

The care economy in the new social contract

By Gender in Latin America Working Group

Key Messages

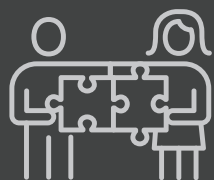
In Latin America and the Caribbean, we observe that:

- The COVID-19 health crisis exacerbated gender gaps. In addition, most women have informal jobs without social protection.
- Women are overburdened with household chores.
- Community-based care services are pivotal in supporting women to balance family and work responsibilities. However, these grassroots, self-organised services remain undervalued.



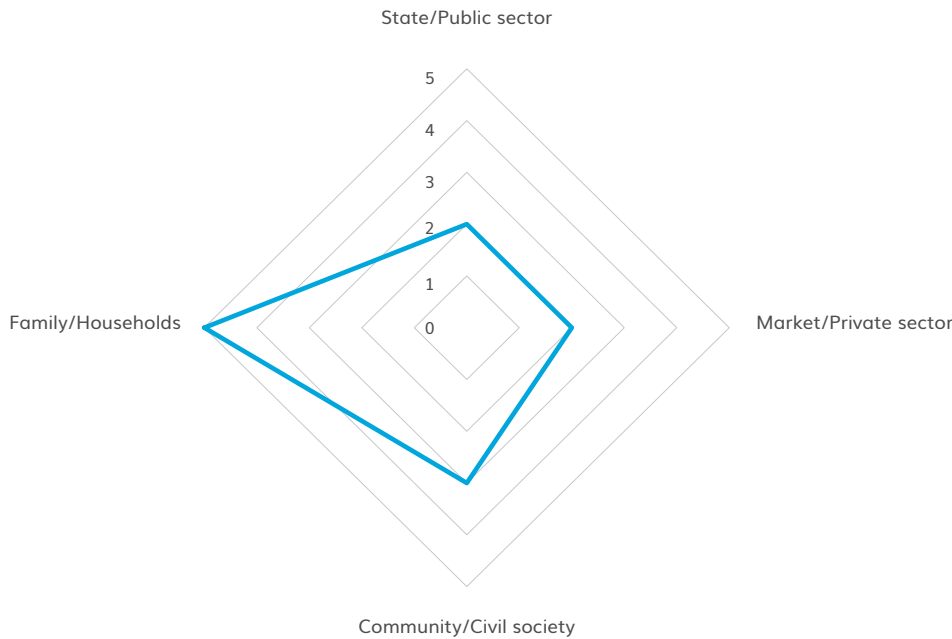
The care economy is a critical element in making the new social contract more equitable, and therefore we propose to:

- Raise awareness on care tasks and create a 'basic care basket' that helps to quantify these tasks.
- Include the private and public sectors in providing services to the informal sector, in which workers are predominantly women.
- Revalue care work at the individual, professional, and community levels.



Care work, whether paid or unpaid, supports all economic activities in societies on a global scale. However, in Latin America, as illustrated in Figure 1, care provision tends to fall disproportionately on households, with less involvement of the public sector, markets or the third sector (e.g., civil society) (Martínez Franzoni, 2008; Razavi, 2007).

■ **Figure 1. The 'care diamond'**



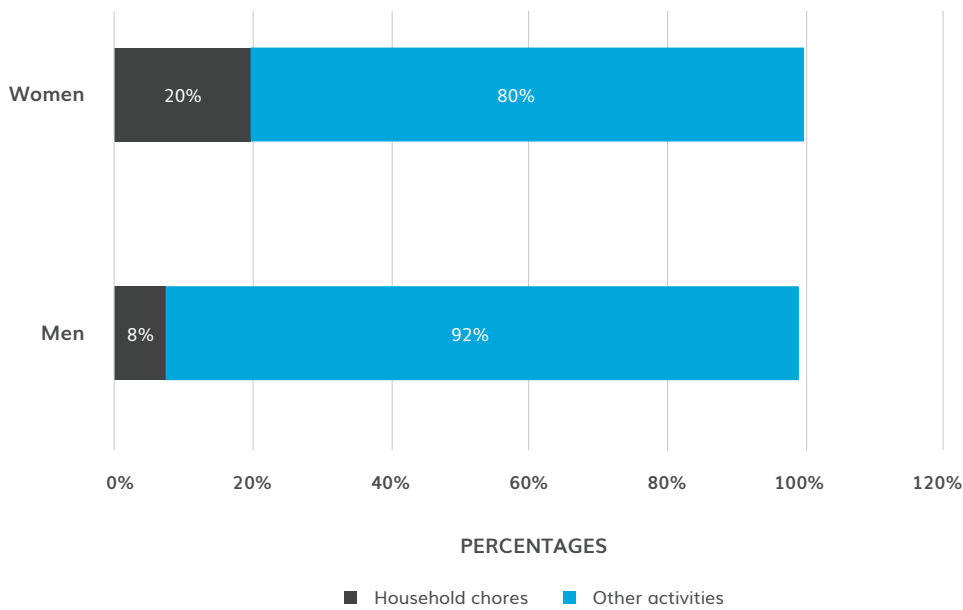
Note. Figure adapted from Razavi (2007).

Care activities, whether paid or unpaid, are disproportionately absorbed by women, not only in their homes, but also in their jobs, neighbourhoods, and social organisations (Federicci, 2013; Lewis, 1997; Faur, 2006 and 2014; Esquivel et al., 2012). Redistribution of care work therefore becomes a key factor in halting the reversal of the gender gap, promoting equal work opportunities between men and women (International Labour Organization, 2020), and avoiding 'double burden.' In the region, inequality in the use of time allocated to care work is still critical: women spend approximately three times more time on unpaid care work than men (Figure 2).

■ **In Latin America, women spend approximately three times more time on unpaid care work than men.**



■ **Figure 2. Share of time spent on unpaid household chores and unpaid care work**



Note. This figure is based on data from the information repository of the United Nations Economic Commission for Latin America and the Caribbean (2021a) on the use of time in Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, and Uruguay.

Rethinking the sustainability of the current care infrastructure is critical, especially now that the crisis generated by COVID-19 has increased gender inequalities and has hindered women's labour participation in Latin America. Not only is it important to consider that of the total number of women, 54% to 60% belong to the most economically stricken sectors, but also that the informal sector is composed mainly of women (United Nations Economic Commission for Latin America and the Caribbean [ECLAC], 2021b). Furthermore, at present, women's participation in the labour market is subject to their capacity to absorb the professional and domestic workday, as well as to their ability to have flexible working hours or to delegate their care work to others through intra- or extra-familial agreements, whether or not mediated by money. These conditioning factors limit women's work opportunities and increase their participation in precarious jobs (Box 1).

Box 1. Childcare provision and the effects of the pandemic in Peru*

In Peru, due to the prevalence of gender roles, childcare arrangements within the household are mostly dependent on women. The latest figures, which are available in the National Time Use Survey, conducted by INEI in 2010, show that women spend twice as much time as men on unpaid domestic work in the household, and more than twice the time on childcare as men (Beltrán & Lavado, 2014).

The Peru Demographic and Family Health Survey (ENDES) from 2019 shows that in 62% of cases, it is mainly family members—especially grandmothers or older sisters—who take care of the younger children when the mother is unavailable, neglecting their own responsibilities. In almost all other cases, the mother takes her children out with her, or hires a domestic worker; this is mainly due to the lack of public day-care services on offer. The main state programme, Cuna Más [Cradle More], provides subsidised day-care for children from poor urban families aged 6–36 months. However, its coverage is very limited; in 2019, it reached only 6% of the target population (Rousseau, 2021). Caregiving support is a determining factor for women's labour market insertion. In many cases, Peruvian women are forced to take precarious, informal, unstable, or low-income jobs as these jobs generally provide them greater flexibility to take care of their children.

The COVID-19 crisis, and particularly the measures taken to address health consequences, have exacerbated conflicts between the need for childcare and employment. The crisis has highlighted the relationship between gender gaps in the labour market, gender stereotypes, and the importance of the care economy (United Nations Economic Commission for Latin America and the Caribbean [ECLAC], 2020). For example, as restrictive mobility measures and confinement became more flexible, there was an expectation that fathers would return to work, while schools remained closed. This situation particularly affected women's working conditions, as they are more often the ones in charge of childcare compared to men (Jaramillo & Ñopo, 2020).

This situation is a cause for concern, as it may lead to women resorting to informal and precarious work to a greater extent. It is therefore important to increase the supply of subsidised childcare to prevent gender gaps and stereotypes from widening in post-pandemic Peru.

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Neither the entry of women into the labour market nor the creation of a vacancy in care activities has been sufficient to question the devaluation of these tasks. More than half a century ago, women were integrated—partially and gradually—into a space historically occupied by men, yet men did not increase their participation in the tasks of raising children and household upkeep.

Furthermore, women's relatively low participation in the formal labour market and their insertion into disadvantageous jobs in terms of salaries and protection of rights was established (Lattera & Costantino, 2020; International Labour Organization, 2003). Therefore, the total volume of



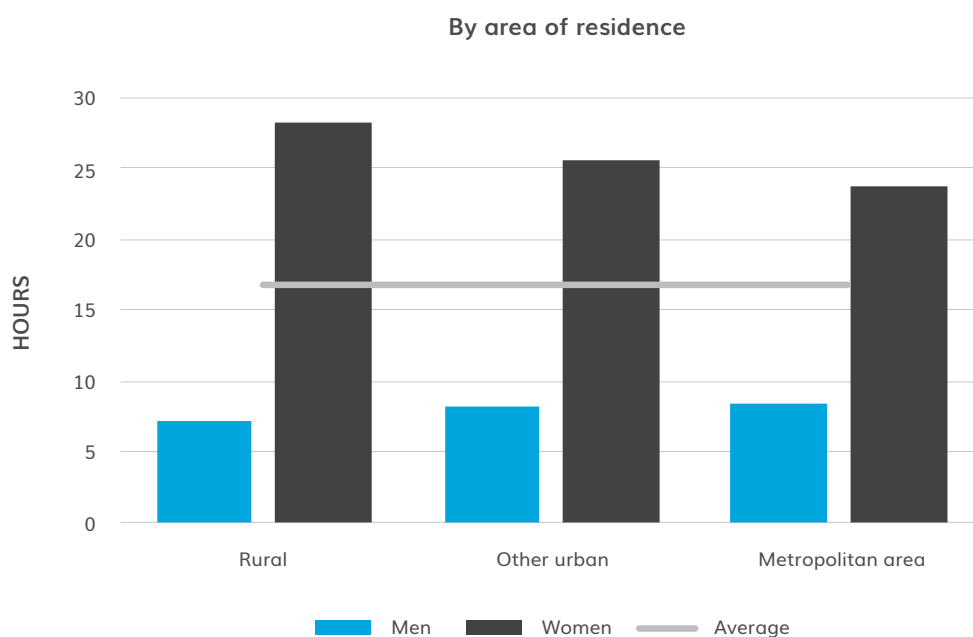
Gender disparities worsen when they intersect with other inequalities such as age, ethnicity, nationality, environmental and socioeconomic conditions, among others.



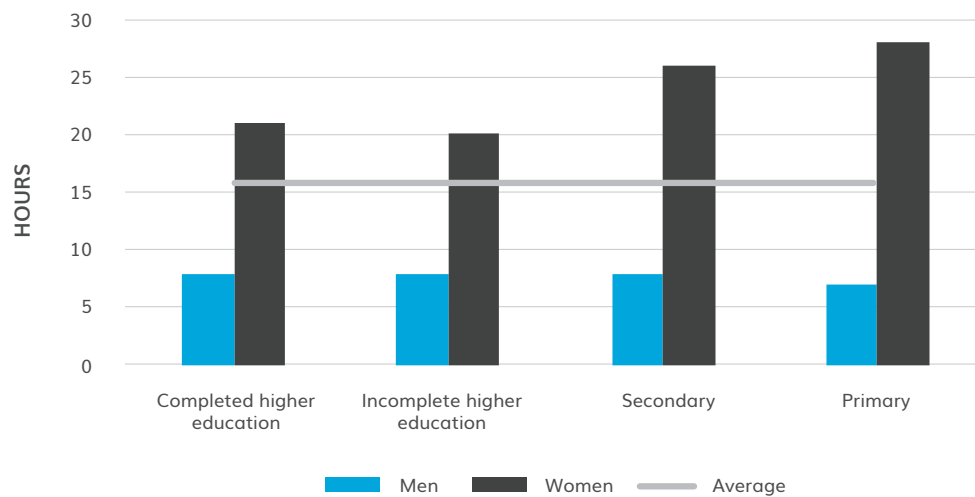
women's work increased, with women taking on paid and unpaid care work (United Nations Economic Commission for Latin America and the Caribbean [ECLAC], 2020).

Gender disparities worsen when they intersect with other inequalities such as age, ethnicity, nationality, environmental and socioeconomic conditions, among others (Rosas, 2018; Kunin, 2018; Esquivel & Pereyra, 2017; Pérez Orozco, 2007). In the region, known for having the highest levels of income inequality, women from disadvantaged socio-economic sectors experience an overload of unpaid work (Comas D'Argemir, 2014; Faur, 2006; Wainerman, 2005; England, 2010), as they lack the resources to outsource this task. Therefore, they often support themselves by sharing unpaid care among neighbours and within community organisations (Faur, 2006 and 2014; Fournier, 2017). Figure 3 suggests a correlation of a lower income level and more precarious working condition with a woman's higher dedication to care work. Also, women in rural areas have to devote more time to domestic tasks compared to women living in metropolitan areas. The level of education also seems to determine the amount of care work. All these intersections point to the different social and geographical contexts that need to be taken into account when addressing gender inequalities.

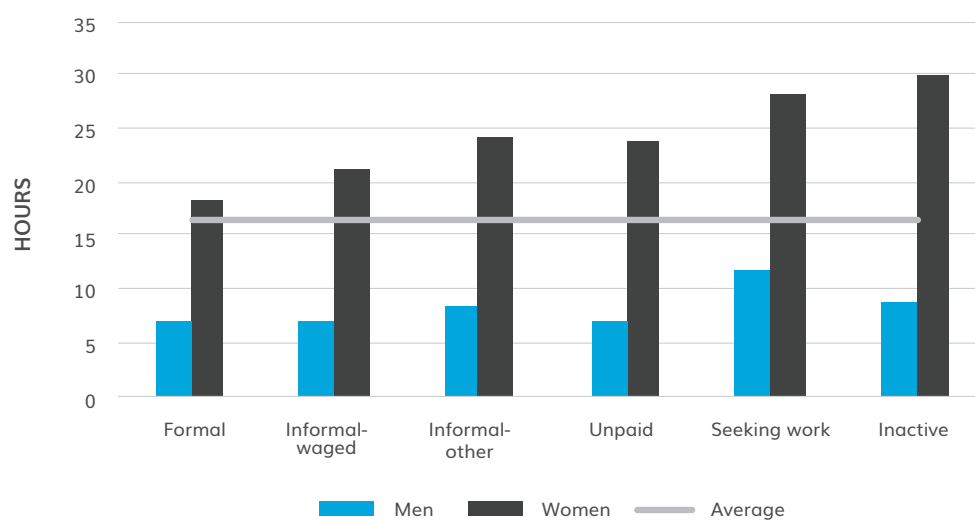
■ **Figure 3. Intersectionality: average hours per week spent on domestic or care work in El Salvador (2018)**



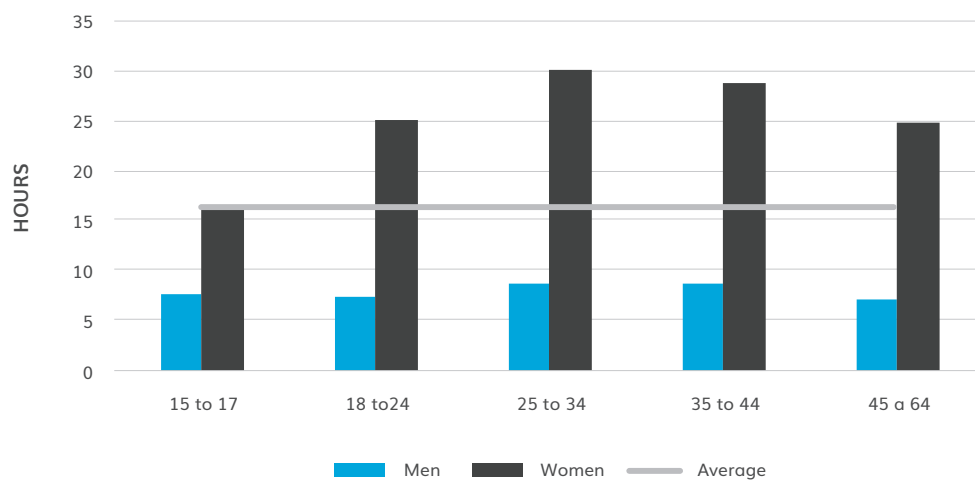
By education level

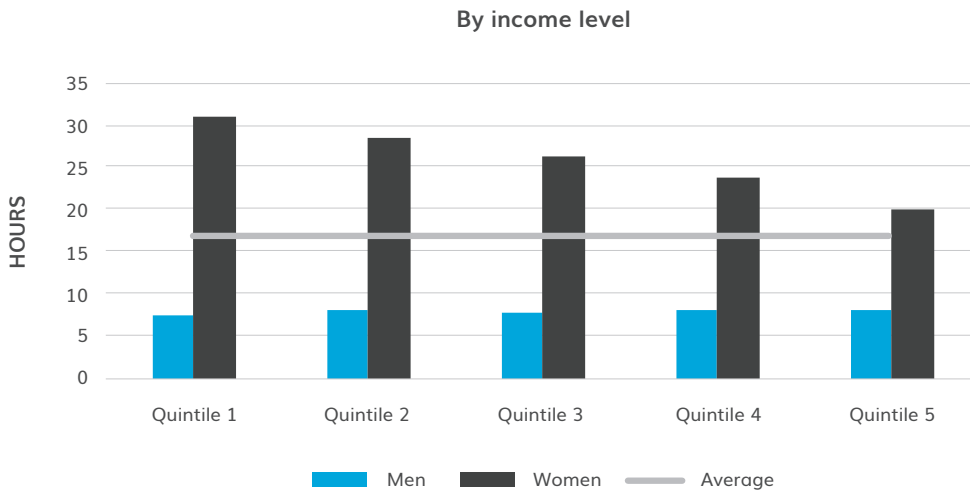


By labour participation



By age group





Note. Data for these figures were adapted from the Multipurpose Purpose Household Survey (EHPM) 2018, conducted by the General Administration of Statistics and Censuses (DIGESTYC) of El Salvador's Ministry of Economy (2019).

Care is an essential component of a new social contract that fosters trusting and collaborative relationships between citizens and the state. Until now, the fact that women have to undertake care activities has been implicit in the social contract. In the future, however, care sharing must be an explicitly negotiated issue in households and societies. The concept of the care economy makes it possible both to work on economic and gender inequalities—which marginalise and overburden women—and to revalue care work in order to reposition these often feminised and precarious jobs and occupations (Esquivel, 2011). From this perspective, we argue that greater gender equity in care responsibilities would contribute to recognising both the public and economic value of care work. Incorporating unpaid work into the definition of work is only the first step. It is necessary to develop an analytical framework that explicitly addresses the material dimension of care and the contribution of care work to the reproduction of life in society (Picchio, 2003).

■ What is required to foster a regional transformation in how Latin American society conceptualises care? By whom and in what ways can care be reconceptualised?

The creation of a new social contract gives us the opportunity to revalue care work, and to rethink roles and responsibilities on the basis of gender equity. Below, we will develop three approaches based on making care work visible, and how a 'basic care basket' is an alternative that contributes to valuing this work. We will also present mechanisms to support—outside the public sphere—the actors involved in care work, which is vital for human and social development, especially for regions during times of crisis. Finally, we will address why changing gender stereotypes

is essential to foster permanent transformations in the provision of care, in order to avoid overburdening women with additional tasks.

Increasing the visibility of caregiving costs borne by women within households

It is necessary to promote the creation of a 'basic care basket' that helps to measure and value both the resources that families need to produce quality care and the work that they devote to these tasks. Only then will it be possible to estimate the threshold below which the production of quality care by families becomes unviable (see Box 2). The creation of a 'basic care basket' aims to increase the visibility of the costs associated with producing care for families with dependent members. This approach argues that care is a personalised service, aimed at enabling dependent persons to develop their capacities to their fullest potential and to acquire the highest level of autonomy that their condition allows them. It also recognises families as the unit in which most of the activity oriented towards care production is concentrated.

Care includes the work—paid and unpaid—carried out within families, the distribution of tasks among the members involved in the production of care and the interactions they establish with other spaces—state, private, and communitarian—for the production and provision of care goods and services.

It is necessary to recognise that when states weaken the institutions that provide public care services, care work tends to fall disproportionately on women, whether or not they are heads of their households (Elson, 2006).

In Latin America, women who are in charge of household or community care work are not considered 'workers'; therefore, reducing inequalities from a paid work dimension does not always imply improving their living conditions, since it does not impact on the gender inequality that operates outside the traditional paid work sphere. In this sense, all forms of care must be considered as work, whether in the public or private sphere.

■ **Care is an essential component of a new social contract that fosters trusting and collaborative relationships between citizens and the state.** ■

Box 2. How much does it cost to provide care? Silent emergency funds and the need to consider budget allocation from a gender perspective*

In the early days of the pandemic, most governments focused on avoiding a collapse of the health system. Measures were aimed at reducing transmission and accelerating their population's immunisation to prevent the number of infected people from exceeding the health system's capacity to cope. As a result, for a year and a half, concepts and indicators to estimate the

pandemic's pressure on the health system became an overwhelming focus of the media.

The other side of the strategy to avoid a health system collapse was to shift much of the public activities to the domestic sphere. Food distribution and increased cash transfers were crucial to ensure subsistence. However, they were not enough to keep the care dynamic functioning. In Argentina, by the end of 2021, 56% of families with children and adolescents were unable to recover to the level of labour income they had two years earlier (UNICEF, 2021). A quarter of families had to ask for loans to buy food and a third failed to pay for essential services. Schools remaining closed, or with limited attendance, increased the burden of unpaid work for families and, in order to cope, many of those in employment reduced the number of hours spent in paid work or withdrew from the labour market. The vast majority were women. In two-parent families, this led to a drop of more than eight percentage points in the female participation rate (INDEC, 2020).

In short, the care dynamics of families with children and adolescents were weakened during the health crisis. In contrast to what happened in the health system, no one anticipated the pressure that the measures to contain the pandemic would put on family caregivers.

New tools are needed to guide robust policies to strengthen family caregiving dynamics. The available indicators were unable to anticipate the pressure that pandemic containment measures would exert on caregiving families, largely because they are insufficient to estimate the costs of care production. We refer, in particular, to i) the work that family members—mostly women—devote to accompanying children in their schoolwork, preventing their exposure to situations that put their health at risk, entertaining them and supporting them emotionally, caring for them in the event of illness or accident, as well as buying and preparing food, ensuring the order and cleanliness of the home, and taking on the day-to-day management of the household, among other activities. In short, we refer to the set of tasks through which families transform income and food into care. And ii) the role played by teaching, child-rearing, and care spaces—schools and other care support services—in reducing the work that families devote to care activities and to accompany the development of children's capacities.

The 'basic care basket' is key to integrating the productive framework that sustains life in adversity into the global economic system, among other reasons, because, in order to emerge from this unprecedented crisis, it is necessary to maintain the level of activity of caring families and to recognise their silent contribution to society. The 'basic care basket' can play a crucial role in meeting this challenge.

*Vanessa D'Alessandre and Florencia Caro Sachetti (Center for the Implementation of Public Policies Promoting Equity and Growth [CIPPEC]-Argentina)

Community care work includes collective neighbourhood actions—highly feminised—such as school support groups, soup kitchens, recreational spaces for children and adolescents, and neighbourhood sanitation services, among others. Given the importance of community care in the region, it is necessary to provide greater resources to community spaces both to remunerate women for their work and to improve their working conditions. The goal should be to promote the representation, rewarding, and valuing of the contribution of these actions to society.

The pandemic has disproportionately affected the socio-economic conditions of female-headed households, which have experienced higher rates of food insecurity as compared to male headed households (Aguirre et al., 2021). In this context, community organisations, as well as families act as a stepping stone for various sectors to carry out care tasks (Fournier, 2017). When these sectors were faced with food shortages, lack of sanitation and hygiene resources, and the absence of containment and recreational spaces during the pandemic, community care work was the first to compensate for those needs (see the Argentinean case in Box 3). Therefore, marginalised populations in the region collectively addressed various needs, expanding the care sphere beyond the individual subject and household (Fournier, 2017; Rodríguez & Marzonetto, 2015; Pautassi & Zibecchi, 2010). It is precisely this context that provides an opportunity to forge a new social contract that is truly inclusive and encompasses a holistic and universal social protection system, in which all public and private actors contribute equally to care work.

Box 3. Community-based care and migrant women in Greater Buenos Aires*

Both in 2019 and even more so in the pandemic context of 2020, we corroborated the importance of interpersonal networks and, above all, of the organisational capacity of women in Greater Buenos Aires. Data was corroborated to measure these women's capacity to overcome difficulties ranging from water contamination (necessary for preventive hygiene) and pre-existing health problems to the organisation of soup kitchens for the daily subsistence of informal economy workers who have lost their economic income (Gavazzo & Nejamkis, 2021).

In Argentina, as the United Nations Economic Commission for Latin America and the Caribbean [ECLAC] (2020) points out, since the social, preventive, and compulsory isolation decreed by the government in March 2020, care activities have been intensified. The services declared essential in the emergency include a large part of the highly feminised care tasks, which are carried out under more unfavourable

working conditions and with lower salaries compared to other services. Care networks among women are interwoven with migratory networks and other forms of territorial organisation to guarantee the reproduction of life in poor neighbourhoods.

Although the strategies implemented by the Argentinean government were multiple and at different state levels were aimed to have a direct impact on the most vulnerable populations, they did not guarantee access to basic rights in poor neighbourhoods during the health emergency context. As a result, organised women-initiated actions to contain the crisis demonstrating the networks' capacity to guarantee community care.

The pre-existing soup kitchens could not cope with the growing demand, so new ones were established, many of them in the homes of migrant women, who opened their kitchens to their neighbours. In this regard, we found that 90% of the people working in the soup kitchens are women, a large proportion of whom are migrants and do not perceive any income for the community care work they do.

It is women's networks—and in this case study, migrants—that sustain life in the most vulnerable neighbourhoods, mitigating the effects of the health crisis, covering spaces that the state, unable to modify structural inequalities, cannot reach. In those spaces, women have shown an enormous capacity for agency to deploy multiple community care strategies. These strategies, based on collective organisation and networking—with the state, with other organisations, and with universities—must be taken into account when transforming everyday intersectional inequalities.

*Lucila Nejamkis (Migrantas en Reconquista [Migrants in Reconquest]/ National University of San Martín [UNSAM]-Argentina)

Promoting changes in gender stereotypes that shape regional care economy

There is an urgent need for a reevaluation of care where incorporating men in care tasks is part of the inclusion of care in the democratic ideal. Therefore, a redistribution of tasks and responsibilities using the capacities of the state and market need to be considered in a way that orients society towards a mindset in which care is a central value. This would also imply recognising, on the one hand, that care is a social and community responsibility—as opposed to an individual responsibility—and, on the other hand, that care is a key component of a new social contract.

■ **The devaluing of care is linked to its association with female stereotypes. Therefore, a transformation in the way of conceiving care is necessary.** ■

As we have noted, the devaluing of care is linked to its association with female stereotypes. Therefore, a transformation in the way of conceiving care is necessary. The search for more equitable societies that value and involve all adults—not only women—in the care economy involves promoting changes in social norms. Entrenched and widespread ideas of behavioural ‘rules’ uphold hierarchies of power and male privileges reinforcing systemic inequities that undermine women’s and girls’ rights and restrict their opportunities (Heise et al., 2019). In this sense, Box 4 reconstructs a local experience that aims to change social norms from action research projects (ARPs) conducted during the pandemic.

Box 4. IT proposals in Paraguay*

Fundación Capital’s action research focuses on how to promote change in social norms while working with women to meet their immediate income-generating needs. In Paraguay, the organisation seeks to promote behavioural change around widespread beliefs about gender, specifically in relation to the care economy.

In this context, Fundación Capital developed IgualdApp, a digital application that seeks to transform norms and power relations by promoting not only the socio-economic empowerment of women at the individual level, but also the change of families’ social norms based on the active and decisive participation of all family members.

IgualdApp features six modules focused on the following topics: education for equality; shared, responsible, and non-violent parenting; prevention of violence against women; prevention of sexual abuse against women and girls; sexual and reproductive health; and women’s participation and leadership. Through everyday situations, it offers a guide with tips, interactive experiences, videos and tools that can be used online and offline.

Fundación Capital carried out a research project titled, “Technology and Women in the Pandemic Context” to identify, among other things, the impact of digital tools—including IgualdApp—on the modification of certain social norms. Within this research framework, the women highlighted that they used the application “with family members or discussed its contents, and that they have even put into practice some task distribution models within the household with gender equality criteria.” They also pointed out the usefulness of topics such as respectful parenting without gender stereotypes, and protection from violence against women and sexual abuse.

In general terms, the diagnosis of the issues raised in the above-mentioned research highlights the importance of technological means to help women in post-COVID-19 recovery and the potential they have to generate changes in social norms and new attitudes. Access to an

interactive device facilitates exchange with other family members, who receive useful lessons and tools towards gender equity. Once the issues 'enter' the user's home through an app, it decreases the likelihood that some family members will be impeded from reflecting on issues that challenge social and cultural norms, constructed and accepted in their environment.

* Tatiana Rincón (Fundación Capital-Colombia)

■ Conclusion and recommendations

According to the care economy, a new social contract—one that prioritises care work—demands the inclusion of a series of actions that pursue the five Rs for equitable transformation: **recognising**, **reducing**, and **redistributing** unpaid care work; **rewarding** paid care work that is currently devalued and precarious; and promoting **representation** and collective bargaining.

Based on the analysis of the regional specificity of the data and the experiences outlined above, we suggest a number of steps:

1. Recognising care work:
 - Measuring the costs of care for families, e.g., by establishing a 'basic care basket.'
 - Revealing the niches of care that are still invisible.
 - Beginning to consider care as a service.
 - Visibilising community work as care services that have been underpaid or unpaid.
 - Developing cross-cutting programmes within ministries and other state bodies.
 - Creating programmes that strengthen the working conditions of caregivers, including community caregivers.

2. Reducing gender gaps: redistributing responsibilities for unpaid care work:
 - Proposing measures to alleviate women's overburdened care work.
 - Involving states and markets in the equitable provision of care.
 - Generating—based on surveys and statistics—information that helps to shed light on inequalities in the household and public spheres of care.
 - Engaging the private sector in the reduction of gender gaps through measures that take the care economy into account.

3. Encouraging representation in collective bargaining for the care economy:
 - Creating dialogue and collective agreement platforms to ensure that those in care work are provided with quality jobs.
 - Establishing communication channels with community organisations to shape the care economy public agenda.
 - Engaging the private sector in the revalorisation of labour markets around care work.

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About the Gender in Latin America Working Group

This work is part of the activities of the Gender in Latin America Working Group facilitated by Southern Voice and the International Development Research Centre (IDRC).

In response to the pandemic, several calls for IDRC action research projects emerged in different Latin American countries, with two objectives: to strengthen the performance of territorial organisations, and to highlight the impacts of policies that seek to counteract the adverse effects of the pandemic in the region. The Working Group brings together several experts taking part in IDRC's projects to mitigate the effects of the COVID-19 pandemic through research and knowledge exchange.

Although the pandemic is a health crisis, its attention requires a comprehensive perspective. In this context, the care economy emerged as a point of confluence both due to the particular role it gained in the pandemic framework and due to the persistence of gender inequalities that coexist at the intersection with other structural inequalities of the population. For this reason, a work session focused on the role of the care economy in the face of a new social contract was convened.

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Founded in 2013, Southern Voice is a network of 59 think tanks from Africa, Asia and Latin America. It contributes to the global dialogue on the UN [Sustainable Development Goals](#) (SDGs). Southern Voice's ultimate aim is to address the existing 'knowledge asymmetry' and 'participation deficit' in the development dialogue. It does this by producing, promoting, and disseminating evidence-based policy analysis by researchers from Global South countries.

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