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of the Regional
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Santiago, 22–23 June 2022

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**ANNOTATED INDEX OF THE POSITION DOCUMENT FOR THE FIFTEENTH SESSION
OF THE REGIONAL CONFERENCE ON WOMEN IN LATIN AMERICA
AND THE CARIBBEAN “THE CARE SOCIETY: A HORIZON FOR
SUSTAINABLE RECOVERY WITH GENDER EQUALITY”**



**Regional Conference
on Women**
in Latin America and the Caribbean
1977–2022

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INTRODUCTION

Gender inequality in Latin America and the Caribbean is structural and inseparable from the development model; and a comprehensive and cross-cutting approach is needed to change this reality. In 2016, the region's governments adopted the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030, which identifies four structural challenges of gender inequality: (i) socioeconomic inequality and the persistence of poverty; (ii) discriminatory, violent and patriarchal cultural patterns and the predominance of a culture of privilege; (iii) the sexual division of labour and the unfair social organization of care; and (iv) the concentration of power and hierarchical relations in the public sphere. These four structural challenges cut across all of the Sustainable Development Goals (SDGs) and restrict the economic, physical and decision-making autonomy of women and girls in the region.

The health crisis caused by the coronavirus disease (COVID-19) pandemic triggered one of the worst economic and social crises experienced in Latin America and the Caribbean. This was exacerbated by the structural nature of gender inequalities in the region and has had a major impact on women's and girls' lives. The multiple crises have caused significant setbacks that put at risk the goals set in 2015 for the fulfilment of the 2030 Agenda for Sustainable Development and the implementation of the Regional Gender Agenda (ECLAC, 2022a).

In the absence of a gender approach in macroeconomic and financing policies sufficient to meet the growing demands generated by the pandemic, women in Latin America and the Caribbean have absorbed these impacts—and continue to do so. In addition, the war in Ukraine has added new economic and social difficulties for the region, compounding a recovery that has been slow and incomplete (ECLAC, 2022a). The war is likely to result in lower rates of global and regional growth, higher inflation and a slow recovery of employment, as well as higher prices, including among food products (ECLAC, 2022f). The sluggish recovery of employment and higher inflation affect women particularly.

Latin America and the Caribbean is the only region of the world where, for the past 45 years a forum such as 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 identify progress and challenges in ensuring women's rights and autonomy and achieving gender equality. The agreements and commitments made at the conferences feed into the Regional Gender Agenda, which is a meaningful, ambitious and comprehensive road map.

In line with this road map, within the Economic Commission for Latin America and the Caribbean (ECLAC), the governments of the region agree on the urgent need to shift the development paradigm towards a care society that recognizes interdependence between people, as well as the interdependence that exists between productive processes and society; a care society that places the sustainability of both human life and the planet at the centre of development.

I. GENDER EQUALITY AND THE CARE SOCIETY

In addition to exacerbating the structural challenges of gender inequality, the COVID-19 pandemic has highlighted the unjust social organization of care and the need to put care and sustainability at the centre of the development model (ECLAC, 2021a, p. 3).

This 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 fails to consider and value activities that are essential for sustaining life; reproduces gender, socioeconomic, ethnic and territorial inequalities; and has a deleterious socioenvironmental impact.

The contributions made by feminist economics, together with the various proposals put forward by women’s and feminist organizations in conjunction with governments, particularly the national machineries for the advancement of women, have been reflected progressively in international agreements, in the 2030 Agenda and, especially, in the Regional Gender Agenda. In the region, women and indigenous peoples have also made a significant contribution in this regard, with living well as a guiding principle that alludes to the harmonious relationship between nature, people and social organization.

Over the last 45 years, governments have adopted a series of agreements in the framework of the Regional Conference on Women in Latin America and the Caribbean. These include measures relating to the design of care policies and a call for co-responsibility of care between the State, the private sector, families and the community. These agreements emphasize the generation of information on time spent, work undertaken and the economic value of care, and the commitment to generate comprehensive care systems from a gender, intersectional, intercultural and human rights perspective. In terms of the latter, the notion of the right to care is introduced as a right that is one of States’ main obligations to ensure and protect (Güezmes, Scuro and Bidegain, 2022).

In view of the above, overlapping structural and conjunctural crises, and the persistence of the structural challenges of gender inequality, raise the need for a profound transformation in the development pattern. The care society is presented as the context that emerges from an alternative model, a societal organization that places the sustainability of life as the primary objective which, in turn, will make it possible to overcome the structural challenges of gender inequality. It is a matter of recognizing the irreplaceable value of care in achieving this objective and of making its provision a societal issue based on social co-responsibility.

The care society is a horizon requiring a collective and multidimensional construction. This chapter serves as a gateway to the position document and establishes conceptual and institutional guidelines that will be elaborated in greater depth with specific diagnostic assessments and recommendations in subsequent chapters.

A. THE CARE SOCIETY: A RESPONSE TO MULTIPLE CRISES

References are increasingly being made to the multidimensional nature of the current crises: food, energy, care, economic and financial, climate and ecological, among others. In 2020, ECLAC stated in its position document for the thirty-eighth session that the world economy is already traversing three structural crises: a crisis of instability and low output growth, a crisis of growing inequality and the environmental crisis that threatens to destroy the natural systems that sustain life on the planet (ECLAC, 2020a, p. 17)

In the last two years, women in Latin America and the Caribbean have experienced the conjunction of the region’s structural crises with the conjunctural crisis caused by the COVID-19 pandemic. If these crises converge and interact on the same physical and social reality, it is possible to envisage a crisis in the model, with recovery inevitably implying a change in the development pattern to make equality and sustainability possible.

The construction of a new development pattern must aim to navigate these crises, overcoming the structural challenges of gender inequality and laying the foundations for a care society, in which the participation of the State, the market and households in the provision of well being, and also the time that men and women devote to care, must be reimagined.

B. 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 requires placing care at the centre of the development model.

The centrality of care for achieving gender equality has been a priority in the debates and agreements of ECLAC member States since the first session of the Regional Conference on the Integration of Women in the Economic and Social Development of Latin America and the Caribbean (Havana, 1977); and both its conceptualization and agreements on the subject were deepened in the last two decades (ECLAC, 2021a). Thus the Regional Gender Agenda issues a call to “eliminate the sexual division of labour and promote care as a right” (Bidegain Ponte, 2017, p. 17). Transforming the unjust social organization of care is one of the priorities identified in the Montevideo Strategy to achieve women’s autonomy and rights (ECLAC, 2017). It is also fundamental for achieving sustainable development with equality.

Against a backdrop of recurrent crises, what is at stake is the sustainability of life itself. The unsustainability of the hegemonic development pattern arises from the twin 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 the 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 previously noted (2020a, 2021a and 2022b).

This makes it necessary to recover the proposal 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 given to markets, around which the most important economic indicator has been built, namely gross domestic product (GDP)” (Vaca Trigo and Baron, 2022).

C. CARE AND SUSTAINABILITY OF LIFE

According to ECLAC, care encompasses all activities that ensure human reproduction and sustain life in an adequate environment. This includes safeguarding the dignity of people and the integrity of their bodies, education and upbringing, psychological and emotional support, and the maintenance of social ties (ECLAC, 2022b). It also involves the upkeep of domestic spaces and goods, as well as care of the planet.

Care aims to guarantee not only survival, but also well-being and development (Durán Heras, 2000). From a philosophical perspective, Tronto and Fisher introduce a definition that highlights a number of important issues. The first is that, in addition to “maintaining and continuing” the world, care “repairs”

it; the second refers to the need to weave networks to sustain life, and the third offers a comprehensive view of the world, that includes our bodies, our selves, 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)).

Sustainability of life is understood as a multidimensional process, which is indispensable, both to give continuity to life in its different expressions (personal, social and ecological) and to develop acceptable living conditions, standards of living or quality of life for the entire population (Bosch, Carrasco and Grau, 2005, p. 322, cited in Carrasco Bengoa, 2016). This definition entails both a universal principle, since social reproduction is indispensable, regardless of the contexts in which it takes place; and a non-universal, ethical-political-ideological principle: what the social priorities will be and how “living well” is defined (Carrasco Bengoa, 2016).

From this standpoint, it is argued that the “recovery” from the COVID-19 crisis needs to be transformative, gender-equitable and sustainable. Placing care at the centre implies a profound reorganization of the way in which the economic and social system is organized in our societies. It also calls into question the role of the State as regulator of that system. The human rights framework provides the institutional underpinning that makes it possible to put care at the centre.

D. THE RIGHT TO CARE

The right to care is among the human rights already recognized in international covenants and treaties, to be enjoyed by all human beings, regardless of their situation of vulnerability or dependence. Based on dignity and the principles of equality and social and gender co-responsibility, these make the sustainability of human life and care of the planet possible. This involves ensuring the rights of persons who need care, recognizing the value of the work of persons who provide care, and demolishing the idea that care is the responsibility of women.

To include care among human rights implies placing its support, for the formulation of public policies, in international human rights instruments —especially economic, social, cultural and environmental rights, whose effectiveness, enforceability and justiciability is gaining strength, since human rights are all claimable, indivisible, interdependent and universal (Abramovich and Courtis, 2004; Abramovich, 2006; Pautassi, 2007).

The right to care has emerged as a public policy domain in itself and, as such, it requires the implementation of specific and practical measures (ECLAC, 2016, p. 21). As recognized at the twelfth session of the Regional Conference on Women in Latin America and the Caribbean, held in Santo Domingo in 2013, these measures are the responsibility of all of society, including the State and the private sector (see ECLAC, 2014b, para. 57). However, the role of the State is central since it not only provides services, but also regulates —by action or omission— how markets, families and communities participate in the provision of care and access to it (Razavi, 2007; Faur, 2014).

In the path followed in Latin America and the Caribbean, and in the progress of the Regional Gender Agenda, some countries have chosen to recognize care and its contribution to the economy explicitly in their constitutions, thereby providing it with stronger guarantees and expanding its interpretation through jurisprudence. Examples include of the Plurinational State of Bolivia and Ecuador, which recognize “living well” as a guiding principle that invokes the harmonious relationship between nature, people and social organization (CEM, 2021). Mexico City introduced the right to care explicitly in

its constitutional charter. In Chile, the debates held in 2021 and 2022 in the Constitutional Convention concluded by incorporating the right to care for all people in the proposal for the new Constitution.

The existence of rights that are recognized expressly in some countries does not exclude or deny their existence in others that remain silent or do not give them a name; because this is a normative silence, not an axiological or conventional one. In other words, explicit statement of the right to care is not the only way in which this right can be recognized. There are also “unnamed” rights, or rights not expressly named as such, in the constitution (Marrades Puig, 2020; Bidart Campos, 2002), but which, because of their content, nature and development in the conventions, are understood as fundamental. This was what happened at some point with the right to truth or the right to development, the content of which has been constructed since the 1960s, although its foundations are encountered in Articles 1, 55 and 56 of the Charter of the United Nations, referring to peaceful and friendly relations among nations with stability and well-being, higher standards of living, as well as universal respect for human rights. The Declaration on the Right to Development, adopted by the United Nations General Assembly in its resolution 41/128 of 4 December 1986, proclaims this right explicitly.¹

Thus, although its recognition in law contributes to effectively ensuring the right to care, the lack of recognition in national laws does not obviate the obligation and urgent need to universalize services and strengthen care policies and related public policies that ensure this right.

E. TOWARDS THE CARE SOCIETY

ECLAC has issued a call to quicken the pace of progress towards economic, environmental and gender justice, and move towards a care society that prioritizes the sustainability of life and the planet; ensures the rights of people who need care, as well as the rights of those who provide it; considers self-care and inter-care; counteracts the precarious nature of jobs in the care sector; and makes visible the multiplier effects of the care economy in terms of well-being and as a dynamic sector for a transformative recovery with equality and sustainability.

The notion of the “care society” helps to reimagine the way society is organized and reveals how it has become an unsustainable and unequal model.

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

Firstly, the model conceals the links between capitalist production and the sphere of care and nature, the former being exploitative and the latter predatory. It is an androcentric and anthropocentric model that reveals the impossibility of reducing inequalities (on the contrary, it widens them) and curbing environmental degradation (Carrasco Bengoa, 2016). Secondly, the social organization centred on markets values

¹ The Declaration recognizes the right to development as “an inalienable human right by virtue of which every human person and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized”.

“productive” time more highly than “reproductive” time and generates a persistent sexual division of labour, in which women are made responsible for dealing with human vulnerability (Izquierdo, 2018). The dichotomous construction between paid work and care entails a social, economic and cultural hierarchization. This limits the construction of collective responsibilities in sustaining life and poses a constant threat to it (Pérez Orozco, 2014, p. 38). For women, the model limits their economic, physical and political autonomy. For society as a whole, it restricts time for self-care, care for others and care for the planet. Thirdly, the model propagates a fictitious conception of humanity that assumes self-sufficient subjects, denies the constitutive vulnerability of bodies, and the interdependence between people and their eco-dependence (Butler, 2017; Pérez Orozco, 2014). It is a conception that is typical of liberal democracies, which assumes the existence of “free and equal” people, based on an androcentric paradigm (Izquierdo, 2018).

In contrast, prioritizing care means recognizing that vulnerability is part of the human condition, along with interdependence and eco-dependence. Nonetheless, the aim is to encourage caring relationships, in which all people have the capacity to provide care because all are also care recipients (Tronto, 2020). This challenges the individualistic notion of the current social and economic system.

The care society requires a transformation of the power relations that underlie the sexual division of labour, putting an end to the culture of privilege and ensuring women’s economic, physical and political autonomy. Thus, for such a model to succeed in overcoming the challenges of gender inequality, a priority objective is women’s autonomy, understood as their capacity to make free and informed decisions about their lives, so that they can be, and do, according to their own aspirations and desires, in the historical context that makes them possible (ECLAC, 2011, p. 9). Ultimately, the degree of autonomy or dependence should be seen as a continuum (Esquivel, Faur and Jelin, 2012). Putting care at the centre becomes crucial in the construction of an alternative model of society in which the goal is the sustainability of life.

II. THE INESCAPABLE LINK BETWEEN THE SEXUAL DIVISION OF LABOUR AND GENDER INEQUALITY

This chapter is based on concepts drawn from the structuralist analysis of ECLAC and its view on the structural challenges of inequality, in order to refer to the current processes of reprimarization of the region’s economies, their environmental unsustainability and their interrelation with gender inequalities. The analysis is further enriched by progress made in feminist political economy, to investigate the diverse effects of the crises on inequalities, especially those affecting territories, communities and women, from a situated and intersectional perspective. The chapter is divided into three sections. Section A describes the structural factors of gender inequalities, linking productive and reproductive processes associated with the sustainability of life, under the notion of expanded extractivism. Section B analyses how the COVID-19 crisis has deepened the structural challenges of inequality by exacerbating the unfair sexual division of labour. Lastly, section C addresses the territorial dimension in terms of women’s mobility in the region owing to care work.

**A. EXTRACTIVIST PROCESSES AS AN ESSENTIAL FACTOR IN UNDERSTANDING
THE EXHAUSTION OF THE CURRENT MODEL AND THE URGENT NEED
TO PUT THE SUSTAINABILITY OF LIFE AT THE CENTRE**

The accelerating growth of inequalities, both within and between countries, in the context of successive and multifaceted crises (social, economic, environmental), and their effects on the precariousness of life have revitalized debates that question the foundations that sustain this unequal model. Drawing on these debates, this section discusses the notion of expanded extractivism, as a process of extraction and devaluation of life-sustaining resources.

Instead of being a process of collective generation, as is value creation, value extraction refers to the activity of dispossession of labour and resources (Mazzucato, 2019, p. 78). However, the issue is not only why it is necessary to shift towards more collective and creative and less extractive processes (Mazzucato, 2019, p. 270); it is about identifying the factors that sustain life, and the processes through which they become invisible and passive with respect to extraction. It is about generating new frames of understanding to put the foundations of our common good at the centre (Mazzucato, 2019, pp. 270-271).

Based on these ideas, the notion of value extraction is developed here in its two dimensions: from its origin as a mode of appropriation of natural resources, but also as a category for analysing “dispossession” processes (Harvey, 2003). The concept of dispossession invokes the action of appropriating something that belongs to others, whether collective or individual: extracting its value. The notion of extractivism by dispossession refers to the gradual and progressive processes of commodification of the different spheres of life caused by the processes of market expansion (Harvey, 2003). The degradation of common space (land, air, water), the environmental degradation of territories and their life forms, and the commodification of nature in all its forms are examples of accumulation by dispossession (Harvey, 2003, p. 148). Similarly, extractivism by dispossession can also take place through the commodification of goods and services. The privatization of social protection systems (Harvey, 1973, pp. 157-158), the commodification or elimination of rights and the progressive expansion of the financial sphere over the real economy are also examples of accumulation by dispossession (Abeles, Pérez Caldentey and Valdecantos, 2018, p. 18). The lack of recognition, valorization and redistribution of care work can also be understood as a process of dispossession that appropriates the value of women’s work and time to sustain lives and our common good, but also markets.

This document adopts the 1980s structuralist approach of ECLAC, in which resource extractivism refers to the process of unsustainable exploitation of nature (Sunkel, 1981, p. 18), “towards extremely abusive” modes of exploitation and “the depletion of non-renewable natural resources” (Prebisch, 1980, p. 74). This exploitation process is contrary to the processes of development, which must place respect for the common basis of life of all species as a whole at the centre (Sunkel and Leal, 1985, p. 8).

As feminisms have insistently pointed out, no development is possible without a fair distribution of care. Insofar as an activity is considered work only if it has monetary value, the processes of reproduction of life and its role in gender relations are often overlooked. In contrast, feminisms have shown the importance of linking productive and reproductive processes as part of a single process that sustains life and markets. The care economy sustains the reproduction of life; but, at the same time, it subsidizes market activities, which could not function without it. Care is thus a central activity in the functioning of markets and the sustainability of human life, animal life and the planet (Carrasco Bengoa, 2017; Molyneux, 1979; Beneria, 1981; Picchio, 1992 and 2009; Folbre, 2014; Federici, 2012, among others). Feminist economics thus warns of the need to move beyond an analysis focused only on the extraction processes linked

exclusively to the sphere of paid productive work; and it draws attention to the role of reproductive work. In doing so, it emphasizes another factor that is particularly subject to processes of extraction and dispossession: women's work and time.

This crisis presents itself as a “general crisis” that also encompasses economic, ecological and political strands, all of which intersect with and exacerbate one another, and can only be understood and addressed together (Fraser, 2016, p. 111). In this sense, both nature and care fulfil roles that go beyond their provision through the “free” market: both produce value in the form of public goods at different scales (national, regional, global); and their realization is essential both for the sustainability of life and for the functioning of the market (Heintz, Staab and Turquet, 2021; Folbre, 2004; Picchio, 2003; Federici, 2012; Gottschlich and Bellina, 2017).

B. THE SEXUAL DIVISION OF LABOUR, ITS LINK WITH OTHER STRUCTURAL CHALLENGES OF INEQUALITY AND ITS IMPACT ON WOMEN'S AUTONOMY

This section refers to the effects of the COVID-19 crisis on the structural challenges of gender inequality and women's autonomy. The effects of the crisis show how intertwined the structural challenges are, and how the fact that they are mutually reinforcing can halt processes related to women's autonomy. The section is divided into three subsections addressing the following issues: how socioeconomic inequality and persistent poverty perpetuate the care crisis; how patriarchal, discriminatory and violent cultural patterns reinforce the sexual division of labour; and how the persistent concentration of power and hierarchical gender relations consolidate the unfair social organization of labour.

1. Socioeconomic inequality and persistent poverty perpetuate the care crisis

As a result of the structural crises in the development model and the conjunctural crisis caused by the COVID-19 pandemic, women have seen their economic autonomy restricted, their income diminished and their participation in the labour market abruptly reduced.

In the countries of the region for which data are available, women spent between 22 and 42 hours per week on domestic work and unpaid care activities prior to the COVID-19 health crisis (ECLAC, 2020b). On average, women in the region spend three times as long on unpaid domestic and care work as men (ECLAC, 2019a). The pandemic drastically increased the care burden of households and particularly that borne by women.

The care burden on households —and especially on women— increased substantially during the COVID-19 pandemic, as the responsibilities in question were shifted on to households. These included accompanying children's education in the context of continuous school closures, providing health care to the sick owing to the pressure on health systems, and caring for the dependent population due to the closure of several establishments that provided these services, among other factors (ECLAC, 2020b). The pandemic thus aggravated women's monetary poverty and time poverty. Moreover, the burden of care work has increased to a greater extent in lower-income households. These households tend to have not only a larger number of dependent members, but also less access to basic services (such as improved water sources), which adds to the total workload (ECLAC, 2020b).

Figure II.1
Latin America (7 countries): composition of personal income, according to receipt of emergency cash transfers during the coronavirus disease pandemic (COVID-19) and other non-contributory transfers from the State, by gender, 2020

Secondly, the pandemic substantially affected women's employment, which had already been trending down. While between 1997 and 2007 women's participation rate increased by 5.3 percentage points, in the last decade it increased marginally to reach an average of 51.4% in 2019, or 22.7 percentage points below the male rate (ECLAC/ILO, 2020). This trend has been particularly exacerbated in the current scenario, since between the second quarters of 2019 and 2020 there was an unprecedented loss of jobs that affected women disproportionately (ECLAC/ILO, 2020). This mass exit from the labour market has represented an 18-year setback in women's labour force participation. Compounding this, gender gaps are set to continue widening: it is estimated that, after the drop recorded in 2020, the female participation rate rose to just 50.0% in 2021 (similar to the 2016 level), while the male rate reached 73.5% (ECLAC, 2022c).

Female employment rates fell particularly sharply in lower-income households. While in 2020 the employment rate among women in the fifth income quintile was 56.4%, the equivalent in the first quintile was just 36.1% (ECLAC, 2022b). The impact on employment has also been greatest among women of lower education levels—a group that has been more affected by job losses than men with the same level of education and other women of higher levels (ECLAC, 2022c, p. 14).

Thirdly, the pandemic has had a disproportionate effect on the level of employment and working conditions of domestic service workers. This sector consists mostly of women (90.9%); and it accounts for 8.3% of all employed women in Latin America and the Caribbean, many of whom are Afrodescendent, indigenous or migrant women (Valenzuela, Scuro and Vaca Trigo, 2020). Paid domestic work has historically been a highly precarious sector: wages are at the bottom of the scale and informality rates are particularly high (76% of women employed in this sector do not have pension coverage) (Valenzuela, Scuro and Vaca Trigo, 2020). More than 99% of paid female domestic workers in the region live in countries that imposed movement restrictions in the first year of the pandemic to avoid further contagion (Valenzuela, Scuro and Vaca Trigo, 2020, p. 87). Lockdowns due to the pandemic have resulted in lower wages or job losses, which compound the intersectional processes that affect the well-being, autonomy and enjoyment of rights of women in this sector of the economy (Valenzuela, Scuro and Vaca Trigo, 2020). In addition to job insecurity, these women suffer discrimination because of their migrant status and ethnic-racial origin. In fact, 51.6% of migrants in Latin America and the Caribbean are women, of whom more than a third are employed in the paid domestic work sector (35.3%) (ILO, 2017).

Lastly, the pandemic's impact on the care economy is not only manifested in job losses, job insecurity and an increase in unpaid work; the crisis has also intensified work in specific sectors, such as health and education. In short, the structural gender inequality that characterizes the region has been exacerbated in the social and economic context caused by the COVID-19 pandemic. In particular, this crisis has underscored the importance of care work for the sustainability of life and the fact that it is mostly in women's hands. Similarly, the excessive burden of women's unpaid work, together with the historical decline in their labour participation and in the quality of their employment, the intensification of work in certain sectors, and the significant impact on certain sectors of the labour market in which women occupy nearly all jobs, such as the paid domestic work sector, have particularly highlighted the inherent relationship that exists between care work and the structural challenges of gender inequality.

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

The lockdown and physical distancing measures, together with mobility restrictions, implemented during the health crisis, left women, adolescents and girls more exposed to situations of domestic violence, while at the same time generating additional barriers to access to essential services. The absence, or weakness, of care policies during the successive crises of recent decades, particularly that caused by COVID-19, has clearly revealed the persistence of traditional gender roles; and has shown, in this and in various other contexts, the tendency of women to return to the home environment. This has resulted in specific changes in their daily lives, in which caring for dependents, whether permanently or temporarily, becomes more central. All of this accentuated situations of isolation and economic dependence, which, in turn, considerably increased the risks of exposure to situations of gender-based violence.

The visibility of care responsibilities as women's duty and mission, during the COVID-19 pandemic, also evidenced the long chain of invisible challenges that automatically involved women in telework, in their daughters' and sons' education and recreation, in caring for others and, therefore, in the "natural" maintenance of precarious time for themselves and the consequent interruption of labour market activity and loss of income. This accentuated the painful reality of a structural, cultural and persistent pandemic unfolding in the shadows: the pandemic of gender violence against women (ECLAC, 2021g). It exposed the inability or slow response of governments, and of society in general, to address the persistent and long-standing phenomenon of gender-based violence, which harms both individual and collective health. This scourge is allowed to replicate, generation after generation; and, year after year, its most extreme manifestations result in traumatic experiences of sexual violence and thousands of violent deaths among women and girls for gender-based reasons in Latin America and the Caribbean.

The statistics on femicide or femicide in the region continue to show at least 4,000 to 4,500 cases per year (2018 to 2020), in the different contexts of the countries that report official data to ECLAC, through the Gender Equality Observatory for Latin America and the Caribbean.² The femicide rate represents the extreme end of the chain of invisible and often unpunished acts of violence experienced by women in the countries of the region. It reveals strongly naturalized and deep-rooted forms of discrimination, which are mostly associated with punishments for failing to fulfil specific care tasks, or with the transgressions involved in forging their own paths towards physical and economic autonomy on the part of women.

During the COVID-19 crisis, the risk of exposure to gender-based violence and other violations of the rights of children and adolescents also increased (ECLAC/UNICEF/ORESG-VCN, 2020; Bhatia and others, 2020). Physical, sexual and psychological violence, as well as pernicious practices such as child marriage and early unions, which affect the integrity and rights of girls, boys and adolescents, are phenomena that are widespread around the world (UNICEF, 2015), with differentiated impacts on girls and adolescents. Particularly egregious examples of human rights violations against children and adolescents occur in situations of armed conflict (United Nations, 2013), contexts of migration and human smuggling and trafficking (UNODC, 2020), and situations of migration and child labour, often forced (ILO, 1999). This affects the physical, psychological and social integrity of children and adolescents, and limits their possibilities for development (ECLAC, 2020c).

During the pandemic, heightened stress factors, socioeconomic problems and those related to family life in isolation tend to affect the ability of adults to respond to the needs of children and adolescents, leading them to respond aggressively (Center for the Developing Child, Harvard University, 2016 cited in

² See [online] <https://oig.cepal.org/en/indicators/femicide-or-femicide>.

Cuartas, 2020). Data on previous pandemics and other similar emergencies suggest that women and girls are especially at risk of systematic sexual assault during periods of isolation (Peterman and others, 2020). Other forms of violence, including online, have also been exacerbated by the greater use of these technologies, which increases the potential for aggression by people outside the nuclear family (Peterman and others, 2020).

The form that violence takes, especially when perpetrated against girls and adolescents, is permeated by patriarchal, discriminatory and violent behaviour patterns. This is manifested concretely in adolescent pregnancy, with between 30% and 75% of adolescent mothers declaring that their pregnancies were unintended.³ In Latin America today, between 10% and 25% of women were mothers before their eighteenth birthday, and between 25% and 44% before they were 20.⁴

Adolescents living in rural areas become mothers much more frequently than their urban peers in all countries. This is the result of cultural differences, preferences as to the appropriate age for motherhood, competing opportunities for married and family life, and knowledge of, access to, and appropriate and systematic use of modern contraceptive methods.⁵ Adolescent childbearing perpetuates gender roles and assigns the role of caregiver to girls and adolescents at a very early age. Moreover, adolescent pregnancy often leads to school dropout, which compromises the labour market participation and future income of these young women, favouring their isolation in the household domain.

As is the case with adolescent pregnancy, early and forced child marriages and unions are other harmful practices related to gender inequalities, poverty, school dropout and the non-existence—or limited scope—of legal and policy frameworks, which put the present and future of girls and adolescents at risk. Early and forced child marriages and unions are both a cause and a consequence of the limited autonomy available to women and girls, while reproducing gender inequalities and, at an early age, the sexual division of labour. This type of marriage and union constitutes a violation of the human rights of children and adolescents, which affects girls disproportionately and persistently. Eliminating this harmful practice is a goal to be achieved in the region, and is fundamental for achieving gender equality and sustainable development. In Latin America and the Caribbean, 22% of women aged between 20 and 24 years were married or in a stable union before the age of 18 (ECLAC, n.d.).

Figure II.2
Early unions and sexual division of labour

3. The persistence of the concentration of power and hierarchical gender relations consolidate the unfair social organization of labour

The culture of privilege in decision-making has a non-virtuous link that threatens the chances of altering the sexual division of labour and developing a new social organization of care, since the lack of women in decision-making spaces delays the transformative agenda. At the same time, the burden of care work from

³ Data from the Latin American and Caribbean Demographic Centre (CELADE)-Population Division of ECLAC, on the basis of microdata from the national population censuses of: Argentina (2010), the Bolivarian Republic of Venezuela (2011), Brazil (2010), Colombia (2018), Costa Rica (2011), the Dominican Republic (2010), Ecuador (2010), Guatemala (2018), Honduras (2013), Mexico (2010), Panama (2010), Peru (2017), the Plurinational State of Bolivia (2012) and Uruguay (2011). Processing done with REDATAM 7.

⁴ Ibid.

⁵ Ibid.

a very early age reinforces the impossibility of their participating fully in the public domain and in decision-making spaces.

Decision-making autonomy is realized through the presence of women at the different levels of government and measures aimed at promoting their full and equal participation. Access gaps form part of a process of concentration of political and economic power that must be overcome in order to move towards the democratization of societies and economies.

Despite the gradual increase in regulations aimed at ensuring women's political participation, there are still institutional, social and cultural structures that restrict their access to the exercise of power and decision-making processes, as well as to justice and the enforceability of their rights (ECLAC, 2022a). Women continue to exhibit significantly lower levels of political and economic representation than men. According to data from the Gender Equality Observatory for Latin America and the Caribbean, although the proportion of women in legislative bodies has been increasing gradually in recent years, it currently averages only 33.63%. However, this average conceals wide regional variability. As of October 2021, female representation in the parliaments of Cuba, Mexico and Nicaragua was 50% or more, while in Argentina, Costa Rica, Grenada, Peru and the Plurinational State of Bolivia it exceeds 40%. In contrast, women hold fewer than 20% of parliamentary seats in 10 countries (Antigua and Barbuda, Bahamas, Belize, Brazil, Colombia, Guatemala, Haiti, Paraguay, Saint Lucia and Saint Vincent and the Grenadines). Of these, Haiti has the lowest proportion in the region. In the executive branch, the regional average is still below 30%. Lastly, at the local level, in Latin America and the Caribbean, the proportion of seats held by women in local government amounted to just 24.9% in 2020.

Although the presence of women in the region's legislatures has increased gradually in recent years, men are still the majority in most cases. This shows that affirmative action mechanisms alone are insufficient, despite playing a key role in increasing women's participation in decision-making mechanisms. Quota laws are an example of this. Although they have been necessary for promoting women's political participation at all levels, they have proven insufficient. This is because the problem is rooted in patriarchal political systems that have been structured on the basis of a political culture that projects differential access to power between men and women as a natural state of affairs. Thus, despite the existence of mechanisms to promote women's participation, these are often evaded through strategies that seek to maintain the status quo. Examples include assigning women to less important areas or to districts where they are expected to lose, and their inclusion on lists from which they must resign once elected, as well as the absence of material or human support. Moreover, the increased female participation in elected office has led, in many cases, to an increase in political violence against women, which manifests itself in ways that include multiple expressions of harassment, discriminatory treatment, increased demands and accountability requirements, as well as intimidation and physical violence against them and their families.

In order to distribute access to decision-making power in our societies, it is necessary to address the structural challenges that let these gaps persist, in which the overburdening of women with care responsibilities is one of the most important factors. The unfair sexual division of labour continues to exclude women from decision-making, by assigning the greatest burden of care work to them and interfering with their ability to exercise power.

C. THE EFFECTS OF THE CRISIS ON TERRITORIES, COMMUNITIES AND PEOPLE: THE CHALLENGES OF INEQUALITY ARE ACCENTUATED

This section addresses the relationship between crisis, care and territory, and their mutual interactions on gender inequalities. Three central pillars are identified in which the relationship between gender and territory becomes especially noticeable in the care domain.

Firstly, gender inequalities, particularly the unfair social organization of care, are materialized differently according to the characteristics and relationship with the territory. Care work is undertaken in spatial, social and geographical contexts that have a significant impact on its burden and distribution. Accordingly, the territorial perspective must be integrated into the analysis of the care economy.

Secondly, the sexual division of labour and the social organization of care are expressed in specific territorial phenomena, such as global care chains, which are particularly important in the current context. This makes it necessary to develop approaches, policies and tools that address the phenomena in question from an interrelated gender and territorial perspective. The use of technology presents a window of opportunity for the development of new care tools.

Lastly, it is argued that unsustainable practices and environmental degradation not only threaten nature and people generally; they also affect certain groups much more than others, which affects the organization of care in particular. The effects of environmental degradation on the organization of care and, especially, on the community organization of care among indigenous peoples, are considered in this context.

Box II. 1

The City of Bogotá District Care System

III. THE PRESENT AND FUTURE ORGANIZATION OF CARE

The prevailing economic model is based on unpaid domestic and care work, which is performed mostly by women. However, the work in question remains invisible and undervalued. This chapter describes the consequences of this situation on social organization, and in particular on the labour market; the changes that led to the current unfair arrangement, and the trends that, unless changed, will lead to greater inequality in the future.

Section A describes the institutional, normative 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. Section B addresses the working conditions of three categories of workers who provide care on a paid basis: female domestic employees, health care personnel and workers in the education sector. All three are closely linked to care tasks, either because they provide care directly, or because the tasks they fulfil affect the organization of time in households, as happens with education and health. Changing the unfair social organization of care requires and understanding of the economic, demographic and epidemiological trends that led to its current configuration; together with a long-term view that provides information that looks to the future. Lastly, section C studies medium- and long-term processes that affect the demand for care, and the intensity and

supply thereof, as well as the elements that will make future supply possible. This analysis also involves recognizing the specific features of the region’s countries. It is noted that the COVID-19 pandemic highlighted the unsustainability of the way care is currently organized, and emphasizes that the care society aims to look to the future, urging public policies to go beyond the short term to ensure long-term care (Tronto, 2020).

A. A MODEL THAT IS SUSTAINED BY WOMEN’S TIME

For many years, work was identified with employment, equating the economic with the commercial and concealing the direct care activities carried out by women and their human reproduction role. The break with traditional approaches that was achieved thanks to the contributions made by feminist economics revealed the importance of unpaid production for the reproduction of the labour force. Market production does not have the capacity to sustain and reproduce itself autonomously, so it depends on the care economy for its reproduction (Carrasco Bengoa, 2009; Carrasco Bengoa and Tello, 2012). Thus, the concept of work includes harmonization of the two components —paid and unpaid— which complement and need each other, thereby playing a central role in the organization of society.

1. Labour market and care times

The caregiving population broadly coincides with the working-age population in the labour market and distributes its time between paid and unpaid work. ECLAC (2017, 2018 and 2019a) has noted that the unfair distribution between men and women of the time spent providing unpaid family care has a direct impact on gender inequality and is mentioned as the main barrier to the full integration of women in the labour market. Although women have increasingly joined the labour market in recent decades, a traditional form of labour market organization still persists that tends to reproduce the dichotomous model of male provider and female caregiver. This has institutional, normative and cultural dimensions that are intertwined and mutually reinforcing.

(a) Institutional dimension

The labour market is still structured around the norm of the “ideal worker” who has no family responsibilities because these have generally been assumed by a woman who stays out of the labour market, since her main activity is caring for the family. The working day is organized according to economic growth (and productivity objectives) and not to people’s individual needs for time for themselves and their physiological and social needs (Carrasco Bengoa, 2003). “Typical” paid work, therefore, ignores the relevance of life sustainability processes associated with reproduction (Pérez Orozco, 2014; Esquivel, 2015). Far from being neutral, this organization of paid work has profound implications for women, most of whom are unable to live up to the expected standards. This not only has repercussions on their total work time overload —and the well-known consequences— but also means lower wages. Time-use survey data show that unpaid care work and working hours are incompatible.⁶ All this has been aggravated by the processes of labour deregulation and the increase in atypical jobs, characterized by new workday modalities (shift work, interrupted workday, free or flexible workday, and increased weekend work), in which workers have less control over their time; more intensive work due to faster work rhythms associated with changes

⁶ The following indicators will be used: unpaid work and paid work by age group and gender (time use pyramids).

in the pay structure (a larger variable component, often associated with the achievement of goals); or longer workdays to receive slightly higher pay.

(b) Regulatory dimension

Labour legislation, which first emerged between the late nineteenth and early twentieth centuries, focused specially on the protection of working women, under the rationale of protecting maternity and the family. In addition, the concept of a family wage was promoted to enable male workers to support their wives and children adequately; and a social security system was established that envisaged women as dependent on their husbands, thereby entrenching the notion that women should not work for pay (Caamaño Rojo, 2009). As women’s human rights were recognized and were progressively incorporated into the world of work (as a result of the needs of capitalist growth), national and international regulations were developed with a view to ensuring equality and non-discrimination. However, the conflict between family and work responsibilities persists to this day, since, when they are formal wage earners, women have retained most of the rights—and obligations—with respect to family care, thus naturalizing the care responsibility as a female task. At the same time, the vast majority of women who work informally are excluded. This section explores the current status of leave (maternity, paternity, parental, and for long-term family needs), the right to breastfeed, the obligation to provide care services for young children (or the right to use public facilities), the number of women who are able to make use of their right to leave and the number of men who make use of their paternity leave.

(c) Cultural dimension

This dimension is also present in the two previous cases, through normative and institutional decisions. Despite the increase in women’s labour participation rate and in their years of schooling, social images continue to insist on their responsibility as the main caregivers, and on the role of men as providers and therefore exempt from undertaking domestic and care work (IPPF WHR/Promundo, 2017; Van der Gaag and others, 2009 and others). These biases have an impact in different areas, ranging from claims about the benefits that labour flexibility, teleworking or part-time work would bring to women (by supporting the goal of reconciliation, a concept that is even inspired in this model), to the scant use of paternity or parental leave by men, childcare offered to working women and not to men, and others. This section addresses the presence of cultural patterns that underlie the current sexual division of labour. On the other hand, in the absence of public alternatives, for many women this gender mandate becomes both a necessity and an obligation, so the normative, institutional and cultural dimensions reinforce each other.

<p>Box III.1 Telework opportunities and challenges</p>
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B. CARING FOR THOSE WHO PROVIDE CARE

Classifying the skills needed to provide care as “natural” fosters an unfair distribution that places women as the main caregivers, whether care tasks are fulfilled for pay or otherwise. For this reason, the sexual division of labour is also manifested in the labour market, where paid care often takes place in conditions of lower income, longer working hours and lack of social protection (ECLAC, 2019a, 2020b and 2022b).

Persons working in care-related sectors and occupations share common characteristics. In addition to mostly being women, they fulfil tasks that require specific knowledge and skills that are not always valued. Often, they maintain relationships that are sustained over time with the individuals receiving care, which implies an affective burden that is difficult to measure but fundamental for sustaining life and social well-being (Vaca Trigo and Baron, 2022). At the same time, this is a very heterogeneous group. This section describes the sectors and occupations that comprise the care economy; and it characterizes the conditions of work in this sector.

1. Situation of paid female domestic workers

Of the total number of women employed in the region, 9.8% perform paid domestic work. Paid female domestic workers are often vulnerable: one out of every four is in a situation of poverty. At the same time, this sector employs a large proportion of active older adults: one out of every 10 women working in the sector is over 60 years of age. Given the sector's share of the total number of female jobs, improving working conditions is essential to reduce gender inequality and should be addressed urgently.⁷ The activity of caregiving has been gaining importance in recent years in the media and public opinion, and with the onset of the COVID-19 pandemic it has acquired greater prominence. This provides an opportunity to reassess the care work performed by paid female domestic workers, in terms of professionalization, representation and improvement of their working conditions. This would generate a virtuous circle, benefiting both the persons who need care and those who provide it, by recognizing the value of the work done by caregivers, improving their working conditions and wages, and guaranteeing their access to social security and training systems that contribute to their vocational development and to an improvement in the service they provide.

Box III.2

Female care workers providing home care

2. Continuity of health care

The health status of individuals is an essential factor in understanding the care demands placed on households. There is a continuum between the services offered by the public and private health sectors and the care provided in the form of unpaid work, and vice versa. Living conditions, including the possibility of access to a healthy life and time for rest and self-care, are factors that alleviate the pressure on the health sector, which is currently highly feminized. Concentrated on the front line, women fulfil roles that expose them to risks that affect their lives, as well as their health and that of their families; 86% of nursing staff, who must have particularly close contact with patients, are female (PAHO, 2021, p. 19). During the COVID-19 pandemic, the essential social role played by health-sector workers has become more evident than ever.

⁷ The following indicators are proposed: share of paid domestic work in employment; proportion of paid female domestic workers (contract, social security contributions, access to health insurance, in poverty, with children under 15 years of age); distribution of hours worked and types of workday; characterization of the education level of paid female domestic workers; and percentage of households that hire female domestic workers, and the care characteristics of those households.

The health sector is currently a mirror image of the labour market in general, with women in the sector earning about 25% less than men. Although they are the majority in the sector, women are underrepresented in leadership and decision-making positions.⁸

3. Situation of persons working in education⁹

During the pandemic, the burden of care in households increased as a result of the closure of educational institutions such as kindergartens and schools, particularly at the primary level (ECLAC, 2020b and 2021c). Schools are not only spaces for education as such, but also provide infrastructures that help to supply other services that reproduce life and provide care (food, physical and health care spaces, among others).

There is debate surrounding the heterogeneity of the education sector and its relationship with care. In this sector, the intensity of care provision is inversely related to the age of the person receiving the service. Thus, preschool and primary establishments cover a large part of the demand for care, while the intensity declines at the secondary and tertiary levels. It is therefore necessary to understand how the work is distributed in the different educational settings in order to clarify the relationship that exists between education and care.

C. CARE IN THE MIDST OF DEMOGRAPHIC, EPIDEMIOLOGICAL AND ECONOMIC CHANGES

The demographic and epidemiological transitions, in conjunction with changes in the economic development model, alter the demand for care. The combination of these elements gives rise to different configurations of the present and future supply of care and demand for it. A care society must be clear about the care needs of its population; and this means understanding who is demanding care, what types of care are needed, and who is in a position to provide it. The data show that when the growing demand for care falls mainly on intrafamily provision, and particularly on women, the social organization of care becomes even more unfair. To characterize the demand for care, the potential providers and the conditions in which care is provided, it is necessary to develop policies that can foresee how these demands will be met and what combination of care is needed (State, households, private sector, community).

1. Economic, epidemiological and demographic trends: impacts on the supply of care and demand for it

Economic, epidemiological and demographic transformations generate changes in the type of care that a society demands and in its possibilities of providing it. The care crisis (the gap between supply of care and the demand for it, which results in an excessive burden of unpaid work for women) has its specific features in Latin America and the Caribbean. It also has differential impacts between high-, middle- and low-income countries, as well as between large cities, rural areas and places that are exposed to disasters, such as the Caribbean countries.

⁸ The following indicators are proposed: proportion of men and women in the sector; proportion of public and private sector employment; distribution by occupation classification; percentage of workers with children; working hours; gender wage gap.

⁹ Proposed indicators: breakdown, if possible, of different education sectors (preschool, primary, secondary and tertiary); employment according to state or private provision; characterization of employment in the sector.

Box III.3 Care and disasters

Meeting present and future care demands requires an understanding of the trends of spatial transformation, the changes in employment associated with the development model and population ageing. Rural-urban migration and the consequent population growth in large cities is one of the key spatial transformations of recent decades. Between 1980 and 2000, the number of cities with more than one million inhabitants doubled. Two thirds of the population lives in cities of 20,000 inhabitants or more; and almost four out of every five people live in urban areas. An analysis of the population by area of residence reveals the growing pressure of the demand for care in large cities and the challenge of providing it in rural areas, where 20% of the region's population still lives (ECLAC, 2014a).

In terms of demographic trends,¹⁰ although all of the region's countries are embarked on an ageing process, they can be classified in terms of incipient, moderate or advanced stages of ageing (ECLAC, 2019a). This indicates the need to approach care policies differently, according to which age ranges are most in need of care. Ongoing demographic trends and their relationship with the demand for care and its intensity will be analysed using the dependency ratio (population demanding care relative to the population with the capacity to provide it) adjusted to the Madrid II scale (Durán, 2014). In addition, the transformations described have their correlate in household composition, which has changed significantly: while the proportion of nuclear households decreased (from 68% to 63.6%), the proportion of extended households remained around 20% and that of non-family households increased (from 11.3% to 16%) (ECLAC, 2014a).

Epidemiological trends affect the need for and the intensity and provision of care. Available medical services, investments in public health infrastructure and gender relations affect epidemiological conditions and, consequently, condition households' care burden. Health is multidimensional, and conditions of access to health services have an impact on the care that households subsequently provide. Relative to population, the number of health-care personnel, the quantity of health-sector infrastructure and investment, and household spending on health services all also affect the burden of unpaid work.

2. The aftermath of the COVID-19 crisis and lessons learned

The crisis caused by COVID-19 has put a spotlight on the fragility of the region's health and social protection systems (ECLAC, 2022b). This situation has a direct impact on women's unpaid work burden. Beyond deaths, the pandemic has had mental health consequences that could imply a greater demand for care and also greater difficulties in exercising self-care. In addition to its after-effects, the pandemic has also left lessons to be learned. The measures adopted to deal with the health emergency have had differential effects on men and women, and also according to age bracket, income level and place of residence. In this situation, the interdependent dimension of health and its connection with care has emerged clearly. Governments urged the people to take care of themselves, and this care only made sense when it was collective.

It has also been necessary to make better use of public systems and access to medical goods and services. The number of health personnel relative to population, the health infrastructure available at the different territorial levels, the out-of-pocket expenditure that households incur on health care, and the

¹⁰ Proposed indicators: population pyramids/incipient, moderate and advanced ageing, and care intensity-adjusted dependency ratio (Madrid II scale (Durán, 2014)).

impact this has on their economies, are key data for characterizing access to health and identifying how this impacts households' total workload. Care, and health care in particular, has an integral and affective dimension that needs to be considered.

IV. MACROECONOMIC AND GLOBAL CHALLENGES FOR THE CARE SOCIETY

The global scenario is still being redrawn by the social and economic aftermath of the COVID-19 pandemic. Following the deep economic contraction experienced by Latin America and the Caribbean, the region is facing a slow and uneven recovery process (ECLAC, 2022e). In 2022, new factors of instability emerged as a result of the war between the Russian Federation and Ukraine, the consequences of which are evidenced directly through international trade and indirectly through global activity and the dynamics of the region's main trading partners: the United States, China and the European Union (ECLAC, 2022d). This conflict generates new obstacles and heightened uncertainty regarding the region's international trade dynamics.

The indirect effects of the war have exacerbated inflationary problems owing to the increase in the prices of hydrocarbons and some metals and foodstuffs, a situation that may make it difficult to satisfy the population's food needs. The rise in the cost of living as a result of high inflation, especially for the socioeconomically vulnerable, compounded by the high level of informality and unemployment among women, pose additional challenges for a recovery with equality.

Asymmetries between developed and developing countries are increasingly evident—for example, in the policy space and in their responsiveness in implementing policies for a transformative recovery with equality. The degree of exposure of Latin American and Caribbean countries to the vagaries of international trade, commodity price fluctuations and financial market volatility has been clearly revealed.¹¹ The costs associated with conjunctural situations and the chances of recovery have not been distributed equally across countries, regions and sectors, nor between men and women.

The recovery is viewed as uneven in an uncertain context, in which the historical challenges facing the region, linked to productive and trade specialization patterns and compounded by persistent gender inequalities in labour markets and in the social organization of care, are clear to see and worsening.

ECLAC has characterized Latin America and the Caribbean as a region with a high level of debt and limited access to capital markets and concessionary funds, insufficient and reduced fiscal space, exposure to the volatility of international prices and the dynamics of international trade, elevated structural heterogeneity and little innovation, and weak integration of regional trade that could promote employment-intensive production chains, creating jobs particularly for women.

These structural challenges aggravate the precariousness of women's living conditions. As on other occasions, the COVID-19 crisis has resulted in women absorbing the shocks in the absence of gender-sensitive macroeconomic policies and additional financing for the growing demands generated by the pandemic.

¹¹ Latin America and the Caribbean are facing a complex situation because of the war between the Russian Federation and Ukraine. According to new estimations made by ECLAC (2022e), the region is expected to grow by 1.8%, down from the 2.1% projected in January 2022. The economies of South America are set to grow by 1.5%, those of Central America plus Mexico by 2.3% and those of the Caribbean (excluding Guyana) by 4.7%. (ECLAC, 2022e).

This chapter introduces elements related to macroeconomic trends and challenges in a context of prolonged crisis and uneven recovery. It then presents the commitments contained in the Regional Gender Agenda to promote a trade and fiscal policy aimed at achieving gender equality and upholding women's rights. Reference is also made to the contributions made by feminist economics to understanding the gender non-neutrality of macroeconomic and trade dynamics and, in particular, the effects of the COVID-19 crisis and recovery efforts. It also stresses the need to move towards a care society.

The interdependence between productive and social reproduction processes underscores the need to move towards a care society. In terms of public policy, reference is made to the importance of harmonization between trade policy, productive and fiscal development and the social redistribution of care, in order to overcome the structural challenges of gender inequality and move towards a care society that places the sustainability of life at the centre.

A. INTERNATIONAL TRADE, PRODUCTION STRUCTURE AND WOMEN'S ECONOMIC AUTONOMY FOR A TRANSFORMATIVE RECOVERY WITH EQUALITY AND SUSTAINABILITY

This section discusses the relationship between the patterns of trade and productive specialization in Latin American and Caribbean countries, and some of the characteristics of women's labour participation in export-related sectors. It is emphasized that the pattern of export specialization in Latin America and the Caribbean, in conjunction with gender segregation in the labour market and the rigid sexual division of labour have conditioned the way in which women are involved in foreign trade.

Trade, gender equality and women's autonomy are related and depend largely on the intersection between productive and export specialization and gender segregation in the labour market. A large proportion of women's employment in the region involves work in the service sector, which encompasses different activities.

In general, for the region as a whole, exports are not very job-intensive, especially in the case of women. Jobs associated with exports (direct and indirect) represent a small percentage of total employment, although this varies considerably between countries. The pattern of productive and export specialization influences the amount of employment available for women and men (ECLAC, 2021d). In South American countries, which mainly export raw materials and natural resource-based manufactures, export-related jobs accounted for 9.7% of total employment among women and 12.5% among men in 2018. Central America's manufacturing-oriented export specialization is intensive in low- and medium-technology skilled labour (maquila or assembly industries, textile and garment manufacturing, and electronics), with jobs in these sectors accounting for 21.8% of employment among women and 23.9% in the case of men. Female employment is concentrated in a few export sectors (the textile and apparel industry, and some services); in other words, it reproduces the pattern of horizontal gender segregation that permeates the region's labour markets (ECLAC, 2021d).

This section also explores the characteristics of export-related employment between sectors and among women and men. Data available for 13 Latin American countries show that the labour income gap between women and men is greater in export-intensive sectors than in sectors that export less. Similarly, the female share of highly skilled jobs is lower in exporting sectors (7.7%) than in those serving the domestic market (27.7%). Comments are made on the challenges that exist in overcoming the structural heterogeneity of the region's economies and in promoting export diversification based on dynamic sectors,

with skilled jobs that can offer women new and better opportunities for paid work. The chapter also discusses the importance of integration and scaling-up in global value chains, to respond to the new conditions prevailing in the international economy (ECLAC, 2021e; Bidegain Ponte and Espino, 2022) and the need to promote regional integration to mitigate trade vulnerability.

It also considers the pandemic's impact on male and female employment in the export sector. While women's representation in export-intensive sectors is lower than in sectors that export less (34.5% vs. 48.9%), the only export-intensive sectors that are feminized were among those hit hardest by the collapse in activity and employment as a result of the COVID-19 pandemic —textiles and apparel, where female employment shrank by 18%; and accommodation and food service activities, with a 16.2% reduction in 2020 relative to 2018. Women also account for a large proportion of employment in the tourism sector, which has also been hit hard, especially in Caribbean countries. Moreover, while international trade in goods has been recovering faster than trade in services, particularly tourism, it has not yet regained pre-pandemic levels.

<p>Diagram IV.1 Link between productive specialization, trade integration, women's economic autonomy and sustainability of life</p>

In terms of the relation between time spent doing paid work in activities associated with international trade and time spent on unpaid domestic and care work in the home, there are tensions that hinder women's employment and trade performance. Some studies indicate that female workers and entrepreneurs in export-related sectors face additional challenges in reconciling the demands of care and of paid work, in terms of timing and the dynamics of international market demand. For example, in the case of seasonal workers in Chile's agro-export industry, the harvesting and packing season coincides with the school vacation months. Given the scant availability of care services, women workers with dependent children have to resolve the tension between paid and unpaid work and care, by resorting to kinship, neighbourhood or informal paid care networks (Willson and Caro, 2010). In an analysis of 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) find that, although there was an increase in women's participation in paid and wage-earning activities, there was no redistribution of unpaid work between men and women in households, despite increased female labour market participation.

On the other hand, studies undertaken by trade promotion agencies, in countries such as Chile and Uruguay, have found that the excessive burden of unpaid and care work borne by businesswomen and entrepreneurs impedes their participation in international trade. According to a survey of women participating in the *Mujer Exporta* programme in Chile, one out of every two exporting businesswomen considers that combining business tasks with unpaid activities hinders their firm's internationalization process (DIRECON/ProChile, 2019).

Following approval 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 an end in itself. Accordingly, this chapter focuses on analysing some of the characteristics of women's participation in international trade and proposes policy actions that will enable trade to serve as a bridge to the care society. Therefore, based on one of the lessons learned from the COVID-19 pandemic, the text sustains and reinforces the idea of moving towards a development style that prioritizes the sustainability of life, counteracts the precariousness of jobs in general (and of those related to the care sector in

particular), and makes visible the multiplier effects of the care economy in terms of well-being and as a dynamic sector for a transformative recovery with equality and sustainability (ECLAC, 2021a).

To this end, the countries need to reimagine their export specialization strategies and strengthen regional productive integration and complementarity, progressively shifting the production structure towards sectors that contribute to the sustainability of life, are more knowledge-intensive and generate quality jobs for women and men alike. This calls for affirmative actions that encourage women's full participation in these sectors, thereby fostering the transition to a care society.

B. FISCAL POLICY AS A TOOL FOR PROMOTING A RECOVERY WITH EQUALITY AND SUSTAINABILITY

This section addresses some of the challenges in mobilizing public funds and their contribution to gender equality.

It describes the main fiscal challenges facing Latin America and the Caribbean, a region characterized by low levels of tax collection, high rates of tax evasion and avoidance, and regressive tax structures (ECLAC, 2021f). It also notes the consequent lack of financing to meet the growing demand for care and the deepening of gender inequalities.

Prior to the COVID-19 pandemic, the average tax burden in the region was a meagre 13.1% of GDP, below the average of countries of the Organisation for Economic Co-operation and Development (OECD) (ECLAC, 2021f). This difference is explained mainly by a smaller share of revenue obtained from direct taxes. The corresponding relative preponderance of indirect taxation, such as value added tax (VAT), implies a regressive bias in tax systems. As women are overrepresented among the region's lowest income earners, this type of tax also reveals an implicit gender bias.

At the same time, tax expenditures —that is, benefits that reduce the tax burden— along with tax evasion and avoidance, erode revenue capacity. According to data obtained from 13 countries in the region, average tax expenditures between 2013 and 2017 represented 3.7% of GDP (ECLAC, 2019b). As the contribution of these expenditures to fiscal sustainability and redistribution depends on who benefits from them, ECLAC (2019a) noted the importance of having transparent information on all tax instruments and incentives and preferential tax treatments, to be able to assess this. In the region, revenue is forgone mainly through reduced VAT rates, applied to basic goods in particular; although expenses arising from income tax breaks are significant in some countries. While the first type may have a positive effect on gender equality, the opposite may be true of expenditure associated with income tax, depending on how the tax break is designed. This is because men are over-represented among the better-off, and a large proportion of women are employed in the informal sector. There are also examples of countries that promote women's labour participation through tax expenditures, or else take into account the structure of the household and care to analyse tax capacity, although the latter may also imply that certain household structures are privileged (ECLAC, 2019a). The cost of income tax and VAT evasion is estimated as equivalent to 6.1% of GDP, according to data available for 2018 (ECLAC, 2020c).

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 (ECLAC, 2017, measure 5.c); 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, measure 5.h). In this way, more resources could be made available for gender equality policies.

The onset of the COVID-19 crisis was reflected fiscally in two main elements: the widespread lack of automatic stabilizers and the application of expansionary fiscal policies (ECLAC, 2021f). It is essential to analyse the impact of these initiatives on gender inequalities.

The pandemic revealed the widespread absence of automatic stabilizers, since few countries have unemployment insurance. In the countries that did have such instruments, coverage tended to be limited, particularly for women, given their disproportionate presence in informal employment. This is deduced from the information available for seven countries in the region that have a system of unemployment insurance or individual saving accounts for working people.

In the midst of the pandemic, some countries relaxed requirements for accessing unemployment insurance, for example extending support to unemployed and self-employed women. Nonetheless, in countries with such systems, including Chile and Ecuador, most recipients are men (ECLAC, 2022b). This further underscores the importance of the agreement reached in the Santiago Commitment, a few months before the outbreak 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, 2020d, paragraph. 24).

In addition, public spending surged to record levels in the region, which mitigated the effect of the social and economic crisis (ECLAC, 2021f). Most of the increase in current primary expenditure consisted of subsidies and current transfers (ECLAC, 2022b). This section analyses some of the effects of the fiscal measures adopted on gender inequality, particularly in terms of access to income. According to the available information in countries where it is possible to analyse income sources, non-contributory transfers from the State (emergency COVID-19 transfers and others) represented a higher proportion of income for women than for men (ECLAC, 2022b).

Moving towards a care society therefore requires strengthening public revenues and expanding public expenditure with a strategic orientation (ECLAC, 2021f). In terms of spending, this means making progress in the financing of gender equality policies and ensuring women’s rights; in particular, with measures to move towards universal social protection systems, such as transfers, unemployment insurance and universal access to quality education, health and care services.

This section stresses that investment in care systems not only breaks the vicious circle of poverty and exclusion but can also be transformed into a virtuous circle that generates multiple economic and social returns (UN-Women, 2022). Firstly, it would help alleviate women’s excessive care burden, lower the opportunity cost of female participation in the labour market 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 (such as public works). All of this increased economic activity can pay back the initial investment through 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 child care, investment here would also produce long-term benefits by improving children’s physical and cognitive development, especially among those living in poverty (UN-Women, 2022). In this context, care policies, with an expansion of public services, could potentially become one of the drivers of a transformative recovery.

This section presents a number of analyses showing that investment in the care sector can have positive effects in multiple dimensions. Studies in Uruguay (De Henau and others, 2019) and in Mexico

(UN-Women, 2020) indicate that boosting universal and free child care systems (with different parameters in each case) would entail 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. In Uruguay, the new jobs would generate tax revenues that would reduce the net financing gap to 1.4% of GDP. In the case of Mexico, the additional revenue would represent 0.29% of GDP. Similarly, a study conducted for seven countries in Latin America, Canada and the United States estimated that gross investment in child care systems and permanent dependency care systems and the extension of parental leave would amount to a total of 4.1% of GDP,¹² which, at the same time, would generate an increase of 10.6 percentage points in the employment-to-population ratio for women (and 2.7 percentage points in the case of men) projected to 2035 (De Henau, 2022).¹³ In turn, the higher tax revenue generated would reduce the investment needed to universalize and extend these systems to 3.1% of (projected) GDP.

Box IV.1

Debt and care in Argentine households

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.

V. A CHANGE OF ERA: THE STATE FOR THE CARE SOCIETY

For more than a decade, ECLAC has insisted on the urgent need to make a structural change in the development model towards one that places equality and sustainability at the centre. The construction of a renewed social contract, based on inclusion and social protection policies and on participatory processes is a shared concern, which has been expressed in the 2030 Agenda for Sustainable Development, in the Regional Gender Agenda and in national and international priorities to respond to the impacts of the COVID-19 pandemic (ECLAC, 2022a).

This section considers the need to pursue a renewed social compact, with public policy at the centre, taking into account equality, well-being, sustainability of the planet and care (ECLAC, 2022a). The social compact is complemented by a fiscal covenant that promotes gender equality as a key element for a transformative recovery with equality and sustainability, at the global, regional and national levels. The fiscal covenant can contribute simultaneously and synergistically to the objectives of reviving the economy and closing gaps, based on the principles of sufficiency, progressivity and equality (ECLAC, 2021b). This strategic approach aims to go beyond alleviating the problems of the current economic situation. It will facilitate sustainable and job-intensive investments for men and women, and make progress in transforming production and in strengthening and universalizing social protection and care systems.

¹² Of this figure, 1.4 percentage points correspond to childcare systems.

¹³ These studies share the limitation of omitting to model the labour supply that could be generated from the release of unpaid care workers. For example, De Henau (2022) merely notes that, thanks to this potential labour supply, there should be no lack of women workers to fill the new jobs in the paid care sector.

A fiscal covenant would therefore need to generate progressive forms of tax collection, combat tax evasion and avoidance, and reconsider the distributive effects of tax expenditures. From a multi-scale perspective, regional cooperation needs to be strengthened to combat tax evasion, tax avoidance and illicit financial flows, in order to make additional resources available for gender-equality policies.

While on the expenditure side it is crucial to have sufficient resources for policies on equality and women's rights, it is also necessary to move towards the universalization of social protection and the expansion of instruments such as unemployment insurance and non-contributory transfers with a gender perspective. As has become clear during the pandemic, the latter policy initiatives are particularly relevant for women given their concentration in informal and unpaid work. Stimulating economies through public investment in care is key. Chapter IV quantifies some of these investments, including their positive effects on the economic reactivation of other interrelated sectors and the resulting higher tax revenues.

Transformations aimed at building a care society therefore require a coordinated mix of technological and industrial, fiscal, financial, environmental, social and regulatory policies with a gender perspective (ECLAC, 2020a). It is necessary to address trade, production and labour policies simultaneously, along with the provision of care services and other public investments that free up women's time, unpaid work and debts, and promote greater co-responsibility for care between men and women, and between the State, the market and households.

This chapter discusses the need to restore the central role of the State in organizing the entire governmental apparatus and the structures of public power in general. The aim should be to ensure rights, align domestic law with international standards, and regulate the responsibilities of other institutions and actors, such as families, the community, firms and the market. A State that stands as guarantor of the right to care thus plays a key role, since it has the possibility of regulating the social organization of care, quality standards and coverage. Among their tasks, State institutions can design, implement and oversee the supply of care services and ensure that access is not conditional on a person's purchasing power (Güezmes, Scuro and Bidegain, 2022, p. 332).

The final pages take up the main ideas of the preceding chapters and consider the urgent need to alter course. Lastly, the care society will be presented as a model that not only constitutes a horizon for the future, but also steers the formulation of public policies in the present, in order to transform the short, medium and long terms, prioritizing the sustainability of life.

Changing the course of the development model requires public policies to be designed in the economic and social protection domains, and to configure sustainable social and socio-environmental relations. All of this entails a profound paradigm shift; a social transformation that is, at once, economic, institutional and cultural, which permeates the construction of subjectivities and social ties of mutual care, and is grounded in democratic States.

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