Transitioning towards a care society: the keys to a transformative recovery with equality and sustainability
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Introduction

In Latin America and the Caribbean, gender inequality is a structural part of societies and development styles that have lost sight of the importance of care and the provision of well-being among people. As the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030 has pointed out, the sexual division of labour and the unfair social organization of care interact with the other structural challenges to the achievement of gender equality to create unfavourable conditions for women, who are overrepresented in lower-income groups and in the most insecure and unstable types of employment, are prevented from freely exercising their sexual and reproductive rights and continue to be underrepresented in public and decision-making spaces (see diagram IV.1).

Diagram IV.1
Inadequate public care policies entrench structural challenges to the achievement of gender equality

The mainstream economy has ignored the importance of care work in the provision of social welfare. Moreover, the economic system relies heavily on spheres such as the care economy and environmental conservation, which are generally considered by orthodox economics to be non-economic activities and which have become secondary or, at best, subsidiary to mainstream economic activities. However, these spheres produce value in the form of public goods at different scales (national, regional and global), and the work done in them is essential both for the sustainability of life and for the functioning of the market itself (Heintz, Staab and Turquet, 2021; Folbre, 2004; Picchio, 2003; Gottschlich and Bellina, 2016).

This has historically affected the labour market, whose structure usually involves working hours that make it difficult to find time for activities essential to the sustainability of life, in particular care. As a result, women face barriers to full participation in paid work opportunities, which in turn means they are further excluded from different areas of public life. Moreover, women are forced to engage in part-time work and informal economic activities in order to be able to reconcile the care responsibilities assigned to them with income generation.
Gender inequality in the labour market is also manifested in vertical and horizontal gender segregation and segmentation. Women who manage to participate in this market are predominantly employed in traditionally undervalued economic sectors and occupations, which affects their wages and working conditions, and are overrepresented in care economy tasks. This is compounded by the reproduction of hierarchies within the care economy sectors that assign lower status and incomes to feminized tasks, generally associated with direct care such as that provided by female caregivers and domestic workers, while the better-paid tasks and managerial positions are mostly occupied by men.

The coronavirus disease (COVID-19) pandemic brought a number of issues that had previously been on the margins of the debate to the forefront of the public and political agenda. The crisis triggered by this pandemic has perfectly epitomized how an event occurring in a non-market sphere such as human health can have devastating effects on global markets. The global economic system relies heavily on spheres traditionally treated by orthodox economics as non-economic activities, such as the care economy and environmental conservation (Heintz, Staab and Turquet, 2021; Folbre, 2004).

Care includes all activities involved in the reproduction of life, meaning the care of bodies, education and upbringing, the maintenance of social ties, psychological assistance, emotional support for family members and the upkeep of domestic spaces and goods. Time and monetary resources are essential for caregiving, as are settings conducive to it. It is also vital to take on board the notion of self-care and caregivers’ need for rest. Care takes a number of forms and can be exercised in different spheres, as it includes health care, home care and care for dependent persons. It should also encompass self-care.

Care tasks, both within households and in health-care and educational institutions, proliferated in the context of a pandemic that made it essential for them to be carried out scrupulously to avoid contagion, while at the same time forcing people to adapt to new routines in their daily lives. This resulted in an excessive burden of both paid and unpaid work for women working in these sectors.

The crisis caused by COVID-19 has highlighted the urgent need to orient social relationships and society’s relationship with nature towards paradigms centred on notions of interdependence, care and sustainability.

Now more than ever, the creation or strengthening of comprehensive care policies is at the centre of public and political debates that treat gender equality as an urgent imperative for transformative recovery, along with the creation of political, social and fiscal covenants that simultaneously address environmental, social and gender justice.

Strengthening the role, resources and capacity of the State is a crucial part of this endeavour. Transformative recovery with equality therefore involves deliberate and explicit action (on different scales) by public institutions to stimulate those sectors that are particularly important for women’s economic autonomy, while seeking positive synergies with sectors and activities that promote sustainable economic frameworks, with particular emphasis on the role of the care economy. It is also necessary to implement State actions aimed at bolstering household incomes and preventing precarious conditions in traditional and emerging forms of paid work.

This pandemic has shown, once again, that the most democratic, effective States with the most robust social protection systems have been most resilient in all areas when coping with the crisis.
A. The impact of the COVID-19 crisis on the economic autonomy of women

Women’s economic autonomy suffered a historic setback in the region. One result of the pandemic has been an overburden of domestic and unpaid care and domestic work primarily assumed by women. They have also been overrepresented in sectors related to care and the first line of response to the pandemic. Economic recovery has been slower in feminized sectors of activity. Against this backdrop, State transfers are crucial for preventing an increase in the number of women without income of their own.

The medium-term consequences of COVID-19 on local, national and global economies are still uncertain, but the pandemic has clearly exacerbated gender inequality and reinforced the structural challenges on which it rests. Loss of income, increased job insecurity and time poverty are phenomena that affect women most and have worsened during the crisis, resulting in unprecedented setbacks for the economic autonomy of women in the region.

1. The excessive burden of care in households

It has been determined that the pandemic dramatically increased the care burden on households, and particularly on women, since households had to take over care and assistance services such as support for children’s education in the face of ongoing school closures, health care for the sick owing to the pressure on health systems that led to a great deal of health care (including care for the seriously ill) being shifted to households for reasons of efficiency and because of the increased resources devoted to COVID-19, and care for children and dependents owing to the closure of a variety of facilities providing these services (ECLAC, 2021d) (see box IV.1).

A number of surveys conducted in different Latin American countries provide data on the excessive burden of domestic and unpaid care work that women were confronted within the context of the COVID-19 pandemic.

The Americas and the Caribbean Regional Office of the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) conducted Rapid Gender Assessment Surveys in Chile, Colombia and Mexico during the second half of 2020 to assess the impact of COVID-19. The results indicate that the time spent on feeding, cleaning and playing with children had increased by a greater proportion among women than men, with a percentage difference averaging 8.4 points. Particularly salient is the increased effort that women with dependent children and adolescents had to put into teaching and coaching them because of school closures. The gap between the time spent by women and men on these tasks averaged 12.3 percentage points in the three countries.

The National Time Use Survey (ENUT) published by Colombia’s National Administrative Department of Statistics (DANE) can be used to compare the time spent on unpaid working activities and personal activities in the periods January–April 2017, September–December 2020 and January–April 2021. Between January and April 2021, 79.3% of women aged 10 and over participated in activities related to food provision, while only 32.3% of men did so. In both cases, participation was higher than in the period from January to April 2017. A similar ratio is found in activities related to cleaning and maintenance.
While men’s participation in some unpaid work activities increased from 60% in 2017 to 63.8% in 2021, it was women who saw their daily time spent on such activities increase during the pandemic. While women spent an hour more per day on these (up from 7 to 8 hours), for men there was a small decrease from 3.23 to 3.10 hours per day. In addition to the closure of schools, households had to cope with the lack of community services, kindergartens, development centres and other institutions for the care of children and older dependents. Where these institutions were concerned, 72.2% of households that had had access to care centres for older persons or persons with disabilities, or other non-residential institutions, reported that they had lost it.

In Argentina, the United Nations Children’s Fund (UNICEF) conducted the fourth round of the COVID-19 Rapid Assessment between April and May 2021. It found that 54% of women had felt a greater overload of household chores since the start of the pandemic. In addition, there was a doubling (from 5% to 10%) of situations in which children in households where adults were not teleworking were left at home on their own. Similarly, the proportion of children left in the care of a sibling under the age of 18 increased from 3% to 7% in the same period. Whereas in July 2020, 83% of respondents reported that children were cared for by another adult in the household, this proportion was down to 64% in May 2021. The survey also provides information on the psychological impact of the pandemic on adolescents. Of the adolescents surveyed, 33% said that they were upset by the context and 25% that they were scared. Given the current division of labour, whereby women are expected to be the emotional mainstay of households, it can be inferred that the effects of the pandemic must also be felt at this level.

Although unpaid work has also increased among men and there seems to be a window of opportunity to move towards a more equal distribution, the data show that this is happening in a way that overburdens women, who have had to cope with both an increase in care work and a reduction in time for personal and educational activities.


2. Women at the forefront of the response to the pandemic

The pandemic has brought those working in the care economy to the forefront. The work carried out by people employed there, especially those who provide direct care, demands physical and emotional proximity, making them more vulnerable to infection in the workplace when physical distancing is impossible (ILO, 2020).

Although characterized as being at low risk of losing their jobs, workers in both the health and education sectors had to cope with unpredictable or excessive working hours, job insecurity and high exposure to infection. As people in essential jobs, they had to reconcile work with household care needs and adapt routines so as not to expose those living with them to infection. These efforts were unacknowledged and undervalued in economic terms. The amount of overtime required to deal with the pandemic did not translate into proportionately higher pay.

While education and health care were included among the essential sectors, people providing domestic and care services in homes or institutions were sometimes left out of consideration and thus were not covered by early response mechanisms. Furthermore, the absence of systematic mechanisms to distinguish whether paid care workers were infected by general exposure or occupational exposure hindered the design of policies to protect essential workers. In addition, women working in private homes have not been provided with adequate training in the use of personal protective equipment that is essential to protect them from infection (ILO, 2020).
### Table IV.1
Latin America (12 countries)\(^a\) occupational characteristics of sectors of the care economy, weighted averages, around 2019–2020\(^b\)
(Percentages)

<table>
<thead>
<tr>
<th>Sector of economic activity</th>
<th>Distribution of the working population by sector of economic activity</th>
<th>2020</th>
<th>Year-on-year change (2015–2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women Proportion of women in the sector</td>
<td>Men Pay ratio between women and men</td>
<td>Proportion of working women who were poor</td>
</tr>
<tr>
<td>Teaching</td>
<td>9.5 69.2</td>
<td>75.6</td>
<td>2.0</td>
</tr>
<tr>
<td>Health care</td>
<td>7.7 72.7</td>
<td>61.0</td>
<td>2.3</td>
</tr>
<tr>
<td>Private households</td>
<td>9.9 90.9</td>
<td>72.8</td>
<td>11.2</td>
</tr>
</tbody>
</table>

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

\(^a\) Countries covered: Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Peru, the Plurinational State of Bolivia and Uruguay.

\(^b\) The data are for year-on-year changes between 2019 and 2020, except in the case of Chile, where they are for changes between 2017 and 2020, and Mexico, where they are for changes between 2018 and 2020.

\(^c\) Proportion of the population employed in each sector of economic activity in relation to the total number of persons in the sector.

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### (a) Women working in health care

Latin America and the Caribbean is home to 8.4% of the world’s population. However, as of November 2021, 30% of COVID-19 deaths had occurred in the region. The health crisis is ongoing and inequalities in access to vaccines between countries remain.

Health workers have been among the most affected because of increased working hours, greater exposure to infection (aggravated in some cases by inadequate protective equipment), understaffing and overburdened health-care infrastructure. The group of employed people who have been most severely exposed to infection because of their high-risk workplaces is precisely the group that sustains health systems. According to data from the Pan American Health Organization (PAHO) for 29 countries and territories in Latin America and the Caribbean, as of July 2021 at least 1,146,668 confirmed cases and 8,524 deaths among health workers had been recorded (PAHO/WHO, 2021).

Given the composition of the sector, the pressure on health care entails a worsening of gender gaps. In 2020, the health sector employed 7.7% of the region’s women, and 72.7% of those employed in the sector were women (see table IV.1). The sector is characterized by marked occupational segregation, which consigns most women to lower-skilled and lower-paying jobs. Moreover, the wage gap persists, standing at 39.0% in 2020. Lastly, one in five women does not contribute and is not affiliated to the social security system, which implies a high prevalence of substandard working conditions and curtailment of present and future resources (ECLAC, 2019a; ILO, 2017). This situation is even more serious if the risk of contagion and the vulnerability of people left uncovered by social security protection mechanisms are considered.

For those working in the health sector, the COVID-19 pandemic also presented the challenge of finding ways of balancing their own well-being with the needs of the health emergency. This is particularly important for women, who have had to cope with the traditional demands of caring for family members in addition to longer and more stressful working days (ECLAC, 2021d). Overwork coupled with the fear of putting their family members at greater risk of contagion affected the mental health of women health workers. Indeed, a number of reports have warned about depressive symptoms and the way they have increased in the case of non-professional clinical staff, including senior nursing teams and nursing assistants, most of whom are women (Health Care Workers COVID-19 Study, 2021; MHA, 2021). Recent data also show that COVID-19 increases the likelihood of health-care workers experiencing violence, harassment, stigmatization...
and discrimination in their community as a result of fear of the virus (ILO, 2020). While some countries have provided bonuses to recognize the efforts of health workers or guarantees of decent working conditions, nowhere have these measures contributed to the reduction of existing gender gaps.

Strengthening the institutions of health systems in the region is vital for coping with the crisis caused by the pandemic (see chapter II), but it is also necessary so that the phases of recovery and reconstruction can be planned for (ECLAC/PAHO, 2020). As part of this, it is necessary to safeguard the physical and mental health of people working in the health sector, most of them women, and ensure decent working conditions so that the sector can be transformed. This transformation must be approached from a gender perspective that takes account of the dimensions of inequality characterizing the sector.

**(b) Women working in education**

The closure of educational institutions, adopted as a global measure to deal with the spread of the virus, affected households with school-age children and adolescents, but also had a strong impact on workers in pre-primary, primary, secondary and tertiary education, as well as on support staff employed in the sector.

This unexpected change forced the education system to adapt quickly to non-classroom forms of education, incentivizing the use of information and communications technologies (ICTs). This distance education process was not always accompanied by training for teachers in the new educational demands and formats, and in many cases the technology or infrastructure needed to carry out the necessary functions was not available. Likewise, the combination of teaching-related tasks and support for parents and students overburdened the paid working time of the sector’s staff and the routines of the households that had to assist them in this process. This is particularly important in gender terms, given the large presence of women in the sector. In fact, like the health sector, the education sector is highly feminized: it employs 9.5% of women in the region, and women make up 69.2% of those employed in this sector (see table IV.1).

The challenges in this area not only affected frontline staff, but also had considerable impacts on those indirectly supporting the sector (service providers, cleaning staff, substitute and part-time teachers, psychosocial support professionals and those teaching sporting and artistic disciplines, among others). Because these jobs are usually outsourced, part-time or occasional, the closure of educational institutions left these workers without jobs, income or other benefits.

**(c) Women working in private households**

Some 13 million people in Latin America and the Caribbean were engaged in paid domestic work in 2019, and 91.5% of them were women, in many cases Afrodescendant, indigenous or migrant women (ECLAC, 2021d). This sector exhibits high levels of precariousness: wages are among the lowest for any category of paid workers, and levels of informality are particularly high (76% of the women employed there do not have social security coverage) (Valenzuela, Scuro and Vaca Trigo, 2020, p. 85).

By contrast with the other care sectors, where the public sector is the main employer, women carrying out paid domestic and care work in private households suffered a large loss of jobs and income in 2020. This sector employs 9.9% of the region’s women, who make up the bulk of the workforce (90.9%). Employment levels among female workers in the sector fell by 19.8% in the region between 2019 and 2020. Together with the fall in average wages, this translated into a 24.0% decline in the sector’s wage bill.
High levels of informality made it possible for many women employed as domestic workers to be dismissed without compensation or subjected to irregular situations in which they were exposed to infection and required to perform non-agreed tasks. In 2020, only 25.5% of paid female domestic workers were affiliated or contributing to social security systems. Although some countries have made progress with regulations governing the sector, 11.2% of paid domestic workers are poor.

Lockdowns have also forced many domestic workers to choose between financial security and the avoidance of health risks, so that sometimes they have even had to sleep over at their workplaces, which has kept them away from their families and deprived them of adequate rest. If they are able to travel, most do so by public transport, which exposes them to the virus while making them potential transmitters of COVID-19 at home. Many are also put at further risk by having to make excessive use of cleaning products and carry out shopping without being provided with appropriate protective equipment to ensure their safety (UN-Women/ECLAC/ILO, 2020).

Most women in domestic employment work in large cities for employers who belong to the middle- and high-income sectors. Working by the hour has become more prevalent in recent years, which translates into more travel time during the working day to move from one job to another (ECLAC, 2019).

In Latin America, 51.6% of those who migrate are women, and more than a third of that total are engaged in paid domestic work (35.3%), forming part of what have come to be called “global care chains” (ILO, 2019b). The evidence from these global care chains is that a third of women working in the sector in Latin America are migrants and form part of South-South chains, while others leave the region in search of higher wages in countries of the North. Both types of migrants suffered from border closures during the pandemic and were kept away from their loved ones for indefinite periods. In addition, the fear of deportation resulting from their irregular employment status makes it difficult for them to lodge complaints in the event that their employers ill-treat them or do not honour agreements made with them. The discrimination they suffer because of the work they do is compounded by discrimination because of their migrant status or their racial and ethnic heritage (UN-Women/ECLAC/ILO, 2020).

In sum, besides the aggregate effects on the economy, there are impacts that differ by sector. In any event, though, inequalities persist and have if anything been intensified by the health, social and economic effects of the pandemic. The effects of the pandemic have combined with weak access to social protection and employment rights, high levels of informal working and the structural heterogeneity of markets, which particularly affect women, since they are generally paid less than men and are more likely to be in informal employment and in more precarious sectors. It is therefore essential to design and implement both recovery measures in the different sectors and transformative measures that enhance women’s economic autonomy and protect their rights.

3. A historic setback for women’s labour force participation and employment quality

The effects of the crisis on the labour market have been tremendous, with considerable reductions in participation and employment rates and a greater increase in unemployment than in previous crises (ECLAC, 2021b, 2021c and 2022).

The crisis led to an enormous outflow of workers from the labour market. In the case of women, this has set back their labour force participation rate to what it was 18 years ago (see figure IV.1). The female participation rate declined from 51.8% in 2019 to 47.7% in 2020, while the male participation rate fell from 75.5% to 70.8%. The
female labour participation rate reflects a much lower threshold than that relating to men and, owing to the impacts of the pandemic, in 2020 less than one in every two women was part of the labour force.

**Figure IV.1**
Latin America and the Caribbean (24 countries):\(^a\) participation and unemployment rates, weighted averages, by sex, 2001–2021 (Percentages)

For 2021, it is estimated that the female labour force participation rate will increase to 50.0% (identical to the level seen in 2016), compared to 73.5% for men (ECLAC, 2022). Growth in employment levels has been slow, with female employment recovering more slowly than male employment (see figure IV.2).

Unemployment also increased as a result of the crisis, reaching rates of 12.1% for women and 9.1% for men in 2020. Given the slow increase in employment levels and higher participation rates, it is estimated that unemployment rates increased and were roughly 11.8% for men (ECLAC, 2022). The reasons for expecting such a high unemployment rate for women include expected changes in labour demand associated with the new skills needed for the jobs of the future, the contraction of highly feminized sectors, increased digitalization and use of artificial intelligence, and a stronger recovery in male-dominated economic sectors (ECLAC, 2021b and 2022).

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\(^a\) Countries considered: Argentina, the Bahamas, Barbados, Belize, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia, Trinidad and Tobago and Uruguay.

Figures for 2019 do not include the Bolivarian Republic of Venezuela.

\(^b\) Estimates for 2020 are in line with the Preliminary Overview of the Economies of Latin America and the Caribbean, 2021 (ECLAC, 2022).

\(^c\) Projections for 2021 are in line with the Preliminary Overview of the Economies of Latin America and the Caribbean, 2021 (ECLAC, 2022).
However, these unemployment figures reflect only a proportion of the jobs lost in the COVID-19 crisis. More women have left the workforce than have been registered as unemployed, since many who want to work in paid employment have been unable to do so and have given up the search owing to the gender stereotypes that overburden them with household care work. Figure IV.3 shows the increase in the population outside the labour market in seven countries of the region, showing that most of this increase is explained by the great number of women leaving the workforce, amounting to 11%, according to information for the period between the first quarter of 2020 and the first quarter of 2021.
(a) Inequalities between households

The crisis exacerbated other inequalities that combine with gender inequalities. Figure IV.4, for example, shows that women’s employment rates are lower than men’s in all income quintiles, but gender gaps in employment are wider in lower-income households.

Figure IV.4
Latin America (13 countries)* employment and unemployment rates by sex and income quintile for the population aged 15 and over, around 2019 and 2020** (Percentages)

A. Employment rate by sex and household income quintile

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>58.0</td>
<td>60.9</td>
</tr>
<tr>
<td>IV</td>
<td>50.1</td>
<td>56.5</td>
</tr>
<tr>
<td>III</td>
<td>43.8</td>
<td>47.9</td>
</tr>
<tr>
<td>II</td>
<td>36.3</td>
<td>41.7</td>
</tr>
<tr>
<td>I</td>
<td>29.1</td>
<td>34.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>76.1</td>
<td>78.3</td>
</tr>
<tr>
<td>IV</td>
<td>70.3</td>
<td>76.8</td>
</tr>
<tr>
<td>III</td>
<td>69.1</td>
<td>70.3</td>
</tr>
<tr>
<td>II</td>
<td>64.0</td>
<td>69.0</td>
</tr>
<tr>
<td>I</td>
<td>52.3</td>
<td>62.0</td>
</tr>
</tbody>
</table>

B. Unemployment rate by sex and household income quintile

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>15.5</td>
<td>22.0</td>
</tr>
<tr>
<td>IV</td>
<td>22.0</td>
<td>27.7</td>
</tr>
<tr>
<td>III</td>
<td>27.7</td>
<td>31.6</td>
</tr>
<tr>
<td>II</td>
<td>15.2</td>
<td>18.1</td>
</tr>
<tr>
<td>I</td>
<td>3.4</td>
<td>7.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>3.2</td>
<td>4.1</td>
</tr>
<tr>
<td>IV</td>
<td>5.8</td>
<td>7.4</td>
</tr>
<tr>
<td>III</td>
<td>9.0</td>
<td>12.4</td>
</tr>
<tr>
<td>II</td>
<td>6.2</td>
<td>12.1</td>
</tr>
<tr>
<td>I</td>
<td>2.7</td>
<td>3.4</td>
</tr>
</tbody>
</table>

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

* Countries considered: Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.

** The average figures for 2019 cover all the countries mentioned above except Chile and Mexico, for which figures from 2017 and 2018, respectively, are used.
While the employment rate for women in the fifth income quintile was 58.0% in 2020 (and the male rate was 76.1%), the employment rate for women in the first income quintile was only 29.1%, whereas the rate for men in this quintile was of the order of 52.3%.

Similarly, it can be seen that women in the poorest households have greater difficulty in finding employment. The unemployment rate for women in households in the first quintile reached 27.7% in 2020, while the male rate was also high (22.0%), although lower than the female rate.

At the same time, it has been pointed out that the crisis could accelerate structural changes associated with the increased use of technologies that were already occurring in the region’s labour markets. Changes in the demand for labour are expected as a result of incentives for companies to achieve greater efficiency, either through the incorporation of new technologies or through improvements in their processes that adapt them to produce with fewer workers (ECLAC, 2021b).

New digital jobs could also accentuate inequalities, particularly gender inequalities. For example, most jobs on digital platforms are not protected by the right to unionize, the right to strike or the right to collective bargaining, nor do they guarantee the right to holidays, unemployment insurance, sick leave, health insurance, maternity protection or care policies. Moreover, by their nature, these types of jobs do not guarantee a regular fixed income or opportunities for training or career advancement (Vaca Trigo, 2019). This being so, differences in access to and use of technologies that are closely linked to income levels signal the need to implement occupational training and reskilling policies. This requires measures to strengthen labour intermediation services and comprehensive employment programmes (including hiring subsidies and guaranteed care services, among other things) to help women who have lost their jobs as a result of the crisis find work in more dynamic sectors and obtain better working conditions.

At the same time, as noted above, the closure of education and care centres meant that many women in the region had to leave their jobs to carry out care work. Figure IV.5 shows that women aged between 20 and 59 in households with children under 5 years of age had the lowest employment rates before the pandemic (53.4%). It was also they who experienced the largest decline in employment as a result of the crisis (a fall of 11.8%).

**Figure IV.5**
Latin America (13 countries): Employment rates and changes in employment levels between 2019 and 2020, by presence of children aged 0 to 4 in the household and by sex, population aged 20 to 59 (Percentages)

<table>
<thead>
<tr>
<th>Households with children aged 0 to 4</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>86.1</td>
<td>90.4</td>
</tr>
<tr>
<td>Female</td>
<td>48.3</td>
<td>53.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Households with children aged 5 to 15</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>83.1</td>
<td>87.0</td>
</tr>
<tr>
<td>Female</td>
<td>57.6</td>
<td>63.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Households without children</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>74.8</td>
<td>80.1</td>
</tr>
<tr>
<td>Female</td>
<td>63.4</td>
<td>63.4</td>
</tr>
</tbody>
</table>
The generation of employment opportunities for women must be at the centre of recovery strategies. Accordingly, labour market policies need to be coordinated with policies aimed at creating shared responsibility for care between households, the State, the private sector and communities. First, there needs to be progress towards a development model that promotes labour markets in which men and women are able to reconcile paid and unpaid work (including, for example, flexible working hours with the necessary checks to prevent abuses, hybrid work systems, encouragement for teleworking, parental leave and family care leave). Second, shared responsibility also needs to be geared towards reducing the overload of care work in households and towards the development of systems that guarantee the right to care for all, without relying solely on women’s unpaid work.

(b) Sectoral effects

In 2021, the region recorded GDP growth of 5.9% (ECLAC, 2021b). Despite this recovery, which raised hopes of an improvement in the labour market, there is great concern that workers and firms in the sectors most affected by the crisis will not be able to benefit from these economic improvements (ECLAC, 2021a).

The sectors of economic activity in which employment declined most were precisely those with a high proportion of women, such as paid domestic work, retail trade, hotels and tourism, although the size of the sectoral differences varied between countries. While the construction and transport sectors have also seen declines in female employment, women still only account for a very low proportion of workers there. At the same time, employment is forecast to increase in several high-skilled service sectors where women are less represented. These structural differences will tend to increase gender inequalities in the labour market in the absence of active employment policies for women.

In 2020, the trade sector employed an average of 21.6% of women in the region, 65.6% of whom worked in enterprises with fewer than five people, while only 37.1% were affiliated to a social security system. In the highly feminized accommodation and food sector (61.3% of those working in the sector are women), the proportion of women in enterprises with fewer than five people is 71.9%, and only 24.6% of women are affiliated to a social security system (see table IV.2).
Table IV.2
Latin America (12 countries)* occupational characteristics of sectors heavily affected by the coronavirus disease (COVID-19) pandemic, weighted averages, around 2020
(Percentages)

<table>
<thead>
<tr>
<th>Sector of economic activity</th>
<th>Distribution of working population by sector of economic activity</th>
<th>Proportion of women in the sector</th>
<th>Women own-account workers as a proportion of employment in the sector</th>
<th>Proportion of women employed in firms with less than five people</th>
<th>Proportion of working women affiliated to social security</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
<td>2020</td>
<td>2020</td>
<td>2020</td>
</tr>
<tr>
<td>Trade</td>
<td>21.6</td>
<td>18.2</td>
<td>46.0</td>
<td>39.2</td>
<td>65.6</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>11.0</td>
<td>13.4</td>
<td>37.1</td>
<td>29.0</td>
<td>45.2</td>
</tr>
<tr>
<td>Food and accommodation</td>
<td>8.8</td>
<td>4.0</td>
<td>61.3</td>
<td>35.8</td>
<td>71.9</td>
</tr>
<tr>
<td>Transport and storage</td>
<td>1.1</td>
<td>8.2</td>
<td>8.8</td>
<td>17.4</td>
<td>29.2</td>
</tr>
<tr>
<td>Construction</td>
<td>0.7</td>
<td>12.2</td>
<td>4.0</td>
<td>11.7</td>
<td>26.9</td>
</tr>
</tbody>
</table>

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

* Countries considered: Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Peru, the Plurinational State of Bolivia and Uruguay.

b Population working in each sector of economic activity as a proportion of total employment in the sector.

As has been pointed out on numerous occasions, disruptions to production chains and restrictions on people’s mobility had serious consequences in all the region’s production sectors. The magnitude of the decline in employment varied greatly between sectors, as did the duration of these impacts. While the largest contraction was in the second quarter of 2020 for all sectors, the partial opening of economies in the third quarter allowed a recovery to begin (ECLAC, 2021b and 2021c).

A disturbing fact that augurs badly for employment rates is that the history of past crises seems to be repeating itself, with heavily male-dominated sectors recovering faster than those with a greater presence of women. By the first quarter of 2021, for example, employment in construction was similar to what it had been before the pandemic, while the accommodation and food sector was experiencing a slower recovery (ECLAC, 2021b). The household sector as an employer has not yet recovered to pre-pandemic levels (see figure IV.6). Accordingly, making progress with vaccination and prioritizing women employed in paid domestic work will be essential to recovery in this sector.

Figure IV.6
Latin America (8 countries): employment trends in the construction sector and in private households, first quarter of 2020 to first quarter of 2021
(Index 2020/01-100)
Figure IV.6 (concluded)

C. Bolivia (Plur. State of)

D. Chile

E. Colombia

F. Costa Rica

G. Mexico

H. Dominican Republic

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official figures from the countries.
(c) The effect on incomes

The contraction in employment mainly affected those in lower-wage jobs, in informal jobs and in some highly feminized sectors, resulting in a sharp fall in the wage bill. Although in some countries there was a positive change in earnings because of the “composition effect,” average earnings generally fell (ECLAC, 2021c). These substantial losses in earnings have contributed to the rise in poverty. Women aged between 20 and 59 are more likely to be unemployed and to have higher poverty rates than men in the same age range in all countries of the region (see figure I.20).

Analysing people’s individual resources provides an alternative to the traditional measurement of poverty, which treats the household as a unit where resources are distributed equally among members. Having an income confers some decision-making power over how money is spent. For this reason, the proportion of people with no income of their own has become a key indicator for the analysis of women’s economic autonomy and the characterization of gender inequalities in terms of access to monetary resources (Bidegain, Scuro and Vaca Trigo, 2020; ECLAC, 2002).

In the region, 24.8% of women received no income of their own in 2019, and this figure would increase to 32.0% if non-contributory State transfers were left out of consideration. This implies that 7.2% of women in the region received a non-contributory State transfer as their only income (compared to 1.7% of men). As pointed out in chapter II, emergency transfers have mitigated the impact of the crisis. In the absence of State transfers, in 2020 36.7% of women in the region would have had no income of their own, since 10.9% of women in the region received a non-contributory transfer from the State as their only income (see figure IV.7).

Figure IV.7
Latin America (13 countries):a women without income of their own by receipt of non-contributory transfers, around 2019b and 2020
(Percentages)

<table>
<thead>
<tr>
<th>Country</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>16.8</td>
<td>18.1</td>
</tr>
<tr>
<td>Bolivia (Plur. State of)</td>
<td>29.5</td>
<td>19.1</td>
</tr>
<tr>
<td>Brazil</td>
<td>24.1</td>
<td>23.4</td>
</tr>
<tr>
<td>Chile</td>
<td>19.6</td>
<td>18.4</td>
</tr>
<tr>
<td>Colombia</td>
<td>28.6</td>
<td>32.3</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>32.3</td>
<td>39.6</td>
</tr>
<tr>
<td>Ecuador</td>
<td>39.6</td>
<td>41.6</td>
</tr>
<tr>
<td>El Salvador</td>
<td>34.4</td>
<td>42.2</td>
</tr>
<tr>
<td>Mexico</td>
<td>34.4</td>
<td>41.5</td>
</tr>
<tr>
<td>Paraguay</td>
<td>25.5</td>
<td>42.6</td>
</tr>
<tr>
<td>Peru</td>
<td>29.4</td>
<td>37.0</td>
</tr>
<tr>
<td>Plurinational State of Bolivia</td>
<td>33.5</td>
<td>35.5</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>34.7</td>
<td>32.1</td>
</tr>
<tr>
<td>Uruguay</td>
<td>26.7</td>
<td>36.5</td>
</tr>
<tr>
<td>Latin America (weighted average)</td>
<td>32.0</td>
<td>38.7</td>
</tr>
</tbody>
</table>

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

a Countries considered in weighted averages: Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.
b In the cases of Chile and Mexico, the pre-pandemic data are for 2017 and 2018, respectively.

1 The “composition effect” means that the average wage may rise as the number of lower-income jobs falls.
2 The indicator for the population without income of their own refers to the proportion of the population of each sex, aged 15 and over, who are not in receipt of individual monetary incomes and who are not studying exclusively (depending on their activity status) in relation to the total non-student population of the same sex aged 15 and over.
In the Plurinational State of Bolivia, one in every three women received a non-contributory State transfer as their only income in 2020, with the result that only 12.7% of women had no income of their own in 2020 (compared to 46.5% if non-contributory transfers are left out of account). In the context of the pandemic, this reduced the proportion of women with no income of their own in the country. Paraguay also shows a reduction in the proportion of women with no income of their own, thanks to the substantial impact of non-contributory State transfers. In Brazil, Chile, the Dominican Republic and Uruguay, the effect of transfers has cushioned the loss of income by keeping the proportions of women with no income of their own similar to those observed before the pandemic. In Argentina, Costa Rica and Mexico, although the effect of transfers has not reduced the number of people without income of their own compared to pre-pandemic figures, they are the exclusive source of income for more than 5% of women in each of these countries.

In those countries of the region where income sources can be analysed, non-contributory State transfers represent a larger share of women’s income than men’s, largely because women receive lower incomes. Non-contributory State transfers accounted for more than 6% of women’s income everywhere except Paraguay (4.3%), and in the Dominican Republic and Ecuador the figure was around 10% (see figure IV.8).

This situation underscores the importance of maintaining the continuity of emergency social transfers in the short term. Poverty will become more feminized if governments discontinue the emergency transfers implemented in 2020 and 2021 or reduce non-contributory social protection programmes, firstly because women in the...
region are more likely to rely on these programmes as their sole source of income, and secondly because the resources available to households come mainly from earnings and, as shown throughout this section, gender gaps in the labour market persist.

For this reason, achieving a transformative recovery with equality that does not leave women behind means moving towards care societies by integrating medium- and long-term measures to ensure universal, comprehensive and sustainable social protection and strategies for structural change.

B. Care and its role in the sustainability of life

The pandemic has further highlighted the central role of care for the sustainability of life. The current social organization of care is not only unfair, it is also unsustainable. Investment in the care economy has the potential to boost economies, creating employment and well-being in the context of a recovery with sustainability and gender equality.

The health crisis quickly turned into a social and economic crisis that demonstrated the impossibility of sustainable production or a sustainable economy in the absence of health care and physical and emotional well-being.

Care work is fundamental to the sustainability of life, the reproduction of societies and economic production. It is the main generator of well-being in families and communities, and it creates the conditions for biological and symbolic reproduction from one generation to the next. All these aspects are essential for the sustainable development of societies.

Despite its importance, care work continues to be neglected and undervalued in the design of economic and social policies. The distribution of care responsibilities is not fairly and equally balanced, as it is almost entirely women whose time is taken up, usually without any kind of compensation for this work. One of the main contributions of feminist theorists is to have thoroughly analysed the situation in order to denaturalize the way societies resolve their care needs and question the almost exclusive allocation of these activities to women (Molyneux, 1979; Borderías, Carrasco and Torns, 2011; Carrasco, 2004 and 2017; Folbre, 2004; Picchio, 1992 and 2009).

1. Putting life at the centre

As Hochschild (1995) describes, the care crisis is explained by the “stalled revolution” (Hochschild, 1989). Women have entered the public sphere, especially employment, without their role as caregivers in the domestic sphere diminishing. In Latin America, moreover, the vast majority have found employment in insecure occupations without pension coverage, which means an impoverished old age.

Although the COVID-19 pandemic brought this to the fore internationally in 2020, feminist studies had been arguing ever since the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) for the need to correct the systematic incompatibility that women experience between the reproductive and productive spheres (Carrasco, 2004 and 2017; Molyneux, 1979; Benería, 1981; Picchio, 1992 and 2009; Pérez Orozco, 2006 and 2014).³

³ For example, article 16 of the Convention on the Elimination of All Forms of Discrimination against Women refers to shared responsibility for child-rearing by men and women. Article 11 stresses the importance of social services that allow parents to combine family responsibilities with work and participation in public life.
The factors that have exacerbated the care crisis are long-term features of the region. Response measures must therefore be accompanied by actions that simultaneously seek to lay the foundations for a structural shift in the current model. The idea of a care society posits just this: a paradigm shift that puts care for people and caregivers, self-care and care for the planet at the centre.

Social and economic configurations in the region have prioritized androcentric models and supported a status quo that maintains the division of labour based on gender stereotypes. These models have failed to respond to the challenges faced by societies in terms of economic cycles, demographic transitions and epidemiological changes, and have not provided conditions in which inequalities between men and women can be overcome.

The negative health effects of the region’s weak and fragmented health-care systems, patterns of production, distribution and consumption (mainly where food is concerned) and hyperurbanization lead to acute or chronic illnesses that are intensifying care demands and having a direct impact on the time women devote to the well-being of their households and extended families. While environmental degradation affects the daily living conditions of the region’s populations, intersectional power relations mean that its effects take different forms depending on people’s sex, socioeconomic status, ethnic and racial heritage, and place of origin. For example, the effects of climate change, such as extreme weather events and water or energy shortages, can lead to women, particularly rural or indigenous women, having to spend even more hours on domestic and care work. In this way, unsustainable practices threaten not only “nature” and thus “humans” in general, but certain specific groups much more than others (Gottschlich and Bellina, 2016). Some recent studies discuss the finite capacity of both natural resources and women’s bodies to sustain a model like the current one, since care is still understood not as a public good but as a demand that is ideally met in the private sphere of households (Heintz, Staab and Turquet, 2021; Dengler and Strunk, 2018).

However, there are important factors that underscore the need to think about both the sustainability of the planet and care beyond private provision: both spheres produce value in the form of public goods at different scales (national, regional and global), and their realization is essential both for the sustainability of life and for the functioning of the market itself (Heintz, Staab and Turquet, 2021; Folbre, 2004; Picchio, 2009; Gottschlich and Bellina, 2016). Unpaid care produces value in the form of a “public good” insofar as society, and not only the care recipient, benefits from this activity. Moreover, the value derived from this sphere acts as a subsidy from households to the public sphere (State or market) (Picchio, 2003). The same is true of environmental sustainability, as its effects transcend generations, countries and regions. Its value is highly interdependent, both temporally and geographically, and it plays a central role in supporting market activities (Heintz, Staab and Turquet, 2021). Consequently, given their multi-scale, intergenerational interdependence and their central role in supporting both life and the market, public goods derived from the two spheres mentioned above should be subject to economic, social and political covenants that transcend private relationships and ensure their collective, long-term use and sustainability.

In order to put life at the centre, the care society seeks to transcend models based on the exploitation of life, structural injustice and the prevalence of inequalities. Accordingly, it seeks to influence the distribution of care work and the burdens and benefits derived from people’s relationship with environmental resources. Care for the planet thus becomes part of the care society, since the transformative model can only be viable if it is sustainable and comprehensive in relation to the planet’s capacity and human dignity.
2. How can innovative investment contribute to a transformative recovery with equality?

The COVID-19 pandemic has put thinking about life-sustaining activities at the centre of the debate. The care economy, even if it was not named as such, became a core sector. Despite this, care-related tasks are usually undervalued, and as a result no monetary value is set on them. However, estimates of the economic value of unpaid household work in Latin American and Caribbean countries put it at between 15.7% and 24.2% of GDP, with women contributing around 75% of this value (ECLAC, 2021d). Accordingly, the care economy should be seen as an investment in a sector that is not only crucial to recovery from the crisis but that is also a driving force for the economy, within the framework of a transformative recovery with equality.

In particular, the potential of the care economy to drive a transformative shift towards a new model of development that is fairer and more sustainable and egalitarian than the old one arises because of two central elements. First, investment in the care economy increases economic efficiency, productivity, job creation (especially for women) and, consequently, tax revenues. Second, it brings an improvement in the present and future capabilities and well-being of society as a whole.

The excessive burden of unpaid work for women is an obstacle to their full participation in the labour market and contributes to a misallocation of talent, thus creating inefficiencies that affect productivity. Investing in care would help reduce gender gaps in education, health, employment and wages, and would have an impact on productivity and the growth rate of the economy (Seguino, 2020).

Investment in the care economy also has a direct impact on employment (Henau and Himmelweit, 2021). In a context of change in demographic dynamics and the world of work, the demand for labour in sectors associated with the care economy will tend to increase (Simonazzi, 2008). If this situation were addressed through the expansion of services in the education and health sectors, it is estimated that 475 million direct care jobs, 78.5 million other jobs in these sectors and 38.4 million indirect jobs could be created worldwide by 2030 (ILO, 2019b).

Moreover, if there is coordination with employment policies that improve the quality of these jobs, the care sector can contribute not only to an increase in employment overall, but to a reduction of gender gaps in the labour market. Investment in the care economy can thus lead to more and better jobs in traditionally feminized sectors, thereby increasing the incomes of those working in these sectors (ECLAC, 2021d). This is a particularly important factor insofar as the sectors at the centre of economic recovery policies (such as construction) have traditionally tended to be highly masculinized (De Henau, Himmelweit and Perrons, 2017). Moreover, access to better wages and working conditions for women would not only have a direct impact on aggregate demand but could increase labour productivity and reduce unit labour costs (Seguino, 2020).

At the same time, public and private investment in care leads to improved capabilities and social well-being. The provision of public and social care infrastructure can reduce educational inequalities affecting children, especially if the quality of community, public and private care services is regulated and monitored (ECLAC, 2021d). In the long run, this improvement has an impact on the occupational, social and economic capabilities of society.

Moreover, investing in actions aimed at creating and strengthening comprehensive care systems improves society as a whole by conferring value and recognition on this central pillar of well-being. Thus, although care services are usually included in the
social expenditure item when budgeting, the resources allocated to this area constitute
more of an investment, one whose impact improves the living conditions of society as
a whole (Braunstein, van Staveren and Tavani, 2011).

Investment in care also helps reduce poverty and inequality through its role in closing
labour market participation and pay gaps between men and women (Braunstein, Bouhia
and Seguino, 2020). Estimates by the Economic Commission for Latin America and
the Caribbean (ECLAC) in 2014 established that if women had the same participation
rates as men, poverty in 18 Latin American countries could be cut by between 1 and
12 percentage points, depending on the country, while inequality (measured by the
Gini index) could decline by between 1 and 4 percentage points (ECLAC, 2014).

In terms of the 2030 Agenda for Sustainable Development, investing in the care
economy contributes to the following goals: eradicate poverty and implement appropriate
social protection systems and measures for all people (SDG 1); end hunger, achieve food
security and improved nutrition, and promote sustainable agriculture (SDG 2); ensure
healthy lives and promote well-being (SDG 3); ensure inclusive, equitable and quality
education (SDG 4); achieve gender equality and empower all women and girls (SDG 5);
promote inclusive and sustainable economic growth, full and productive employment
and decent work for all (SDG 8); build resilient infrastructure, promote inclusive and
sustainable industrialization and foster innovation (SDG 9); reduce inequalities (SDG 10);
take urgent action to combat climate change (SDG 13); promote just, peaceful and
inclusive societies (SDG 16); and strengthen the means of implementation and revitalize
the Global Partnership for Sustainable Development (SDG 17).

In sum, over the short and medium term, investment in the care economy raises
incomes by increasing the productivity, quality and amount of employment (especially
for women) and has an impact on household consumption capacity, economic activity
and tax revenues. This investment also leads to an improvement in the general welfare
of society, reduces inequalities in all their forms and contributes to diversification of the
production structure without transgressing the ecological limits on the reproduction of
life. For all these reasons, boosting the transformative potential of the care economy is
essential to achieve a transformative recovery that is fairer, equitable and sustainable

C. Care policies for a recovery with equality
and sustainability

The proposal by ECLAC for a transition to a care society implies recognizing that
care is a universal need and that it also reflects structural diversities such as those
related to the life cycle, physical conditions, socioeconomic and income conditions,
and territorial differences. Universality, inter-agency and intersectoral coordination,
co-responsibility and financial sustainability are cornerstones of the comprehensive
care policies needed in the region.

This section analyses the key elements in the design and implementation of care
policies within the framework of transformative recovery with equality and sustainability.
To achieve this, it is essential to have a State with strengthened capacities and an
institutional framework that can coordinate care policies. The ECLAC proposal focuses
on the shift towards a care society, which implies equality between men and women
and the recognition, redistribution and reduction of care tasks within the framework
of human rights and the commitments made in the 2030 Agenda. At the same time, it is essential to reaffirm the central role of the State in the process of building the care society through actions whose ultimate goals are the universalization of quality services, policy coordination and intersectorality, financial sustainability and the principle of shared responsibility.4

1. Comprehensive care policies: pillars of progress towards gender equality

The transformation of daily life that the crisis caused by the COVID-19 pandemic brought about has given greater visibility to the lack of infrastructure and resources, such as time, that are needed to make care viable. While the care crisis predates the pandemic, all its dimensions worsened during 2020 and 2021. The measures needed to prevent contagion, the reconfiguration of household tasks and changes in routines put the word “care” at the centre of many of the region’s discourses. States had to take measures to prevent the spread of the virus and see that the most vulnerable populations in particular, such as older persons, were cared for, as well as limiting the spaces in which children and adolescents mingled by closing educational centres. The profound transformation of daily life brought about by the pandemic was manifested in new ways of carrying out paid work, finding jobs, moving around and maintaining emotional ties. This brought society as a whole closer to the postulates of feminist theorists and the positions developed over time in the Regional Gender Agenda, both embodying several decades of reflection on the rigid sexual division of labour and the unfair social organization of care.

The region has some experience with care policies aimed at transforming the sexual division of labour at both the national and subnational levels. The pandemic context highlighted the need to extend these policies to territories where they had not yet been implemented and to strengthen them where they already existed. On this matter, the machineries for the advancement of women argued at the last Regional Conference on Women in Latin America and the Caribbean that efforts were still insufficient and that it was necessary to move towards comprehensive systems of care from a gender and human rights perspective that took account of interculturality and intersectionality (ECLAC, 2020a).

(a) The universality perspective: progressiveness in access to quality services

Everyone needs some form of care during their life cycle, although not everyone provides it. Care is a universal need and at the same time expresses structural diversities, such as the life cycle, physical conditions, socioeconomic and income conditions, and territorial differences, among others. For this reason, policies must aspire to universality within the framework of equality, recognizing that there are populations with greater demands and profound deficiencies in the provision of care. For policies to achieve equality in a context of profound inequalities such as that of Latin America and the Caribbean, they must be progressive and envision access for all, without compromising on the quality of the services offered.

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4 Shared responsibility, understood in its two aspects, concerns redistribution of the burden of care between men and women and implies a reduction of the burden on households and recognition and participation by the State, the private sector and communities to meet the care needs of the entire population, including women, the traditional caregivers in the current model of society.
It is crucial for the State to guarantee the quality of care provision so that public policies do not reinforce inequalities or produce stratified systems geared solely towards those unable to afford the cost of services that are only accessible to those with higher incomes.

Once universality has been established as the guiding principle, the progressiveness and specificity criteria of public policies must be discussed and identified in accordance with the characteristics of the populations and territories for which quality care needs to be provided as a matter of priority. It is of the utmost importance at this point to be clear that not only do caregivers need to have different skills, but different policy approaches are required to facilitate and guarantee quality care. In addition to the needs of the people to be cared for, quality care also entails care for caregivers (rest and decent working conditions), whether this care is paid and takes place in the labour market or is unpaid and takes place in the home.

As this chapter has shown, there tend to be wide gaps in incomes and employment rights between people with specialized care training and those who provide care without specific training or in an informal work setting. In addition to ensuring the supply of quality care services and taking measures to see that unpaid carers are entitled to rest and free time, it is essential to progress with the formalization, training and certification of the skills and capabilities needed to carry out care work.

(b) Inter-institutional coordination and intersectorality

In Latin American countries where care policies exist, institutional organization takes various forms. In some cases, policies are led by ministries of social development, in others by machineries for the advancement of women, and there are also examples of policies led by the social security sector. The complex but innovative nature of care policies from a gender perspective requires an intersectoral approach and coordinated efforts by different ministries and sectors if the objectives laid down are to be fully achieved. It is essential for care policy to accommodate the involvement of different sectors of the State in both the provision and regulation of services and benefits. In addition, the design and implementation of care policies will be enhanced by the participation of paid and unpaid caregivers and of people needing care themselves, either individually or through representative organizations.

The cross-cutting aspect of care policies makes it vital for there to be institutional coordination with clearly defined competencies and roles between the different levels (subregional, local and national) and agencies of the State. A collaborative approach is therefore essential, as these policies may involve areas as diverse as public infrastructure, education, health care, labour legislation and pension systems.

Care policy requires both concerted actions geared towards decision-making on specific day-to-day issues and permanent arrangements for political and technical coordination aimed at combining intersectoral efforts to achieve shared objectives.

At the same time, care policy must be based on a territorial approach that takes into account the care needs and demands of each territory. Inequalities, especially gender inequalities, strongly reflect the characteristics not only of households (composition, socioeconomic status, etc.) but also of the surrounding context, which can lessen or exacerbate the care burden of households, time poverty and gender gaps.
The Economic Commission for Latin America and the Caribbean (ECLAC) and the District Secretariat for Women of the Office of the Mayor of Bogotá have jointly established technical criteria and a number of gender-based indicators geared towards the design and implementation of the District Care System from a territorial perspective.

A territorial approach to care policy means taking account of the socioeconomic, demographic and geospatial characteristics of territories and ensuring that care policy considers and is aligned with other territorially-based interventions. Thus, the design of the indicators set out from the conceptual foundations of the District Care System, the characteristics of the city and the contents of the District Development Plan 2020–2024 and the Bogotá Land Use Plan.

Three sets of indicators with a direct impact on the care economy were developed:

(i) Care demand indicators: these are designed to identify care needs, considering different population groups with specific requirements, and the people who work in this sector, including early childhood care, care for people with disabilities and care for older persons.

(ii) Care supply indicators: these relate to the goods, services and public and private provision available in the territory to meet the demand for care.

(iii) Socio-territorial indicators: these describe the factors that have a direct impact on care work, increasing or complicating the burden of this work in households and its unfair distribution. They enable actions to be suited to territorial requirements, thereby optimizing the relationship between care supply and demand. They are classified as follows:

(a) Indicators relating to household characteristics, such as housing materials, improved water sources, improved sanitation and household appliances for refrigeration and cooking, among other things.

(b) Indicators relating to the care economy: women working exclusively in the home, households with persons in a situation of permanent or temporary dependency.

(c) Income and employment indicators: income, unemployment, women’s monetary poverty, etc.

(d) Environmental indicators: unpaved streets, broken pavements, distance from bus stops or transport hubs, etc.

These indicators were used as inputs to establish the prioritization criteria for deciding where to situate the Care Blocks and Mobile Units. Likewise, with the support of ECLAC, a map with georeferenced data containing detailed information on these indicators and their territorial basis was produced as a dynamic input for the optimization and permanent improvement of public policy.

In particular, certain characteristics of the city’s infrastructure (paved roads, basic infrastructure, sanitation) and different forms of transport have a significant impact on the burden of domestic and care work. Women are particularly dependent on public transport and non-motorized transport (cycling and walking) and are more likely to move around with packages, shopping, prams and children, and so feel the negative effects of any deficiencies most severely.

Similarly, the care needs of people in a situation of permanent or temporary dependency are increased by certain deficiencies or characteristics specific to each territory. For people living in areas far from urban centres, for example, a greater expenditure of time or money is required to travel to where certain basic goods and services are provided, such as care services and educational establishments.

Likewise, people living in territories that lack basic services such as safe drinking water are subject to a number of adversities, including the additional costs of obtaining water from tanker trucks, negative effects on health and the opportunity cost of spending time carrying water, which particularly affects women.

All these factors point to the need to take a territorial approach to the design of care policies and services while taking particular care not to compromise the criteria of quality, adequacy and equity that characterize the universalist vision of public policy. Without an approach that fully reflects the sociodemographic, infrastructural and geographical characteristics of each territory and their concrete impact on the care economy, care policy could tend to reproduce and even increase the inequalities it seeks to address.

(c) Shared responsibility

Shared responsibility refers both to the need to distribute care work between men and women and to its distribution between the State, the market, households and the community. This so-called “care diamond” takes specific forms depending on the relative weight of each of these components in the provision of care services and policies in each country (Esping-Andersen and others, 2002).

Policies that promote shared responsibility aim to deconstruct the idea that care work is a task for women, and instead propose to achieve a redistribution that balances the physical, economic and emotional costs of care between different actors. The role of the State differs qualitatively from that of other institutions making up the care diamond because it is not merely a service provider, but the decision-maker par excellence when it comes to establishing the rights and responsibilities of the other institutions and actors. The State also plays a key role in that it is in a position to legislate for and orient good practices and regulate the social organization of care, as well as to provide high-quality, high-coverage services. Among their tasks, State institutions can design, implement and supervise the supply of care services and ensure that access is not conditional on people's purchasing power. The balancing of efforts has a positive effect on society as a whole, as it frees up some time for those who are overburdened to participate in other areas of life. Shared responsibility thus tends to strengthen democracy, as it is a condition for women to achieve economic autonomy and be able to carry out activities apart from the responsibilities of caring for members of their households.

The incorporation of men into care work can help to transform the dominant model of masculinity. Among other things, this means dissociating male strength and violence and helping men to acquire roles in which emotional care and an orientation towards the well-being of others are fundamental. To this end, it is essential to dismantle gender stereotypes and construct new ways of exercising masculinities capable of caring and being cared for, which implies, among other things, revising labour regulations that systematically exclude men from the right to exercise care.

Policies to promote shared responsibility put the State back at centre stage as a sponsor and regulator of practices that support the sharing of tasks in all situations where care is given and received. Employment legislation, the obligations of firms and cultural transformation strategies, including educational curricula, are key areas where action is needed to promote shared responsibility for care. This approach to fostering the design of comprehensive care policies has been adopted in the context of both the Regional Conference on Women in Latin America and the Caribbean and the Regional Conference on Social Development in Latin America and the Caribbean (ECLAC, 2020b, 2021a and 2021f).

(d) Financial sustainability

The creation of comprehensive care systems requires far-reaching economic commitments that take financial sustainability into account right from the design stage. To this end, macroeconomic policies, and especially fiscal policies (dealing with revenue, expenditure and investment), must incorporate objectives relating to the social distribution of care; in other words, the care dimension must be considered in the management of the public finances.

This implies, among other things, designing projections so that the impact on economic variables of constructing comprehensive care systems can be calculated. Knowing the effects on employment, tax revenues and income inequality gaps makes it possible to build in resilience so that care policies can be sustained.

In recent years, the data and the debate about the care economy as a driver of overall economic activity and a fundamental pillar in the well-being of the population
have been enhanced. Ensuring quality care has positive effects, among other things, on job creation, on the availability of time for women carers and on access to education for children and adolescents.

To develop a sustainable financial plan, it is necessary to know the budgetary requirements of the different government agencies involved in care policies, for which it is useful to conduct costing exercises with a gender perspective and to identify the possible sources of public funding available as the economic and social needs of each country dictate.

The resources allocated to the financing of comprehensive care systems must be adequate, non-transferable and sustainable, and must cover all levels and areas of public policy. To avoid exacerbating women's poverty and the excess burden of unpaid work and care work, the expansion of spending should be designed to strengthen comprehensive care systems and associated institutions, particularly education and health-care institutions. Conducting gender impact studies of fiscal policies before and after these are implemented can help prevent them from having an explicit or implicit negative effect on the overload of unpaid and care work, and thus on women's time and monetary poverty.

As the Montevideo Strategy (ECLAC, 2017) points out, adequate resources need to be mobilized for gender equality to be achieved. The Strategy proposes a number of measures that are appropriate when it comes to approaching the financing of care policies.

The evolution of the amount, level, composition and disbursement of budget allocations for care policies needs to be monitored and information on these allocations disseminated in order to ascertain the priority attached to them and at the same time ensure that they are properly implemented.

The private sector, and business in particular, can contribute effectively to the financing of public services and social protection through progressive taxation. For its part, the State should avoid tax privileges.

Likewise, regional cooperation and the implementation of tax policies can help combat tax evasion and avoidance and illicit financial flows, and thus improve tax collection from the groups with the highest levels of income and wealth via corporate income tax and wealth and property taxes, among others (ECLAC, 2017). These actions would make more resources available for care policies.

Similarly, agencies of the United Nations and the Inter-American system could support countries with resources geared towards the implementation of care policies, these being essential for the realization of gender equality and women's rights objectives, particularly in the small, highly indebted Caribbean countries.

In short, the full and effective implementation of care policies requires the allocation of sufficient financial resources to build and strengthen institutional capacities and human resources.

D. Summary

The Latin American and Caribbean region has an opportunity to build a future with equality for all women, young women, adolescents and girls, provided that efforts are made to redistribute time, resources and power. For this to happen, a State with robust resources and capacities is needed to drive transformative processes and advance in building a care society.

The COVID-19 pandemic has meant an unprecedented setback for the economic autonomy of women in the region, reflected in rising time and monetary poverty, an excessive burden of care work and an unfair distribution of power. The signs of economic
recovery are showing that the production structure of Latin America and the Caribbean is based on a sexual division of paid and unpaid work that reproduces patterns of inequality. The fastest-growing sectors are those with the highest male participation; they are also the most highly valued and, therefore, the best-paying (ECLAC, 2021c). Without changes in the current development model, growth will not necessarily result in an improvement in women’s living conditions.

The COVID-19 crisis made it clear that sustainable development was unviable without care work. Palliative measures have been taken to mitigate the immediate consequences of the crisis, but the trend towards deepening inequalities can only be reversed with medium- and long-term policies that reorient patterns of production, consumption and sustainable distribution (Bidegain, Scuro and Vaca Trigo, 2020).

The pandemic has helped give prominence and vigour to the debate about the unfair social distribution of care. As well as being necessary, care tasks, as feminist economics postulates, have been shown to be productive for the maintenance of life in society.

Because it is necessary and productive, care can be seen as a public good. This means there is a need to have States that are well endowed with resources and capacities and that can drive transformative processes in order to move towards the construction of a care society. The interdependence of market-oriented economic processes and the processes of social reproduction shows the need to pursue productive diversification in sectors that are strategic for the sustainability of life and can contribute to the creation of high-quality employment, the ending of gender segregation in employment and the social redistribution of care (Bidegain, Scuro and Vaca Trigo, 2020).

Pursuing equality in access to high-quality care, encouraging shared responsibility among all people and actors capable of providing care and fostering an intersectional approach that considers the axes of social inequality such as age, race or ethnicity, territory and income are key challenges that have to be met for recovery to be transformative and sustainable.

Latin America and the Caribbean now has an opportunity to build a future with the prospect of equality for all women, adolescents and girls. This means redistributing time, resources and power to move towards a new style of development based on gender equality and sustainability.

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