

Care provision and financing and policies to reduce and redistribute care work: Preliminary observations from Bolivia and Uruguay Jean Grugel

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Introduction

1. Some of the questions this Roundtable would like to address, in particular how countries have sought to reduce and redistribute care work, are more relevant for some countries of Latin America than others in that this supposes that care work is an issue governments seek to address in a meaningful way. Other questions, such as how care work tends to be distributed within the households, the impacts of women's unpaid care work on children's wellbeing outcomes, which and how additional policies can contribute to reducing and redistributing care work, are important, and recognized as such, but there are only limited data on. Available evidence offers some understanding of the scale and impact of women's care work but the extent and consequences of care work by children remains speculative, especially since social and cultural understandings of when a child ceases to be a child affect not only the tasks 'children' carry out but also whether these tasks are registered socially as anomalous. Additionally, it should be noted that children occupy a complex and ambiguous position in this debate, since they are both potential recipients of care and caregivers.

Crisis of care-giving in Latin America

- 2. In recent decades, periodic economic crises, the transformation of states and new social policy mixes tended to privatize care responsibilities, disregarded new needs associated with an increase in numbers of people living to old age, and exacerbated the care deficit. But there have been very significant changes to welfare in general in recent years, with policies focusing on new beneficiaries, the extension of benefits, new initiatives around early years education and an increasing focus on rights-based welfare. New welfare programmes also reflect the complex politics of multiculturalism, especially in Andean Latin America. Disability and care work are now part of the welfare debate in the region in ways they were not previously.
- 3. Care giving activities are counter-cyclical: they intensify in periods of crisis and they decrease with economic growth, higher incomes and social expenditure. The long 'lost decade' in Latin America (from the 1980s into the late 1990s) means that ECLAC/CEPAL rightly talks about a regional 'crisis of care-giving', caused by economic crisis combined with a rigid sexual division of labor and relatively weak welfare systems (Barcena 2009; Battynay 2015). Empirical evidence shows the participation of women in care-giving positively correlates with their level of income (lower the income the higher the participation in care work). In Latin America, 61 per cent of women provide care to at least one other person (Rico 2009). The economic value of care work has been estimated at around 20 per cent of national GNPs, but this is probably an underestimation (Valdes 2015).
- 4. Latin America could thus be said to need to rethink care provision due to



- Family transformations;
- Incorporation of women in the labor market;
- The progressive aging of the population in 2035 the population over 60 will be more than the population of under 14 in the region, with some countries reaching this threshold much earlier (Rico 2009)
- Changes in fertility rates (the regional data 2.37 children per women is lower than the world average 2.55 and it is close to Europe 40 years ago (Rico 2009).
- 5. Most current provision reflects the view that care is primarily a responsibility of households and public provision is merely a supplement for those households that cannot solve these issues by themselves. Consequently, there is a tendency to focus only on the most vulnerable social groups through, for example, cash transfers for single mothers with young children, subsidies for private provision of care services, noncontributory pension schemes for over 70 years in poverty, subsidies for mothers with more than seven children, among others. In most countries of the region a significant part of the care 'solution' consists of outsourcing it to other women 12 per cent of female employment in the region is in domestic service (Tokeman 2010).
- 6. The provision of unpaid care by children could be considered as a form of child labor. In much (though not all) of the region, legislation to reduce and regulate children's work has been introduced, and is sometimes enforced, as in Argentina, but in practice less attention is paid to household work in general. At the same time child labor is socially tolerated, at least in parts of the region, and care work by adolescent girls is seen as part of the 'normal' burden of domestic work and, as such, normalized.

Bolivia

- 7. The 2009 Constitution recognizes "the economic value of domestic work as a source of wealth that should be quantified in public accounts", the right to social security as a primary responsibility of the State and promised that "the state shall establish policies and programs of care for older persons, which take into account the specific differences between urban and rural areas, gender inequities, ethnicity, culture and differences within individuals, communities, peoples and nations". However, there is no acceptance of care as a right that should be guaranteed through public provision, nor the principle even of shared responsibility between the state, the market and the family/community. Furthermore, there is no mention of the role of the state in the care economy.
- 8. There is strong cultural resistance to a redistribution of household tasks within families, which, in the absence of a public infrastructure of support, means that caregiving responsibilities fall on women and girls. The first dependency ratio to be created in Bolivia has a value of 1.91¹. It is higher in rural areas, and growing due to migration of women and young people. There is some evidence suggesting that caregiving tasks are increasingly delegated to children, meaning that social groups that are in need of care have themselves become caregivers. The rising levels of migration by women and girls who traditionally provide care potentially will have an impact on families and potentially increase vulnerability, with greater risks of rights violations for children left behind, including the right to education, free time and socialization.
- 9. Nevertheless, there is an increased interest on the part of the government of calculating and valuing the work that children and young people do in Bolivia, including in the informal economy and children's work is now included in the National Labor Survey. In 2008, more than 28 percent of Bolivian children and young people between the ages of five and seventeen years old—almost 850,000—take part in some kind of

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¹ As a comparison, in Spain the dependency ratio is about 1.5.



economic activities. But there is no separate calculation of care work, which is subsumed in domestic work in general. Nationally, 85.3 per cent of children and adolescents perform some domestic work and the figure is higher in rural areas (89.4 per cent) and even higher among indigenous girls, of whom 6.2 per cent (135'000) spend 15 or more hours a week in domestic work of one sort or another. Of those children engaged in significant amount of work outside the home (226'000 in total), 24'000 also perform domestic work for 15 hours or more a week. Among those adolescents aged 14-17 who work outside the home, (242'000 in total), 39'000 also performs domestic work 15 hours or more a week (Salazar et al 2012).

Uruguay

10. Whilst work (not care) is a focus of social policy and human rights debates in Bolivia, in Uruguay the care economy is receiving increasing and more direct attention. Uruguay has undoubtedly taken the regional lead in terms of rethinking care. Its provision is at the centre of a growing debate about social policy, in response to feminist critiques of economic and social relationships and demographic changes. It is now widely recognized that the practice of relying on of unpaid care by women and girls has skewed social and economic development in distinctive ways. Preliminary estimates suggest that around a third of working women carry out care work in additional to their other employment. It is, moreover, not only an issue for women; despite economic growth and long standing investments in public welfare, around a third of those aged 12 to 19 performs care work; some are excluded from education because of it.

11. In office since 2005, the *Frente Amplio* promised sweeping reform of care, driven, above all, by pressures from women's groups for recognition of the invisible costs of care to them, and to those in receipt of care. This has led to *Cuidados*, which brings together previously disparate policies on early years, old age and funding for mothers and carers, and which aims is to break with patriarchal welfare models. Inspired by a philosophy of human rights, *Cuidados* aims to promote both the provision of rights-based care and protect the rights of care-givers. The 2012 draft of *Cuidados* (*Hacia un modelo solidario de cuidados: propuesta para la construcción del Sistema Nacional de Cuidados*) began by restating the care responsibilities of the state under international law, citing the UN Convention on the Rights of the Child, the UNCRPD, the Beijing Platform 1995, the International Convention on Economic, Social and Cultural Rights and the 1981 ILO Convention 156 on Workers with Family Responsibilities.

12. Cuidados established three priority areas: early years child care provision; the care of disabled, the dependent and the old; and the need for support for care-givers. In all three areas, some new measures have been introduced and older schemes have been updated. The main services include a cash-for-care system for home-based services, day centres and residential and nursing homes, and long-term regulations regarding carers' work. With regard to the care of children, in November 2013 Law 19.161 introduced new entitlements, including the extension of paid parental leave when children are born, the principle of six months leave entitlement later for child care, which can be taken by either parent from 2016, and new forms of financial support for parents in low income or families with young children that may not have public day-care centres but private in the locality. The government has also committed to the provision of 28'000 free preschool places by 2018-2019. Regarding the elderly, new programmes of social assistance and services were introduced in 2016, including 80 hours of care per month for those assessed as needed support in the home for basic needs. In addition, care homes were established to provide comprehensive care during the day and/or night for the elderly in situations of mild to moderate dependence residing in their homes, to provide relief to the caregiving family. Further reforms have been promised for 2017,



such as the creation of day centres across the country that will provide medical and social care for the elderly and support families with regular care responsibilities. Finally, steps to support the professionalization of care work have been introduced through free training and capacity building programmes, with the aim of improving the pay and conditions that paid care workers enjoy. This reflects other legislation on care, including more protective legislation for domestic workers, who have benefited from policies to establish a wage bargaining system and the introduction of a national programme of labour inspections (in the home) to enforce the law.

13. However, in practice, despite their ambitions, the policy mechanisms are not so different from earlier cash transfer programmes combined with Uruguay's long-standing commitment to universalism. Equally, the economic slowdown that Uruguay is now experiencing has meant that the government has committed to maintaining levels of service provision established since 2005, whilst acknowledging that further expansion is, for the time being at least, much less likely.

Framing future work

14. The value of unpaid care work, in the round – the family, to the economy and to the community -is still insufficiently calculated in Latin America. Just as importantly, its impact on the lives and life chances of women and girls remains significantly underexplored. There is considerable research emerging in Latin America on the care economy, but it nonetheless still remains difficult to put care issues on the policy agenda.

15. The extent to which unpaid care creates difficulties for the wellbeing, development and life chances for adolescent girls in particular is under-recognized. There is limited evidence on whether efforts by governments to keep girls in schools after the age of 12 are undermined by the burden of care work; similarly on the extent to which girls who carry out unpaid care work are at risk of abuse, stigma, early pregnancy or mental health problems and whether and how their future earning capacity and lives are shaped by those experiences. Work to establish the costs, in the round, to adolescent girls of taking on significant care responsibilities is urgently needed.

16. Policies to address care work, even in Uruguay, remain incipient. Across the region, all initiatives to support care-givers and to reduce the burden of care are, moreover, under threat from the region's slowing economic growth. This is true generally of the welfare gains that have been achieved in the course of the last decade in Latin America. In Uruguay where support is greatest, it remains to be seen which of the new policies of care will survive the economic down turn. Although still early to say, it may be that the programmes that provide care for the elderly are most at risk because they are as yet less embedded in institutional provision and there is less of an argument that investing in care provision for the elderly brings immediate and identifiable economic gains in a similar fashion to early years provision. New policies to professionalize the giving of care (i.e. training programmes for care-workers) may also be undermined, which might in turn impact on the considerable efforts that have taken place in Uruguay to set minimum standards of pay and conditions for care workers. Overall, sustaining the emerging research and advocacy for states to recognize their obligations with respect to care and care-givers continues to be urgent. If these issues begin to fall by the way side, the wider burden of care will likely remain on women and girls and care work will remain under-valued and poorly paid.



17. Intellectually, the division between the debate about gender and women's unpaid care work, on the one hand, and children and unpaid care (especially as givers of care), on the other hand, is still to be effectively bridged. Another way of putting this is that we have not found sufficient ways to articulate ways to robustly defend the rights of women and those of children in relation to care work and to express the ways these rights are intrinsically linked.

18. More widely, we need to consider the framing of research on care work and children. In part of the global South, attempts to make this work visible and establish the costs as well as compensations associated with it still risks being seen as a 'western' or culturally inappropriate research agenda. This is the case even in Latin America, and perhaps especially in the Andean region. Some reflection is therefore needed as to how to promote and produce research in this area that support care-givers and care recipients effectively whilst recognizing the cultural contexts in which care takes place.

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