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STUDIES AND PERSPECTIVES 210

ECLAC SUBREGIONAL HEADQUARTERS IN MEXICO

Who provides childcare?

Analysing the distribution of care work in Mexico

Magali N. Alloatti
Ana Luíza Matos de Oliveira

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This document was prepared by Magali N. Alloatti, consultant, and Ana Luíza Matos de Oliveira of the Economic Development Unit of ECLAC subregional headquarters in Mexico, under the supervision of Ramón Padilla Pérez, Chief of the same Unit.

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Abstract

Using the care diamond framework proposed by Shahra Razavi, we analyse paid and unpaid care (especially childcare) in Mexico on the basis of four provider categories: family or household, the State, the market and the non-profit sector. Our work combines two main types of data: descriptive statistics and published studies based on empirical research and in-depth policy analysis. We offer a comprehensive description of childcare distribution in Mexico, outlining the four provider categories and institutional and private arrangements that support social reproduction. We highlight the weak public provision of childcare, which worsens inequality among women and families of different socioeconomic strata and increases low-income women's dependence on unpaid childcare in order to work or reliance on the market to expand childcare through private services outside and inside the household. Our work shows the suitability and potential of the care diamond for analysis of societies with weak welfare systems.

Introduction

As Economic Commission for Latin America and the Caribbean (ECLAC, 2023) highlights, in Latin America and the Caribbean, the presence of women in the labour market does not mean that their participation in the domestic and care work in the private realm is reduced (Valenzuela et al., 2020); nor that men's share in this work has significantly increased throughout the years. This situation constitutes an obstacle to reducing gender inequalities, by hindering the economic inclusion of women, and maintaining or increasing gender gaps, stereotypes and the concentration of power (ECLAC, 2017). Moreover, the increase in demand for care work due to aging, the effects of climate change and the retrenchment of the welfare state (Matos de Oliveira and Alloatti, 2021) amplify a care crisis.

On the one hand, Mexico has been considered an example of good practices regarding time-use survey, which allows researchers to analyse and showcase the effort in terms of time that goes into unpaid activities such as care and its data in the formulation of public policies (Aguirre and Ferrari, 2013). On the other hand, having the data allows for the recognition that Mexico shows a significantly higher burden of unpaid care and domestic work for women (National Institute of Statistics and Geography [INEGI], 2019)[1].

According to United Nations Children's Fund (UNICEF Mexico, 2023), public investment in childhood and adolescence in the last ten years has corresponded to 3.3% of the gross domestic product (GDP), which is under the regional average of 5.0%. While public spending in the country has increased in the last decade, resources destined to childhood and adolescence have lost relative presence in the social budget from 27.0% in 2016 to 18.0% in 2023. Moreover, social protection targeting this demographic has lost fiscal space, going from 2.6% of the budget in 2012 to 0.7% in 2023 (UNICEF Mexico, 2023). The country has an unstructured and deficient public childcare system (López Estrada, 2020), hampered by regional inequalities and bureaucracy, and low attention to the peculiarities of low-income women and families.

---

[1] In 2023, the Organisation for Economic Co-operation and Development (OECD) average time spent by women in unpaid care and domestic work was 28 hours per week compared to almost 47 hours per week in Mexico (more than a full-time job), although methodologies used to compute it are not strictly comparable. Comparatively, men in Mexico are close to the OECD average, spending 15 and 14 hours per week respectively.

Within this context, our study identifies and analyses how care (especially childcare) work is distributed in Mexico. We follow the definition of the Mexican National Institute of Statistics and Geography (INEGI) of (unpaid) care work as "activities performed by members of a household, of 12 years or older, to provide support, care and attention to other household members"[2]. While care includes elderly and adults with disabilities, we focus on childcare.

We leverage the care diamond conceptual framework proposed by Razavi (2007) by examining how paid and unpaid childcare work befalls in each of its dimensions: state, market, family, and non-for-profit, as well as which institutions and individuals sustain it. Thus, we offer a brief theoretical review of the diamond care conceptual framework and detail each dimension as used in the analysis. Subsequently, we conduct an analysis of each dimension using data from the INEGI and several national surveys. Additionally, we use published empirical research on Mexico and the Latin American region. Our final remarks summarize the advantages of the care diamond as a powerful analytical tool to provide a comprehensive depiction of how paid and unpaid care work is distributed.

The novelty of our study is precisely using the care diamond conceptual framework to analyse childcare in Mexico, an approach that has not been undertaken in the past. By using this framework and gathering data and analysis from other authors/sources, we contribute to current studies on gender inequalities, welfare policies, and care work by providing a concrete example of a well-rounded depiction of childcare in its different forms. In a theoretical level, we forward the explanatory potential of the diamond conceptual framework for countries with a weakened or limited welfare system and significant presence of informal arrangements.

---

[2] In Spanish "son las actividades que realizan los miembros del hogar de 12 y más años para brindar apoyo, cuidado y atención a otros miembros del hogar. Incluye el cuidado de enfermos y personas con limitaciones físicas o mentales". INEGI Glossary available at https://www.inegi.org.mx/app/glosario/default.html?p=ENUT2009#letraGloC.

I. The diamond conceptual framework: challenges and potential to analyse care work distribution

A. The diamond conceptual framework in a nutshell

Advocating for the visibility of unpaid care as work is a long-standing effort within feminist economics (England and Folbre, 1999), as women undertake the lion's share of caring. The concealment of care in the domestic realm and its provision by family and kin has contributed to the struggles in monetizing and assessing its enormous socio-economic contribution. Even when commodified, care occupations are significantly low-paid and its value is scarcely recognized. Until today, care is characterized (and expected) to be done by women's nature, the goodness of heart, or as a form of fulfillment (Folbre, 2006, p. 183). While care is expected to be performed in these terms (as a natural disposition), those who provide unpaid care experience limited support, care penalty, and strong economic obstacles. And it is also a unique type of work: Orozco (2006) characterizes care as an activity that requires an affectionate-relational component. Himmelweit (1995) argues that the complexity of care relates to the importance of who the provider of care is and that the emotional component makes it particularly challenging to characterize what care is[3] and how to account for it.

In this endeavour, Folbre and Weisskopf (1998) criticize a neoclassical perspective on care restricted to a provision of services, without considering motives, attitudes, and shared expectations involved in performing it, which could explain "the extent to which people take relatively low-paid caring jobs, as well as the extent to which people devote unpaid labour to social and family needs" (p. 179). Folbre (2006, p. 185) argues for the need to go beyond definitions of work based on the site of production (domestic vs market sphere), which result in conventional statistics hiding the costs of unpaid care work (i.e., time, physical effort, emotional cost, stress, etc.) (Araujo Guimarães, 2021, p. 127).

---

[3] "In surveys carried out of time use in domestic work, it is often noted how much easier it is to record and categorize activities such as cleaning and washing, than the more personal sorts of activities such as emotional care and support. In these latter activities, a relationship is involved and who performs the activity becomes part of the activity itself" (Himmelweit, 1995, p. 9).

In this article, we contribute to better assess paid and unpaid care work connected to gender inequalities by using the diamond conceptual framework (Razavi, 2007) in the Mexican case. We use this conceptual framework as a template to identify how paid and unpaid childcare happens in each dimension: family/household, market, State, and not-for-profit. The diamond conceptual framework is the result of a series of efforts in analysing the distribution of welfare and care work by identifying different forms in which it is performed.

An early comprehensive attempt from 1994 is the book *Payments for care: A comparative overview* by Evers, Pijl and Ungerson, in which the authors seek to understand payments for care, considering policies and practices destined to fund and provide daily support to those who require care as well as financial compensations for those providing care (Wijkström, 1996). According to Wijkström, the authors' analysis —from a macro to a microlevel of individuals and across several cultural, political, and religious settings— solidified the role, responsibilities, and extent of the "family" and the "State"[4]. Yet, it provided limited input regarding the *market* and, especially, *unpaid collective forms* of care. Inaccurate terms, such as "paid volunteers", were used by the authors; yet they indicate some form of anomaly. Wijkström insists that "the problem is greater than inventing a new term. It concerns the basic structure and modus vivendi of society at large" (1996, p. 87).

Clearly conveyed in several cases studied in the book, voluntary and informal arrangements for care fulfil significant social functions. Examples of collective actions, such as shared housing and grass-roots movements, compensate for the declining of services previously offered by highly institutionalized public systems. Specifically, as an answer to "the crisis of the welfare state and the need of 'a new social pact'" (Wijkström, 1996, p. 90). Thus, while the triangle welfare model explained welfare structure and distribution, a new model beyond state-family-market became evidently needed to incorporate, define, and measure unpaid not-for-profit sources of care (Jenson and Saint-Martin, 2003). However, institutional shortcomings resulting from the void left by the retrenchment of welfare regimes might not be such a new phenomenon if we change the focus from the global North to the global South, and especially to Latin American and Caribbean countries. Among the latter, most never reached the level of institutionalization of care many authors refer to as the classical Welfare State.

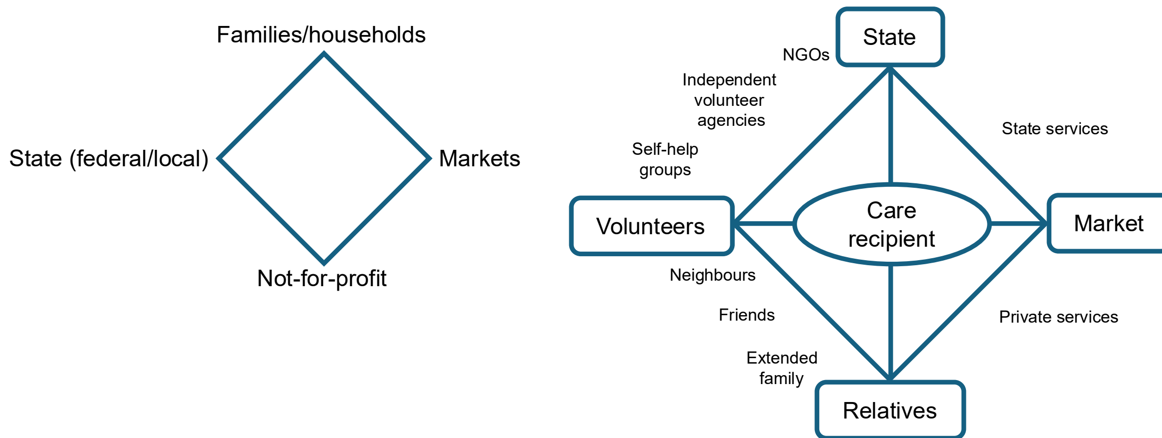
Folbre (2006) calls for "reimagining care" in a perspective that recognizes other actors, institutions, dynamics and arrangements involved in the provision of care. Nakano Glenn (2021) underlines the myriads of ways in which care happens, including spaces, time regimes, and not-monetized forms. By understanding care may happen in fragmented, simultaneous, and diverse ways we open the door to consider the weight of an array of actors and institutions involved in care provision, including communities and collective actions.

In this context, Razavi (2007) proposed her diamond conceptual framework as comprising of four dimensions: family/household, markets, State and not-for-profit (see diagram 1). Her argument is that by identifying how care happens in each of these dimensions, we can have a solid understanding of how the social fabric and gender inequality are reproduced (Razavi, 2007, p.4). Salvador (2007) uses Razavi's conceptual framework in her comparative study of the care economy in various Latin American countries. She follows Jenson and Saint-Martin by putting the role of the state as a care provider in the centre, seeing how other dimensions articulate around it: *how* the State performs welfare outlines a regime in each society and defines the weight of care work in the other three dimensions. Therefore, she enriches Razavi´s conceptual framework with detailed actors involved in each dimension based on her work in Latin America (see diagram 1).

---

[4] Valuable points of contribution of this book are (i) the debate of the primary responsibility of care provision: the State, the family; (ii) if care should be exclusively provided by professionals or non-professionals; (iii) should caretakers be provided by the State or employed privately.

Diagram 1
FavInitial formulation of the care diamond (Razavi, 2007) and advanced formulation by Salvador (2007)



Source: Adapted from Razavi, S. (2007). *The political and social economy of care in a development context: Conceptual issues, research questions and policy options* (p. 21). https://www.researchgate.net/publication/237432821; and Salvador, S. (2007). *A comparative study of care economy: Argentina, Brazil, Chile, Colombia, Mexico and Uruguay. Trade, gender and equity in Latin America: generating knowledge for political action* (p. 9).

Salvador (2007) states that the bulk of research on paid and unpaid care work refers to familistic and non-familistic models. The former involves care work performed predominantly by women in the family/kin. Thus, care is posited and reproduced as a feminized unpaid responsibility. Non-familistic regimes revolve on this responsibility being transferred to public institutions and/or the market. The degree up to which state and market provide care are complemented by families and informal networks. Salvador indicates that familistic regimes predominate in Latin America, reproducing and strengthening traditional roles and hampering women's labour market participation and autonomy.

B. The challenges of the not-for-profit dimension

While the need to account for not-for-profit care provision emerges as necessary, it presents several challenges. Among them are definitions, data and information around capacity of providing care, structure, dynamics, and characterization of actors and agents involved (Fraga, 2022). Razavi (2007, p. 21) considers the not-for-profit as a "heterogeneous cluster of care providers that is variously referred to as the 'community', 'voluntary'". Nakano Glenn (2021) identifies the not-for-profit dimensions as constituted by community and unpaid volunteer work, comprising religious and charitable organizations, networks of parents, and neighbourhood level-based arrangements. Similarly, Reupert et al. (2022) propose and utilize the concept of "village" to identify a gradual extending collaboration born out of social connectedness —bonds created with people based on feelings of belonging and care for others— between families and community that shares the responsibility, time, and cost of raising a child (Reupert et al., 2022, p.3). This way, they convey the contrast between socioeconomic vulnerable contexts in which raising children is understood as a shared responsibility and a western perception of parenting as a private task.

According to Razavi (2007, p. 14), in the not-for-profit dimension, many of the labour costs are absorbed by workers who "for a variety of reasons, perform the work for less pay (than in the market sector) or even for no pay at all". This circles back to Folbre and Weisskopf (1998) regarding the motives for which people engage in providing care for low or no compensation at all. Fraga (2022) argues that, in the context of care, a common feature of community initiative is the importance of the territory as a material and symbolic space. A second feature is collective articulation, characterizing a form of labour that goes beyond individualistic logic.

Specifically on childcare within Latin America and the Caribbean, most experiences of community care are "initiatives lead and sustained for women and networks of women, which allow for a certain decentralization of childcare tasks in households and provide relieve of the overwhelming responsibility that befalls on mothers"[5] (Fraga, 2022, p. 14). Fraga highlights among the findings of her work the importance of: (i) logics that surpass household relationships and dynamics; (ii) the exchange and support (not monetary compensation) as the main logic that organizes community initiatives; (iii) living conditions of poverty, exclusion, and vulnerability, the context that prompt community care and in which it is sustained.

The notion of care as an unmet need predominates among the motives that lead women to engage in these initiatives. Actions taken within these initiatives are strongly framed by gender norms, with a predominance of women providing childcare, healthcare, meals, and education. Being part of these initiatives assuage women's care of their own children as they are included in the activities (such as a community childcare centre), provides food, some goods, and possibly a monetary compensation. Equally important, these spaces provide women safety from gender violence, some by supporting victims, others indirectly as women spend time away from the household (Fraga, 2022; Fournier, 2022).

Differently from Razavi (2007) and Nakano Glenn (2021), who underline the role of charitable organizations (especially in the Global North), Fournier's study in Argentina (2022) shows that the main agents involved in not-for-profit initiatives are low-income women and communities. Fournier agrees with Fraga in the multiplicity of actions, strategies, and practices of communities anchored in a territory and underlines their double achievement: addressing urgent and basic around childcare, nutrition, health, family support; as well as expanding access to rights to education, culture, health care, and fight against gender violence. Altogether, these actions contribute to the defamiliarization of care as it is performed by groups of women and are organized by commitment, solidarity and shared responsibility.

[5] In the original version of the text "típicamente se trata de iniciativas lideradas y sostenidas por mujeres y redes de mujeres, que permiten cierta descentralización de las tareas de crianza de los hogares y aliviar la responsabilidad que suele recaer de manera desproporcionada en las madres".

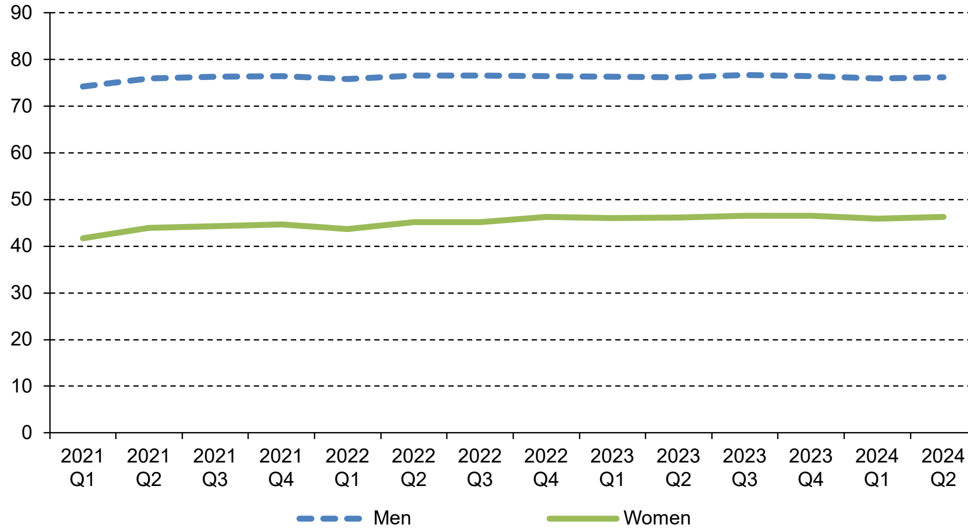
II. The Mexican case: analysis of childcare distribution

A. The family/household dimension: the impacts of the domestic provision of care

Examining the family/household dimension demands considering: (i) that in some societies, such as the Mexican, the concept of family is more extended than in societies in the Global North; (ii) the concealment of gender disparities. Women's care responsibilities add to their total working time, and to barriers to steady income and/or jobs (ECLAC, 2017, 2022 and 2023; Garnica-Monroy and Hernández-Reyes, 2022, p. 558). In many cases, women's paid occupation acts as "buffer zones" for the economy, being "activated" and "de-activated" more easily than men´s due to changes in the economic scenario (Alloatti and Matos de Oliveira, 2023; Duque-Garcia, 2021, p. 21). Therefore, we analyse gender inequalities in Mexico to depict gender inequalities regarding paid and unpaid work, women's insertion in the labour market, and characterizing the value unpaid work generates.

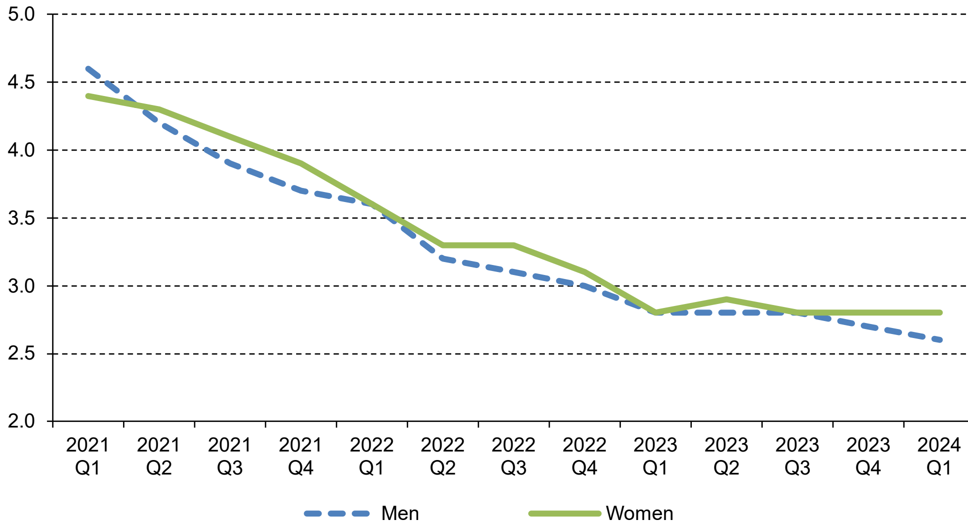
First, as of the second quarter of 2024, the difference between the labour force participation of men and women in Mexico stands at 29.9 percentage points. (see figure 1). We complement this information with figure 2, highlighting gendered differences in unemployment. Women's informality rate, in figure 3, is consistently higher than men´s, which also has implications for economic autonomy: wages are consistently lower in the informal sector and workers are more vulnerable to income losses. Informal working arrangements are a strong indicator of women accommodating a double burden, seeking to work less or more flexibly to carry out unpaid domestic and care work.

Figure 1
Mexico: labour force participation per sex, 2021-2024, quarters
(Percentages of population of 15 years old or more)



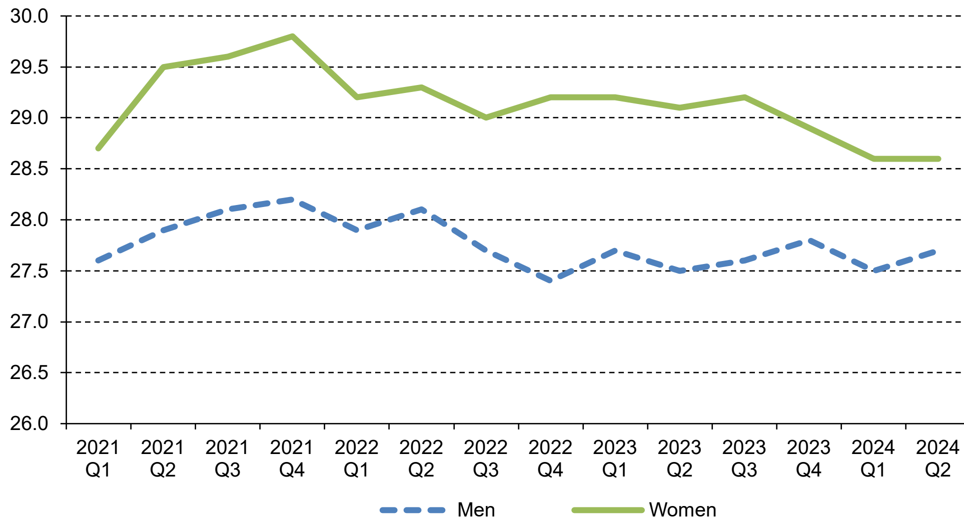
Source: Prepared by the authors, on the basis of the National Institute of Statistics and Geography. *National Survey of Occupation and Employment (ENOE).*

Figure 2
Mexico: unemployment rate per sex, 2021-2024, quarters, seasonally adjusted series
(Percentages)



Source: Prepared by the authors, on the basis of the National Institute of Statistics and Geography. *National Survey of Occupation and Employment (ENOE).*

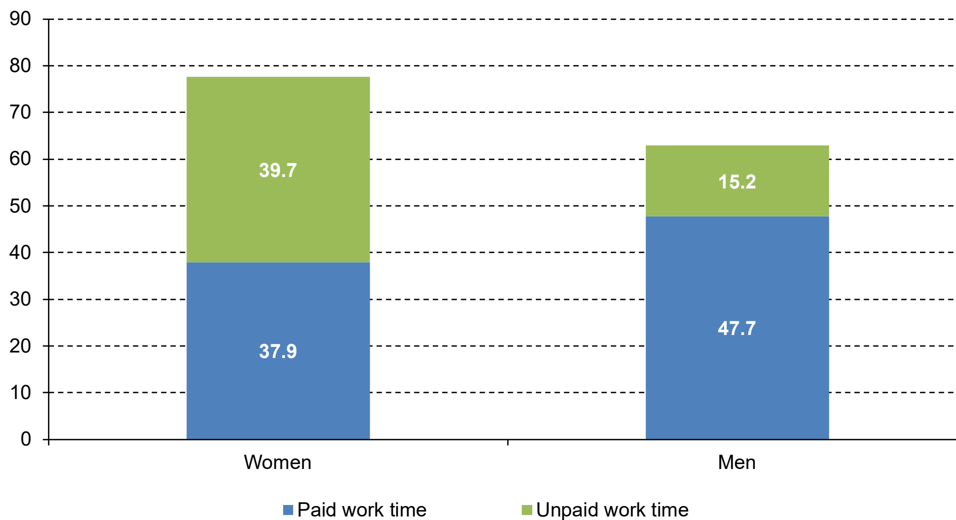
Figure 3
Mexico: informality rate per sex, 2021-2024, quarters, seasonally adjusted series
(Percentages)



Source: Prepared by the authors, on the basis of the National Institute of Statistics and Geography. *National Survey of Occupation and Employment (ENOE).*

Although women have a lower participation rate in the Mexican labour market, on average, they work more hours than men if paid and unpaid time are added up (see figure 4). Therefore, although women dedicate less hours than men to paid work, which has strong implications on their economic autonomy, the idea of women as "inactive" does not hold. By 2019, women spent a higher weekly average of hours in unpaid domestic and care work than in paid work. Among men the opposite happens.

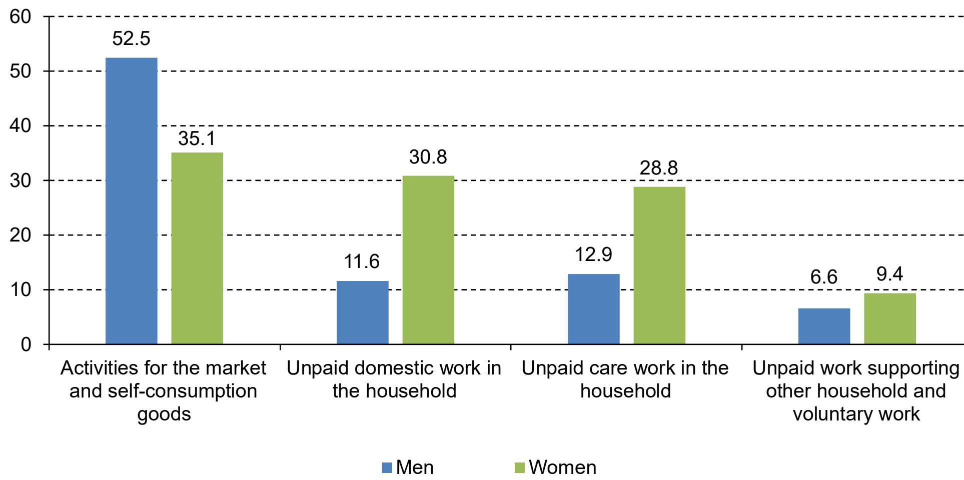
Figure 4
Mexico: total work time according to type of labour, 2019
(Hours, per week)



Source: Prepared by the authors, on the basis of the National Institute of Statistics and Geography. *National Survey on Time Use (ENUT).*
Note: Work carried out for the production of goods or services intended for the household's own consumption (own final use), for the formation of household capital or for third parties, without receiving payment. It includes unpaid domestic work for one's own household, unpaid care work for household members, unpaid work to support other households, and community and volunteer work. Unpaid worktime does not consider passive care.

The disaggregation of types of unpaid work between women and men shows that women spent around 30 hours per week in unpaid domestic work and almost the same amount (28.8 hours) in unpaid care work for family members. Additionally, they spent around 10 hours in unpaid work supporting other households or doing voluntary work (see figure 5).

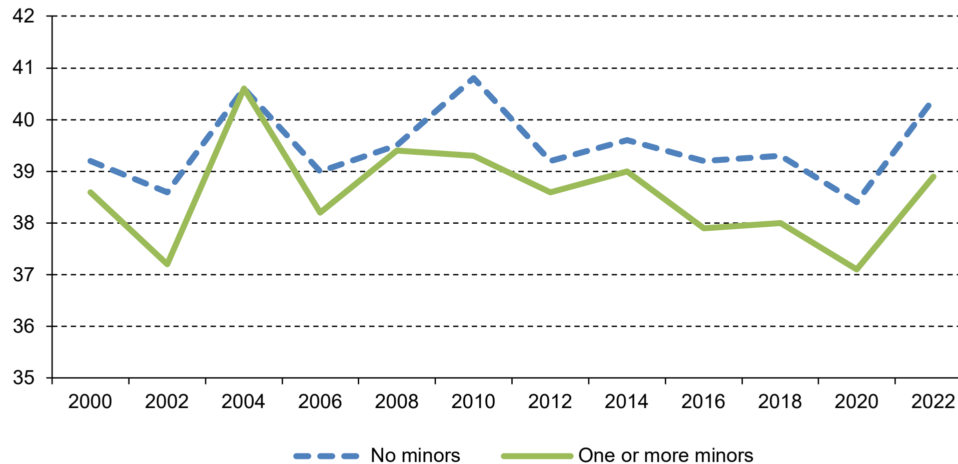
Figure 5
Mexico: weekly average hours spent on activities, per type of activity, 2019
(Hours)



Source: Prepared by the authors, on the basis of the National Institute of Statistics and Geography. *National Survey on Time Use (ENUT).*

Going one step further, figure 6 allows us to showcase that the presence of small children in the household impacts women's availability and insertion in the labour market. In 2000 to 2022, women with small children report to do paid work on average around 54 minutes less per week than those without, again impacting their economic autonomy.

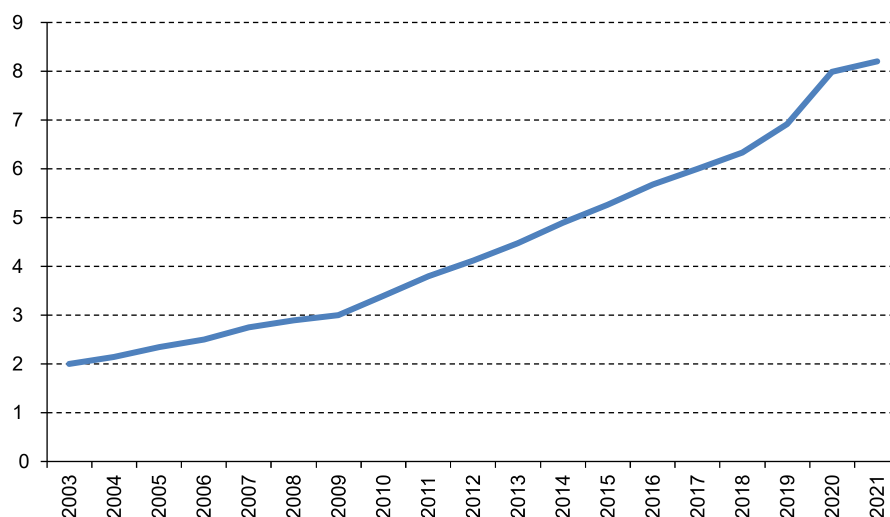
Figure 6
Mexico: working hours of employed women aged 15 years and over, according to presence of children aged 0 to 5 years in the household, 2000-2022
(Average weekly hours)



Source: Prepared by the authors, on the basis of Economic Commission for Latina America and the Caribbean. *CEPALSTAT* [Database]. https://statistics.cepal.org/portal/cepalstat/index.html?lang=en

According to INEGI (2021), as shown in figure 7, the value of unpaid care and domestic work in Mexico has increased steadily, and more pronouncedly in 2020, as an effect of the COVID-19 pandemic and the need for unpaid care in the household.

Figure 7
Mexico: gross economic value of unpaid work, annual, 2003-2021
(Millions of pesos at 2018 prices)



Source: Prepared by the authors, on the basis of the National Institute of Statistics and Geography. *National Account System (Satellite Account).*
Note: Hybrid method. Base year 2018. Preliminary values for 2021 and 2022.

Having depicted gender disparities in the labour market and the effects of unpaid care and domestic work, we delve into the characteristics of care performed within the household and those who provide it. According to the last census, the population of Mexico is 126,014,024 for 2020. For the same year, 35,219,141 households were registered, defined as "units formed by one person or more, with or without kin ties, that reside in the same private house". According to the 2022 National Survey for the Care System [6] (Encuesta Nacional para el Sistema de Cuidados (ENASIC)), 58.3 million people in Mexico are in conditions that require care[7] (see table 1). Of this demographic, 64.5% (37.6 million people) received care, leaving 35.5% (20.7 million) lacking support. Of the total number of people receiving care in 2022, 64.5% received it from someone from their own household or from a close one (INEGI, 2022a).

For 2022, according to ENASIC (2022), 31.7 million people of 15 years or older provided care[8] for someone and, of this total, 28.3 million provided care for a member of their own household. Within this group, 75.1% are women and 24.9% men. Among those who provide care, 79.3% (22.5 million) reported

[6] ENASIC includes statistical data on people who require and receive care, as well as the main characteristics of those providing care and perception around care in the country. It is the first special survey on care carried out in the country.

[7] INEGI's classification includes people with disabilities; babies, toddlers, and young children (0 to 5 years old); children and adolescents (5 to 17 years old); elderly (60 years or older).

[8] Regarding childcare specifically, it includes diverse activities. The National survey on education access and retention (National Survey on Access and Permanence in Education (ENAPE)) gathers information regarding family members providing support for school activities. The latest result of this survey shows for 2022 that mothers are the most common parent providing assistance to preschoolers and those in primary school.

being the main caregiver[9]. Of the group of main caregivers, 86.9% were women and 13.1% were men. Women providing care, being main caregivers or not, reported this activity made them "feel tired" (39.1%); has "diminished their sleep time" (31.7%); "feel irritability" (22.7%); "feel depressed" (16.3%); and "saw their physical health affected" (12.7%) (INEGI, 2022a).

Table 1
Mexico: population that requires care, by groups and percentage receiving/not receiving care, 2022
(Percentages of millions of people)

	Absolute amount in millions	Receives care	Does not receive care	Main caregiver: woman	Main caregiver: man
With disabilities or dependency	5.6	61.5	38.5	80.3	19.7
0-5-year-old	10.3	99.0	1.0	96.0	4.0
6-17-year-old	25.4	79.4	20.6	90.3	9.7
Over 60-year-old	17.0	22.4	77.6	67.3	32.7
Total	58.3	64.5	35.5	86.9	13.1

Source: Prepared by the authors, on the basis and adapted of National Institute of Statistics and Geography. (2022). *National Survey for the Care System (ENASIC).*

We believe it is important to also consider women's agency and reasons behind specific childcare arrangements. López Estrada (2020, p. 11) argues that in Mexico there is a strong indication of mothers' preferences for caring for their children personally, or opting for a family member to do it, even when payment is involved. The author underlines the paucity of information regarding how this choice is made, including income, types of work, time-use, rural/urban areas, and the diversity of women and families in the country. In a qualitative study conducted in Mexico City, Muller and Jaen (2020) identify two main aspects that inform decisions for —or against— outsourcing childcare being: (i) the woman's aspirations, the role of work in their lives, and the support received and (ii) the availability of care, factoring convenience, quality, children's wellbeing, development, risks, and safety.

A key finding of Muller and Jaen is the different factors involved in decision making according to women's educational attainment and social position. For women in vulnerable situations and with low educational attainment, it is hardly a choice, as not many options (or any at all) are perceived as effectively existing, including public childcare. The only source of childcare reported as available by low-income interviewees was family and network, mostly female family members, despite not accommodating fixed time schedules. Also, for this demographic, reducing hours and attention to their children by involving other people is considered a breach of their female identity (Muller and Jaen, 2020, p. 19). On the other hand, among women in a middle-class position and with a higher educational attainment, motherhood is expected to involve increased working hours, as they factor working inside and outside the house. They also mentioned expected barriers and/or discrimination in the workplace due to time disadvantages resulting from being mothers (Muller and Jean, 2020, p. 20). Yet, these women include other sources of childcare to their decision making, such as outsourcing it to a paid caregiver and their partner's involvement in child caring.

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[9] The person that performs the most relevant care activities for a given person. "Persona cuidadora principal: La persona que proporciona los cuidados más relevantes a la persona que los requiere dentro de su hogar." (INEGI, 2022a, p.12). It is not clear whether the main caregiver is a person performing care activities for people in his/her own household (in this case "su" in Spanish would refer to the caregiver´s household) or whether "su" in Spanish refers to the household of the care recipient. Nor is it clear if this type of activity could also be of paid nature, therefore we chose not to further explore this category.

We further explore perceptions around childcare provision in following sessions. Especially, studies that convey distrust and limitations around public supply of childcare signalizing a gap between existing services and the needs of women and families in vulnerable situations or low-income groups. So far, we stress that disadvantages in paid work, labour market participation, and actual support are key to understanding the overburden upon women in Mexico, especially those in low-income and vulnerable contexts.

B. The public dimension: characteristics and uses of childcare supply

In her historic review of the public childcare supply, Juárez Hernández (2010) mentions an unexpected increased demand for public childcare in the 1980s, due to an augmentation of the presence of women into the labour market. At that time, the Secretariat of Public Education (SEP) had difficulties coping with the expenses of increasing the services for childcare which led to an alternative of childcare, independent of schools. To this end, several young educators were trained in child development in partnership with community leaders, in an effort of modernization and reorientation of basic education for children from 0 to 4 years old, and preschoolers. This endeavour created the Centres for Child Assistance[10] (Centros de Atención Infantil [CAI]) that provide childcare and education for children from 45 days old up to 5 years old who had working mothers.

In the country, it has been mandatory since 2002 for children of ages between 3 to 5 to attend preschool. According to Salvador (2007), while Mexico defines by legislation[11] the State's responsibility in providing childcare, the latter are insufficient in coverage and institutional capacity, and policy design. According to Juárez Hernández (2010), the public supply for childcare in Mexico is highly unstructured, with an array of unarticulated institutions, unable to address the demand of low-income families and women.

In Mexico, all institutions that provide childcare are classified as CAI, including public, private, or with mixed funding. They are regulated by a federal law[12] and they can offer different modalities, such as full day care, support for education, and diverse activities. They can accept babies from 43 days old to children of six years old, or after school offering special attention when needed. Two types of public childcare provision exist in Mexico: (i) The nation-wide public system with CAI, seeking to support especially populations in rural areas, vulnerable and marginalized groups; (ii) childcare centers or the possibility to pay for private childcare (in establishments or at home) funded by the Institute for Security and Social Services for State Workers (ISSSTE) and the Mexican Social Security Institute (IMSS). Social security institutions, IMSS and ISSSTE, provide nurseries for working mothers, which leaves unattended a large population who have informal working arrangements. We explore IMSS' provision in the subsection 'Market'.[13]

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[10] In Mexico, the General Law for Service Provision for Family and Childhood Care and Development (LGPSACDII) rules private and public sectors providing social services in the area of childhood. The law defines Center for Child Assistance (Centros de Atención Infantil) as "all spaces, regardless of being private, public or mix-funded, in which services are provided for the care and development of children within a frame of children's rights starting from forty-three days of being born". In Spanish: la Ley General de Prestación de Servicios para la Atención, Cuidado y Desarrollo Integral Infantil (LGPSACDII) es la encargada de normar a los sectores tanto privados como sociales en materia de prestación de servicios de atención infantil. Esta Ley define a los Centros de Atención Infantil (CAI), como "espacios, cualquiera que sea su denominación de modalidad pública, privada o mixta, donde se prestan servicios para la atención, cuidado y desarrollo integral infantil en un marco de ejercicio pleno de los derechos de niñas y niños desde los cuarenta y tres días de nacido" (CONEVAL and UNICEF, 2022, pp. 26-7).

[11] In Mexico, the Federal Act on Work determines the contributions of employers to their workers social insurance to cover nurseries (Salvador, 2007, p 13).

[12] Information available at https://www.gob.mx/consejonacionalcai/articulos/sabes-que-es-un-cai, retrieved November 20, 2023.

[13] We include the IMSS provision in the market section as it is provided via public and private establishments (which are enrolled and authorized by the program). The IMSS is available to those who hold a formal job and it involves a payment by the employer. Parents or legal guardians can enrol their child in any centre with vacancies. Yet, due limitations of vacancies, geographical distribution, among other factors, private establishments are usually preferred.

The National System for Integral Family Development (DIF) supervises CAI in the country. For those without social security, the DIF provides vacancies in public CAI to care for children between 45 days and 6 years of age. For the years 2019-2020, the DIF reported that 25.8% of formally registered CAI in the country were public (2,549); 45,0% (6,301) were private; and 7.5% (1,048) were mixed-funded. The study also showed a predominance of private CAI in richer states.

According to ENASIC (for 2022), 91.5% of children between 0 and 2 years old does not attend early education. The main reason, reported by 85.5% of families, is children are "too young" or "it is not necessary" for them to attend early education CAI. A small group, 9.1%, reported that CAI were not available or too far away or distant.

The provision of childcare to those with social security under the IMSS happens as 'direct provision', which includes CAI that belong to the IMSS, and 'indirect provision', which refers to private CAI with a contract with the IMSS to provide vacancies for children or a payback arrangement for childcare fees[14]. For 2024, the indirect provision of childcare represents almost ten times the direct provision (see table 2). This means that resource allocation happens mostly through arrangements with third parties and there is no data disaggregating the type of provision under the indirect classification.

Table 2
Mexico: main characteristics of direct and indirect provision of the IMSS for May 2024 at national level

Type of provision	Number of CAI	Beneficiaries	Children enrolled	Pending enrolment (waiting list)
Direct	129	15 142	16 130	4 590
Indirect	1 143	163 577	175 417	34 833

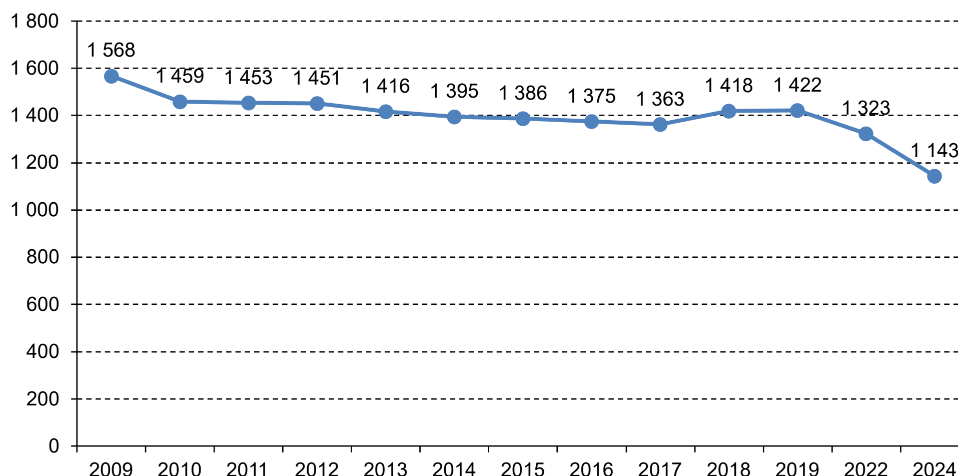
Source: Prepared by the authors, on the basis of Mexican Social Security Institute. (2024). *Boletín de guarderías, mayo 2024*. Dirección de prestaciones económicas y sociales. Subdivisión de apoyo técnico. Coordinación del servicio de guardería para el desarrollo integral infantil. https://www.imss.gob.mx/conoce-al-imss/informes-estadisticas

In its yearly evaluation, the National Council for the Evaluation of Social Development Policy (CONEVAL, 2023a) observes that between 2015 and 2022 there was a significant increase (of 14.19%) of the IMSS target population due to an expansion in social security law (art. 201) that now ensures childcare for mothers and (recently included) fathers. An important aspect is that enrolment is not granted based on gender, ethnicity, or socioeconomic condition; thus, historically disadvantaged groups have not been prioritized. Moreover, in 2022 we can see that more men have benefited from the program (91,025) compared to women (83,495), possibly due to gender disparities in accessing formal employment.

In figure 8 IMSS' indirect provision of CAI is analysed in detail. The number of CAI has decreased compared to the beginning of the series (2009 with 1,568 CAI). A significant factor for the reduction of the number of CAI is the indirect provision, due to the suspension or not renewal of contracts. In figure 9 the gap between available vacancies and the number of children enrolled in CAI is shown. We highlight two aspects, first the clear proximity between both lines in 2023 and 2024. Second, the number of vacancies available has been in decline since 2021. IMSS (2022) declared to expect to achieve 245,000 vacancies by 2023. Yet, the number for that year was 236,875 (IMSS, 2024, p. 156).

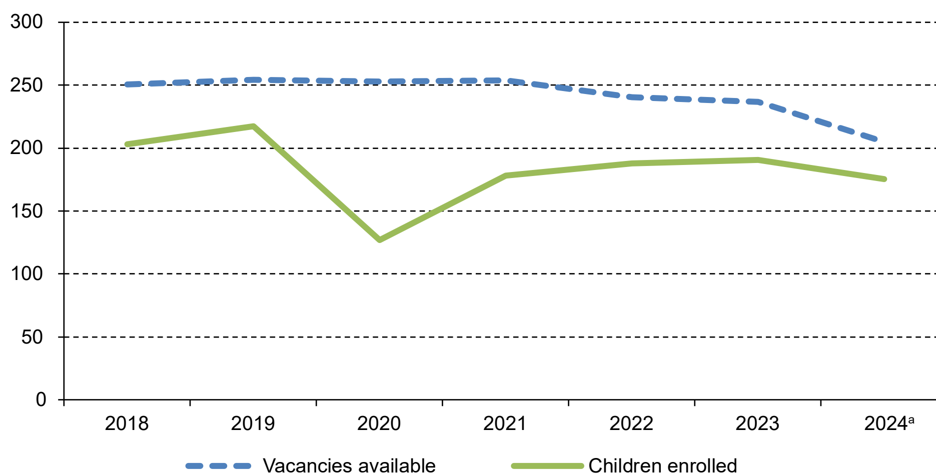
[14] According to the portal "Transparency CAI" of the Government of Mexico direct coverage includes CAI with material and human resources under direct administration of the IMSS (Madres IMSS (M) and Ordinario (G). Indirect provision happens through a contract with a third party which can be Vecinal Comunitario Único (U), Guardería Integradora (Y), Guardería en el Campo (C) Reversión de Cuotas (R), see the website https://www.imss.gob.mx/servicios/guarderias/transparencia

Figure 8
Mexico: number of CAI under the IMSS (indirect provision), 2009-2024



Source: Prepared by the authors, on the basis of the Mexican Social Security Institute. (2022). *Informe al Ejecutivo Federal y al Congreso del Unión sobre la situación financiera y los riesgos del instituto mexicano del seguro social*; and (2024). *Informe al Ejecutivo Federal y al Congreso de la Unión sobre la situación financiera y los riesgos del Instituto Mexicano del Seguro Social 2023-2024*. https://www.imss.gob.mx/conoce-al-imss/informe-2023-2024

Figure 9
Mexico: vacancies available and children enrolled in CAI under the IMSS, 2018-2024
(Thousands)



Source: Prepared by the authors, on the basis of the Mexican Social Security Institute. (2024). *Informe al Ejecutivo Federal y al Congreso de la Unión sobre la situación financiera y los riesgos del Instituto Mexicano del Seguro Social 2023-2024*. https://www.imss.gob.mx/conoce-al-imss/informe-2023-2024
[a] Data for 2024 only considers until May of that year.

As shown in figure 10, based on the IMSS data, it is possible to identify that the percentage of occupation of CAI was relatively stable between 2009 and 2014, decreasing towards 2018. The unmet demand, while low in 2012 to 2015, increases steadily until 2018, the last year[15] included in the data provided by the IMSS report (IMSS, 2018).

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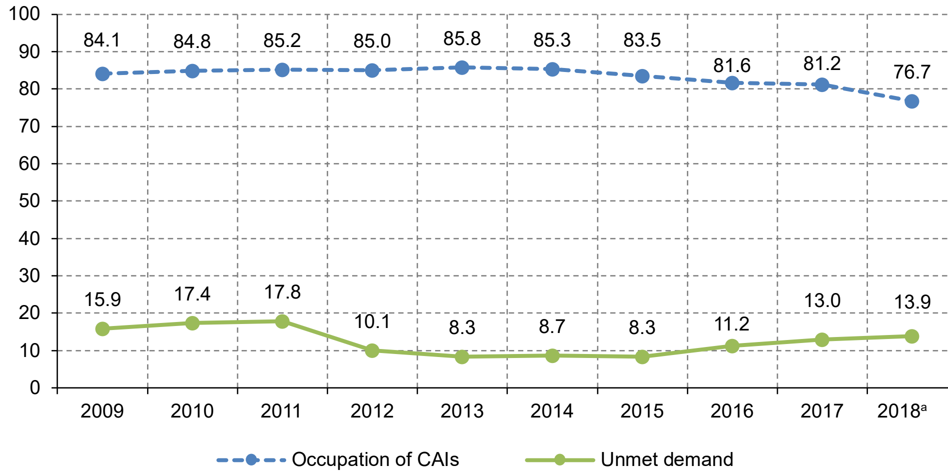
[15] The percentage of the unmet demand can be consulted in the annual bulletins published by the IMSS (for 2018, 2019, 2020, 2021, 2023 and 2024), the latest being IMSS (2024). For 2019, the unmet demand was 11 %, and for 2022 14%. Moreover, in 2024 it reaches the highest point since 2011.

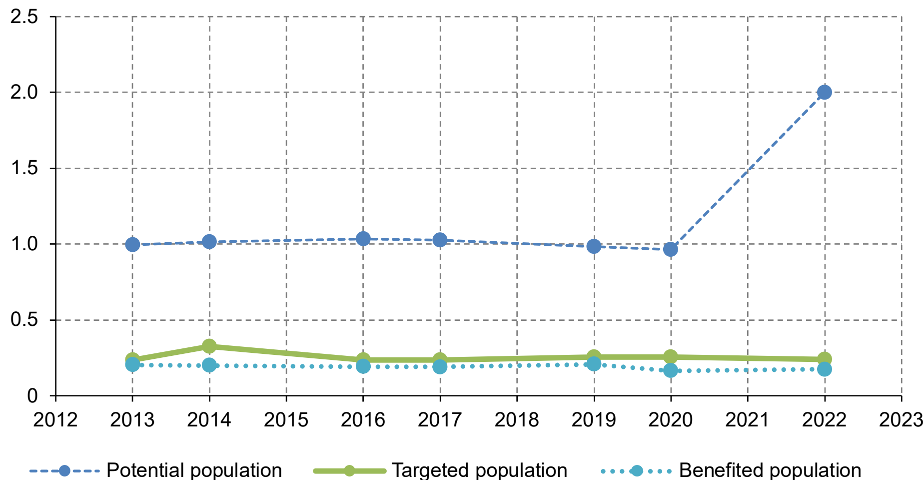
Figure 10
Mexico: occupation of CAI and unmet demand, 2009-2018
(Percentages)



Source: Prepared by the authors, on the basis of the Mexican Social Security Institute. (2018). *Memoria documental "Guarderías del IMSS, mejor que nunca"*. Publicaciones IMSS.
[a] Data for 2018 only includes up to September of that year.

In figure 11 the potential population of CAI users maintains a significant difference with benefited and targeted populations, as it considers all cases of maternity within the last four years. Yet, in October of 2020, changes in the law for Social Security (LSS art 201 and 205) foresaw the provision of childcare in CAI to all individuals, being male or female legal guardians. Therefore, from 2020 to 2022 there was an increase in the potential demand of 1,977,781 children. This surge in the demand is expected to be further increased by women (and specifically mothers) entering or returning to the labour market (IMSS, 2022).

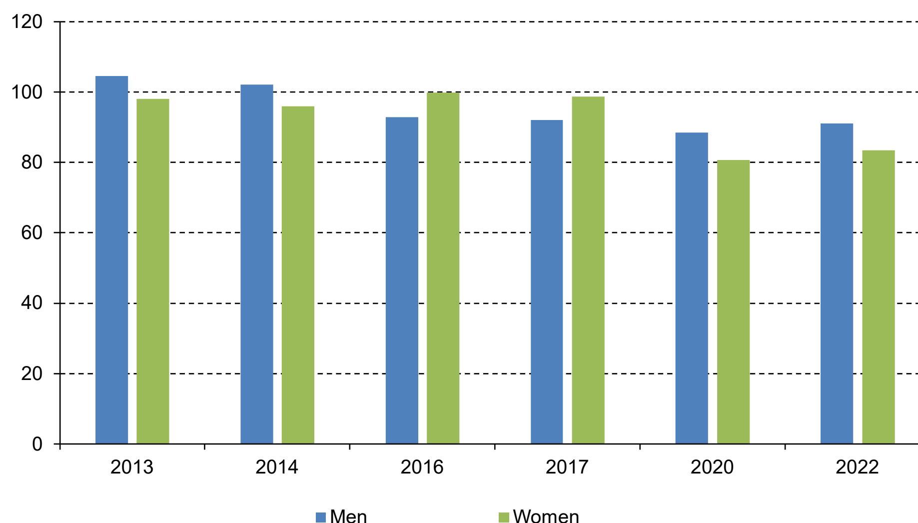
Figure 11
Mexico: potential, targeted and benefited population by CAI under the IMSS, 2012-2022
(Millions of population)



Source: Prepared by the authors, on the basis of National Council for the Evaluation of Social Development Policy & Mexican Social Security Institute. (2013, 2014, 2015, 2017, 2018, 2020, 2021, 2023a). *Ficha de monitoreo. Servicios de guardería.* Publicaciones CONEVAL.
Note: Potential population: which is the number of maternity leave certificates produced in the last four years to the year being measured considering that the CAI provide care for babies from 43 days up to 5 years old. Targeted population: refers to those who could use the system. Because data on how much people participate in the social system in terms of accuracy or updates, this number is frequently defined by the installed capacity meaning the number of existing vacancies plus those planned the year before. Benefited population: children enrolled in CAI.

On figure 12, 2020 shows the lowest number of women being benefited by this provision since 2013, surpassed by men. While this distribution can be understood within the context of social isolation due to the COVID-19 pandemic, 2022 shows little difference. In both years, the difference between men and women is of 8 thousand individuals, in detriment of the latter.

Figure 12
Mexico: men and women as legal guardians benefited by CAI under IMSS, between 2013-2022
(Thousands)



Source: Prepared by the authors, on the basis of the National Council for the Evaluation of Social Development Policy. (2023a). *Fichas de monitoreo y evaluación 2022-2023 de los Programas y las Acciones Federales de Desarrollo Social*. https://www.coneval.org.mx/InformesPublicaciones/Paginas/Mosaicos/FMyE_2022-2023.aspx#:~:text=Las%20Fichas%20de%20Monitoreo%20y,para%20el%20ejercicio%20fiscal%202022

While the decrease in the number of CAI, vacancies and beneficiaries and the increase in the unmet demand conveys a clear reduction of the public provision of childcare, we stress an extra layer of complexity: a strategy utilized in the past was to increase the number of vacancies among the existing CAI[16], which can lead to overcrowding and does not by itself address regional absences and disparities —regional differences, in vulnerable spaces, vacancies for babies and children of certain age—, a key vector of inequality in Mexico. This call for attention was conveyed by the IMSS itself (IMSS, 2022). Geographical distances are key to analyse the provision, availability, and use of public childcare centres in the Mexican case. According to CONEVAL and UNICEF (2022), more than 90% of legal guardians of indigenous, low-income, and rural children enrolled in public centres and schools take their children to CAI by foot. In contrast, only 19.8% of legal guardians do the same with children enrolled in private centres, which usually are in urban areas and in shorter distances from their homes.

1. Perception and choices

As mentioned in the previous section, choices informed by positive and negative perceptions play a key role in uses of the public service. For 2022, 57.3% (46 million) of the adult population (15 to 60 years old) agreed with children spending time at childcare centres, including public CAI, due to positive perceptions (see table 3). Valued characteristics of the public CAI were qualified personnel (77.3%), safe and adequate conditions and infrastructure (52.0%), and children receiving proper/good attention

[16] According to IMSS (2018), one of the main strategies to augment the overall installed capacity was to increase the number of vacancies within existing CAI.

(49.5%). Yet, a significant portion of the sample, 42.7%, rejected the idea of young children spending time in CAI. Within this group, 53.2% mentioned that childcare is the responsibility of the mother, father or the family; 21.4% reported that children were mistreated in CAI; and 16% understand there is no need for care outside the family.

Table 3
Mexico: positive perception reported by people of 15 to 60 years old who agreed to taking their children to CAI, 2022
(Percentages)

Category	Percentage agreeing with statement
Qualified personnel (teachers, nurses, paediatricians)	77.3
Adequate and safe establishments	52.0
Good treatment (kind, humane, patient, among other characteristics)	49.5
Clean establishments	24.6
Quality lessons and skill developments	18.5
Meals (good nutrition and quality of food)	15.7
Time schedules aligned with their needs	12.6

Source: Prepared by the authors, on the basis of the National Institute of Statistics and Geography. (2022). *National Survey for the Care System (ENASIC).*

While options and choices are significantly different for women in low-income and middle-class positions, as discussed, they share a considerable distrust in the public supply of childcare. López Estrada (2020) and Salvador (2007) argue women report insecurity and even fear of services and conditions in which children would be cared for in public centres. Lack of information seems to be crucial in these perceptions. Mothers do not know who work in CAI, how children may be treated, if they are stimulated to learn, etc. While all CAI should fulfil specific requirements by law, the main channel of information between the centre's personnel and parents are personal contacts, which individualizes the experiences and creates feelings of unequal treatment.

Distrust increases in the cases of children with disabilities: concerns involve the possibility of mistreatment. According to Carrión et al. (2022, p. 22), in cases of a person with special needs, families prefer not to outsource care to the public sector. It is common for women in the family to re-organize their time and distribute the care for the person with special needs among them.

Regarding low-income families, CONEVAL (2022) found that the majority of low-income households do not send children to public CAI. A common explanation was the resistance of leaving children in the care of other people, even family members or neighbours, due to lack of trust and to it not being a common behaviour (CONEVAL, 2022, p. 99). The study highlights that those who reported being willing to send their children to the public childcare centres were mothers who wanted to work, residing in urban areas and who lack a network to support or sustain childcare (CONEVAL, 2023b, p. 96). In the same report, the CONEVAL stresses the geographical scarcity of centres and the complete lack of centres in some regions of high levels of socioeconomic vulnerability.

Carrión et al. (2022) mention several operational issues that impact those in more vulnerable contexts and low-income families to access public childcare. Among them, the lack of vacancies; criteria for eligibility are not tailored to socioeconomic conditions (especially for those without social security); and limited time schedules. To access public childcare, mothers must enrol to get support which is an impediment for women who live and work at a distance from their families and rely on other family members who care for the child: grandmothers, aunts, or older sisters cannot enrol children in public CAI.

Consequently, women who experience the heavier burden of paid and unpaid work are the less frequent profile among those with children enrolled in the public system. When they seek out the system, they convey accumulated exhaustion by juggling with double burden (p.22). The lack of consistency and availability of public childcare expands gaps between low- and high-income families through a disparity in personal possibilities (Muller and Jean, 2020). While high income women experience childcare responsibilities socially imposed to them and can outsource it, women in low-income groups cannot hire someone or have no access to public options. They have no choice but performing the task themselves or relying on more precarious options.

Regarding public childcare provision, we stress two key points. First, as distrust is widely shared, simply increasing public childcare availability would not -automatically and/or necessarily- satisfy the existing demand or alleviate women's pressure. Second, the system's limited understanding of the needs of women performing unpaid childcare and also the needs of those being cared for in their diversity (ethnic, racial, social class, disability status, gender, family background).

Further on, as Masterson et al. (2022) highlight for Mexico, universal access to quality care services would enable the reduction of unpaid care work, borne disproportionately by women, by redistributing it from the domestic sphere to the public sphere. Their results indicate that the employment creation achieved through increased social and care spending reduces gender employment gaps and alleviates the twin deprivations of time and income poverty. Furthermore, a series of recent empirical studies show that increasing public spending on care generates two-to-three times the number of new jobs per dollar than spending on sectors such as construction (Kim, İlkkaracan and Kaya, 2017).

C. The market dimension: who provides care and who can afford it?

Available data on prices and fees for childcare services are considerably outdated. The CONEVAL (2022) works with information from 2017, which we use to contextualize the private sector. In 2017, the minimum wage was around 2,500 to 2,640 Mexican pesos per month (88 pesos per day). In that year, 44,0% of families with children in private CAI paid up to the equivalent of 1 (one) minimum wage for this service. When the monthly fee moves up to between 1 and 2 minimum wages, we see a significant decrease in the number of children attending these centres, dropping to 3.95% and 0.6% for centres charging an equivalent of 2 minimum wages or more.

In 2019, the Consumers' Federal Prosecutor (Procuraduría Federal del Consumidor (PROFECO)) conducted a survey on prices and characteristics of private CAI on a total of 700 establishments across the country formally enrolled in the national registry and fully private. Two main options were offered in terms of time schedules. 42% of establishments were open during regular business hours, usually between 7 a.m. to 4 p.m., offering care for 6.5 to 8 hours a day. Other centres accepted caring for children in different schedules according to parents' needs. Among them, 95% reported caring for children the same number of hours (6 to 8 hours) but in a wider range of hours, between 6 a.m. and 7 p.m. Of the surveyed establishments, 62% reported that their personnel were educators, educational assistants, and childcare workers, among other professions.

The National Survey of Occupation and Employment (ENOE) offers detailed information on caregivers of children, people with disabilities and elderly in establishments[17] and in private homes[18] (INEGI, 2023a). In table 4 we show characteristics of paid private childcare in private homes and in establishments. We see a significant difference in numbers in favour of caregivers working at households, as well as a significantly higher informality rate in private homes.

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[17] Category 5221 at ENOE.

[18] Category 5222 at ENOE.

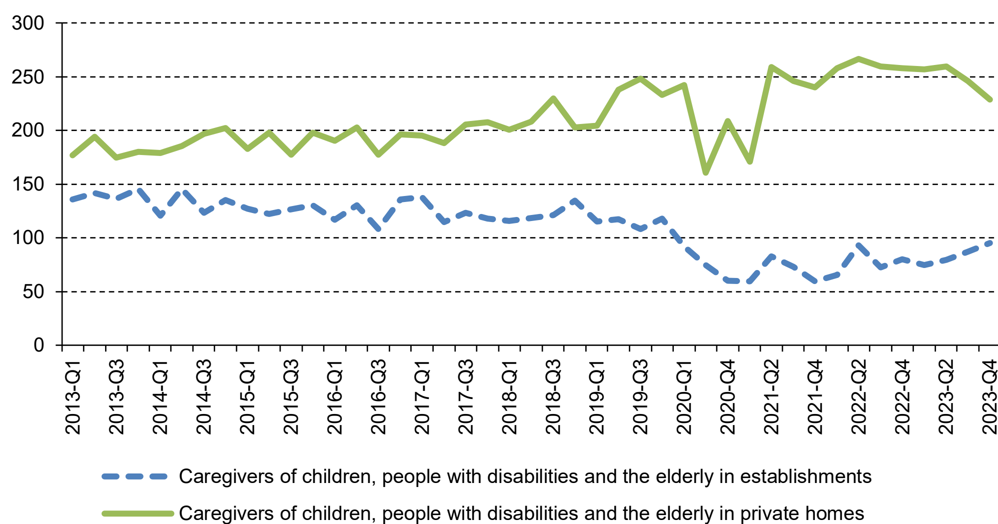
Table 4
Mexico: caregivers of children, people with disabilities and the elderly in establishments and private homes, fourth trimester, 2022

	Caregivers of children, people with disabilities and the elderly in establishments (5221)	Caregivers of children, people with disabilities and the elderly in private homes (5222)
Occupied population	95 200	229 000
Monthly wage (average in Mexican pesos)	4 160	4 260
Age (average)	37.9	41.1
Working time (average in hours)	37.0	36.8
Days worked in a week (average)	4.74	4.76
Informality rate (percentages)	49.9	98.2

Source: Prepared by the authors, on the basis of the National Institute of Statistics and Geography. *National Survey of Occupation and Employment (ENOE)*.
Note: Occupational categories of the National Occupation Classification System (SINCO).

A comparison of trends between the number of workers in these two groups is shown in figure 13. There is a visible decrease in the workforce in establishments simultaneously to an increase of those working in private homes, with the exception of the peak of the pandemic.

Figure 13
Mexico: number of caregivers of children, people with disabilities and the elderly in establishments and private homes, 2013-2023, trimesters
(Thousands)



Source: Prepared by the authors, on the basis of the National Institute of Statistics and Geography.

D. "Not-for-profit (NFP)" initiatives: gender, community, and provision of childcare

Defining concepts, activities performed by not-for-profit (NFP), data and research on non-institutionalized social actors, such as communities, support networks, neighbours' associations in Mexico, as in many countries, are scarce. Many of these arrangements are temporary, informal, and frequently happening among hard-to-reach populations and in vulnerable spaces. Pioneer studies in community and collective care in Latin America (Fraga, 2022; Fournier, 2022; Carrión et al., 2022) indicate that collective actions, organizations, and initiatives provide support in different dimensions such as care for children and elderly, meals and communal kitchens, protection for women who suffer gender violence, access to hygiene products, health services, among others. These needs emerge intertwined in complex and vulnerable contexts, therefore many NFP initiatives address several of these needs simultaneously. For example, women participating in collective kitchens may benefit by feeding their own children, which alleviates the pressure on budget and cooking time, and provides a communal space for contact with other women and families.

Fraga (2022) and Fournier (2022) signalize two key vectors regarding the organization and sustaining of NFP. First, socioeconomic vulnerabilities which are anchored in geographical space. This means initiatives are based on a territorial scale (neighbourhood, community, rural areas) seeking to address or alleviate poverty, exclusion, and basic needs experienced by groups and families living in that space. Second, these initiatives seek to fulfil unsatisfied needs that fall under the state's responsibility. Varying from case to case, NFP do have some forms of articulation, even when limited, with governmental institutions or international organizations (Carrión et al., 2022; Salvador, 2007; López Estrada, 2020).

The importance of gender in understanding the predominance of women in structuring, functioning, and sustaining NFP initiatives for care refers to the weight of childcare, gender violence, food security, and caring for the elderly within a context of limited labour market participation and public support. This implies that several activities are performed by these initiatives, which makes it difficult to analyse only childcare or social economic activities. Carrión et al. (2022, p.22) underline these extreme needs are felt by families and communities, yet their weight is highly feminized as it takes a heavier toll on women.

A contribution of early studies on community provision of care in Latin America is that these sources of childcare are strategies that surpass familistic models. Carrión et al. (2022), Fournier (2022) and Fraga (2022) indicate that community care actions and associations are structured by a logic of shared responsibility and reciprocity that take different forms and mechanisms. Yet, this does not exclude conflicts, inequalities, and precariousness, which is key when it comes to direct and indirect economic benefits for women participating in associations and community actions. It is not uncommon for women to hold paid positions in NFP initiatives. While this represents an income, it is mostly an unstable source comprising compensations below formal salaries, and lack of social security benefits.

An indirect form of economic benefit for women participating in community or collective associations providing care is alleviating the burden of childcare and food expenses. In her study in Argentina, Fournier (2022) explains that mothers take their children, and sometimes elderly, with them to community centres and activities. Thus, they receive care and food together with other children or adults.

Similar to Fraga (2022) and Fournier (2022), Carrión et al. (2022) indicate that those organizing and sustaining these actions and associations are the women experiencing needs and lack of public support. This is particularly important to understand venues for women's empowerment and how public policies and international programs and interventions should be articulated with them, as well as lessons

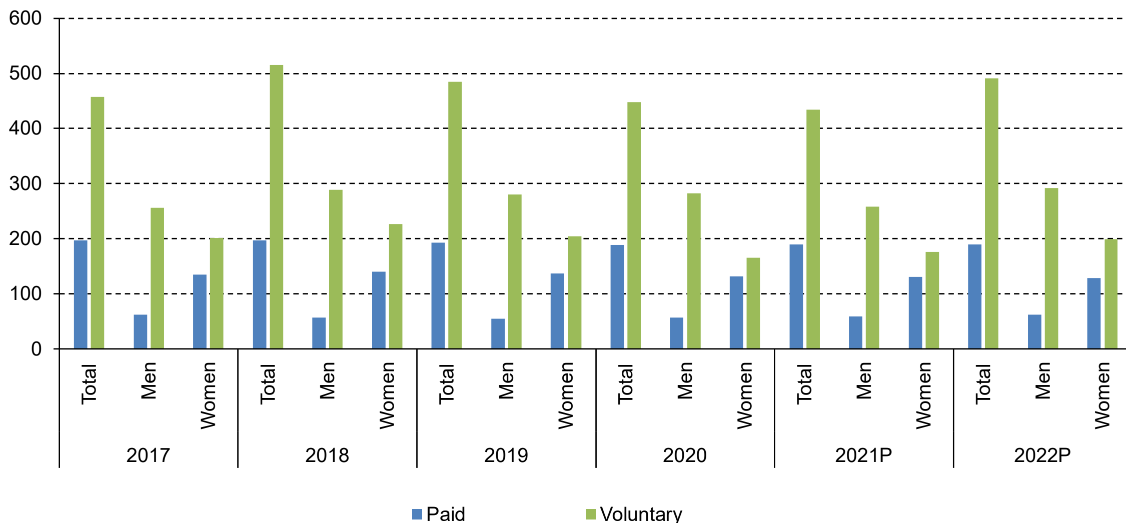
to be learned on collective actions and organization from different frameworks. Moreover, this helps explain why community-based actions and NFP initiatives providing care, being children or elderly, are better tailored to women's needs, compared to negative perceptions around similar public services.

1. Characterization of not-for-profit sector in Mexico

According to the satellite account for not-for-profit institutions in México (CSISFLM)[19] for 2022, the gross domestic product (GDP) of the sector represented 2.9% of national GDP; and that of health and social assistance of NFP 0.24% of National GDP (INEGI, 2023c). Data on the NFP collected by the INEGI follows two classifications. First, following the Sistema de Clasificación Industrial de América del Norte (SCIAN)[20], according to the product or service offered. Second, a functional classification according to social objectives. We will focus on associations classified by both criteria as social services[21], which includes centres and actions providing daycare, support child development, and orphanages for babies (*casa cuna*, in Spanish).

In figure 14 we analyse the distribution of paid and unpaid positions in NFP social assistance and health services per sex between 2019-2022 according to the INEGI.

Figure 14
México: number of workers in health and social assistance at the NFP according to sex, paid and voluntary work, 2017-2022
(Thousands)



Source: Prepared by the authors, on the basis of the National Institute of Statistics and Geography. *National Account System. Satellite Account Not for profit institutions*.

Voluntary work surpasses paid work almost twice regarding the total number of positions between 2017-2022. This indicates a vulnerability in the provision of these services as those engaged as volunteers do not necessarily receive social benefits which may lead to less stable participation and/or

19 In Spanish, the INEGI uses the category *Asociaciones sin fines de lucro* (ASFL) which translates literally to non-for-profit associations.

20 Mexico, Canada, and the United States have progressively utilized the Northern American industry classification system to normalize governmental statistics.

21 In the methodological note used for this survey social services are considered a functional classification and include shelter for victims of domestic violence, retirement homes, day care centres, centres for child development and babies (*casa cuna*), centres for migrants and refugees, and support for drug users.

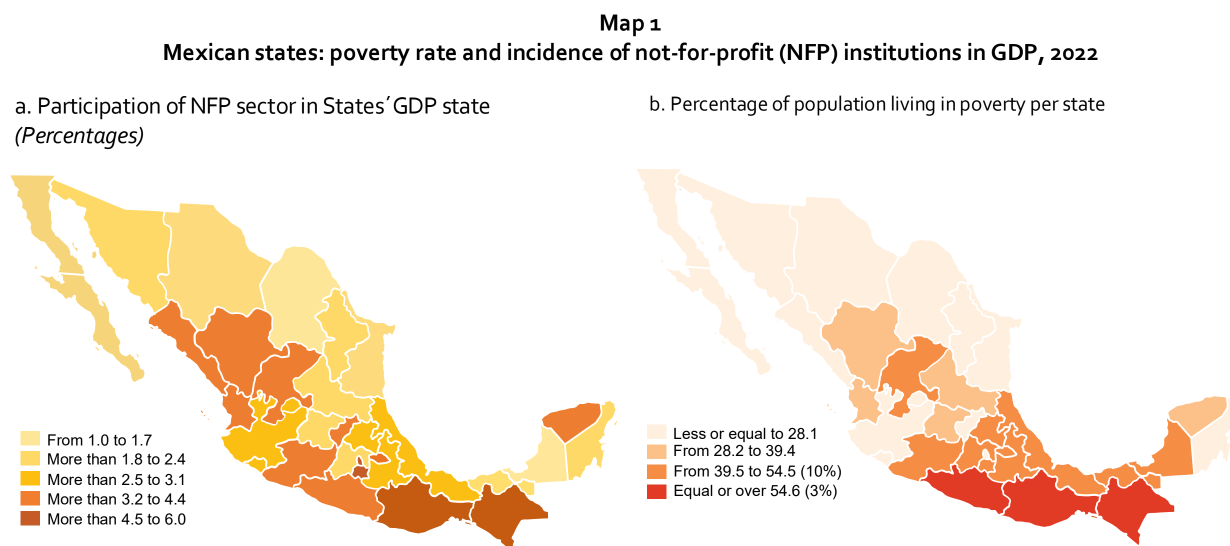
fluctuation in the hours dedicated to them. Also, there is an overrepresentation of women in paid positions in NFP associations providing social and health services. These data are aligned with Fraga (2022) who, in her study on community care initiatives in Mexico, identifies it is common for women to have a higher paid participation in these activities than men.

While women's paid participation in these associations and initiatives indicates they receive an income, it is important to consider its implications. Available data does not indicate if these paid positions are secured by formal employment with proper coverage, payment, and benefits; also, a high degree of dependence of these services to fulfill their families' needs (feeding and caring for kids or elderly) may hamper these women's search for more beneficial jobs and financial autonomy; lastly, paid participation in community or collective provision of childcare can be seen as an extension of domestic work, undermining an accurate measurement of these women's workload.

2. Geographical and social context as vector for NFP experiences

In the Mexican case, as in many countries in the region, geographical and spatial inequalities are germane when it comes to understanding community and NFP initiatives providing family and childcare support. These include disparities between urban and rural areas, vulnerability of indigenous populations and extreme poverty. Low-income families and working mothers experience spatial segregation in a plethora of ways, including time in commuting to their jobs, limited mobility, as well as institutional distance as public services are significantly restricted or absent in their area of residence (Garnica-Monroy and Hernández-Reyes, 2022).

Map 1
Mexican states: poverty rate and incidence of not-for-profit (NFP) institutions in GDP, 2022



Source: Prepared by the authors, on the basis of the National Institute of Statistics and Geography. *National Account System. Not for-profit institutions.*

Source: Prepared by the authors, on the basis of the National Council for the Evaluation of Social Development Policy. (2016, 2018, 2020 and 2022). *National Survey of Household Income and Expenditure (ENIGH).*

Note: The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

In map 1 we examine the complex relationship between poverty and the presence of NFP initiatives and associations. In states that present higher ranges of poverty it is possible to see an increased economic participation of NFP initiatives measured in states' GDP in percentage. Two main caveats are to be considered here. First, states with a higher range of poverty have lower per capita GDP, therefore it makes NFP participation more impactful. Second, due to data limitation, it is not possible to identify the nature of objectives of these NFP associations; therefore, it is unknown if they

provide social services, family support, healthcare, or others. Nevertheless, it is particularly important to consider the relationship between socioeconomic spatial vulnerability and the emergence of NFP actions related to care. Therefore, we examine some important experiences within the case of Mexico.

A first case is explored by Juárez Hernández (2010) around changes seeking to address an increasing demand on childcare in the 80s. One of the strategies implemented was strengthening basic education via training and qualification of community leaders, especially among indigenous groups; rural spaces; and vulnerable communities. The nature of this qualification targeted childcare in and outside the household, providing guidelines for child development at home and in public milieus. The author argues this contributed to a strong social movement that, since 1990, has supported the creation and sustain of NGOs that perform childcare in community centres employing mothers.

Fraga (2022) brings forward the importance of community care provision within the context of increased gender violence in Mexico, especially in the aftermath of the COVID-19 pandemic. The author examines the Sorority Network (*redes de sororidad*) which provided resilience to indigenous and rural women precisely amid and after the pandemic. This indigenous community in the state of Chiapas counted with support from the United Nations, creating safe space for women to learn to grow crops using natural pesticides, and growing poultry. This endeavour provided support for urgent needs, such as food for families, and knowledge to sustain these practices throughout time (Fraga, 2022).

López Estrada (2020) signalizes examples of border cities, such as Tijuana, or cities in the centre of the country, such as Querétaro, in which the civil society has created Children Clubs (*Club de Niños y Niñas*) granting after-school support and childcare during parents' working hours. Especially in the case of border cities, NGOs have provided shelter, meals, and school support to children of migrant families (López Estrada, 2020, p. 16).

Montes and Paris (2019) and Valenzuela et al. (2020, p. 55) discuss that among families impacted by migration, care —especially childcare— has been provided via family and kin ties, for example from mother to grandmother or older sibling. Care networks refer to a more horizontal and distributed involvement of individuals in caring for children. Carrion et al. (2022, p.34), Reupert et al. (2022), and Orozco (2006) argue that networks involving friends and non-family individuals are strongly present in socioeconomically vulnerable families and through traditional gender roles, as are women who undertake the caregiver role.

In an attempt to characterize childcare networks in Mexico, Carrion et al. (2022) underline they: (i) are created by low-income women for low-income women, with their own organizational dynamics and logics; (ii) are based on kinship, but also on territorial boundaries and daily life social ties; (iii) transfer care along the lines of belonging of class and ethnicity; (iv) comprise a plethora of practices (cooking, cleaning, childcaring) performed by different women, and (v) contribute to women with direct and indirect economic benefits.

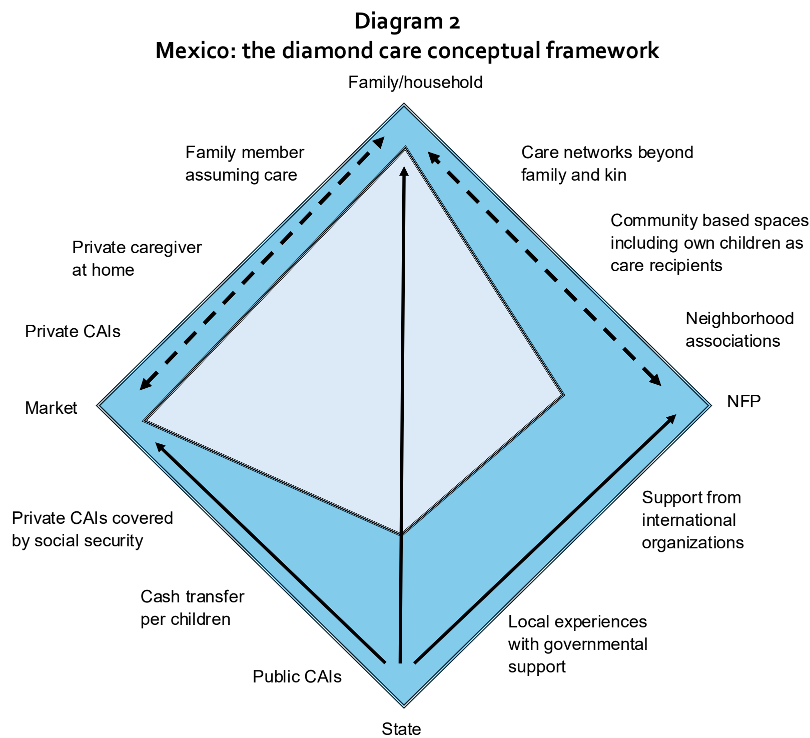
III. Discussion

We started our analysis with the family/household and data around paid and unpaid work, hours dedicated to childcare and domestic work, and their impact on women's labour market participation. We consider childcare performed within the boundaries of the household, but do not include privately engaged care services, which are examined in the market dimension. Our approach to the public sector examined data on the characteristics of state-owned CAI. The market dimension brought information on private services (in and outside households), approximated number of establishments, costs, and characteristics of the services provided. We detail the articulation between public funding and private services through social security. Finally, the NFP dimension included information on associations and institutions with a focus on those providing social services. As mentioned, accounting for NFP initiatives presents challenges regarding the multiplicity of actors, strategies, actions, informal and temporary arrangements. Therefore, we included studies on community care and childcare provision and networks

The conceptual framework captures production and distribution of childcare happening in a given society and time (in this case, the Mexican one), along each dimension (family/household; market; public provision; NFP). We follow Jenson and Saint-Martin (2003), reflecting that a welfare-centred perspective understands that the mix of responsibilities among all vertices is largely influenced by choices made by the State: "That which the state does not take on is left to markets, families or communities" (Jenson and Saint-Martin, 2003, p. 81). We explore the mix of responsibilities around childcare in terms of which actors, institutions, and dimensions are expected to provide it, those that are performing it, and those conveying less responsibility for it. This speaks directly to gender norms and roles, demonstrating how women are (and seen as) responsible for childcare, performing it in different dimensions. We agree with Orozco (2006), Carrión et al. (2022), and Fournier (2022) that care needs cannot be satisfied by a sole actor.

In diagram 2 we offer a synthesis of our findings. We use the original conceptual framework proposed by Razavi (2007) and the detail of actors and institutions involved in each dimension as done by Salvador (2007) to provide a concrete depiction of the Mexican case[22]. On the original diamond, we fit a non-proportional diamond conveying our assessment of childcare provision in Mexico. The disproportionality of our diamond expresses the reduction of some dimensions, as well as their interaction with other dimensions. To better express these interactions, we use two types of arrows indicating if childcare is being transferred from one dimension to another due to restriction of its provision or if childcare is provided through the -necessary- articulation of dimensions. Below we highlight important points of our analysis.

Diagram 2
Mexico: the diamond care conceptual framework



Source: Prepared by the authors.
Note: Full arrow: interaction between dimensions indicating the transfer of childcare from one dimension to another (following the arrow) due to restriction of provision. Dashed arrows: interaction between dimensions indicating childcare provision as a result of articulation/interaction of dimensions.

First, the state is a significantly reduced actor and dimension in childcare provision in Mexico: as the data demonstrates, in the past the coverage of public childcare was larger, showing that there is potential to increase public services regarding childcare. However, the current situation, reinforced by patriarchal norms, produces the transferring of childcare from the state to other dimensions: to the family/household as re-privatization of care; to the market widening the demand for private caregivers and CAI, and to the NFP as unfulfilled needs drive community actions. In this aspect, our work is aligned with changes and the development of models to measure welfare distribution prompted by sources of care work that compensated for previous state provision (Wijkström, 1996).

[22] We are inspired by the work of Gabriela Marzonetto`s presentation in IAFFE`s annual conference on the analysis of public policies supporting childcare provision in Central America using the diamond model (presentation IAFFE,2024). Marzonetto (2024) leverages on the contrast between an initial proportional diamond model and an adapted version of a diamond with different proportions based on the actual provision of childcare through existing policies.

Second, the interactions between the "market, family/household", and *NFP* indicate degrees of blurring between private and public domain in the provision of childcare. Following the changes of public support of childcare mainly through cash transfer to family, we identified an increase in caregivers working in private homes. A long-term issue discussed by feminist economics is that care in the private realm conceals informality and exploitation due to the complexity of regulating working relations within the domestic sphere.

In the case of the "family/household and NFP", the blurring of domestic and public domains happens due to: (i) women taking their own children to be taken care within community actions or collective spaces, and (ii) non-market logics, such as solidarity and reciprocity, organizing work and collaboration in these spaces. While childcare provision from NFP sources may be seen as transferring responsibilities from the family to NFP spaces, the latter emerge predominantly due to unfulfilled basic needs that fall under the state's responsibility. Favourable cooperations between the family/household and NFP dimensions refer to direct and indirect benefits for women participating in NFP actions, including income, meals, safety from gender violence, and empowerment. Nevertheless, as shown by our analysis, current information on the NFP and some experiences in Mexico, constraints and challenges for low-income women involved and depending on community and collective sources of childcare are far from being eradicated. Fraga (2022) makes the case that NFP is a potential source of knowledge for the State to identify forms of cooperation happening outside its sphere, as well as to implement strategic ways to boost vulnerable communities and to learn which strategies are efficient, safe, and actually promote women's empowerment.

Third, we underline the importance of qualifying the interactions between "family/household" and "state" in the uses and preferences of public childcare services. We have shown the difference in needs and decision-making among women highlighting the importance of perceptions and choices especially for those in low-income groups. Relying on family members, networks, and NFP spaces for childcare is connected to the perceptions and assessment of: (i) who should be responsible for raising children (mostly mothers); but also (ii) the lack of trust of public services and the limited capacity of addressing low-income women's needs. Therefore, increasing the existing public childcare would not —automatically and/or necessarily— satisfy the existing demand or alleviate women's pressure.

A. Final remarks

In this paper, we have synthesized where (child)care work happens in Mexico. The attempt to summarize it is based on Razavi's (2007) care diamond conceptual framework and its four vertices. Defining, systematizing and finding data on the NFP was especially challenging, yet it addresses the fact that this sector gains particular importance as a potential source of knowledge to identify forms of cooperation happening outside the State's sphere. Most importantly, we highlight a compromised public supply of childcare, which produces the transferring of childcare from the state to other dimensions: to the family/household, overburdening women; to the market, widening inequalities between families/women of different social classes; and to the NFP. Our version of the conceptual framework organizes our findings including: (i) actors and institutions in each dimension, and (ii) interaction between dimensions. Therefore, the disproportionality of our diamond expresses the reduction of some dimensions, identified at each vertex, as well as their interaction with other dimensions. We also highlight the importance of strengthening the sources of information and methodologies to measure care and its needs.

One of the benefits of using the care diamond conceptual framework is conveying the existence of different forms of care provision in different dimensions. This allows us to challenge the traditional idea that care is women's responsibility and that it should be carried out in the private sphere. Showcasing "where" (child)care happens (and imagining where it could also take place between the four

vertices of the diamond) brings care work, fundamental for social reproduction, into the light. We stress that this conceptual framework is particularly powerful to examine care provision in the Global South, as these countries do not have strong welfare regimes as some of their counterparts in the North do. A key advantage of the diamond conceptual framework is considering the household and NFP —as well as its interactions— as constitutive dimensions, which in the Global South have always been fundamental sources of care.

Circling back to the discussion around the mix of responsibilities in providing childcare, our study on the Mexican case conveys that childcare requires a multiplicity of actors and mechanisms involved and, consequently, that only one agent or dimension being fully responsible for its provision is unsustainable. This way, we provide concrete evidence supporting Razavi's argument that, when it comes to evaluating the mix of responsibilities, we should avoid a deeply entrenched linear path of analysis in "which all countries move with an inevitable shift from "private" (family and voluntary) provision of care to "public" provision (by the state and market)" (2007, p. iv). Consequently, it is key to explore ways in which a society can better appreciate and leverage different sources of childcare provision and their articulation; and avoid reproducing or strengthening the idea of care as women's responsibility.

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