffering from severe dependency and that by 2050 their number will have almost doubled, to 22 million people aged 60 and over (Huenchuan, 2018).

As defined by the World Health Organization (WHO), noncommunicable diseases are a group of conditions that are not mainly caused by acute infection, result in long-term health consequences and often create a need for long-term treatment and care (PAHO, 2022a). These diseases include cancer, diabetes, cardiovascular and chronic pulmonary conditions, among others. Many noncommunicable diseases can be prevented by reducing common risk factors, such as the consumption of tobacco, alcohol and unhealthy foods, and physical inactivity. By its nature, preventing noncommunicable diseases is associated with a change in habits and consumption patterns. Consequently, it requires a comprehensive approach that takes into account the centrality of self-care within the framework of human rights and, in particular, the right to care; and it incorporates dimensions such as finance, transportation, food and the availability of time and economic resources to sustain healthy habits. Increasingly, evidence shows that good health requires not only access to health care, but also action on the social determinants of health and the reduction of health inequalities (PAHO, 2022b).

Most health systems focus on the treatment of disease and neglect the benefits of health promotion and maintenance, wellness and disease prevention. This is particularly the case in relation to population ageing, epidemiological changes, and the need to include the most vulnerable or hardest-to-reach people who are often left behind. To improve health outcomes efficiently, the primary health care approach and community-based health promotion should be adopted to a greater extent. Despite progress, health information disaggregated by sex, ethnicity, race, disability status, migration status, or socioeconomic status (including income, employment status, and education) is not available in most countries. Its absence makes it very difficult to analyse the impact of interventions in terms of reducing health inequality (PAHO, 2022b). This is in addition to other important diseases, such as noncommunicable diseases, including injuries and mental health disorders (PAHO, 2022a). Premature death in old age caused by these types of disease is often related to poverty and inequality.

In general, health-sector provider institutions do not cover non-health costs or those that are passed on to households (Durán, 2018). While the burden of care work in households may mean resource savings for the health system in the short term, it may also raise costs in the medium and long terms, both because of the lack of professional care and because of the consequences in terms of physical and mental exhaustion of unpaid caregivers. The time women devote to caring for household members who are dependent, owing to disability

⁵ Most analyses of women's health tend to consider only diseases associated with their reproductive capacity, which generally excludes interventions aimed at the prevention, diagnosis and treatment of chronic degenerative diseases (Bonita and Beaglehole, 2014).

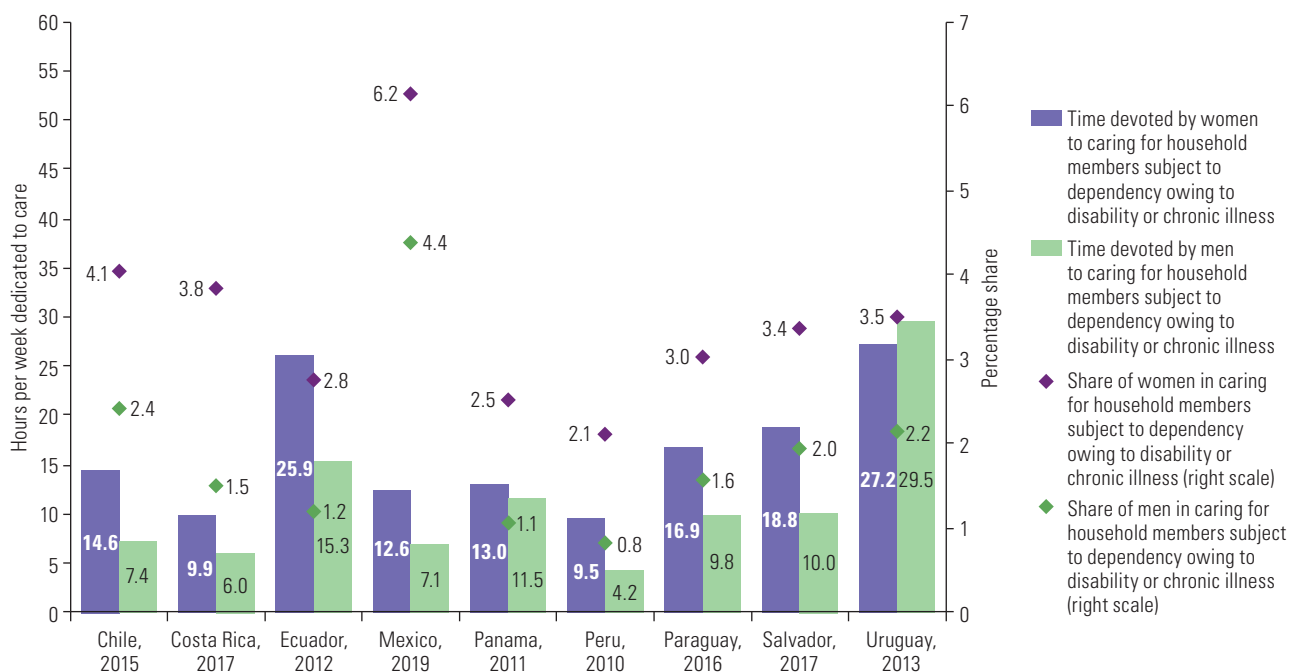
⁶ Basic daily living activities, such as eating, bathing, toileting or dressing, are activities that are considered necessary for independent living (WHO, 2004).

or chronic illness, varies from 4.2 hours per week in Peru to 12.6 hours per week in Mexico and 29.5 hours per week in Uruguay (see figure III.4). Moreover, men participate much less than women in these tasks, which tend to require a great deal of direct and indirect care time, leading to physical and mental exhaustion.

Figure III.4

Latin America (9 countries): time spent caring for household members subject to dependency owing to disability or chronic illness, and participation rate of the population aged 15 years or older, by gender

(Hours per week and percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from time-use surveys conducted in the respective countries.

Note: Given the heterogeneity of the data sources, which prevents comparison between countries, the purpose of this graph is to illustrate trends within each country. Hours per week are calculated as the total hours spent caring for disabled dependent household members relative to the number of people who report undertaking these activities. Participation in caring for household members with dependency owing to disability is calculated as the percentage of people who reported having participated in these activities with respect to the total population aged 15 years and older of each sex.

The care-society perspective involves consideration of the resources employed in terms of collective well-being. There is a continuum between the services provided by health-care institutions and the care that is then provided by the household, family or community. Available medical services and investments in public health infrastructure have a direct impact on the time that households devote to care. Adopting this perspective implies reviewing health efficiency indicators based on short-term outcomes or focused on reducing monetary costs. For example, a reduction in the number of days of hospitalization could not be considered a positive health indicator if people are not guaranteed the necessary outpatient care. Providing comprehensive care involves considering specialized home care services, especially for the older adult population (see box III.1).

The interweaving of demographic, economic and epidemiological factors modifies the supply of and demand for care and public social and economic policies. At the same time, it highlights the need to combine information from different fields to address the complexity and continuum of care, which, as noted above, is not only provided within the home. Rapidly changing trends, emergency situations and various crises in the region change the burden of care, but also the possibility of providing it. A short- and long-term view is needed to anticipate changes, to prevent inequalities from deepening and exacerbating the structural challenges of gender inequality.

Box III.1

Home care workers

In the context of population ageing in Latin America and the Caribbean, the increased care needs of dependent older adults has gained special relevance in the social organization of care. In the absence of a state response through systems that meet the various needs throughout the life cycle of individuals, these needs have mostly been met privately in the home. One of the strategies to cover this care consists of hiring home care workers.

This form of occupation in care work has led to the creation and strengthening of new labour identities in recent decades (Guimarães and Hirata, 2016). The concept arises from the claim of the activity as a specialized occupation, with an occupational profile that involves training to assist persons who are subject to dependency in the performance of basic activities of daily living.

Low levels of remuneration, precarious working conditions, informality and low rates of affiliation to social security systems (only three out of 10 women are affiliated to a social security system) are some of the characteristics that home care workers share with paid domestic workers. Compounding this is the reproduction of the rigid sexual division of labour, which results in a marked feminization of the occupation (women account for around 96.5% of those employed in this sector), and with it the reproduction of the gender gaps that characterize the paid labour market today.

The work environment of these workers (in homes), and the historically low value attached to care work, keep them in asymmetrical and arbitrary labour relations, commonly expressed and documented in the case of paid domestic workers (UN-Women/ILO/ECLAC, 2020). Moreover, the very large proportion of women who perform this type of work in the private sector (92.2%) reflects the lack of public provision of this type of service, which reinforces the segmentation of care provision among households of different income levels.

There is an urgent need to analyse the paid care provided within the home, in order to plan and coordinate it with other types of public services, such as health care and education. The strengthening of a home care model can expand the state's provision of support services for dependent persons. This requires training and professionalization processes, which will contribute to guaranteeing the quality of the services provided, valuing more highly those who provide them, and improving their working conditions.

In some Latin American countries, public home-based care programmes are being implemented for the care of dependent persons. In Uruguay, under the National Integrated Care System, the costs of the working hours of personal assistants for severely dependent persons are covered in full or in part. The amount of the subsidy is determined on the basis of household income. In Chile, the Home Care Programme for Severely Dependent Persons provides follow-up and support services targeted on the severely dependent person and his or her caregiver.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG), N. A. Guimarães, "Los circuitos del cuidado: fronteras y actrices en las relaciones de trabajo. Reflexiones a partir del caso brasileño", paper presented at the Congress of the Latin American Studies Association (LASA), Boston, 24–27 May 2019, N. A. Guimarães and H. S. Hirata (eds.), *El cuidado en América Latina: mirando los casos de Argentina, Brasil, Chile, Colombia y Uruguay*, Buenos Aires, Fundación Medifé Edita, 2020, N. A. Guimarães and H. Hirata, "La frontera entre el empleo doméstico y el trabajo profesional de cuidados en Brasil: pistas y correlatos en el proceso de mercantilización", *Sociología del Trabajo*, No. 86, 2016, J. Balladares and others, "Cuidar a los que cuidan: experiencias de cuidadores informales de personas mayores dependientes en contexto COVID-19", *Psicoperspectivas*, vol. 20, No. 3, 2021, R. Aguirre, *Sistema Nacional de Cuidados: personas ocupadas en el sector de cuidados*, 2013, R. Aguirre Cuns and S. Scavino Solari, *Vejece de las mujeres: desafíos para la igualdad de género y la justicia social en Uruguay*, Doble clic, 2018, and UN-Women/ILO/ECLAC (United Nations Entity for Gender Equality and the Empowerment of Women/International Labour Organization/Economic Commission for Latin America and the Caribbean), *Trabajadoras remuneradas del hogar en América Latina y el Caribe frente a la crisis del COVID-19*, Santiago, 2020.

B. The COVID-19 crisis: aftermath and lessons learned

The historical weakness of health systems and the structural inequality that characterize Latin America and the Caribbean have rendered the region specially vulnerable to the effects of the pandemic, making it difficult to control the health crisis and causing a profound impact on national economies, labour markets and the general well-being of the population (ECLAC, 2021a; ECLAC/PAHO, 2021). From the health standpoint, the population of Latin America and the Caribbean has been one of the hardest hit worldwide (ECLAC, 2022a). It is estimated that at least 1,698,144 people lost their lives from COVID-19 (PAHO, 2022c). Also, more than

26 million people lost their jobs in 2020, and a similar number were forced to adapt their routine to new work patterns (Maurizio, 2021). The increase in domestic and care work within households resulting from the closure of schools and the collapse of health-care institutions led to a massive exit of women from the labour market. This brought the increase in women's labour participation to an abrupt halt, having trended upwards for at least 20 years; there was an 18-year reversal in the first year of the pandemic (ECLAC, 2022b). While some sectors have recovered, others remain below pre-pandemic levels, including the large domestic-service sector. This change in trend raises the alarm for the loss of women's economic autonomy, and the setback associated with the sexual division of paid and unpaid work and the sectors of the economy in which women traditionally work.

In contrast, activities involving domestic and care work in households increased in the face of pandemic containment measures. Data from Argentina, Chile and Mexico show that the increase in the number of hours spent on domestic and care work in 2020, mainly in activities linked to health care within the home, followed by cleaning and maintenance of the home, assistance with school activities and support to other households, would have meant an increase in the net economic value per capita of unpaid domestic and care work of between 5% and 11% relative to the previous year (Vaca Trigo and Baron, 2022; INEGI, 2021; D'Alessandro and others, 2020; Avilés-Lucero, 2020).

The COVID-19 pandemic also had major repercussions on education, as the suspension of face-to-face classes to prevent the spread of the virus led most of the region's schools to implement various forms of distance education (ECLAC/UNESCO, 2020). This health measure revealed connectivity and digital inclusion gaps and accentuated the poor working conditions in this sector (ILO, 2020). It also affected the development of education in the region, putting pressure on public education and intensifying the unequal social organization of care. In the case of pre-primary-age children, who need to interact directly with caregivers and peers, distance education solutions were not a suitable response to their needs, which again meant other household members having to take on these tasks (ECLAC, 2022a).

The pandemic also made it clear that schools are not just education spaces, but also fundamental places for the provision of other services that form part of the basic necessities of life and the care continuum. One of the main effects of the transformation of the educational system during the pandemic was that households and communities had to take on additional amounts of care work to meet the educational support needs of children and adolescents, tasks that overburdened women's time in particular. In Chile, women spent 5.4 hours per week accompanying schoolwork during the pandemic, while men dedicated 2.4 hours per week (compared to 4.7 and 2 hours per week, respectively, before the lockdowns). In terms of co-participation, 71% of men did not spend time on these support tasks, while the equivalent figure for women was 48% (Bravo, Castillo and Hughes, 2020). According to a joint study by UNICEF and UN-Women, in Uruguay the increase in educational tasks undertaken at home was mainly absorbed by women, who spent 1.5 hours per week on these activities, compared to just 0.7 hours per week in the case of men. Furthermore, in 73% of the households surveyed, it is mothers who usually supported school tasks, compared to just 10% in the case of fathers (UN-Women/UNICEF, 2020). In a study conducted by the National Institute of Women (INMUJERES) based on the Survey of Pandemic Care Needs in Federal Public Administration (ENCAP) in Mexico, 9.1% of women cited the follow-up of school activities of minors in the household as the main obstacle to fulfilling their work activities (compared to 4.7% of men) (INMUJERES, 2021). Moreover, the change in pedagogical practices during the pandemic also worsened the working and health conditions of men and women employed in the education sector. In many cases, teachers, the majority of whom were women, responded to the new forms of teaching without prior education or training, with the requirement to adapt to distance learning and rapidly learn how to use online education platforms (ECLAC, 2021c). The impact of the introduction of distance education on the teaching staff depended partly on the previous digitalization and connectivity capacity of the education systems.⁷

⁷ The greater complexity of online teaching tasks, and the increase in support for parents and guardians have added to the workload in this profession (ECLAC, 2022b). In Argentina, 68% of teachers reported that their work increased considerably following the suspension of face-to-face classes, a proportion that rises to 71% at the secondary level (Argentina, Ministry of Education, 2020). Among Chilean teachers, 66% of women and 54% of men reported that they were working more, or much more, than their normal workday (Elige Educar, 2020).

The crisis exposed the relationship between the health, economic and social dimensions (ECLAC, 2022b) and revealed the inability of health systems to respond simultaneously to the threats of the pandemic and those derived from noncommunicable diseases, the prevalence of which increased the risks of serious illness and death from COVID-19 among persons with these types of pathologies (ECLAC, 2021a). Moreover, the after-effects of the COVID-19 virus and the risks arising from the disease, which could manifest themselves in the form of epidemics in the medium and long term, will likely require a reconceptualization of demands in terms of people's health care. Countries with a multiple disease burden and also those with high rates of noncommunicable diseases have entered a new epidemiological era. This new era is also characterized by emergency situations arising from climate change, which poses challenges in all areas of the organization of social life.

During the pandemic, the social role and essential nature of health-care workers and the greater involvement of women in the first line of response became clearer than ever. The high risk of infection (both personal and among family members or close contacts), together with excessive workloads and emotional overload, meant that the physical and mental health of health-care workers suffered more than that of the general population. Working in the first line of defence against the virus meant that health workers were the most exposed to infection and extended working hours; and this situation was aggravated by the shortage of protective equipment, limited access to preventive tests, lack of personnel and the saturation of health-care facilities (ECLAC, 2022b). The pandemic also highlighted the dual or triple care roles that female health workers had to assume. When educational and care facilities were closed during lockdowns, health workers faced both longer working hours and an increased burden of care within the home. Many of them are their households' main breadwinners and also their main caregivers.

Given the need to prioritize health-care services to respond to the emergency, many other essential health services were relegated to the background. One of the indirect effects of the pandemic was the postponement or suspension of preventive measures and treatment, which reduced the early detection of risk situations and increased the incidence and severity of preventable or treatable pathologies (ECLAC, 2022a). Similarly, the lack of a comprehensive response to the health crisis affected the provision of sexual and reproductive health services and jeopardized the continuity of this type of care. The pandemic has therefore affected fertility in the region, although the magnitude of the impact is still unclear (ECLAC, 2022a). According to the United Nations Population Fund (UNFPA, 2022), sexual and reproductive health services in Latin America and the Caribbean were sustained largely by the initiative of personnel, mainly consisting of professional midwives, who adapted quickly to the needs of the context and led initiatives to maintain services by adopting measures to prevent contagion. However, this was done at the cost of personal and community resources and efforts that generated fatigue in other health sectors not necessarily considered essential, or on the front line in the response to the virus. Thus, the pandemic also highlighted the need to issue guidelines to guarantee sexual and reproductive health services in cases in which care cannot be postponed (childbirth, emergency contraception, life-threatening situations and others), or where the risks of discrimination or exclusion are greater (LGBTI+ persons), adolescents, migrants, indigenous people and Afrodescendants) (ECLAC, 2022a).

The level of public spending on health remains well below the 6% of GDP recommended by the Pan American Health Organization (PAHO); in 2018 it represented just 2.2% of GDP in Latin America and 3.3% in the Caribbean (ECLAC, 2021b). Elsewhere in the world, countries with universal and strong health systems were able to respond to the crisis more effectively. In contrast, health systems with small budgets, limited infrastructure and low response capacity were overwhelmed. In such cases excess work was delegated to health personnel and, to a greater extent, to the first line of response, consisting mainly of women. The need to strengthen health systems is neither cyclical nor related solely to the pandemic. On the contrary, in order to meet the increased demand for specialized care (both current and future), it is necessary to rethink the health sector so that it can respond adequately to the challenges of demographic and epidemiological transition, pandemics, and humanitarian crises resulting from disasters and climate emergencies, among other factors that have significant effects on health care.

The paradigm that sees health in collective terms, linked to the environment, highlights the interdependent and interconnected nature of people and the planet. At the same time, care has become more important than ever. Self-care as a form of personal care, but also as care for others, exceeds the bounds of this pandemic,

which makes it necessary to envisage new health systems in which health is no longer approached from the standpoint of diseases or risk factors (lack of health), but as a positive concept, focused on the factors that contribute to it (PAHO, 2022b).

Abrupt and unexpected changes in routines, isolation and uncertainty, coupled with the fear of becoming infected or infecting others, and the loss of human lives, led to a second pandemic in social and health terms: that of mental health problems. According to WHO (2022b), the incidence of anxiety and depression increased by 25% worldwide. These types of consequences, which are still unfolding, foreshadow an increase in the demand for care and greater difficulties in exercising self-care; and they underscore the need to adapt health systems to provide comprehensive care.

The conditions of structural inequality existing prior to the pandemic meant that some countries in the region suffered the highest rates of excess mortality from COVID-19 (WHO, 2022a). Government responses were varied; in some cases, the authorities responded quickly and called on the population to take measures to prevent contagion; in others it was citizens who demanded a more active intervention from the State (Sojo, 2020). Community responses and the support of non-institutional care networks were fundamental in the most remote areas, where the presence of the State is still weak, and social protection covers only a minority of the population (Fournier and Cascardo, 2022; Pleyers, 2021).

While solidarity-based health financing has redistributive objectives and allows for intra- and intergenerational cross-subsidies to be established between different income strata and age groups with different levels of risk (Sojo, 2020), high out-of-pocket health expenses generate financial pressure on lower income sectors (ECLAC, 2022b), causing debts that affect the wellbeing, time availability and general living conditions of the population (Castilla, 2022). The health systems of most countries in the region display historical weaknesses. Except in Cuba, Uruguay and Argentina, public spending on health is below the regional recommendation and is reflected in high levels of private, mainly out-of-pocket, spending (ECLAC, 2022b).

The pandemic showed that the solidarity dimension of health systems has both an economic and a social content. In financial terms, solidarity pays dividends to society at large when health indicators improve. The financial management of care and the associated debts has a double impact on gender equality gaps, since it affects both time poverty and income poverty. The intersection of the demographic trends described above, and information on the burden of catastrophic health expenditures, signal the fragility of households with high care demands. In all countries for which information is available, multigenerational households face the highest rates of catastrophic health expenditures, which have a major impact on poverty among all household members (World Bank/WHO, 2021).

As noted above, care is provided in a variety of settings. There is a continuum between activities carried out in the home, in schools and health institutions, and in the workplace. To prevent the availability of time to provide care, and the right to receive care, from becoming a new social differentiator and twenty-first century privilege, urgent and coordinated policies are needed in all care-related sectors, together with greater action by the government as guarantor of the right to care for current and future generations.

Bibliography

- Aranco, N. and others (2018), "Panorama de envejecimiento y dependencia en América Latina y el Caribe"; *Resumen de Políticas*, No. IDB-PB-273, Inter-American Development Bank (IDB).
- Argentina, Ministry of Education (2020), *Evaluación Nacional del Proceso de Continuidad Pedagógica. Informe preliminar de la Encuesta a Docentes* [online] https://www.argentina.gob.ar/sites/default/files/datos_destacados_encuesta_a_docentes_enpcp.pdf.
- Arriagada, I. (2004), "Transformaciones sociales y demográficas de las familias latinoamericanas"; *Papeles de Población*, vol. 10, No. 40, Center for Research and Advanced Studies of the Population.
- Avilés-Lucero, F. (2020), *Estimación trabajo doméstico no remunerado*, Santiago, Central Bank of Chile.
- Bloom, D. E., D. Canning and J. Sevilla (2003), "The demographic dividend: a new perspective on the economic consequences of population change"; *Foreign Affairs*, vol. 82, No. 3.
- Bonita, R. and R. Beaglehole (2014), "Women and NCDs: overcoming the neglect"; *Global Health Action*, vol. 7, No. 1.
- Bravo, D., E. Castillo and E. Hughes (2020), *Estudio longitudinal Empleo-COVID 19: datos de empleo en tiempo real*.
- Castilla, M. V. (2022), "Deudas, cuidados y vulnerabilidad: el caso de las trabajadoras de la salud en la Argentina"; *Project Documents* (LC/TS.2022/41, LC/BUE/TS.2022/5), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- D'Alessandro, M. and others (2020), *Los cuidados, un sector económico estratégico: medición del aporte del trabajo doméstico y de cuidados no remunerado al producto interno bruto*, Buenos Aires, Ministry of Economic Affairs.
- Durán, M. Á. (2018), *La riqueza invisible del cuidado*, Valencia, University of Valencia.
- (2014), "El desafío de la dependencia en una proyección de futuro"; *Documentación Laboral*, No. 102.
- ECLAC (Economic Commission for Latin America and the Caribbean) (2022a), *The sociodemographic impacts of the COVID-19 pandemic in Latin America and the Caribbean* (LC/CRPD.4/3), Santiago.
- (2022b), *Social Panorama of Latin America, 2021*(LC/PUB.2021/17-P), Santiago.
- (2021a), *Disasters and inequality in a protracted crisis: towards universal, comprehensive, resilient and sustainable social protection systems in Latin America and the Caribbean* (LC/CDS.4/3), Santiago.
- (2021b), "The economic autonomy of women in a sustainable recovery with equality"; *COVID-19 Special Report*, No. 9, Santiago, February.
- (2021c), *Social Panorama of Latin America, 2020* (LC/PUB.2021/2-P/Rev.1), Santiago.
- (2019), "Tendencias recientes de la población de América Latina y el Caribe"; Santiago, julio [online] https://www.cepal.org/sites/default/files/static/files/dia_mundial_de_la_poblacion_2019.pdf.
- (n.d.), "Tipos de familia" [online] https://celade.cepal.org/redatam/pryesp/sisppi/webhelp/tipos_de_familia.htm [accessed on 17 June 2022].
- ECLAC/PAHO (Economic Commission for Latin America and the Caribbean/Pan American Health Organization) (2021), "The prolongation of the health crisis and its impact on health, the economy and social development"; *COVID-19 Report*, October.
- ECLAC/UNESCO (Economic Commission for Latin America and the Caribbean/United Nations Educational, Scientific and Cultural Organization) (2020), "Education in the time of COVID-19"; *COVID-19 Report*, August.
- Elige Educar (2020), *Situación de docentes y educadores en contexto de pandemia. Reporte de resultados*, May.
- Ezquerro, S. (2011), "Crisis de los cuidados y crisis sistémica: la reproducción como pilar de la economía llamada real"; *Investigaciones Feministas*, vol. 2.
- Fournier, M. and F. Cascardo (2022), "Deudas, cuidados y vulnerabilidad: el caso de las organizaciones comunitarias y los espacios asociativos de cuidado en la Argentina"; *Project Documents* (LC/TS.2022/52, LC/BUE/TS.2022/4), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Fraser, N. (2016), "Contradictions of capital and care"; *New Left Review*, No. 100.
- Huenchuan, S. (ed.) (2018), *Envejecimiento, personas mayores y Agenda 2030 para el Desarrollo Sostenible: perspectiva regional y de derechos humanos*, ECLAC Books, No. 154 (LC/PUB.2018/24-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- ILO (International Labour Organization) (2022), "Statistics on the working-age population and labour force"; ILOSTAT [online database] <https://ilostat.ilo.org/topics/population-and-labour-force/> [accessed on 17 June 2022].
- (2020), "COVID-19 and the education sector"; *ILO Sectorial Brief*, 15 June.
- INEGI (National Institute of Statistics and Geography) (2021), "Trabajo no remunerado de los hogares" [online] <https://www.inegi.org.mx/temas/tnrh/> [accessed on 15 June 2022].
- INMUJERES (National Women's Institute) (2021), "Resultados de la Encuesta sobre Necesidades de Cuidados en Pandemia en la Administración Pública Federal (ENCAP-2021)"; *Desigualdad en Cifras*, September.

- Jelin, E. (2005), "Las familias latinoamericanas en el marco de las transformaciones globales: hacia una nueva agenda de políticas públicas"; paper presented at Reunión de Expertos Políticas hacia las Familias, Protección e Inclusión Sociales, Santiago, 28-29 June.
- Martínez Pizarro, J. and M. V. Cano Christiny (eds.) (2022), "Sobre las contribuciones de la migración al desarrollo sostenible: estudios en países seleccionados"; *Project Documents* (LC/TS.2021/195), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Maurizio, R. (2021), "The employment crisis in the pandemic: towards a human-centred job recovery"; *Labour Overview Series Latin America and the Caribbean 2021*, International Labour Organization (ILO), April.
- PAHO (Pan American Health Organization) (2022a), "Noncommunicable diseases" [online] <https://www.paho.org/en/topics/noncommunicable-diseases> [accessed on 9 June 2022].
- _____(2022b), *Estrategia y plan de acción sobre la promoción de la salud en el contexto de los Objetivos de Desarrollo Sostenible 2019-2030*, Washington, D.C.
- _____(2022c), "Cumulative confirmed and probable COVID-19 cases reported by countries and territories in the region of the Americas" [online] <https://ais.paho.org/hip/viz/COVID19Table.asp> [accessed on 7 June 2022].
- Pinto Aguirre, G. (2015), "El bono demográfico en América Latina: El efecto económico de los cambios en la estructura por edad de una población" [online] <https://ccp.ucr.ac.cr/psm/13-2-8/13-2-8.html#sdfootnote1sym> [accessed on 15 June 2022].
- Pleyers, G. (2021), "Movimientos sociales y ayuda mutua frente a la pandemia"; *Mundos Plurales*, vol. 8, No. 1, FLACSO Ecuador.
- Schiell, R., M. Leibbrandt and D. Lam (2014), "Assessing the impact of social grants on inequality: a South African case study"; *WIDER Working Paper*, No. 2014/160, World Institute for Development Economics Research (UNU-WIDER).
- Sojo, A. (2020), "Pandemia y/o pandemónium: encrucijadas de la salud pública latinoamericana en un mundo global"; *Documentos de Trabajo*, No. 37, Fundación Carolina.
- UNFPA (United Nations Population Fund) (2022), *Good Practices in Midwifery: Response to the COVID-19 Pandemic in Latin America and the Caribbean, 2022-2021* [online] <https://lac.unfpa.org/es/publications/buenas-practicas-de-parteras-profesionales>.
- _____(2020), *Contra mi voluntad: desafiar las prácticas que perjudican a las mujeres y niñas e impiden la igualdad*, June [online] <https://mexico.unfpa.org/es/publications/contra-mi-voluntad-desafiar-las-pr%C3%A1cticas-que-perjudican-las-mujeres-y-ni%C3%B1as-e-impide-0>.
- United Nations (n.d.), World Population Prospects [online database] <https://population.un.org/wpp/> [accessed on 15 July 2022].
- _____(2016), *United Nations Conference on Housing and Sustainable Urban Development (Habitat III) Regional Report for Latin America and the Caribbean: Sustainable cities with equality (A/CONF.226/7)*, 15 October.
- UN-Women/ILO/ECLAC (United Nations Entity for Gender Equality and the Empowerment of Women/International Labour Organization/Economic Commission for Latin America and the Caribbean) (2020), "Trabajadoras remuneradas del hogar en América Latina y el Caribe frente a la crisis del COVID-19"; *Brief*, vol.1, N° 1, June.
- UN-Women/UNICEF (United Nations Entity for Gender Equality and the Empowerment of Women/United Nations Children's Fund) (2020), *Principales resultados de la Encuesta sobre Niñez, Género y Uso del Tiempo en el marco de la emergencia sanitaria*, Montevideo, May.
- Vaca Trigo, I. and C. Baron (2022), "Descargar el producto interno bruto (PIB): bienestar, cuidados y tiempo"; *Project Documents* (LC/TS.2022/80), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Valenzuela, M. E., M. L. Scuro and I. Vaca Trigo (2020), "Desigualdad, crisis de los cuidados y migración del trabajo doméstico remunerado en América Latina"; *Gender Affairs series*, No. 158 (LC/TS.2020/179), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- WHO (World Health Organization) (2022a), "Global excess deaths associated with COVID-19, January 2020 - December 2021" [online] <https://www.who.int/data/stories/global-excess-deaths-associated-with-covid-19-january-2020-december-2021> [accessed on 31 May 2022].
- _____(2022b), "COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide" [online] <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide> [accessed on 17 June 2022].
- _____(2004), *A Glossary of Terms for Community Health Care and Services for Older Persons* (WHO/WKC/Tech.Ser./04.2), Japan.
- World Bank/WHO (World Health Organization) (2021), *Global Monitoring Report on Financial Protection in Health 2021*, Geneva.



CHAPTER

IV

The labour market and care work

Introduction

A. A model sustained by women's time

B. Taking care of paid caregivers

Bibliography

Annex IV.A1

Annex IV.A2

Introduction

The existing development model is characterized by the devaluation and feminization of both paid and unpaid domestic and care work, which typically takes place within households. For this reason, although paid work has a positive impact on women's economic autonomy, the various manifestations of inequality characteristic of domestic work have been replicated on the labour market. A paradigm shift is needed to improve this situation, as can be achieved by moving towards a care society: an alternative, proactive approach and a form of social organization that prioritizes the sustainability of life, around which all other objectives should be organized (see chapter I). In this sense, the concept of moving towards a care society implies changing the dominant role that markets have played in economic analysis and decision-making and understanding the economy as a network of interdependence rather than the aggregate of the individual actions of self-sufficient subjects (Vaca Trigo and Baron, 2022). To achieve this, it will be necessary, among other measures, to recognize the dynamics that connect the labour market to the unpaid, yet critical work done to support social reproduction, which sustains life and economies.

Households of the region derive most of their monetary income from the labour market. However, if gender stereotypes and biases are allowed to flourish there, it becomes an arena in which inequalities are propagated, which then affect income distribution (ECLAC, 2014b). The labour market is also a central pillar around which people organize their time. Moreover, the persistent and rigid sexual division of labour and the unjust social organization of care, reflected in the feminization of care work and the excessive burden of unpaid work done by women, function as a major barrier to their full participation in the labour market.

Section A describes the institutional, regulatory and cultural dimensions that characterize a labour market based on a model that ignores care needs (of others and self-care) and assumes that paid workers, both men and women, are responsible solely for market-related tasks. It addresses the relationship between the amount of time spent on paid versus unpaid work and the implications for care and self-care.

Care work, whether paid or unpaid, is undervalued by society, as are the people who perform it. In recent years, this work has been described and analysed from various perspectives in an effort to emphasize its importance, improve the conditions under which it is carried out and highlight the need to examine both its paid and unpaid forms. Proposals have been advanced to define the categories of workers that make up the sector (ILO, 2019), and different definitions of the care economy have been used to enable comparison with other economic sectors, appreciate its scope and, among other things, promote investment (ECLAC, 2019; Esquivel, 2011).¹ Theoretical concepts such as the "care class" (*cuidatoriado*) (Durán, 2018) have also been developed to contribute to the academic and political debate on the social significance of the sector and the need to connect the demands of the different subjects it comprises.²

The COVID-19 pandemic revealed that despite their invisibility and paltry social and monetary recognition, domestic and care work is essential. Without care work, the economy and social reproduction could not exist (ECLAC, 2022a). Section B addresses the working conditions of persons who provide care on a paid basis: domestic employees, health care personnel and workers in the education sector. These three areas are closely linked to care work since direct care is provided. Moreover, the functions performed by educational and health institutions have an impact on the time spent on domestic care, and vice versa. Therefore, the continuity of care between households and institutions must be considered.

¹ The International Labour Organization (ILO, 2018c) proposes that all persons engaged in care work, whether paid or unpaid, should be regarded as care workers. In terms of the employed workforce, it proposes including persons working in the care sectors (education, health and social work), as well as those working in care-related occupations in other sectors, paid female domestic workers, and those who may not provide care, but work in the care sectors to support the provision of care services.

² This concept, a Spanish neologism of "peasantry" (*campesinado*) and "proletariat" (*proletariado*), was put forward by María Ángeles Durán in 2013 in a bid to erase the notion of caregivers as a dispersed conglomerate of care providers. It is an open-ended concept, a work in progress that requires consensus to become ingrained. The concept could refer exclusively to unpaid caregivers with no income of their own or could also include those who receive income for other reasons, to providers and recipients of care, to those for whom providing care is their primary form of employment or to those who perform it as a secondary activity and to paid or unpaid care providers, among others (Durán, 2018).

A. A model sustained by women's time

For many years, the concept of work was equated with employment. Productive work was associated with commercial activities and neglected unpaid activities associated with providing direct care as well as the role of these activities in human reproduction. Upending these traditional approaches that negated the economic nature of unpaid work was achieved through the contributions of feminist economics, which showed that market production depends on unpaid work. Market production is neither self-sustaining nor self-reproducing and, thus, depends on the care economy for reproduction (Carrasco, 2009; Carrasco and Tello, 2013).

Efforts to enhance the visibility of unpaid domestic and care work aim not only to highlight the social and economic importance of this essential work, but also to underscore the consequences of its unfair distribution and the need for change. To this end, in accordance with the methodology proposed by Durán (2018), this document describes an exercise carried out in 15 countries in Latin America and the Caribbean that helps measure the resources that households and, in particular, women allocate to the provision of unacknowledged and unpaid care (see infographic IV.1). The exercise demonstrates that if the unpaid domestic and care work performed by households were accounted for exclusively in standard working days, 84% of the currently employed population would be needed to do this work (for the exercise, it is assumed that working days are equivalent to the average workday in the service sector). In other words, 199 million full-time jobs would be needed to cover the currently unpaid domestic and care work in the region—an impossible feat, both in monetary terms and with respect to the availability of human resources. Households—and particularly the women within them—strive to reconcile disparate activities and meet the care demands of those who need it. Their efforts take different forms depending on factors such as the household care burden, socioeconomic status and access to support networks.³ For this reason, it is important to understand care as the nexus of the processes of production and reproduction and to work towards its recognition and redistribution (ECLAC, 2017a and 2019). In all countries, more than 70% of this work falls to women.

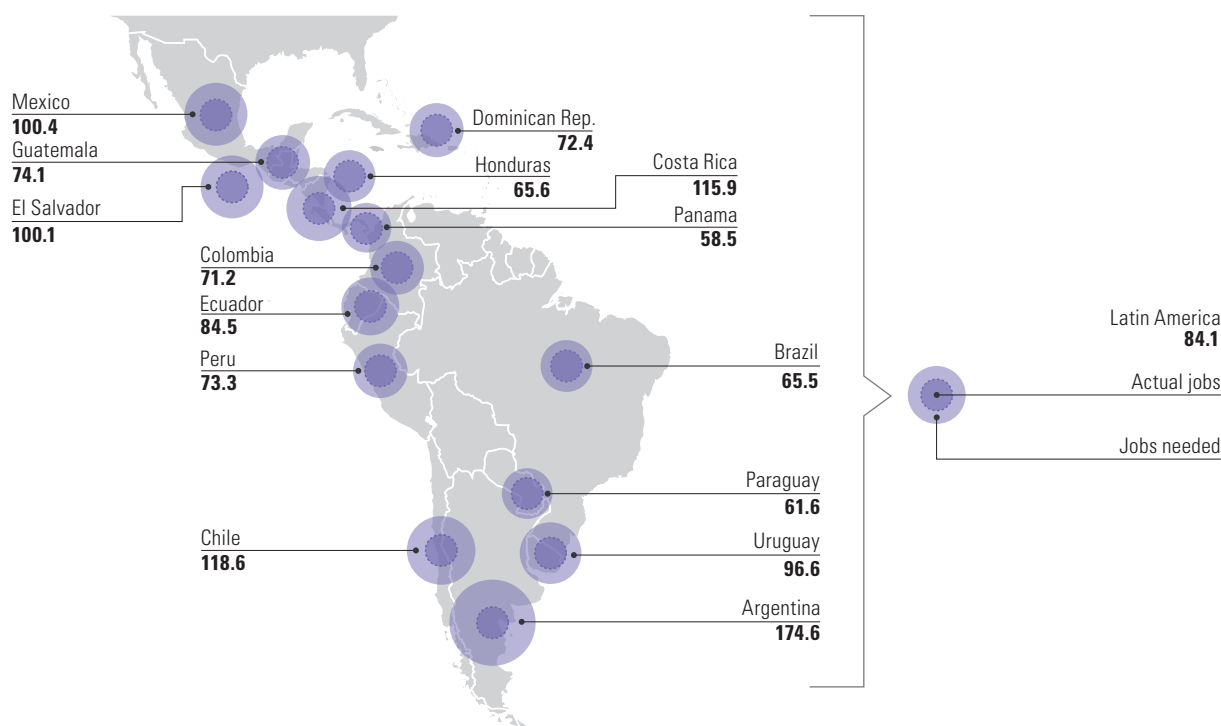
The aim of this exercise is not to advocate for the complete replacement of unpaid domestic and care work performed in households by public or private solutions, which—as proven by the exercise—would be impossible, but to gauge households' contribution to societies and economies in the region, which is still undervalued (Carrasco and Díaz Corral, 2017; UN-Women/ILO, 2021). These figures should be analysed from the perspective of the scope of care offered by the State, markets and communities to allow for a better and fairer valuation and distribution of the care burden.

The experience of the COVID-19 pandemic clearly illustrated the findings of this exercise: there is a demand for care that must be met, and without care work, the economy cannot function. It is important to recognize that economies need both paid and unpaid work, although only the former is viewed as contributing to economic growth and is measured in gross domestic product (GDP) (Vaca Trigo and Baron, 2022).

³ According to ECLAC, households in the lowest income quintiles spend the most time on care work. Similarly, it has been shown that women in single-parent, female-headed households face greater challenges in reconciling the need to generate income with the demands for care. Likewise, it is observed that many women in the region have resorted to the support (in the form of unpaid work) of other women (grandmothers, older daughters, neighbours) to make time available for paid activities. (ECLAC, 2017b).

Infographic IV.1

Latin America (15 countries): additional full-time jobs needed to cover unpaid work performed in households relative to the employed population, latest year available^a
(Percentages)



Country	Persons employed (Millions)	Time spent on unpaid domestic and care work (Millions of hours per week)	Time spent by women on unpaid domestic and care work (Percentages)	Full-time jobs required to complete the unpaid work (Millions)
Latin America	237	8 417	75.0	199
Argentina	11	740	76.2	19
Brazil	91	2 358	71.3	60
Chile	8	375	71.7	9
Colombia	22	707	78.5	16
Costa Rica	2	101	72.1	2
Dominican Republic	4	135	82.0	3
Ecuador	6	227	81.5	5
El Salvador	3	121	77.0	3
Guatemala	6	197	88.8	5
Honduras	3	81	85.6	2
Mexico	59	2 684	75.6	59
Panama	2	38	74.0	1
Paraguay	3	78	77.7	2
Peru	15	513	73.8	11
Uruguay	2	62	72.4	2

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Repository of information on time use in Latin America and the Caribbean and the Household Survey Data Bank (BADEHOG); M. Á. Durán, *La riqueza invisible del cuidado*, Valencia, Publicacions de la Universitat de València, 2018.

Note: Data on the number of persons employed in each country are calculated on the basis of the Household Survey Data Bank (BADEHOG). Time spent on unpaid care and domestic work corresponds to the sum of all hours spent weekly on these activities in a country and is calculated using the information available in the region's time-use surveys. The full-time jobs required to perform unpaid work is calculated according to the methodology proposed by Durán (2018), which consists of quantifying the number of people who would be required to perform the total unpaid work, assuming that this is done in average service sector work weeks (i.e., divide the time calculated in the second column for the average service sector work week for each country). The map shows the percentage that these jobs represent of the total number of employed persons in each country.

^a Data refer to the last year for which time-use information is available in each country, as follows: 2018 in Mexico, 2017 in Brazil, Colombia, Costa Rica and El Salvador, 2016 in Dominican Republic and Paraguay, 2015 in Chile, 2014 in Guatemala, 2013 in Argentina and Uruguay, 2012 in Ecuador, 2011 in Panama, 2010 in Peru and 2009 in Honduras.

1. Labour market and time spent on care

The caregiving population broadly coincides with the working-age population in the labour market and must distribute its time between paid and unpaid work. The unequal distribution between men and women of time spent providing unpaid family care constitutes the main barrier to the full integration of women in the labour market and directly contributes to the gender inequality reflected in the majority of labour indicators (ECLAC, 2017a, 2019 and 2022a; Vaca Trigo, 2019; Bidegain and Calderón, 2018).

The current labour market structure is based on intersecting institutional, regulatory and cultural dimensions that impede progress towards gender equality. The persistence of these dimensions results in a rigid distribution of care work.⁴ The current model is not only unsustainable in terms of addressing the population's care needs, but also falls short with respect to meeting households' income needs. Modifying the institutional structure and organization of the labour market so that all people can generate income, care for those in need, care for themselves and care for the planet is not only a matter of equal rights but is also critical to ensure the sustainability of the economy and society as a whole.

(a) Institutional dimension: the labour market as an institution that shapes people's lives

The labour market is still organized around a model that assumes that workers are fully available to perform tasks associated with the labour market and ignores the care needs of the population. People are expected to work many hours, even beyond the workday, and to be available whenever and wherever they are needed. The labour market also assumes that work trajectories will proceed uninterrupted by life events. People who meet these requirements are more likely to continue their training, earn better salaries, develop their careers and have access to a decent pension. This model ignores the importance of the life sustainability processes associated with reproduction.

Those with care responsibilities struggle to integrate into a labour market that normalizes the separation of work for the market and care work and assigns the tasks related to the latter almost exclusively to women. This not only leads to overloading of the total time worked by women, but, among other things, results in low labour market participation, occupational segregation and the wage gap. Unlike men, many women face the dilemma of limiting their income—and thus their economic autonomy—or career development (e.g. by taking up part-time jobs or jobs with few responsibilities) and postpone or even give up motherhood because of the impossibility of reconciling paid work with care work.

This model, which segregates women, remains active in the organizational culture of many companies and organizations, which expect their paid workers to demonstrate full willingness to perform market-related tasks (Minnotte and Minnotte, 2021). This expectation penalizes women, who—regardless of their performance—receive fewer promotions (or take longer to achieve them) compared to men because of the perception that their care responsibilities render them less prepared to assume high-level positions in the organizational hierarchy (Steele, 2019).

The duration and configuration of time spent on paid work (or the workday) has enormous implications for gender equality and the ability to reconcile time spent working with time devoted to personal and care tasks. In a region where informality is widespread and many families engage in moonlighting to boost income and achieve a minimum subsistence level, long working hours (in addition to the time needed for commuting) leave little time to devote to care. This situation fosters a particular brand of inequality: while higher-income households can “outsource care” by hiring these services on the market so that members of the household can harmonize employment and care responsibilities, many women from poor households do not have this option. The structure of the labour market, which prioritizes productivity-related criteria and neglects needs associated with social reproduction, has led to reduced participation in care work for most men and an overload of work for women, especially the poorest.

⁴ A study conducted by ILO (2018c) in 23 middle- and high-income countries showed that the gap between time spent by men and women on unpaid family care each day had decreased by only 7 minutes over a period of 15 years.

Working conditions in Latin America and the Caribbean are characterized by long workdays, both in terms of the maximum number of hours of work established by labour regulations and the time actually spent engaged in the occupation.⁵ In most countries, the maximum number of hours worked per week (48 hours) is set by the Hours of Work (Industry) Convention, 1919 (No. 1) and the Hours of Work (Commerce and Offices) Convention, 1930 (No. 30) of the International Labour Organization (ILO) (see map IV.1).

Map IV.1

Latin America and the Caribbean (29 countries): legal hours of paid work
(Hours per week)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of International Labour Organization (ILO), Working Conditions Laws Database [online] <http://www.ilo.org/dyn/travail>.

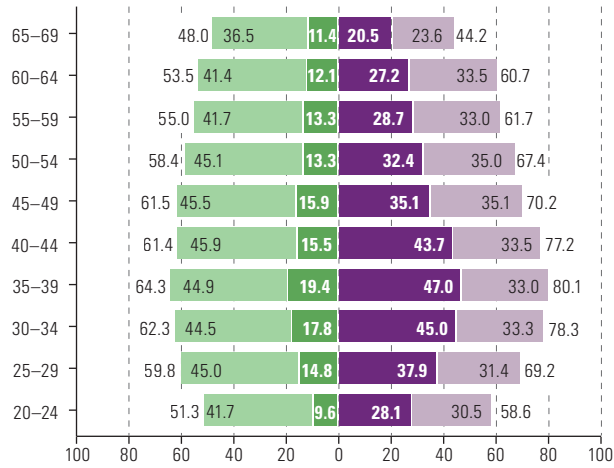
Analysis of the data from time-use surveys in the region (see figure IV.1) shows the high number of hours that men and women devote to paid work, which represents a major obstacle to engaging in care activities. In Latin America, the maximum legal working hours and actual working hours are very long, and a large proportion of working men and women exceed the legal maximum. Among the working population aged 20 to 64 years, although women's work week is shorter than men's (differing by 0.7 hours per week for those aged 55 to 69 years in Costa Rica and 18.3 hours per week for those aged 30 to 34 years in Peru), on average, it amounts to around 40 hours, that is, a full work week. However, the greatest difference in the allocation of time is observed for unpaid domestic and care work, to which women devote between 6.3 and 29.5 more hours per week than men. Thus, across all countries and all age groups, women's total workload is higher than men's, with differences varying between 2.4 and 20.8 hours per week (see figure IV.1).

⁵ Comparatively, legal ceilings tend to be much higher in Latin America and the Caribbean than in member countries of the Organisation for Economic Co-operation and Development (OECD), 26 of which have a maximum weekly workload of 40 hours or less.

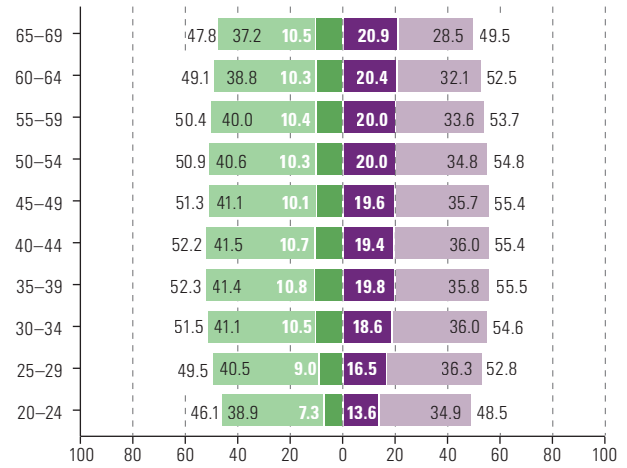
Figure IV.1

Latin America (16 countries): total paid and unpaid work time of the employed population aged 20–69, by sex and age group, latest year available
(Hours per week)

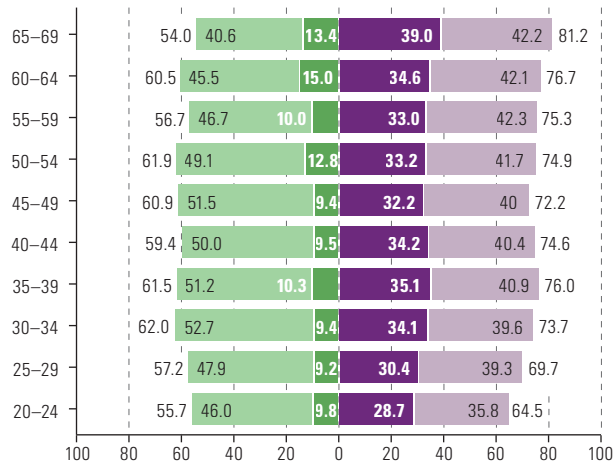
A. Argentina, 2013



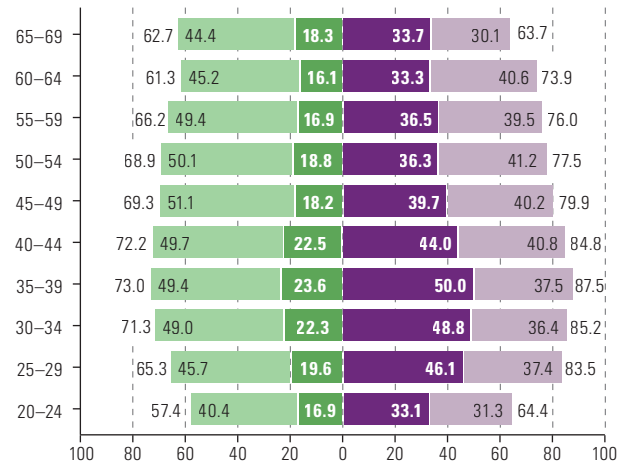
B. Brazil, 2019



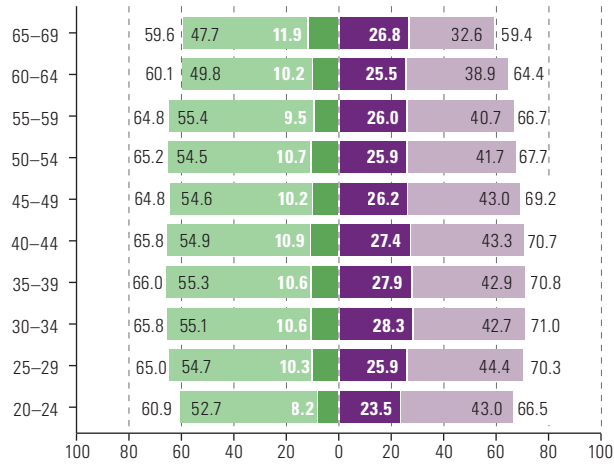
C. Bolivia (Plurinational State of), 2001



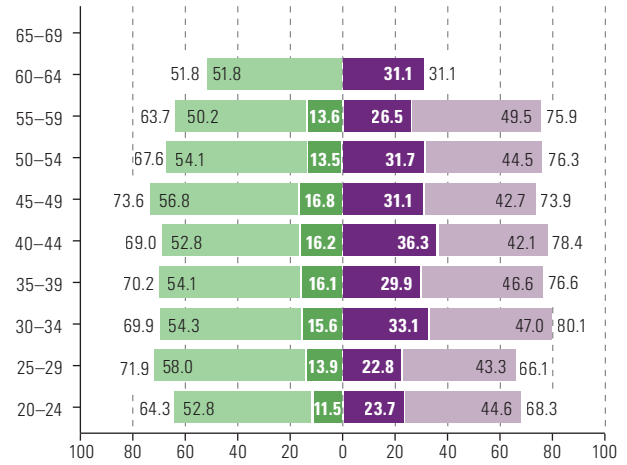
D. Chile, 2015



E. Colombia, 2017



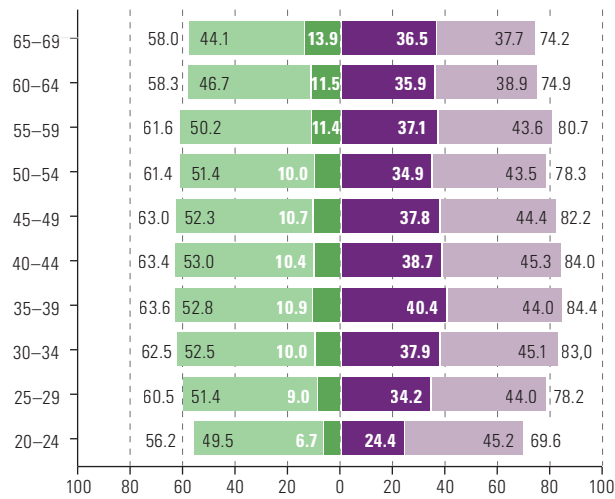
F. Costa Rica, 2017



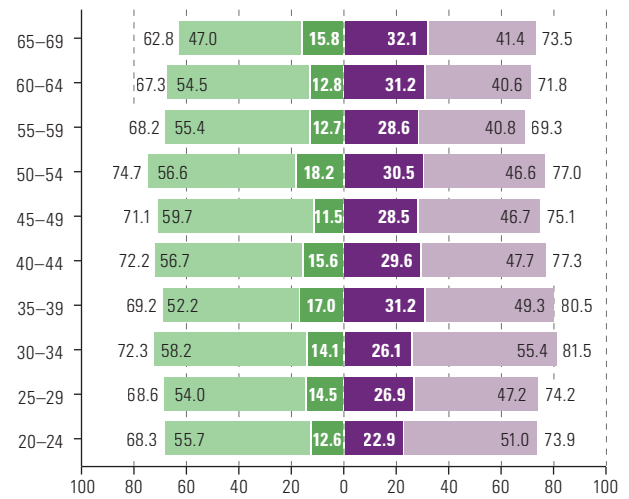
■ Paid work men ■ Unpaid work men

■ Unpaid work women ■ Paid work women

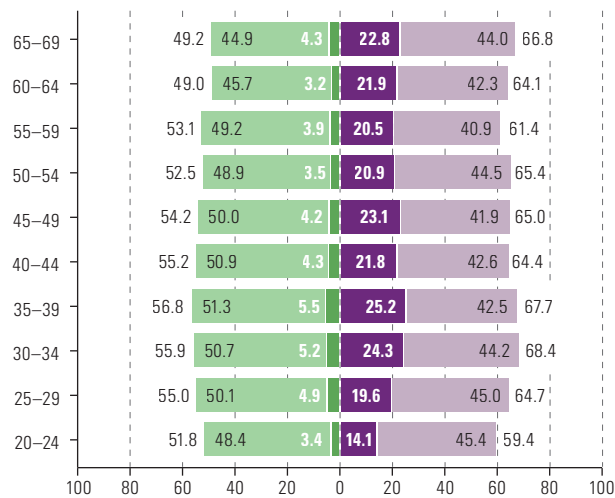
G. Ecuador, 2012



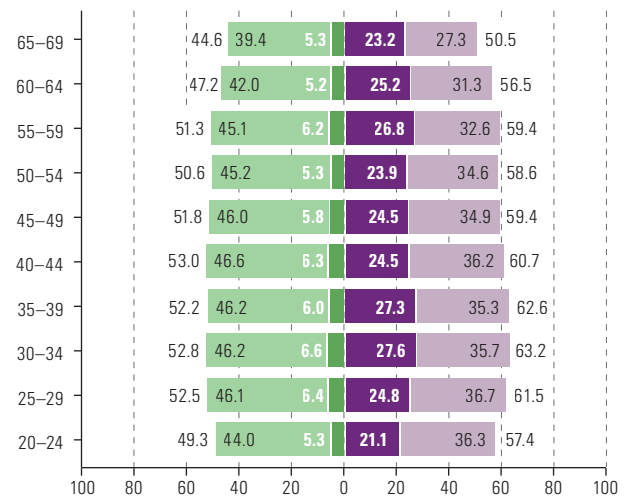
H. El Salvador, 2017



I. Guatemala, 2019



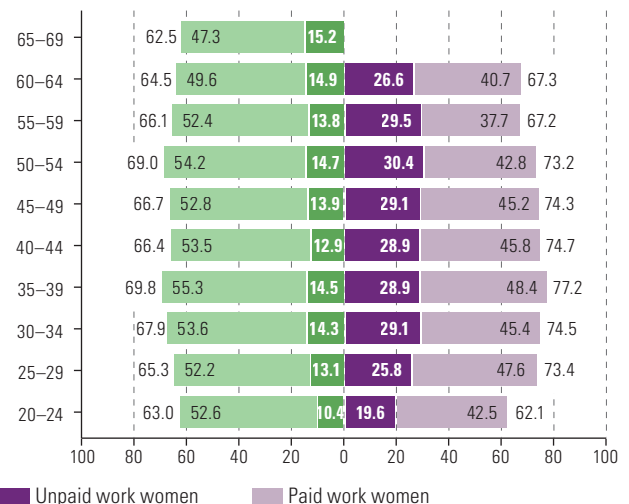
J. Honduras, 2019



K. Mexico, 2019



L. Panama, 2011

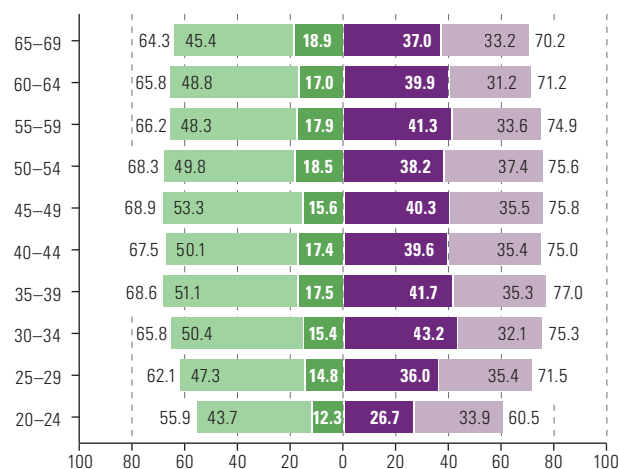


■ Paid work men
 ■ Unpaid work men
 ■ Unpaid work women
 ■ Paid work women

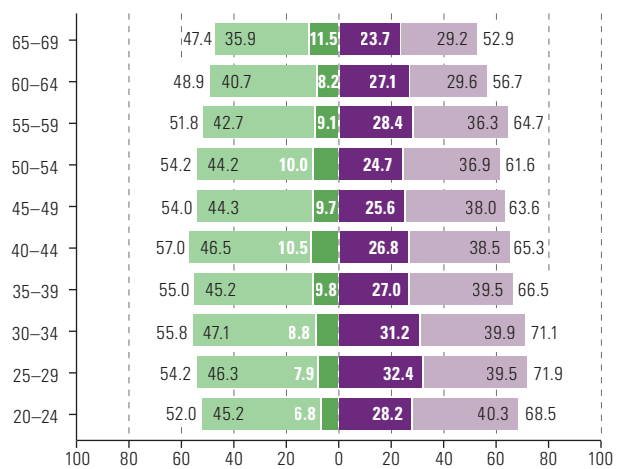
M. Paraguay, 2016



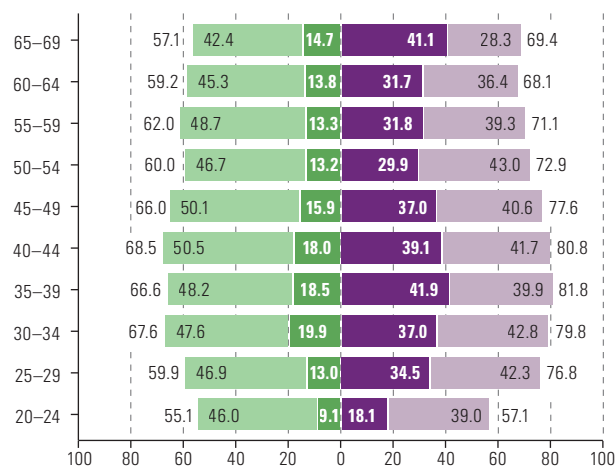
N. Peru, 2019



O. Dominican Republic, 2016



P. Uruguay, 2013



■ Paid work men ■ Unpaid work men ■ Unpaid work women ■ Paid work women

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Repository of information on time use in Latin America and the Caribbean.
Note: Given the diversity of data sources, which precludes comparison between countries, the aim of this figure is to illustrate the trends within each country. The empty series represent insufficient sampling data.

The time-use pyramids by age group show that, in general, there is a lower burden of hours spent on unpaid work at the lower and upper extremes of the pyramids—for both men and women. By contrast, the heaviest burden of unpaid work is concentrated during the ages of 30–44 years. Given that the hours spent on labour market activities remain largely stable for both sexes in the different age groups, the rise in unpaid work among those aged 30 and 44 years translates to an increase in the total number of hours worked during this stage of the life cycle. This dynamic is most clearly observed among women, for whom, according to the time-use surveys available for each country, the time spent on unpaid work varies between 13.6 hours per week in the 20–24 age group in Brazil and 50 hours per week in the 35–39 age group in Chile, while for men it varies between 3.2 hours per week in the 60 to 64 age group in Guatemala and 23.6 hours per week in the 35–39 age group in Chile (see figure IV.1).

Workers' lack of control over the length of the workday and the distribution of the workload throughout the week imposes additional constraints on their ability to coordinate paid work, unpaid work and personal activities. Long working hours are often compounded by long commuting times, which not only has repercussions for the amount of time available, but also gives rise to physical exhaustion. Moreover, the intensity of the work

has an impact on workers' health and well-being and their prospects for spending time on other activities.⁶ Among the factors affecting the lack of availability for non-work-related activities are the pace of work, including aspects such as performance targets and the speed of the machines or systems used, as well as the emotional demands on those in customer service roles or whose jobs require a high degree of interpersonal interaction, the majority of whom are women (for example, in the education, health, service and commerce sectors). This situation leads to burnout and fatigue during the workday and reduces the energy available for care activities, which also require effort, focus and emotional connections (Eurofound/ILO, 2019). The COVID-19 pandemic forced people who adopted teleworking arrangements to change their routines. In some cases, this meant an increase in work intensity due to constant connectivity and the lack of adequate space and equipment. Women bore the brunt of the impact of the blurred boundary between the workday and time spent on domestic activities as the majority of the care burden fell to them. In Argentina, for example, a law regulating telework was passed, which included the right to disconnect and the need to consider co-responsibility in care tasks.

(b) Regulatory dimension

Labour legislation, which first emerged between the late nineteenth and early twentieth centuries, placed special emphasis on protecting working women, in an effort to safeguard maternity and the family. In order to allow women to concentrate on raising the new generations, who would have to face the challenges of the industrialized world, regulations focused on ensuring the participation of working mothers in the care of their children by offering paid leave. Greater recognition of women's civil rights was accompanied by their gradual integration into the world of work and by a shift in perspective that advocated for the establishment of national and international standards to ensure non-discrimination and equality. However, these regulations tended to continue to assign women most of the rights (and therefore obligations) associated with caring for children, limiting men's responsibility and thus normalizing the notion of care as a female duty.

The right to paid maternity leave and to job protection and non-discrimination for women who are mothers is a basic requirement to protect the life and health of women and their children, ensure a steady income for women workers and combat maternity-related discrimination (actual or potential) against women of childbearing age, pregnant women, breastfeeding mothers or women with young children.⁷ The ILO Maternity Protection Convention (Revised), 1952 (No. 103) and the Maternity Protection Convention, 2000 (No. 183) have been ratified in 10 countries in Latin America and the Caribbean.⁸

Maternity protection should cover all workers, regardless of the type of employment or employment status. This aspect is particularly relevant in Latin America and the Caribbean, where high rates of informal employment mean that a significant percentage of paid women workers may lack this type of protection. The percentage of women potentially covered varies from 14.2% in Honduras to 61.7% in Chile (see annex IV.A1, which presents detailed information on the characteristics of maternity leave in 36 countries and territories in the region). One good practice, which was implemented in Uruguay in 2013, is the extension of the right to maternity leave to non-salaried workers, that is, self-employed or single-tax workers, as long as they contribute to social security. In Chile, self-employed women acquire this right when they have made a minimum number of social security contributions before pregnancy. However, there are still gaps in coverage for those who have not previously contributed or are not enrolled in the pension system.

Paid female domestic workers are still vulnerable to widespread discrimination: the right to paid maternity leave is not recognized in four countries (the Dominican Republic, Guatemala, Honduras and the Plurinational State of Bolivia) and in three others (Belize, El Salvador and Jamaica), the amount of paid maternity leave is lower than for salaried workers in other professions (ILO, 2021b).

⁶ Work intensity is a component of job quality that refers to the physical or mental demands or the need to simultaneously meet many demands associated with a job.

⁷ Despite the existence of legal provisions, in practice, significant challenges remain. For example, in its report to the Committee on the Elimination of Discrimination against Women in 2017, the Directorate of Gender Affairs of Antigua and Barbuda included the testimonies of female workers who were warned by their employers not to become pregnant while working for them (Antigua and Barbuda, Directorate of Gender Affairs, 2017).

⁸ The Maternity Protection Convention, 2000 (No. 183) has been ratified by 41 countries worldwide, including the following countries in Latin America and the Caribbean: Belize, Cuba, Dominican Republic and Peru. The previous convention, the Maternity Protection Convention (Revised), 1952 (No. 103), is currently in force in Brazil, Chile, Ecuador, Guatemala, the Plurinational State of Bolivia and Uruguay.

With regard to the length of maternity leave, it was observed that 21 of the 36 countries and territories analysed do not comply with the minimum standard of 14 weeks set forth in the Maternity Protection Convention, 2000 (No. 183). Six countries comply with the minimum standard of 14 weeks, and only five countries in the region follow the recommendation of at least 18 weeks to ensure adequate rest and recuperation.

The leave system should ensure that women's income is not reduced when they take maternity leave so that they are not penalized for using it. Regionally, women workers in 25 countries are guaranteed 100% of their salary during maternity leave; however, in two countries, this varies between 80% and 90% and in seven countries, between 60% and 70%. One country (Trinidad and Tobago) applies a mixed system, whereby the worker receives 100% of her salary for the first month and 50% for the following two months. These payments should always be financed from social security or public funds since imposing this obligation on the employer carries the risk of producing discriminatory situations and disincentives to hiring women. Although most countries in the region cover this obligation through social security, five countries use a mixed or employer-only system. The approach taken in countries that provide unpaid leave runs counter to the provisions set forth in international standards.

The right to paid time to breastfeed and work was incorporated into international standards on maternity protection with the adoption of the Maternity Protection Convention, 1919 (No. 3) (IPC and UNICEF, 2020). Article 10 of the Maternity Protection Convention, 2000 (No. 183), adopted in 2000, provides that women workers have the right to reduced working hours or to one or more daily breastfeeding breaks, which should be counted as working time and remunerated accordingly. Regulations to this effect do not exist in any of the 13 English-speaking Caribbean countries included in the ILO report (Addati, Cattaneo and Pozzan, 2022), which poses a major challenge to achieving the minimum set forth in international standards.⁹ All 20 Latin American countries have legislation ensuring the right to paid time for breastfeeding (15 of them provide the right to take breaks in the workday for breastfeeding, while the other five offer the option of taking breaks or reducing working hours). The time allotted for breastfeeding is set at 60 minutes per day in 17 countries, 90 minutes or more in two countries and 30 minutes in one country. While the period for breastfeeding varies from six months in Honduras, Mexico and Paraguay to 24 months in Chile and Uruguay, it is most common to have the right to breastfeed extend for 12 months (Addati, Cattaneo and Pozzan, 2022).

A core element of maternity protection is employment protection and the guarantee of non-discrimination for maternity-related reasons, both during pregnancy and upon returning to work after maternity leave has ended. All countries in Latin America and the Caribbean, except Antigua and Barbuda, offer protection against arbitrary dismissal during maternity leave. In 23 countries in the region, women have the right to return to the same or an equivalent job, while in 11 countries this right is not guaranteed. Other discriminatory practices, such as requesting a pregnancy test for employment-related reasons, are prohibited in 14 countries in the region and remain unregulated in 20 of them, which is another major challenge that needs to be addressed (Addati, Cattaneo and Pozzan, 2022).

Across the various family configurations, caring for young children is not only the responsibility, but also the right of all persons, regardless of gender. Everyone should have the right to leave, whether or not they are pregnant. Providing care for children should be carried out by fathers or mothers without distinction. However, men have historically been assigned a secondary role, and only in recent years has paternity leave begun to be incorporated as a State policy in the region and, even more recently, leave for persons belonging to the LGBTI+ community. While the establishment and extension of postnatal leave for men represents an initial sign of progress, it is still insufficient to galvanize the transformation of gender relations and gender stereotypes.

There are still many countries in Latin America and the Caribbean that have not yet established postnatal leave for men or paternity leave, namely: Antigua and Barbuda, Barbados, Belize, Costa Rica, Cuba, Guyana, Haiti, Honduras, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago. In the Bahamas and the British Virgin Islands, postnatal leave for men does not include the right to remuneration. In most of the 17 countries where the right to paid postnatal leave for fathers has been incorporated,

⁹ Antigua and Barbuda, Bahamas, Barbados, Belize, British Virgin Islands, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago.

leave is granted for short periods: 2 days in Argentina,¹⁰ the Dominican Republic and Guatemala; between 3 and 5 days in Brazil, Chile, El Salvador, Mexico, Nicaragua, Panama and the Plurinational State of Bolivia; and between 8 and 10 days in Colombia, Ecuador, Peru and Suriname. Only the Bolivarian Republic of Venezuela, Paraguay and Uruguay provide 13 to 14 days of paid postnatal leave for men. In all cases, 100% of the salary is covered, and in most cases, this cost is borne by the employer (in the Bolivarian Republic of Venezuela, Colombia and Suriname it is covered by social security, while in Uruguay there is a mixed system) (see annex IV.A2).

In almost all countries, paternity leave covers only formal, salaried workers. In a region where half the workforce is engaged in informal employment, the limitation of paternity leave to formal workers is noteworthy as it excludes a very high proportion of fathers. In addition to being very short, paternity leave in Latin America and the Caribbean is not used by all fathers who would be entitled to it. According to a survey conducted in 2018 in seven countries (including Brazil, Chile, and Mexico), the percentage of fathers who did not take paternity leave was 38% in Brazil, 77% in Chile and 34% in Mexico, with a very small difference among young men in Brazil and those with higher levels of education in Chile (Barker and others., 2011). For this reason, it is recommended that leave systems define mandatory time periods for fathers to send a clear signal from the State regarding the care practices expected.

Parental leave is another instrument available to protect workers' right to care, which can be used by fathers and mothers after maternity leave. This leave only exists in four countries in the region, namely, Chile, Colombia, Cuba and Uruguay (see box IV.1). The low percentage of fathers who have used parental leave indicates that some cultural resistance persists. However, it is also caused by barriers to promoting paternal use of the time available for caregiving that are embedded in the design of these leave policies. International experience shows that leave systems that define exclusive and non-transferable periods of leave for fathers (fathers' quotas) successfully persuade a considerable proportion of fathers to use parental leave and become actively involved in care. By contrast, systems that establish that the right to parental leave belongs to the mother, who can transfer part of the time to the father (Chile), or that both parents are entitled to leave but must define who will use the caregiving time (Uruguay), fail to transform gender roles with respect to care; thus, leave is used almost exclusively by mothers (Perrotta, 2020). Box IV.1 describes the characteristics of parental leave in Chile, Colombia, Cuba and Uruguay and the proposal under discussion in the Argentine National Congress.

Box IV.1

Parental leave in Argentina, Chile, Colombia, Cuba and Uruguay

Only four countries in Latin America and the Caribbean offer fathers the option of sharing a portion of their parental leave with the mother. Chile introduced postnatal parental leave (*permiso posnatal parental*, PPP) in 2011. Prior to this, maternity leave, granted exclusively to women, was 18 weeks (6 weeks antenatal and 12 weeks postnatal). Postnatal parental leave gives women workers the right to an additional 12 weeks of leave to care for their newborn child once maternity leave ends. Women can choose between taking postnatal parental leave on a full-time basis (12 weeks) or part-time, in which case the time is extended to 18 weeks. Women who take postnatal parental leave on a full-time basis receive 100% of their salary through social security, with a ceiling (except for female civil servants, for whom there is no ceiling), while those who take postnatal parental leave on a part-time basis are entitled to 50% of their salary. When both parents are engaged in paid employment, the mother can transfer some of the weeks to the father, starting from the seventh week of postnatal parental leave. This leave is separate from paternity leave (five days). When the father takes postnatal parental leave, the benefit is calculated based on his own salary and also has a monthly ceiling, except in the case of civil servants. According to data from the Superintendencia de Seguridad Social, very few fathers make use of postnatal parental leave. Since the adoption of the regulation in 2011 up to August 2021, although a total of 950,987 postnatal parental leave periods were granted, only 2,165 workers who were fathers used the benefit. Over the course of a decade, men accounted for only 0.23% of the benefits granted. In 2020, only 0.2% of men who were fathers used postnatal parental leave (Sepúlveda, 2021).

¹⁰ The draft law "*Cuidar en igualdad*," submitted to Congress on 3 May 2022, extends leave to non-pregnant persons. It proposes a progressive increase, from 2 to 15 days in the first year the law is in effect, 30 days in the second, 45 days in the fourth, 60 in the sixth and 90 days after eight years. In addition, leave would be considered an inalienable right.

In Colombia, parental leave was established by Act No. 2114 of 29 July 2021, permitting the father and the mother to freely distribute the last six weeks of maternity leave between them. Furthermore, the law extended the period of paternity leave from eight working days to two weeks. The law stipulates that the first 12 weeks after childbirth are for the exclusive use of the woman (2 weeks less than the minimum of 14 weeks set forth in international standards). The parental leave benefit is calculated based on the salary of the person taking the leave and is available for biological and adoptive parents. In the case of the mother, this leave is separate from breastfeeding leave. The mother or father may opt for flexible, part-time parental leave, whereby they may exchange a specific period of their maternity or paternity leave (after the 12 weeks allocated exclusively for the mother) for a period of part-time work, equivalent to twice the duration of leave selected.

Parental leave came into effect in Cuba in 2003. Mothers are entitled to six weeks of antenatal maternity leave and 12 weeks of postnatal maternity leave. The law was amended in 2021 to incorporate the option of transferring the postnatal maternity leave cash benefit to the grandparents if the mother is a student and to the father or grandparents if the child becomes ill. Parental leave provides that after maternity leave ends, the mother and father can decide which of them will care for the child, how they will share this responsibility until the child turns 1 year old and who will receive the social benefit, which is equivalent to 60% of the calculation basis for the paid maternity leave. Despite having this right for almost 20 years, most fathers do not use it. Between 2006 and 2014, only 125 men applied for paid paternity leave, and the majority did so because of the mother's illness or death. In 2017, only seven fathers took paid paternity leave, compared to the 65 working grandfathers and grandmothers who have done so since the benefit was extended to these family members in 2021 if they are responsible for the child while the mother is a student (Hernández, 2018).

In Uruguay, the Sistema Nacional de Cuidados provides a part-time care allowance, established in 2013, which can be granted to either the father or the mother until the child is 6 months old. In the same year, maternity leave was extended from 12 to 14 weeks—the minimum period recommended by the International Labour Organization (ILO)—and paternity leave was extended from 3 to 13 days. Use of parental leave is voluntary and transferable and can be split and used alternately between the mother and father. In 2017, only 4.5% of fathers entitled to this leave made use of it, while 59% of women who took maternity leave decided to continue caring for their children by taking part-time leave. Among the main reasons given by men for not using this leave were breastfeeding (72.1% of cases), the belief that the child would benefit more from care provided by their partner (59.9%), the underlying notion that responsibility for the care of children under 1 year of age lies with mothers, the possibility of negative repercussions for their paid employment due to the disruption of workplace dynamics and the loss of income (between one third and 40%) (Batthyány, Genta and Perrotta, 2018).

In 2022, a bill was submitted to the Argentine National Congress to establish the Comprehensive System of Care Policies. Among other measures, it proposes increasing the period of maternity leave from 90 to 126 days (at least 30 days of which can be taken before the birth) and establishing parental leave for "*personal no gestante*" (non-pregnant staff), which leaves this option open to same-sex couples. Argentina would be the first country to establish the inalienable nature of leave for the father or non-pregnant partner (prohibition on working). The bill proposes that leave should be granted for 90 days and can be taken in increments. The first 15 days should be used immediately following the birth, and the remaining 75 days should be used within 180 days after the birth. Similar leave is granted in the case of adoption. Considering that the maximum maternity leave period after childbirth is 14 weeks, this leave for the non-pregnant partner could increase the time available for care by the non-pregnant person by several weeks.

Despite the fact that countries have passed laws recognizing marriage equality and, thus, the possibility of the adoption and registration of children of same-sex couples, there is scarce information available on access to parental leave for same-sex couples. In Argentina, there is a judicial ruling dating from 2015 that states that if the two adoptive parents are men, extended parental leave is granted based on the right to equality before the law and the prohibition of discrimination against all human beings (Valderrama Medrano and Trujillo Díaz, 2020).

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of P. Sepúlveda, "Ley de posnatal parental cumple una década y solo 0,23% de hombres lo ha usado: ¿Por qué los padres no se involucran en cuidado de sus hijos recién nacidos?", *La Tercera*, Santiago, 20 October 2021; M. Hernández, "Solo 125 hombres se acogieron a la licencia de paternidad en ocho años", *14ymedio*, 19 March 2018; K. Batthyány, N. Genta and V. Perrotta, *Uso de licencias parentales y roles de género en el cuidado*, Montevideo, Grupo de Investigación de Sociología de Género, University of the Republic, 2018; L. Valderrama Medrano and J. Trujillo Díaz, "La licencia de maternidad y paternidad en parejas adoptantes homoparentales: ¿cuál es la mejor manera de afrontar esta realidad?", master thesis in labour law and social security, Bogotá, Pontifical Xavierian University, 2020.

Another characteristic of leave systems in the region is that they focus on the period associated with the birth, leaving workers responsible for caring for older persons unprotected. An important step forward was taken in Argentina in July 2020, with the promulgation of Act No. 27555 on teleworking, which includes an article on care tasks and establishes that persons working in this mode who can prove that they are responsible, solely or jointly, for the care of persons under thirteen (13) years of age, persons with disabilities or older adults who live with the worker and who require specific assistance, shall be entitled to working hours compatible with the care tasks for which they are responsible, or the right to interrupt their workday, or both.

Other types of rights, such as leave to care for sick children or access to childcare facilities once maternity leave is over, are generally granted only to women. This approach reinforces the concept of men as providers and women as caregivers, as well as the traditional gender order, in which roles are complementary and unequal.

A strategy must be devised to provide for the children's care once the period of maternity, paternity or parental leave, if any, ends. Childcare policies and universal access to these services from an early age are a right of children and an indispensable component of gender equality (ECLAC, 2014a). When families are faced with inadequate services, many resort to informal arrangements with the support of relatives, generally other women, while those with higher incomes hire the services of female domestic workers or childcare centres available on the market. In several countries of the region, regulations establish companies' obligation to provide childcare services for the young children of staff, although the age limit varies from one country to another. In some countries, the companies' obligation is limited to mothers engaged in paid employment (Brazil, Chile, Guatemala, Paraguay and the Plurinational State of Bolivia), while in others, it applies to both fathers and mothers (Argentina, Ecuador, El Salvador, Honduras, Mexico) (see table IV.1).

Table IV.1

Latin America (11 countries): mandatory provision of childcare services by companies

Country	Coverage	Children's age	Company size (Number of workers)	Other relevant factors
Argentina	Fathers and mothers	Children aged 45 days to 3 years	100 or more	Nurseries and day care within the facility or payment of expenses covering the cost of childcare
Bolivia (Plurinational State of)	Mothers	Children under 1 year	50 or more	Day-care facilities (<i>salas cuna</i>) connected to the workplace
Brazil	Mothers	Children under 5 years	30 or more women over 16 years	Kindergarten at the workplace or accessible via agreements with other companies
Chile	Mothers	Children under 2 years	20 or more women	Nurseries and day care within the facility, in affiliation with other companies or payment of expenses covering the cost of childcare
Ecuador	Fathers and mothers	Children under 7 years	50 or more	Kindergarten at the workplace or accessible via agreements with other companies
El Salvador	Fathers and mothers	Children under 3 years	100 or more	Kindergarten at the workplace or accessible via agreements with other companies or payment for day-care services
Guatemala	Mothers	Children under 3 years	30 or more women	Kindergarten at the workplace
Honduras ^a	Fathers and mothers	Children under 7 years	30 or more women	Childcare centre at the workplace
Mexico ^b	Fathers and mothers	Children aged 43 days to 4 years	Not specified	Kindergarten near the workplace
Paraguay	Mothers	Children under 2 years	50 or more women	Kindergarten at the workplace or accessible via third-party companies or payment of subsidy
Venezuela (Bolivarian Republic of)	Fathers and mothers	Children aged 3 months to 6 years	20 or more	Early education centre at or near the workplace or payment of tuition fees

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Gender Equality Observatory for Latin America and the Caribbean, "Care related policies and laws" [online] <https://oig.cepal.org/es/leyes/leyes-de-cuidado>.

^a Partial coverage, parents' contribution is assessed.

^b Financed by social security, subject to agreement with companies.

In general, given that in most countries, the cost of mandatory childcare is borne by companies (only in Mexico is it covered by social security), this requirement only applies to medium or large companies, based on the assumption that small companies do not have the economic capacity to absorb the cost. In some countries, the establishment of a minimum number of female workers that would compel the company to meet this obligation (Brazil, Chile, Guatemala, Paraguay and the Plurinational State of Bolivia) could discourage

hiring of women. Although this obligation is in force in many countries, few apply it. In Argentina it was established in the Employment Contracts Act, which was passed in 1974, but was only recently implemented in October 2021, while in El Salvador, legislation still has not been passed and, therefore, it has not been implemented. Assessments conducted in Guatemala and Honduras show a general lack of care services provided by companies, even in the case of the maquila industry, where this issue has been included in collective bargaining via tripartite agreements (MSN, 2018).

According to a study conducted in five Caribbean countries (Antigua and Barbuda, Dominica, Guyana, Jamaica and Saint Lucia), the supply of childcare services is limited and consists mainly of private facilities, which cannot keep up with the demand despite their high cost. Childcare services operate during the hours of a typical workday (approximately between 8 a.m. and 5 p.m., Monday to Friday), which poses a challenge for those working in sectors with atypical working hours. Some jobs with high levels of participation by women (such as tourism) occur at times or on days when care services are not available; these workers must then resort to informal care arrangements in order to balance their work schedules with family responsibilities. For example, in Saint Lucia, women in low-income households who are engaged in paid employment and cannot afford childcare rely on support from their mothers or send their children to live in another household, a relatively widespread phenomenon known as *child-shifting* (ILO, 2018a). In Antigua and Barbuda, where the proportion of single-parent households headed by women stands at 41%, the lack of a public preschool education system takes a significant toll on women (ILO, 2018b).

In addition, most public early childhood and childcare services available in Latin America and the Caribbean operate on a part-time basis, which reinforces the model that inhibits women's entry into the workforce as the rest of the workday is taken up with informal, unpaid care. Thus, it is important to expand the supply of public, full-time care services and encourage companies to offer this type of service. Another method of encouraging companies to assume responsibility for guaranteeing the right to care is by offering leave extension programmes in exchange for tax incentives (see box IV.2).

Box IV.2

The Citizen Enterprise Programme in Brazil

The Citizen Enterprise Programme was implemented in 2008 (Act No. 11770) to promote the extension of maternity leave in exchange for tax incentives. It targets companies that are taxed on actual profits.^a Companies registered in the programme can grant a 60-day extension after the 120 days of maternity leave established by law (Moreno, Bast and Volpi, 2021). This includes biological and adoptive mothers. Companies enrolled in this programme can also deduct the total remuneration paid to female employees during the maternity leave extension period from income taxes. In addition to the five days established by law, in 2016, paternity leave was extended by 15 days. In this case, companies receive tax benefits equivalent to those received for maternity and paternity leave. As of November 2021, there were just over 23,000 companies registered in the programme in the State of São Paulo. This figure represents 1% of the companies located in the state (2.4 million), which is the industrial epicentre of Brazil. One reason for the low level of participation is that the guidelines governing this policy limit companies' eligibility to register to those taxed based on actual profits, a criterion that, in practice, excludes smaller companies. However, the Ministry of Economic Affairs (2019) estimates that only 16% of the companies eligible to join the programme have registered and notes that among the mothers who had access to this extension, there is a bias in favour of white and more educated women. Although Black women make up 50% of the formal workforce (*Carteira de Trabalho e Previdência Social*), they represent only 28% of those who took advantage of the maternity leave extension. Similarly, women with a higher educational level make up 26% of employed women, but account for almost half (47%) of the beneficiaries of the extension.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of A. C. Moreno, E. Bast and P. Volpi, "Só 1% das empresas de São Paulo participam do programa federal de licença-maternidade estendida", *G1*, São Paulo, 18 November 2021 [online] <https://g1.globo.com/sp/sao-paulo/noticia/2021/11/18/so-1percent-das-empresas-de-sao-paulo-participam-do-programa-federal-de-licenca-maternidade-estendida.ghtml>; Ministry of Economic Affairs, "Programa Empresa Cidadã", 30 May 2019 [online] <https://www.gov.br/receitafederal/pt-br/assuntos/orientacao-tributaria/isencoes/programa-empresa-cidada/orientacoes> [accessed on 15 June 2022].

^a Companies taxed on actual profits pay taxes based on the profits earned (actual profit), with the amount they pay adjusted based on fluctuations in the profits. This figure is mainly used by larger companies.

(c) Cultural dimension

Patriarchal culture shapes household care practices, labour market dynamics and the value attached to notions of the ideal profile of male and female workers. The burden of traditional gender roles in care work is still a potent force in most countries in the region and has been identified as one of the structural challenges of gender inequality (ECLAC, 2019). Concern has been raised about the resurgence of patriarchal practices, discourse and cultural patterns that uphold the idea of women as natural caregivers and even decry their participation in the labour market as it would imply neglect of their supposedly natural tasks (Stutzin and Truncos, 2019). Yet, the idea that women no longer face barriers to labour market participation persists and that, therefore, measures should not be taken to modify the unfair sexual division of labour.

Despite the changes observed in recent decades, especially those resulting from women's entry into the labour market and their increasing levels of education and higher educational attainment compared to men in most countries, the idea that women are better caregivers of the family and men are better economic providers for the household remains alive in the collective consciousness. The family environment plays a critical role in shaping gender roles, which begins with primary socialization and is replicated throughout life. Transforming social norms regarding domestic life is a slow process, and although it is viewed as socially acceptable for women to engage in paid work, prejudices still demand that women never abandon their care activities for the family. There still has not been a true redistribution of care work between men and women. Viewing men exclusively as economic providers exempts them from care responsibilities, and when they perform unpaid domestic or care activities for the household, it is interpreted as an extra contribution rather than a responsibility or obligation (IPPF WHR/Promundo, 2017; Van der Gaag and others, 2019).

These values are transferred to the labour market and influence institutional decisions, such as exclusively or predominantly awarding overtime, business travel, training and promotions to men. The image of the working woman for whom the family remains the top priority plays into a line of argument that seeks to adapt women's working conditions to accommodate family care. In this context, flexible work arrangements, teleworking (see box IV.3) and part-time work for women are espoused as ways to help women retain the option to work without neglecting their family responsibilities (Van der Gaag and others, 2019; Barker and others, 2021). This occurs with no consideration of the cost to women's professional development and economic autonomy, as they are solely responsible for making these adjustments.¹¹

Several perception surveys reveal that the region is still prone to cultural patterns that continue to assign women greater responsibility for care work. Moreover, the prevailing "family-first" culture does not recognize actors outside of the family, such as the private sector, as having care responsibilities. Modifying the unjust social organization of care requires measures that not only redistribute care work between men and women in the household, but also transform the work culture, which does not acknowledge the private sector's responsibility regarding care and, at a minimum, implement measures to support women so that they can work and provide care. As long as the perception of the ideal worker continues to be someone with no care responsibilities, and care continues to be considered the private responsibility of families, with no costs to be borne by the private sector, it will not be possible to make progress towards substantive equality.¹² Likewise, the "family-first" mentality ignores changes in parenting styles, the diversity of family structures and the growing care demands associated with aging and health-related dependency.

¹¹ It is important to acknowledge the initiatives aimed at promoting greater gender equality within companies, such as the Gender Equality Seal for companies, which has been supported by the regional office of the United Nations Development Programme (UNDP) in 14 countries in the region since 2009, and the *Ganar-Ganar* programme, implemented in six countries by UN-Women and ILO. These initiatives promote actions to reduce discrimination against women within companies, civil society organizations and public services, which include measures to facilitate the harmonization of personal, family and work life with the notion of co-responsibility and to work on the cultural stereotypes that are replicated in these spaces (UNDP, 2022; UN-Women, 2021).

¹² As Incháustegui (2021) points out, the legal traditional "marriage contract", which establishes a firm separation of roles, whereby men are central to the public domain and women are relegated to the private sphere, should be analysed and re-examined as this situation is responsible for the current tension and conflict within families.

Box IV.3**The cost of teleworking for women**

Telework is a prime example of an opportunity to re-examine the collective consciousness regarding the link between women and paid work and the contradiction between discussions about equality and practices that reinforce traditional stereotypes. Telework is often presented as an opportunity to foster gender equality by providing greater flexibility in the organization of their working hours and reconciling unpaid care responsibilities with paid employment, which is expected to boost women's participation in the labour market. The implicit message is that this arrangement is appropriate for women because they are still assigned the primary role of caring for the family, along with the "mandate" to adapt their participation in the labour market to the needs of the family. Although progress has been made with respect to regulating telework, the urgency of implementing it in light of the COVID-19 pandemic poses major challenges. Among these are the gender-based consequences of shifting work responsibilities to the domestic sphere, without anticipating that this would lead to an overload of work for women, who have to reconcile telework with looking after the home and the family, supervising homework and caring for elderly people and other dependents.

Prior to the COVID-19 pandemic, telework was often presented as a good option, especially for women, to reconcile family responsibilities with work and to reduce commuting time. In practice, telework can exacerbate existing gender inequalities by overburdening women with family care tasks, leading to greater social isolation and limiting their opportunities for development.

The sharp rise in teleworking that occurred to sustain work processes amidst the restrictions imposed to mitigate the effects of the pandemic showed that rather than alleviating women's workload, the overlap of work and care duties in the home came at an enormous cost for women (Vaca Trigo and Valenzuela, 2022). It is estimated that although women make up 42.1% of the workforce in Latin America, they accounted for more than half of the 23 million people who were teleworking in the second half of 2020 to cope with the restrictions imposed by the pandemic (Maurizio, 2021). In Mexico, the majority of women teleworkers experienced an increase in working hours (not only throughout the day, but also on weekends because of constant interruptions to monitor their children's distance learning and perform other care activities for the family). Women also struggled to concentrate, which led to the constant worry of not being able to meet targets and of affecting their career development prospects. The feeling of physical and mental exhaustion is widespread: 80.5% of women with children under the age of 18 reported that their unpaid care activities had increased, and 56% of women reported feeling more tired than before the pandemic (UNDP, 2021).

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of United Nations Development Programme (UNDP), *Madres trabajadoras y COVID-19: efectos de la pandemia en circunstancias de teletrabajo en México*, Mexico City, 2021; R. Maurizio, "Challenges and opportunities of teleworking in Latin America and the Caribbean", *Labour Overview Series, Latin America and the Caribbean 2021*, 2021; I. Vaca Trigo and M. E. Valenzuela, "Digitalización de las mujeres en América Latina y el Caribe: acción urgente para una recuperación transformadora y con igualdad", *Project Documents (LC/TS.2022/79)*, Santiago, ECLAC, 2022.

Cultural care patterns and the pre-eminence of paid work over other activities for men legitimize some forms of social punishment of those who demand a more active role in the care and upbringing of their children. The underutilization of paternity leave and the low percentage of men taking parental leave in the few countries where it is available offer an example of how gendered social norms function at the individual and institutional level. Among the reasons cited by those who do not use the leave to which they are entitled are restrictive social norms that equate care work with women's work and tend to ridicule men who do this work, as well as the central role of breastfeeding in caregiving (Pineda Duque, 2020; Batthyány, Genta and Perrotta, 2018). Thus, numerous men feel pressured not to take leave for fear of losing their jobs or out of concern that they will be stigmatized and perceived as less competitive workers if they use leave.¹³

¹³ Rudman and Mescher (2013) show that men who take leave to care for the family are not only perceived as poor workers who do not deserve to be promoted but are also viewed as lacking in competitiveness and ambition, attributes that are valued in organizational culture. Reid (2015) found that explicitly indicating a desire for greater balance between work and family, for example by requesting family leave, is penalized by organizations.

With many care activities transferred to households because of the COVID-19 pandemic, there was an increase in the burden of unpaid work and participation by men in care work. Studies conducted by UN-Women in 47 countries concluded that, because of the lockdown measures imposed by COVID-19, 56% of women and 51% of men experienced an increase in the time spent on care work (UN-Women, 2020). This indicates that while men performed more care work in the reference period than at any other time in recent history, gender gaps did not narrow, demonstrating the persistent nature of cultural biases.¹⁴

Merely redistributing the time spent providing care between men and women does not change the central role played by the labour market in organizing time (Weissbourd and others, 2020). The pandemic has prompted a growing discontent with this approach to organizing work, which excludes care activities (Williams, 2020). Hence, there is increasing dissatisfaction with the dominant role of paid work in people's lives and growing interest in a more integrated life that includes personal, family and work-related considerations. This translates into a greater awareness of the need to refocus work around life rather than the market. In this way, the labour market can become one of many areas of people's lives and not the axis around which all other aspects are organized (Vaca Trigo and Baron, 2022). To this end, it is necessary for working men to be recognized in the workplace as individuals who are entitled to provide care, without treating their choice to take care-related leave or adapt their schedules to provide care as an anomaly.

B. Taking care of paid caregivers

Moving towards a care society requires recognition of the value of care work, by households and the State or market. Persons working in care-related sectors and occupations share some characteristics. In addition to mostly being women, they perform tasks that require knowledge and skills that are not always valued. They often maintain ongoing relationships with the individuals receiving care, which implies an emotional responsibility that is difficult to measure but fundamental for sustaining life and social well-being (Vaca Trigo and Baron, 2022). This is also a very heterogeneous group, in terms of the occupational category, remuneration and working conditions and the value and status accorded by society.

The structural challenges of gender inequality are reflected in the composition of work in the care-related sectors, which account for 27% of employed women (7.5% in the health sector, 9.7% in the education sector and 9.8% in paid domestic work). Although women represent 72.6%, 69.6% and 90.7% of the employed population in the health, education and paid domestic work sectors respectively, they are under-represented in managerial positions. The inequality is even greater from an intersectional standpoint. Afrodescendent and indigenous women have the lowest salaries in the sectors analysed (see infographic IV.2).

Some argue that in addition to being essential to sustain life, the sectors associated with the care economy have the potential to boost economies and create sources of employment. In light of growing care needs, there is also an increasing demand for paid care work. According to ECLAC, work is the key to unlocking equality (ECLAC, 2014b). Conditions in this sector must be improved to prevent the widening of gender gaps.

¹⁴ Although gender gaps were not reduced during the pandemic, the need to promote co-responsibility was recognized in several countries, and communication campaigns were carried out to promote recognition and appreciation of care work (ILO, 2022).

Infographic IV.2

Latin America and the Caribbean (17 countries):^a the structural challenges of gender inequality in the care economy



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).

Note: Data are for 2020, except for Honduras and Panama, where they refer to 2019, and the Bolivarian Republic of Venezuela, Guatemala and Nicaragua, where they refer to 2014. Calculation of the average monthly wage by ethnicity is based on data from the countries for which data on the variable are available (Brazil, Colombia, Ecuador, Panama, Peru and Uruguay).

^a The countries included are: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, Plurinational State of Bolivia and Uruguay.

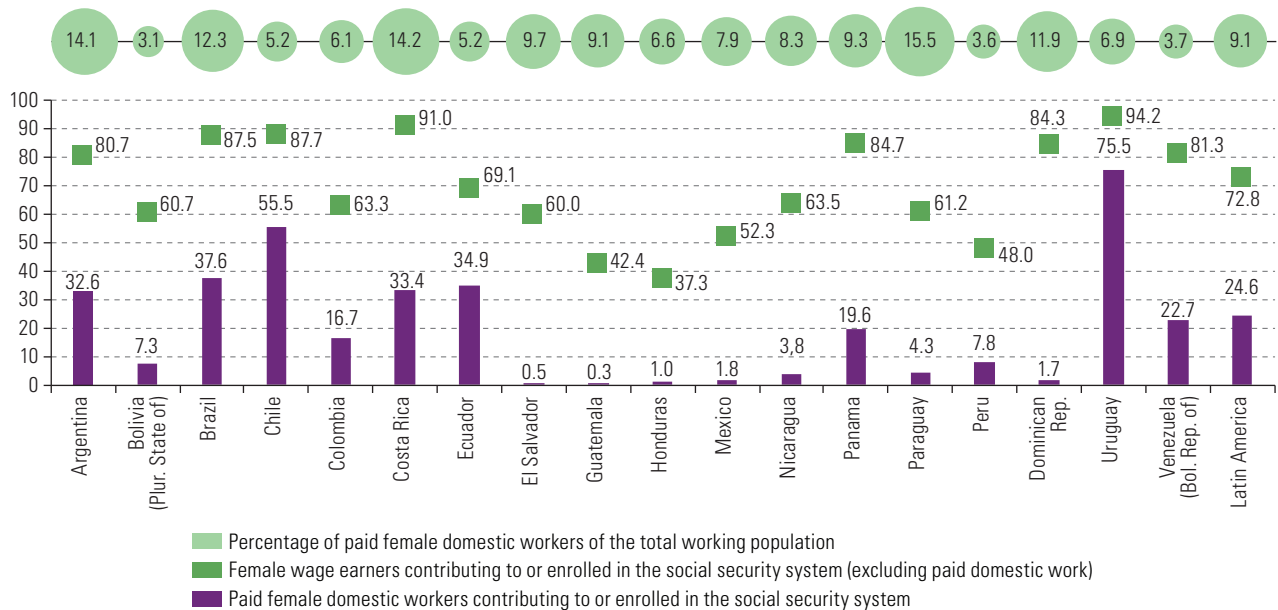
1. Conditions for paid female domestic workers

Responsibility for the bulk of the domestic and care work in households falls to two groups of women. The first comprises women who undertake such work as the main unpaid activity within their own households, while the second corresponds to paid female domestic workers, who carry out such work for others, particularly in middle- and high-income households. The latter group is composed primarily of women from poor households, migrant women, often Afrodescendent or Indigenous women, who have historically been subjected to unfavourable working conditions and situations rife with discrimination and a deficit of decent work (Valenzuela, Scuro and Vaca Trigo, 2020). These working relationships take atypical forms as they are established within households, which limits the possibility of State oversight and unionization or collectivization among peers.

Paid domestic work is a major source of employment for 11 million to 18 million people in Latin America and the Caribbean (UN-Women/ILO/ECLAC, 2020). This is a traditionally feminized sector, where 9 of 10 workers are women (see infographic IV.2). The share of paid domestic work in women's employment has declined steadily in recent years, from 12.7% in 2000 to 9.1% in 2020, and varies considerably from country to country, with only five countries above the regional average (see figure IV.2). The share of paid domestic work in women's employment is lower in Caribbean countries than in Latin America, except for Trinidad and Tobago, where it accounts for 15.7% of employed women. This proportion stands at 6.1% in Guyana, 6% in Saint Lucia, 4.7% in Suriname and 3% in Haiti.

Figure IV.2

Latin America and the Caribbean (18 countries, weighted average): paid female domestic workers as a share of all employed women and workers contributing to or enrolled in the social security system, around 2020^a (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).

^a Data are for 2020, except for Honduras and Panama, where they refer to 2019, and for the Bolivarian Republic of Venezuela, Guatemala and Nicaragua, where they refer to 2014.

In this sector, the intersection of gender-based, socioeconomic and ethnic/racial inequalities is unmistakable: almost all domestic and care tasks are assigned to women, low wages and high rates of poverty have been noted among women workers and historical, servile relationships remain. Afrodescendent women account for approximately 63% of workers in the sector (UN-Women/ILO/ECLAC, 2020), and a substantial proportion are migrant women who have moved both within countries (urban-rural migration) and from one country to another.

The paid domestic work sector has been among the hardest hit by the fallout of the COVID-19 pandemic since the beginning of 2020. Among the countries most affected in the months following the onset of the pandemic were Chile, Colombia and Costa Rica (which saw a reduction in employment in the paid domestic work sector of over 45%), Mexico (33.2%) and Brazil (24.7%) (ECLAC, 2021). According to ILO estimates (ILO 2021c), as of early June 2020, 69% of paid female domestic workers in Latin America and the Caribbean were severely affected by the lockdown measures imposed by the pandemic, which resulted in the loss of jobs and income or the reduction of working hours and, consequently, of wages. This represents the highest figure recorded globally. Job insecurity faced by paid female domestic workers in Latin America and the Caribbean is 20 percentage points higher than the global average (49%) (ILO, 2021c). The severity of the impact of the measures on the employment and income of paid female domestic workers can be explained by the duration and extent of the lockdowns established in each country and the high degree of informality of the sector in the region. By the end of 2021, jobs lost during the pandemic still had not been recovered and employment in the sector remained 14.6 percentage points below the figures at the end of 2019. While this indicates a reduction of 1.3 million people employed in this sector, it is possible that employment in the sector will gradually continue to recover.

Notwithstanding the significant regulatory progress made in recognizing the rights of paid female domestic workers in Latin America, high levels of informality and non-compliance persist. In 2011, the International Labour Conference adopted the Domestic Workers Convention, 2011 (No. 189), which extends fundamental labour rights to domestic workers worldwide. Ten years after its adoption, the Convention is the most widely ratified in Latin America and the Caribbean, with 18 of the 35 countries in the region (51%) having ratified the Convention to date.¹⁵ In several countries, labour legislation reform has been encouraged to achieve alignment with the principles of the Convention and to approximate or match the rights of paid female domestic workers to those of other salaried workers. In some countries, this process had already started before the adoption of the Convention.

In spite of the regulatory developments, paid domestic work is characterized by high levels of informality. This is reflected in the lack of contracts, access to social security contributions, the pension fund and to payment of the premium established by law. The ILO (2021b) definition of informality in the domestic work sector includes exclusion from labour and social security legislation, non-compliance with laws and regulations and insufficient or inadequate levels of legal protection. In Latin America and the Caribbean, only 7% of paid female domestic workers in informal arrangements are in this situation owing to a lack of legal coverage; the remaining 93% result from lax enforcement of the regulations. This indicates that the existence of a regulatory framework that recognizes and protects the rights of paid female domestic workers is a necessary condition but is not sufficient to ensure the full enjoyment of these rights. The difficulties associated with conducting labour inspections, along with the scarcity of complaint mechanisms, worsen the precarious conditions in this sector.¹⁶

A crucial element in protecting paid female domestic workers from abusive practices is the conclusion of a written contract. Article 7 of the Domestic Workers Convention, 2011 (No. 189) sets forth the measures that States should adopt to ensure that “domestic workers are informed of their terms and conditions of employment in an appropriate, verifiable and easily understandable manner and preferably, where possible, through written contracts” (ILO, 2011). The written contract serves as evidence for the worker of the existence of the employment relationship and the agreed conditions; it also enables recourse to justice as well as labour inspections. In most countries in Latin America, labour legislation allows for an oral contract to agree on working conditions in an employment relationship. Only the laws in Chile, Costa Rica, Paraguay and the Plurinational State of Bolivia, and the recent legal reforms in Mexico and Peru stipulate that a written contract is required for paid domestic work. In the Plurinational State of Bolivia, this requirement is only enforceable when the employment relationship exceeds one year. In Chile, Costa Rica, Paraguay and Peru, the law requires that the contract is registered with the competent public authority.¹⁷ In Argentina and Brazil, a mandatory workbook also serves to formalize and substantiate the employment relationship (Valenzuela, Scuro and Vaca Trigo, 2020). Despite these measures, the proportion of female workers with contracts is extremely low, as shown in figure IV.3.

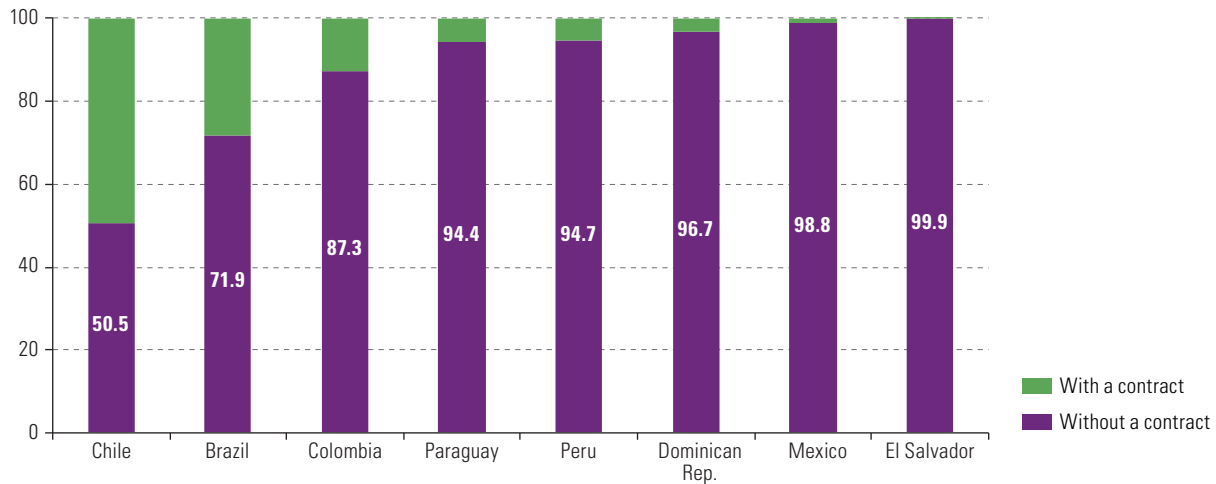
¹⁵ The countries in Latin America and the Caribbean that have ratified this Convention are Uruguay (2012); Ecuador, Guyana, Nicaragua, Paraguay and the Plurinational State of Bolivia (2013); Argentina, Colombia and Costa Rica (2014); Chile, the Dominican Republic and Panama (2015); Jamaica (2016); Brazil, Grenada and Peru (2018); Mexico (2020) and Antigua and Barbuda (2021).

¹⁶ As the work is performed in private homes, conducting labour inspections is complex. To improve oversight in private neighbourhoods in the province of Buenos Aires, the Ministry of Labour of the province, within the scope of its responsibilities, asked a number of neighbourhoods for entry logs to identify potential workers and verify that they had been registered. The response from some neighbourhoods suggested that despite the high purchasing power, the proportion of unregistered or incorrectly registered workers was comparable to that of the rest of the country (around 25%).

¹⁷ In Chile, a written contract is required for all employment relationships. In Costa Rica, this obligation applies to all salaried persons, except those engaged in agriculture and livestock farming, and to temporary and construction work lasting less than 90 days.

Figure IV.3

Latin America and the Caribbean (8 countries): paid female domestic workers without a written contract, around 2020 (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).

Although most countries in the region provide for mandatory social security enrolment for paid female domestic workers, coverage is low (with a few exceptions). Only 24.6% of paid female domestic workers are enrolled in social security (see figure IV.2), and only 6 of the 18 countries analysed exceed the regional average. At present, paid female domestic workers in Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico, Paraguay, Peru and Uruguay, which account for 89.1% of domestic workers in the region, are guaranteed equality with respect to the overall social security regime applied to other wage earners.¹⁸ The voluntary nature of enrolment by paid female domestic workers in some countries functions as an indirect means of exclusion.

An important aspect of the quality of paid female domestic workers' employment conditions relates to the length of the workday. Although in several countries, the workday is already equal to the maximum legal working hours, 11.9% of workers still work very long hours, exceeding 50 hours per week. In eight countries, the regulations in force ensure equality between the maximum workday of paid female domestic workers and other wage earners (8 hours a day or 48 hours a week), regardless of the type of work (Argentina, the Bolivarian Republic of Venezuela, Brazil, Costa Rica, Ecuador, Peru and Uruguay), while in Paraguay this workday is established for staff who do not stay overnight at their place of work, with no explicit definition of the workday for workers who do. The Plurinational State of Bolivia, Chile and Colombia establish a maximum workday of 8 hours a day (45 hours a week in the case of Chile) for paid female domestic workers who do not stay overnight at their place of work, putting them on a par with other wage earners. For staff who stay overnight at their place of work, the law establishes a 10-hour workday in Colombia and the Plurinational State of Bolivia and 12 hours of complete rest in Chile. The Dominican Republic, El Salvador, Guatemala and Honduras do not specify a maximum number of working hours (ILO, 2021a). The decline in the proportion of women with very long working hours (from 28.1% in 2000 to 11.9% in 2020) stems from the reduction in workers who stay overnight at their place of work and the increase in hourly work for different employers.

Although most countries in the region have a mechanism for establishing the minimum wage, some workers' income falls below the minimum wage. In some countries, there is a national minimum wage, which also applies to the paid domestic work sector; however, it is not enforced. In the Plurinational State of Bolivia, 43.7% of paid female domestic workers receive less than the minimum wage. In Brazil, Chile and Ecuador, this proportion stands at 39.5%, 39.2% and 27% of paid female domestic workers, respectively. In Argentina, where the minimum wage is set by collective bargaining, non-compliance stands at 26.9%, while in Costa Rica, where there is also a differentiated wage-setting system by category, 54.2% of paid female

¹⁸ In Brazil, however, only paid female domestic workers who work three or more days per week for the same household are considered dependent workers, with the same rights as other wage earners. Those who work fewer than three days per week for the same household, known as "*diaristas*," (casual workers) are considered self-employed and are not recognized as having an employment relationship. In this case, they have access to social security only if they make voluntary contributions, without any legal or financial responsibility on the part of their employers.

domestic workers are paid less than the minimum wage for manual labour (ILO, 2021b). Despite the progress made regarding the minimum wage, remuneration for domestic workers is still low.¹⁹ As a result, one in every five women in paid domestic work is living in poverty.²⁰

Paid domestic work is a source of employment for much of the working elderly population: one of 10 women workers in this sector is over 60 years old. It is considered an “ageing” sector, as the average age has been increasing at a faster rate than for the rest of employed women. Between 2000 and 2017, the average age of paid female domestic workers in the region increased by almost eight years (from 34.5 to 42.2 years). Whereas in 2000, paid female domestic workers were, on average, almost two years younger than women in other occupations, in 2017 they were almost two years older than other employed women. This trend is caused by two phenomena: the low level of social security coverage and the consequent inability to retire force these women workers to remain employed until an advanced age.²¹ Furthermore, the younger generations, who have a higher level of education, opt for other types of jobs. In addition to the large proportion of older workers, the percentage of very young paid female domestic workers (between 15 and 24 years of age) is also of concern in some countries, such as Honduras (36.6%), Paraguay (30%), Guatemala (29.5%), Nicaragua (26%), the Plurinational State of Bolivia (20%), El Salvador (17%) and Peru (16%) (Valenzuela, Scuro and Vaca Trigo, 2020).

It is clear that the sexual division of labour, the reproduction of patriarchal cultural patterns and the undervaluation of domestic and care work directly affect the working conditions of those who provide these services. While the precariousness of employment in this sector is structural, the COVID-19 pandemic highlighted the urgent need for State intervention and the reaffirmation of international conventions on labour legislation to further improve current conditions. Full appreciation of the care work carried out by paid female domestic workers, their professional development and representation and the improvement of working conditions would create a virtuous circle that would benefit the people in need of care and those who provide it.

2. Continuity of health care

People’s health status and care needs, including self-care, are essential factors in understanding the care demands placed on households and on the health system. Moreover, access to healthy living and consumption patterns and the availability of time for rest and self-care ease the pressure on the health system. Thus, the demand for health services and the need for unpaid care within households exist on a continuum.

Households in the region must provide a significant portion of the health care needed to recover from illness or an accident. The cost (in terms of money and time) is passed on to households and, depending on the socioeconomic status and other household conditions, different coping strategies are adopted (ECLAC, 2017b). Higher-income households tend to hire specialized, in-home caregivers, while lower-income households look within their families or support networks for people who can adapt their schedules to provide support in the form of unpaid care. In general, women (young women, students, women with informal jobs or older women outside the labour market) are more involved in care work within the household so that those engaged in paid employment do not have to miss work and reduce the household’s monetary income. It is estimated that women’s contribution to care would account for approximately 5% of global GDP, but that almost half the work recorded goes unremunerated and unrecognized (ILO, 2017). In this sense, care work in households and communities subsidizes health systems (ILO, 2017). Several countries in the region have established health care satellite accounts. In Brazil, final health-related consumption is estimated at 9.6% of GDP, while in Ecuador it is estimated at 4.5% of GDP (IBGE, 2022; INEC, 2021). However, it is only in Mexico that this calculation includes the unpaid health care work of household members. According to the 2020 health care satellite account, this sector accounted for 6.5% of the expansion of Mexico’s GDP, of which 28.7% corresponds to unpaid health-related care provided by household members (INEGI, 2021).

¹⁹ In nine countries in the region, the minimum wage for paid female domestic workers is equal to the national minimum wage (Brazil, Chile, Ecuador, Colombia, Guatemala, Nicaragua, Paraguay, Peru and the Plurinational State of Bolivia), while in two other countries (Argentina and Uruguay) and the municipality of São Paulo, the minimum wage is set via a collective bargaining process.

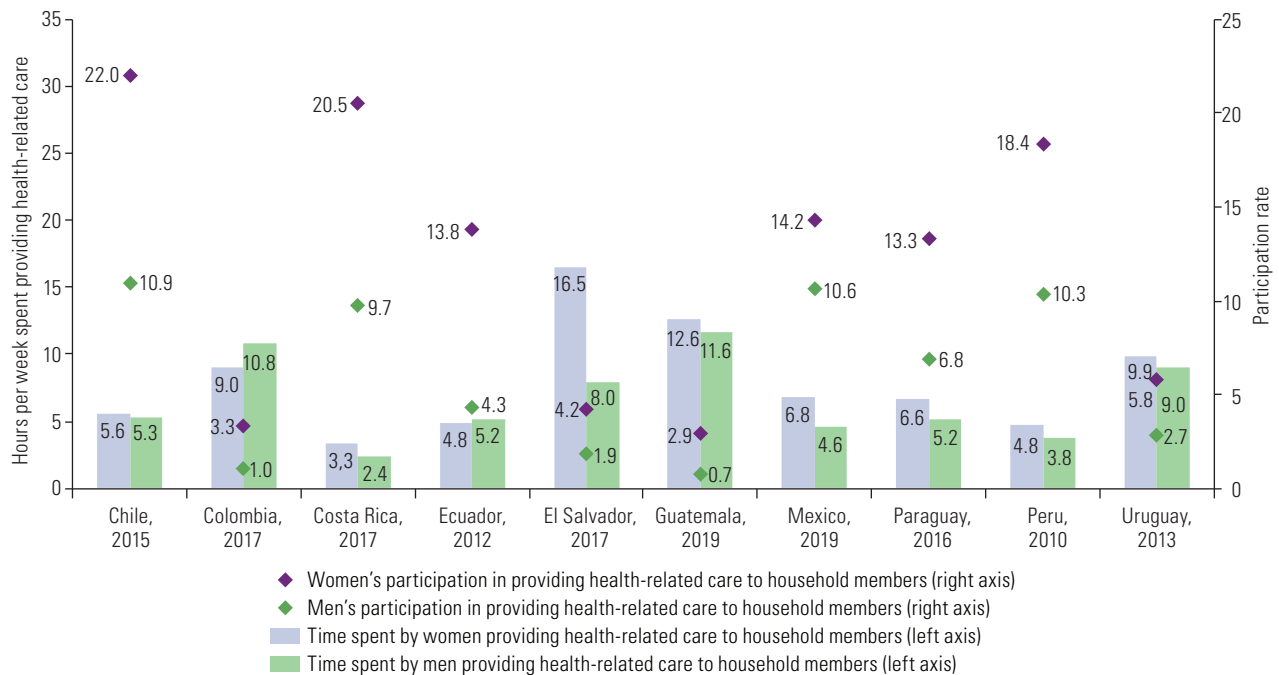
²⁰ Data from the Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).

²¹ Even in the countries where coverage exceeds 50% (Chile and Uruguay), pension payments are low and, in many cases, are near to the poverty line. This means that women of retirement age are forced to supplement their pensions with other income and to maintain informal employment.

The time-use surveys conducted in some countries enable analysis of the time spent by households on unpaid work associated with the health of household members (see figure IV.4). In all countries for which information is available, women's participation in care work is higher than men's. Regarding the time spent on these tasks, except for Colombia and Ecuador, the burden of care in the countries reviewed is also greater for women. The heterogeneous nature of regional dynamics largely stems from the questions included in each survey and the way in which the data are collected. Thus, although figure IV.4 enables us to observe the average time in each country in broad terms, it is not possible to draw comparisons between countries.

Figure IV.4

Latin America (10 countries): time spent providing health-related care to household members by population aged 15 years and over, by sex
(Hours per week and percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Repository of information on time use in Latin America and the Caribbean.

Note: Given the diversity of data sources, which precludes comparison between countries, the aim of this figure is to illustrate the trends within each country. The hours per week are calculated based on the total hours spent providing health care relative to the population participating in this activity. Participation in health care activities is calculated based on the percentage of persons of each sex reporting participation in these activities of the total population aged 15 years and over. In the case of dependent or disabled persons, in addition to time spent providing direct health care, it included time spent preparing special foods, assisting with feeding, bedtime, helping to move, going to the bathroom and getting dressed. It does not include being available while doing something else or being present during the night. Costa Rica, Ecuador and Peru provide information on the number of hours spent staying awake or monitoring health during the night. When this variable is included, participation increases between 0% and 2.8%, and weekly hours spent on care increase by 0.2 and 1.36 hours. In Colombia and Guatemala, the questions do not ask specifically about caring for dependent or disabled members of the household.

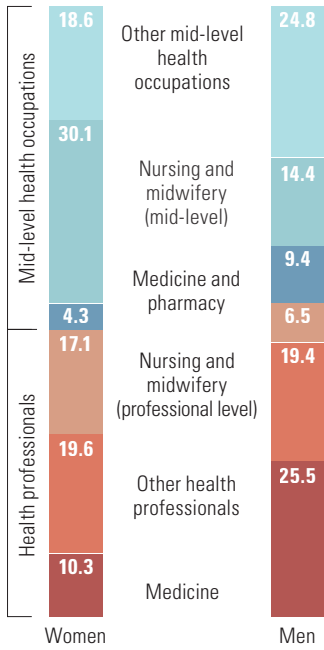
In order to develop public policies and create comprehensive care systems or strengthen existing ones, it is important that the countries in the region improve the information collected on the time dedicated to health care in urban and rural areas. The distribution and scope of the various activities associated with this type of care should be examined, taking into account activities such as administering medicines; providing supervision, treatment, therapy and rehabilitation services; temporary and permanent care, as well as the time spent making arrangements, traveling and accompanying people to health centres (Durán, 2006; ECLAC, 2017b). This last aspect can be crucial, as limited mobility and transport time can often influence the care received.

The health sector workforce demonstrates considerable diversity and marked occupational segregation that reflect the existence and persistence of gender gaps. In 2020, 7.5% of employed women worked in this extremely feminized sector, in which 72.6% of workers are women. The wage gap in relation to men stands at 39.2%, the highest among the paid sectors of the care economy (see infographic IV.3).

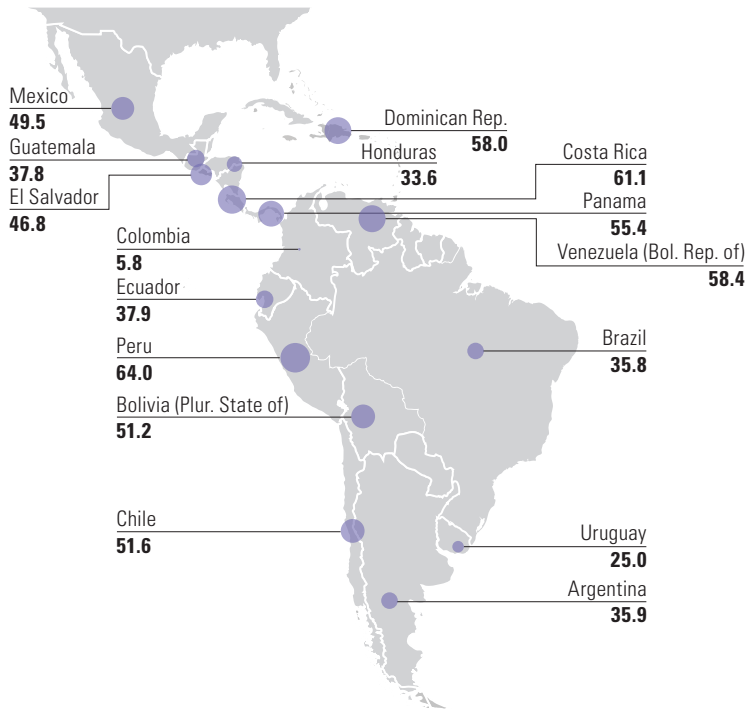
Infographic IV.3

Latin America: characteristics of the health sector workforce, around 2020

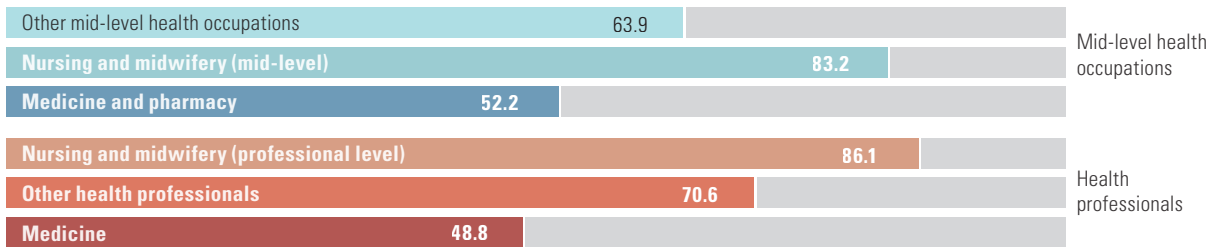
Distribution of persons employed in health subsectors, by sex (Percentages)



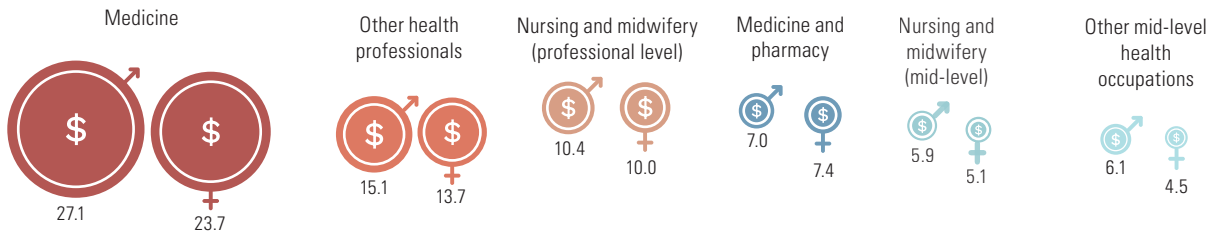
Share of public employment in the health sector (Percentages)



Women employed in health, by subsector (Percentages)



Average hourly wage, by sex (Dollars at purchasing power parity)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).

Note: The share of public employment in the area of health care activities and social assistance was calculated based on the International Standard Industrial Classification of All Economic Activities (ISIC), Rev. 4. The following countries were considered: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Peru, Plurinational State of Bolivia and Uruguay, using data from 2020; Honduras and Panama, using data from 2019 and the Bolivarian Republic of Venezuela, using data from 2014. The occupational categories were developed based on the International Standard Classification of Occupations (ISCO-08), according to the disaggregated data available in each country. Occupational data from the following countries were considered for this process: Brazil, Chile, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, and Uruguay, using data from 2020, and Panama and Honduras, using data from 2019. The categories of health professionals include: health professionals (22), physicians (221), nursing and midwifery professionals (222), traditional and alternative medicine professionals (223), paramedical practitioners (224), other health professionals (226); mid-level health professionals (32), medical and pharmaceutical technicians (321), mid-level nursing and midwifery professionals (322), mid-level traditional and alternative medicine professionals (323), other mid-level health professionals (325).

Health-related occupational categories are divided into two levels, namely, health professionals and mid-level health occupations. Men represent 51.4% of staff in the first level, while women primarily occupy the second, where they represent 53% of staff. The first level comprises those engaged in medicine, nursing and midwifery and other health-related professional activities. The second level corresponds to occupations related to technical careers in medicine, pharmacy, nursing and midwifery, along with other mid-level health occupations (see infographic IV.3). The detailed distribution by type of occupation shows that 25.5% of men employed in the health sector are medical professionals, compared to only 10.3% of women in this category. The majority of women (30.1%) are concentrated in mid-level occupations related to nursing and midwifery, which accounts for the gender stratification evident in the qualifications, functions and earnings of occupations in the sector. Indeed, the hourly wage of medical professionals is, on average, 4.9 times higher than that of the mid-level nursing and midwifery occupations. Similarly, there are gender gaps within each occupational category. The highest gender gap is noted in “other mid-level occupations,” where women earn 84.8% of the wages paid to men (see infographic IV.3).

The gender stratification in health occupations detailed above has implications for the roles that women occupy within health systems. Despite the higher proportion of women in the health sector, women are underrepresented in jobs involving leadership and decision-making, as they hold fewer managerial positions (only 2% of women are in managerial positions, compared to 3.6% of men) (see infographic IV.3). This discrepancy assumes greater importance in the context of the COVID-19 pandemic since, considering the preponderance of women in primary health care activities, it is concerning that they do not play a more central role in decision-making about health measures. Women’s daily work and their proximity to communities makes them well placed to detect the onset of outbreaks and monitor the overall health situation. It is important to include women in decision-making processes within health institutions, capitalizing on their potentially positive influence on the design and implementation of prevention and community-related care activities (UNFPA, 2020).

Another key dimension of the analysis of working conditions in the health sector is the distinction between different types of employers as this largely determines the degree of formalization and the access to social protection available to workers. While work in public or private health care institutions allows for a high degree of formalization of the workforce, this does not necessarily imply decent conditions for all staff. As mentioned above, the health sector is characterised by its heterogeneity and by the existence of gaps and occupational hierarchies. These have a negative impact on the least skilled staff, who have to deal with precarious contractual forms that hinder access to decent work, especially for migrant workers (ILO, 2020). Moreover, some health-related services (nursing, palliative care, therapies, among others) are often arranged directly with households and, in these cases, the work is often carried out under conditions of informality and uncertainty, with variable agreements and limited or no access to social security (ILO, 2020).

Trends in home health care work in Latin America and the Caribbean are mixed, although formalization rates remain above 80% for most occupations within the sector. Given that informal health care work takes various forms and includes the provision of diverse services, it is difficult to establish clear criteria to identify the workforce engaged in these activities (ILO, 2020). Unlike other private actors, informal health care providers are not covered by national laws and often lack formal certification of training in the services they provide (Kumah, 2022).

3. Working conditions in the education sector

In addition to guaranteeing the right to formal education, the education system plays a key role in the provision of care for children and adolescents and establishes continuity of care between households and schools. Not only do they welcome the student body, but educational institutions often provide food, medical and dental care and vaccinations, among other services. Furthermore, in addition to playing a formative or preventive role with respect to care, teachers provide emotional assistance and support to children and adolescents.

The availability of a safe environment in which students are cared for allows households with children and adolescents to share care responsibilities, at least for a few hours. In this way, educational spaces can be considered an important pillar of social co-responsibility for care. Nonetheless, the region is characterized by widely varying levels of education, and its relationship with care is the subject of debate. With regard to preschool services and primary education, schools are responsible for meeting a large proportion of the demand for childcare during the day, while at the secondary and tertiary levels, the scope of this type of care declines and is mainly focused on providing safe spaces for learning.

However, coverage of early childhood services remains very low and depends largely on households' purchasing power or on programmes targeting the poorest households or women in vulnerable situations (ECLAC, 2017b). Access to early childhood care services is particularly vulnerable to socioeconomic variables. The higher the income quintile of households, the higher attendance at educational institutions during the early childhood years (see table IV.2). Regions with a more robust supply of early childhood services demonstrate high rates of school attendance. In the European Union, 10.5% of children under 2 and 36% of 2-year-olds attended an educational institution in 2019 (average for 27 countries). By the age of 3, the attendance rate increases to 87.9%, and by the ages of 4 and 5, the proportion stands at 93.9% (European Union, 2019).

Table IV.2

Latin America (18 countries, weighted average):^a attendance by children under 6 at educational institutions, by age and household income quintile, around 2019

(Percentages)

Age \ Quintile	I	II	III	IV	V
0–2 years	0.6	0.5	0.7	0.7	1.3
3 years	19.5	20.7	25.5	29.5	31.1
4 years	40.1	42.1	47.3	49.6	48.8
5 years	86.5	89.4	89.1	90.0	92.2

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).

^a The countries included are: Argentina, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Panama, Peru, Paraguay, Plurinational State of Bolivia and Uruguay using data from 2019; Mexico, using data from 2018; Chile, using data from 2017 and Bolivarian Republic of Venezuela, Guatemala and Nicaragua, using data from 2014.

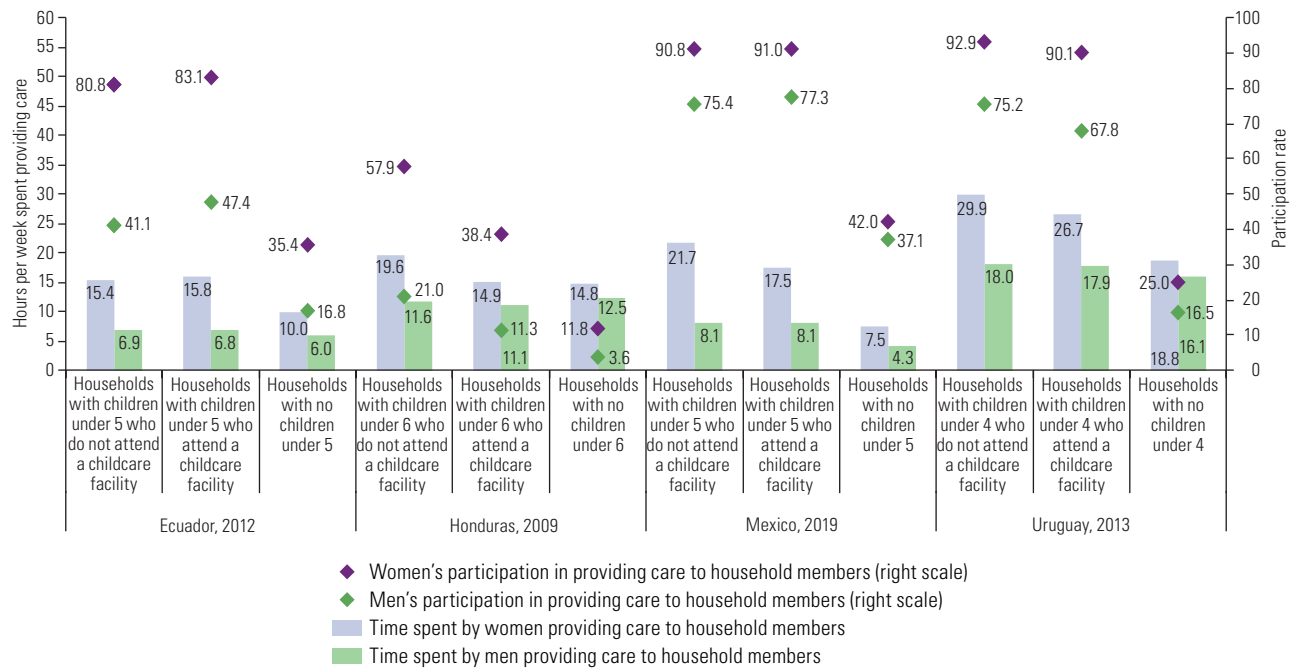
Moreover, the State guarantees the education of children over the age of 7 through laws that make school attendance mandatory for a certain period of time, which may vary among countries. In 2020, mandatory education in most countries in the region corresponded to 11 or 12 years of schooling (UNESCO, 2020).²² To ensure the right to education, States have a duty to provide a broad, diverse and universally accessible supply. Regionally, the percentage of children aged 7 to 12 years (the age corresponding to primary education in most countries in the region) attending educational institutions was 97.8%, on average, in 2020 (ECLAC, 2022b).

When children attend an educational institution or a childcare centre, the time spent at home is significantly reduced. On comparing the differences in time spent on care between households where children attend a childcare facility and households where they do not, the impact on women's autonomy is clear. When children attend educational or early learning centres, women spend significantly less time on childcare. Owing to traditional gender roles and low levels of co-responsibility for care within households, the reduction of time for men is negligible (see figure IV.5).

²² Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, the Bolivarian Republic of Venezuela, Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Curaçao, Dominica, the Dominican Republic, Ecuador, Honduras, Mexico, Montserrat, Paraguay, Peru, the Plurinational State of Bolivia, Puerto Rico, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Turks and Caicos Islands and Uruguay.

Figure IV.5

Latin America (4 countries): time spent providing care and the participation rate of the population aged 15 and over, by sex and by presence of children in the household
(Hours per week and percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Repository of information on time use in Latin America and the Caribbean.

Note: Given the diversity of data sources, which precludes comparison between countries, the aim of this graph is to illustrate the trends within each country. Hours per week are calculated based on the total hours spent providing health care relative to the population participating in this activity. Participation in health care activities is calculated based on the percentage of persons of each sex reporting participation in these activities of the total population aged 15 years and over. The age of children attending childcare centres is selected according to the age at which mandatory education begins in each country. In Ecuador, a child is viewed as attending childcare when the child participates in the Child Development Programme for at least one day.

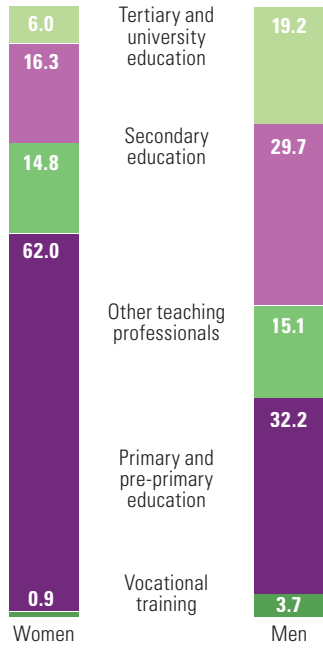
For households at the lower end of the income distribution, staying in school through secondary education poses a problem. The phenomenon of school dropout stems from complex circumstances such as pregnancy and motherhood among young girls and adolescents, child marriage and early marriage or designation of the responsibility for caring for other dependents (UNESCO/COLMEX/CLACSO, 2022). In 2019, the percentage of adolescents aged 13 to 19 attending educational institutions averaged 75.2% at the regional level. There is considerable variation based on socioeconomic level: while 72.4% of the adolescent population in the first quintile attended school (71.1% of females and 73.7% of males), that proportion increases to 84.3% of adolescents in the highest income quintile (86% of females and 82.8% of males). In addition to the marked socioeconomic gap, there is a significant difference between adolescents who live in urban areas, where 77.9% attend school, and their peers in rural areas, where that proportion drops to 65.7% (ECLAC, 2022b).

The education sector accounts for 9.7% of employed women in the region and is one of the most feminized sectors of the labour market, with women representing 69.2% of the employed population (ECLAC, 2022a). However, it is a heterogeneous sector, characterized by marked occupational segmentation. More pronounced feminization of education-related jobs is typical of the preschool and primary levels of education, which, aptly, entail more intensive, direct care tasks from male and female educators. While at the primary and preschool levels, 83.4% of the teaching staff are women, this proportion drops to 58.8% at the secondary level. At the tertiary level, the composition is reversed: the majority of the teaching population is made up of men, and women account for 45.1% of employment (see infographic IV.4).

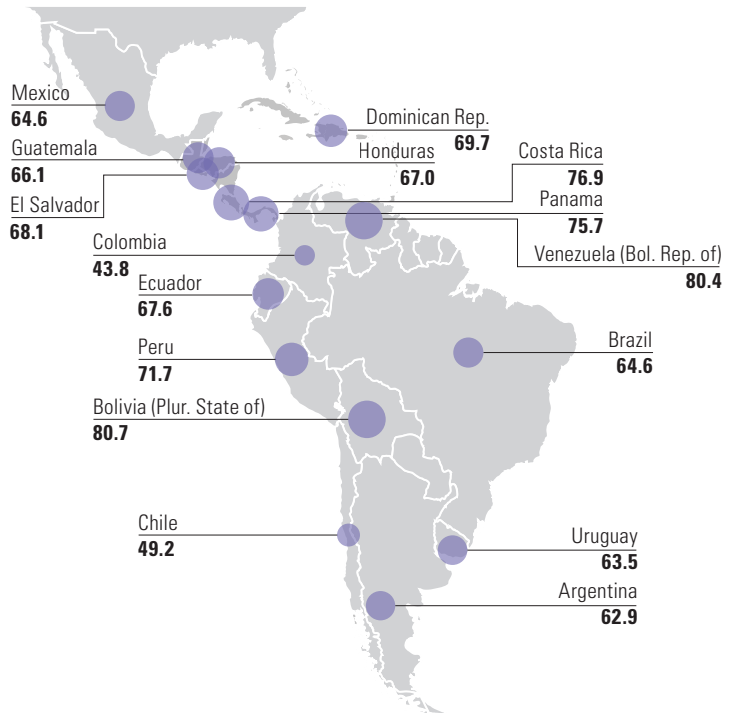
Infographic IV.4

Latin America: characteristics of the education sector workforce, around 2020

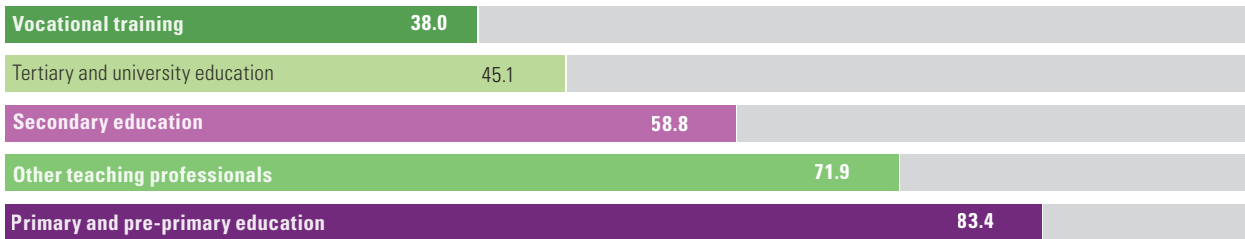
Distribution of persons employed in education subsectors, by sex (Percentages)



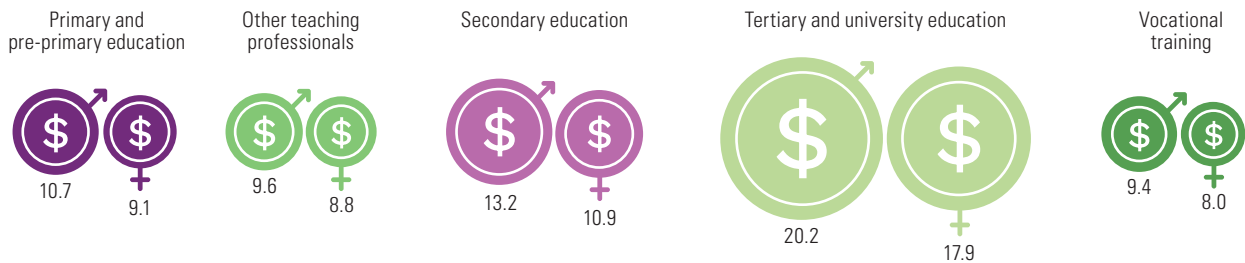
Share of public employment in the education sector (Percentages)



Women employed in education, by subsector (Percentages)



Average hourly wage, by sex (Dollars at purchasing power parity)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).

Note: The share of public employment in the education sector was calculated based on the International Standard Industrial Classification of All Economic Activities (ISIC), Rev. 4. The following countries were considered: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Paraguay, Peru, Plurinational State of Bolivia and Uruguay, using data from 2020; Honduras and Panama, using data from 2019 and the Bolivarian Republic of Venezuela and Nicaragua, using data from 2014. The occupational categories were developed based on the International Standard Classification of Occupations (ISCO-08), according to the disaggregated data available in each country. Occupational data from the following countries were considered for this process: Brazil, Chile, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico and Uruguay, using data from 2020, and Honduras and Panama, using data from 2019. The following categories are considered: education professionals (23), university and higher education teachers (231), vocational teachers (232), secondary school teachers (233), primary and preschool teachers (234), other education professionals (235).

Sixty-two per cent of women employed in the education sector are concentrated at the preschool and primary levels. In other words, the majority of women employed in education work directly with children in the early childhood and primary years (up to approximately 12 years of age) (see infographic IV.4). These levels require strong skills in managing children's learning, while at the same time meeting the emotional and care-related needs of this age group. Despite the many demands and the professional preparation required of teachers, these levels are characterized by the lowest salaries in the sector. Indeed, the hourly salary of preschool and primary school staff represents 79.2% of the average remuneration of teachers in secondary education and 48.9% of the hourly salary in tertiary education.

Wage gaps emerge in contexts where there are high levels of formality and entry via public employment. This suggests that, among other factors (such as having few certification and continuing education requirements), basic and preschool education activities are generally undervalued, in both the public and private sectors. The relationship between formality and access to public employment has a significant impact on perceptions of the role of the State as the guarantor of the rights of access to education, care and decent work. This dynamic illustrates not just the need to strengthen public investment in education, but also to prioritize improving approaches to providing care and teaching in the education sector. To achieve this, it is critical to improve working conditions for women workers, mainly in primary or basic education and preschool.

In contrast to primary and pre-primary education, secondary education represents a much smaller share of female employment in education (16.3%) and accounts for the largest share of employed men in the sector (29.7%). This level demonstrates the widest gender pay gap in the education sector, as women earn 82.1% of men's hourly wages (see infographic IV.4). It is also clear that a large proportion of teachers at this level work in public institutions (80.6%).

Higher education requires less involvement in providing direct care and differs from the other levels of the sector in terms of women's participation, wage levels and the type of institution (public or private). While only 6.0% of women are employed at this level, this proportion rises to 19.2% for men (see infographic IV.4). Furthermore, it is the highest-paid level in the education sector, which illustrates that society accords greater value to the profession if teaching is carried out at academic institutions. Similarly to the two levels described above, higher education is characterized by high degrees of formalization, with 83.5% of employed women and 86.9% of employed men contributing to or enrolled in a social security system.²³ However, the incidence of public employment at this level is much lower than at the two previous levels, and employment in private establishments assumes greater importance: 48.5% of women work in public establishments, while for men this share stands at 53.5% (see infographic IV.4).

Labour markets play a central role in people's lives. To understand the structural challenges of gender inequality and make progress towards transforming it, it is important to identify the link between the time spent on paid and unpaid work, the impact of labour markets on people's routines and the norms that perpetuate gender stereotypes. Building a care society means putting the sustainability of life at the centre. To achieve this, labour markets must take into account the right to rest, the right to care for others and the right to self-care.

²³ Data from ECLAC, on the basis of the Household Survey Data Bank (BADEHOG).

Bibliography

- Addati, L., U. Cattaneo and E. Pozzan (2022), *Care at work: Investing in care leave and services for a more gender equal world of work*, Geneva, International Labour Organization (ILO).
- Antigua and Barbuda, Directorate of Gender Affairs (2017), *The Antigua and Barbuda CEDAW Report 2017: preliminary release*, Saint John.
- Barker, G. and others (2021), *State of the World's Fathers: Structural Solutions to Achieve Equality in Care Work*, Washington, D.C., Promundo-US.
- _____(2011), *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*, Washington, D.C./Rio de Janeiro, International Center for Research on Women (ICRW)/Instituto Promundo.
- Batthyány, K., N. Genta and V. Perrotta (2018), *Uso de licencias parentales y roles de género en el cuidado*, Montevideo, Grupo de Investigación de Sociología de Género, University of the Republic.
- Bidegain, N. and C. Calderón (comps.) (2018), "Los cuidados en América Latina y el Caribe: textos seleccionados 2007-2018", *Páginas Selectas de la CEPAL (LC/M.2018/4)*, Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), December.
- Carrasco, C. (2009), "Tiempos y trabajos desde la experiencia femenina", *PAPELES de Relaciones Ecosociales y Cambio Global*, N° 108.
- Carrasco, C. and C. Díaz Corral (eds.) (2017), *Economía feminista: desafíos, propuestas, alianzas*, Barcelona, Entrepueblos/Entrepobles/Entrepobos/Herriarte.
- Carrasco, C. and E. Tello (2013), "Apuntes para una vida sostenible", *Tejiendo alianzas para una vida sostenible: consumo crítico, feminismo y soberanía alimentaria*, X. Montagut, C. Murias and L. Vega (coords.), Barcelona, Xarxa de Consum Solidari/Marcha Mundial de las Mujeres.
- Durán, M. Á. (2018), *La riqueza invisible del cuidado*, Valencia, Publicacions de la Universitat de València.
- _____(2006), "Propuesta para la construcción de una cuenta satélite de producción de servicios de salud en el sector hogares, en el marco del SCN", paper presented at international workshop on household satellite accounts, gender and health, Santiago, Pan American Health Organization (PAHO), 5–6 June.
- ECLAC (Economic Commission for Latin America and the Caribbean) (2022a), *Social Panorama of Latin America, 2021 (LC/PUB.2021/17-P)*, Santiago.
- _____(2022b), "School attendance of both sexes by quintiles of per capita income of head of household, by age group and geographical area", CEPALSTAT [online database] <https://statistics.cepal.org/portal/cepalstat/dashboard.html?theme=1&lang=en> [accessed on 31 May 2022].
- _____(2021), "The economic autonomy of women in a sustainable recovery with equality", *COVID-19 Special Report*, No. 9, Santiago, February.
- _____(2020), *Building a New Future: Transformative Recovery with Equality and Sustainability (LC/SES.38/3-P/Rev.1)*, Santiago.
- _____(2019), *Women's autonomy in changing economic scenarios (LC/CRM.14/3)*, Santiago.
- _____(2017a), *Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030 (LC/CRM.13/5)*, Santiago.
- _____(2017b), *Social Panorama of Latin America, 2016 (LC/PUB.2017/12-P)*, Santiago.
- _____(2014a), *Social Panorama of Latin America, 2014 (LC/G.2635-P)*, Santiago.
- _____(2014b), *Compacts for Equality: Towards a Sustainable Future (LC/G.2586(SES.35/3))*, Santiago.
- Esquivel, V. (2011), "La economía del cuidado en América Latina: poniendo a los cuidados en el centro de la agenda", *Atando Cabos; Deshaciendo Nudos*, No. 2, El Salvador, United Nations Development Programme (UNDP).
- Eurofound/ILO (European Foundation for the Improvement of Living and Working Conditions/International Labour Organization), (2019), *Working conditions in a global perspective*, Luxembourg/Geneva.
- European Union (2019), "Pupils in early childhood and primary education by education level and age as % of corresponding age population", Eurostat [online] https://ec.europa.eu/eurostat/databrowser/view/EDUC_UOE_ENRP07__custom_3036074/default/table?lang=en [accessed on 7 July 2022].
- Future Forum (2022), *Future Forum Pulse Summer Snapshot* [online] <https://futureforum.com/pulse-survey/>.
- IBGE (Brazilian Institute of Geography and Statistics) and others (2022), "Conta-Satélite de Saúde 2010-2019", *Contas Nacionais*, No. 87.
- ILO (International Labour Organization) (2022), "América Latina y Caribe: políticas de igualdad de género y mercado de trabajo durante la pandemia", *Serie Panorama Laboral en América Latina y el Caribe 2022*, March.
- _____(2021a), *El trabajo doméstico remunerado en América Latina y el Caribe, a diez años del Convenio núm. 189*, Lima, Regional Office for Latin America and the Caribbean.

- (2021b), *Making decent work a reality for domestic workers: progress and prospects ten years after the adoption of the Domestic Workers Convention, 2011 (No. 189)*, Geneva.
- (2021c), *2020 Labour Overview of Latin America and the Caribbean*, Lima, Regional Office for Latin America and the Caribbean.
- (2020), “COVID-19 and care workers providing home or institution-based care”, *ILO Sectoral Brief*, Geneva, October.
- (2018a), *Gender at Work in the Caribbean: Country Report for Saint Lucia*, Port of Spain.
- (2018b), *Gender at Work in the Caribbean: Country Report for Antigua and Barbuda*, Port of Spain.
- (2018c), *Care work and care jobs for the future of decent work*, Geneva.
- (2017), *Improving employment and working conditions in health services*, Geneva.
- (2011), “Domestic Workers Convention, 2011 (No. 189)” [online] https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189.
- Incháustegui, T. (2021), “Sociedad del cuidado y nuevo contrato sexual”, *La Silla Rota*, 4 July [online] <https://lasillarota.com/opinion/columnas/sociedad-del-cuidado-y-nuevo-contrato-sexual/535751>.
- INEC (National Institute of Statistics and Censuses of Ecuador) (2021), “Cuentas Satélite de Salud 2007-2019”, *Boletín Técnico*, No. 01-2021-CSS, May.
- INEGI (National Institute of Statistics and Geography of Mexico) (2021), “Cuenta satélite del sector salud de México 2020”, *Comunicado de Prensa*, No. 768/21.
- IPPF WHR/Promundo (International Planned Parenthood Federation Western Hemisphere Region)/Promundo (2017), *Estado de la Paternidad: América Latina y Caribe 2017*, New York/Washington, D.C.
- Kumah, E. (2022), “The informal healthcare providers and universal health coverage in low and middle-income countries”, *Globalization and Health*, vol. 18, No. 1, April.
- Minnotte, K. L. and M. C. Minnotte (2021), “The ideal worker norm and workplace social support among U.S. workers”, *Sociological Focus*, vol. 54, No. 2, April.
- MSN (Maquila Solidarity Network) (2018), *Childcare in Central America: Legal Requirements and International Conventions*, May [online] https://www.maquilasolidarity.org/sites/default/files/resource/Childcare_Central_America_MSN_May_2018.pdf.
- Office of the Undersecretary for Social Evaluation/UNDP (United Nations Development Programme) (2021), *Principales resultados de la Primera Medición del Bienestar Social en Chile*, October [online] <https://www.estudiospnud.cl/informes-desarrollo/principales-resultados-de-la-primera-medicion-del-bienestar-social-en-chile>.
- Perrotta, V. (2020), “Las licencias parentales y la corresponsabilidad de género en Uruguay: las políticas, las prácticas y los mandatos de género en tensión”, doctoral thesis in Sociology, Montevideo, University of the Republic.
- Pineda Duque, J. (2020), “Coronavirus: el sesgo de género en el cuidado”, *Pensar la Pandemia*, Latin American Social Science Council (CLACSO) [online] <https://www.clacso.org/coronavirus-el-sesgo-de-genero-en-el-cuidado/>.
- Reid, E. (2015), “Embracing, passing, revealing, and the ideal worker image: how people navigate expected and experienced professional identities”, *Organization Science*, vol. 26, No. 4, April.
- Rudman, L. A. and K. Mescher (2013), “Penalizing men who request a family leave: is flexibility stigma a femininity stigma?”, *Journal of Social Issues*, vol. 69, No. 2, June.
- Steele, C. R. (2019), “The ideal worker norm: why it is more difficult for women to be perceived as highly promotable”, *Academy of Management Proceedings*, vol. 2019, No. 1, August.
- Stutzin, V. and L. Troncoso (2019), “La agenda heteropatriarcal en Chile: cruces entre política, moral y religión en la lucha contra la ‘ideología de género’”, *Nomadías*, No. 28, December.
- UNDP (United Nations Development Programme) (2022), “Modules”, Gender Equality Seal [online] <https://www.genderequalityseal.org/modules/> [accessed on 12 July 2022].
- UNESCO (United Nations Educational, Scientific and Cultural Organization) (2020), “Sustainable Development Goals: Number of years of compulsory primary and secondary education guaranteed in legal frameworks” [online] <http://data.uis.unesco.org/#> [accessed on 30 May 2022].
- UNESCO/COLMEX/CLACSO (United Nations Educational, Scientific and Cultural Organization/El Colegio de México/Latin American Social Science Council) (2022), *Danzar en las brumas: género y juventudes en entornos desiguales en América Latina y el Caribe* [online] <http://danzarenlasbrumas.org/>.
- UNFPA (United Nations Population Fund) (2020), “COVID-19: a gender lens. Protecting sexual and reproductive health and rights, and promoting gender equality”, Technical Brief, March [online] <https://www.unfpa.org/resources/covid-19-gender-lens>.
- UN-Women (United Nations Entity for Gender Equality and the Empowerment of Women) (2021), *Win-Win: Gender Equality Means Good Business: General Report on the Programme*, Montevideo.
- (2020), *Whose time to care? Unpaid care and domestic work during COVID-19*, New York [online] <https://data.unwomen.org/publications/whose-time-care-unpaid-care-and-domestic-work-during-covid-19>.

- UN-Women/ILO (United Nations Entity for Gender Equality and the Empowerment of Women/International Labour Organization) (2021), "Assessing the gendered employment impacts of COVID-19 and supporting a gender-responsive recovery", *Policy Tool*, March.
- UN-Women/ILO/ECLAC (United Nations Entity for Gender Equality and the Empowerment of Women/International Labour Organization/Economic Commission for Latin America and the Caribbean) (2020), *Domestic workers in Latin America and the Caribbean during the COVID-19 crisis*, Santiago, June.
- Vaca Trigo, I. (2019), "Oportunidades y desafíos para la autonomía de las mujeres en el futuro escenario del trabajo", *Gender Affairs series*, No. 154 (LC/TS.2019/3), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Vaca Trigo, I. and C. Baron (2022), "Descentrar el producto interno bruto (PIB): bienestar, cuidados y tiempo", *Project Documents* (LC/TS.2022/80), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Valenzuela, M. E., M. L. Scuro and I. Vaca Trigo (2020), "Desigualdad, crisis de los cuidados y migración del trabajo doméstico remunerado en América Latina", *Gender Affairs series*, No. 158 (LC/TS.2020/179), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Van der Gaag, N. and others (2019), *State of the World's Fathers: Unlocking the Power of Men's Care*, Washington, D.C., Promundo-US.
- Weissbourd, R. and others (2020), *How the Pandemic is Strengthening Fathers' Relationships with Their Children*, Making Caring Common Project, June [online] <https://mcc.gse.harvard.edu/reports/how-the-pandemic-is-strengthening-fathers-relationships-with-their-children>.
- Williams, J. C. (2020), "The pandemic has exposed the fallacy of the 'ideal worker'", *Harvard Business Review*, 11 May [online] <https://hbr.org/2020/05/the-pandemic-has-exposed-the-fallacy-of-the-ideal-worker?language=es>

Annex IV.A1

Table IV.A1.1

Latin America and the Caribbean (36 countries and territories): characteristics of maternity leave

Country	Maternity leave (Weeks)	Coverage	Remuneration (As a percentage of salary)	Financing	Potentially covered workers ^a (Percentages)
Venezuela (Bolivarian Republic of)	26	Wage earners contributing to social security ^a	100	Social security	48.2
Chile	18 ^m	Wage earners and self-employed female workers contributing to social security ^a	100 ^j	Social security	61.7
Colombia	18 ^{bm}	Wage earners and independent workers contributing to social security ^a	100	Social security	36.0
Cuba	18 ^m	Wage earners contributing to social security ^a	100	Social security	
Paraguay	18 ^m	Total wage earners contributing to social security ^a	100	Social security	22.5
Brazil	17 ^{cm}	Salaried and self-employed workers contributing to social security ^a	100	Social security	56.7
Costa Rica	17	Wage earners contributing to social security	100	Contributory system: 50% employer, 50% social security	56.2
El Salvador	16	Wage earners contributing to social security	100	Social security (covers 100% for female workers enrolled; if not enrolled, employer pays 75% in advance)	25.9
Suriname	16 ^{dm}	Wage earners contributing to social security	100	Social security	
Belize	14	Wage earners contributing to social security	80 ^j	Social security	
Panama	14	Wage earners contributing to social security	100	Social security or employer if the worker is not insured	46.8
Peru	14 ^{em}	Wage earners contributing to social security	100	Social security	17.3
Dominican Republic	14	Wage earners contributing to social security	100	Social security	47.8
Trinidad and Tobago	14	Wage earners contributing to social security	100% for the first month and 50% for the next two months	Contributory system: The employer pays. Social security contributions vary according to the worker's income	
Uruguay	14 ^{fi}	Wage earners and self-employed workers contributing to social security	100	Social security	61.2
Anguilla	13	Wage earners contributing to social security	100	Social security	
Antigua and Barbuda	13	Wage earners contributing to social security	60	Social security	
Argentina ^g	13 ^h	Wage earners contributing to social security	100	Social security	46.4
Bolivia (Plurinational State of)	13	Wage earners contributing to social security	90	Social security	15.8
Saint Kitts and Nevis	13	Wage earners contributing to social security	65	Social security	
Saint Vincent and the Grenadines	13	Wage earners contributing to social security	65	Social security	
Saint Lucia	13	Wage earners contributing to social security	65	Social security	
British Virgin Islands	13	Wage earners contributing to social security	66.7 ^j	Social security	
Bahamas	12	Wage earners contributing to social security	100	Social security	
Barbados	12	Wage earners contributing to social security	100 ^j	Social security	
Dominica	12	Wage earners contributing to social security	60	Social security	
Ecuador	12 ^m	Wage earners contributing to social security	100	Contributory system: 75% social security	24.1
Grenada	12	Wage earners contributing to social security	65	Social security	

Country	Maternity leave (Weeks)	Coverage	Remuneration (As a percentage of salary)	Financing	Potentially covered workers ^a (Percentages)
Guatemala	12	Wage earners contributing to social security ^a	100	Social security	17.8
Guyana	12	Wage earners contributing to social security	70	Social security	
Haiti	12	Wage earners contributing to social security	100	Social security	
Jamaica	12 ^k	Wage earners contributing to social security	100	Employer	
Mexico	12 ^m	Wage earners contributing to social security ^a	100	Social security, employer if the worker is not insured	29.3
Nicaragua	12	Wage earners contributing to social security	100	Contributory system: 60% social security, 40% employer	26.0
Honduras	10	Wage earners contributing to social security	100	Contributory system: 2/3 social security, 1/3 the employer	14.2
Puerto Rico	8 ⁱ	Wage earners contributing to social security	100	Social security	

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Gender Equality Observatory for Latin America and the Caribbean, “Care related policies and laws” [online] <https://oig.cepal.org/en/laws/care-related-policies-laws>; L. Addati, U. Cattaneo and E. Pozzan, *Care at work: Investing in care leave and services for a more gender equal world of work*, Geneva, International Labour Organization (ILO), 2022; For potentially covered women workers: Household Survey Data Bank (BADEHOG).

Note: Potentially covered workers are calculated on the basis of the Household Survey Data Bank (BADEHOG) using the latest data available before the coronavirus disease pandemic (COVID-19). In the case of Argentina, Brazil, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Panama, Paraguay, Peru and the Plurinational State of Bolivia, data refer to 2019; for Mexico, 2018; Chile, 2017 and for the Bolivarian Republic of Venezuela and Nicaragua, 2014.

^a The law also applies to adoptive mothers.

^b The first 12 weeks are exclusively for the mother’s use, and the next 6 weeks can be distributed between the mother and father.

^c Extension to 25 weeks for female federal public sector workers and companies participating in the Citizen Enterprise Programme.

^d 24 weeks for a multiple pregnancy.

^e An additional 30 days for the birth of a child with a disability or for a multiple delivery.

^f Thirteen weeks for women workers in the public sector.

^g On 3 May 2022, a bill to create a Comprehensive System of Care Policies, which proposes increasing maternity leave to 18 weeks, was submitted to the Argentine National Congress.

^h Ten more days for the birth of a third child and 180 more days for the birth of a child with a disability.

ⁱ Public sector workers can opt for up to 12 extra weeks.

^j Capped.

^k Only 8 weeks are paid.

^l After the end of maternity leave, the father or mother may opt for part-time leave until the child turns 6 months old. Part-time leave is funded by social security.

^m Transferring leave between parents is permitted in exceptional situations.

Annex IV.A2

Table IV.A2.1

Latin America and the Caribbean (33 countries and territories): paid paternity leave (postnatal for the father)^a

Country	Maternity leave (Days)	Coverage	Financing	Potentially covered workers (Percentages)
British Virgin Islands	30			
Colombia	14	Wage earners in formal employment and self-employed persons contributing to social security ^b	Social security	36.2
Paraguay	14	Wage earners in formal employment	Employer	23.1
Venezuela (Bolivarian Republic of)	14	Wage earners in formal employment ^b	Social security	38.3
Uruguay	13 (private sector), 10 (public sector)	Wage earners in formal employment ^b	Mixed system: private sector (3 days employer and 10 days social security)	61.0
Ecuador	10	Wage earners in formal employment ^b	Employer	28.5
Peru	10	Wage earners in formal employment	Employer	23.1
Costa Rica	8 (2 per week during the first month after the birth)	Wage earners in formal employment ^b	Mixed system (50% social security and 50% employer)	58.5
Suriname	8	Wage earners in formal employment ^b	Social security	
Chile ^e	5	Wage earners in formal employment ^{bd}	Employer	62.9
Brazil	5 ^e	Wage earners in formal employment ^b	Employer	49.3
Mexico	5	Wage earners in formal employment ^{bd}	Employer	32.7
Nicaragua	5	Wage earners in formal employment	Employer	19.4
Bolivia (Plurinational State of)	3	Wage earners in formal employment	Employer	18.4
El Salvador	3	Wage earners in formal employment ^b	Employer	31.0
Panama	3	Wage earners in formal employment	Employer	45.4
Argentina	2	Wage earners in formal employment	Employer	49.1
Guatemala	2	Wage earners in formal employment	Employer	16.9
Dominican Republic	2	Wage earners in formal employment	Employer	38.4
No postnatal leave for fathers				
Antigua and Barbuda, Barbados, Belize, Cuba, ^f Guyana, Haiti, Honduras, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago				

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Gender Equality Observatory for Latin America and the Caribbean, "Care related policies and laws" [online] <https://oig.cepal.org/en/laws/care-related-policies-laws>; L. Addati, U. Cattaneo and E. Pozzan, *Care at work: Investing in care leave and services for a more gender equal world of work*, Geneva, International Labour Organization (ILO), 2022; para las trabajadoras potencialmente cubiertas: Household Survey Data Bank (BADEHOG).

Note: Potentially covered workers are calculated on the basis of the Household Survey Data Bank (BADEHOG) using the latest data available before the coronavirus disease pandemic (COVID-19). In the case of Argentina, Brazil, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Panama, Paraguay, Peru and the Plurinational State of Bolivia, data refer to 2019; for Mexico, 2018; Chile, 2017 and for the Bolivarian Republic of Venezuela and Nicaragua, 2014.

^a Leave is granted in the Bahamas and the British Virgin Islands, but it is unpaid.

^b The right also applies to adoptive parents.

^c Parental leave exists.

^d The right also applies to same-sex parents.

^e A 20-day extension is granted for companies participating in the Citizen Enterprise Programme.

^f Right to leave, shared with the mother subsequent to maternity leave (12 weeks after childbirth), to care for a child in the first year of life.

CHAPTER

V

Macroeconomic and global challenges for a care society

Introduction

- A. The links between international trade, the production structure and women's economic autonomy in an uncertain context
- B. The structural and conjunctural challenges of fiscal policy for equality

Bibliography

Annex V.A1

Introduction

The global scenario is evolving in the wake of the social and economic impacts of the coronavirus disease (COVID-19) pandemic. Following the deep economic contraction experienced across the region, Latin American and Caribbean countries are facing a slow and uneven recovery process.¹ New sources of instability emerged in 2022 owing to the war between the Russian Federation and Ukraine, the consequences of which are reflected directly in international trade and indirectly in the global economic activity and momentum of the region's main trading partners: the United States, China and the European Union. This conflict poses new obstacles and increases uncertainty surrounding the future course of international trade in the region, while at the same time imposing a new external shock that further weakens the trend of globalization as an engine of growth (ECLAC, 2022b).

The impacts associated with the pandemic and those derived from the war are not distributed equally among countries, regions or sectors, or between men and women; nor are the chances of recovery. The indirect effects of the war have exacerbated inflationary problems by forcing up the prices of hydrocarbons, certain metals and foodstuffs, which may make it difficult to meet the population's food needs. The rise in the cost of living, resulting from high rates of inflation, affects women particularly, who are disproportionately represented among the poor and unemployed, and tend to have less income (ECLAC, 2022b). The growing demands for care resulting from the pandemic, compounded by the adverse economic context, are being shifted on to households and, particularly, on to the women who comprise them. This generates additional challenges for overcoming the rigid sexual division of labour and the unfair social organization of care in Latin America and the Caribbean.

The asymmetries between developed and developing countries are also increasingly evident, for example in the policy space and in the countries' capacity to implement policies to tackle the multiple crises and external shocks, and to be able to promote recovery processes with equality and sustainability. The degree to which Latin American and Caribbean countries are exposed to the vagaries of international trade, commodity price fluctuations and financial market volatility has been clearly demonstrated.² The effects of this set of factors differ between subregions and countries (for example, food and commodity price booms and nearshoring strategies that are strongly influenced by factors of geographic proximity). The common elements affecting the countries include heightened uncertainty and its effects on investment in a regional context that is challenging for economic recovery (ECLAC, 2022b).

Asymmetries between countries are also visible in terms of environmental degradation and climate change. The global environmental crisis is expressed differently in Latin America and the Caribbean, where there is a high level of natural resource degradation resulting from the dominant development pattern, characterized by specialization in the production of low-technology and natural resource-intensive goods. In this context, climate change presents a double asymmetry, since the richest countries and social groups are those that generate the most emissions and have benefited most from the activities that produce them. At the same time, they are best able to protect themselves against the effects of climate change. In contrast, the poorest countries and social groups emit the least, but they suffer the consequences most intensely and have the least resources to cope with the impacts of climate change and environmental degradation (ECLAC, 2020a).

The recovery is unfolding unevenly, in an uncertain scenario in which the historical challenges of the region's pattern of production and trade specialization are evident and worsening. The structural challenges of gender inequality are growing deeper, raising poverty rates among women, and aggravating gender inequalities in labour markets and in the social organization of care, among other effects.

¹ According to ECLAC estimations, the region will see average economic growth of 2.7%. The economies of South America are forecast to grow by 2.6%, those of Central America including Mexico by 2.5%, while those of the Caribbean (excluding Guyana) are set to grow by 4.7% (ECLAC, 2022a).

² Projections for Latin America and the Caribbean's foreign trade in 2022 are affected by this new higher-price scenario, with ECLAC forecasting a 23% expansion in both exports and imports. Practically all of this growth is explained by the higher prices of the respective baskets, while the growth of exported and imported volumes is expected to slow significantly relative to 2021 (ECLAC, 2022a and 2022b).

The Economic Commission for Latin America and the Caribbean (ECLAC) has noted that the region is heavily indebted and has limited access to capital markets and concessional financing. This is compounded by insufficient and reduced fiscal space, exposure to the volatility of international prices and the dynamics of international trade, high levels of structural heterogeneity³ and little innovation, in addition to poor regional trade integration that could promote productive linkages that create quality jobs, particularly for women.

These factors have implications for the precariousness of women's living conditions. Unlike what happened in previous episodes, the current crisis produced a sharp reduction in labour participation, mainly by women. This was associated with mobility restrictions, contraction in sectors that employ large numbers of women, and the closure of schools and care centres. The result was an additional burden of unpaid work and care, especially for women (ECLAC, 2021e; Bidegain, Scuro and Vaca Trigo, 2020). Repeating the pattern of other crises, during the COVID-19 pandemic, women's unpaid work has served as the main shock absorber, given the absence of gender-sensitive macroeconomic policies and additional financing to meet the burgeoning demands caused by the pandemic.

The interdependence that exists between production and social reproduction processes, and also between people, highlights the need to rethink the dominant development pattern. In this context, within ECLAC, the region's governments agree on the urgent need to alter the development pattern in order to move towards a care society. The public policy challenge is to mainstream gender in macroeconomic, trade and development policies, while recognizing and redistributing care.

This chapter introduces some of the challenges related to macroeconomic and trade dynamics in promoting recovery processes with gender equality in the short term, and in moving towards a care society in the region. Section A describes challenges related to women's labour participation in the context of poorly diversified production structures and trade patterns; and it emphasizes the need to redirect trade towards sectors that are crucial for the sustainability of life. Section B highlights some of the structural challenges of fiscal policy and those arising from the COVID-19 pandemic and the current context, while noting their gender implications. Lastly, emphasis is placed on the need to invest strategically in gender equality and care policies, as the key to achieving a recovery based on equality and sustainability.

A. The links between international trade, the production structure and women's economic autonomy in an uncertain context

The macroeconomic environment and the vagaries of the global economy and international prices affect the momentum of trade in the region. The impacts of trade liberalization are specific to each country, depending on their socioeconomic and political contexts; and they vary in the short and long terms. Countries display structural differences in terms of production, the labour market and the social organization of care, as well as different trade liberalization strategies. They also engage in global and regional value chains in different ways, form part of different blocs and have different trading partners. These factors are key to conducting situational analyses of gender inequalities linked to the dynamics of international trade.

There is a two-way relationship between gender inequalities and international trade (Van Staveren and others, 2007; Fontana, 2016). On the one hand, the specialized literature, and feminist studies in particular, have argued that gender inequalities can affect a country's trade performance. This is because women participate in labour markets under unequal conditions, either because they receive lower wages than men or because

³ The structural heterogeneity that characterizes the periphery is defined as a situation in which there are wide differences in labour productivity within and between sectors of the economy. These differences are sufficient to segment the production system and the labour market clearly into different strata, in which technological and pay conditions are highly asymmetrical. In addition to this internal gap, Latin American economies are also marked by an external gap; in other words, the economies of the centre innovate and disseminate technology into their production fabric faster than the region's economies are able to absorb, imitate, adapt or innovate (Cimoli and Porcile, 2013; ECLAC, 2010).

of the constraints imposed on them by both horizontal and vertical gender segregation in the labour market. Some studies find that the wage gap between women and men can be used as an incentive to reduce labour costs and as a strategy to increase export competitiveness (Seguino, 2000; Standing, 1989 and 1999; Tejani and Milberg, 2016; Fontana, 2016). In the case of women entrepreneurs, their unequal access to production resources, financing, technology and information networks limits their possibilities for exploiting competitive advantages in international trade and thus be able to expand their businesses beyond their country's borders.

On the other hand, changes in the structure of countries' exports, imports and production, and also in the prices and volume of traded products and services, can have either positive or negative effects on men and women. The direction of these effects depends, at least in part, on their roles as economic agents —workers, consumers, entrepreneurs and persons responsible (or not) for unpaid domestic and care work. Moreover, the effects vary across different groups of women according to the intersection between inequalities of gender and those based on age, ethnic-racial status, educational and income levels, territory and so forth (ECLAC, 2019a; Fontana, 2016, cited in ECLAC, 2021d).

In its contribution to the analysis of this phenomenon, ECLAC has stressed that trade, gender equality and women's autonomy are related, and depend, largely, on the intersection between production and export specialization and gender segregation in the labour market. The pattern of export specialization in Latin America and the Caribbean, in conjunction with gender segregation and the rigid sexual division of labour, have conditioned the way in which women participate in foreign trade.

1. The constraints of trade and production specialization in moving towards a care society

The region's structural challenges, linked to its pattern of production specialization and international integration, are compounded by the challenges imposed by the impacts of the COVID-19 pandemic and the war in Ukraine, in a context of rising uncertainty, weak growth and high inflation.

Moving towards a care society involves making the sustainability of life the central concept. Through the lens of feminist economics, the sustainability of life refers to the importance of decentralizing markets and considering new production and consumption structures that respect the environment and are designed to meet people's needs. The aim is to achieve an economy that serves the people —and not the reverse, as is currently the case— and enables more humane, equitable and environmentally friendly societies (Carrasco Bengoa and Díaz Corral, 2017).

Pursuing the goal of a care society implies analysing whether and how the production and export structure of the region's countries contributes to this objective. The production structure should therefore be oriented towards sectors that contribute to the sustainability of life, are more knowledge-intensive, generate more quality jobs and economic opportunities for women, and produce lower carbon emissions. It should also aim to contribute to trade in goods and services that improve people's living conditions and close inequality gaps.

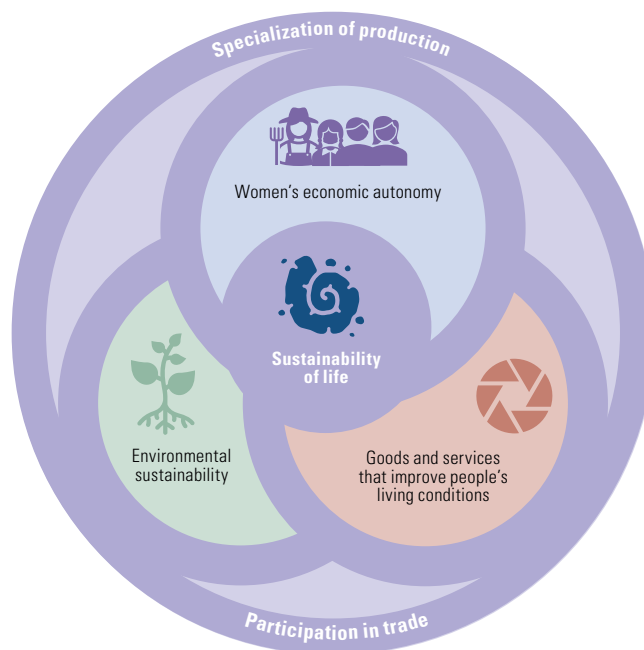
The sustainability approach recognizes eco-dependency and the interdependency that exists between people and the environment. In this regard, it is crucial to identify the environmental footprints of international trade and their effects on issues such as carbon emissions, water, deforestation and energy production and consumption. These footprints encompass the impacts caused by the extraction and processing of raw materials, and the distribution of products for consumption. Among other impacts, international trade in agricultural products, for example, which is very important for some countries in the region,⁴ is associated with processes of land-use change, which generates deforestation and biodiversity loss, and higher greenhouse gas (GHG) emissions linked to the production, transportation and consumption of goods (Olmos, 2019).

⁴ Such as Argentina, Brazil, Paraguay and Uruguay (ECLAC, 2021f).

From a perspective that promotes women's economic autonomy, the degree of diversification of the region's production and export structures affects job creation and economic opportunities for women in occupations that require higher skill levels and offer better working conditions (see diagram V.1).

Diagram V.1

Link between production specialization, participation in trade, women's economic autonomy and the sustainability of life



Source: Economic Commission for Latin America and the Caribbean (ECLAC).

It is important to stress that the more precarious nature of women's labour market participation is a consequence of the interaction between the unfair social organization of care, the sexual division of labour and the other structural challenges of inequality. For this reason, identifying the tensions that exist between paid and unpaid work in export-oriented employment is essential if international trade is to contribute to gender equality.

As already noted, the tension between time spent in paid activities related to international trade and time spent in unpaid domestic and care work in the home, hinders women's work and trade performance. A number of studies indicate that women workers and entrepreneurs with links to export sectors face additional challenges in reconciling the demands of care and paid work, in terms of time and the dynamics of demand in international markets. For example, in the case of seasonal workers in Chile's agro-export industry, the harvesting and packing season coincides with school vacation months. Given the scarcity of care services, women workers with dependent children have to resolve the tension between paid and unpaid work and care, by relying on kinship, neighbourhood or informal paid care networks (Willson and Caro, 2010). In analysing the impact of goods trade in Uruguay on the employment of women and men in the dairy sector between 2003 and 2005, Azar, Espino and Salvador (2008) note that, despite an increase in women's participation in paid and wage-earning activities, the distribution between men and women of unpaid work in households remained unchanged.

Citing different studies, several trade promotion agencies in countries such as Chile and Uruguay have found that the excess burden of care and other unpaid work expected from businesswomen and women entrepreneurs hinders their participation in international trade. A survey of women participating in Chile's *Mujer Exporta* programme reports that half of them consider that combining business tasks with unpaid activities hinders their firm's internationalization process (DIRECON/ProChile, 2019).

Following adoption of the 2030 Agenda for Sustainable Development and the agreements of the Regional Gender Agenda, emphasis is placed on the fact that international trade is a means to promote sustainable development, rather than merely an end in itself. It is therefore essential to analyse some of the characteristics of women's participation in international trade, and to propose policy actions to enable trade to serve as a bridge to the care society.

2. The challenges of women's labour participation in the context of the region's trade specialization

One of the main challenges in advancing towards a transformative recovery and transitioning to a care society is the need to diversify the structure of production and trade of the region's countries, in sectors that contribute to the creation of more and better employment opportunities for women and to their economic autonomy. Latin America and the Caribbean is structurally heterogeneous in the economic, production and trade domains. This is compounded by gender segregation and the rigid sexual division of labour; and it has specific effects on the ways in which women undertake paid work, particularly in sectors associated with international trade.

The production and export specialization pattern therefore has an impact on employment levels among women and men alike (ECLAC, 2021d). Strategies that specialize in exports of commodities and natural resource-based or labour-intensive manufactures in Latin America and the Caribbean have not been sufficient to diversify the region's export basket towards sectors that are more intensive in knowledge, technology and the creation of quality jobs, particularly for women (ECLAC, 2019a).

The extractivist model in the region is founded on "static comparative advantages"⁵ so-called because they are based on the natural resource endowment or are intensive in low-skilled or low-wage labour. It is essential to analyse how gender inequalities in labour markets affect countries' competitiveness and their international trade strategies. Heterodox feminist economics has noted that women can serve as a "source of comparative advantage" when they participate in international trade in situations of discrimination—as unpaid family workers, home-based workers or wage earners in low-quality jobs with little social protection (Elson, Grown and Çağatay, 2007). In this regard, the governments of the region agreed to operate in a coordinated manner at the regional level, avoiding harmful competition among countries, in order to prevent wage-cutting and gender inequalities being used as adjustment variables to increase exports and attract investment (ECLAC, 2020c). This would also help to move from "spurious competitiveness" to "true competitiveness", associated with factors such as the dissemination of innovation and technology (Fajnzylber, 1983).

In general, exports from the countries of the region are not very employment-intensive, especially in terms of jobs for women. Employment associated with exports (both direct and indirect)⁶ represents a small proportion of total employment, although the situation varies greatly between countries (see figure V.1).

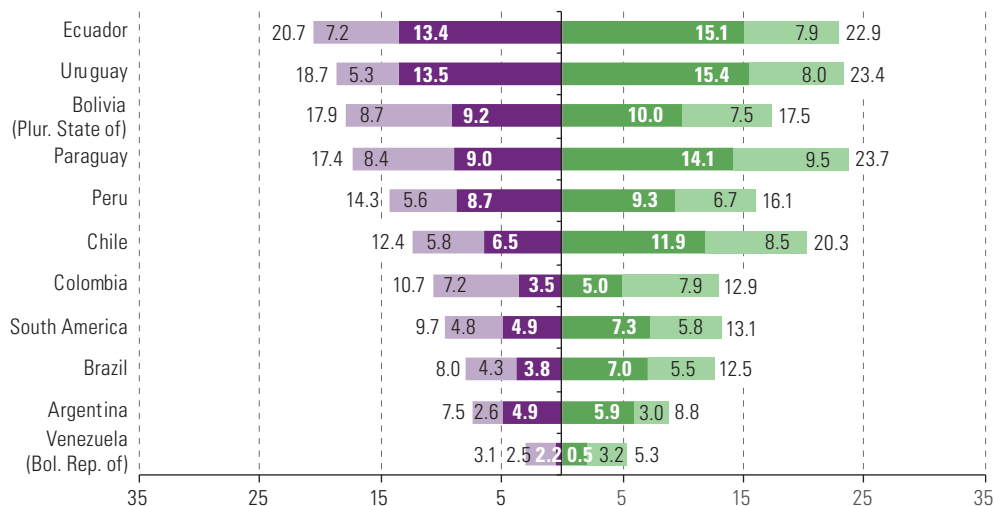
In South American countries with exports that are intensive in raw materials and natural resource-based manufactures, export-related jobs accounted for 9.7% of total female employment and 13.1% of total male employment in 2018. Of the 10 countries analysed, only in Ecuador is the proportion of female export-related employment above 20% (20.7%), while in the Bolivarian Republic of Venezuela the share is 3.1%. On the other hand, in terms of subregional averages, the proportions of direct and indirect employment associated with exports are similar in the case of women (4.9% and 4.8%, respectively), while for men direct employment is outweighs indirect employment (shares of 7.3% and 5.8%, respectively).

⁵ According to liberal trade theory, comparative advantage is a country's ability to export goods or services in the production of which it uses relatively fewer inputs (capital or human resources), or at a lower cost (unskilled labour-intensive), than another country (Helpman, 2011).

⁶ Direct jobs are those generated in the export sector itself, while indirect jobs are created in activities that supply inputs used in the export of goods and services.

Figure V.1

Latin America (18 countries): export-related employment (direct and indirect) relative to total employment, by gender, around 2018
(Percentages)

A. South America (10 countries)**B. Central America (6 countries), the Dominican Republic and Mexico**

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG) and input-output tables for the countries.

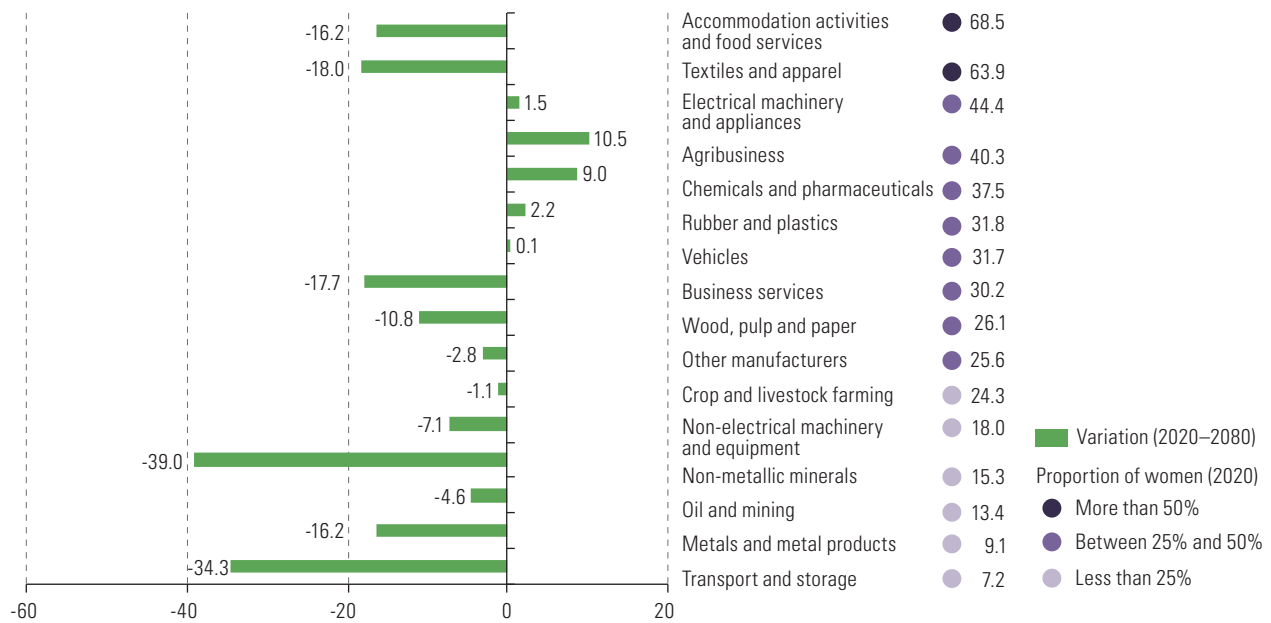
Central America's manufacturing-oriented export specialization makes intensive use of low- and medium-tech specialized labour (maquila or assembly industries, textile and garment manufacturing, and electronics); and work in these sectors accounts for 22.1% of employment in the case of women and 23.9% in the case of men.

Thus, female job creation related to international trade in Central America is relatively higher than in South America: two out of every ten women are employed in export-related jobs in the subregion. Honduras and Panama are the countries with the highest proportions of female employment associated with exports in the subregion, at 28.3% and 27.3%, respectively. For both women and men, the employment associated with exports is mostly direct.

Although the region's exports are not generally job-intensive for women, female export-related employment is concentrated in some of the sectors that were hit hardest by the COVID-19 pandemic. Women's labour participation in high-export sectors is less than in low-export sectors (34.5% vs. 48.9%).⁷ However, the only high-export sectors that are feminized were among those most affected by the drop in activity and employment caused by the pandemic. These are the textile and clothing sectors, which saw an 18% drop in female employment, and accommodation and food service activities (as a proxy for tourism), which shrank by 16.2% in 2020 relative to 2018 (see figure V.2).

Figure V.2

Latin America (13 countries, weighted average):^a variation in the number of women employed in selected high-export sectors, 2020–2018, and proportion of women by sector, around 2018–2020 (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG) and input-output tables for the countries.

Note: The analysis of each sector only considers countries in which each sector is a high exporter.

^a The countries included are: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Peru, Plurinational State of Bolivia and Uruguay.

In addition, women account for a large share of employment in the tourism sector, which has been hard hit by the COVID-19 pandemic, especially in the Caribbean countries. Although international goods trade has been recovering faster than trade in services, tourism in particular has not yet been able to regain its pre-pandemic situation (ECLAC, 2021e).

In order to promote a gender-equal recovery, it is essential to reverse the setbacks that women have suffered in terms of labour market participation, income loss, higher poverty rates and the excess burden of unpaid domestic and care work. Women also need to participate in more knowledge-intensive jobs for the recovery to be transformative.

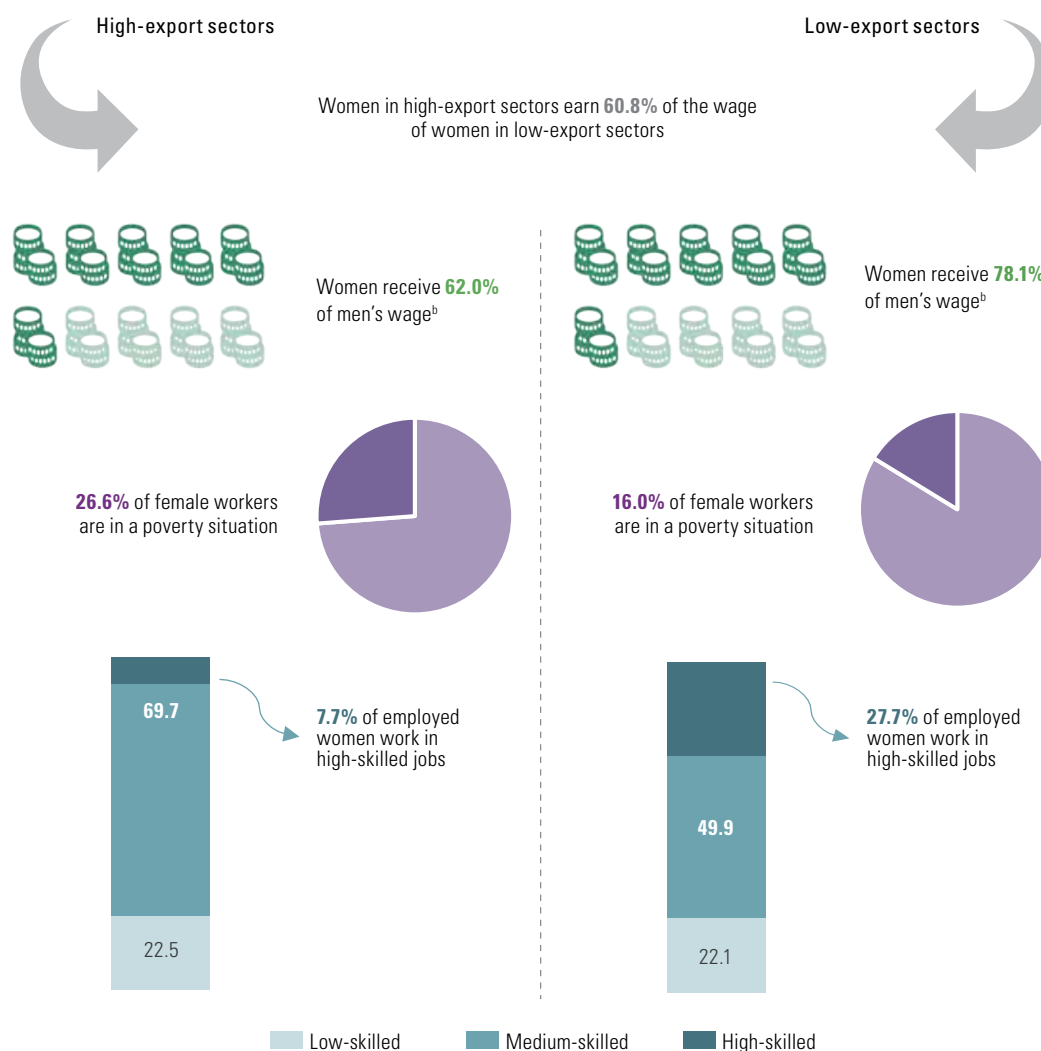
Although it has been noted that trade could contribute to this by fostering processes of scaling up to more innovative and knowledge-intensive sectors, specific challenges exist in the region. According to the information available for 13 Latin American countries, high-export sectors tend to employ fewer women in

⁷ High- (low-) export sectors are those in which the share of exports in the gross value of production is higher (lower) than the average of all sectors. The accommodation and food service activities sector (proxying for tourism) is considered highly export-intensive when it accounts for more than 5% of the country's total exports (World Bank, n.d.).

high-skilled jobs (7.7% compared to 27.7%); and their incomes are lower (on average, women in high-export sectors earn 60.8% of the income of those in low-export sectors). High-export sectors also have a larger proportion of women workers living in poverty (26.6% compared to 16.0%). At the same time, gender-based income inequalities are accentuated in high-export sectors: while women in low-export sectors receive on average 78.1% of men's wages, those in high-export sectors receive 62.0% (see infographic V.1).

Infographic V.1

Latin America (13 countries, weighted average):^a comparison of the situation of women employed in high- and low-export sectors, around 2020
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG) and input-output tables for the countries.

^a The countries included are: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Peru, Plurinational State of Bolivia and Uruguay.

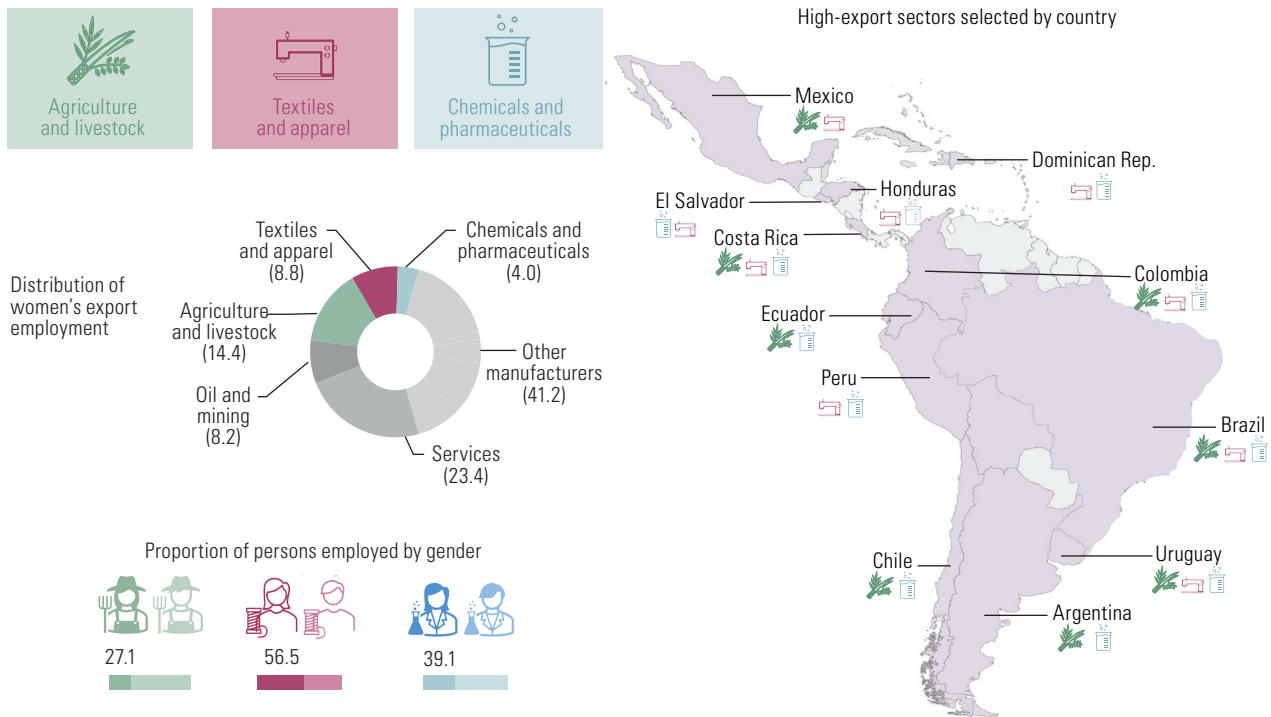
^b The statement refers to the ratio of wages between women and men and is constructed as the quotient between the average wage of women and the average wage of men multiplied by 100. The classification by skill level is based on that proposed by the International Standard Classification of Occupations (ISCO-08), which defines four skill levels. For this exercise, the levels were regrouped into three categories and adapted to ISCO-88, the classification used by most of the countries considered. The "low-skilled" category includes occupations corresponding to unskilled workers (ISCO-88 large group 9). The "medium-skilled" category includes the following occupations: office clerks, service workers and shop and market sales workers; farmers and skilled agricultural and fishery workers; craft and related trades workers; and plant and machine operators and assemblers (ISCO-88 major groups 4, 5, 6, 7 and 8). The "high-skilled" category includes members of the executive and legislative branches of government and business executives; scientific and intellectual professionals; and technicians and associate professionals (ISCO-88 major groups 1, 2 and 3).

Sector-level analysis requires an understanding of the gender implications of production and trade processes in the region. The two goods-exporting sectors that are most important for women’s employment in the region are agriculture and livestock, and textiles and apparel. The former accounts for 14.4% of women’s export-related employment,⁸ while the latter represents 8.8%. Agriculture is a high-export sector in Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico and Uruguay, while textile and apparel is a high-export sector in Brazil, Colombia, the Dominican Republic, El Salvador, Honduras, Mexico, Peru and Uruguay. At the regional level, only three out of every ten people employed in the agricultural export sector are women, while in the textile and apparel sector the figure rises to six out of every ten.

The chemical and pharmaceutical sector currently accounts for a small proportion (4%) of women’s export-related employment in the region, although it is a high-export sector in countries such as Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Honduras, Peru and Uruguay. In contrast, women account for 39.1% of total employment in the chemical and pharmaceutical sector (see infographic V.2).

Infographic V.2

Latin America (12 countries, weighted average):^a export employment in selected high-export sectors, by gender, around 2018 (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG) and input-output tables for the countries.

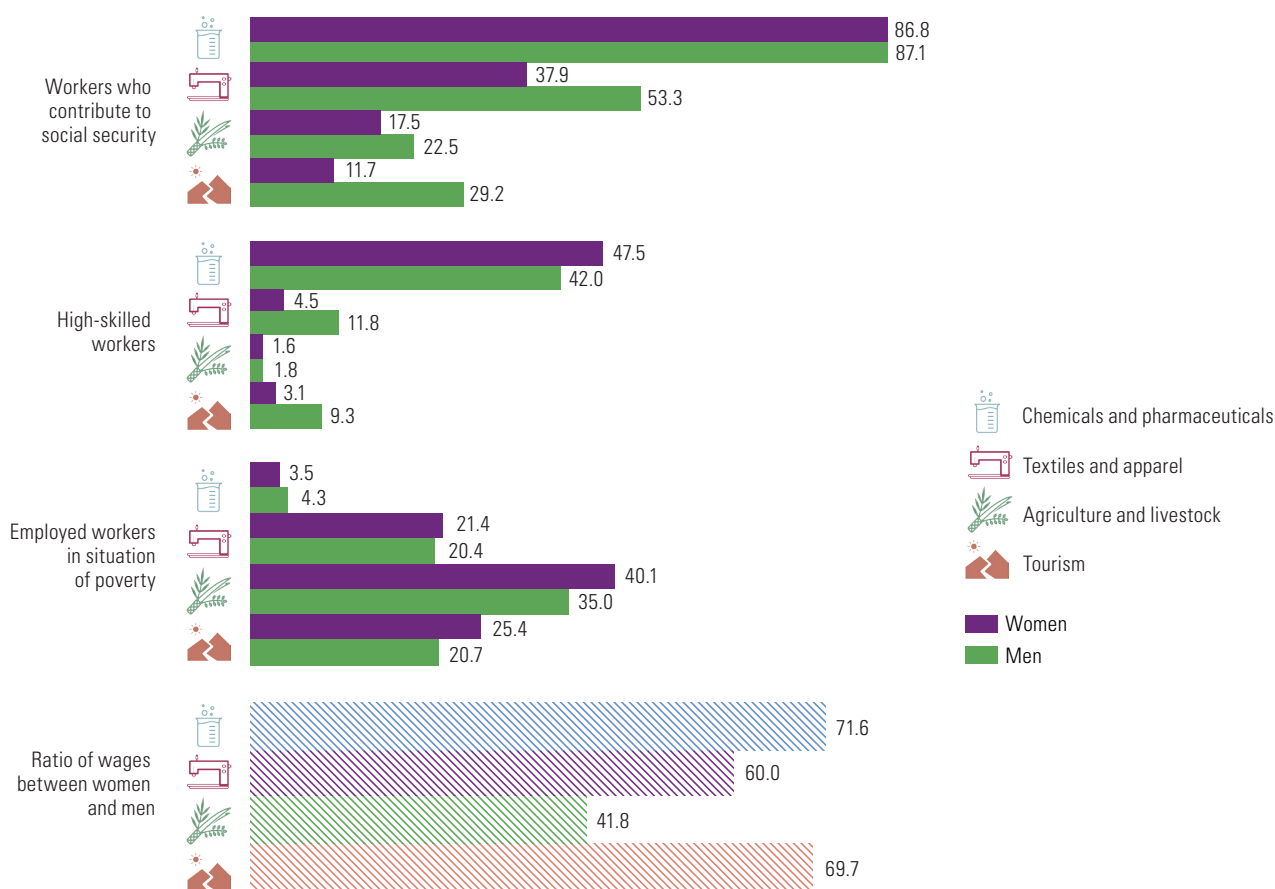
^a The countries included are: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Peru and Uruguay.

⁸ The weight of agriculture may be underestimated given the invisibility of women’s participation in family farming, which is often considered an extension of unpaid domestic work (Brumer, 2004). However, the analysis of household surveys already reveals the importance of “unpaid auxiliary family work” in women’s labour market participation in agriculture. A comparative analysis of eight countries in the region where agriculture is highly export-oriented showed that, in 2020, 31.8% of women employed in the agriculture sector worked as unpaid auxiliary family workers, compared to 8.3% in the case of men (ECLAC data, based on the Household Survey Data Bank (BADEHOG) and input-output matrices of the countries).

In terms of labour conditions, the agriculture sector and the textile and apparel sector have greater shortcomings in social protection coverage and lower female participation in high-skill jobs. Gender wage gaps are also large, in these sectors particularly. Employment in tourism, one of the most important high-export services for women in the region, has a large female share (see figure V.2) and the most precarious working conditions in terms of access to social security (see infographic V.3).

Infographic V.3

Latin America (13 countries):^a employment characteristics in selected high-export sectors, by gender, around 2020
(Weighted average percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG) and input-output tables for the countries.

^a The countries included are: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Peru, Plurinational State of Bolivia and Uruguay.

In contrast, the chemical and pharmaceutical sector offers better working conditions: a larger proportion of social security contributors and workers in high-skill jobs; and a smaller wage gap between women and men. It also has fewer workers living in poverty, among the export sectors that are most important for women's employment in the region, especially the agriculture and livestock sector.

In short, women are highly represented in sectors that offer less favourable working conditions, while the most innovative or key sectors that drive the economies, which also offer better conditions and have higher skill levels, employ fewer workers and, in particular, a very small proportion of women. It should also be noted that the areas of science, technology, engineering and mathematics (STEM) have emerged as a promising area for dealing with rapid technological change in the context of the COVID-19 pandemic. However, in Latin America and the Caribbean, the proportion of individuals enrolled and graduating in STEM subjects is less than 30% of

the total number of graduates. In this context, the underrepresentation of women in STEM careers is one of the main problems worldwide and in the region.⁹

ECLAC has identified sectors that can provide a major boost to economic, social and environmental sustainability, create quality jobs, incorporate innovation and technological advances, and diversify exports. One of these sectors is the health manufacturing industry,¹⁰ which includes the chemical and pharmaceutical sector. This sector is crucial to a production and trade development strategy targeted on the sustainability of life, since, as a whole, it provides goods and services that improve people's living conditions and health. It also generates production chains that strengthen technical progress, with important knowledge externalities, fostering the creation of quality jobs for women and men alike (ECLAC, 2020a).

In the vast majority of the region's countries, the local market is too small to support a competitive production scale in the pharmaceutical sector or in the medical devices sector. This situation highlights the importance of implementing policies that promote greater integration, in order to create a broad and stable market that generates the incentives needed to expand regional production (ECLAC, 2021f).

The COVID-19 pandemic, and the war between the Russian Federation and Ukraine, hastened the process of reorganizing regional and global value chains, and triggered new processes of production relocation, such as nearshoring and friend-shoring (ECLAC, 2022b). Thus, regional and trade integration in Latin America and the Caribbean can offer a better response to the external shocks generated by the international scenario and help promote productive diversification and complementation.

For example, unlike what generally happens with the international engagement of Latin America and the Caribbean (low value added activities, mainly through the export of raw materials or, to a lesser extent, by participating in the assembly stages of manufacturing industry), regional markets provide an opportunity for entering, forming and consolidating manufacturing value chains in various sectors. Kupfer and others (2013) exemplify this by demonstrating how the Brazilian trade pattern varies according to the trading partner in question. In its trade with China, Brazil's export basket is more intensive in commodities; but, in trade with Southern Common Market (MERCOSUR) countries, it is more intensive in manufactures. In other words, Brazil's exports to its Latin American neighbours are more concentrated in manufactured goods with higher value added. Consequently, most of the direct jobs associated with trade with MERCOSUR are medium-skilled, whereas those associated with trade with China are low-skilled.

The foregoing analysis shows that for Latin American and Caribbean exports to promote women's economic autonomy and move towards a care society, it is necessary to overcome the structural heterogeneity of the region's economies and change their trading patterns. In contrast to the current model, priority should be given to the promotion of catalysing sectors that generate greater value added and greater potential for regional production chains, and create new and better-paid jobs for women. Another challenge in reconfiguring the international economy is to pursue strategies for scaling up regional and global value chains, with the full participation of women in the most knowledge-intensive links and in the most senior positions. It is also necessary to strengthen regional cooperation and integration to mitigate external vulnerability and the fluctuations of international trade (Bidegain and Espino, 2022).

Moving towards a care society requires highlighting and considering the interdependency that exists between processes of production and social reproduction. This means transitioning to a fair social organization of care, reorienting international trade towards sectors that are essential for the sustainability of life, and reimagining patterns of consumption, production and distribution, in order to help reverse gender inequalities in the economic, social and environmental dimensions of development.

⁹ In the region, with the exception of five countries with information collected (Argentina, Belize, British Virgin Islands, Panama and Uruguay), the proportion of women graduates in STEM careers does not exceed 40% (ECLAC, 2019b). In Uruguay, for example, women represented just 23.8% of those entering technology careers in 2018 and barely 21% of total graduates in those fields. Associated with that phenomenon, women represented just 32% of total employment in the information and communications technology (ICT) sector [...]. A similar trend can be discerned in Colombia, where female enrolment in these areas represented just 17% in STEM (versus 30% for men), and the percentage is even higher when considering the number of women who graduate [...]. In Chile, on the other hand, in 2020, only 28% of the students enrolled in engineering and science careers were women [...] (Bércovich and Muñoz, 2022, p. 25).

¹⁰ Composed of the pharmaceutical industry (encompassing the chemical and pharmaceutical sectors), the medical device and equipment industry, and other activities related to research and development.

B. The structural and conjunctural challenges of fiscal policy for equality

Fiscal policies —expenditure, income and investment— produce different distributional effects at each level of society and between men and women. In the countries of the region there is a growing recognition of the gender-differentiated impacts of fiscal policy. In recent years, the explicit and implicit gender biases of the region's tax systems have started to be analysed; and initiatives have been launched to promote gender mainstreaming in public budgets (labelling, expenditure identification, gender-responsive results-based budgeting programmes) (ECLAC, 2019a and 2021b). Accordingly, this section addresses some of the challenges involved in mobilizing public resources and their contribution to gender equality and women's autonomy.

1. The main fiscal challenges in Latin America and the Caribbean

The main fiscal challenges in Latin America and the Caribbean concern low levels of tax revenue, high rates of tax evasion and avoidance, and regressive tax structures (ECLAC, 2021b). This results in insufficient financing to address the growing demand for care and the deepening of gender inequalities, as well as for fully implementing the commitments of the Regional Gender Agenda and the 2030 Agenda for Sustainable Development.

Although situations in the region vary widely, in 2019, before the COVID-19 pandemic, the average tax burden in Latin America and the Caribbean was 10.7 percentage points of GDP lower than the average of countries of the Organisation for Economic Co-operation and Development (OECD and others, 2022). This difference is mainly explained by a lower relative collection from direct taxes, which account for about half of all tax revenue (compared to about two thirds in OECD countries). The corresponding preponderance of indirect taxes, such as value added tax (VAT), imposes a regressive bias on tax systems by placing a disproportionate burden on individuals with less tax-paying capacity. As women are overrepresented among the lowest income-earners in the region (see figure V.3), this type of tax also implies a gender bias.

Figure V.3

Latin America (13 countries):^a gender distribution of the population aged 15 years or over, by personal income quintile, around 2020

(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG).

Note: Personal income includes: labour income, capital income, retirement and pension income, other personal transfers, and other individual income.

^a The countries included are: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Peru, Plurinational State of Bolivia and Uruguay.

At the same time, tax expenditures —that is, benefits that alleviate the tax burden— and tax evasion and avoidance erode governments' revenue-raising capacity. According to data available from 13 countries in the region, average tax expenditures between 2013 and 2017 represented 3.7% of GDP (ECLAC, 2019a). The contribution of these expenditures to fiscal sustainability and redistribution depends on which people and sectors they target, which is why ECLAC (2019a) notes the importance of having transparent information on all tax instruments and incentives, as well as on preferential tax treatments, in order to evaluate them and analyse their distributive impact and contribution to the stated objectives. Strengthening regional cooperation is also necessary to combat tax evasion and avoidance and illicit financial flows, and thus increase resources available for gender equality policies.

Preferential VAT treatments, especially for basic products, are the predominant tax waivers in the region. Income tax breaks are also significant in some countries. While the first type of tax expenditure may benefit women of low income who spend a larger proportion of their income on consumption, the opposite may occur with income tax expenditures, depending on how the tax expenditure is designed. This is because men are overrepresented among the better-off; and a large proportion of women are employed in the informal sector and overrepresented among those with lower incomes or no income of their own. There are also examples of countries that use tax expenditure to promote women's labour participation or take into account the structure of the household and care to analyse tax capacity. Nonetheless, the latter may also imply that certain household structures are privileged (ECLAC, 2019a). In terms of the distributional effects of tax expenditure, for the case of European Union countries, Barrios and others (2016) note that the effects can go in both directions, depending on the country and tax expenditure in question.

Evasion of income tax and VAT in Latin America is estimated as equivalent to 6.1% of GDP, according to data available for 2018 (ECLAC, 2020b). In distributional terms, studies carried out for some European countries have quantified the regressive impact of income tax evasion. For example, estimates made in Greece (Leventi, Matsaganis and Flevotomou, 2013) and Italy (Albarea and others, 2020) find that it increases the Gini coefficient by one percentage point.

When governments see that their capacity to collect taxes and control illicit financial flows and tax evasion and avoidance is diminished, they tend to compensate for the loss of tax revenues, either by increasing levies on compliant taxpayers —such as small and medium-sized enterprises (SMEs) and lower-income individuals (Ritter, 2015)— or by shifting the burden on to indirect taxes. Consequently, if States do not do enough to stop tax abuse, it is likely to benefit higher-income individuals disproportionately (Grondona, Bidegain Ponte and Rodríguez Enríquez, 2016). In this regard, the underrepresentation of women at the top of the income distribution is illustrated in figure V.3.

The onset of the COVID-19 crisis was reflected in the fiscal domain through two main elements: the widespread absence of automatic stabilizers and the application of expansionary fiscal policies (ECLAC, 2021b). Analysing the impact of these factors on gender inequalities is fundamental.

The pandemic highlighted the widespread lack of automatic stabilizers, owing partly to the fact that few countries had unemployment insurance. This can be deduced from the information available for seven countries in the region that had a system of unemployment insurance or individual savings accounts for people in paid employment (ECLAC, 2022c). In countries with these instruments, coverage tended to be limited. For example, according to Vegh and others (2019), an average of just 17% of unemployed persons in Latin American countries received unemployment benefits in 2018.

In the midst of the pandemic, some countries relaxed requirements for accessing unemployment insurance, such as extending support to the unemployed and self-employed. At the same time, it was found that in Chile and Ecuador, the recipients of this type of insurance up to 2020 had mostly been men (ECLAC, 2022c). This is likely to have been due mainly to three factors affecting women: lower labour market participation rates (see chapter II), greater informality, and underrepresentation in wage-earning jobs. In 2019, before the pandemic, informal employment rates in Chile and Ecuador were 2.1 and 4.4 percentage points higher for women than for men, respectively.¹¹ In Chile, between September 2020 and June 2021, the lower rates of female participation in formal employment were reflected in women's greater use of individual unemployment accounts (SP, 2021). Unlike the requirements for accessing the Solidarity Unemployment Fund, these accounts could be accessed without having to attain a specific number of contributions or to present any proof of the

¹¹ Data from ECLAC, based on International Labour Organization (ILO), ILOSTAT [online database] <https://ilostat.ilo.org/data/>.

termination of the employment relationship. According to data available for Latin America in 2016, women represented just 38% of wage-earning employment (Vaca Trigo, 2019). All of this makes even more relevant the agreement reached in the Santiago Commitment, a few months before the onset of the pandemic, to “implement gender-sensitive countercyclical policies, in order to mitigate the impact of economic crises and recessions on women’s lives” (ECLAC, 2020c).

In 2020, public expenditure grew to historically high levels in the region, which mitigated the effect of the social and economic crisis. According to *Fiscal Panorama of Latin America and the Caribbean, 2022* (ECLAC, 2022d), total central government expenditure in Latin America increased from an average of 21.4% of GDP in 2019 to 24.6% in 2020. This level of spending is the highest since fiscal data began to be published in 1950 (ECLAC, 2021b). Most of the increase in current primary expenditure in Latin America represented subsidies and current transfers (ECLAC, 2022d). In the Caribbean, in addition to this type of increase in some countries, capital spending also increased in others. The role of installed social protection capacity, including the non-contributory social protection programmes implemented before the pandemic, which provide cash transfers to poor households, was very important in mitigating the crisis (ECLAC, 2021b). Countries that had already invested resources in these programmes before the pandemic were able to expand coverage relatively quickly—for example, with additional transfers for women among those targeted (*Familias en Acción* in Colombia, among other programmes), or by extending coverage to new groups, including informal workers (Argentina and Brazil, among others) (Tabbush, 2021).

Most public policy measures have targeted “households,” “persons living in poverty,” “formal or informal workers,” “firms” or “sectors” of the economy, without identifying the distributional implications of the different interventions across genders. Measures that explicitly target the gender inequalities of the crisis have been oriented mainly towards containing the most urgent effects, such as support to counteract the loss of income or employment, or to increase access to social protection instruments and services for preventing and responding to situations of gender violence. Some measures aimed at reducing gender gaps in access to financing and eliminating obstacles to women’s economic participation in recovery strategies are also recognized (Bidegain and Espino, 2022).

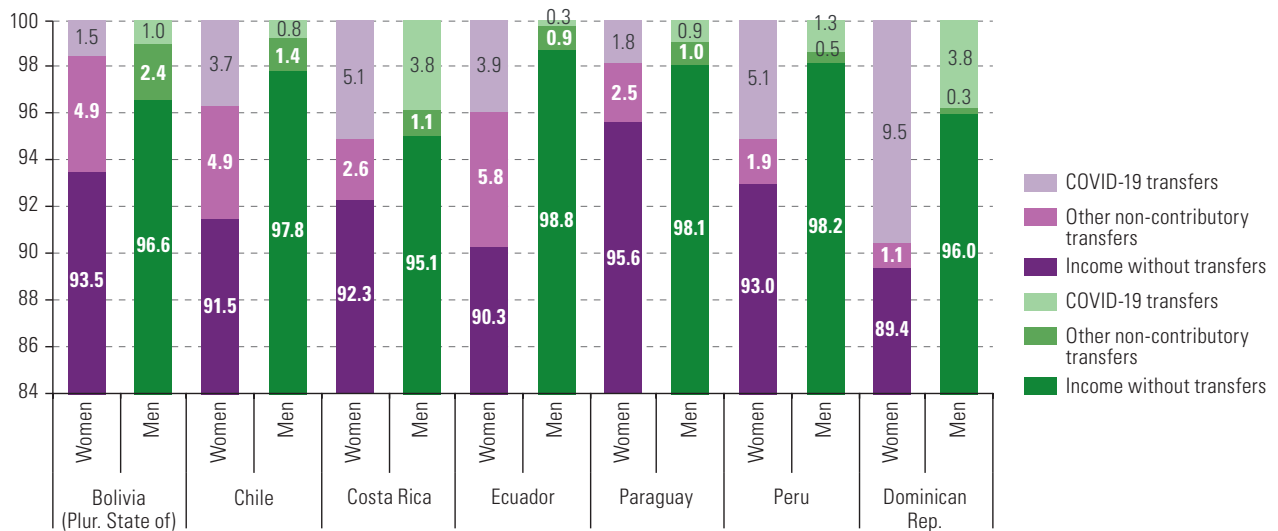
At the same time, data available in the Latin American countries where income sources can be analysed in 2020 show that non-contributory government transfers (related to the COVID-19 emergency and others) accounted for a higher proportion of income for women than for men (see figure V.4). In Chile, for example, in each of the Emergency Family Income (IFE) transfers as of May 2021, about 60% of the beneficiary households were headed by women (Ministry of Social Development and Family, 2021). In Colombia, the social protection programmes implemented or expanded by the national government (*Ingreso Solidario*, *Familias en Acción*, *Jóvenes en Acción* and *Colombia Mayor*) also mostly benefited women (DANE/ECLAC/CPPEM, 2021). In Ecuador, meanwhile, the Bono de Desarrollo Humano (human development bond) helped to compensate for the loss of labour income among women in poverty (Almeida, 2022).

The prolonged COVID-19 crisis and the fragility of the economic recovery process suggest the need to continue mitigating the negative effects of the pandemic, and also to promote a transformative reactivation of the economy, in which fiscal policy plays a key role (ECLAC, 2021b). The expenditure upswing in Latin America started to falter in 2021, driven precisely by the reduction in subsidies and current transfers as emergency programmes expired (with notable exceptions, such as Chile) (ECLAC, 2022d). Owing to the weaknesses of the region’s social protection systems that were revealed during the pandemic (ECLAC, 2022c), the challenge is to make headway in constructing universal systems that include non-contributory instruments and help to close gender inequality gaps.

In a new higher-inflation scenario, women in the lower income quintiles, in poverty, or in single-parent households, tend to be the most affected. With less disposable income, they allocate more of it to consumption, thus losing their capacity for saving. Rising food prices can have particularly severe implications for some women who spend a large proportion of their income on care needs and household consumption expenditures. This is even more pronounced for women in single-parent households, where they provide income and care for dependent household members (such as children, adolescents and older adults). In terms of food security, the short-term fiscal measures adopted in the region include the reduction or elimination of VAT on food (among other goods and services), agreements with producers and traders to hold prices in the basic food basket, and the elimination of tariffs on imports of grains and other commodities (ECLAC, 2022b). These types of measures could partially contain the adverse effects of inflation on women.

Figure V.4

Latin America (7 countries): composition of individual income according to receipt of emergency cash transfers in the midst of the coronavirus disease pandemic (COVID-19) and other non-contributory government transfers, by gender, 2020 (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Social Panorama of Latin America, 2021* (LC/PUB.2021/17-P), Santiago, 2022, figure IV.8.

Note: The following grants and allowances were considered: the COVID-19 Emergency Grant and Emergency Family Income (IFE) in Chile; the *Bono Proteger* grant and cash and non-cash transfers to address the COVID-19 pandemic in Costa Rica; entitlements the *Quédate en Casa* (Stay at home) programme, the Employee Solidarity Assistance Fund (FASE) and the Informal Workers Assistance Grant in the Dominican Republic; the Health Emergency Family Protection Grant and the Nutritional Support Grant in Ecuador; additional COVID-19 entitlements under the *Tekoporã*, *Nangareko* and *Pytyvõ* programmes in Paraguay; the *Yo me quedo en casa* grant, the Self-Employed Grant, the Rural Grant and the Universal Family Grant in Peru; and the COVID-19 Family Grant, the COVID-19 Family Basket Grant and the COVID-19 Universal Grant in the Plurinational State of Bolivia.

In a situation of limited fiscal space, expenditures on care policies, social protection and fundamental services for women need to be managed. Nonetheless, higher spending during the pandemic fuelled a major increase in public debt; and the fiscal consolidation process being implemented by governments to keep debt at sustainable levels puts pressure on social spending. This compounds the challenges of reduced revenue collection resulting from lower-than-projected growth rates.

Greater financing needs in Latin America in 2020 raised central government gross public debt to 56.3% of GDP, on average, which was 10.7 percentage points higher than in 2019. Latin America and the Caribbean is the most indebted region in the world, with total debt service representing 59% of its earnings from exports of goods and services in 2020. The increase in debt service poses additional challenges, as resources are diverted from the provision of public goods to the payment of debt obligations (ECLAC, 2021a).

In seven Caribbean countries, central government gross debt already represented 79.1% of GDP, on average in 2019, and climbed to 95.7% in 2020 (ECLAC, 2021b). In 2021, Latin America's central government gross public debt relative to GDP decreased slightly. However, this was mainly due to the recovery of activity (denominator effect); and the ratio is still higher than in the 20 years prior to the pandemic. In the Caribbean the ratio remained stable—and high (ECLAC, 2022d).

Country indebtedness is part of a trend of economic financialization. This is manifested in the growing indebtedness of individuals, particularly women, which has been referred to as the “feminization of debt.” Prior to the COVID-19 pandemic, data obtained through financial inclusion surveys, in countries such as Mexico and Peru, showed that a larger proportion of women than men used credit to pay health and education expenses, which are key areas linked to care and sustainability of life (ECLAC, 2019a). Data show how women debt levels were exacerbated during the pandemic, as credit was used to put food on the table, access basic services and meet other household needs, as an extension of care responsibilities (see box V.1).

Box V.1**Indebtedness and care in Argentine households**

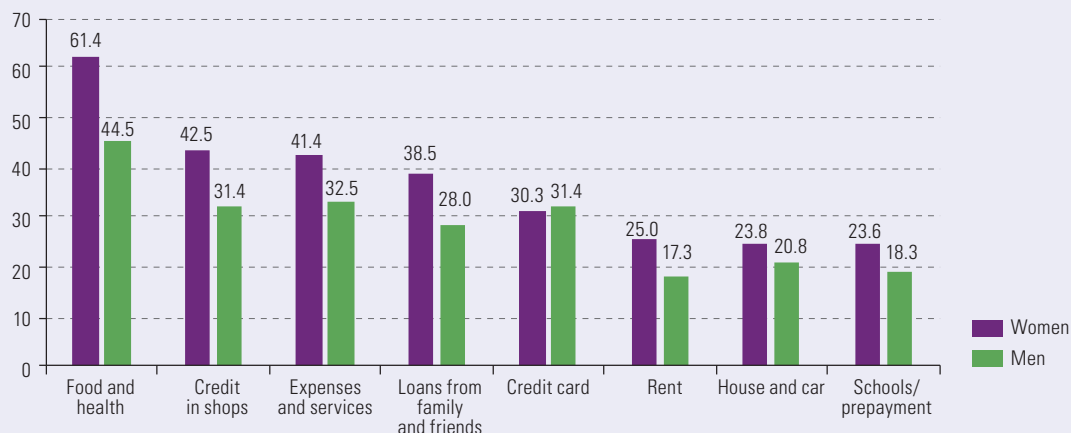
The National Survey on Indebtedness and Care (ENEC), conducted in Argentina in 2021 by ECLAC, made it possible to fully capture the complexity of financial vulnerability^a and the multiple situations of indebtedness, as well as the organization of care in households. The survey showed that 35% of households had some critical level of indebtedness and, therefore, were more financially vulnerable.

At the same time, the survey makes it possible to analyse the link between the demand for care, its feminization and the financial vulnerability of households. It shows that households with no demand for care have a lower level of debt (only 25% are in a situation of high or very high debt). Households with the highest debt are those in which care involves meeting varying combinations of needs and demands of children and adolescents, older adults and persons with disabilities (40% are in a situation of high or very high debt). Among these, households led by women are those that have had to borrow in the highest proportion during the pandemic. Female-headed households with care demands and low incomes are the most exposed (55% are in a situation of high or very high debt).

An analysis of the destinations of borrowed money or arrears in utility payments shows that the vast majority of cases are associated with care (food, health, education, housing and connectivity). More than 60% of female-headed households (with care responsibilities) use credit to pay food and health expenses (compared to just 40% in the case of male-headed households) (see figure 1).

Figure 1

Argentina: destination of loans in households with care responsibilities, by gender of household head, 2020 (Percentages)



Source: L. Tumini and A. Wilkis, "Cuidados y vulnerabilidad financiera: un análisis a partir de la Encuesta Nacional de Endeudamiento y Cuidados (ENEC) en la Argentina", *Project Documents* (LC/TS.2022/61-LC/BUE/TS.2022/1), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2022.

This finding coincides with the results of qualitative studies performed in low-income, rural and middle-income sectors, as well as among members of social and community organizations, and groups of women workers in private homes, health and tourism sectors, where the role of "care debts" in household financial management during the coronavirus disease (COVID-19) pandemic was observed. In addition to the importance of the financial management of care provision in households, the qualitative approach makes it possible to capture the central role played by women who, in most cases, are primarily responsible for the organization, provision and mental management of care work, and for its financial management. With differences in magnitude and specific problems according to social class and their labour market participation, all of the studies reveal the critical debt situations that women often face in order to sustain the well-being of their households.

Gender gaps are also found in the formal financial system. An analysis of women's access to formal financing in Argentina (Cuccaro, Sangiácomo and Tumini, 2022) reveals the existence of gender disparities in access to credit and its use: only 44.4% of adult women finance themselves through formal credit, 5.5 percentage points less than adult men. At the same time, loan amounts are 32.3% lower than those of men, compared to a total income gap between men and women of 29%. Women are also more likely to obtain credit from non-financial entities (other non-financial credit providers and non-bank credit card issuers), under less favourable and more costly financing conditions, which can exacerbate situations of financial vulnerability. Despite worse access and quality conditions, women display lower arrears rates than men — a fact also observed in other countries in the region.

This also reveals the coexistence of two financial markets segmented by income, namely high-income individuals together with banks, and lower-income individuals with non-financial entities. This does not mean that persons with low incomes cannot access bank credit or credit cards, but rather that persons with informal jobs, who are usually unbanked and have lower incomes, are less likely to make use of these services.

This dualization of the financial market affects women in particular. Since they are overrepresented among the lower-income population, they find it more difficult to obtain bank credit, and are therefore more exposed to non-financial entities. The aforementioned study shows that formal credit from banks (both private and public) is concentrated among women in the higher-income brackets. Non-bank entities grant a larger share of credit to women in the lower income deciles. In turn, women with lower incomes have a higher debt balance relative to their income, which renders them more financially vulnerable.

One out of every five formal wage earners in the first income decile, corresponding to formal wages,^b is in arrears in their loan payments.^c However, as noted above, women display lower arrears rates than men in the same decile (see figure 2).

Figure 2

Argentina: arrears rate among formal wage earners, by labour income decile and gender, 2020
(Percentages)



Source: L. M. Cuccaro, M. Sangiácomo and L. Tumini, “El crédito formal en la Argentina: un análisis con perspectiva de género”, *Project Documents* (LC/TS.2022/24), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC)/Central Bank of the Argentine Republic (BCRA), 2022.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of L. M. Cuccaro, M. Sangiácomo and L. Tumini, “El crédito formal en la Argentina: un análisis con perspectiva de género”, *Project Documents* (LC/TS.2022/24), Santiago, ECLAC/Central Bank of the Argentine Republic (BCRA), 2022, and J. Kunin, “Deudas, cuidados y vulnerabilidad: el caso de las mujeres de hogares rurales en la Argentina”, *Project Documents* (LC/TS.2022/45), Santiago, ECLAC, 2022.

^a The concept of household financial vulnerability used by ENEC is multidimensional and takes account not only the dynamics of indebtedness, but also its impact on income, savings and consumption. To analyse indebtedness, an index of debt intensity was developed, which takes into account future debts (credits to be paid) and past debts (payment arrears), depending on whether they are commercial or non-commercial, formal or non-formal, and, in turn, the use or destination of the debts contracted.

^b As this study uses administrative records, it only considers the gross pay received by formal wage earners (those registered with the social security system) working in both the private and public sectors, and whose accreditation is made through deposits in bank accounts.

^c The regulation ranks debtors in “situations” of decreasing quality: in “Situation 1” debtors are able to adequately meet all of their financial commitments; in “Situation 5” and “Situation 6” the debt is considered uncollectible. Debtors classified in “Situation 1” and “Situation 2” are grouped in regular status, i.e. they are able to meet all of their financial commitments, and all other debtors are considered to be in irregular status. In practice, a loan is considered to be in irregular status when more than 90 days have elapsed since the due date for service payment without cancellation. For further information, see the regulatory framework of the BCRA Debtor Classification [online] <http://bcra.gov.ar/Pdfs/Textord/t-cladeu.pdf>.

Lastly, global governance challenges remain to correct the asymmetries between developed and developing countries, particularly developing countries in transition in terms of access to financing and technology, and thus promote a recovery with equality.

The topic of debt illustrates the shortcomings of international cooperation in making the financing for development agenda effective. In the midst of the COVID-19 pandemic, international cooperation has been limited; and the countries of Latin America and the Caribbean have had access to a smaller flow of multilateral resources than in previous crises, such as the 2008–2009 global financial crisis (ECLAC, 2021a). There is a persistent disconnect between the economic and social needs of the region's countries, particularly middle-income ones, and the response of multilateral cooperation. For example, in August 2020, the International Monetary Fund (IMF) made the largest-ever general allocation of Special Drawing Rights (SDRs).¹² As these are allocated according to countries' quotas in IMF, approximately two thirds of the issuance on that date went to developed countries. Although this enabled the countries of the region to improve their reserves, it was not enough to reduce financing gaps. ECLAC recommends expanding and redistributing liquidity through instruments such as SDRs and their recirculation to developing countries and debt reduction (ECLAC, 2022e).

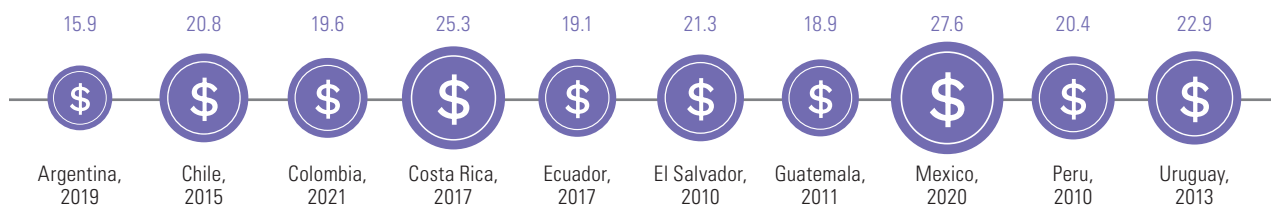
2. The need to value the care economy economically and invest in it

To transition towards a transformative recovery, ECLAC (2022d) recommended protecting social spending and public investment in line with the 2030 Agenda for Sustainable Development. It highlighted the multiplying and equalizing effects of social expenditure, noting that investment has been used as the adjustment variable during the last decade, and arguing that its share of total spending should be maintained or increased. Strategic transfers and investments in sectors that contribute to ending gender inequalities in the economic, social and environmental dimensions of sustainable development are increasingly necessary. On the other hand, both the Regional Gender Agenda (ECLAC, 2022f) and the 2030 Agenda for Sustainable Development highlight the importance of recognizing and valuing unpaid work, as well as the need to develop instruments to measure how men and women use their time. Thus, in recent decades, progress has been made in developing methodologies that make it possible to value care work. As noted below, unpaid domestic and care work already represents a very important part of the region's economies; and investment in care could be particularly strategic.

Ten countries in the region have now calculated the monetary contribution of unpaid household work. Some of these estimations quantify this type of work as between 15.9% and 27.6% of GDP (see figure V.5). On average, 74% of this contribution is made by women (Vaca Trigo and Baron, 2022).

Figure V.5

Latin America (10 countries): value of unpaid household work, 2010–2021
(Percentages of GDP)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the valuation of unpaid work made by the entities responsible for each country's national accounts, with the following exceptions: for Argentina, the calculation corresponds to the exercise carried out by M. D'Alessandro and others, *Los cuidados, un sector económico estratégico: medición del aporte del trabajo doméstico y de cuidados no remunerado al producto interno bruto*, Buenos Aires, Ministry of Economic Affairs, 2020, including the effects of the pandemic; for Uruguay, the calculation, which is unofficial, corresponds to the exercise carried out by S. Salvador, "La valoración económica del trabajo no remunerado", *Los tiempos del bienestar social: género, trabajo no remunerado y cuidados en Uruguay*, K. Batthyány (ed.), Montevideo, National Institute of Women/Doble clic-Editoras, 2015.

¹² Special drawing rights are international reserve assets created by IMF to supplement countries' official reserves. Both IMF member countries and certain international organizations can use them for a variety of operations, including the payment of financial obligations and loans (ECLAC/ECA, 2022).

The magnitude of unpaid domestic and care work relative to GDP testifies to its economic importance, contrary to the low social valuation it is accorded and the scant use made of this information for economic policy decision-making. For example, in Argentina and Chile, unpaid domestic and care work relative to GDP exceeded the leading sectors of the economy in the years in which it was calculated (ComunidadMujer, 2019; D'Alessandro and others, 2020). During the pandemic, the increase in hours spent on domestic and care work meant that these economic valuations increased sharply. In 2020, for example, in Chile the valuation rose to 25.6% (Avilés-Lucero, 2020), in Argentina it rose to 21.8%, which is 5.9% higher than the measurement that excludes the effects of the pandemic (D'Alessandro and others, 2020); and, in Mexico, the per capita net economic value of unpaid domestic and care work registered an increase of 11.1% over the previous year (INEGI, 2021).

Women's excess burden of unpaid work impedes their full participation in the labour market and makes it difficult to promote economic development processes with equality in the region. Accordingly, freeing up women's time and guaranteeing their economic autonomy generates positive externalities that have an impact on the rest of the economy and, hence, also on tax revenues. A recent study for Colombia, using a methodology based on a general equilibrium model, estimated that if the State and the market were to assume the care work that is currently performed without pay, this new production sector would contribute 33.7% of GDP (López Montaña, 2022).

Investment in care systems is particularly strategic, since it not only helps to break the vicious circle of poverty and exclusion, but can also be transformed into a virtuous circle that generates multiple positive social and economic effects (ECLAC, 2021c; UN-Women/ECLAC, 2022). Firstly, it would help to alleviate women's care burden, reduce the opportunity cost of women's participation in the labour market (see chapter IV) and, consequently, promote processes of economic autonomy. Secondly, investment in the care sector has the capacity to generate jobs and boost other interrelated sectors of the economy (such as public works). All of this increased economic activity can partially pay back the initial investment in the form of increased tax revenues. Lastly, investment in care systems contributes directly to people's well-being, especially if the quality of community, public and private care services is regulated and monitored. In the specific case of investment in childcare, this would also bring long-term benefits in the form of greater physical and cognitive development among girls and boys, especially those living in poverty (UN-Women/ECLAC, 2022). Thus, care policies, with an expansion of public services, have the potential to become one of the drivers of a transformative recovery.

In terms of the investments required and their leveraging effects, studies conducted in Uruguay (De Henau and others, 2019) and in Mexico (UN Women, 2020) indicate that boosting universal and free childcare systems (with different parameters in each case) would require an annual gross investment of 2.8% of GDP in Uruguay and an additional expenditure of 1.2% of GDP in Mexico. Women's employment would increase by 4.2 percentage points in the former country and total employment would increase by 3.9% in the latter. The new jobs would generate tax revenues that would reduce the net financing gap to 1.4% of GDP in Uruguay. In the case of Mexico, the additional revenue would be equivalent to 0.29% of GDP. Similarly, a study conducted for seven countries in Latin America, along with Canada and the United States, estimated that gross investment in childcare and long-term care systems, and an extension of parental leave, would amount to a total of 4.3% of GDP.¹³ This, in turn, would lead to a 10.6 percentage point increase in the employment-to-population ratio for women (compared to 2.7 percentage points in the case of men) projected to 2035 (De Henau, 2022). The higher tax revenue generated would then reduce the investment needed to universalize and extend these systems to 3.2% of GDP (projected).

Prior to the pandemic, between 2014 and 2018, spending on education and care for children under six years of age in 12 countries in the region for which information is available averaged approximately 0.35% of GDP (in OECD countries it accounted for twice as much).¹⁴ In Argentina, Chile, Costa Rica, the Dominican Republic, Peru and Uruguay it increased by more than 0.05 percentage points (+0.17 percentage points in Chile), while in Brazil, Colombia and Mexico it decreased by 0.26, 0.09 and 0.05 percentage points, respectively. Expenditure

¹³ Of this figure, 1.4 percentage points correspond to childcare systems.

¹⁴ ECLAC data, based on CEPALSTAT [online database] <https://statistics.cepal.org/portal/cepalstat/index.html?lang=es>, and, for Chile and Mexico, OECD, OECD.Stat [online database] <https://stats.oecd.org/>.

fluctuated less in El Salvador, Guatemala, and Trinidad and Tobago. In this context, it is worth highlighting the initiative of the Ministry of Public Works of Argentina, which in 2021 established a Care Infrastructure Fund to which 8.5% of the annual budget is allocated. The fund targets works benefiting children, health, gender and youth, which promote the right to care and guarantee basic quality-of-life standards (Ministry of Public Works, 2021). This is an example of how spending on care policies can be safeguarded.

This chapter has described the various macroeconomic and trade challenges in a complex international and regional context, which highlight the need for changes in the orientation of gender-responsive fiscal, production and trade policies, and for a macroeconomic environment that is conducive to recovery with equality. A shift in production, trade and financial patterns is needed to move towards a care society that recognizes the interdependence that exists between people, and between production and social reproduction processes — a society that puts women’s autonomy and the sustainability of life and the planet at the centre.

Bibliography

- Albarea, A. and others (2020), “Income underreporting and tax evasion in Italy: estimates and distributional effects”, *The Review of Income and Wealth*, vol. 66, No. 4, December.
- Almeida, M. (2022), “Ecuador: análisis de las dimensiones de género de los paquetes y medidas fiscales frente a la crisis del COVID-19”, unpublished.
- Avilés-Lucero, F. (2020), *Estimación trabajo doméstico no remunerado*, Santiago, Central Bank of Chile.
- Azar, P., A. Espino and S. Salvador (2008), *Uruguay: cambia el comercio, la producción y el trabajo ¿Cambian las relaciones de género? El caso del sector lácteo*, International Gender and Trade Network (IGTN).
- Barrios, S. and others (2016), “The fiscal and equity impact of tax expenditures in the European Union”, *JRC Working Papers on Taxation and Structural Reforms*, No. 2016-01, Seville, Joint Research Centre, European Commission.
- Bércovich, N. and M. Muñoz (2022), “Rutas y desafíos para cerrar las brechas de género en materia de habilidades digitales”, *Project Documents* (LC/TS.2022/73), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Bidegain, N. and A. Espino (2022), “Iniciativas de gobiernos de América Latina y el Caribe para mitigar los impactos de la crisis del COVID-19 en la autonomía de las mujeres en sectores exportadores, en cadenas globales de valor y su impacto en las brechas de género en América Latina y el Caribe”, unpublished.
- Bidegain, N., L. Scuro and I. Vaca Trigo (2020), “Women’s economic autonomy during the COVID-19 pandemic”, *CEPAL Review*, No. 132 (LC/PUB.2021/4-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), December.
- Brumer, A. (2004), “Gênero e agricultura: a situação da mulher na agricultura do Rio Grande do Sul”, *Revista Estudos Feministas*, vol. 12, No. 1, April.
- Carrasco Bengoa, C. and C. Díaz Corral (eds.) (2017), *Economía feminista: desafíos, propuestas, alianzas*, Barcelona, Entrepueblos/Entrepobles/Entrepobos/Herriarte.
- Cimoli, M. and G. Porcile (2013), “Tecnología, heterogeneidad y crecimiento: una caja de herramientas estructuralistas”, *Production Development series*, No. 194 (LC/L.3736), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- ComunidadMujer (2019), *¿Cuánto aportamos al PIB? Primer Estudio Nacional de Valoración Económica del Trabajo Doméstico y de Cuidado No Remunerado en Chile*, Santiago.
- Cuccaro, L. M., M. Sangiácomo and L. Tumini (2022), “El crédito formal en la Argentina: un análisis con perspectiva de género”, *Project Documents* (LC/TS.2022/24), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC)/Central Bank of the Argentine Republic (BCRA).
- D’Alessandro, M. and others (2020), *Los cuidados, un sector económico estratégico: medición del aporte del trabajo doméstico y de cuidados no remunerado al producto interno bruto*, Buenos Aires, Ministry of Economic Affairs.
- DANE/ECLAC/CPEM (National Administrative Department of Statistics/Economic Commission for Latin America and the Caribbean/Presidential Advisory Council for Women’s Equity) (2021), “Recuperación económica: empleo de mujeres”, *Serie Mujeres en Tiempos de COVID-19*, No. 15.
- De Henau, J. (2022), “Costs and benefits of investing in transformative care policy packages: A macrosimulation study in 82 countries”, *ILO Working Paper*, No. 55, Geneva, International Labour Organization (ILO).
- De Henau, J. and others (2019), “Investing in free universal childcare in South Africa, Turkey and Uruguay: A comparative analysis of costs, short-term employment effects and fiscal revenue”, *Discussion Paper*, No. 28, New York, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).

- DIRECON/ProChile (General Directorate for International Economic Affairs/Export Promotion Bureau) (2019), *Estudio de brechas y barreras de género para la exportación en empresas lideradas por mujeres*, Santiago, Ministry of Foreign Affairs.
- ECLAC (Economic Commission for Latin America and the Caribbean) (2022a), *Economic Survey of Latin America and the Caribbean, 2022* (LC/PUB.2022/9-P), Santiago.
- (2022b), *Repercussions in Latin America and the Caribbean of the war in Ukraine: how should the region face this new crisis?*, Santiago, 6 June [online] <https://www.cepal.org/en/publications/47913-repercussions-latin-america-and-caribbean-war-ukraine-how-should-region-face-new>.
- (2022c), *Social Panorama of Latin America, 2021* (LC/PUB.2021/17-P), Santiago.
- (2022d), *Fiscal Panorama of Latin America and the Caribbean, 2022* (LC/PUB.2022/7-P), Santiago.
- (2022e), *A decade of action for a change of era* (LC/FDS.5/3), Santiago.
- (2022f), *45 years of the Regional Gender Agenda* (LC/MDM-E.2022/4), Santiago.
- (2021a), “An innovative financing for development agenda for the recovery in Latin America and the Caribbean,” *COVID-19 Special Report*, No. 12, Santiago.
- (2021b), *Fiscal Panorama of Latin America and the Caribbean, 2021* (LC/PUB.2021/5-P), Santiago.
- (2021c), *Social Panorama of Latin America, 2020* (LC/PUB.2021/2-P/Rev.1), Santiago.
- (2021d), *International Trade Outlook for Latin America and the Caribbean, 2020* (LC/PUB.2020/21-P), Santiago.
- (2021e), “The economic autonomy of women in a sustainable recovery with equality,” *COVID-19 Special Report*, No. 9, Santiago.
- (2021f), *International Trade Outlook for Latin America and the Caribbean, 2021* (LC/PUB.2021/14-P/Rev.1), Santiago.
- (2020a), *Building a New Future: Transformative Recovery with Equality and Sustainability* (LC/SES.38/3-P/Rev.1), Santiago.
- (2020b), *Fiscal Panorama of Latin America and the Caribbean, 2020* (LC/PUB.2020/6-P), Santiago.
- (2020c), “Santiago Commitment” [online] <https://conferenciamujer.cepal.org/14/en/documents/santiago-commitment>.
- (2019a), *Women’s autonomy in changing economic scenarios* (LC/CRM.14/3), Santiago.
- (2019b), *Social Panorama of Latin America, 2018* (LC/PUB.2019/3-P), Santiago.
- (2010), *Time for Equality: Closing Gaps, Opening Trails* (LC/G.2432(SES.33/3)), Santiago.
- ECLAC/ECA (Economic Commission for Latin America and the Caribbean/Economic Commission for Africa) (2022), “Special Drawing Rights (SDRs) and the COVID-19 crisis,” *COVID-19 Report*, Santiago, April.
- Elson, D., C. Grown and N. Çağatay (2007), “Mainstream, heterodox, and feminist trade theory,” *The Feminist Economics of Trade*, I. van Staveren and others (eds.), London, Routledge.
- Fajnzylber, F. (1983), *La industrialización trunca de América Latina*, Mexico City, Editorial Nueva Imagen.
- Fontana, M. (2016), *Gender Equality in Trade Agreements: Study for the FEMM Committee*, Brussels, Policy Department for Citizens’ Rights and Constitutional Affairs, European Parliament, November.
- Grondona, V., N. Bidegain Ponte and C. Rodríguez Enríquez (2016), *Illicit Financial Flows Undermining Gender Justice*, International Policy Analysis, Berlin, Friedrich-Ebert-Stiftung, December.
- Helpman, E. (2011), *Understanding Global Trade*, Cambridge, Belknap Press.
- INEGI (National Institute of Statistics and Geography) (2021), “Cuenta satélite del trabajo no remunerado de los hogares de México 2020,” *Comunicado de Prensa*, No. 710/21, 3 December.
- Kupfer, D. and others (2013), “Different partners, different patterns: trade and labour market dynamics in Brazil’s post-liberalisation period,” *OECD Trade Policy Papers*, No. 149, OECD Publishing.
- Leventi, C., M. Matsaganis and M. Flevotomou (2013), “Distributional implications of tax evasion and the crisis in Greece,” *EUROMOD Working Paper*, No. EM17/13, EUROMOD, European Union.
- López Montaña, C. (2022), “El costo de no integrar el cuidado en la economía,” unpublished.
- Ministry for Social Development and the Family (2021), *Informe Ingreso Familiar de Emergencia*, September [online] https://www.desarrollosocialyfamilia.gob.cl/storage/docs/ife/210929_Informe_resumen_IFE_septiembre_2021.pdf.
- Ministry of Public Works (2021), “Red de Infraestructura del Cuidado” [online] <https://www.argentina.gob.ar/obras-publicas/red-de-infraestructura-del-cuidado> [accessed on 13 July 2022].
- OECD and others (Organisation for Economic Co-operation and Development and others) (2022), *Revenue Statistics in Latin America and the Caribbean 2022*, Paris, OECD Publishing.
- Olmos, X. (2019), “La sostenibilidad social en el comercio internacional: instrumentos y prácticas utilizadas por productores y empresas,” *Project Documents* (LC/TS.2019/39), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Ritter, I. (2015), *Illicit Financial Flows: An Analysis and some Initial Policy Proposals*, Friedrich-Ebert-Stiftung.
- Salvador, S. (2015), “La valoración económica del trabajo no remunerado,” *Los tiempos del bienestar social: género, trabajo no remunerado y cuidados en Uruguay*, K. Batthyány (ed.), Montevideo, National Women’s Institute/Doble clic-Editoras.
- Seguino, S. (2000), “Gender inequality and economic growth: a cross-country analysis,” *World Development*, vol. 28, No. 7, July.

- SP (Office of the Superintendent of Pensions) (2021), *Informe de Género sobre el Sistema de Pensiones y Seguro de Cesantía*, December [online] <https://www.spensiones.cl/portal/institucional/594/w3-article-14826.html> [accessed on 28 June 2022].
- Standing, G. (1999), "Global feminization through flexible labor: a theme revisited," *World Development*, vol. 27, No. 3, March.
- _____(1989), "Global feminization through flexible labor," *World Development*, vol. 17, No. 7, July.
- Tabbush, C. (2021), "La pandemia, una encrucijada para la igualdad de género," *Nueva Sociedad*, No. 293, May-June.
- Tejani, S. and W. Milberg (2016), "Global defeminization? Industrial upgrading and manufacturing employment in developing countries," *Feminist Economics*, vol. 22, No. 2, January.
- UN-Women (United Nations Entity for Gender Equality and the Empowerment of Women) (2020), "Costs, returns, and effects of a universal, free, and quality child care system in Mexico" [online] <https://mexico.unwomen.org/es/digiteca/publicaciones/2020-nuevo/diciembre-2020/costos-retornos-y-efectos-de-un-sistema-de-cuidado-infantil-universal-en-mexico>.
- UN-Women/ECLAC (United Nations Entity for Gender Equality and the Empowerment of Women/Economic Commission for Latin America and the Caribbean) (2022), *Towards construction of comprehensive care systems in Latin America and the Caribbean: Elements for their implementation* (LC/TS.2022/26), Santiago.
- Vaca Trigo, I. (2019), "Oportunidades y desafíos para la autonomía de las mujeres en el futuro escenario del trabajo," *Gender Affairs series*, No. 154 (LC/TS.2019/3), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Vaca Trigo, I. and C. Baron (2022), "Descentrar el producto interno bruto (PIB): bienestar, cuidados y tiempo," *Project Documents* (LC/TS.2022/80), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Van Staveren, I. and others (eds.) (2007), *The Feminist Economics of Trade*, London, Routledge.
- Vegh, C. A. and others (2019), *Effects of the Business Cycle on Social Indicators in Latin America and the Caribbean: When Dreams Meet Reality*, Washington, D.C., World Bank.
- Willson, A. and P. Caro (2010), "Temporeras de la agroexportación en Chile: tensiones y desafíos asociados a la relación entre la vida laboral y familiar," *Women and Development series*, No. 94 (LC/L.3117-P/Rev.1), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- World Bank (n.d.), World Development Indicators [online] <http://data.worldbank.org/data-catalog/world-development-indicators>.

Annex V.A1

Table V.A1.1

Latin America (13 countries): high-export sectors by country, around 2018

Sectors	Costa Rica	El Salvador	Honduras	Dominican Republic	Argentina	Bolivia (Plurinational State of)	Brazil	Chile	Colombia	Ecuador	Mexico	Peru	Uruguay
Agriculture, forestry, hunting and fishing													
Oil and mining													
Food, beverages and tobacco													
Textiles, apparel and footwear													
Wood, pulp and paper													
Chemicals and pharmaceuticals													
Rubber and plastics													
Non-metallic minerals													
Metals and metal products													
Machinery and equipment (excluding electrical appliances)													
Electrical machinery and appliances													
Automobiles and auto parts													
Other manufacturers													
Electricity, gas and water													
Construction													
Transport and storage													
Post and telecommunications													
Financial intermediation													
Business services													
Other services													
Accommodation activities and food services													

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the Household Survey Data Bank (BADEHOG) and input-output tables for the countries.

Note: High (or low) export intensity sectors are those in which the share of exports in the gross value of production is higher (or lower) than the average of all sectors. The accommodation and food services sector (*proxy* for tourism) is considered high-export when it accounts for more than 5% of the country's total exports. <http://data.worldbank.org/data-catalog/world-development-indicators>.

CHAPTER

VI

A change of era: the State for the care society

Introduction

- A. The State for the care society
- B. Public policies for the care society
- C. Removing the constraints of gender inequality
to make the transition to a care society

Bibliography

Introduction

The world has entered upon the decade of action to meet the goals of the 2030 Agenda for Sustainable Development beset by multifaceted economic, social, political and environmental crises. The region's structural gaps, limited fiscal space, poor access to social protection, high levels of labour informality, structural heterogeneity and technology gap, among other long-term factors, have determined the extent of the effects the crisis has had on its economies. It is particularly true of Latin America and the Caribbean that economic, social and environmental crises are inseparable from a system of inequalities and a culture of privilege that reinforce asymmetries between and within countries (ECLAC, 2020b).

Previous chapters have detailed how the pandemic has exposed systemic fractures while amplifying inequalities (ECLAC, 2021c). The climate crisis and biodiversity loss caused largely by unsustainable consumption and production models, especially in developed countries, are destroying ecosystems and changing the face of our planet (IPCC, 2018 and 2021). The pandemic has also highlighted, in an unprecedented way, the importance of care for the sustainability of life and the unequal social organization of care, based as it is essentially on women's work (ECLAC, 2020e and 2021f). As described earlier, the structural heterogeneity of the region's countries is reinforced by the current sexual division of labour, which determines how the positions held by women in the fields of paid and unpaid work interact (ECLAC, 2019). As a result, the crisis led to sharp falls in employment and deteriorating working conditions for women in the region, setting back progress on labour market participation and autonomy by more than a decade. The slow recovery of markets has also been lopsided, further widening employment gaps between men and women (ECLAC/ILO, 2022). The structural obstacles to gender equality have thus worsened, and this has affected women's autonomy in all its dimensions.

The pandemic has also generated new opportunities and challenges for the development and use of technologies, resulting in an expanded potential for digital commerce, teleworking, tele-education and telemedicine, vaccine production and other medical tools (ECLAC, 2020d). A prospect of new possibilities has thus opened up, but at the same time new inequalities have been created as a result of the inequitable distribution of the fruits of this progress.

The reduction of inequality has been a crucial issue in the ECLAC tradition of thought and the analytical framework of structuralism adopted as a central value that encompasses not only income, but also equality of opportunity and access and recognition of people's dignity and differences (ECLAC, 2020b). Accordingly, ECLAC has called for an urgent structural shift in the development model towards one that puts equality and sustainability at the centre. In line with this, ECLAC has insisted in the last decade in particular on the need to generate new social compacts whereby the countries, building on their unique histories and identities, can overcome the rigid inequalities that characterize our region (ECLAC, 2010b, 2012 and 2014; Bárcena, 2022).

Thus, the construction of new political, social, fiscal and environmental compacts involving a wide range of actors emerges as the necessary path towards greater well-being and equality. Forging a renewed social contract underpinned by policies of social inclusion and protection and by participatory processes is a shared concern expressed in the 2030 Agenda for Sustainable Development, the Regional Gender Agenda and the national and international priorities of the response to the impacts of the COVID-19 pandemic (ECLAC, 2022c). Universal access to social protection, a redistributive fiscal system, higher-quality care services with greater coverage, sustainable management of natural resources and increased and diversified public and private investment will only be possible through consensual and participatory action agreed on by means of development compacts (ECLAC, 2020a).

The Regional Gender Agenda (ECLAC, 2022f) is a core element in this line, since it aims to guarantee women's human rights, prevent setbacks and contribute to the attainment of women's autonomy and substantive equality (ECLAC, 2021d). The agreements of this Agenda, which are the outcome of regional compacts and transformative agreements approved by the governments of Latin America and the Caribbean in dialogue with women's and feminist movements, have highlighted the importance of the State's role, the essential coordination between its institutions and between the national, subnational and local levels,

and of the intersectional approach. This robust, comprehensive and ambitious agenda also provides the foundations for strengthening the role of States from a feminist perspective through the implementation of universal, intersectoral, comprehensive and sustainable care policies and systems based on co-responsibility (ECLAC, 2021d).

On the basis of these agreements, ECLAC has called for faster progress towards economic, climate and gender justice and for a transition towards a care society that prioritizes the sustainability of life and care for the planet, guarantees the rights of people who require or provide care, takes into account self-care, counteracts the casualization of jobs in the care economy and highlights its multiplier effects (ECLAC, 2021d). The care society has equality as its goal and structural change as the path towards fairer, more sustainable and egalitarian societies, with public policy design in the present geared towards transforming the short, medium and long term.

Setting out from this, the present chapter deals with the need to restore the central role of the State as a pillar and guarantor of development and the transition towards a care society. To this end, it argues for the need to strengthen the capabilities and roles of States as leaders and promoters of new transformative, inclusive and feminist compacts that prioritize human life, foster a more sustainable relationship with the environment and incorporate historically excluded groups into the decision-making processes that affect their lives.

A. The State for the care society

The growth of inequalities and increasingly insecure living conditions mean that, now more than ever, the need to change the current development model is at the centre of the debate. It has been shown that the absence or weakness of care policies and systems in Latin America has affected the economic, physical and decision-making autonomy of the region's women. The urgent need to move social relations towards paradigms centred on care and sustainability has thus become even more evident. On this path, it is crucial to strengthen the role, resources and capacity of the State at different levels (local, national and regional) in order to remove the structural constraints on equality in Latin America and the Caribbean.

1. The State as duty bearer

In Latin America and the Caribbean, States are characterized by considerable heterogeneity not only between countries but also within them. Social protection systems vary significantly between countries in their approaches, coverage and benefits. All this highlights the need to take an intersectional, situated and relational view of States, emerging in dialogue with the different trajectories and histories, characteristics and challenges of each country and territory.

State action, like the orientation of other spheres such as the market, the community and families, is not neutral: it reflects the configurations, power relations and capacity for influence of the different groups in each society (ECLAC, 2010a). For this reason, the creation of mechanisms that promote citizen participation and control becomes crucial for guaranteeing and strengthening democracy, which results in more efficient management.

As duty bearers, States must create the necessary conditions and guarantee human rights, while at the same time refraining from interfering with or limiting the enjoyment of rights. In addition, States must ensure that non-State actors, such as the business sector, respect human rights and act with due diligence (Bidegain Ponte, 2017). From this point of view, it is up to the State to organize the entire governmental apparatus and the structures of public power in general to guarantee the rights of individuals, to bring domestic norms up to international standards and to regulate the responsibilities of other institutions and actors such as families, communities and businesses. As duty bearer, the State also has a central role to play in promoting co-responsibility in all contexts where care is provided and received.

On the basis of human rights principles, the right to care must be understood as a universal, indivisible and interdependent right. This means that it applies to everyone throughout their lifetime, without discrimination, as an inherent part of human dignity, and that it is interdependent with other rights and social and environmental relationships. Similarly, the right to care must be based on the principle of equality and non-discrimination, which guarantees access to and enjoyment of it by all persons irrespective of their ethnic or racial status, sexual orientation, gender identity, age, language, religion or disability, among other things. It is also necessary to understand care as an irreversible right, inseparable from the human person, which cannot be withdrawn once it has been recognized. Care, as a right, must also be treated progressively, so that its areas of application are gradually extended while priority is given to the immediate protection of different social groups. Lastly, an intercultural and intersectional perspective is needed to ground the right to care in the various ethnic and cultural groups' different cultural outlooks and conceptions of well-being and development, drawing attention to social constructions regarding gender, power relations and inequality in each society (see chapter I).

2. The role of the State in providing, coordinating and regulating care

The State is responsible for delivering social protection goods and services for the well-being of the population. Without State intervention, the costs of these goods and services can create unequal societies. Moreover, without State intervention, it is women who will have to continue devoting their labour and time to care, especially those in the lowest income quintiles, as the degree to which care is provided from within the family differs markedly by income level (Orloff, 1996; ECLAC, 2019a; ECLAC and UN-Women, 2020; among others).

The general coverage and quality characteristics of each country's social protection systems (those dealing with health care, education, social security and labour market policy) influence the configuration of care policies (ECLAC, 2020b). Indeed, the role of the State in the creation of care policies and services is directly related to the "gaps" in the other components of social protection. Thus, protection systems with low levels of social security and health-care coverage, high levels of labour informality, heavily market-based education and health systems or significant gender gaps pose real challenges when it comes to implementing comprehensive and high-quality care policies and systems.

Similarly, the role of the State in the implementation of care systems and policies with a gender and intersectional perspective represents an opportunity to increase the efficiency of the other pillars of well-being. Thus, the creation and strengthening of care policies has a direct impact on employment access and quality and social security access and coverage (especially but not only for women), on the general health of the population, on the norms that regulate work and on educational attendance and retention rates, especially for girls and adolescents. All these factors are a reminder of the need for a comprehensive conception of the State, as it leads the implementation of care strategies, policies and systems in dialogue with the other components of well-being.

At the same time, the State must be careful to avoid segmentation in access to care services and ensure their quality so that public care services do not become a second-best or marginal option to be used only when people cannot afford market-based care strategies. To this end, the State must provide care services and policies of high quality and with broad coverage that are suited to the characteristics of each context.

The guiding and regulatory role of the State is vital to ensure the quality of care in all spheres. Households and families, markets, the State and communities are all involved in the design, financing and provision of care. This set of actors makes up what the literature has called the social organization of care (Jenson, 1997), care regimes (Bettio and Plantenga, 2004) and the care diamond (Razavi, 2007). The notion of the care diamond in particular makes it possible to grasp the heterogeneity of care arrangements between different societies and the way they change within a given society over time. Indeed, what has been termed the "care diamond" takes on specific forms depending on the relative weight of each of its vertices in the provision of care services and policies, which in turn depends on economic, political and social relations that shift over time. Moreover, the boundary between these vertices can sometimes be blurred. For example, the State in Latin America

often provides funding for care services that are administered through civil society, non-profit organizations or the market. The State may also provide tax exemptions or subsidies to the private sector to implement care policies, channelling public resources to the market,¹ or it may establish public-private management agreements for the implementation of care policies.

In any event, and irrespective of the form that the diamond takes in each society, the role of the State in overseeing and regulating care services and policies is a central and irreplaceable element in the effort to establish high-quality universal and progressive systems with broad coverage throughout the territory. Leading public policy as it does, the State has the capacity to oversee and regulate the other spheres of the care diamond (the market, households and the community). Accordingly, the State establishes and guarantees the rights and responsibilities of other institutions and actors, legislates, regulates and can orient and promote a variety of practices and alterations in the social organization of care. State action may be geared towards regulating the quality of the goods, services and benefits provided by the different care providers in respect of infrastructure (spaces and materials, for example) and likewise of the criteria for accreditation and certification of the organizations involved and the quality criteria for actual provision.

Similarly, the regulation and monitoring of public care policy can also be oriented towards the development of criteria and mechanisms for developing or expanding existing public services, with a renewed approach that incorporates the gender and care perspective. As is pointed out by the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030 (ECLAC, 2017),² the implementation of public policies for gender equality will require accountability and monitoring strategies, which in turn will benefit from a robust information system that contributes to the design, implementation and continuous improvement of public policy.³ Having States with the capacity to provide, manage, regulate and oversee care services is a key element in the construction of coordinated and efficient care systems and policies.

The allocation of State budgets, especially in times of scarcity, is not without strains. However, investment in care not only helps to break the cycle of poverty and exclusion but contributes to the general well-being of the population, reduces the opportunity cost of women's participation in the labour market and promotes their autonomy. In turn, it generates employment and boosts other sectors of the economy (public works and transport, among others), while at the same time helping to generate higher tax revenues.

B. Public policies for the care society

In addition to having States with the capacity to guide development processes towards the care society, new political, social, fiscal and environmental compacts need to be constructed with the participation of a wide variety of actors with the goal of transitioning towards a new development paradigm. This must involve implementing comprehensive care policies and systems that strengthen and complement existing social protection systems. There also need to be changes in the world of work to permit greater co-responsibility for care, new distributive fiscal covenants with a gender perspective, new frameworks and agreements oriented towards caring for the planet, and greater digital inclusion of women so that the fruits of progress are better distributed.

1. Guiding principles for the design of care policies

First, criteria of progressivity are necessary when implementing care policies if universality is to be achieved. All people need some form of care during their life cycle, which means that care is a universal need. However, this need presents differently in people depending on their stage in the life cycle, physical conditions, socioeconomic

¹ Some of these tools could be tax exemptions and fiscal incentives for companies that offer childcare facilities or financial compensation to workers who are parents.

² See pillar 10 "Monitoring, evaluation and accountability: guaranteeing rights and transparency".

³ See pillar 9 "Information systems: transforming data into information, information into knowledge and knowledge into political decisions".

and income status and territorial differences, among other things. For this reason, although policy must be universal in its orientation, it must not fail to acknowledge that there are structural inequalities affecting the care needs of different populations and the prospects of their being met (ECLAC, 2022d). Progressivity and universality are criteria that fit well together here, considering the need to acknowledge that while care is a universal human right, criteria of progressivity based on prioritization of the needs of different people can be followed in enforcing it. In particular, those who are permanently or temporarily dependent (persons with disabilities, children and the elderly) and care workers (paid and unpaid) should be viewed as priority populations when mechanisms for progressivity in access to care policies are created.

Second, the complexity and comprehensiveness that characterizes the subject of care means that an intersectoral and interinstitutional approach is required for efficient and concerted management. Indeed, given the impact of care in different social and economic spheres and its bearing on gender inequalities, public interventions in the field of care require an intersectoral approach and coordinated efforts by a variety of ministries and sectors, with competencies and roles clearly distributed between the different levels (subregional, local and national) and agencies of the State (ECLAC, 2022d). It is also vital to design different formats and levels of coordination that address issues involved in day-to-day policy management, as well as channels for political and technical dialogue between different public bodies and high-level political decision-makers. Machineries for the advancement of women play a key role here in mainstreaming the feminist perspective at the different levels of design, management and implementation of care policy.

As mentioned in pillar 2 “Institutional architecture: multidimensional and comprehensive gender equality policies” of the Montevideo Strategy, the design and implementation of comprehensive care policies are a clear example of the need for a coherent organizational structure. Building comprehensive care systems and having coordinated and coherent care policies in general also requires the design of a public management model and a governance structure with clear responsibilities enshrined in regulatory frameworks, themselves shaped in turn through participatory mechanisms, that can orient public policy action. The public management of care policy will also be more or less facilitated depending on the position in the hierarchy of the institution that leads it. As a complex and comprehensive development policy, the management and implementation of care policy will benefit if the institution leading the system is of ministerial rank, be it the gender mechanism or a division within a ministry, as this will make it easier for it to coordinate and organize actions with the different sectoral agencies.

Third, care policy must have an impact on the distribution of care work between men and women (gender co-responsibility) and between the State, the market, households and the community (social co-responsibility). Recognition, reduction and redistribution of care work are crucial for this and must be a central objective of any public policy with this orientation. Accordingly, it is necessary to generate care services and policies in the social, labour, educational and social security spheres, as well as communication and awareness-raising strategies designed to change masculinities and the traditional roles that society assigns to women and men in relation to care. Advertising campaigns, gender mainstreaming in educational curricula, training and awareness-raising strategies in the workplace and the development of labour regulations that encourage men’s participation in care work are all crucial for this.

Fourth, care policy financing systems may be based on a variety of instruments or varying combinations of instruments. Examples include contributory social security models, general or special taxes earmarked for care, co-payment systems, special contributions or care funds, private sector contributions, particular funds for care administered by companies or trade unions, financing through contributions from the national or federal budget and individual insurance against the risk of dependency, among others. Regardless of the specific form of care policy financing, it is essential, as in other areas of development policy, for resources to be adequate, non-transferable and sustainable. As established in the Montevideo Strategy⁴ (ECLAC, 2017), the implementation of a regulatory framework and the strengthening of State capacities in care-related areas require the allocation of budgetary resources that are sufficient to ensure the financial sustainability of policies.

⁴ See pillar 1 “Normative framework: equality and the rule of law”, pillar 4 “State capacity-building and strengthening: public administration based on equality and non-discrimination” and pillar 5 “Financing: mobilizing sufficient and sustainable resources for gender equality”.

The Montevideo Strategy also proposes that macroeconomic policies, and fiscal policies in particular, be designed, implemented and evaluated from a gender and human rights perspective. This means securing the amounts, level and composition of the funds allocated and revenue sources in order to increase the income available while avoiding regressive effects. It is important to monitor budget allocations for care policies and have available projections that can be used to measure the impact of implementing comprehensive care systems and to ascertain their effects on the economy in general and employment in particular.

Because of the tensions and constraints surrounding the availability of fiscal resources in the current context, care financing systems, in line with current social protection trends in the region, tend to be based on criteria that focus on severe dependency or on social and economic criteria. Similarly, cash transfers to support care work play a central role in the region. However, it needs to be emphasized that while both strategies are necessary and relevant, they need to be complemented by criteria of progressivity tending towards the universalization of services and policies that go beyond financial transfers. Gender equality and women's autonomy will be impossible to achieve unless care services and policies are robust and comprehensive and have wide coverage.

In the fifth place, it is necessary to reaffirm the importance of taking a localized and intersectional view encompassing the demographic, social, economic, cultural and territorial characteristics in which care relations are embedded. The social organization of care takes on different forms in urban and rural contexts, among indigenous peoples in all their diversity, in large cities or remote population centres, in territories with poor access to social and physical infrastructure, in places with mobility and transport constraints, in societies whose traditions centre more on the community, the family or the market, in contexts of human mobility or in territories in conflict, among others. This heterogeneity highlights the importance of designing relevant policies, which means identifying needs of different degrees of urgency, carrying out a detailed analysis of the type of provision required in each territory and identifying the type of strategy that would be most efficient in terms of environmental sustainability. Georeferencing studies of the potential demand for and existing supply of services are a key input for the diagnosis needed to inform public policy design.

Lastly, while territorial criteria, socioeconomic and demographic characteristics, the coverage of the social protection system and the strength of public sector provision frame care policy, other factors also play a role and need to be given special consideration. In particular, the existence of gender equality in public policymaking (national and local) and the degree of mobilization of society in general and of the women's and feminist movement in particular are factors that need to be given special consideration in the design and implementation of care policies. While participation is a desirable feature in the development and follow-up of all social protection systems, it is especially so in those interventions where there is a degree of consensus and broad social mobilization around the issue. It is therefore essential for care policies to be highly participatory. As the Montevideo Strategy points out, the popular and citizen participation of women, women's movements and the feminist movement is a fundamental pillar in the implementation of and progress with the Regional Gender Agenda and the Sustainable Development Goals. The design and implementation of care policies will be enhanced by the participation of paid and unpaid care workers, whether in social organizations or individually, and of the people requiring care themselves.

Participation arrangements in relation to care can be established at high levels or in local or territorial decision-making bodies, or in spaces for monitoring specific services. They can also be established as spaces engaged in public policy decision-making and advocacy or in the management of practical day-to-day policymaking. Whatever the case, these arrangements, whose characteristics will depend on the political economy of each country, contribute to the improvement, social legitimization and transparency of public policy by involving the different organizations and people who work in the care economy.⁵

⁵ Which organizations and individuals participate in these bodies will depend on the general orientation of care policy (in particular its target population) and on organizational characteristics in each territory or country. In some countries, for example, trade unions are key actors in the design and implementation of public policies and have often pioneered the introduction of care policies, even before they were designed at the State level. In other countries, the women's and feminist movement often plays a leading role, while elsewhere care initiatives come from the government itself.

The implementation of participation mechanisms benefits the State, making it more receptive and responsive to social demands. Furthermore, the institutionalization of participation mechanisms reinforces the empowerment of citizens and especially of women, who make up the majority of those working in the care economy. In this way, the design of spaces for participation helps to strengthen women's autonomy in decision-making, thus contributing to parity democracy.

2. Comprehensive care policies and systems

As the care diamond (Razavi, 2007) posits, care policies involve a variety of actors and spheres of public intervention. The set of actions at the sectoral level in the areas of health, education, labour and social security must be combined with the creation of specific measures in respect of care provision and services. Then there is the essential task of intersectoral coordination, as well as the need for legislation, standards and regulations covering the provision of care. The aim of all this is to recognize, redistribute and highlight the importance of care work (Elson, 2017).

At the same time, the design of care systems is intertwined with employment policy, addressing the relationship between paid work and family life in order to free up time for care. Care policies may concern the implementation of services such as breastfeeding rooms in workplaces, so-called "time policies" such as maternity, paternity and parental leave and paid time off to attend to family responsibilities, or strategies for flexible working hours and part-time work to leave time for care. But care policies must also act on the distribution of care responsibilities between families, markets and the State, making care less family-centred by implementing care provision and services.

It is worth pointing out, and should be particularly considered, that not every policy related to care work is in itself a transformative policy in terms of gender relations. Research shows that when the State legislates and allocates collective resources, it generates long-term effects on gender inequality that are neither univocal nor homogenous (Molyneux, 2000; Sainsbury, 1996). Some policies recognize and reward care as a female responsibility without attempting to narrow the gender gap, thereby reinforcing gender stereotypes and maternalistic biases (Orloff, 2005). Accordingly, introducing mandatory paternity leave, creating incentives for take-up and conducting public campaigns to raise awareness of the importance of men's role in care work are all vital to avoid fostering social protection and care systems with maternalism biases that contribute to the perpetuation of gender inequalities. Employment protections and non-discrimination in the use of paternity leave could also improve take-up of this type of leave. Most countries do not have legislation explicitly protecting fathers against unlawful dismissal or guaranteeing that they will get the same job back after taking paternity leave, which makes this right even less likely to be used (Addati, Cattaneo and Pozzan, 2022).

Since the provision of care services is labour-intensive, their quality is significantly related to their cost. To avoid stratification of service quality and casualization of workers, there need to be strategies to enhance the skills, professionalization, certification, formalization and status of those (mainly women) who are employed in the care economy. Similarly, in countries where collective bargaining institutions, whether operating at the industry or firm level, have high levels of participation and coverage, the incorporation of gender clauses in labour accords,⁶ be these tripartite or bipartite, is usually a very important element in the implementation of care policies.⁷ This being so, strategies to promote freedom of association, social dialogue and the right to collective bargaining in the care sector have proved vital for improving wage levels and employment quality and conditions.

⁶ Flexible working hours, leave to care for dependent family members who fall sick and pay supplements for care services, among other clauses.

⁷ An example of this can be found in Uruguay, where the Wage and Collective Bargaining Councils, as tripartite collective bargaining bodies, play a central role in promoting care policies in the employment sphere. Moreover, a variety of policies relating to maternity, paternity and parental leave, care-related financial benefits (family baskets or vouchers for workers with family responsibilities) and childcare services, among others, have been agreed through this body.

There is a direct link between urban, housing and infrastructure policies and the scope for reducing the time spent on care to enable social and gender gaps to be closed. Care interventions thus require actions aimed at generating and strengthening infrastructure. Promoting the social and physical infrastructure and conditions for care is essential because of the impact these policies have in improving women's employment rates and their effects on economic growth, productivity and the performance of the economy as a whole.

For example, urban planning and mobility criteria that consider the effects the organization of the public space has on care are crucial to progress towards a care society. In particular, it is essential to introduce mobility and transport accessibility criteria that enable the entire population to move around and participate in the different social, cultural and economic spheres, in both urban and rural areas, according to their capabilities. Housing conditions are also extremely important for the development of care policies, since there is a close relationship between the time spent on unpaid work and non-monetary deprivation in households. The care workload is greater in households that suffer from deprivations in access to drinking water, sanitation or energy, or from overcrowding.

Lastly, care policies involving the provision of goods, services and financial benefits can contribute to social and gender co-responsibility for care. The creation or restructuring of services such as childcare centres (especially early childhood centres), long-stay or day-care centres for the elderly and care centres for persons with disabilities alleviates the workload within households and thus the burden on women, freeing up their time. For the policy to be efficient, it is important for these centres to be regulated and to meet predetermined staffing and infrastructure quality standards.

Care centres can provide a variety of services depending on the requirements of the target population (very young children, children, older persons, persons with disabilities, etc.) and the particular needs of the local area. For example, it is desirable for preventive social health care and support for daily living activities in the form of food, personal care and transport to be provided in these spaces. It is also desirable for these centres to carry out activities aimed at supporting the families or households of those in need of care by making arrangements for training and for the creation of support and community integration networks.

It is of the utmost importance for the design and implementation of these services to keep in view the social, economic, cultural and demographic characteristics of the territory in which they are to be provided and the target populations that each care system identifies as priorities. It is particularly necessary to identify service needs in advance by means of georeferencing studies, fiscal estimates and projections of coverage expansion scenarios that tend towards progressivity and universality. It should also be borne in mind that the implementation of care services does not only aim at the creation of new services but should be substantially based on the reorientation of existing social protection services designed for the system's target populations with the aim of transforming and expanding them on the basis of a human rights and gender equality perspective that avoids maternalistic biases and fosters women's autonomy.

Given the complexity and range of care work, it is desirable for care centres to be composed of interdisciplinary teams and to have staff trained to provide care to people in a situation of dependency. In addition, it is important for all such centres to be regulated and to comply with predetermined staffing and infrastructure quality certification criteria. Likewise, it is of the utmost importance for care centres to accommodate the working hours prevailing in the paid employment market in the interests of better reconciling the work and family life of those who perform care work. In particular, services aimed at recreation and leisure for care workers have a direct impact on their performance and quality of life by relieving the stress resulting from the emotional burden and the conditions that characterize this work.

Care policies can also be targeted by reallocating expenditure, for example through subsidies or financial transfers for those employed in the labour market who have dependants. Tax exemptions for care are an example of this. However, to take an example, conditional cash transfers granted only when women are responsible for care and requiring them to meet certain conditions in return may entail maternalistic risks (Franzoni and Voorend, 2012; Rodríguez Enríquez, 2011). For all these reasons, every phase of care policy (design, implementation and monitoring) should incorporate an approach that makes it possible to monitor the impacts on women from a gender, intersectional, intercultural and human rights perspective, avoiding maternalistic biases.

3. Fiscal compacts for the care society

Moving towards a care society also means pursuing fiscal compacts with a view, first, to providing high-quality public services that secure women's rights and implementing comprehensive social protection systems and, second, to ensuring that policies are financially sustainable (ECLAC, 2022c). A fiscal covenant must aim at a progressive fiscal system capable of supporting social investment that makes women's rights and gender equality viable in practice. Thus, the implementation of gender policies and their sustainability over time are interdependent requirements for reducing the great inequalities afflicting the region in respect both of income and of the distribution between men and women of time spent on paid work and on domestic and care tasks.

Current global asymmetries in trade, technology and access to development finance mean that new multilateral cooperation agreements are needed. Today's macroeconomic situation further limits the policy space available to countries. It is in this context that there is a need for fiscal compacts that can increase revenues progressively and expenditures strategically in order to contribute to equality and sustainability. Starting with revenues, then, the main structural fiscal problems in the region must be addressed. These consist in low levels of tax collection, high levels of tax evasion and avoidance and regressive tax structures that disproportionately burden women (ECLAC, 2021e). This affects the financing needed to meet the growing demand for care, address deepening gender inequalities and follow the Regional Gender Agenda and the 2030 Agenda for Sustainable Development.

In relation to tax evasion and avoidance and regressive tax systems, the Regional Gender Agenda has already introduced major commitments to reduce these structural weaknesses. At the thirteenth session of the Regional Conference on Women in Latin America and the Caribbean, governments agreed to adopt progressive fiscal policies and allocate budgets with a gender perspective, strengthen regional cooperation to combat tax evasion and avoidance and illicit financial flows, and improve tax collection from the wealthiest and highest-income groups by introducing corporate income, wealth and property taxes, among others (ECLAC, 2017, measures 5.c and 5.h). Likewise, at the fourteenth session of the Regional Conference on Women in Latin America and the Caribbean, governments agreed to promote the adoption of legislation on labour and taxation in order to operate in a coordinated manner at the regional level, avoiding harmful competition among countries, in order to prevent taxation and gender inequalities being used as adjustment variables to increase exports and attract investment (ECLAC, 2020f, para. 29). Implementation of the commitments needs to be strengthened, as actions deriving from them would help to reduce gender inequalities while at the same time generating more resources for gender equality policies.

Another important factor behind low levels of revenue collection are tax expenditures, i.e., benefits that reduce the tax burden. Not only are they large, but their contribution to fiscal sustainability and redistribution depends on whom and which sectors they are targeted at. For this reason, the necessary actions must also be taken to obtain transparent information on all fiscal instruments and incentives and all forms of preferential tax treatment in order to evaluate them and analyse their distributional impact and their contribution to the objectives set.

As for public spending, it needs to be expanded with a strategic orientation (ECLAC, 2021e). This means, among other things, progressing with the financing of policies to secure gender equality and women's rights in particular with measures to move towards care policies and systems and universal social protection systems such as transfers, unemployment insurance and universal access to high-quality education and health services.

As mentioned, the COVID-19 crisis was mainly reflected in two things where fiscal spending was concerned: the general lack of automatic stabilizers and the application of expansionary fiscal policies (ECLAC, 2021e). Chapter V showed that few countries had unemployment insurance that could react to the crisis. In those that did, coverage was low, and in countries such as Chile and Ecuador the majority of recipients were still men, probably because of their stronger links to formal wage labour. In response, some countries eased eligibility requirements for unemployment insurance and most expanded or implemented non-contributory transfers. As also discussed in chapter V, in Latin American countries where income sources in 2020 can be analysed, non-contributory transfers accounted for a larger share of women's income than of men's.

As regards transfers, the following agreement, also reached at the fourteenth session of the Regional Conference on Women in Latin America and the Caribbean, is important: “Implement gender-sensitive countercyclical policies, in order to mitigate the impact of economic crises and recessions on women’s lives” (ECLAC, 2020f, para. 24). Efforts must therefore be made to implement this regional commitment. In addition, it is essential to expand contributory insurance coverage in the region and to build up universal systems that include non-contributory instruments. From a gender perspective, these instruments can contribute to the closing of equality gaps and to formalization in the labour market, as well as to the balance between the contributory and non-contributory components of transfer systems.

During the pandemic, measures explicitly aimed at addressing gender inequalities were mainly targeted on emergency issues. Some measures to reduce gaps in access to funding have also been identified. In recent years, analysis of explicit and implicit gender biases in the region’s tax systems has begun, and there have been some initiatives to mainstream gender in public budgets (ECLAC, 2019 and 2021e). However, most public policy measures have not identified the distributional implications of gender. For the fiscal compact to be more transparent and equitable from a gender perspective, the design and evaluation of gender-sensitive measures must therefore be strengthened.

Chapter V showed that investment in care systems was particularly strategic: it would help to alleviate the excessive care burden on women, break the vicious cycle of poverty and boost other interrelated sectors of the economy, thus repaying the initial investment through increased tax revenues. While certain countries showed some progress with spending on early childhood education and care before the pandemic, this still falls well short of spending in those of the Organisation for Economic Co-operation and Development (OECD), for example. In other countries, spending either did not change greatly or actually decreased. Compliance with the following agreement reached at the fourteenth session of the Regional Conference on Women in Latin America and the Caribbean is important here: “promote regulatory frameworks and policies to galvanize the economy in key sectors, including the care economy” (ECLAC, 2020f, para. 24). Care spending should therefore continue to be monitored and its multiplier effects studied. The latter can lay the foundations for continuity in care policies, especially in the face of changes of government or unfavourable economic circumstances.

In the current challenging macroeconomic environment, ECLAC (2022g) lays out some frameworks for the reformulation of fiscal rules, in which safeguarding care investment could play a central role. These recommendations include protecting social spending and public investment and reconciling them with the guidelines of the 2030 Agenda for Sustainable Development. ECLAC (2022g) also highlights the multiplier and equalizing effects of social spending, the way public investment has been used as the adjustment variable over the last decade and the need to maintain or increase its share of total spending. Transfers and investments in sectors that can help to end gender inequalities in the economic, social and environmental dimensions of sustainable development are increasingly needed, and here investment in care systems would have substantial multiplier and equalizing effects that would help to drive a transformative recovery, with equality and sustainability.

In a new situation with higher inflation, women will be most affected on average, as they have less disposable income and spend a high proportion of it on care needs and household consumption expenses. ECLAC (2022b) points out in relation to food security that the short-term fiscal measures adopted in the region include in particular the reduction or abolition of VAT on food (among other goods and services), agreements with producers and traders to control prices in the basic food basket and the abolition of tariffs on the import of grains and other commodities. These types of measures could go some way towards containing the negative effects of inflation on women. As ECLAC (2022b) points out, it is vital to expand the range of available instruments (monetary, exchange-rate and macroprudential) beyond the interest rate in order to address inflationary pressures without undermining efforts to restore growth and employment.

Tackling avoidance and evasion is an important element in fiscal treaties to increase revenue collection and the progressivity of tax systems. In a highly globalized financial world, combating illicit financial flows is something that particularly requires multilateral cooperation. In 2021, the Secretary-General of the United Nations presented his report *Our Common Agenda*, which, among many other initiatives, proposes a new joint structure on financial integrity to combat illicit financial flows. It would comprise members of the

United Nations, the international financial institutions, OECD and actors from civil society and the private sector. As a structure with broader multilateral participation, it is expected to be better able to incorporate the interests of developing countries (ECLAC, 2022c). This would be in addition to the commitments made in the framework of the Regional Gender Agenda aimed at combating illicit financial flows.

Latin America and the Caribbean is the world's most indebted region, a situation that worsened considerably with the pandemic. The increase in debt service imposes additional challenges because resources are diverted from the provision of public goods to the payment of obligations (ECLAC, 2021b). ECLAC (2022c) raises the need for liquidity to be expanded and redistributed through instruments such as the issuance of special drawing rights (SDRs) and their recirculation to developing countries and the establishment of multilateral funds. It also raises the need to reduce debt and reform credit ratings and considers the possibility of creating a multilateral rating agency to provide a check on and counterweight to private agencies.

As mentioned at the outset, fiscal compacts would be signed at present in a context of global asymmetries in respect of trade, fiscal transparency, debt and development financing. In a situation marked by uncertainty and fluctuations in international trade, there is a need to reconsider countries' export specialization strategies and strengthen regional production integration and complementarities with the aim of progressively shifting the production structure towards sectors that contribute to the sustainability of life, are more knowledge-intensive and generate high-quality jobs for men and women, thereby contributing to the transition towards a care society.

4. Labour market policies for the transition to a care society

On the path towards a care society, labour market policies should be oriented towards making paid work compatible with the well-being of all people. According to feminist economics, decentring markets also means decentring labour markets as the main regulator of life when it comes to access to indispensable goods and services, and also as the sole regulator of leisure time. Once it is acknowledged that there are a number of forms of work that are essential for social reproduction, it can be seen how indispensable it is for the labour market to adapt to people's needs rather than the other way around.

Besides the policies mentioned in the previous section, which are a normal part of comprehensive care systems, other employment policies are essential to ensure that the labour market does not reproduce gender inequality gaps. Some examples are the regulation of maximum working hours, employment protection for those with dependants, specific regulatory policies in sectors of the care economy, the promotion of women's participation in historically male-dominated sectors, and incentives for men to participate in female-dominated sectors.

Comprehensive unemployment insurance covering own-account or self-employed workers, among whom women are overrepresented, is essential to avoid informalization. Having a system that generates timely and adequate benefits for those who lose their jobs makes it possible to develop strategies for finding productive employment, while limiting the spread of informal employment (Velásquez, 2010). When lockdown measures were implemented during the pandemic, income transfers for self-employed and informal workers were essential to avoid an even greater setback to women's economic autonomy (ECLAC, 2022d).

The regulation of maximum working hours is not only important to enable domestic and care work to be distributed more equitably within households, but also as a policy to promote people's health and well-being. Most countries in the region have a limit on weekly working hours (48 hours), which is the maximum set by the relevant International Labour Organization (ILO) conventions (the Hours of Work (Industry) Convention, 1919 (No. 1) and the Hours of Work (Commerce and Offices) Convention, 1930 (No. 30)), although the hours actually worked per week in most countries are less than this standard (see chapter III). In addition to the regulation of working hours, there is a need for campaigns to raise awareness of the importance of rest and the health consequences of long working hours. Decent working hours are important for health and the quality of working life. Similarly, working time regulation needs to address the risks of night work, for which most countries provide no legal protection. Many others have blanket bans on night work for women, which reinforces stereotypes and excludes women from certain sectors (Addati, Cattaneo and Pozzan, 2022).

In recent decades, sources of employment characterized by flexible working hours have emerged, particular examples being platform economies and teleworking arrangements, which have expanded in the wake of the pandemic. While it is undeniable that the opportunity to access jobs with more flexible working hours can enable people to reconcile income generation with other activities such as vocational training, political participation and care responsibilities, it is important not to reinforce traditional gender roles by implying that this is a benefit exclusively for women, to enable them to hold a job as well as taking on all the responsibilities of unpaid care work (ECLAC, 2019). Without a real transformation in the allocation of domestic and care tasks, this type of employment could reinforce the current unfair distribution of such tasks.

Demographic transformations and changes in the care requirements of the population as a whole mean that urgent attention must be paid to the conditions in which carers work and the type of care they are able to provide. The increase in care work, in a context in which it is female-dominated and undervalued, warns of the impact it will have on the labour market as a whole. It is therefore necessary to advance simultaneously in the social and monetary recognition of these jobs, while at the same time seeking to de-feminize them. In this regard, labour policies have a vital role to play in preventing the historical sexual division of labour from becoming further entrenched. At present, female workers make up the great majority in care-related sectors, reproducing the situation in the private sphere. Wage stratification in these sectors (see chapter III) reflects the low value set on care work. Particularly in the paid domestic work sector, where a high percentage of workers have no employment contract, it is urgent to expand formalization mechanisms to guarantee access to basic employment rights. Accordingly, in line with the Domestic Workers Convention, 2011 (No. 189), domestic workers should be helped to continuously develop their skills and qualifications in order to improve their working conditions and pay. Likewise, the establishment of regulatory frameworks for social and employment protection and human rights guarantees is not only an end in itself but particularly impacts the care economy, given how heavily women are represented in paid domestic work. The State's supervisory role must also be strengthened through information campaigns, an adequate and appropriate inspection regime (article 17 of ILO Convention No. 189), and appropriate sanctions for breaches of labour legislation dealing with health and safety at work (UN-Women/ILO/ECLAC, 2020). Changing the employment status of these female workers is a highly effective way of improving women's employment in general and closing gender gaps in particular, owing to the large share of the total amount of paid work performed by women.

In the case of women employed in health care, affirmative action policies and a gender equality approach need to be integrated within health-care institutions to avoid the phenomenon whereby women, notwithstanding their professional training and experience, remain in the worst-paid and least responsible positions. States have a key role to play in promoting equality of opportunity and treatment. Awareness-raising campaigns and the creation of protocols and regulations in this area are crucial.

As mentioned in chapter IV, the pandemic highlighted the level of stress experienced by those on the front line of health care. It is therefore necessary for staff to be optimally organized and distributed, especially in rural areas or those with poor access to services, and to have the physical infrastructure and supplies they need to carry out their work. In addition, the supply and training of health-care personnel must be tailored to the needs of the population. To this end, vocational training policies need to be adapted to contexts of socioeconomic vulnerability, conflict and disaster, among others, something that is becoming crucial.

Employment policies have an important role to play in modifying the rigid sexual division of labour, not only through mechanisms to encourage women to enter male-dominated sectors with higher degrees of formalization and better wages but also through measures to promote male participation especially in a historically feminized sector such as care work. In this way, employment policy could help to deconstruct entrenched patriarchal cultural patterns that treat care as women's work. This proposal is particularly important in the context of the creation of comprehensive care systems and the expansion of care services, which could generate new jobs.

5. Inclusive digitalization and the closing of the digital gender gap

Technological change has accelerated in recent years, and its effects have spread right across the economy and society, with profound implications for the region. The COVID-19 pandemic has intensified these trends and introduced digitalization into practically all areas of life, so that it has become a necessary condition not only for the jobs of the future, but also for everyday activities such as sociability and civic participation.

These dynamics have opened up opportunities, but they also present major challenges when it comes to moving towards a care society with gender equality. On the one hand, the generation of new jobs for women through the transformation, diversification and creation of economic activities looks like a promising area, but there are wide digital gender gaps in access, use and skills that constitute a barrier to women's autonomy and their economic autonomy in particular.

It is therefore essential to pursue inclusive digital transformation processes that include women's access to the Internet and digital technologies and that enhance women's skills in the use of these technologies, with the aim of removing the socioeconomic barriers they face and improving their economic opportunities (ECLAC, 2021f). Inclusive digitalization should be a means to achieve sustainable development and gender equality, as advocated by the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030, in line with Goal 5 of the 2030 Agenda for Sustainable Development, which is to achieve gender equality and empower all women and girls (ECLAC, 2019).

However, the intersection between poverty, the digital divide and gender inequality undermines the opportunities that women in the lower income quintiles might have as a result of the acceleration of the digital economy (ECLAC, 2021f). The cost of mobile and fixed broadband for people in the first income quintile in the region averages 14% and 12% of their income, respectively, which explains why a high percentage of this low-income population does not have access to the Internet. Given that women in the region are overrepresented in lower-income households, it follows that there are more women in unconnected households. Also, 19.1% of women in the first quintile have no income of their own. This is certainly an additional barrier for many women in the region seeking to participate in the digital economy, given the twofold obstacle they face: lack of economic autonomy and the Internet access gap (ECLAC, 2021f).

At the same time, the rapid expansion of the digital economy is having a massive impact on employment, but also on the type of skills needed to participate in economic and social activities in general. The need for science, technology, engineering and mathematics (STEM) skills and for information and communications technology (ICT) professionals is growing in all sectors and opening up new opportunities for well-paid, skilled jobs that are less routine and repetitive, often with flexible working hours and the option of teleworking. In addition to ICT positions, new digital skills are required in all activities that are being digitalized. Many of the jobs, careers and professions of the future will require increasing levels of digital skills.

Despite this, it is clear that the region lags significantly in the acquisition of digital skills by the population, and this particularly affects women (ECLAC, 2019). Indeed, despite growing demand in the labour market for people with ICT skills, there is a significant shortage of women trained in advanced digital skills. Fewer and fewer women are engaging in STEM careers, and the preponderance of men in ICT occupations continues to grow. Women's participation in the technology activities, careers and sectors that are now booming is currently low compared to men's (Bércovich and Muñoz, 2022).

The low participation of women in ICT careers and professions is a major obstacle to the growth of the digital economy, which has an alarming deficit of qualified professionals. If this trend consolidates over time, we will continue to live in a world governed by technologies that are mostly designed, produced and managed by men.

To promote the inclusion of more women in technological training and careers, it is crucial to encourage the interest and presence of girls and young women in STEM areas from an early age and to expand their participation in the workforce of the information technology and telecommunications sector, and in the digital economy in general. One instrument for this are national digital skills plans that put a special focus on educational

practices, as is happening in several countries of the European Union. Policies and programmes should aim to incorporate ICT skills, information technology and computational thinking into the curricula of all courses and at all levels of education, always taking care not to reproduce gender stereotypes and paying special attention to the gender equality perspective from the outset in the design of measures. This integrated approach helps to reinforce digital skills by giving learners repeated exposure in different contexts and enabling them to apply their knowledge across disciplines (Sey and Hafkin, 2019). It is critical for these efforts to incorporate a gender perspective to avoid widening existing gaps further, and for them to be multisectoral initiatives that bring together education, science and technology in an integrated way. Some examples from the region of ways in which progress can be made include specific science, technology and gender policies such as those that have been formulated in Costa Rica, Argentina and Chile in recent years.⁸

The gender gap in digital skills is even more worrying given that some forecasts suggest that the occupations most threatened by automation are those where low- and middle-income women are concentrated (the manufacturing, commerce and administration sectors) (WEF, 2021). Furthermore, besides the digital skills required for paid work, the COVID-19 pandemic has shown that digital skills are essential for life in general and the exercise of full citizenship, in order to access useful information, carry out transactions or access online health and education services, and actively participate in social networks and political forums, among other things.

In addition, the digital revolution is generating disruptions of various kinds in the world of work that, in some cases, may result in poorer working conditions that could affect women most. Policies and regulations in this area should recognize that the new digital jobs could also accentuate inequalities, particularly gender inequalities, since women tend to be overrepresented in informal employment, which resembles today's employment on digital platforms in that it is similarly unprotected (Vaca Trigo and Valenzuela, 2022). In this context, there is an urgent need for public policies with a focus on women's rights that address the underlying causes of digital gender gaps, promote women's economic autonomy and encourage a fairer distribution of power, resources, time, wealth and work between women and men.

ECLAC has proposed to the countries of the region that they implement a basic digital basket including monthly connectivity plans, a laptop, a smartphone and a tablet, thereby moving towards universal access to digital goods and services, with priority for women heading households which are as yet unconnected and which cannot afford Internet access and the necessary devices. Furthermore, given that access to technology alone does not directly lead to more economic and social opportunities, it is also important for the basic digital basket to enhance the use and facilitate the development of an adequate level of digital skills (ECLAC, 2020c). The basic digital basket is a proposal for effective connectivity in furtherance of intergovernmental agreements.

In this connection, the participants in the sixtieth meeting of the Presiding Officers of the Regional Conference on Women in Latin America and the Caribbean, held in February 2021, agreed to promote a regional partnership for the digitalization of women in Latin America and the Caribbean, in order to close gender gaps in access to, skills development for and use of information and communications technologies by women and girls and to promote full participation by women in the digital economy.

The proposal sets out from the consideration that there are currently three essential requirements for effective participation in the digital era: (a) expanding fixed broadband coverage and improving mobile broadband connection speeds; (b) providing access to devices such as computers or tablets, since smartphones can present limitations for the performance of some activities; and (c) providing access to training to achieve a sufficient level of digital skills, which are necessary for people to adapt and participate in new forms of paid work and to make effective use of the Internet (Bércovich and Muñoz, 2022).

To make progress on these three pillars, which are the essential elements of effective connectivity, ECLAC estimated that the countries of the region would need to invest an average of about 1% of GDP per year, although with large differences between them. This would benefit millions of low-income women in the region.

⁸ Costa Rica, 2018: National Policy for Equality between Women and Men in Training, Employment and the Enjoyment of the Products of Science, Technology, Telecommunications and Innovation 2018-2027. Argentina, 2020: National Programme for Gender Equality in Science, Technology and Innovation. Chile, 2021: National Gender Equality Policy for Science, Technology, Knowledge and Innovation, and its action plan "50/50 by 2030".

To implement this initiative, ECLAC recommends using demand subsidies to help lower-income households finance the purchase of telecommunications services and the basket of access devices and taking temporary measures to incentivize local production or low-cost imports of devices (ECLAC, 2020c).

In the same vein, it is necessary to expand initiatives and policies aimed at overcoming persistent gender inequality in the digital sphere. To this end, it is essential to recognize that the gender gap in digital skills is the result of a cultural matrix rooted in history, characterized primarily by a complex web of stereotypes, models and prejudices that tend to relegate women to certain roles and occupations. This permeates the entire educational cycle and successive vocational training decisions. Gender inequality in the digital sphere can therefore only be overcome by transforming the dominant culture as well. This requires far-reaching initiatives at different levels, with a particular emphasis on secondary education and technical vocational training.

6. Caring for the planet

Moving towards a care society also means recognizing the principle of eco-dependence. This refers to the dependence of living beings, and in particular human dependence on nature, since it is from nature that all the resources and goods that humans use for their activities are obtained (Herrero, 2018; Celiberti, 2019). However, the prevailing development model, based on resource extractivism, runs counter to this principle and has been the main cause of the environmental and climate crisis that the world and the region are currently facing.

Globally, planetary thresholds for sustaining life are being exceeded. Environmental degradation involves interrelated and mutually reinforcing processes such as the reduction of genetic biodiversity, deforestation, land degradation and climate change (ECLAC, 2020b). While major initiatives are being implemented in some countries to move towards low-emission trajectories, they are not sufficient to address the magnitude of the environmental crisis (ECLAC, 2020b).

Faced with the threat posed by environmental degradation and climate change, it is necessary to move forward with short-, medium- and long-term policies that serve to balance the three dimensions of sustainable development and place the sustainability of life at centre stage in order to move towards a care society. As stated in the Paris Agreement and other agreements emanating from the conferences of the parties to the United Nations Framework Convention on Climate Change (UNFCCC), levels of carbon emissions need to be drastically reduced. This means moving towards economies based on cleaner energy sources and, in the region, given the structure of greenhouse gas (GHG) emissions, investing in sustainable transport solutions. However, the transition to low-emission economies must be done in a way that does not deepen inequalities, including gender inequality. This means that it must be a just and gender-equal transition.

If the gender equality perspective is taken from the outset of the transition, it will be possible to progress with efforts to reduce occupational segregation, close wage and skills gaps and engage in inclusive dialogues, as well as to improve social protection and facilitate the formalization of occupations that are currently informal, in which women are overrepresented (ECLAC, 2019).

The path to a just transition with gender equality must include investment in the care economy as both a growth-inducing sector and a key driver of sustainable job creation. It also involves recognizing and reducing barriers so that women can access decent jobs in sectors that are pursuing a just transition, such as the clean energy sector. This requires, first, dealing with the excess burden of unpaid work performed by women as a structural obstacle and, second, boosting the generation of capabilities and knowledge in STEM areas related to efforts to respond to climate change and environmental degradation (Aguilar Revelo, 2021).

To move towards gender equality in the response to environmental degradation and climate change, it is necessary to have financial flows invested in solutions that help to promote this. At the macro level, reforms to the international financial architecture are required, with special emphasis on middle-income and highly indebted countries, such as the Caribbean countries, which are highly vulnerable to climate change and have high levels of accumulated debt, in order to cope with disasters and extreme weather events (Bárcena, 2022). Currently, the main climate change financing mechanisms have mandates in the form of gender policies or action

plans. However, one of the main challenges is to ensure compliance with and implementation of the gender policies of international financial instruments linked to mitigation and adaptation at the national and regional levels. The incorporation of gender equality principles emphasizes the importance of allocating inclusive and equitable resources, engaging women and increasing their access to resources, as these factors are crucial for the effective, efficient and sustainable implementation of these policies at all levels over time (ECLAC, 2022e).

At the same time, it is imperative to promote gender parity and encourage the participation and representation of women in all their diversity in negotiations and decision-making related to environmental policies and climate change at the subnational, national, regional and international levels. Implementing regional instruments such as measure 3.d. of the Montevideo Strategy is a key action in this regard. This measure calls for the establishment of effective participation mechanisms that integrate women in all their diversity, involving them in climate change mitigation and response actions (ECLAC, 2017). Similarly, article 7, paragraph 10 of the Regional Agreement on Access to Information, Public Participation and Justice in Environmental Matters in Latin America and the Caribbean (Escazú Agreement) provides that “each Party shall establish conditions that are favourable to public participation in environmental decision-making processes and that are adapted to the social, economic, cultural, geographical and gender characteristics of the public” (CEPAL, 2018).

Lastly, it is necessary to make progress with the generation of statistics and indicators on issues related to gender equality, climate change and environmental degradation. Sex-disaggregated data compiled with an intersectional approach will show how far we have come and how far we are from achieving the goals set out in regional and international agreements, conventions and targets or in actions and policies at the national and subnational levels (Aguilar Revelo, 2021). As regards knowledge generation, the region would benefit from a multisectoral approach to issues such as the care economy and climate change, gender-based violence and climate change, or human mobility linked to environmental factors and their differentiated effects (ECLAC, 2022e).

C. Removing the constraints of gender inequality to make the transition to a care society

Removing the structural constraints of gender inequality and advancing towards a paradigm shift in order to make the transition to a care society means identifying and closing existing gaps between care needs and the supply of accessible, high-quality services. It also means denaturalizing gender stereotypes and putting an end to the culture of privilege and hierarchical power relations that underpin the current social organization of care. Care policies must also address the growing demands of people in all their diversity and of the countries of the region, in demographic and epidemiological terms, and from an intercultural perspective. Therefore, care policies must have a multidimensional approach.

1. Sustainable and inclusive growth

To surmount the socioeconomic inequality and non-inclusiveness of growth that characterizes our region, and to move towards development models that guarantee substantive equality for women, concrete and immediate actions must be taken to protect employment in those heavily female sectors that have been hardest hit by crises, such as commerce, tourism, manufacturing and the care economy (especially domestic work).

Likewise, it is essential to design and implement actions in the areas of taxation, employment and industrial, economic and social policies that promote women’s economic autonomy and protect their rights with a transformative medium- and long-term outlook. This must involve pursuing a fiscal compact with a gender perspective, fostering progressive tax systems with a gender approach, promoting fiscal stimulus measures aimed at protecting women’s income and employment (among them affirmative measures to ensure that female-owned businesses have access to public contracts and procurement) and pursuing actions aimed at protecting employment rights.

Transformative, sustainable and inclusive growth that would enable production to recover with employment for women requires the mainstreaming of a gender perspective in all employment policies. It also requires explicit action by public institutions on different scales to generate positive synergies with sectors that promote sustainable economic frameworks, such as sustainable tourism, renewable energies, the circular economy, health manufacturing and the digital economy, always with a view to female participation in these sectors.

It is essential to promote the transformational potential of the care economy as a central element in the quest for a transformative recovery with equality. The approach to care must transcend the perspective that treats it merely as an expense, so that it is understood too as an investment in present and future capabilities and in the creation of jobs, particularly for women.

Efforts must be made to strengthen and progressively universalize social protection and promote non-contributory transfers from a gender perspective in a way that avoids reinforcing the view that women are responsible for care work. As has become evident over the last two years, these policy initiatives are particularly important for women because of their large presence in informal and unpaid work. In addition, there is a need to guarantee women's income and the delivery of food and basic supplies in the context of the health emergency, as well as the expansion or creation of new lines of financing aimed at women in micro, small and medium-sized enterprises.

2. The redistribution of work, time and resources

Actions aimed at creating and strengthening comprehensive care systems, organizing policies for the distribution of time, resources, provision and services, and promoting the principle of co-responsibility between men and women and between the State, the market and families, are crucial to overcoming the rigid sexual division of labour. To remove the constraint of the sexual division of labour, time spent on paid and unpaid work, its distribution within households and the availability of quality care services must all be rethought. It is essential to promote co-responsibility between all individuals and institutional actors who are required to provide care solutions, reduce the burden on households and move towards systems that guarantee care as a right. It is likewise crucial to strengthen social protection systems and pursue actions that impact care in the areas of health, education, work, social security, and mobility, accessibility and transport, with a gender perspective and an eye to their effects on care. The pursuit of actions aimed at cultural transformation, seeking to change the gender roles traditionally associated with care, is also a crucial element here. Lastly, for all this to be possible, it is necessary to strengthen the role and capacities of the State in its function as duty bearer for the right to care, as well as in its role as provider, coordinator and regulator of care policies and systems.

3. A culture of rights and equality

To achieve gender equality and move towards a care society, it is urgent to do away with patriarchal, discriminatory and violent cultural patterns and the predominance of the culture of privilege. The absence or weakness of care policies not only perpetuates traditional gender roles that assign women almost exclusive responsibility for care, but also tends to dissociate women from decision-making and participation in social and political life.

Lockdowns, physical distancing and restrictions on mobility, along with increased unemployment, loss of income and macroeconomic instability, among other things, have resulted in increased exposure of women, adolescent girls and young girls to domestic violence, while creating additional barriers for access to essential services. In this context, it is urgent to promote measures aimed at combating discriminatory, sexist and racist sociocultural patterns in order to guarantee the rights, access and participation of girls, adolescents, young women and adults, in all their diversity, in numerous spheres of society. The absence or weakness of care policies not only perpetuates traditional gender roles but also tends to exacerbate disconnection from support networks, so that gender-based violence against women increases.

The sexual division of labour is also associated at an early stage with other phenomena of structural violence and harmful practices, such as child, early and forced marriages and unions. Patriarchal cultural patterns that associate women with motherhood and reproduction, the absence or weakness of comprehensive sexual

education policies and the weakness of social protection and care policies exacerbate the persistence of this phenomenon. Child, early and forced marriages and unions are both a cause and a consequence of the structural constraints of gender inequality. Thus, the sexual division of labour is established from an early age and is exacerbated when girls form unions or marry, with a significant impact on the time they have to carry out different physical, social, cognitive and emotional activities that contribute to their all-round development. It also has an impact on their health, educational attainment and future development and well-being (see chapter II). Child marriage is a violation of the human rights of children and adolescents. This harmful practice must thus be eliminated in order to achieve gender equality and girls' and adolescents' autonomy and right to self-care. To this end, it is necessary to promote policies aimed at the cultural transformation of gender roles regarding care and to strengthen care policies in all their forms, the access of girls and adolescents to sexual and reproductive health and to universal and free education, without discrimination of any kind, and the mechanisms for the representation and participation of girls and adolescents in a variety of cultural, social and economic spheres. In addition, it is necessary to put in place legal frameworks that guarantee the minimum age of marriage and that address rights related to the prevention and elimination of child marriage and early unions. Cooperation at different levels is also crucial in this regard. It is therefore necessary to promote regional political commitment to legal frameworks and public policies with shared criteria, as well as the creation of mechanisms for accountability and monitoring of these standards (ECLAC, 2021a).

4. Parity democracy

Despite the gradual increase in regulations aimed at guaranteeing women's participation and rights, institutional, social and cultural structures still restrict women's access to the exercise of power and decision-making processes. The sexual division of labour and the social organization of care, which assigns women the role of primary caregivers, contribute to the concentration of power and hierarchical gender relations. Care policies that aim to recognize, redistribute and reduce care work are thus vital mechanisms in the promotion of parity democracy. Without policies that effectively promote co-responsibility for care, women will remain relegated to the "private" sphere, which affects their real opportunities for political, social and economic participation and, consequently, their decision-making autonomy (see chapter II).

While affirmative action mechanisms such as quota laws or parity rules have been vital instruments for increasing women's participation in decision-making spaces, patriarchal political systems continue to perpetuate gender gaps in participation and representation. At the same time, although several countries in the region have implemented legislation in this area, political violence against women remains a widespread and persistent phenomenon.

Women have been at the forefront of the response to the pandemic, in health care, in domestic work, in community services, and as care workers in centres for the care of children, the elderly and persons with disabilities. The crisis has intensified work in some sectors in particular, such as health and education.

Now more than ever, the participation and role of women and their leadership in the response to the crisis have placed at the centre of debate the importance of guaranteeing participation mechanisms that not only allow the full range of their perspectives, needs and interests to be integrated as a key element in the management of public policy, but that play a central role on the path towards the construction of more democratic, participatory, plural and inclusive societies.

At the same time, mechanisms for strengthening representation must have an intersectional perspective that seeks to integrate the views and voices of women in all their diversity. Here it is also essential to recover existing care-related knowledge, expertise and practices in the different territories so as to identify priorities that can inform policymaking, something that cannot always be done from outside the territory.

Lastly, it is of the utmost importance for States to recognize indigenous peoples through their own representative institutions in order to obtain their free, prior and informed consent to the adoption and implementation of legislative or administrative measures that may affect them. This is an issue of the greatest importance when it comes to care and territory, considering the effects that access to land, territories and resources have on care relations, especially for indigenous peoples.

Bibliography

- Addati, L., U. Cattaneo and E. Pozzan (2022), *Care at work: Investing in care leave and services for a more gender equal world of work*, Geneva, International Labour Organization (ILO).
- Aguilar Revelo, L. (2021), "Gender equality in the midst of climate change: What can the region's machineries for the advancement of women do?," *Gender Affairs series*, No. 159 (LC/TS.2021/79), Economic Commission for Latin America and the Caribbean (ECLAC).
- Bárcena, A. (2022), *Equality at the heart of ECLAC thinking: ideas, policies and actions from 2008 to 2022* (LC/PUB.2022/6), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Bércovich, N. and M. Muñoz (2022), "Rutas y desafíos para cerrar las brechas de género en materia de habilidades digitales," *Project Documents* (LC/TS.2022/73), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Bettio, F. and J. Plantenga (2004), "Comparing care regimes in Europe," *Feminist Economics*, vol. 10, No. 1, March.
- Bidegain Ponte, N. (2017), "The 2030 Agenda and the Regional Gender Agenda: Synergies for equality in Latin America and the Caribbean," *Gender Affairs series*, No. 143 (LC/TS.2017/7/Rev.1), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Blofield, M. and J. Martínez Franzoni (2015), "Maternalism, co-responsibility, and social equity: a typology of work-family policies," *Social Politics*, vol. 22, No. 1, March.
- Celiberti, L. (2019), "Feministas ecologistas, ecofeministas: aprendizajes desde la práctica," *Las bases materiales que sostienen la vida: perspectivas ecofeministas*, L. Celiberti (coord.), Montevideo, Cotidiano Mujer/Colectivo Ecofeminista Dafnias.
- Daly, M. and J. Lewis (2000), "The concept of social care and the analysis of contemporary welfare States," *The British Journal of Sociology*, vol. 51, No. 2.
- Durán, Á. (2004), "¿Cómo conciliar trabajo y vida familiar? Un desafío colosal," *El País*, 5 September [online] https://elpais.com/diario/2004/09/05/opinion/1094335211_850215.html [accessed on 27 July 2022].
- ECLAC (Economic Commission for Latin America and the Caribbean) (2022a), "Superación de la pandemia de enfermedad por coronavirus (COVID-19) y desafíos de la guerra en Ucrania," *Boletín de Comercio Exterior del MERCOSUR*, No. 5 (LC/TS.2022/72), Santiago.
- (2022b), *Repercussions in Latin America and the Caribbean of the war in Ukraine: how should the region face this new crisis?*, Santiago, 6 June [online] <https://www.cepal.org/en/publications/47913-repercussions-latin-america-and-caribbean-war-ukraine-how-should-region-face-new>.
- (2022c), *A decade of action for a change of era* (LC/FDS.5/3), Santiago.
- (2022d), *Social Panorama of Latin America, 2021* (LC/PUB.2021/17-P), Santiago.
- (2022e), *Women's autonomy and gender equality at the centre of climate action in Latin America and the Caribbean* (LC/MDM.62/DDR/1), Santiago, 25 January.
- (2022f), "Regional Gender Agenda" [online] <https://www.cepal.org/en/subsidiary-bodies/regional-conference-women-latin-america-and-caribbean/regional-gender-agenda> [accessed on 26 July 2022].
- (2022g), *Fiscal Panorama of Latin America and the Caribbean, 2022* (LC/PUB.2022/7-P), Santiago.
- (2021a), "Los matrimonios y uniones infantiles, tempranos y forzados: prácticas nocivas profundizadoras de la desigualdad de género en América Latina y el Caribe," *Project Documents* (LC/TS.2021/186), Santiago.
- (2021b), "An innovative financing for development agenda for the recovery in Latin America and the Caribbean," *COVID-19 Special Report*, No. 12, Santiago.
- (2021c), *Disasters and inequality in a protracted crisis: towards universal, comprehensive, resilient and sustainable social protection systems in Latin America and the Caribbean* (LC/CDS.4/3), Santiago.
- (2021d), *Towards a care society: the contributions of the Regional Gender Agenda to sustainable development* (LC/MDM.61/3), Santiago.
- (2021e), *Fiscal Panorama of Latin America and the Caribbean, 2021* (LC/PUB.2021/5-P), Santiago.
- (2021f), "The economic autonomy of women in a sustainable recovery with equality," *COVID-19 Special Report*, No. 9, Santiago, February.
- (2021g), *Social Panorama of Latin America, 2020* (LC/PUB.2021/2-P/Rev.1), Santiago.
- (2020a), "Political and social compacts for equality and sustainable development in Latin America and the Caribbean in the post-COVID-19 recovery," *COVID-19 Special Report*, No. 8, Santiago, October.
- (2020b), *Building a New Future: Transformative Recovery with Equality and Sustainability* (LC/SES.38/3-P/Rev.1), Santiago.
- (2020c), "Universalizing access to digital technologies to address the consequences of COVID-19," *COVID-19 Special Report*, No. 7, Santiago, August.
- (2020d), "The social challenge in times of COVID-19," *COVID-19 Special Report*, No. 3, Santiago, May.
- (2020e), "The COVID-19 pandemic is exacerbating the care crisis in Latin America and the Caribbean," *COVID-19 Reports*, Santiago, April.
- (2020f), "Santiago Commitment" [online] <https://conferenciamujer.cepal.org/14/en/documents/santiago-commitment>.
- (2019), *Women's autonomy in changing economic scenarios* (LC/CRM.14/3), Santiago.

- (2018), *Regional Agreement on Access to Information, Public Participation and Justice in Environmental Matters in Latin America and the Caribbean* (LC/PUB.2018/8/*), Santiago.
- (2017), *Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030* (LC/CRM.13/5), Santiago.
- (2014), *Compacts for Equality: Towards a Sustainable Future* (LC/G.2586(SES.35/3)), Santiago.
- (2012), *Structural Change for Equality: An Integrated Approach to Development* (LC/G.2524(SES.34/3)), Santiago.
- (2010a), *What kind of State? What kind of equality?* (LC/G.2450/Rev.1), Santiago.
- (2010b), *Time for Equality: Closing Gaps, Opening Trails* (LC/G.2432(SES.33/3)), Santiago.
- ECLAC/ILO (Economic Commission for Latin America and the Caribbean/International Labour Organization) (2022), “Real wages during the pandemic: trends and challenges”; *Employment Situation in Latin America and the Caribbean*, No. 26 (LC/TS.2022/71), Santiago, June.
- ECLAC/UN-Women (Economic Commission for Latin America and the Caribbean/United Nations Entity for Gender Equality and the Empowerment of Women) (2020), *Care in Latin America and the Caribbean during the COVID-19: towards comprehensive systems to strengthen response and recovery*, Santiago.
- Elson, D. (2017), “Recognize, reduce, and redistribute unpaid care work: how to close the gender gap”; *New Labor Forum*, vol. 26, No. 2, May.
- Esquivel, V. (2011), “Trabajadores del cuidado en la Argentina: en el cruce entre el orden laboral y los servicios de cuidado”; *Revista Internacional del Trabajo*, vol. 129, No. 4, International Labour Organization (ILO).
- Franzoni, J. and K. Voorend (2012), “Blacks, whites, or grays? Conditional transfers and gender equality in Latin America”; *Social Politics*, vol. 19, No. 3, September.
- Herrero, Y. (2018), “Somos seres ecodependientes e interdependientes”; *Femenino Rural*, 5 November [online] <https://www.femeninorural.com/yayo-herrero-recuerda-la-necesidad-de-volver-a-poner-en-valor-una-vida-que-merezca-la-pena-ser-vivida/> [accessed on 27 July 2022].
- IPCC (Intergovernmental Panel on Climate Change) (2021), “Summary for Policymakers”; *Climate Change 2021: The Physical Science Basis. Contribution of Working Group I to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change*, V. Masson-Delmotte and others (eds.), Cambridge University Press.
- (2018), *Global Warming of 1.5°C: An IPCC Special Report on the impacts of global warming of 1.5°C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty*, V. Masson-Delmotte and others (eds.), Cambridge University Press.
- Jenson, J. (1997), “Who cares? Gender and welfare regimes”; *Social Politics: International Studies in Gender, State & Society*, vol. 4, No. 2, July.
- Molyneux, M. (2000), “State and Gender in Latin America”; *Hidden Histories of Gender and the State in Latin America*, E. Dore and M. Molyneux (eds.), Durham, Duke University Press.
- Orloff, A. S. (2009), “Gendering the comparative analysis of welfare States: an unfinished agenda”; *Sociological Theory*, vol. 27, No. 3, September.
- (2005), “Farewell to maternalism? State policies and mothers’ employment”; *Working Paper Series*, No. WP-05-10, Institute for Policy Research, Northwestern University.
- (1996), “Gender in the welfare State”; *Annual Review of Sociology*, vol. 22, August.
- Razavi, S. (2007), “The political and social economy of care in a development context: conceptual issues, research questions and policy options”; *Gender and Development Programme Paper*, No. 3, Geneva, United Nations Research Institute for Social Development (UNRISD).
- Rodríguez Enríquez, C. (2011), “Programas de transferencias condicionadas de ingreso e igualdad de género: ¿Por dónde anda América Latina?”; *Women and Development series*, No. 109 (LC/L.3416), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), November.
- Sainsbury, D. (1996), *Gender, Equality and Welfare States*, Cambridge, Cambridge University Press.
- Sey, A. and N. Hafkin (eds.) (2019), *Taking Stock: Data and Evidence on Gender Equality in Digital Access, Skills, and Leadership*, Macao, EQUALS Research Group, United Nations University (UNU).
- UN-Women/ILO/ECLAC (United Nations Entity for Gender Equality and the Empowerment of Women/International Labour Organization/Economic Commission for Latin America and the Caribbean) (2020), *Trabajadoras remuneradas del hogar en América Latina y el Caribe frente a la crisis del COVID-19*, Santiago, June.
- Vaca Trigo, I. and M. E. Valenzuela (2022), “Digitalización de las mujeres en América Latina y el Caribe: acción urgente para una recuperación transformadora y con igualdad”; *Project Documents* (LC/TS.2022/79), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Velásquez, M. (2010), “Seguros de desempleo y reformas recientes en América Latina”; *Macroeconomics of Development series*, No. 99 (LC/L.3144-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), January.
- WEF (World Economic Forum) (2021), *Global Gender Gap Report 2021: Insight Report*, Cologny, March.

The multiple crises of recent years have shown that the current development model is unsustainable and fails to address the structural gaps that affect the vast majority of the population of Latin America and the Caribbean.

Against this backdrop, a comprehensive and cross-cutting approach is needed to halt the enormous setbacks that jeopardize achievements of the targets set in the 2030 Agenda for Sustainable Development and the Regional Gender Agenda. It is also urgent to implement the structural change in the development model that ECLAC has been advocating for over a decade. To avoid widening gender gaps and move towards substantive equality, what is needed are accurate assessments and concrete proposals that will contribute to breaking from a development model that has disregarded the care of people and the planet.

This document reflects the concern regarding the need for a paradigm shift and offers analyses and recommendations for moving towards a care society.
