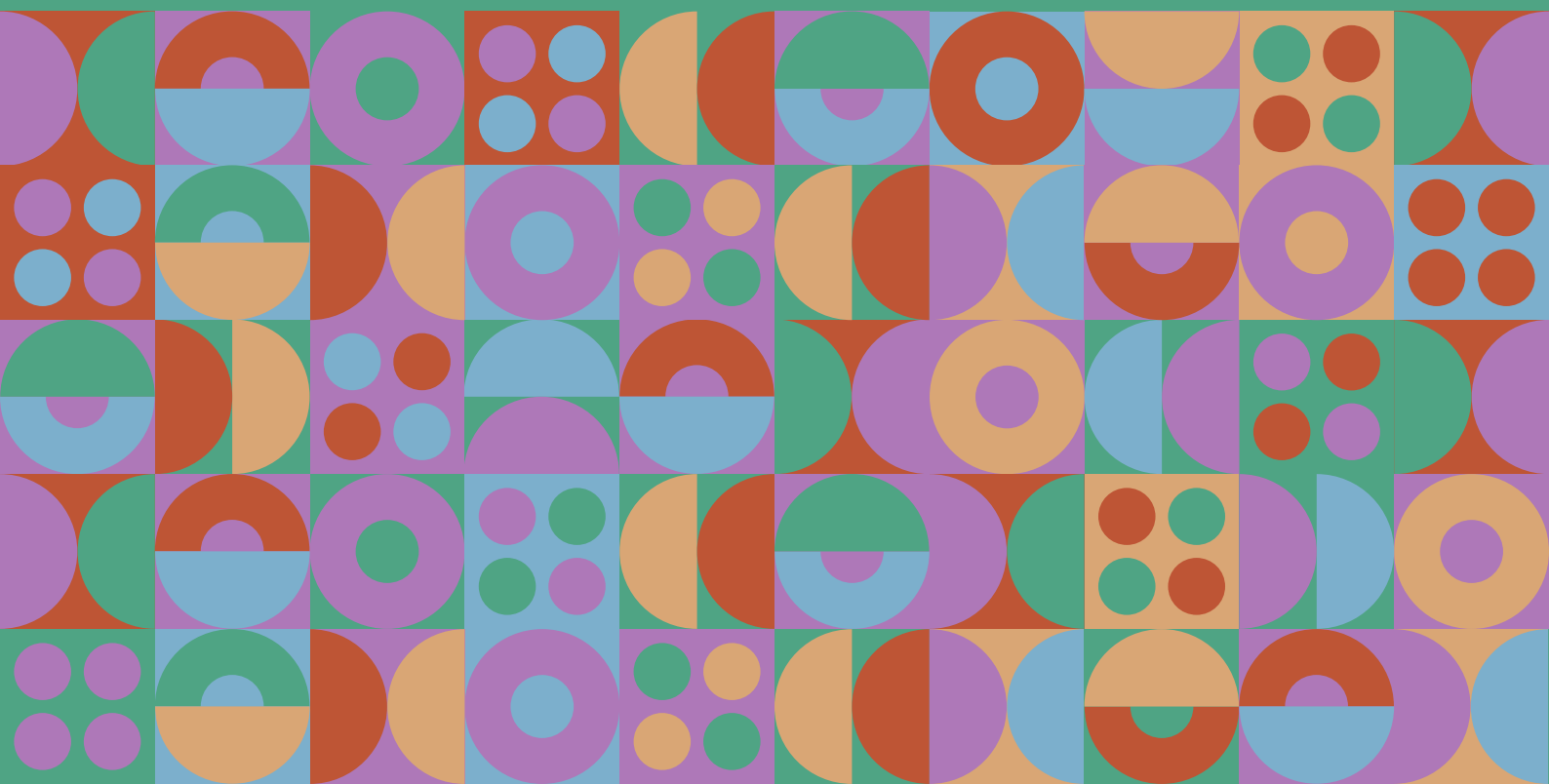


Life at the Center: Challenges Towards Care Societies

Norma Sanchís and Jazmín Bergel Varela (comp.)



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INTRODUCTION

Care: Knots to Unravel

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Care: Knots to Unravel

Norma Sanchís¹ and Jazmín Bergel Varela²

Placing the construction of a care society on the horizon of the feminist agenda, as proposed by ECLAC and UN Women to the Latin America and the Caribbean governments at the XV Regional Conference on Women (Buenos Aires, 2022), is not a simple rhetorical statement. Rather, it implies proposing structural changes in many areas of life and, above all, challenging consolidated economic and political powers in the region. This proposal may seem exaggerated and therefore be discarded in favor of more realistic approaches, but it can also be configured as an utopia that, as Eduardo Galeano would say, “pushes the pace”.

Reflection and proposals on gender stereotypes, paid and unpaid work, care and sustainability of life require consideration of the social, cultural and economic environments at a given historical moment. In recent years, feminism has broadened and deepened the consideration of care, penetrating academic spheres, social movements, government institutions and international organizations. However, progress has been slow due to obstacles of a different order, each of which represents a knot to be unraveled. To do so, it is essential to delve into these knots, learn about their configurations, reflect on their scope, and evaluate the possibilities of dismantling them or at least loosening them.

A first knot relates to the impact of economic policies and the concomitant narratives on the material conditions and subjectivity produced by neoliberalism. Another knot lies in the social imaginary, in the conceptions about care that naturalize the distribution of responsibilities for caregiving. A third one is linked to the role of the State, its potentialities and limitations in providing equitable and effective responses for the sustainability of life, in dialogue with other dimensions, particularly the collaborative and joint management

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of initiatives that become invigorated in crisis. Below, we develop in more detail each of these problematic knots.

1. Towards a Caring Society... in a Neoliberal Context?

In the current historical stage, the hegemony of neoliberalism is identified with specific economic policies. In the face of recurrent crises in Latin American economies, periods of reduced growth, over-indebtedness, trade deficit and inflationary processes, the prescription of orthodox economics is to achieve fiscal balance through policies aimed at the reduction of social investment. Thus, in the repeated recessionary Latin American cycles, “adjustment” or “austerity” is justified by neoclassical economics and promoted by the International Monetary Fund and the World Bank as the only way out of the crisis, which includes the reduction of wages, prices, and social investment as well as the prioritization of fiscal and debt sustainability over the sustainability of life (Serafini, 2021).

The reduction in spending has an impact on employment conditions and also on the public supply of essential services such as health, education and social security, many of which are likely to be privatized. By both means, the economic crisis is transferred to families, affecting particularly women due to their assigned roles in social reproduction, for which they are primarily responsible. These policies do not have the same impact on the different income strata, with the greatest burden falling on the poorest households and so deepening social inequality.

Thus, the withdrawal of social investment threatens the guarantee of rights in countries with profound inequalities and social systems that are not enough to protect their populations. Attempts to balance economies are accompanied by instability, conflicts and social and gender tensions.

Since the 2000s, various feminist voices have drawn attention to the way in which the crisis of social reproduction, which has intensified in recent decades, is linked to three interrelated phenomena: weakening of social policies; deterioration of employment, and intensification of the presence of women in precarious labor markets—with a paradoxical effect of the increase in the burden of care in households (Vega Solís, 2018). This dynamic has promoted a growing cycle of visibility, critical perspective, development of studies and elaboration of arguments on the unpaid contribution of women in domestic and care tasks.

Two conflicting trends are thus developing: international organizations recommend economic measures aimed at achieving fiscal balance and debt relief, while from a day-to-day perspective there is a growing demand for social policies that alleviate the burden on households and make women's participation in the labor market more equitable.

But social policies are given the negative character of privileges by the neoliberal cultural matrix. Indeed, this approach poses an antagonism between meritocracy and perks or privileges [*prebendas*]. Paula Canelo (2022) analyzes it with regard to the Cambiemos government in Argentina (2015-2019), which promoted a positive assessment of meritocracy as a criterion of justice, while presenting social benefits as based on an immoral criterion of distribution and appropriation of society's goods: receiving a state subsidy, a salary "above one's means", or access to university studies for low-income sectors, were circumstances that did not correlate with individual merit or sacrifice; on the contrary, they were sheer misappropriation of the efforts of more deserving ones.

How does the optimistic perspective of moving towards caring societies with positive impacts on social and gender justice and the extension of rights fit into this contradiction?

On the other hand, while the negative impact of fiscal balance policies and privatization on equity and care is undeniable, these are not the only obstacles that neoliberal hegemony poses to the challenge of building caring societies. Neoliberalism goes beyond a particular economic strategy; it configures a political system and a cultural matrix that shape subjectivities and condition social relations.

Susana Murillo (2012) shed light on how this environment implies profound marks and modulations in individual and collective subjectivities. Indeed, for many people, the predominant social values, and aspirations configure a way of being in society, which translates into a permanent state of competition, uncertainty, and insecurity and, above all, into a state of isolation, self-care, and disregard for others, who are always regarded as potentially threatening. This insecurity generates a discomfort often expressed in social violence, irritability, and aggression in the face of what is experienced as a threat to the exercise of individual freedom. Freedom that requires fighting any obstacle that stands in the way of one's own desires and wishes. Extreme expressions of this malaise are mass massacres—and collective lynchings, which, in turn, are used in some countries to promote and justify the defensive use of weapons,

whose propagation generates even more violence. In less extreme situations, for large segments of the population, the way to be social is based on the ability to "make oneself". This is the model of entrepreneurship, a promise of access to a meritocratic ladder that justifies a certain social place deserved by personal ability and effort (Murillo, 2011). In contrast to this path, and ignoring political economy approaches, poverty is conceived as the result of individual inability or idleness to manage one's own destiny in a more productive and profitable way.

The neoliberal culture and the consistent political and communicational machinery that consolidates it allow the formation of a common sense capable of naturalizing hierarchies and inequalities as an inevitable social condition, and granting recognition of merits even where they do not exist, even if this implies overlooking privileges or fraudulent behaviors.

The systemic combination of political, cultural, and economic neoliberalism—that have particular geographical aspects and knows flexibly adapted versions while maintaining similar features—seems to guarantee a global hegemony that is difficult to reverse, diluting the illusions of post-neoliberal directions³ that were formulated in the early years of this century.

However, as in any historical process, the course is not a linear one, nor is the submission entirely passive: there are a number of disruptions and deviations to be observed today.

On the one hand, economic and health crises, as well as wars, produce disengagements. Neoliberalism, like any culture, tries to rearrange itself—and modifies itself—renewing its attempts to dominate in the face of traumatic ruptures and rebellions (Murillo, 2012).

On the other hand, excluded, discarded, and discriminated groups fight for their rights and celebrate collaborative actions and reciprocities of care. Since the 1980s and at the beginning of the century—iterantly through Latin American geographies—oppositions and collective alternatives emerged that managed to overcome individualism and self-absorbed care. Feminist movements were energized and empowered, uniting rebelliousness in pursuit of their postponed demands (Gago, 2019).

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3. In 2001, the World Social Forum began in Porto Alegre, bringing together social movements and progressive global actors under the slogan "Another World is Possible".

After the neoliberal razing in the 1990s, the present century in Latin America gave way to initiatives more inclined to heal wounds in societies not only crossed by dispossession and abandonment but also inhabited by diverse experiences of self-organization in precariousness, which consolidated substantial ties of social sustenance and collective management of limited resources (Aguirre Salas, 2018).

The neoliberal response was to establish an alliance with conservative sectors in the face of the unquestionable power that feminist expressions have acquired in recent years. It also resorted to repressive forces when it came to containing the social revolt of the most confrontational of the protest movements.

The inescapable need for interconnection between macro policy and its expressions in everyday life opens up space to question isolated policies and measures of social protection and state care services, disconnected from more structural interventions that promote fair and equitable distribution. Palliative responses disconnected from structural policies make for a hardly sustainable “care washing”.

The strength and persistence of collective initiatives and social demand, when embraced by governments willing to counterbalance neoliberal hegemony, are ways to advance towards authentic and socially dense forms of collective care that, in turn, contribute to the construction of new paradigms.

2. A Persistent Imaginary About Care

Despite the magnitude of the efforts and the multiple actions involved in caring for people—which includes the environment where they develop—, the reproduction of life is located on the margins of the social scene, where the market, the economy, and politics take center stage. It is even hard to convey in colloquial language the scope of the term *care*: it is not conceptualized in its complete dimension and relevance.

In Argentina, as in the rest of Latin America, the responsibility for life-sustaining care falls on families and especially on women through their unpaid and unrecognized work, as it is largely performed outside the market. And even if hired, it is considered informal, low-skilled, and poorly paid work.

To the extent that care is considered marginal to the market, its capacity to create value and its contribution to the economy are also ignored, being thus

placed in a different order from the economic one and characterized in terms of affective relationships in the private-domestic-family environment.

This social imaginary, which is another knot to undo, does not account for the diversity of families either, but rather-when it comes to care-configures a stereotype of a nuclear, biparental, heterosexual family living in an urban environment and in a differentiated dwelling that defines a domestic-private space separated from the public exteriority. Thus, the various habitat environments in which care is processed are not contemplated, nor are the public-private intersection spaces in which the neighborhood or community interaction is configured.

The separation of public-private spheres is closely associated with the construction of sexual stereotypes. Such separation was less definite in the pre-industrial stage analyzed by Silvia Federici (2010), where extended families contributed to reproduction and production in a way that configured contributions to the local economy. When production was transferred to factories-shaped as a space for paid male labor-there is a division of spheres according to which women are assigned to the domestic environment and their reproductive work is appropriated. The domestic sphere becomes the privileged space for carrying out the indispensable care for human reproduction, for social reproduction, and for the creation of labor power, but this is neither recognized nor valued by capital.

This privatization of care constitutes the instrument on which inequality is established and where the opposition is built between families/mothers who are able to care, who have access to quality care as a merit of their dedication and effort, and those who are incapable or unloving enough to care for others.

On the other hand, the imaginary of caring is based on a dichotomy between an autonomous/sufficient person and a lacking/dependent one, in an unbalanced and hierarchical relationship. Although in extreme situations of vulnerability this is inevitable, inequitable relationships extend to various circumstances and stages of life, curtailing autonomy and weakening the self-esteem of potentially self-sufficient people. The confinement of care issues to the private sphere has been a maneuver to sustain the fiction that the citizen is an autonomous and self-sufficient individual, says María Jesús Izquierdo (2004). At the same time, this binary imaginary that draws the line between those who need and those who do not need care, makes invisible the precariousness and vulnerability intrinsic to the human condition (Pérez Orozo, 2014). The interdependence of humanity, the fact that we all need care

throughout our lives—although with different intensities and modalities—was highlighted during the COVID-19 pandemic under the idea of fragility and that “no one is saved alone”, but was quickly forgotten with the return of “normality”.

In opposition to these conceptions, feminist theory and feminist economics have rejected the dependency/autonomy dichotomy in the care relationship, highlighting the interdependence and reciprocal need for various forms and qualities of care received and given between people in life in society. Thus, the imaginary that bestows power on the caregiver and powerlessness on the recipient is diluted. It is a matter of replacing the idea of *oppositional relationships* with *relationships of complementarity and reciprocity*. This perspective confronts, in a way, the rigid and structured stereotypes of the caregiving mother to think of her also as someone who needs care and is recipient of it.

Likewise, the social relevance and economic value of care has been revealed in its capacity of life and labor force reproducer on which the functioning of the market is based. In estimates made for Argentina⁴, it is evaluated that the contribution of unpaid care work amounts to 15.9% of GDP, and for various countries ECLAC mentions estimates⁵ that reach 27.6% of GDP; 70% of these contributions are made by women.

Questioning the myth of the nuclear family and motherhood as the paradigm of care, we have pointed out (Sanchís, 2020) that the urban peripheries, marginal urban enclaves, and rural areas configure a more heterogeneous panorama where extended families, neighborhood nuclei of kinship or nationality persist, with more flexible boundaries of the family home that bring it closer to community or neighborhood spaces.

These spaces help to dilute the barriers and hierarchies between the public and private spheres since they share features of both fields. Thus, they invite us to rethink current notions of care, questioning the privatizing perspective of care and the intramural sphere of the household as the last instance responsible for social reproduction.

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4. <https://www.argentina.gob.ar/noticias/la-direccion-de-economia-igualdad-y-genero-presento-el-informe-los-cuidados-un-sector#:~:text=%E2%80%9Whatever%20tasks%20dom%-C3%A9sticas%20and%20women%20are%20free%20of%20charge>

5. <https://www.cepal.org/es/notas/la-sociedad-cuidado-un-horizonte-recuperacion-sostenible-igualdad-genero>

As can be seen in our region, community scenarios, and neighborhood ties expand in times of reproductive crisis and threats to the sustainability of life. In these circumstances, care expands beyond the private, family, and feminine sphere to assume forms of collective responsibility. In her analysis from a feminist perspective, Federici (2013) points out that women, as those primarily responsible for reproductive work, have historically provided collective responses and defended common resources.

Collective activity, although based on traditionally feminine roles, makes it possible to break the isolation that characterizes the domestic sphere, creating bonds of solidarity and a certain degree of public recognition. Although the main driving force is necessity and not a prior political conviction, women from different latitudes in Latin America are collecting ancestral customs and associating themselves with the struggles for an expanded reproduction, expressed in soup kitchens, local fairs, or cooperatives.

3. The Role of the State

The approach to care in Latin America is centered on the family unit and, as demonstrated by time-use surveys, responsibilities fall disproportionately on women. In a region characterized by inequality, the social distance becomes evident and deepens when it comes to the provision of care necessary for the reproduction of life. Thus, in higher-income households, care arrangements are supplemented by hiring (individuals or institutions) or purchasing (goods or services) in the market, but there are serious gaps among low-income sectors. For broad middle-income strata, access to market proposals can be fluctuating and unstable, depending on the general economic situation. Thus, privatized care is processed through channels of family or mercantiled relationships that are not free of tensions when benefits fail on one side or the other.

In the face of shortages and inadequacies, demands are directed towards the State, and the expectations are that care policies will guarantee quality public services with broad coverage. In recent years, proposals have begun to be formulated for comprehensive State systems that cover most of the needs of children, people with disabilities, and dependent older adults. Sectors of the social and feminist movements are broadening their demands towards substantive State interventions capable of recognizing women's unpaid work, of promoting a fairer distribution of the use of time, of pursuing a social and economic justice that challenges hierarchies, and of balancing gender inequalities.

But is it logical to place so many expectations on the role of the State? And furthermore, is it desirable to have such a broad public intervention in issues that encompass such diverse dimensions, including levels of affectivity and subjectivity? These dilemmas do not cease to be a source of controversy. The debates are broadening as perspectives emerge that question the binary classification between a privatizing logic of care through the family or the market on the one hand, and state action on the other.

Indeed, neoliberal currents and the recommendations of international organizations propose the reduction of the State, cuts in public spending, and the reduction of social services.

For their part, other ideological and activist currents relativize this state centrality in order to combine it with collective action “from below” (Federici, 2020; Vega Solís, 2019; Sanchís, 2020).

Being realistic, from an economic perspective, it is difficult to imagine in our region a Welfare State configuration capable of responding to this broad spectrum of demands without structural distributive reforms and a profound revision of the neoliberal hegemony referred to above. And from a cultural perspective, it seems fruitless to expect that the State, through its policies, could be the main responsible for modifying the role of culture in forging gender stereotypes or intervening in the configuration of subjectivities.

Other conceptions seem to revolve around the “socialization of care” (Martínez-Buján et al., 2021), reflecting the multiple and diverse forms that collaborative action and shared responsibility take when it comes to the resolution of care needs in situations of vulnerability. These are experiences that promote relationships different from the hegemonic mercantile forms of ownership. Picasso et al. (2023) see in these forms of social reaction a resistance to the advance of neoliberal policies that imply the privatization of life and the precariousness of social relations.

The recent pandemic showed the emergence of this social fabric that provided effective responses especially to food needs, environmental sanitation, and prevention of contagions. In terms of Vega Solís (2018), this web does not represent a precise and differentiated cutout, but rather that “the communitarian is organized in hybrid processes in which it ‘touches’ with public instances, monetary economies or kinship relations”. It is a space that sneaks into the interstices between families, State, and market, without ceasing to interact with them, to open up the broad and diverse spectrum of the community, of

alternative cooperative, and self-managing experiences, of reciprocity and interdependence.

Its empirical realization gave new meaning to community action, as evidenced by the neighborhood's appreciation of the neighborhood organizations mobilized to provide care in Greater Buenos Aires (Benassai & Rey, 2023) and also by the food initiatives in the common space in Maldonado, Uruguay (Picasso, 2024). These alternatives for the reproduction of life relativize the priority towards the more distant state demand, although it provides food and other resources mediated by neighborhood organization. They also displace the significance that parish organizations had in the past.

In all these community experiences, the undeniable protagonism of women stands out, which although based on the "exercise of traditional roles for women, in a kind of extended maternity with community dimensions, at the same time allows the generation of socialization environments that insert women in the public sphere and constitute a way to question patriarchal authority, gender subordination, or the naturalization of violence, allowing them to gain autonomy" (Bergel Varela and Rey, 2021).

Along with empirical experiences, new forms of conceptualization emerge: "private" care in the family sphere or purchased in the market give way to "common goods" in collective spaces (Federici, 2020), dramatically confronting the ideas of individual merit and "every man for himself".

It is not about relieving the State of its responsibility for the welfare of the population, nor about relieving men of their co-responsibility for the family, but rather about configuring the approach to care as a framework for collective action that promotes gender equity, with public policies that strengthen it and enhance its development.

Two risks have become evident in this articulation. On the one hand, the use of free or poorly paid labor to broaden the scope of the implementation of the State's social policies with the consequent female overload in neighborhood organizations (Fournier, 2017). On the other hand, the exploitation of self-organized community experiences to mount State action on them, ignoring the constructions that had been taking place, taking away their autonomy and disrupting their effects.

A third risk of state action is the discontinuity of policies in governmental changes, as is happening in the case of Uruguay, where a pioneering attempt

to build a Comprehensive Care System took place (Zignago, 2023).

The State has an irreplaceable role in defining and conducting macroeconomic policies with distributive effects, preventing tax evasion or avoidance, guaranteeing universal care coverage, and exercising its regulatory capacity over markets to achieve social and gender equity and a balanced distribution of care responsibilities.

However, it is not a matter of raising oversized expectations of solutions that would result (only) from a larger intervention of the State or from a greater responsibility assumed by men in the family—since—the family cannot solve everything, just as not all the task can be carried out from the community. Undoubtedly this confluence of public, family, and private efforts can alleviate the overburdening of any of these factors, to which community experiences of socialization of care as a common good should be integrated (Sanchís, 2022).

Recognizing care in the community space as a product of a cooperative action led by women and in the framework of common property goods is part of a challenging conceptual renewal that allows “making visible and plotting, theoretically speaking, the relationship between different commons—material and relational—and social reproduction in conditions of crisis” (Vega Solís, 2019).

It is not based on isolated effectors in watertight compartments but through a network of public, private, family, and community actors, with their respective scopes, characteristics, and modalities, that a care society with equal rights can begin to be envisioned.

4. The Challenges of Placing life at the Center

The problematic knots to move toward care societies so far described are the axis of this compilation and are present in the articles that integrate it. This book is divided into four sections, each of which addresses different thematic areas whose analyzing and rethinking are fundamental in order to address the challenges of today’s care agenda in the region.

The first section is focused on analyzing the contradiction between placing life at the center of the stage and the current macroeconomic policies prevailing in the region. As previously developed, the neoliberal economic, political, and cultural system that hegemonizes the world in general and Latin

America, in particular, is a fundamental impediment to the development of fairer societies that consider the reproduction of life as a central aspect of the economy. The article by Alma Espino and Mayra Fernández Ripa is a gateway to this issue, as it provides an enlightening systematization of the impacts of macroeconomic policies on gender inequalities and particularly on care policies, revealing the apparent gender-neutrality of fiscal, monetary, and trade macroeconomic decisions.

Isabela Callegari's article then delves into the different (monetary, fiscal, and trade) dimensions of macroeconomics, which are managed on the basis of political definitions and supported by ideological foundations that need to be confronted. This orthodox ideology—which Callegari calls the “ideology of austerity”—imposes on States a self-limitation of spending under the universal assumption that the main cause of inflation is the excess of money supply resulting from public expenditure and investment, which impacts directly on the deterioration of public services and social policies. Faced with this ideology of austerity, Callegari takes up modern monetary theory to dismantle these assumptions and build macroeconomic responses that contribute to monetary, fiscal, food, health, and industrial sovereignty.

Graciela Rodríguez's article sheds light on the largely invisible impacts of free trade agreements on the lives of populations and, in particular, on the distribution of care in society. Understanding that international trade no longer involves exclusively trade in goods, but a multiplicity of aspects such as investment flows, public procurement, services, and intellectual patents, Rodríguez analyzes how neoliberal policies implemented in recent decades have been imposing, through trade negotiations, the privatization of public services such as access to water and energy—crucial aspects for the reproduction of life. In other words, although they may seem distant from the daily lives of populations, international trade agreements have a direct impact on the sustainability of life, as was demonstrated during the COVID-19 pandemic with the negotiations on the intellectual property of vaccines.

For her part, economist Verónica Serafini addresses the question of how care is inserted into social protection systems, which are currently weakened. To this end, the author historicizes how social protection systems have been based on the traditional sexual division of labor and on a family-based approach that leaves out the needs and realities of women. Placing life at the center of society requires rethinking these forms of social protection to take into account unpaid work “as a key determinant of risk and vulnerability”, which implies abandoning formal employment as the only way to access

social security. Reconceptualizing the notions of work, vulnerability, and risk is fundamental to moving towards socially and gender-just social protection systems.

Finally, the chapter on macroeconomics closes with an article on a pressing issue in the region: public and domestic debt. In recent years, as a result of the successive economic and social crises, this problem has risen on both the public and academic agendas and, in particular, the idea of “care debt” has been appearing strongly. This means that indebtedness for (feminized) household economies is no longer linked to extraordinary expenses and purchases, but to the cost of essential issues for the daily sustenance of life, such as the payment of services and food. Indebtedness is perhaps one of the phenomena that provides the clearest glimpse of the hegemonic capacity of neoliberalism in cultural terms because it constitutes a technique of subjection that individualizes—in terms of merit, success, and failure—the results of the system’s contradictions. On this subject, the article by Lucía Cavallero, who addresses the issue from Argentina, raises some questions about the possibilities of the State to intervene in a process of debt relief that would allow women and dissidents to recover sovereignty over their economies, their bodies, and their use of time.

This last point works as a bridge to the second section of the book, linked precisely to the potentialities and limitations of the State in terms of care. As mentioned above, the demands we make to the State as a feminist movement in relation to care is one of the knots to be unraveled, and the article by Viviana Piñeiro and Patricia Cossani provides fundamental arguments to think about this relationship. Particularly interesting is the idea put forward by the authors regarding how the privatization and commodification of care, which increases economic and social inequalities and perpetuates asymmetrical power relations in society, has an impact on democratic relations in society. Argentina is celebrating 40 years of democracy, and the debate on “democratic dissatisfaction” and its possible link with extreme right-wing phenomena is also circulating. It is worth asking, following Piñeiro and Cossani, what democracy has to do with care as a right and as a job.

The intersection of social policies with care is the subject of the article by Florencia Cascardo and Gisela Trebotic, who set out to think about “care beyond care policies”, that is, which policies indirectly influence the redistribution of care. For example, the socio-urban integration policies that have been developed in Argentina since 2019 are a key aspect to reduce the overload of care that women from the popular sectors have. Thinking about

redistribution from a feminist perspective implies the implementation of public policies that make it possible to reduce the management times involved in accessing rights, reduce distances within cities with adequate means of transportation, and improve public, domestic, and community spaces where care is provided.

The third section of the book focuses on the territories in which care takes place, and how these spaces condition access and forms of care. The first two articles in the section focus on community care insofar as experiences that go against the current of the commodification of care imposed by neo-liberal logic. It is and also approached as representing processes that emerge in those territories in which there are fewer possibilities of resolving care needs in the market and numerous deficiencies on the part of the State to guarantee access to rights.

Adriana Rofman and Marisa Fournier analyze how community care is developed in Greater Buenos Aires, the largest urban agglomeration in Argentina and with the most widespread social inequalities and situations of vulnerability. In the face of these situations of poverty and vulnerability, the community organization of care constitutes a demercantiled and defamiliarized way of resolving care, and they also show processes of growing politicization on the part of community caregivers.

Alfonsina Alberti develops a topic that has been little explored by the literature so far: the approach to community care in rural contexts in Latin America. This research shows that “public and domestic spaces are not universal and ahistorical forms of social organization, but are a historical product shaped by the intersection between cultural diversity and social inequality” (Alberti, 2023) and that, therefore, the design of public policies on care should avoid an ethnocentric view of domesticity and contemplate the community dimension of the territories.

The fourth and last section of the book proposes to think about the issue of care from the point of view of the organization (or lack thereof) of caregivers as workers. Marina Durano’s article historicizes the encounters and disagreements between the workers’ movement and the feminist movement to make visible and transform the precarious working conditions of care workers, and calls for consensus-building in order to move in this direction.

We have many challenges to face in order to achieve societies that effectively place the reproduction of life at the center of social and economic

organization. This book aims to contribute to the debate that we must continue and the political strategies we must weave to achieve it.

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CHAPTER 01

Care and Macroeconomics

Care From a Feminist Perspective. Contributions to the Debate

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The current debate on care policies is to some extent the result of the trajectory of feminist analyses and proposals and, in particular, the result of feminist economics. In the 1970s, the so-called “domestic work debate” sought to render women’s economic contribution visible from within the private sphere through unpaid work. Initially, this debate focused on the production of goods and services necessary for biological and social reproduction, analogous to how is analyzed production of a similar nature is analyzed, but carried out in the market. Over time, the direct care of people was added to the material aspects of social reproduction, thus including the relational and affective aspects involved in these activities.

Although the existence of care needs is nothing new, the political concerns associated with this problem today have resulted from several factors. In the first place, from the variation in the magnitude and complexity of the phenomenon due to demographic changes—such as changes in family structures and household size, evolution of fertility, age structure, aging, growing incorporation of women into the labor market, among others. Moreover, the traditional ways of solving this problem, relying mainly on women's unpaid work, have proven to be insufficient to meet current needs.

Not only have certain objective situations contributed to placing the issue on the public agenda in Latin America, but also, and very importantly, so has the development of feminisms in recent decades. This development and its political impact are related both to the capacity for analysis, disciplinary articulation, exchange of contributions with social movements, as well as to its

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influence on the concrete and daily lives of women. For its part, recently, the conditions posed by the COVID-19 pandemic had a strong social and economic impact³, among others, underlining the role of women in care (in particular, in the care of COVID-19 patients) and care importance for the development of life in society. Life-sustaining activities have had to be reorganized indeed as a result of teleworking, school closures, and childcare centers. All this, at least in the short term, contributed to the deepening of the already unequal distribution of domestic and care work, leading to the “refamiliarization” and “refeminization” of care.

In our region, all these factors have been aggravated by the existing deep structural inequalities of economic and social nature (gender, ethnicity, race, age or stage of the life cycle and territory), which has contributed to broadening the debate on the issue of care and the strategies to solve it.

From the conceptual discussion to the issues of social and labor policies, social protection and macroeconomic policies, feminists and feminist economics have much to contribute, so that the discussion of care policies can be effectively settled and promote gender equality. The following is a summary of what we believe to be some of the main points for analysis, debate, and proposals.

What Do We Mean by Care?

In the framework of feminist economics, care is associated with a fundamental postulate: the sustainability of life. This means that care activities are those that are carried out for the maintenance of life and health, and more generally, to maintain, continue, and repair our environment (Tronto & Fisher, 1990). Care work is part of the processes necessary for social reproduction (Carrasco, Borderías, Mondejar & Torns, 2011).

This kind of work corresponds to unpaid work performed in households but also to the work carried out in exchange for remuneration, both in the public and private sectors. This set of activities is what has been conceptualized as *the care economy*.

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3. In 2020, extreme poverty for increased the first time in more than 20 years; the poorest 20% of the population experienced the steepest drop in income (ECLAC, 2022). In 2021, the poorest 40% had not begun to recover their income losses. Women have suffered greater losses than men in terms of employment, income, and security (World Bank, 2023).

According to Esquivel (2011), domestic work involves caring for the home and living space and organizing resources. Therefore, it can be included in the conceptualization of care and considered in the debate, since it can be understood as “indirect care” or a “precondition” to enable direct care.

The development of the concept of “care economy” associates care—considered as a personal relationship—with the economic aspects that generate or contribute to generating economic value. Likewise, the care economy extends the boundaries of reproductive work from the household to the market, making possible the analysis of certain occupations that are normally feminized (education, health, domestic service), with low salaries and high participation in informal employment.

The distribution of domestic and care work is not independent of the levels of inequality existing in society (household technology, monetary income) and among household members (gender roles). Because of these inequalities, women have been restricted in their opportunities for economic, social, and political participation. The lack of economic consideration of this work, fundamental as it is for social reproduction, has left women and their activities outside the economic theory.

Why is Domestic and Care Work a Central Issue for Feminism?

Because, as noted above, in the framework of the economic discipline, but also in the framework of economic and social policies, unpaid domestic and care work has remained theoretically and practically invisible, that is relegated to the private sphere and attributed mainly to women, and considered part of women's nature. For this reason, it has been treated as an externality of the economic system and has been undervalued. Therefore, when this kind of work is carried out for the market, it is poorly remunerated and working conditions tend to be precarious (Carrasco, 2003; Picchio, 1999).

Moreover, this is a relevant issue from a feminist perspective because, beyond having differences with measured and paid work (the one usually analyzed by economists), it does not always result directly from love or solidarity. In general terms, taking on this task can be a consequence of coercion, of a sense of duty, of power relations, or it can give rise to oppressive and abusive relations (Izquierdo, 2003).

In short, domestic and care work is linked to gender and class inequalities and has an impact on the possibilities of choice and action of its protagonists, both inside and outside their homes. This is at the basis of the definition of gender stereotypes and, to that extent, tends to reproduce inequalities between men and women, in addition to other economic and social inequalities. In this sense, the theoretical discussion held by feminist economics with the economic discipline and its notion of work-employment is not exhausted in the opposition of points of view, but is part of the discussion on women's rights and gender equality.

Who Requires Care and Who Cares?

We can affirm that we all require care because we all are dependent to some extent. It is required "self-care (which each one covers for itself), mutual care (given between two or more people in conditions of horizontality and reciprocity), and intensive and/or specialized care for people whose capacity for reciprocity is impaired or limited for some reason" (Pérez Orozco, 2006, p. 170).

The idea of *interdependence* questions the representation of human beings used by economic theory. The rational agent representative of the economy, *homo economicus*, is fully active, independent, and autonomous, and interacts with society through an ideal market, in which prices constitute the only and necessary form of communication (England, 2003). Thus, individuals are assumed to behave guided by self-interest, and the analysis of decisions conditioned by physical and social limitations that human beings face is left aside. Undoubtedly, these assumptions distance us from human needs, as well as from other motives given by empathy, solidarity, and social co-responsibility.

How Are Social Reproduction and the Economic System Related?

The feminist perspective of analysis is based on gender as an organizing principle in the distribution of labor, property, and other valuable social resources. The distribution of care responsibilities assumes that women take responsibility for the sustainability of life through their work, since they are dedicated to solving in their homes what the market and the state do not solve. The organization of social reproduction and how care is distributed to receive and provide sustains the capitalist system. The articulation between social reproduction and the functioning of the economic system is made possible by the contribution of women in at least four aspects: the reproduction of the labor force and generations, the

contribution to the household economy, the contribution to the country's economy, and also through the economic value of goods, and services produced in households⁴.

The sustainability of life is produced through a constant link between natural systems, domestic space, communities, the State, and markets. However, market activities generate tensions between the different spheres, by prioritizing, above all, production and consumption, without considering that the domestic space of care is the ground for sustaining the market economy (Carrasco & Tello, 2012, p. 15; Salvador & Espino, 2014).

The current organization of social reproduction does not guarantee the and, far from overcoming structural gender, social, and economic inequalities, it reproduces them and may even deepen them, given events such as the pandemic. For this reason, the discussion on care and public policies is very important for the elaboration of feminist demands and proposals, since they can not only contribute to prevent gender inequalities from increasing, but may have an incidence on their elimination.

What is the Relationship Between Economic and Social Development and Care?

Proposals for sustainable development with social and gender equity must be based on a view of the economy that incorporates human life and well-being as its main objective, warning how economic policies and their objectives can turn against it.

Public policies seem to be based on the assumption that women's capacity to care for others is inexhaustible. That is, the capacity to care for and contribute to the sustainability of life is taken as a given, as an endless resource of nature, personified mainly in women (Salvador & Espino, 2014).

The incorporation of care into objectives and actions of development-oriented policies is important in economic development processes due to its contribution to the formation of human capabilities⁵: as a component of

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4. Estimates for countries in the region show that this kind of work represents between 15.9% and 27.6% of GDP, and on average 74% of this contribution is made by women (ECLAC, 2022a).

5. Care work is obviously necessary for the growth and development of human beings, for language learning and socialization, for the acquisition of identity and emotional security (Carrasco, et al. 2011).

“social investment”, as part of the construction and preservation of the social fabric, and as an integral element of social development (Espino & Salvador 2014).

Why Does the State Have an Important Role in Care?

The creation and strengthening of care policies have a direct impact on people's well-being, which is why care implies a collective responsibility. Inequalities originate both in the distribution of care received and in the resources (income, time available) that people have to care for themselves and others. Differences related to socioeconomic strata affecting these possibilities originate in the different capabilities of households in economic terms, but are also linked to other factors related to family arrangements. For example, the increase in the single-parent households headed by women and in the female heads of household implies, in turn, an increase in the population with greater restrictions in terms of care and welfare.

The State, therefore, in addition to playing a role as an equalizer of opportunities, should be a pillar of social responsibility in the area, based on the idea of care as a social good (ILO, 2018). This is the only actor that can ensure that no one is left out of a decent provision of care and that has the capacity to establish adjustments to guarantee the rights of care workers and the quality of jobs, and to influence the regulation of the responsibilities assumed by the different institutions and actors involved (market, community, and families).

Conceptual, Social, Political and Financial Challenges

Sustainability of life and gender equality challenge the logic of the economic system and show the importance of women's unpaid work in households and, in general, of the provision of market services that are normally feminized and economically devalued. The need for cultural changes and changes in the forms of organization of the economy are becoming increasingly evident, due to the demands posed by sociodemographic and environmental changes, as well as by gender equality objectives.

Care policies are public policies that allocate resources to recognize, reduce, and redistribute unpaid care in the form of money, services, and time; to be considered transformative, such policies must ensure the human rights, the agency, and, the well-being of those who care in both paid and unpaid ways (ILO, 2018).

Ensuring care policies from a gender perspective implies broadening the possibilities of choice for people, especially women, in terms of their decisions concerning time and work preferences, which contributes to equal opportunities. However, the drafting design, formulation and implementation of policies aimed at solving the issue of care face different challenges, some of which are discussed below.

The Transformation of Gender Norms

One of the main aspects to be considered when implementing care policies is represented by social and gender norms, which involve those beliefs and values that define the predominant models and roles of masculinity and femininity in a society. These norms vary according to the context and attribute different roles and responsibilities to men and women, generally giving a lower value to those related to “the feminine” (Kabeer, 2012).

Gender social norms reproduce gender inequalities by limiting women's available time, their participation in decision-making, and their autonomy (economic, political, physical, etc.).

Although with the incorporation of women into the labor market these norms have been changing relatively, the belief that their place is at home and that they are primarily responsible for the care of children and other adults is not obsolete. For this reason, several studies find that, although more than half of working-age women are gainfully employed, many feel guilt for not being able to reconcile paid work with caregiving (Kabeer, 2012). In Uruguay, several studies (Batthyány, Genta & Perrotta, 2014; Mascheroni, 2021; De los Santos, Fernández Ripa & Salvador, 2022) have identified the prevalence of these norms, particularly in certain areas, and their implications for the way in which care is organized.

In this sense, one of the challenges that care policies continue to face is the transformation of gender social norms. For this reason, according to Faur (2006), although cultural change is complex, it is important to encourage active participation in the care strategies deployed, for example, by encouraging the use of paternal leave (or, failing that, the struggle for it to exist) in order to achieve what she calls a “new sexual contract”.

Likewise, a study carried out in small towns in Uruguay in 2022 found the need to raise awareness among the population about the relevance of increasing care services and defamiliarizing them, as there was resistance from many

families and in particular from many women. In this regard, the study highlighted the importance of analyzing, in addition to quantitative data, other sources of information when surveying care needs, since those ones did not make it possible to observe all aspects of the link between the labor market insertion of mothers and the expansion of the public supply of care services (De los Santos, Fernández Ripa & Salvador, 2022).

One of the findings of this methodology was that the population's response to a new public policy proposal is different if it is promoted by national or local actors, which usually enjoy wider acceptance. It was also found that, over the time and due sensitization, care policies were incorporated and well valued by the population by generating female employment in the territories and expanding the availability of women's time, especially in rural areas⁶. In this sense, for the aforementioned change in gender social norms, the work of the centers and teams in the territories takes on special relevance (De los Santos, Fernández Ripa & Salvador, 2022).

How to Advance Towards Processes of Empowerment of Women. The Expansion of Options on Time and Work?

The processes of women's economic empowerment, i.e., building their capacity to earn their own income, take advantage of the educational capital they have obtained, and make decisions about their lives, are confronted by the responsibility assigned to women in unpaid work in the home, which restricts their participation in the public sphere and, in particular, their employment opportunities. This is reinforced by the occupational segregation and discrimination characteristic of labor markets. In this sense, the example *par excellence* is the case of domestic service in private homes. This work is undervalued and underpaid, not only because it is a feminized activity, but also because of the intersection between gender and the social class, ethnicity or race of those who perform it. These are women, mostly poor, Afro-descendants, indigenous, and migrants (Stefoni, 2009, p. 192). Therefore, expanding the options in terms of time and work that allow women's economic empowerment requires not only changes in the redistribution of domestic and care work within households, but also changes in the dynamics, routines, and demands of the labor market to allow these changes to take place.

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6. Mascheroni Laport (2021) points out that, although Uruguay has been a pioneer in policies that seek to defamiliarize and defeminize care, in rural areas there are still severe limitations to the universalization of care due to structural (isolation and lack of services among others) and cultural (mandates) obstacles.

How Labor Policies Can Be Compatible With Care Activities

The labor market is based on operating norms based on gender inequalities within the households and on its own operating rules, regulating life not only in terms of access to indispensable goods and services, but also in the use of one's time. In this sense, it is expected that human life adapts to the needs of the market. In order to contribute to changing this reality, it is necessary to work on the deconstruction of the idea that every working person has to respond to a single norm -the male norm- without taking into account family responsibilities. To be compatible with equal opportunities, labor policies aimed at meeting the needs of care require changes in the organization of market labor in terms of the needs of the reproductive sphere. This would promote overcoming the total or partial exclusion of women from paid work, facilitating time-combining strategies for men and women.

Especially concerning jobs in the area of care, it is essential to promote quality jobs and to give a hierarchy to the task of female caregivers. And in order to improve the care provided, one of the objectives of these labor policies must be related to the professionalization and certification of people employed in care activities (Lupica 2014).

Collective bargaining through the incorporation of gender clauses in labor agreements can be relevant for the implementation of policies in this sense (Lupica, 2014). For example, in Uruguay, the workers' central union (PIT-CNT) made a proposal for clauses to be negotiated in wage councils⁷. One of the proposals that arises in this area is a special paid leave for workers who have direct family dependents (fathers, mothers, sons or daughters, spouses, brothers, or sisters) with support needs due to illness or disability, as well as minors up to seventeen years of age (Instituto Cuesta Duarte, 2021). Therefore, the design of care policies, especially care systems, is intertwined with labor policy, given that the relationship between paid work and family life is involved.

Social protection to ensure the exercise of rights of those who receive and provide care

Social protection policies provide the regulatory frameworks and institutions that govern care responsibilities. Social protection systems define what kind

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7. The Wage Councils are tripartite negotiating bodies that involve the State, employers, and workers aimed at defining minimum wages, categories, and labor benefits.

of care is most appropriate and desirable, who should provide it (public, private or voluntary sectors), who should pay for it (contributory, non-contributory or employer-liability systems), whether provision is covered through services or payments, among other aspects (ILO, 2018). In some perspectives, it is pointed out that care policies constitute the “fourth pillar of social protection”, i.e., in addition to health, education, and social security⁸. This requires adapting the social and fiscal pact to reorganize the social distribution of care, in accordance with the idea of co-responsibility. It implies deepening a universalist social protection matrix, expanding social security coverage to try to guarantee a basic level for the entire population (minimum income, access to health care, and other social services), initially prioritizing the most socially vulnerable groups⁹ and gradually reaching higher levels of social security, including workers in the informal economy (ILO, 2018).

The reorganization of the social distribution of care seeks, on the one hand, to distribute these tasks more equitably at the inside-the-family level¹⁰ and, for this purpose, some measures that provide time may be helpful, for example, work leaves to care for dependents. In addition, economic resources are needed to complement this greater availability of time, to which monetary transfers to families can contribute. Direct care through different services, on the other hand, contributes to resolving time and income constraints, to the extent that they are accessible according to the different care needs and adapted to social, demographic and territorial particularities. At the same time, direct care shifts the exclusive responsibility for care from families to the rest of society. For paid caregivers, it is necessary to monitor working conditions and promote the formalization of employment.

From Social Policies to Macroeconomic Policies

Taking unpaid care work into account in macroeconomic analyses helps to uncover the effects of seemingly gender-neutral policies on men and women. The impacts of macroeconomic policies become more evident through the

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8. In Uruguay “the creation of the Integrated Care System [*Sistema Integrado de Cuidados*] addresses a right that until now had not been recognized: the right to care and to be cared for, establishing itself as the fourth pillar of the Social Protection System”. The law (2013) that increases the time of maternity and paternity leave in private activity and institutes a half working-time for care, with income compensation paid by social security, is considered an interrelation with the care pillar (ECLAC, 2022a).

9. Migrant women workers may be more unprotected than national ones.

10. A specific dimension of social protection systems is the treatment of child care provision and the public policies that exist to provide (or support) child care provision.

concept of the care economy, as they are more fully visualized. Therefore, the problems and shortages associated with these activities are not solved exclusively by social policies, but involve one of the distributive conflicts that occur in society. That is, the conflict between production—which also involves tensions between earnings and remuneration—and social reproduction—sustained with income and unpaid care work. Intervening in this conflict involves, in addition to acting on redistribution through social policies, doing so in the space of distribution, i.e., where differences in income, time and resources are generated and developed (Esquivel, 2011).

Macroeconomic policies—such as fiscal, monetary and trade policies—shape opportunities for women and men in paid employment. Economic policies have impacts on the provision of unpaid care, on the generation of services and employment, on household incomes, and on the distribution of resources and capabilities. They also have the ability to allocate or not allocate resources for policies aimed at reducing gender inequalities.

Fiscal policy, from both the expenditure and taxation sides, has a fundamental role to play in compensating for inequalities and moving societies towards gender equality. While meeting the challenges posed by the financing needs for care policies requires actions to articulate and coordinate existing resources, it will also be essential to generate new resources and/or increase the allocation of budgetary resources. Possible sources of financing can be divided into two categories: on the one hand, the public budget (national and/or subnational governments) and on the other, private and mixed sources¹¹.

Maximizing fiscal space expands the resources available to finance care policies and to invest in adequate infrastructure for the expansion of service provision. Such expansion is justified in macroeconomic terms, on both the “supply side” and the “demand side”. On the supply side, the provision of care services has the potential to increase women's participation in the labor force and to support the future development of human capabilities through the education of children. On the demand side, the expansion of public care services is considered an “investment” because it leads to the creation of quality jobs—comparatively better than those currently prevailing—and makes a vital contribution to capacity building (ILO, 2018.) Investment in infrastructure to expand the provision of care services has the capacity to generate jobs and

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11. Various financing options are presented and analyzed in Scuro Somma et al. (2022).

to energize other interrelated sectors of the economy such as public works, in addition to increasing the workforce for direct care activities.

In the current context, apart from the acceleration of inflationary processes, in most countries there is an increase both in the fiscal deficit and in the level of public debt (ECLAC, 2022b). Added to this, there are some factors that characterize Latin American economies, such as low levels of tax collection¹², high levels of tax evasion, and avoidance¹³, and regressive tax structures.

Indebtedness (external and internal) has led several governments to promote a fiscal behavior guided by the austerity criteria. These tend to be applied to social spending, while the tax privileges of higher income sectors remain unattacked. The risks of policies guided by this criteria tend to be detrimental to women (those in the lower quintiles of income distribution, in poverty, or in single-parent households), who, for their part, did not benefit from actions financed by debt. According to Serafini, “sustainability based on the reduction of the primary deficit does not incorporate the financing of care or women's rights” (Espino & Fernández Ripa, 2023, p. 7).

According to Pereira dos Santos (Espino & Fernández Ripa, 2023), austerity, as an argument for reducing state spending and investments, is a political definition and not a technical one, as argued by those who defend cuts: “explanations of a technical nature are fallacies that hide the real purpose of reducing the state and expanding the market”. In the case of Brazil, the author even states that austerity is an anti-economic option, since the periods in which the economy grows the most are those in which the government spends the most. When comparing the evolution of GDP *per capita* for Brazil for the period 2003-2022, it is observed that the periods in which the growth rate of *per capita* income was higher coincide with the times when the State contributed more resources to social policies. Regarding the multiplier and equalizing effects of social spending, ECLAC (2022a) cites a study on the case of Uruguay that estimates that promoting universal and free child care systems with a gross annual investment of 2.8% of GDP would increase women's employment by 4.2 percentage points.

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12. In the region, in 2019, although it is a heterogeneous reality, the average tax burden stood at 10.7 pp of GDP below the average of OECD countries (Scuro Somma et al., 2022).

13. In thirteen countries in the region, tax expenditures represented on average 3.7% of GDP between 2013 and 2017. In 2018, income tax and VAT evasion in Latin America was estimated to be equivalent to 6.1% of GDP (Scuro Somma et al., 2022).

The possibility of increasing spending and investments by the State requires at the same time improving tax collection in our countries. This means that, in addition to analyzing budgets from a gender perspective, it is necessary to review and evaluate the fiscal cost of tax expenditures¹⁴, as well as their impact on income distribution. In the same sense, and consistent with the transformations needed for gender equality, it is necessary to improve the progressiveness of the tax architecture, strengthening direct taxation, both on income and on assets. The predominance of indirect taxes means that all individuals are taxed equally, regardless of their financial capacity.

It is clear that a fiscal covenant that takes care needs into account requires social and political covenants that make it possible to resolve the implementation of comprehensive policies that are sustainable over time and with the least possible vulnerability to changes in government. The participation of women, as well as that of groups of people with different needs, will make it possible to consider the demographic, social, economic, cultural, and territorial characteristics in which care relationships are inserted. This broadens democracy and citizenship, and can be the basis for the implementation of policies imbued with a long-term vision in the productive, labor, territorial, and social spheres, and for strategically orienting spending and investment as a basis for transformations with gender equality.

Where Are We Today? Credit and Debit

The progress made by feminists in making visible gender inequalities and their relationship with care work and the functioning of economies shows great advances. These can be seen both at the level of political agendas and in the multiplicity of voices at the national, regional, and international levels. The support and encouragement of United Nations agencies, as well as the measures taken by progressive governments, have contributed to the debate on care policies. Feminist proposals are part of everyday life and there have been historic achievements: legislation on sexual and reproductive rights, advances in labor, care, gender identity, and the creation of gender studies areas in academic postgraduate programs, among others. However, there is still insufficient progress in legislation aimed at recognizing the unpaid work of women in terms of their economic and social contribution, as well as in the implementation of care policies.

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14. Benefits that reduce the tax burden.

It remains to be seen what real progress has been made and to what extent it is consolidated, given that in some countries there is also a certain degree of vulnerability in sustaining the achievements made, due to political changes and new austerity scenarios that, in some cases, have implied strong setbacks.

In the face of feminist advances, the conservative response in defense of patriarchy and capitalism has not been long in coming, resisting, and confronting cultural changes and feminist proposals aimed at equality. A change of perspective in the way of understanding and interpreting the world that places life at the center is surely a revolutionary and long-term objective, but perhaps it presents us with a horizon for proposing shorter-term actions that point in that direction.

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Macroeconomic Policy and Women

Isabela Callegari¹

Introduction: the Care Society

One of the several consequences of the COVID-19 pandemic was the exposure of the so-called “care crisis”,² with the consequent debate on the Economy of Care and the establishment of Integrated Care Systems (ICS). Since the 1960s, the demand for the valorization and redistribution of social reproduction work has a central place in feminism and was addressed by several authors, becoming the basis of the discipline called “Feminist Economics”³. After gradually making its way as a result of women’s struggles, in recent years the issue has been placed on the agenda of the Latin American region, as evidenced by various institutional frameworks.

The X Regional Conference on Women in Latin America and the Caribbean, held in 2007, put the issue on the table by demanding that care be recognized as a human right. In 2013, the Framework Law on Care Economy [*Ley Marco de la Economía de Cuidados*], a guide for the countries of the region, was approved in the Latin American Parliament. In 2020, the XIV Regional

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1. Master in Economic Theory, she is a member of Instituto Equit, Instituto Justiça Fiscal (IJF) and founding member of Instituto de Finanças Funcionais para o Desenvolvimento (IFFD).

2. The term “care crisis” refers to the current social situation resulting, on the one hand, from the reduced availability of caregivers and, on the other, from the increase in demand for caregiving. In other words, in the context of neoliberalism, there is an exacerbation of individualism and a reduction in social protection and available time, in addition to the fact that the feminist civilizing framework has had the effect of massively incorporating women into the labor market and reducing the size of families. At the same time, the social demand for care tasks is increasing due to the aging of the population and emerging diseases. More information on this topic can be found in Ilkkaracan (2016).

3. Fundamental works for a feminist critique of hegemonic economics are *Housework: Slavery or a Labor of Love* (Warrior, 1969); *Woman’s Role in Economic Development* (Boserup, 1970); *Women and the Subversion of Community* (Costa & James, 1972); and *If Women Counted: A New Feminist Economics* (Waring, 1988). In 1992, the International Association for Feminist Economics (IAFFE) was founded and continues to grow in academic and political relevance today.

Conference signed the Santiago Commitment, recommending the promotion of the Care Economy as a key to economic recovery with equality. In 2021, already in the context of the pandemic, several countries in the region presented a statement to the United Nations Human Rights Council, in which they placed special emphasis on the importance of recognizing care as a human right⁴.

But beyond the effective implementation of care policies and systems in pioneering countries such as Uruguay, the pandemic gave urgency and centrality to the issue, which culminated in the Inter–American Model Law on *Caregiving*, drafted by the Inter–American Commission of Women of the Organization of American States (OAS) in 2022. That same year, the XV Regional Conference on Women in Latin America and the Caribbean was held, organized by ECLAC together with UN Women, which addressed the theme “The care society as a horizon for sustainable recovery with gender equality”⁵.

The CIS can be understood as a reformulation of the Social Welfare State based on the feminist premise of recognizing, reducing, and redistributing the social reproduction work done by women. A recent document prepared by UN Women establishes lines of intervention aimed at establishing the right to care in co-responsibility with the State and between genders: (i) implementation of new public services; (ii) communication and education that foster a caring and co-responsible society; (iii) training of caregivers aimed at valuing and professionalizing care; (iv) regulation and establishment of frameworks to guarantee the quality of services and the rights of caregivers, and (v) knowledge and information management for adequate governmental decision-making and public transparency (Bango. 2022).

Within this framework, the problem of financing CIS has been highlighted, especially in relation to peripheral countries—since their budgetary capacity would theoretically be more limited—and as long as they suppose the universalization of all the pillars of social protection: health, education, social security, and, as a fourth pillar, care. This article aims to critically evaluate hegemonic macroeconomic policies and provide elements that contribute to the feminist critique of these policies, at the same time as they inform the debate on the financing of CIS from the point of view of Modern Monetary Theory (MMT) and Functional Finance.

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4. For a more detailed historiography of the entrenchment of this issue on the public agenda, see Bango. (2022) and Scuro. (2022).

5. The guidelines resulting from the Conference can be found in ECLAC (2023).

Financing of Integrated Care Systems

We will briefly present here issues addressed in recent works published by UN Women (Bango. 2022; Scuro. 2022) in relation to the financing of care systems, and then move on to macroeconomic analysis in the light of the MMR. First, the authors point out that investment in the care sector interacts positively with the other pillars of social protection, as well as with income and taxes. Early childhood care, for example, allows women to have time to do paid work, study or take care of their own health, which increases their income and improves their living conditions; adequate care for children and older adults prevents illnesses and accidents—thereby reducing the overload on the health area; and investment in the care sector has a high rate of job creation and is very low-polluting. Compared to sectors to which a large part of public investment is allocated, such as construction, the employment potential is estimated to be up to three times higher.

Job creation would in turn increase income—especially for women—increasing overall demand in the economy and the taxes generated. By way of illustration, it is estimated that the impact of establishing free, universal, quality early childhood education for all children under the age of six in Mexico would represent an annual increase of 1.77% of GDP and 3.9% of employment. Investment should be 1.16% of GDP, and would translate into a 0.29% increase in revenue (Bango. 2022).

Beyond this general impact, the creation of formal jobs for women contributes to combating the problem of the high levels of informality that characterize the neoliberal context and affects this group in particular. By increasing the levels of formality and, consequently, social security contributions, it takes advantage of the so-called *demographic bonus of today*, which means that today's contributions will help in the future, when there will be more older adults dependent on social security and fewer of working age.

The authors analyze the financing strategies that currently support the other pillars of social protection and raise some questions. The “general revenue-based” financing model would be financed through an *ex post* mechanism⁶, i.e., when there was a concrete need to make the expenditure, with general revenue collection being the main source of income. Difficulties identified are the following ones: (i) the budgetary constraints of the countries, as they had large public deficits and had to borrow to cope with the pandemic; (ii) the possible harmful effects of increasing fiscal pressure; (iii) the problem of being at the mercy of new governments that may have other spending priorities or suddenly adopt deficit and debt reduction policies; and (iv) the competition for a share of the budget in which, due to their lower political strength, social spending loses out. In view of these issues, some possibilities would be (i) taxing specific products or economic sectors, (ii) creating a specific contribution or tax that would fall on a sector of the population; or (iii) earmarking royalties or income from a specific economic activity—such as renewable energies or extractive activity—for social protection (Bango et al, 2022).

We note here that the first two possibilities would meet opposition of economic sectors or social classes that are holders of large revenues and therefore have great political power, while the third one implies the risk of the state incentivizing extractivism to increase its budgetary resources, which contradicts the inherent need to overcome extractivism—unless it is specifically about resources from renewable energies with low ecological and social impact.

As for the insurance-based financing model, considered a form of *ex ante* financing, beneficiaries make contributions throughout their lives for a specific purpose. This is the model of the pension security systems, and in the case of the public system, the aim is to give it a supportive and intergenerational character, associating it with social security. The beneficiaries contribute according to their income, this contribution is used by those who need it to-

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6. This conception of *ex post* and *ex ante* financing models does not make sense in the framework of MMT, which will be discussed in the following sections. Nevertheless, in this section, we have chosen to keep this nomenclature for further discussion from a political economy approach and in macroeconomic terms. This is because, taking into account the way budget laws are conceived today, there are some differences in what we call here *ex post* and *ex ante* financing that concern the political dispute around the budget and the consequent income distribution, although in terms of actual financing, there is no difference between the two models: even talking about “financing” or “sources of financing”, is difficult from the MMT perspective. However, we understand that it is better to discuss economically these concepts than not to use them at all.

day and, through specific rules, it is made possible for people who have not been able to contribute throughout their lives to benefit from it. It is a way that the public social protection system adopted in order to make effective basic rights—such as retirement—that would be unfeasible with the private pension system, in which precisely the people who need it most—such those with disabilities, those whose income is below the poverty threshold, or older adults—would not have access to the benefit.

Bango. (2022) cite some examples of the financing of care insurance. In Belgium, the insurance covers a fixed percentage of the benefit and the rest is borne by the beneficiary, regardless of his or her income, while in Germany the State pays a fixed amount instead of a percentage. The authors also mention some difficulties, which mainly affect peripheral countries: (i) high rates of informality and the consequent low amount of contributions; (ii) the effects that increased social security contributions may have on formal employment levels; and (iii) low wage levels, the basis for calculating contributions. To these difficulties must be added the aging of the population, which will reduce the number of people of working age regarding to those in need of care, and technological automation, which will lead to a generalized loss of jobs and a consequent reduction in contributions.

Given that care policies—and even social protection policies—are still insufficient in the region, experience with funds earmarked for financing care policies is also underdeveloped. Examples are Costa Rica's Social Development and Family Allowances Fund (*Fondo de Desarrollo Social y Asignaciones Familiares*, FODESAF) and Uruguay's National Health Fund (*Fondo Nacional de Salud*, FONASA). The former finances various social policies, including the Child Care Network [*Red de Atención a la Infancia*], aimed at the most socially vulnerable population, and is funded from general revenues, mainly from consumption taxes and contributions of 5% on salaries paid by public and private employers. The second is part of the National Integrated Health System [*Sistema Nacional Integrado de Salud*] and is made up of contributions from formalized workers, employers, retirees, and pensioners, and a national supplement from general revenues. Services are also accessed through different individual contributions, which are related to income and to the incorporation of additional beneficiaries from the initial beneficiary, since the system was originally conceived for formalized workers and is gradually expanding (Bango. 2022). Here it is important to point out that consumption taxes are extremely regressive, as they fall proportionally more heavily on the poorest part of the population, so that they would not be an adequate source of revenue in distributive terms.

Bango et al. (2012) also present some guidelines for the creation of solidarity funds for care, such as (i) that they be a constituent part of the system itself; (ii) integrating the resources already being invested in care; (iii) through progressive expansion, integrating people initially outside the system; (iv) making the system intertemporal and intergenerational, so that contributions and benefits are spread over time; (v) imposing on individuals direct contributions based on their income; (vi) ensuring that individual contributions do not prevent access to anyone; (vii) adding contributions from State revenues that do not originate in general taxes; (viii) earning royalties or resources from specific activities, and even taxes on the consumption of harmful goods; (ix) taxing large estates, inheritances and donations; (x) implementing digital and environmental taxes; (xi) considering the implementation of taxes on financial transactions and, finally, it is suggested (xii) signing financing agreements with international organizations for the necessary infrastructure works for care services.

One important thing is that all taxes should be studied in terms of their potential for progressivity or regressivity, and that charging for services as well as partnerships with the private sector are possibilities that should be analyzed with caution, since they may open gaps so that the cost of such services gradually becomes prohibitive and the rights become unfeasible. Finally, indebtedness to international organizations implies a loss of sovereignty for countries, worsens the situation for those that already have high levels of *dollarization* or foreign debt and puts the rest on that path. This is one of the points that will be analyzed in greater detail in the following sections.

Fiscal Policy, Spending and Public Policies

Macroeconomic policy can be simplified into the corresponding policies: fiscal, monetary, exchange rate, and income policies. They affect different social groups in different ways and therefore also have a positive or negative impact on women's lives, depending on their premises and objectives, the instruments used, and the decisions taken at the moment. We will refer here to fiscal and monetary policies since they constitute the primary means by which governments act daily, and their effects are not limited to reciprocal influence but also affect and are affected by other policies—exchange and income policies.

Fiscal policy is the State's most direct instrument of action, since public spending translates, among other things, into government purchases, public services, social security, strategic investments, and income transfers, while

tax collection can directly intervene in available income and resource allocation, as well as provide incentives or disincentives for products and economic sectors. Fiscal policy decisions are those that go through democratic bodies that plan the budget, in a process that involves a minimum of dialogue with society and elected representatives.

In the last decades, however, the limitation of public spending has been based on the *a priori* need of economic austerity and the assumptions that deficit spending or an increase in the national debt always generates inflation, and even leads to the bankruptcy of national governments⁷. According to these ideas, democratic demands to increase public spending and to enforce constitutional rights would be inflationary or would prevent monetary policy from being carried out, since spending to enforce rights tends to increase due to population growth and still insufficient social security. From these premises, monetary policy—which is defined and conducted through institutions such as the Monetary Policy Councils and Central Banks, with no dialogue with society—is what ends up dictating the rules and delimiting the possible margin of action for fiscal policy and, with it, the possible space for democracy itself.

The self-restriction of public expenditure is, in turn, a major front of capital accumulation, since it concentrates resources in at least four ways. First, the withdrawal of public services and social security gives the private sector the possibility of selling services that should be rights, expropriating part of the population's income. Secondly, the general impoverishment, whether due to reduced economic activity or cuts in public services, reduces the bargaining power of workers, leading to lower wages and worse working conditions. Thirdly, it increases household indebtedness in the financial sector for mere maintenance purposes. And finally, the idea that it is necessary to achieve budget surpluses or reduce public debt forces the sale of state assets, usually at prices and conditions that are extremely favorable to the private sector.

Austerity specifically affects women, and does it in a variety of ways. As it became evident during the pandemic, cuts in public services increase the time spent on unpaid reproductive work. It increases the total working day and decreases the time available for paid work, leisure, self-care, study, or political activity. Secondly, austerity reduces overall economic activity and, as mentioned, worsens wage and working conditions, with women being the first to be laid off and to have their income affected. Thirdly, female heads of

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7. For a detailed historical analysis of how this ideology—morally rather than economically based—develops from classical liberalism to the present day, see Blyth (2017).

household are indebted to the financial sector to meet daily expenses⁸. Finally, the civil service is one of the few spaces where women have relatively equal participation and can do skilled and well-paid jobs, and the elimination of state spaces reduces this opportunity (Woodroffe & Capraro, 2016).

It is important to underline that the ideology of austerity establishes a specific social arrangement, in which the state *self-limits* its spending capacity, going against the fulfillment of established rights and, many times, changing the Constitution to do so. Thus, it undermines and dismantles the social welfare state, which never became fully effective in peripheral countries, and favors targeting, privatization and charging for essential goods and services, to the detriment of the logic of universality and gratuity. The rhetorical construction to justify the self-limitation of spending is, in turn, framed by orthodox economic theory, and must therefore be critically analyzed.

Monetary Policy and Sovereignty

While fiscal policy concerns public spending and tax decisions, monetary policy determines the management of the national currency, the interest rate, and inflation. In the opinion of the orthodox, the two policies should be separated, because spending decisions would hinder or prevent the proper management of the interest rate and the fight against inflation. According to this view, there is even a need for an independent Central Bank and for governments to have strict fiscal targets, such as targets for primary surpluses, spending in proportion to revenues, real spending limits and even a national debt-to-GDP limit⁹. It is interpreted that the fiscal outcome would affect the government's ability to honor the national debt and would also inexorably cause inflation.

A central point in this regard is the divergence of orthodox and heterodox

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8. See in this regard the recent publications of the Eqüit Institute (Instituto Eqüit, 2020; Teixeira et al. 2022).

9. "Primary surplus" means that the government must have a positive result in its non-financial operations. In other words, only financial expenditures and revenues—such as interest on debt—are excluded from this target, while all social expenditures are subject to it. Some countries have been adopting rules for the debt level to maintain a certain relationship with GDP, although there is no evidence that these debt or expenditure limitations are necessary. This lack of evidence is explained by the very nature of money in monetarily sovereign economies, as shown by the MMT approach. Brazil is currently known for having the strictest set of fiscal rules in the world, having instituted several of the aforementioned rules at both the national and subnational levels. The main and toughest of these, the Expenditure Ceiling [*Techo de Gasto*], means that real spending must not exceed a certain limit for twenty years.

perspectives on the causes of inflation. Inflation is a complex multi-causal phenomenon that can be divided into several types¹⁰. *Demand inflation* occurs when the demand for goods and services exceeds the economy's capacity to supply them, so that firms can raise their prices without losing sales. *Cost inflation* is the result of an increase in production costs—such as fuel and raw material prices—which is passed on to the consumer.

There is also a third, very important type, which is *inflation due to distributive conflict*. In this case, the demand of the working class for better wages, in an economically favorable context, is satisfied by transferring such increase to goods and services. Faced with higher prices, workers demand new increases, which again can be transferred to prices, in an inflationary spiral whose final result is defined by the strength and political articulation of workers and by the demand for goods and services. The distributive conflict shows that inflation is not bad in itself, and that what should really be evaluated is the increase of wages in real terms—or their deterioration.

As for cost inflation, possible causes are: inflation due to exchange rate devaluation, inflation due to an increase in basic inputs, and inertial inflation. The first refers to the increase in the prices of imported goods due to the devaluation of the national currency. The second occurs due to some disruption in the production of inputs as a result of shortages, weather, political changes or changes in international competition, and is the one that affects, for example, the price of fuel, energy, and commodities. The third one comes from the indexation of contracts to past inflation as a way of hedging against future inflation, which ultimately leads to higher prices.

Heterodox theory considers that inflation is normally cost-based and that various instruments and strategies are needed to combat it, depending on its specific cause. These include planning and public control of enterprises and strategic sectors, investment to correct domestic supply bottlenecks, intervention in the foreign exchange market and reducing the vulnerability of the economy to external and internal contingencies. It is also pointed out that the increase in interest rates, the central instrument of monetary policy, has multiple effects on inflation. On the one hand, it represents a disincentive to credit and demand and attracts more investments in dollars, increasing the value of the exchange rate, which would combat inflation. On the other hand, it represents a cost for the population and companies already in debt, which

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10. An accessible and detailed explanation can be found in Rossi and Gerbase (2022), the basis for the brief discussion of the types of inflation referred to here.

may be reflected in higher inflation. In general, higher interest rates in peripheral economies tend to combat inflation by appreciating the exchange rate.

For economic orthodoxy, inflation is predominantly a demand-driven phenomenon, although it is accepted that cost contingencies may affect prices in the short term. Accordingly, inflation should be contained by raising interest rates and limiting public spending, both of which are measures aimed at contracting demand in the economy. The interpretation is that the main cause of inflation lies in the excess of money in circulation, which in turn originates in public spending and investments, or in the incentive to credit, resulting in a demand for goods and services higher than the economy can cover.

This analysis assumes full utilization of production factors a situation where the supply of the economy is given and there are no means for its expansion. In this situation, called “full employment”, the increase in demand would only have the effect of putting pressure on prices. In most countries, and especially in peripheral countries, this almost never happens. It is very rare for economies to operate at full capacity or without involuntary unemployment. Although this may be the case in some specific economic sectors and at some historical moments, such a situation cannot be taken as the rule, especially in crisis scenarios with high unemployment and inactivity rates.

The second orthodox line of argument that associates deficit spending with inflation argues that deficit spending leads to an explosion of public debt and forces the government to issue money to pay for it, exacerbating the inflationary outlook. As we will see below, the only harmful effect of the increase in debt is the possible concentration of income through interest payments to bondholders, but there is no unequivocal correlation between inflation and the so-called “*monetary issue*”.

In this sense, the approach of modern monetary theory also shows that money is issued whenever the government pays its expenses, so it is not an exceptional but an everyday occurrence¹¹. The causality is the reverse of that proposed by orthodox theory. Spending precedes taxes and also debt issuance, since the government does not need to raise revenue from the private sector to spend and always makes its expenditures autonomously.

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11. For a complete and didactic explanation in the light of MMT on the nature of money in economies with monetary sovereignty, processes of money creation, and consequences of public deficits and debt, see Dalto. (2020).

What happens is that taxes and debt securities are means to withdraw money from the economy, to control liquidity, and to keep the interest rate at the level desired by the government. Thus, *taxes and debt are not, properly speaking, means of financing, but government instruments designed to take liquidity out of the economy.* Taxes also have other important functions that have already been mentioned, such as redistributing income and encouraging or discouraging certain products, services or sectors.

The government always spends by creating money, while tax payments and the non-government sector's preference between holding money (ΔM) or bonds (ΔD) will determine how much of the monetary base will remain in the non-government sector. *That said, the government does not choose whether to finance its expenditures by issuing money, through taxes, or by issuing bonds. All government spending involves the issuance of money which, after the processes described here, translates into more or less issued securities* (Dalto, 2021, p. 13, emphasis added).

We have pointed out in the previous section that government expenditures translate into goods and services for the population, in addition to representing income for households and private companies. In reality, all the money circulating in the economy of a country with a sovereign currency comes solely and exclusively from the national government; there is no other source.¹² Therefore, for the government, to run a surplus simply means that it has put less money into circulation in the economy than it has withdrawn, so that there is now less money in public hands. Deficit, on the other hand, means the opposite: there is more money held by the public after government spending and taxes.

In other words, this fundamental accounting identity, according to which public deficit equals private surplus and public surplus equals private deficit, shows that public deficit and public debt cannot be evaluated as bad or harmful *per se*, and therefore should not be *a priori* avoided or reduced. On the contrary, the analysis we are interested in refers to the impact of public spending on the other economic variables and social objectives: level of employment,

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12. According to Pereira and Bastos (2022, p. 6), "[...] a currency is considered sovereign when the government chooses the unit of account in which the currency will be denominated, imposes obligations denominated in the chosen unit of account, issues currency denominated in that unit of account, accepts it in payment of the obligations imposed, and issues other obligations against itself, likewise denominated in the chosen unit of account and payable in the government's own currency."

level of investment, exchange rate, inflation and, provision of public services, with deficits or surpluses being only subsequent accounting results lacking significance in themselves. This is the premise of Functional Finance¹³.

Another principle of modern monetary theory, or of the exogenous interest rate, tells us that the interest rate is a political variable, set exogenously by the Central Banks as a monetary policy target. In this way, National Treasuries issue securities so that the Central Bank can carry out liquidity operations in the secondary market and reach the interest target. In this way, although countries currently prohibit direct Central Bank financing of the Treasury, what happens in practice is that the issuance of debt securities is nothing more than a financing mechanism for the government, but primarily an instrument of monetary policy, which is *necessary if the interest rate is to be reached*.

What happens in practice is that the government can always spend in the domestic currency, because it never runs out of it. So much so, that debt interest payments and bond refinancing will *always* occur. If the Treasury does not have a forecast of future taxes sufficient to cover its expenditures, so that the Treasury account becomes negative, it must provide for the issuance of new bonds. Even if these new bonds cannot be placed in the market at the desired interest rate, the Treasury can make the expenditures, which will go into the bank accounts of individuals and businesses, and by promoting excess bank reserves will put downward pressure on the interest rate. The Central Bank then sells government securities to banks until the desired interest rate is reached, which ends up promoting indirect financing to the expenditures made by the Treasury in the first stage (Lerner, 1943, 1951, 1961; Kelton, 2020; Serrano & Pimentel, 2017; Dalto et al. 2020; Pereira & Bastos, 2022).

Banks will always have a preference for reserve securities, because they produce interest, and the Central Bank must always have Treasury bonds to operate in the market, in order to reach the target interest rate. There is no other way for monetary policy to happen in the domestic financial system. Thus, according to the approach of modern monetary theory, fiscal and monetary policy become inseparable.

The authors of this approach stress that recognizing these principles *does not mean that the government can spend indefinitely without consequences*. It

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13. For an in-depth understanding of Functional Finance, see Lerner (1943, 1951 and 1961).

only means that the government never runs short of its own currency. Therefore, the limit on government spending must be anchored in the real economy, precisely in the prospective inflationary outlook. It must also be evaluated in terms of the achievement of social objectives and its impact on other economic variables. A coherent and responsible analysis of public spending must consider who will benefit from specific spending and which products, services and sectors will be most in demand, in order to assess the limits of the national economy, idle capacity and structural bottlenecks that may produce inflation. Furthermore, if the economy deindustrializes to the point of being unable to meet important demands of the population, there will be pressure on imports and consequently also on the exchange rate, which in turn will lead to higher inflation.

This does not mean that deficits or debt cause inflation or that they should be avoided *a priori*, but that the economy is weakened to such an extent that it cannot meet the demands of citizens, and that strategic investments must be planned and made in this regard. It is important to note the case of many Latin American countries in which the national currency is no longer the country's only unit of account—that is, they are dollarized to some extent—or that have high external debt, as this implies that they have lost much of their monetary and fiscal sovereignty. But, again, in these cases, spending and debt in national currency can be a way to make strategic investments that leave them less vulnerable, which must be combined with political efforts to promote the recovery of national sovereignty.

It is on the basis of these notions about the national currency and the functioning of the monetary system that the debate on the financing of care policies, and of public policies in general, should be developed so as not to incur in analyses that corroborate the premises of austerity and lead to the self-limitation of economic and social potential.

Final Considerations

Pereira and Bastos (2022), addressing the political economy of taxation from the perspective of modern monetary theory, point out that, although taxation is not necessary to finance spending, the increase in spending for public policies is historically linked to tax increases because this narrative was politically constructed. From a technical point of view, the authors show that taxes, in addition to having important specific functions related to income distribution, also help smooth the government's monetary operations, which can be the result of political tensions if there is a large increase in debt or if

the government is unable to auction its bonds in the primary market at the desired interest rate¹⁴.

The real problem posed by the increase in the national debt is distributive, since the interest is paid to a rentier class. However, this particular problem must also be put into perspective. If the increase in expenditures and debt were made in favor of effective social policies that promote universal and quality public services and income for the population, and if the interest rate were set at the lowest possible level, as is the recommendation derived from Functional Finance, a situation where the final distributive outcome would be socially positive despite the high debt would be possible.

Similarly, if taxes on public policies were taxes on consumption, or even if they were to fall significantly on formal employment and workers' income, they would be regressive and increase inequality, causing a contraction in output and employment. In this situation, it would be preferable to maintain only taxes on the income and wealth of the upper classes and supplement the rest with low-interest public debt.

The assumption that it is possible to rely solely on the transfer of income from the upper class to the rest of the population is illusory. The level of social protection in the peripheral countries is still insufficient, and we are struggling to establish a new pillar for this protection. Thus, per capita spending must continue to grow, considering that population growth and relative aging are on the rise in the countries, which will result in a greater overall demand for social protection. It is unrealistic to imagine that we can achieve a broad-based social welfare state without increasing deficits and debt.

Moreover, budget segmentation in the form of earmarked funds can serve as a way of *disguising*¹⁵ public accounts, which can be politically useful. Such a segmentation can make it easier to visualize taxes and verify their progressivity or regressivity, facilitating the social legitimization of public spending targeted to a specific sector (Pereira & Bastos, 2022). However, it should be noted that even this segmentation, which for most countries was done in

14. For such situations it is desirable to have a positive balance in the Treasury Account, since then the Government can carry out the primary auction of bonds under more favorable conditions. In any case, these are only transitory tensions that do not mean that the government will go bankrupt. As explained here, indirect financing will always occur through Central Bank operations in the secondary market to achieve the target interest rate.

15. Lerner (1944, p. 321) *apud* Pereira and Bastos (2022), regarding the use of different budgets as a tactic of political persuasion in Sweden.

the case of social security, did not allow, for example, these expenditures to escape austerity cuts, since they are then perceived as huge expenditures that prevent the achievement of fiscal goals, which leads to consider them as *the problem*. Thus, it is essential to start from a correct understanding of the monetary system, deficits, and debts in order not to validate austerity in any instance.

Finally, various analyses with varied calculations on illicit flows show that between licit and illicit flows, the peripheral countries are, every year, net creditors of billions and even trillions of dollars *vis-à-vis* the Global North.¹⁶ This leads us to the need for a new international agreement on care, and for the benefit of the sovereignty of the indebted and dollarized peripheral countries. As economist Fadhel Kaboub (2021) argues, a global ecological transition requires historical reparations, debt cancellation, and technology transfer. The same can be said of the care society. Monetary, fiscal, food, health, and industrial sovereignty is a requirement for democratic emancipation.

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16. The calculation varies due to illicit flows. See Centre for Applied Research et al. (2015) and UNCTAD(2020).

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Free Trade Agreements (FTAs) and Care Policies

Graciela Rodriguez¹

The globalization that, intrinsically linked to the expansion of the neoliberal model and thinking, has been progressing since the 1980s has promoted an enormous growth in international trade, facilitating the circulation of goods and investments, among the main mechanisms that have been designing the modern world economic architecture.

It is easy to understand that austerity and fiscal adjustment, which have expanded as a single recipe for the budgets of the countries of the global South, have enormous effects on care policies by preventing the expansion of the public expenditures necessary for their implementation. Much less visible, however, are the links between these care policies, which seek to mitigate the effects of the daily poverty in which populations live—especially women—this globalization, and the advances in trade liberalization that it entails. Especially if we realize that trade negotiations are much more than trade, and have not only contributed to deepening the unequal distribution of labor among the countries of the planet, but have also helped to increase the scandalous concentration of wealth in the world. In fact, international trade negotiations in the World Trade Organization (WTO) and in Free Trade Agreements (FTAs) cover extremely diverse and important issues for national economies, such as agriculture, services, non-agricultural products (NAMA), intellectual property and patents, government procurement, or digital trade, among the most important ones.

We would like to reflect here on the impacts of these trade negotiations and their various issues on the lives of populations, the effects they have on women's work, their time and efforts with care, as well as on public policies

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that could contribute to alleviating the domestic work for which they are mostly responsible.

In feminism, we have often analyzed the economic-financial plots of violence experienced by women in different spheres, in their bodies, in the domestic sphere, in the workplace, in the public domain. But we have rarely discussed how this violence is generated through macroeconomic policies and, more specifically, the impacts of international trade on people's lives and, in particular, on women.

Thus, given the wide range of issues involved in international trade, we need to consider work in agriculture and rural areas, as well as in industrial production. At the same time, we know that it is essential to consider the importance of the liberalization of services, which has led to a large extent to the privatization of essential public services, amplifying the negative impacts on poverty alleviation strategies. Those services, such as access to water and sanitation, are fundamental for the reduction of the domestic workday and for complementing reproductive work. In this sense, health and education services, among others, are particularly relevant, without neglecting the work of caregivers and their social protection.

Intellectual property negotiations have already shown the impact of international trade on people's lives, as was seen with the pandemic when it was not possible to negotiate the suspension of existing trade rules on patents, which would have allowed countries to freely buy vaccines—and some even to produce them—making them more easily accessible to the population. In this case, the lack of vaccines for a huge number of the planet's inhabitants, which led to the death of thousands of people, was a perverse example of the consequences of international trade rules. Indeed, many of the care policies are linked to the available health services, including medicines, tests, and diagnostics, which are protected by patents as a result of international trade negotiations.

Government procurement is also part of trade negotiations and when liberalized by FTAs, it goes beyond patents, limiting the possibility of domestic purchases in various economic sectors, such as small farmers, small, and medium-sized enterprises (SMEs), etc.

In short, we need to denaturalize and politicize care by identifying the macroeconomic determinants and the aspects of national development that can contribute to or hinder its implementation. In this article, we will focus

on the connections of care policies with international trade, which impacts national economies and the lives of populations. In the same way that we think about the cost of water incorporated in agricultural and mining export products, we need to make visible and calculate the social costs, in relation to the care of life, caused by the deepening of extractivist export models. Free trade is one of the major obstacles to this strategy.

Care and Development

Although feminist economics has been changing the views of traditional economics, we can still say that reproductive work performed in the domestic space, because it is not remunerated by the market, has been underestimated by economists and generally by patriarchal societies, where men have more hegemonic power to incorporate social values in institutions. However, for some decades now, feminist studies have been seeking to value this work that generates wealth and benefits for society, as well as privileges for individuals, in addition to contributing to the maintenance of life itself. Women have always led the way in carrying out this unpaid reproductive care work, but more recently they have also been taking on this work in a paid manner, both in the public and private spheres. This set of jobs, paid or unpaid, formal or informal, is what makes up care work (EQUIT, 2022).

It is on this conceptualization that the care economy is based, to think about and implement care policies that can alleviate women's working hours, contribute to sharing them with men, and implement or promote ways to reduce the time families spend on care. Such policies must seek the recognition and valorization of this kind of work, making the State responsible for offering quality services that facilitate this care for the sustainability of life.

Thus, the care economy aims to integrate goods, services, values, and relationships that exist in the care work necessary for human existence and reproduction, questioning the logic of the traditional economy. The latter, precisely because it devalues these jobs, has sought to address the shortcomings of the economic system that does not include them, through the well-known social policies.

Evidently, the recognition of care activities in households and the demands for gender equality that are growing substantially in societies have been modifying the perspectives from which paid and unpaid care tasks are considered, and their incorporation into the set of economic activities requiring political, social, and economic treatment. Both the creation of

social wealth that care represents and the growing need for attention to the social reproduction of life place it within the economic system, making it part of the growth and development of nations.

It is necessary to make visible that care policies can be a consistent strategy for overcoming inequalities, especially gender inequalities, but also poverty, which has recently increased again in our region.

So, as Alma Espino says:

...to think about care policies as an integral part of development processes, taking into account at the same time both a perspective of rights (caring and being cared for) and of social and gender equality, would allow a wider range of options for men and women (in the economic sphere, obviously, but also in the social and political spheres). Public policies in the area of care can operate as a factor of equality, actually constituting true strategies for equity and for the functioning of the economic system and, therefore, be at the service of the economic and social development of our countries. (Espino, 2015).

In fact, and unfortunately, we must recognize that our countries do not currently have national development projects and, therefore, neither do they have sustainability. The so-called “progressive governments” of the last two decades in the region have made up for this lack of perspective by increasing social policies and wealth redistribution programs of a rather developmentalist nature, based on high *commodity prices*—recipes that actually worked quite well—. However, this second stage of progressivism in the region, a time of global economic crisis, and the absence of another *commodity boom*, will very possibly put an end to this strategy that some authors have called “damage reduction” (Arantes, 2022)². This new moment places us in front of the need and the enormous challenge of politically defining and articulating an economic-social project for the region that, among other premises and conditions, includes preventing the signing of an FTA, such as the EU-Mercosur Agreement. This signature could strongly hinder several of the aspects and economic sectors that would contribute to a process of promoting various development policies, such as care policies and their impact on the lives of women and society.

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2. In his publication, the author calls this set of social-democratic policies assumed by the left, precisely because of the lack of a sovereign national project for sustainable development, “damage reduction”.

Although this perspective would merit further discussion, we will take it here as a premise for thinking about the importance of international trade and its profound relationships with national development and, therefore, its relationship with the implementation of care policies and how, in fact, it can hinder them.

International Trade and Care

International trade has historically played a central role in the configuration of world power and still does, especially for the expansion of neoliberal globalization, by encouraging and facilitating the decentralized productive process on a global scale. The specialized production in different territories of the planet of products that will be primarily exported and consumed anywhere in the world, aided by increasingly agile and planetary connectivity, has made it possible to consolidate the central nucleus of the so-called globalization. Although the term “international trade” is misleadingly used today, since it no longer refers exclusively to trade in goods, but also to issues and disciplines other than trade in goods, such as government procurement, patents, services, investment flows, etc., we continue to refer to this practice and its negotiations in this way. Thus, the so-called international trade seeks to ensure the expansion of such flows, and the premises of progressive trade liberalization together with the liberalization of investment flows have become, in recent decades, crucial elements of economic growth and development for countries.

To summarize, in simplified form, the triumph of free trade as the matrix of international negotiations was imposed in a world hegemonized by the colonial power of the European industrial powers over countries with little or no development. The great differences in the development of the countries were the backdrop against which England, first (in the 18th and 19th centuries) and the United States, later (in the 20th century), as major industrial centers in a fundamentally agricultural world, were decisive in imposing the free trade regime globally. Thus, the rules of international trade as we know them today are based on certain principles that arose in that colonial stage of the international division of labor and, as a result, continue to be profoundly asymmetrical. These include the *most-favored-nation* clause (which is a status that one nation attributes to another in trade negotiations and which must be equal to that of any other nation in the agreement) and the *national treatment* clause (on equal treatment between domestic and foreign products, to avoid discriminating against foreign products in relation to domestic products). These general principles of the negotiations will have

a strong impact on trade agreements signed within the WTO and between countries bilaterally.

It was during the period between the First and Second World Wars (1918 - 1939) that the protection mechanisms used by the strongest economies appeared most visibly. From then on, the permanent battle between protectionism³ and free trade will set the tone of international trade. This long polemic between free trade and protectionism, which we still see today, will tip the balance one way or the other in the decades to come.

Based on this brief summary of the mechanisms by which international trade operates, we will move on to analyze, on the one hand, the impact of trade on different economic areas and sectors, on national development and on the autonomy of countries to define their national policies, and on the other hand, the political, social, and economic consequences of such agreements.

At a quick initial glance, we can perceive that the neoliberal policies implemented in recent decades have been imposing, through trade negotiations, the privatization of public services—such as access to water and energy, or those of direct care, such as schools, kindergartens and others—would imply the expansion or facilitati many of which of care activities. We will now try to look more broadly, to analyze issues and aspects of macroeconomic policies, sometimes less obvious and sometimes quite hidden from the public, to try to pull back the veil on how they affect policies and life in our societies.

Trade Issues (Agriculture, Services, Intellectual Property, Government Procurement, Industry, etc.) and their Impact on Care

The spectrum of impacts caused by international trade on national economies is extremely long and broad, although in a differentiated manner in the North and the South, or between the so-called “developed” and euphemistically called “developing” economies.

For this reason, we will take only a few examples of impacted areas or sectors, chosen mainly for their economic importance in combination with their gender

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3. “Protectionism” is the economic policy that seeks to restrict international competition by inhibiting the importation of foreign products through customs tariffs, thereby increasing their cost and favoring and protecting domestic products.

and racial/ethnic impacts, and always starting from the concept referred to by various authors of “right to development”.

Family Farming and Food

In Latin America in general, and taking the case of Brazil as a paradigmatic example, the extensive monoculture practiced by agribusiness or the so-called export agriculture, of secular tradition in our region, has been producing in the last decades very deep changes in agricultural production and even in land use.

“Brazil is one of the countries with the highest concentration of land in the world, where the largest estates are located. Concentration and unproductivity have historical roots that have laid the foundation for the country’s social inequality, which continues to this day”, states an article on the Landless Rural Workers Movement of Brazil (MST, by its acronym in Portuguese) published on the website of the Instituto Tricontinental de Pesquisa Social de Brasil (2020), which also includes data on the ever-increasing rates of land concentration. Precisely, the concentration and foreignization of land and the expansion of the agricultural frontier are crucial to the process of deforestation of entire biomes, such as the Chaco forest, the Cerrado, and especially the Amazonia, which is currently at the center of international denunciations.

At the same time, this expansion of agricultural production, which has greatly expanded the cultivation of soybeans and livestock, has been reducing and pushing small agricultural properties towards lower quality and peripheral lands. It is precisely this family farming that guarantees the production of vegetables, legumes, and fruits what make up the diet of the rural and urban populations of the region and, therefore, their reduction and vulnerability have made the consumption of such foodstuffs more expensive, especially for the urban population.

The EU-Mercosur Agreement, which has already been signed by representatives of the countries and is currently being strongly questioned by various sectors prior to its final approval by the parliaments, can be seen as a significant example in several respects, given the democratic erosion implied by its approval without any transparency⁴. But also, among other aspects,

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4. The agreement was signed with the EU opportunistically taking advantage of the unfortunate coincidence of two neoliberal governments in Argentina (Macri) and Brazil (Bolsonaro), in 2019, suddenly and without consulting the civil society of the Mercosur countries.

because it represents a double blow for regional agriculture. The first, and most denounced, is due to the deepening of agricultural expansion in deforested lands, with enormous impacts on territories, biomes, and rural populations. The violent burning of the Amazon rainforest is perversely exemplary. The second, more invisible and underestimated, is the impact on food production due to the displacement of small-scale family farming serious consequences for the population's access to food, which is increasing malnutrition and hunger among the poorest populations in the countries of the region and promoting the consequent displacement of the population to the urban peripheries.

In fact, Brazil, for example, has returned to the FAO's "hunger map" in the last five years. The latest surveys have reported that 33 million people do not have guaranteed access to food and more than 100 million suffer some kind of food insecurity⁵. One of the causes pointed out has been the interruption of the Food Acquisition Program (PAA, by its acronym in Portuguese), instituted by the first Lula government to encourage sustainable family farming by stimulating the consumption of the sector's production, mainly through purchases made by public agencies. One of the most important examples of the program is its relationship with the National School Food Program (PNAE, by its acronym in Portuguese), which seeks to provide school meals to municipal schools, which must purchase a minimum of 30% of the food they offer to their students from local family agriculture. This is a typical case of a national policy that would be prevented in the event that the EU-Mercosur Agreement is approved, as this one does not allow (due to the *national treatment* clause) to discriminate between the product of a family farming cooperative and that of an international company, such as McDonald's, which may provide a cheaper snack. And it also prevents the application of subsidies to the domestic production of small and medium-sized agriculture—even though all the specialization and efficiency of European agriculture was achieved by means of huge subsidies applied to its Community agriculture through the Community Agricultural Policy (CAP), created in 1962 to control internal migration and lower the price of food in the region.

At the same time, if we look at the number of jobs in the export trade, we see that it is very limited in the region countries, where it averages around 10% of total salaried employment. The agricultural export sector with productive specialization is expressed in the export of low value-added goods that do not require skilled labor, so that in addition to low employability, it generates

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5. See: Pesquisa sobre Insegurança Alimentar: <https://pesquisassan.net.br/2o-inquerito-nacional-sobre-inseguranca-alimentar-no-contexto-da-pandemia-da-covid-19-no-brasil/>

low quality jobs, and among them very few jobs for women, without taking advantage of the significant improvement in the qualification of women's labor supply over the last two decades.

Therefore, with the signing of the EU–Mercosul Agreement—to favor agricultural export production, we will have a pressing situation, since we know that export agriculture does not contribute to the diversification of food production and, at the same time, is not relevant for the generation of quality employment, even less so for women. All this is aggravated, moreover, by the trend towards a decrease in employment due to the automation of labor (Bidegain, 2009).

All this means that the increase in unemployment (low quality employment, especially for women) and the increase in the price of fresh food, two of the fundamental indicators for characterizing situations of poverty and extreme poverty, would be exacerbated by the signing of FTAs, particularly the EU–Mercosur Agreement. Two of the fundamental aspects directly related to the needs of care policies.

Another aspect that needs to be commented briefly, because it also has an impact on daily life and poverty in the region, refers to food systems, which have undergone significant changes in recent decades. Monocultures have a long history in the global agricultural and food system, with their origins in the colonial system and the structure of *plantations* (for example, coffee from Ethiopia for Brazil and Colombia; wheat from Persian lands, adapted for centuries in Europe and destined for Canada and Argentina; products incorporated from Asian regions, such as bananas for Central America, and sugarcane for Cuba and Brazil, among others), and were a substantial part of the process of expansion of international trade since the 16th century. However, it was after World War II that the so-called “green revolution”⁶—a resounding failure for the countries of the global South—was designing the current characteristics of agricultural trade and the commodity agro-export system, with monocultures of gigantic extensions and exorbitant use of

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6. Comprehensive program designed to increase world agricultural production through intensive use of industrial inputs, mechanization, and reduction in the use of labor.

agricultural defensives and pesticides⁷. Returning to the Brazilian example, we can affirm that the country (and we could say the same of Argentina, and to a certain extent also of Paraguay and Uruguay) does not export food, but exports commodities and agroenergy, with an agroexport model that depredates nature and does not even take care of the food of its own population.

Although this brief summary does not manage to explain the enormous importance of those 500 years to understand the current extractivist system implemented in colonized countries, it gives an idea of the extent of the problem and its roots in local cultures and territories that in recent centuries have been producing their culinary and food style from local agriculture.

All this brings us to the current situation of changes, from local food production and consumption in peasant societies, to the “development”, via international trade, of the large transnational corporations formed in the 1980s and which currently exercise, through large business conglomerates, the dominance of the global food system chains, concentrating and industrializing production and homogenizing the world’s food supply.

This debate raises a second, not minor, aspect related to international trade, which, affecting traditional communities and family agriculture (which produces and markets around 70% of the food in Brazil), has generated the largest human migration due to the dispossession of agricultural land and the plundering of the survival prospects of large populations, thrown first into industrialization and then into unemployment.

In short, destitution of the survival capacity of a large number of communities, industrialized food of low quality innumerable health problems, destruction and degradation of the environment and biodiversity by monocultures: all this is also related to the need for policies to take care of bodies, of the daily life and of nature.

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7. In Brazil, between 2010 and 2019, cultivated areas increased by 30%, while the increase in the use of agricultural defenses in the same period was exponential, more than 90%. While crops for export had an expressive growth (some, such as soybeans, doubled their production in 25 years), products for Brazilian food had a reduction of about 40%. During the same period, more than 56,000 cases of pesticide poisoning were reported in the country. The Ministry of Health reports that for every reported case, 50 people did not report. Thus, between reported and unreported cases, it is estimated that more than 2,000,000 people were poisoned by agricultural pesticides during the same period.

In recent studies on women's indebtedness (Teixeira, Rodriguez, Cortez & Sarno, 2022), we found that the current forms this indebtedness takes are related to the daily maintenance of life and the payment of expenses for food, water, electricity, and gas, among the most relevant. Rotating payment with credit cards is the most widespread form of payment for the consumption of food products in Brazil, a country where more than 70% of the population and a majority of women are indebted for daily survival. Policies that include lowering the price of the basic food basket and of food items in particular are fundamental to the fight against hunger and poverty. They should be part of care policies that improve women's lives, such as school lunch programs in kindergartens and public schools, promotion of collective care cooperatives (Sanchís, 2020), or popular restaurants in urban areas. It is also necessary to support the work of women in rural areas, both in food production and value-added processing, as well as in marketing—as we have seen in the example of public procurement—. These measures also have other implicit benefits, such as quality food and improved environmental impacts.

Government Procurement in FTAs

Government procurement is an important instrument for directing government public policy. Due to its average size, the government procurement market usually has an enormous weight in the countries' GDP. In the Brazilian case, between 2006 and 2016 it accounted for 12.5% of national GDP—with just over half of that market represented by the federal government, where purchases by state-owned companies are also of enormous significance. It is followed in importance by municipal and *estadual* spending. Although in recent years the trend has been downward—most likely due to the period of recession and the fall in GDP itself, the spending contingency of the last two governments and the decrease in tax revenues linked to the economic crisis and the pandemic—the possibility of its recovery allows us to think of a policy that could play an important role in the recovery of the national economy, due to its enormous countercyclical potential. In this sense, it would also be a tool to favor the economic boost of small and medium local enterprises that could leverage the creation of care infrastructure in municipal areas and jobs for women.

However, trade agreements can hinder the supportive role of public procurement in boosting local and regional economies as long as they cannot compete with international and transnationalized companies supplying the same items for this care infrastructure.

This issue is precisely one of the most controversial aspects of the EU-Mercosur Agreement that is being discussed by the countries of our region, precisely because it hinders the dynamizing role of public procurement, not only in goods, but also in services and in aspects of technological innovation that are crucial for the reindustrialization of Brazil and the region.

This is linked to an aspect that we will also consider later on, which is the need and perspective of reindustrialization of our region, an important economic evolution to think consistently about job creation, and the technological progress essential in the coming decades.

Intellectual Property: Vaccines, Medicines, Supplies, etc.

To complement the range of topics and issues that we consider relevant because they act on the implementation of care policies, we need to mention intellectual property negotiations. They do not have a liberalizing logic, rather they aim to protect the intellectual property of the creation or product in question (formula, vaccine, seed, audiovisual product, or others), safeguarding inventions or procedures with specific property patents for their creators, which make their public use difficult.

Intellectual property of medicines and vaccines has become a sensitive and even more important issue in recent years due to the urgency to address it, as revealed by the COVID-19 pandemic. The approval of the so-called “compulsory licensing of patents”⁸ could have expedited in several countries the importation or production of generic or biosimilar versions, which is prohibited by the patent system negotiated in the WTO (Carvalho & Villardi, 2021). This mention alone shows us a part of the enormous dimension of the impact that access to treatments and medicines has on the population. People’s health is a fundamental aspect of care policies that affects all ages and implies at times major risks for care—not to mention the impact on caregiving, the cost of hygiene supplies, disease prevention and care, and the special needs of infants, children, and older adults. This is also an aspect that impacts on health caregivers, who also find their tasks facilitated or hindered by access to disposable or permanent supplies and products.

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8. Compulsory patent license, known as “patent bankruptcy”, means a temporary suspension of the exclusivity right of a patent holder, allowing the production, use, sale, or importation of the patented product or process by a third party, provided that it has been placed on the market directly by the holder or with his consent.

The health supply chain must be very carefully designed and the fact that it is becoming an increasingly global chain puts countries in a very problematic situation. During the pandemic, the lack of governance by countries over these globalized chains of production of masks and other diagnostic and treatment devices often made the situation desperate. International trade was a key factor in this disaster foretold.

In this sense, rethinking the so-called health industrial complex as an industrial policy oriented to the social mission of generating autonomy for the public health service is being considered increasingly necessary and strategic for public and even private health systems in the countries. And evidently also for the guarantee of care.

The challenges posed by this sector to care policies—not only in times of epidemics, but also in periods of greater normality—which are already very important, will grow even more when it will be necessary to address the health demands of climate change. Care policies to facilitate unpaid and paid reproductive work can become an ally, as long as their implementation is based on integrated care systems.

Industry, Female Employment and Informality

Finally, we must include in this summary analysis trade liberalization, which has been a central part of the generation of the deindustrialization process in Brazil and Mercosur in the last decades. We know that with the Agreement, this trend would become an obstacle to the sustainable reindustrialization of Brazil and the region and to the capacity to generate jobs and updated technology.

The Brazilian and regional deindustrialization is a process that has been going on for several decades, coupled with globalization and international policies supported by the International Financial Institutions (IFIs), in the sense of altering the productive matrix, prioritizing the production of goods (mainly agricultural commodities and minerals) that can generate short-term balances in dollars, via foreign trade.

Restructuring and productive specialization was a global process that, in the case of Brazil and Argentina, put limits on the industrialization project, mainly due to the dependence of the process on the large transnational companies installed in the region, especially during the military dictatorships of the 1960s and 1970s—companies that did not internalize the production of technology.

An example of this is the automotive industry in Mercosur, whose decisions have always been made by the parent companies and at the pace of their international strategies.

Subsequently, the process of rapid global trade liberalization that begun in the 1990s strengthened the competitiveness of agricultural and mineral products in the region. Subsequently, financial liberalization has increased dependence on the balance of trade in an attempt to manage recurrent balance of payments crises.

The emergence of China on the scene of the new century (acting as the “factory of the world”), due to its competitiveness and at the same time its voracious demand for imports of primary products (agricultural, mineral and energy), deepened specialization and deindustrialization, and at the same time stimulated the dynamic export of primary products in the Mercosur countries.

Thus, the globalization promoted by the institutions of the global economic and financial architecture, where trade liberalization is a fundamental pillar, has been creating the conditions for dismantling the industrial area and transferring growth potential abroad via the disconnection of the country's industrial chains—a problem that the pandemic made clearly visible in many countries—. In turn, the agricultural and mining export sector became increasingly dependent on imports of seeds, herbicides, fertilizers, machinery, etc., thus acting as an engine for the deepening of the unequal international division of labor between the North and the global South.

In the face of this deindustrialization process, it is necessary to rethink the importance of the industrial sector as a generator of technological development and also its relevance for the creation of better quality employment, with workers who require a certain level of education and training. As a factor of deindustrialization, the EU-Mercosur Agreement will negatively affect the creation of female industrial employment, which is precisely the highest quality employment for women and the one that can push up women's—currently showing an inequality (a gap) of almost 30% with regard to men.

The literature we have been producing from a feminist perspective of analysis reveals several mechanisms through which trade liberalization reinforces these inequalities, mainly through three determining factors: employment, consumption, and access to public services. They can help

us understand the impacts of trade on the daily lives of the population, particularly in relation to two specific situations concerning the insertion of women: their presence in the paid labor market or their participation in the unpaid sphere of the economy. We will refer in particular to employment and access to public services. We have referred to the second element, consumption, when commenting on trade negotiations in agriculture, and how they have been affecting food production, making products and prices more expensive.

Employment

Concerning specially employment in South America and in particular in Mercosur, as mentioned above, international trade generates few jobs in the predominantly commodity export sector, which in turn uses low-skilled labor. This figure is even lower for women, as the scarce employment is concentrated in sectors that use predominantly male labor.

Based on a recent study conducted in Brazil to learn about the possible impacts of the EU-Mercosur Agreement, it is possible to state, in summary, that the consequences of the implementation of the Agreement would have little impact on employment as a whole in the country and that, from the point of view of women, the resulting jobs would be scarce and of poor quality. According to 2018 data on employment in Brazil, “12.4 million domestic jobs were associated with Brazilian exports, equivalent to 11.9% of jobs in the economy. Of this total, women accounted for 28.6%. The underrepresentation of women in employment associated with exports was even greater than in the labor market as a whole, where women accounted for 43.7% of employed persons” (Castilho & Ferreira, 2021). On the other hand, in 2018 there were 9.5 million jobs threatened by imports. In these jobs, “female participation is higher than in jobs generated by exports, representing 36.1% of the 9.5 million jobs mentioned”. (Castilho & Ferreira, 2021). However, if we consider all the jobs created minus the jobs threatened by imports, the liquid balance of jobs related to trade with the European Union in 2018 was negative, corresponding to 442 thousand fewer jobs. In other words, “the job content (*of female workers in Europe*) associated with imports from the EU was greater than that associated with exports to that bloc. When comparing the volume of jobs generated by exports and those threatened by imports, for total trade, there is a positive balance for both men and women. However, when analyzing the case of EU-Mercosur bilateral trade, the jobs threatened by EU imports exceed those generated, this deficit being much greater for women than for men (the negative balance of female jobs in trade with the

EU corresponds to 286,692 jobs and 155,639 for men)" (Castilho & Ferreira, 2021).

A disaggregated analysis by sector shows quite different employment results. In agriculture, in general, little employment created and hardly required studies; in the services sector and, even more so, in industry, the numbers are higher and the qualification requirements are also higher. However, "unlike exports, total imports and imports, from the EU threaten female jobs associated with the processing industry more than those associated with agriculture, having the former generally more advantageous characteristics for female workers" (Castilho & Ferreira, 2021). In other words, in our region, the female jobs most threatened by free trade are precisely the best jobs in terms of quality and remuneration.

In this sense, we are talking about the disadvantage that asymmetric trade, such as that arising from a trade liberalization agreement like the EU-Mercosur, brings to less developed economies. Since employment is one of the disadvantages mentioned, the damage may be even greater if we think in terms of the impossibility of developing paths linked to an industry that adds value to products and new technologies to production. In addition to the disadvantages in terms of employment, there are the problems of the peripheral economies in relation to the growing informality in our countries, which has already become a structural perspective with the advance of deindustrialization. Although it is possible to foresee that we will almost inevitably have to face this kind of work, it is certain that the expansion of extractive and agricultural export economies does not offer any prospect of a solution. However, new niches of low-carbon, high-tech industrialization, in an environment of energy transition and in the perspective of regional market integration, could pave the way for the expansion of higher-skilled and more productive jobs.

Access to Public Services

The third factor, access to public services and its relationship with care, has been widely worked on by various sectors and no one questions its central role in overcoming poverty and inequalities. In fact, the structural adjustment programs underway since the 1990s in the global South and more recently in European countries, coupled with the liberalization of services in the WTO and more recently in the Trade in Services Agreement (TISA) or bilateral trade agreements, have promoted in various countries a process of often drastic reduction of public services, some of which are essential. The legacy of

the “minimal” states is still being felt in Latin American countries due to the dismantling of government structures that have largely lost their capacity to provide the necessary public services. In recent years, this has led to a loss of the support that women could count on from such public services for domestic and community care.

In fact, the privatization of essential services and the reduction of various social benefits still have a strong impact on the increase of domestic work, to the extent that several of these services and public sector support tend to substitute or support the performance of care tasks, especially in the most needy households.

On the other hand, the relationship between access to such services and the improvement of living conditions and the overcoming of vulnerabilities and poverty has been extensively proven from a multidimensional and dynamic viewpoint which is not based exclusively on income levels, as has traditionally been the case.

The guaranteed provision of public services such as education, health, water supply and sanitation, electricity, among others that affect the quality of life of families, is of fundamental importance for poverty alleviation and is also a powerful ally of women who, in the absence or deficient provision of these services, will be forced to extend their work hours to replace them. In some cases, these women will have to extend their double work shifts with greater responsibilities in order to make up for these shortfalls with work compensation; in other cases, the lack of services or their deficient provision hinders or prevents women from accessing the labor market, given the time they have to devote to domestic care tasks. Thus, they even give up seeking employment, helping so to mask unemployment statistics in many countries.

Thus, we can affirm that the privatization of services, negotiated in trade agreements that seek their progressive liberalization, including public and essential services, is an element of macroeconomic policies that has contributed to increasing free care work performed by women and reinforcing gender inequalities, especially in the poorest strata of the population (Bidegain, 2009).

The case of the privatization of drinking water distribution services is emblematic in this regard.

In the different situations in which we have analyzed this privatization, which is always justified by the improvement of services, we have found that the result for most women continues to be the work of carrying water into the house and the daily management of the shortage, in difficult conditions that ultimately increase domestic work. (Rodriguez et al., 2006).

In one of the cases studied, the city of Manaus, in the heart of the Brazilian Amazonia, we saw that the expansion strategies of the French company Suez, which was awarded the water distribution and sanitation services when they were privatized, have had a series of negative impacts on the population of the urban periphery and that these adverse effects have fallen especially on women. It is evident that one of the reasons for these negative outcomes arises from the difference in accountability of public and private service providers, since only the former have the obligation to ensure that services reach all citizens. It is remarkable to corroborate that more recently the neoliberal adjustment policies that have been growing in Europe, with impacts on the so-called social welfare states, are precisely expanding privatization and the difficulties for households to access essential public services and, with this, eroding gender equality in European societies that have so far been most served by care policies, especially for children and older adults.

Thus, it is essential to emphasize and value the contribution of public policies and, in particular, the provision of quality public services, both in the fight against poverty and inequalities, and to improve the quality of life of women and the advancement of gender equality.

In turn, the constraints and obstacles to self-determination of industrial policies, based on the concessions granted by asymmetrical agreements, erode the space for internal political decision-making. As a result, changes in national production processes with a regional perspective are restricted and, on the contrary, unequal North-South specialization is reinforced.

It should be noted that among these sectors where there is a potential for growth in imports from the EU, there are some that boost the economy, such as the manufacture of pharminochemical and pharmaceutical products, associated with the health manufacturing industry, and the manufacture of computer equipment, electronic, and optical products, associated with the digital economy. According to ECLAC (2021b), these dynamic sectors have the potential to stimulate investments to achieve a more inclusive and sustainable development and, additionally, have spaces for industrial and technological

policies that contribute, among other things, to the generation of quality jobs, innovation, diversification of exports, and regional cooperation efforts.

These development potentials can contribute to the implementation and financing of care policies and infrastructures that, in turn, allow women to have time that could be used for paid work in the labor market.

Concluding: Care Policies as a Strategy for Overcoming Inequalities

Towards the end of the last century, the idea of gender neutrality of international trade was common in the literature on the subject. However, in the last two decades, some publications by the United Nations Conference on Trade and Development (UNCTAD), the emergence of the International Gender and Trade Network (IGTN) and its argumentations, as well as various studies by a large number of women academics have been overturning this presumed gender neutrality in trade. The perception and evidence of the differentiated insertion of men and women in paid work, but also in unpaid work, has made it possible to see that gender neutrality does not exist. On this basis, we can now say that trade liberalization has had and continues to have an increasing influence on inequalities between men and women, and that it is important to know what kind of effects it is having on gender social relations.

As we have tried to emphasize in this article, in recent decades international trade has been an essential economic factor in enabling the expansion of productive structures on a global scale, and this has led to the deepening of the unequal international division of labor, the design of export-oriented production models, and also to the expansion of the power of transnational corporations—the major beneficiaries of the process of economic globalization.

The trade liberalization model promoted by the WTO and the current FTA negotiation rules has also eroded the sovereignty of the least developed and peripheral countries and “withdrawn the ladder” of growth (Chang, 2004) that the more developed countries have already achieved.

These transformations have caused serious consequences in terms of impacts on the lives of populations and, in particular, of women, especially in their participation in the productive labor market and also in the domestic spheres, where they carry out social reproductive work. In particular, the situation of inequality in which women live has not improved significantly

with the increase in trade liberalization; on the contrary, we have seen that on countless occasions investments have not only taken advantage of existing gender inequalities, but even seem to have been attracted by them and have deepened them in various regions and countries.

This context imposes on us the need to broaden the public debate on the links between international trade and development, establishing an ethical commitment to human rights and social justice. It is necessary to profoundly transform the development models that currently respond only to the interests of big capital, and to prevent the progressive liberalization of international trade rules under negotiation by changing their perspective.

Finally, there is an urgent need to rethink the multilateral system and its foundations, not only in the WTO, but also, given the repercussions, in other areas of global governance. If all these premises do not move forward, we will remain trapped in the webs of unilateral hegemonic power that seeks to impose its rules at any cost.

At the same time, it is necessary to make visible the strong interaction between the macroeconomic policies of the hegemonic model and the domestic tasks, made invisible from the economic perspective, considering two particular approaches: the paid labor market—the public services—to emphasize the relationship and the effects of economic policies on reinforcing gender inequalities.

Of course, as noted above, other examples or elements could be used to reinforce this conclusion, such as the fundamental importance of trade policy for family farming, an area of enormous importance for subsistence, food production, and food sovereignty, where women generally play a crucial role, both in production for the market and especially for family food provision.

However, what is important about this interrelation between the traditionally understood economy and the feminist perspective—which includes the care economy—is that it allows us to understand in a more qualified way not only the production of national wealth and its articulation with the GDP, but also the functioning of the economic system itself, which has benefited for centuries from this free work of women, essential for life, and continues to do so.

But in addition to making this correlation and its advantages for the hegemonic economic system explicit, relating economic policies to the dual economic role of women—insofar as they contribute to productive and reproductive

work—allows us to better visualize and understand the role of the State as a promoter of development and the well-being of individuals and populations. Thus, by linking care services and women's participation in the labor market, we can also emphasize the challenges that women's and feminist movements face in relation to the State and its role as implementer of public policies that can transform inequalities, specifically gender inequalities.

The State must, therefore, not only focus on the labor market, seeking to overcome labor discrimination and the structural and persistent biases insistently maintained in this area, but also assume a redoubled responsibility in the provision of care services that facilitate daily tasks, including the perspective of overcoming the sexual division of labor in the domestic sphere.

Proposals for sustainable development with social and gender equity need to incorporate the sustainability of human life as a main objective. Therefore, it is necessary to incorporate the issue of care into policies aimed at development, both from the perspective of those who provide care and those who receive it. (Espino, 2015)

Unfortunately, we still find that in many cases care continues to be neglected and absent from public policies and social security, which means overburdening women with work both inside and outside the home. Feminist movements need to advance towards this conquest.

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Challenges of Incorporating Care in Social Protection

Veronica Serafini Geoghegan¹

Introduction

Most Latin American countries are in the process of designing care policies and building care systems, and do so in the context of deep social debts to citizens and particularly to women.

To fragmented and segmented social protection, education and health systems and, in many cases, with gaps in coverage, are added in most countries low levels of fiscal priority, which contributes to the complexity of setting up care systems that are adequately integrated with the policies that have received the most force and attention in recent history.

Profound demographic, economic, social, and cultural changes prompted the discussion on rights, demands and needs relating to care, in the face of the multiplicity of crises that the COVID-19 pandemic contributed to aggravate.

The region is currently facing the challenge of incorporating care into the institutional architecture of the State in a comprehensive and sustainable manner. The social protection system is under the sharpest scrutiny in view of the interrelationship between its objectives and those of care.

The purpose of this article is to provide guidelines for the discussion on care within the framework of social protection. While social protection has a long history in public policy, concern for care as a specific policy has gained momentum in recent decades only, although interventions and programs considered part of that policy have existed for a long time in most countries.

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The Challenges of Social Protection in the Face of Women's Rights

The idea of a State and a protective society—in the face of defenselessness, insecurity or threats faced by individuals—is an ancient concern that took shape in the 18th century and reached its peak with its operationalization in the construction of welfare states in the 20th century.

Concerns grew more and more because until the advent of modernity, protection was dependent on belonging to family, community, lineage, religion or occupational guilds linked to certain trades.

The processes of urbanization and individuation weakened the ties of proximity and, together with the formation of national States, discussion on the role of the State became relevant. Classic authors such as Hobbes and Locke focused much of their intellectual production on the areas, limits, and competencies that should be regulated and that could be the object of intervention by public institutions, emphasizing civil and political rights.

The advent of the “salary society” in the first half of the 20th century shifted the discussion to labor protection. Institutions such as minimum wage and social security were firmly established, assuming that the main source of security is access to a job.

Minimum wage and guarantees for retirement are the main components of the salary society, to which are added access to health and public services and special protections for the family. In this way, the social state was constructed by conferring on it an insurance role, in the context of a society with an aspiration for upward mobility and whose identity is based on a social contract according to which people receive protection for their belonging to the Nation. The sense of security is no longer based on ties of proximity, but on a set of rules shared by virtue of a collective convention (Castel, 2008).

As society became more complex and economic precariousness increased, numerous groups were excluded from protection mechanisms—unemployed or entrepreneurial youth, urban and rural farmers, women out of the labor force, ethnic groups.

Through specific, compensatory or partial measures was incorporated into the social state a second group of population, including working men and women in poverty or with precarious jobs, or working women in their mothers' or wives' of working men role.

In the face of the emergence of new forms of vulnerability, other groups benefited from protection against certain risks, such as those derived from climate change or changes in the epidemiological profile.

Thus, exclusive, fragmented policies and systems were built—a multiplicity of institutions without coordination mechanisms and with little solidarity financing—and segmented—in differentiation of risks and benefits according to gender, ethnicity, socioeconomic level, occupation, among others.

Risks and vulnerabilities were considered, in most cases, in function of the assignment to paid work and of the weakening of ties of proximity. It is only since the 21st century, with the contributions of feminism and feminist economics, that a debate has gained momentum, broadening the concept of work and critically analyzing the conceptions implicit in the ideas of social protection and care (Carrasco, 2011).

Martha Fineman (2008 and 2013) points out that vulnerability is inherent to human beings, as well as universal and continuous throughout life. Her main concern is to overcome the vision of “vulnerable groups” as specific populations that suffer discrimination or in many cases are subject to stigmatization, such as people with disabilities, single mothers, adolescents excluded from the education system or young people in conflict with the law, taking vulnerability out of the realm of surveillance or regulation, and even punishment, in the political-institutional architecture.

Butler (2006) refers to the vulnerability derived from embodiment; this vulnerability is exacerbated under certain social and political conditions, especially when violence is a way of life and the means of self-defense are limited.

Martha Nussbaum (2006, 2007), following Amartya Sen’s capabilities, opportunities and functionings approach, points out that vulnerability has two origins. On the one hand, it is conceived as a universal human condition linked to an existence that faces suffering, illness, deterioration, dependence, and death. On the other hand, it has social sources derived from poverty, violence, marginalization or subordination.

People are interdependent beings and face helplessness. The sense of justice lies in guaranteeing that because of their vulnerability—in any of its forms—people who are placed below the minimum capabilities for a dignified life, do not fail to make use of opportunities or face obstacles to achieving results.

Ultimately, human beings, both by virtue of their own bodies, their life in community and the way they construct in the imaginary the sense of their interdependence, are vulnerable. They are exposed to physical illness, injury, disability and death. They are dependent on the care of others for long periods of their lives. As social and affective beings they are emotionally and psychologically vulnerable: to loss and grief, to neglect, abuse and lack of care, to rejection, ostracism and humiliation. As sociopolitical beings, they are vulnerable to exploitation, manipulation, oppression, political violence, and violation of their rights. The environment also makes people vulnerable.

The economic context determined by the processes of globalization, privatization, and economic liberalization, the volatility of growth, and the flexible, precarious, and informal labor markets, as well as the lack of coverage and poor quality of basic services, are structural limitations to social protection. So are cultural patterns, the invisibilization or stigmatization of certain conditions in individuals or groups, and the social construction of “normality”.

Thus constructed, vulnerability becomes a condition of bodily, emotional, psychological, and affective life. At the same time that vulnerability is universal and constant, it is particular and varies according to contexts and temporality.

From this perspective, the role of the State acquires relevance, since policies must respond to the vulnerability of the human condition, understanding that it has complex foundations in material and symbolic deficiencies, in the capacity for action or agency, as well as in the relationships of interdependence and mutual needs among human beings and in relation to their environment.

The main objective of social protection policy is to address the causes of vulnerabilities throughout life. In this regard, Cecchini et al (2015) point out that social protection focuses on three fundamental ideas: “basic welfare guarantees, insurances against risks derived from the context or life cycle, and moderation or repair of social damages derived from the materialization of social problems or risks. [...] Social protection is aimed at responding to structural problems such as poverty and inequality”.

In the same vein, Sepúlveda and Nyst (2012) point out that social protection from a rights-based approach has the potential to guarantee quality of life, including the right to adequate food and housing, the right to social security, education, and health.

In the construction of social protection systems, women's particular conditions remained invisible. Approaches that focus on paid work and financing through the contribution of workers and employers leave out more than half of women. On the other hand, a significant group of women in the market do not receive remuneration for working in family enterprises or are engaged in precarious occupations, most of the time in extensions of what are considered "feminine" jobs, as in the case of domestic workers. In this way, the pension system reproduces pre-existing inequalities instead of contributing to their reduction.

Approaches that focus on poverty or economic vulnerability generally implicitly involve a family approach—as in the case of social security—and a maternalist approach (Montaño, 2007; Molyneux, 2007), as most poverty measurements have been carried out with the family as the unit of analysis.

Energy subsidies, food subsidies or conditional cash transfers have been implemented under this paradigm, giving more responsibilities to women, which entails more unpaid work time. The impact and efficiency of such programs, especially those aimed at populations in situations of poverty or extreme vulnerability, would not be possible without this time spent by women. The case of cash transfer programs implemented in almost all Latin American countries is a specific example of the so-called "social maternalism" and of the consequent reinforcement of traditional care roles attributed to women (ECLAC, 2012).

The family is seen as a homogeneous structure, generally composed of a main provider—male—with a woman who plays the role of mother. Allocations of time and economic or symbolic resources are made assuming joint well-being and the absence of conflict, making invisible the gender gaps and their possible deepening when economic crises occur or public policies are implemented.

The analysis of social protection from a gender perspective requires greater complexity that incorporates the sexual division of labor and specifically unpaid work—domestic and care work—as a key determinant of risk and vulnerability.

Unpaid work has consequences in terms of exclusion from the formal education system, continuing education, access to paid employment, and, therefore, inclusion in pension systems.

Lack of economic autonomy, in some cases, makes women more vulnerable to violence; however, access to the labor market or to a cash transfer can lead to a higher incidence of domestic or social violence. Although this dimension of vulnerability has been less studied and incorporated into the social protection debate, it is undeniable that violence is a social and economic risk factor.

Care overload and gender-based violence must be incorporated as part of the risks faced by women. Therefore, they cannot be invisibilized or left aside if social protection is to be considered the strategy to address vulnerability factors.

Care as an Essential Part of Social Protection

In recent years, the discussion on the functions and content of social protection policy has included the need to address the so-called “care crisis”. This is the name given to the conjunction of two issues that are likely to worsen if the State does not intervene: 1) the increase in demand, the complexity of care, and the reduction in the supply of potential caregivers, which altogether make it increasingly difficult to provide individual and particular care for people; 2) the persistence of low levels of well-being, including the care dimension.

The care crisis is a source of vulnerability, both for people in need of assistance and for those who are responsible for providing care, whether paid or unpaid, and who are mostly women.

Like the notion of vulnerability, the concept of care is also under discussion. The different meanings concern aspects ranging from basic activities, such as food preparation and shopping, to the emotional ties that are established or that precede the need for care.

Caregiving is “a set of specific activities that includes everything people do to maintain, continue, and repair our world so that we can live in it as well as possible. That world includes our bodies, our beings, and our environment, all that we seek to weave together a complex life-sustaining web.” [Tronto (2006), as cited in Montaña & Calderón, 2010, p. 27].

“Care refers to the indispensable activities to satisfy the basic needs for the existence and reproduction of people, thus providing them with the physical and symbolic elements that allow them to live in society” (Rodríguez Enríquez & Marzonetto, 2015, p. 105).

Care refers to the goods and activities that enable people to themselves, educate themselves, be healthy, and live in a favorable habitat. It therefore encompasses material care, which implies work; economic care, which implies a cost; and psychological care, which implies an emotional bond (Batthyány, 2004; ECLAC, AECID, 2012).

These concepts reflect the breadth and depth of the implications of care as a right that must be guaranteed by the State through public policy. Considering care as a right places the State as the central institution to guarantee its provision. Therefore, the guiding principles must be based on universality and equality.

From birth, all people require care. Although there is a perception that care work is limited to dependent people such as older adults, children, people with disabilities or illnesses, actually, all people need and share some type of care.

Care provides physical, psychological, and emotional well-being to people and goes beyond reproductive and material tasks, such as breastfeeding, feeding, cleaning, and caring for illness or disability. It implies affectivity, reproduction of social relations, of a way of life, of cultural practices; it is part of a social commitment. Therefore, care must be framed in a broader vision than that of dependency.

Care should not only be seen as a family and women's responsibility, but as a social and state commitment (Carrasco, 2003). Razavi (2007, p. 21) proposes the idea of the "care diamond", pointing out that there are four key institutions in the provision of care: households/families, the public sector, non-governmental organizations, and the market/private sector.

It is difficult to separate the boundaries of these four components, since, for example, the public sector can make transfers to households for them to purchase services in the market. The public sector can also make direct transfers or subsidize the private sector or civil society organizations (CSOs) to provide care. Families, for their part, can finance care from their labor income or organize community services.

The satisfaction of the need for care and the way in which society organizes the production and distribution of care have strong implications for the State. First, because of their impact on inequality. On the one hand, depending on their income and position in the labor structure, families may delegate part

of the care—acquiring services in the market—with different levels of quality, or have more time to care, if they work in the formal sector and have parental leave. On the other hand, there are gender inequalities, since it is women who bear the greatest responsibility for caregiving in all spheres, with implications for their economic, social, and political opportunities.

A non-delegable role of the State is to reduce inequalities. Since care is the pillar on which economic and gender inequalities are built, public policies must contribute to the socialization of this fundamental social function and guarantee the right to receive quality care regardless of economic level.

Secondly, due to the State role in labor and education policy, taking into account that the market is an important provider that requires regulations on the supply of services and the qualification of human resources.

The role of care policy in economic growth, in the sustainability of contributory social security, and even in tax revenues can also be deduced from the above. Adequate care for children and adolescents, as well as greater economic opportunities for women, derived from a reduced work overload at home, have an impact on the labor supply and its multiplier effects.

Thus, the active presence of the State as guarantor, promoter, and regulator constitutes an imperative to guarantee the right to be cared for, to care, and to self-care, and contributes not only to the guarantee of women's rights, but also to multiple economic objectives.

From this point of view, care, by constituting a right and by being a determinant of risks and vulnerabilities that end up translating into inequalities, is also an objective of social protection.

Latin America's Challenges

The construction of protective States in Latin America faces great challenges. One of the most important pillars is social security through work in a dependency relationship. Among the most important social protection measures that form part of care policies are leaves of absence that allow time for caregiving.

Generally paid leave is available in all the countries of the region, but it is limited to women who work as employees and who are generally the most educated ones, leaving out those who work independently, in agriculture or in small

family businesses. On the other hand, compared to men, women generally have an increased number of leave days, which may constitute a disadvantage when women are considered to have a higher cost due to maternity.

As can be seen, this fundamental mechanism for care must be evaluated and reformulated in light of the rights and conceptual reconfigurations discussed in the previous sections, in order to ensure that the system itself does not reproduce inequalities among women and with respect to men.

Although the economic participation of Latin American women in the labor market has been increasing since the second half of the last century, it remains low, and the participation gap regarding to men is still high compared to other regions that have managed to reach half of that registered by Latin America (ILO, 2017). On the other hand, as is known, the pandemic generated setbacks in women's labor indicators (ECLAC, 2021).

While 77.2% of men aged 15 and over are active in the labor market (employed plus unemployed), only 53.1% of women participate in the labor market. Bolivia, Colombia, Peru, Uruguay, Brazil, and Paraguay are above the average, the other countries below. The first four of these countries have the smallest participation gaps in the region.

27.6% of women (aged 15 and over) in Latin America have no income of their own, compared to 11.2% of men. In Guatemala, the proportion of women with no income reaches 51.0%, while in Uruguay it is 10.5%. In the lowest income quintile, the situation worsens for women, widening the gap with men (ECLAC, 2023).

This means that these people have no labor income nor resources from any social protection mechanism, whether from social security—retirement or pensions—or from public transfers—alimony, or any other type of resource. Nor do they receive food aid or any other kind of assistance; in other words, they depend on other people and are highly vulnerable to poverty.

In Latin America, despite the expansion of (contributory) social security, coverage continues to be low and concentrated in certain population groups, such as the urban sector and the wealthiest quintiles. Of the ten countries with updated information before the pandemic, only four—Brazil, Chile, Costa Rica, and Uruguay—had coverage for more than half of the employed population. Coverage is reduced in the lowest income quintile and in the rural sector. Only one country in the region has more than 50% coverage in the

lowest income quintile (Chile, 50.5%), and in six of the ten countries, social security covers less than 10% of the population in this quintile. In the rural sector, coverage is also reduced, especially in the lower income quintiles. In the case of women, social security coverage is lower than that of men in six of the ten countries (Serafini, 2020, p. 19).

The reduction of gender gaps in the coverage of the contributory social security system, as well as a gradual decrease in the proportion of women without their own income can be explained, in part, by the implementation of non-contributory programs—i.e. with no relation to the labor trajectory and financed with taxes. The adoption of such programs took place within the framework of anti-poverty strategies, and therefore particularly benefited women, increasing the proportion of people with some type of income (Sandoval, 2019; Bertranou, Solorio & Van Ginneken, 2002).

However, because the benefits were generally lower, the gaps between men and women remain in the benefits received—although a reduction in benefits is also observed (Amarante, Colacce & Manzi, 2016). In addition, there are women who have “indirect” pension coverage on account of their spouses’ contributions, which grant them survivor pensions (IDB, 2015).

The most important challenges faced by Latin American women according to themselves are, firstly, the need to achieve a balance between family responsibilities and the provider role; secondly, and closely related to the previous one, the need for affordable care services (ILO, Gallup, 2017).

Thus, the incorporation of women into social protection systems occurred mainly through what Titmus called the “residual” model, that is, by providing targeted and temporary assistance to women as a specific group that neither the market nor the family had been able to serve (Titmus, 2008; Fonseca, n.d.). This inclusion is relatively new and was based on social assistance programs.

Many of the care-related benefits in the social protection system—such as leave—contribute to increasing inequalities rather than reducing them, both on the supply side of goods or services and on the financing side.

Conclusions

The incorporation of care in the region’s social protection systems requires structural changes derived from the reconceptualization of the notions of work, risks, and vulnerabilities that is being carried out from feminist

economics. On the other hand, it is essential to design systems based on rights and to explicitly consider the reduction of inequalities.

Without these considerations, the incorporation of the care pillar and its mainstreaming into social protection systems will not only fail to contribute to women's autonomy, economic independence, and rights, but will also deepen inequalities among women and with respect to men, as is evident in most of the countries of the region with the implementation of social security subsystems and welfare subsystems that fragment and segment benefits and their financing.

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In the Streets and in Public Policies. Feminist Notes on the Links Between Debts and Reproductive Labor

Lucía Cavallero¹

In recent years, family indebtedness and particularly the feminization of this indebtedness has become a problem on the public agenda. In this process, feminist research in dialogue with the mobilizations and different organizational instances of the movement have been fundamental to make visible, denounce, and denaturalize the obligatory indebtedness to acquire the basic goods and services for the reproduction of life.

The installation of this problem has had effects in the field of public policies, both in those aimed at “de-indebtedness” and in those that address the unfair redistribution of care. In the face of this novelty, this article proposes to reinstate key aspects of this theoretical-political process, as well as a methodological reflection on the link between debts and unpaid work, and the impact of this methodology on public policies for the social redistribution of care.

Debt in Everyday Life

Feminist organizational practices have disarranged the classic binarisms that structure the economic imaginary. Thus, the opposition between the productive and the domestic, and the division between what counts as “public” and what counts as “private” have been questioned. This has also implied situating everyday life, domestic space, and communitarian work as strategic places where there is exploitation but also resistance. In this process of redefinition of economic and, therefore, political categories, the analysis of the process of financialization of everyday life has not been exempt (Cavallero, 2021).

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In the research developed in the book *Una lectura feminista de la deuda* (Cavallero & Gago, 2019), we analyzed how the taking of external debt² translated into accelerated household indebtedness that became massified and was destined to sustain life; that is: debt was the available means to buy medicines and food and make expenses associated with social reproduction. In this observation there is a starting point for analyzing the processes of financialization from a feminist perspective: looking at the processes of indebtedness from the point of view of social reproduction. It is about this that authors such as Silvia Federici (2012) have been warning in the study of the expansion of financial markets on feminized subsistence economies and what we have called “financial colonization of social reproduction” (Federici, Gago & Cavallero 2021).

Investigating indebtedness from the perspective of social reproduction allows us to understand the articulation between gender mandates and financial obligations (why and at what cost do those who support domestic economies take on debt, and what is the relationship between this and hours of unpaid work). In the aforementioned research, we detected a qualitative change in the destination of debt: indebtedness is no longer associated with the occasional consumption of a good or service, but has become a permanent way of supplementing income to support expenses associated with the reproduction of life.

Here, in addition, we study the political and subjective impact of the meaning of household debt when it appears as a mandate for living. This is a contribution made from a feminist perspective, based on the investigation of its effects on everyday life and focusing the analysis on those who sustain domestic economies in times of crisis. Thus, getting into debt in order to live has subjective impacts that reorganize daily life and domesticity and intensify gender mandates, now associated with debt repayment. The daily presence of indebtedness puts debt at the core, directing all energies and efforts to avoid arrears, even resorting to family loans and aid that can also mean risking close and neighborhood ties.

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2. We are talking about the period starting in 2016. During the presidency of Mauricio Macri, the external debt in dollars went from US \$148,881 million in 2015 to US \$249,046 million in 2019. In this process stands out the loan requested to the IMF in 2018, for US \$57,000 million.

In this way, the external indebtedness of recent years was also lived as a concrete experience of indebtedness in everyday life and functioned as a vehicle for the intensification of gender inequalities.

I insist with this argument, the monumental foreign debt negotiated in the electoral rush of Mauricio Macri's government and legalized in the current government produced a qualitative leap in the forms of popular indebtedness: it was translated with unprecedented speed into the daily experience of being indebted to live, while the currency and the purchasing power of salaries and subsidies are devalued, changing the income-debt relationship.

The most illustrative case is the indebtedness via the Asignación Universal por Hijo (AUH, Universal Child Allowance) that was offered in those years, not coincidentally to women. This phenomenon is ratified by data from the Centro de Economía Política Argentina (CEPA)³ on household indebtedness: the amount of loans granted to AUH beneficiaries reached 92% of the existing allowances between 2016 and 2019. In relation to the purchasing power of social subsidies, a study by the Observatorio del Derecho Social de la CTA-Autónoma⁴ shows how the value of the AUH depreciated throughout the period, becoming a mere guarantee to get into debt.

This is why we speak of a *feminization of indebtedness*, in which financial obligation is articulated with gender mandates. This phenomenon was ratified in subsequent empirical research⁵.

Another particularity worth noting is that there is a diversity in the main types of indebtedness and debt providers (each with a different legal framework) which, in domestic economies, overlap and intertwine. Therefore, different forms of debt converged in the same domestic unit. A significant portion of

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3. See: <https://centrocepa.com.ar/informes/230losimpactosdelajusteeconomicoenlaspoliticasdeninezyadolescencia20162019.html>

4. See: <https://ctanacional.org/dev/fuerte-deterioro-de-la-asignacion-universal-por-hijo-y-la-jubilacion-minima/>

5. In July 2020, the Mesa Interministerial de Cuidados del Ministerio de Mujeres, Políticas de Género y Diversidad (Interministerial Care Table of the Ministry of Women, Gender Policies and Sexual Diversity) disseminated the data that 99% of the holders of AUH had requested an "ANSES credit" (Administración Nacional de la Seguridad Social, National Administration of Social Security). Subsequently, the Encuesta Nacional de Endeudamiento y Cuidados (ENEC, National Survey of Indebtedness and Care), between March and June 2021, ratified what had been observed since 2018: family indebtedness had as its main destination the payment of food and health (See <https://www.cepal.org/es/publicaciones/47937-cuidados-vulnerabilidad-financiera-un-analisis-partir-la-encuesta-nacional>).

the indebtedness becomes effective through “new entities or brands” (Gago & Alexander, 2019) called “non-bank bidders”, something that had already been pointed out by previous studies. According to a report by the Central Bank of Argentina⁶, the number of debtors assisted by NFCPs (Non-Financial Credit Providers) reached 5.3 million people in June 2022, 15% more compared to December 2021. These non-bank financial entities and non-financial entities offer loans at substantially higher rates than the formal credit system, increasing inequalities between social segments.

The Home: A Place Where Care and Debts Occur

Up to this point, we have reviewed the contributions of feminist theory to the study of the processes of indebtedness (both public and private), which in general have been studied and measured in a de-genericized, de-racialized manner and without concrete references to the impact on daily life. And, as I have been insisting, I am not only talking about household debt, but also about the relationship of the latter with the country’s external indebtedness.

In this sense, understanding houses as a place where debts are produced, but also where public indebtedness processes impact (Cavallero, 2021) is in dialogue with what feminist historian and philosopher Silvia Federici (2018) has conceptualized as the centrality of domestic space. And why, according to Federici, is this space subalternized in the explanation of political and economic processes? Because it is where that the work of women and feminized bodies unfolds, and, paradoxically, it does not cease to be produced as a private space, outside of a public visibility. This space is also the scene of care, which is why it has been approached from feminist economic perspectives, emphasizing its demercantilized character.

In Argentina in particular, the debate on care has been articulated in different ways. On the one hand, we find authors who have deployed a perspective that emphasizes care work as a central part of social reproduction (Faur & Pereyra, 2018; Rodríguez Enríquez, 2019; Rodríguez Enríquez, Marzonetto & Alonso, 2019), concentrating on the notion of care (from the tasks necessary for care to the proposal of an integral system) the capital-life conflict.

From this perspective, it is highlighted the way care is socially organized as it acts as a “vector for the reproduction of inequalities” (Rodríguez Enríquez,

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6. See: <https://www.bcra.gov.ar/Pdfs/PublicacionesEstadisticas/Informe-proveedores-no-financieros-credito-enero-2023.pdf>

Marzonetto & Alonso, 2019). Inequality is reproduced both at the level of the actors that provide care (households, communitarian organizations, State, and market), as well as within households. Neoliberal reforms are the context in which unpaid work within households increases (as a result of privatization of public services) and is coupled to a family dynamic mediated by subsidies with a demand for compensation (Pautassi, 2004, 2013).

These theories highlight the commodification of care and warn about the increase in the supply of care services, which, in turn, increases inequality between households that can pay for these services and those that cannot. They even point out that this commodification of care is connected to global value chains and migratory dynamics in contexts of economic crisis and feminization of poverty (Sanchís, 2007).

Moreover, these theories are in connection and in dialogue with those that postulate that care work is fundamental to understanding the capital-life conflict. In this sense, the sphere of reproductive work appears as the site of the reproduction of life, with an emphasis on its non-commodified dimension:

...but we do not want to think about life only as input in the valorization process; we want to think life as life itself. Which opens up an infinite number of questions that cannot be reduced to the question of how labor reproduces itself. (Orozco Pérez, 2019, p.123)

All these studies have been fundamental in defining care as the of the feminist economics agenda, which, when combined with a process of organization and mass mobilization, have given the issue a hierarchy in the public discussion.

The feminist perspective of the study of finances in which I am situated also proposes to intersect the study of financialization with the historical lack of remuneration of care work, that is to say, it adds a fundamental dimension to reflect and build an agenda on care.

The process of privatization of care and its commodification must be considered in line with what Silvia Federici (2021) defines as the progressive transformation of the sphere of the reproduction of life into a “means of capital accumulation” (2021, p. 1). At the global level, this occurs with the massive entry of women into the labor market, which has occurred since the eighties and nineties, in parallel to the progressive dismantling of public services provided by the State in the years of the *Welfare State*. This has led to an increase in women's unpaid work and the generalization of the “financialization of social

reproduction” as a way of compensating for the loss of these social services. Thus, the condition of women as debtors is generalized, while they continue to be exploited as domestic workers and as precarious workers.

Therefore, from this perspective, it is necessary to focus on the financial dimension of social reproduction, which includes care, but implies addressing financialization in relation to all the areas and activities linked to the reproduction of life, such as health, housing, education, etc. Thus, there is a contribution made to care studies that was fundamental to understanding what happened in the pandemic.

The Relationship Between Debt and Social Reproduction as a Key to Understanding the Pandemic

In the research⁷ presented in the book *La casa como Laboratorio* (Cavallero & Gago, 2022), we detected as a general phenomenon that, during the COVID-19 pandemic, there was a diversification and increase of indebtedness, with an accelerated growth of “non-bank” debts due to arrears in taxes, electricity, water, gas, and rents.

As I pointed out earlier, these debts coexist with other sources of indebtedness, such as family loans and loans from neighborhood finance companies. At the same time, we also detected and investigated the emergence of indebtedness through fintech companies. Fintech is a novel technology in full expansion in Argentina—particularly in the face of the crisis unleashed by the global pandemic—which is taking the process of banking and monetary digitalization to much more intense levels. This whole phenomenon took on a speed and scale unthinkable in the context of meeting restrictions imposed by the pandemic and, in turn, becomes a particularly agile means to accelerate indebtedness, due to the deepening of the income crisis for these sectors that see their labor possibilities reduced.

At the same time, during the COVID-19 crisis, there was an increase in caregiving tasks that affected the possibilities of women to participate in the labor market—especially female heads of household with dependent children. A research carried out on the basis of the Encuesta Permanente de Hogares (EPH,

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7. This research consisted of qualitative work in Villa 31 and Villa 31 Bis during the months of April and May 2020 and of a collaboration with the design and implementation of a survey with Inquilinos Agrupados (Grouped Tenants), where we have detected an increase in rental debts that prompted evictions during the pandemic.

Permanent Household Survey) of the first semester of 2020 by the Dirección de Economía y Género del Ministerio de Economía (Directorate of Economy and Gender of the Ministry of Economy) together with UNICEF⁸ shows that poverty in female single-parent households reached 68.3 %. The same study also shows that there was a 14.0% drop in the activity rate for women heads of household with children and adolescents in charge, almost four points more than the decline in the general labor force participation rate over the same period.

In this sense, the greater difficulty of participating in the labor market, together with the increase in caregiving tasks, has led to the emergence of new debts associated with the management of daily life. The domestic space, which the massive feminist mobilizations had pointed out as a space where forms of exploitation and oppression are combined, was identified in the pandemic as a place of refuge from the possibility of contagion. The paradox lies in the fact that this “safe” space became, at the same time, a territory of conquest for financial capital (the increase in rental debt is eloquent in this sense).

These phenomena have revealed the fundamental character of the *feminist methodology* that focuses on the relationship between indebtedness and unpaid work, which is mostly feminized. Thus, the need to get into debt in order to live is even stronger in female single-parent households, with women in charge of children, what makes of indebtedness another form of intensifying gender inequalities. Debt takes advantage of the mandate that falls on women to sustain domestic economies in crisis situations and, in turn, triggers an increase in reproductive and devalued work.

Another aspect to highlight is what the pandemic has meant in terms of accelerating forms of financial inclusion to collect subsidies such as the Ingreso Familiar de Emergencia (Emergency Family Income). In a previous report (Cavallero, Gago & Perosino, 2021), we summarized another point that, in our opinion, should be the subject of debate in this new wave of inclusion: the bankarization of this population to collect emergency subsidies, even when it is known that this monetary transfer is of short duration (i.e., the bank account will remain, the subsidy will not). Thus, we conclude that “the circumstantial nature of this measure does not in itself guarantee virtuous continuity in the financial system”. Therefore, if this permanence does not correspond to the provision of free and quality public services and with income transfer policies greater than the inflationary dynamics, the enrollment in the financial system

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8. See: <https://www.unicef.org/argentina/media/10751/file/Desaf%C3%ADos%20de%20las%20pol%C3%ADticas%20p%C3%ABlicas%20frente%20a%20la%20cris>

of a population with no income or with intermittent and insufficient income may become a mere vehicle for taking on new personal debts.

De-indebtedness as a Challenge for Feminist Public Policy

The Argentine feminist movement exposes a paradox: it becomes massive in an almost synchronous way with the most accelerated process of external indebtedness in our history. While we were putting our bodies in the streets, the debt was a simultaneous attempt to corset our possible futures. Thus, indebtedness as a form of adjustment mandate (endorsed by the agreement signed in 2021⁹) resulted in limiting the possibility of public policies that would recognize care and social reproduction jobs, and in restricting public services. In this situation, the creation of feminist institutionality is limited from the outset.

But even within this framework, there are innovations in public policy that need to be thought through and balanced in depth. I am going to refer to the de-indebtedness program “Desendeudadas”, an initiative of the Ministerio de Mujeres, Políticas de Género y Diversidad Sexual (Ministry of Women, Gender Policies and Sexual Diversity) of the Province of Buenos Aires, together with the Ministerio de Hacienda (Ministry of Finance) of the Province of Buenos Aires and its Directorate of Economy and Gender and the Banco Provincia de Buenos Aires.

On December 28, 2021, the Buenos Aires Legislature approved the Budget and Tax Law 2022, which included the program “Desendeudadas”¹⁰, a public policy aimed at reducing the debt of women pressed by financial commitments and which recognizes this problem, made visible by the feminist movement. That the State recognizes over-indebtedness as a problem associated with structural variables, as stated in the resolution of its creation, speaks to us of a process of feminist pedagogy that collectivized the problem of debt.

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9. In 2021, the Argentine Minister of Economy Martín Guzmán took out a new Extended Facilities loan in order to meet the maturities of the 2018 loan. This same agreement was endorsed in the Argentine Congress.

10. The program creates a Trust Fund (operating within the MGYDS) to acquire the women’s debt with credit providers registered with the Central Bank of Argentina. As a result, the Fund becomes a creditor of the beneficiaries and the financing conditions are improved. In this sense, the debts are refinanced by changing the creditor at a better rate of 9% per annum and with the possibility of a grace period.

But at the same time it is also recognized a greater incidence of over-indebtedness in women heads of household with an overload of care work. This is done from an integral perspective, linking over-indebtedness with other problems, such as work, power relations within the household, gender gaps, and external indebtedness processes. Debt and unpaid work, debt and sexual division of labor are expressed in the program's objectives.

This public policy poses immeasurable challenges in a context of generalized impoverishment and rising inflation: how to get out of debt when the causes of over-indebtedness persist? At the same time, the State, by taking charge of a central problem, allows crucial questions to arise in relation to the intervention of feminist institutionality in public policies: how to accompany a process of de-indebtedness that, unlike financial education in the version of international organizations, is not based on individual responsibility for structural problems? How to create feminist institutionality to address debt when it is intertwined with gender-based violence? And, at the same time, how to contribute to a process of delegitimization of usurious rates charged by companies and of indebtedness “to live”, in an articulation between feminist institutionality and organizations? All these questions are also objectives of the program, which proposes an integral approach to the problem. Thus, the institutional crystallization of the problem makes it grow in scale and demand and confronts us not only with the limits of state action, but also with the potential to deploy processes where feminist institutionality can advance, supported by the critical force of the movement.

Debt, Child Support and the Establishment of a Child-Rearing Index

The study of indebtedness, together with the verification of its feminization and the greater impact it has had on single-parent households in the pandemic, has served to relate this indebtedness to various public policies aimed at a more equitable distribution of care.

In this regard, the study on non-compliance with child support payments¹¹, produced by the Ministry of Women, Gender Policies and Sexual Diversity of the Province of Buenos Aires, which included questions on indebtedness, both in its quantitative and qualitative stages, is highly relevant.

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11. See: <https://ministeriodelasmujeres.gba.gob.ar/gestor/uploads/OBLIGACION%20ALIMENTARIA%2021.6.pdf>

This study found that a significant portion of the women surveyed (44%) who do not have access to the child-support quota or have irregular access to it depend on borrowed money, either from relatives or from banks and financial institutions, to supplement their monthly income. Thus, the report concludes that:

[...] the non-fulfillment of the food obligation makes women go from the condition of creditors (since they are owed equal distribution of maintenance and care of children) to the condition of debtors in relation to others, affecting their possibility of exercising an autonomous life. (MMGD, 2021)

This process gave rise to a working group with the Directorate of Economy and Gender of the National Ministry of Economy, where the initiative was taken to create a child-rearing index (i.e. to calculate officially and on a monthly basis the costs of child-rearing) in order to use a standard and universal measure in litigation processes for non-compliance with the child-feeding quota¹². This experience shows that care distribution policies that involve questioning gender mandates and the sexual division of labor are increasingly linked to the fight against forms of over-indebtedness. We could say, paraphrasing Silvia Federici, that dependence on spouses is being replaced by dependence on money borrowed from banks, finance companies, and relatives.

When in *Una lectura feminista de la deuda* (Cavallero & Gago, 2019) we proposed mapping how debt is assembled with an economy of obedience, we highlighted that debt is incurred in households with certain characteristics and that, therefore, it is a priority and not secondary to investigate how those family relationships are, how care is distributed, who assumes the tasks of reproduction, and which aspects of social reproduction are accessed with financial mediation.

In this sense, it is important to emphasize that the design of public policies has a genealogy in the street mobilizations, which had a central point in the visibility of unpaid work and in the questioning of gender mandates expressed in the feminist strikes of recent years. At the same time, the process of delegitimizing private indebtedness, which became the slogan of many women's collectives and groups with the demand "We want to be debt-free", was also

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12. See: <https://www.argentina.gob.ar/economia/igualdadygenero/indice-crianza>. In the presentation of the child-rearing index, the Judiciary, in particular the Supreme Court, was urged to use this measure in cases of litigation for failure to pay child support.

a process that made it possible to give indebtedness a body and a voice, to turn political the questions of who is indebted, with whom they are indebted, what is the destination of this indebtedness, and how it is related to foreign indebtedness.

Indebtedness, Against the Recognition of Present and Past Unpaid Work

The feminist perspective confronts the financial logic that pretends that the debt remains abstract, that the work that nourishes it is made invisible, and that its violent genesis is also erased in households, to produce an effect of remoteness from any everyday life.

Debt, we have said and reiterated in the streets, implies a subjection in daily life that affects the ability to plan for the future, since it compromises the time to come. Moreover, as we have seen in this article, there is a specific relationship with care work, because those who are most indebted are women who do more unpaid reproductive work and are in worse economic conditions to get paid jobs.

To talk about daily life restructured by the debt is, precisely, to think about what indebtedness implies in order to live, to turn it into a political question, and to look for how all this is related to the adjustment processes demanded by foreign indebtedness.

In these years of feminist organizing, we have learned to politicize the debt: this means highlighting the concrete antagonisms that it deploys, in a transversal way, with peasant women, with workers in the popular economy, with sexual dissidence movements, with precarious female workers. The feminist strikes of March 8 have been fundamental for this singular mode of politicization of the debt. On the one hand, because they have allowed us to make unpaid work visible and on the other hand, because by demanding the recognition of unpaid work the burden of the debt is also reversed. Those who have incurred debt are the State, the employers, and the patriarchs for having benefited from all the work historically forced and free, in charge of feminized, racialized, and precarious bodies.

The installation of debt as a mobilization issue has also allowed us to ask ourselves: how does one strike at finance and against finance? What is the relationship between unpaid labor and debt? This leads us to examine what our debts are made of and who claims to have a right to them, and, therefore, to our existences.

During these years of agreement with the International Monetary Fund, the debt (external and domestic) entered every house to transform it into a hell of red numbers. For this reason, it is a central element in the management of the crisis and, as such, in the production of subjectivities. Hence, the feminist movement proposes a public, collective, and democratic discussion on the effects of indebtedness that begins with everyday life.

On the other hand, it is essential to highlight this antagonism: the processes of public indebtedness and the conditionalities associated with these agreements obstruct, limit, and are detrimental to the recognition of unpaid work and, in particular, care work.

In this sense, the terms appear to be in tension: austerity policies (i.e., reduction of social investment) are opposed to policies that advance in the recognition, valuation, remuneration, and redistribution of caregiving tasks. An example of this is the lack of items in the 2023 budget in the Argentine Chamber of Deputies to carry out the project *Cuidar en Igualdad* (Caring in Equality), as part of the fulfillment of the goals agreed with the International Monetary Fund. Or, the IMF's systematic attack against the pension moratoriums¹³, which mostly benefit women who are not old enough to retire because they have taken care of their homes.

Finally, the tension between care societies and austerity policies is also evident in how those households with an overload of care work are the most affected by over-indebtedness, which is used to access basic goods and services. Hence, austerity policies end up penalizing those who bear the greatest burden of unpaid work, with high levels of private indebtedness.

As feminists, we face a series of challenges that highlight the need to specify what it means to speak of "care societies" at a time when the financial exploitation of our bodies-territories and the financialization of social reproduction are intensifying and when we must move forward in naming who are the beneficiaries of these economic systems, that make it increasingly difficult to put life and care at the center.

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13. See: <https://www.pagina12.com.ar/533919-200-organizaciones-feministas-le-hablan-al-fmi-no-vamos-a-ce>

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CHAPTER 02

Caregiver State? Potentialities and Limitations of Public Policy

Care and Democracy

Viviana Piñeiro and Patricia Cossani¹

The link between care and democracy is a crucial issue in contemporary societies. Care, understood as the work of providing care, assistance, or support to people who require it—be they children, older adults or people with disabilities who have lost or lack some degree of autonomy—is essential for the production and reproduction of life in society.

However, the social organization of care is marked by gender, class, and other intersectionalities that raise questions and challenges about the extent and quality of our democracies.

In the analyses developed on care, it is possible to identify different perspectives: that of feminist economics (focused on the care economy), that which conceives care as a pillar of social welfare, those that discuss care as a right (that of people who require care, that of paid and unpaid caregivers, and also the right not to care), and a final line of work, from the perspective of the ethics of care (Batthyány, 2020).

This article aims to problematize the link between care and democracy and the limits encountered by States on the road to modifying the social organization of care towards more democratic schemes.

To this end, the aim is to establish a dialogue between feminist theory and the theory linked to care in terms of well-being, human rights, and democracy, putting it in dialogue with some public policy experiences that are being put into practice in the region.

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1. They participated in the design and first stage of implementation of the Care System in Uruguay. They are currently working as consultants on care policies with a gender perspective, accompanying various processes in Latin America and the Caribbean.

Welfare Regimes From a Feminist Perspective

At the end of the 1960s, during the second wave of feminism, among other demands, the unfair distribution of domestic work emerged strongly. Along with other highly interrelated demands (violence, sexuality, sexual and reproductive health), this platform was problematized under the slogan *the personal is political*. Thus, the idea that the demands linked to the private and domestic sphere were not individual, but collective (Friedan, 1963) began to emerge.

Beginning in the 1990s, feminist scholarship began to make contributions that sought to reframe the debate on welfare states and regimes that had been developed during the 20th century. The main critique of traditional theories focused on their failure to take into account the role of the family in welfare provision, the unequal gender division of labor, and how this affected women's ability to claim benefits that would enable them to *decommodify themselves*. By focusing on the social protections most important to an *ideal* male worker, the social citizenship rights of those economically dependent on other family members, the majority of whom were women, were ignored (Razavi, 2007).

These critiques laid the groundwork for a greater understanding of how gender inequalities are institutionalized in welfare regimes. As a result, the dimensions of analysis were reformulated to be more gender-sensitive.

First, the inclusion of the family (and later, the community or civil society) alongside the State and the market in welfare provision highlighted the need to consider the division of sexual labor (paid and unpaid) in the analysis. Second, it was proposed to examine how the effects of stratification in welfare provision reinforced gender hierarchies by linking benefits to occupations or pay levels that favored those who participated in the labor market on a full-time basis. Third, the dimension of entitlement was introduced, distinguishing between rights associated with the individual and those associated with a certain position as a member of a family (or, specifically, as a wife/widow). The fourth and final dimension focused on access to paid work as a means for women to achieve economic autonomy and be eligible for work-related benefits (Ciccia & Sainsbury, 2018).

From the combination of these dimensions, two main approaches adopted by feminism emerged. On the one hand, an approach that sought to integrate a gender perspective into existing analytical frameworks; on the other, approaches that advocated developing alternative analytical frameworks from a gender-sensitive perspective.

The first trend of analysis, followed by Orloff's work, sought to reconstruct the dimensions of the classic Esping-Andersen typology, in order to incorporate aspects such as the relationship between the family, the State, and the market, gender stratification and decommodification, along with two new dimensions that took into account the specific characteristics of decommodification in relation to women and the sexual division of labor. The main objective was to highlight the emancipatory potential of social welfare policies to improve gender relations (Orloff, 1993). In contrast, the second approach focused on the construction of new typologies or models of welfare regimes based on the sexual division of labor. Among them, we find the classification between a *male breadwinner*² model, a *separate gender roles* model, and an *individual earner-carer* model (Sainsbury, 2003). Another example is the model proposed by Jane Lewis, who classifies welfare states into three types: "*strong breadwinner*", "*modified breadwinner*", and "*weak breadwinner*" (Lewis, 1992). This typology highlights differences in women's entitlement to rights as wives/mothers or as paid workers, and their translation into ideological variations linked to gender roles and the sexual division of labor.

Thus, public policies can have a positive, negative, or null impact on women's labor participation, whether by their action, inaction, or omission. All these perspectives advocated the implementation of policies that would encourage the decoupling of welfare provision—and especially of care—from the family sphere and women. This means transferring the responsibility for care to other actors in society.

What About Care?

Care was for a long time little theorized, even in the effort to incorporate the gender perspective in its development. This is due to the fact that the concept of care itself admits multiple definitions on which no consensus has yet been reached. On the other hand, based on different notions, studies and research have been carried out based on one or more of its dimensions.

In this sense, Ciccio and Sainsbury criticize that either care was equated with unpaid work, ignoring the state role in its provision (via parental leave, economic benefits, services, etc.); or the ethic of care was not recognized as a characteristic of the good society (Tronto, 1993); or it was not argued that care and reproduction are prerequisites for human and social well-being

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2. N.T.: the English expressions in italics are written in English in the source text.

and the very survival of societies. In response to these shortcomings, many feminists argued for a comprehensive concept of care and emphasized its centrality in the welfare state project (Ciccia & Sainsbury, 2018). One contribution in this regard focused on citizenship, delving into care-related rights (i.e., the right to receive care, the right to take care, and the right to not caring) (Pautassi, 2007). Other important contributions have developed the concept of the welfare diamond, as opposed to the traditional welfare triangle (State-market-family), to emphasize the importance of care providers at the community level (Razavi, 2007). Another line that has been developed has to do with the effects of globalization on immigration and care, demonstrating that the social organization of care is also linked to other relations of inequality, in particular ethnicity and class (Pérez Orozco, 2016; Razavi, 2007).

But for all the complexities implicit in the concept of care, it is true that its use is extremely widespread in research on welfare states due to the push coming from feminist academia. However, some argue that there are political economy components that have not been sufficiently developed. In this sense, and for the purposes of the analysis that follows, it seems relevant to take up the ideas put forward by Daly and Lewis (2000) in terms of elaborating a concept of care (which they call social care) that promotes and develops care as an activity and a set of relationships that lie at the intersection of the State, the market, the family, and the communitarian or voluntary sector. The aim is to work on a concept that can shed light on the variations between welfare states and their processes of change and development.

Thus, a multidimensional concept of care is developed (Daly & Lewis, 2000) that highlights three dimensions. First, care is analyzed as work, considering the nature of the activity, the people involved in it, the conditions in which it is carried out, and the role of the State in determining the limits of paid or unpaid, formal or informal care. Second, the ethics of care is addressed, which focuses on the social and family obligations and responsibilities surrounding the activity of care, and on the role of the State in shaping social representations of care. The third dimension explores the economic and emotional costs of caregiving and how they are shared among individuals, families, and society in general, considering that these costs transcend public and private boundaries. Based on this approach, care is defined as the activities and relationships involved in meeting the physical and emotional needs of children and dependent persons, and the normative, economic, and social frameworks that govern its allocation and execution.

Neoliberal Care vs. Caregiving Democracies

The commodification of care and increasing reliance on market-provided care services, such as paid caregiver services, pose challenges to the democratization of care. Privatization and commodification of care can increase inequalities and create economic barriers to accessing quality care services, particularly affecting those with fewer economic resources. Moreover, the market logic applied to care provision can perpetuate asymmetrical power relations and dehumanize care work, reducing it to a mere economic transaction, which, in turn, can undermine democratic values of solidarity and reciprocity in social relations.

Considering care as a private or domestic matter, relegated to the individual or family sphere, instead of a political and social issue that requires attention and action by States, limits its integration into public agendas to generate policies that promote more democratic schemes in the social organization of care.

Continuing Tronto's reflections, from the perspective of the ethics of care, neoliberalism is a disaster. In a neoliberal society, human life is seen as a sum of individual *choices* and care becomes a personal and private matter, meaning that if you cannot care for your own family and community, it is your fault for not having made enough sacrifices or taken on enough responsibility.

When personal responsibility is the only form of responsibility that matters in democratic life, the effects can be profoundly undemocratic. From the perspective of the ethic of care, citizens should be able to expect more from the State and civil society to meet their care needs and those of their loved ones. At the same time, they must be more committed to producing the values, practices and institutions that enable democratic society to meet more consistently the care needs of its citizens. In a democratic care system, politics will become closer to people's concerns and more fundamentally democratic (Tronto, 2013).

In most societies, care work has historically been assigned to women, perpetuating stereotyped gender roles and structural inequalities. Therefore, the unequal allocation of domestic and care work can be considered a constraint to democracy, as it perpetuates inequalities of power and opportunities between genders. In addition, care work tends to be little recognized and valued in economic and social terms, which results in the invisibility and devaluation of those who perform it, mostly women. This can affect their active participation in decision-making and public life, thus limiting democracy

to the extent that full and equal participation of all people in society is not guaranteed.

At this point, it seems interesting to take up Biroli's idea regarding thinking about care from a perspective that validates our democracies in terms of equal and adequate provision to all people, establishing this perspective as an ethical-political alternative to neoliberalism (Biroli, 2018).

According to this analysis, in the unequal access to quality care and in the position assumed by caregivers, we will identify the dimensions of the different gender, race, and class inequalities that constitute the real problems of democracy.

These characterizations led to two debates about good and bad care and about the idea of "privileged irresponsibility". This development leads to one of Tronto's most important contributions, the idea of Caring Democracy, where it is political decisions that allocate care and care responsibilities in a society.

Tronto then answers the question of what is required to "care well"/"democratically" (time, resources, collective will, and equality, she says) and proposes a route to start creating more caregiving societies: attacking the separation between public and private spheres, problematizing the relations between paid and unpaid work, and thinking that care is, yes, about people/communities learning to care, but it must also be about caregiving institutions.

Starting from her broad definition of the concept of care, understood as "everything we do to maintain, continue, and repair our 'world', so that we can live in the best possible way", Tronto proposes to reflect on the possibility of generating "caring democracies" (Tronto, 2013). Even for more restrictive definitions of the concept of care for the implementation of public policies, this reflection can be extremely useful when discussing in our societies the idea of "social co-responsibility" in care, understood as the shared responsibility between the State, the market, the community, and families.

In this framework of conceptual construction around caring, one of Tronto's fundamental contributions has to do with the five phases of caring—initially developed together with Fisher in 1990 and later complemented in 1993 and 2013. The author goes through each of the phases—caring about, caring for, care giving, care receiving and caring with—associated with their corresponding moral qualities (being attentive, responsibility, competence,

reciprocity, and trust/solidarity). On the basis of these phases, the author delves into her definition which, beyond situations of dependency, describes rather conditions of interdependence that develop in a series of care activities nested in each other. Given the complexity of the conceptual debate, Tronto proposes to complement her definition with a series of ideas based on various contributions around: committed care vs. extended care, affectionate care vs. non-affectionate care, forced care and intersectionalities, self-care, caregivers vs. cared-for people, and care vs. service (Fisher & Tronto, 1990; Tronto, 2016).

This leads her to develop her perspective on how to understand care politically, as power relations, insofar as what is sought is the satisfaction of needs. In this sense, the author raises the following questions: who cares for whom, what cares, how cares, where cares, when cares. This makes visible the imbalance and inequalities generated by a model that differentiates between the breadwinner role and the caretaker role, with the result that the majority of responsibilities fall on women, and where the separation of public and private spheres has also led to the invisibility of tasks performed against no payment.

Thus, Tronto argues, the care deficit and the democratic deficit are two sides of the same coin. If we understand the care deficit as the inability to find enough—paid or unpaid—caregivers to meet the needs of individuals and their families, and the democratic deficit as the inability of government institutions to reflect the real values and ideas of the citizenry, one might conclude that only caregiving democracies could address these problems. By emphasizing the final phase of care, the "caring with" phase, it is required that care needs and the ways in which they are met be consistent with democratic commitments to justice, equality, and freedom for all. This particular vision of care, democracy and the relationship between the two terms requires that care practices are carried out democratically and that care becomes a central value for democracies. It is about ensuring that everyone in society can live as well as possible, making society as democratic as possible (Tronto, 2013).

Currently, there are initiatives and proposals around the world that seek to modify the social organization of care and that could result in more democratic schemes from the perspective that has been proposed here.

Care as a Right

Care is not only a job that needs to be recognized and valued, but it is also a human right recognized in international covenants and conventions. As such, it implies responsibilities that must be fulfilled by designing universal and cross-cutting policies with regular budgets, adopting a gender approach and in coordination with other rights, including economic, social and cultural, civil and political rights (Pautassi, 2023).

The human rights perspective starts from the premise that they are universal, indivisible, and interdependent, and, therefore, must be governed by specific legal principles and standards (Inter-American Commission on Human Rights, 2018).

In the area of care, it is essential to pay attention to the subjects of law involved in a given policy, and to generate policies that ensure the necessary care in accordance with international human rights conventions and without perpetuating stereotypes, especially gender stereotypes. It is crucial to avoid dichotomy between the rights of caregivers and cared-for individuals. A second characteristic is the compliance with the principle of equality and non-discrimination, which implies guaranteeing equal access to fundamental rights and the absence of discrimination against any sector of the population. Special attention must be paid to historically discriminated groups, with priority given to those who experience greater limitations in access to rights.

Third, universality and sensitivity to cultural differences must be taken into account. The aspirations for universal coverage of rights should not be translated into uniform strategies for the entire population, but rather into action plans that allow for the progressive realization of rights and guarantee the principle of non-regression. Fourth, that the people to whom policies are addressed must have a voice in the decisions that affect them. This implies social participation in policy design, implementation, evaluation, and monitoring. Effective participation and enforceability mechanisms that involve all stakeholders in care policies must be designed.

Compliance with these principles implies conceiving public policy as aimed at active and committed subjects of law, who strengthen the idea of care as a human right. Transparency and accountability, from a rights-based perspective, promote a more effective social management that involves citizen participation in all stages of the process of designing, implementing, and evaluating social policies.

Since 2015, it can be considered that we are entering a new stage in which care begins to appear explicitly as a right in human rights instruments, in the consensus and commitments arising from the Regional Conferences on Women and on Population and Development of ECLAC, and the Inter-American Convention on Protecting the Human Rights of Older Persons, and at a global level with its incorporation into the Sustainable Development Goals (Güezmez García & Vaeza, 2023).

Co-Responsibility: Towards a New Social Organization of Care

In Latin America (as in other regions of the world), state welfare provision has developed around three basic pillars: education, health, and social security (Martínez Franzoni, 2008). However, care, as an activity that runs through the lives of all people and constitutes a key social function, has not generally been incorporated or developed in the same way.

Today, it's been seemingly assumed that a reconfiguration of the public and private spheres is essential to address both the care crisis and the democratic deficit that our societies face. A fairer redistribution of care responsibilities in our societies, from a perspective that places gender equality at the core of the debate, is essential.

Latin America has been making efforts to advance in policies or in the creation of Care Systems as the fourth pillar of welfare.

The creation of National Care Systems aims to prioritize the role of the State in the social organization of care, which currently falls on families—mainly women—or is solved through the market, with the implications already mentioned in terms of democracy.

From a public policy perspective, Care Systems have been defined as “the set of policies aimed at materializing a new social organization of care with the purpose of caring for, assisting, and supporting people who require it; as well as recognizing, reducing, and redistributing care work, which today is mostly performed by women” (UN Women & ECLAC, 2021).

In order for National Care Systems to guarantee the right to care and to be cared for in conditions of equality and quality, it is essential that they are designed with a gender and human rights perspective at their core.

In all the countries of the region, the care deficit has been identified as a problem and limited responses have been adopted for some populations, especially for the most vulnerable. While there are care programs for early childhood, they are not as widespread for older adults and people with disabilities in a situation of dependency. In some countries, care policies have been implemented that seek to meet needs and rights, articulating different programs around a specific population. Integrating these policies into a system requires inter-institutional coordination at the national and territorial levels, coordination that makes efficient use of the capacities of the State and society, and the development of a new management model that focuses on people and not just on services.

On the other hand, the constitution of such a system requires the articulation of policies aimed at all target populations (children, older adults and people with disabilities in a situation of dependency, and caregivers—both paid and unpaid—) around five components: the services (public or private) that are provided, the regulations that are established (of services and labor), the training of caregivers, actions for the generation and management of information and public knowledge on care, communication actions aimed at disseminating rights and promoting cultural change (UN Women & ECLAC, 2021).

It is, therefore, necessary to simultaneously implement policies that establish regulations for the private sector and quality standards for all services—whether public or private—and to adapt them to each specific situation. Training policies for caregivers must also be implemented to guarantee the quality of services and promote the professionalization and dignity of caregiving. In addition, information and knowledge management policies are needed to make informed decisions, as well as communication policies that promote a culture of co-responsibility between men and women in the performance of caregiving tasks.

In order to build a System of Care in this way, it is necessary to establish measures adaptable to the reality of each country that allow gradual progress towards the establishment of the System of Care.

At the regulatory level, Law 19,353 was approved in 2015 in Uruguay, creating the Sistema Nacional Integrado de Cuidados (SNIC, National Integrated Care System); Costa Rica approved, in 2022, Law No. 10,192 creating the Sistema Nacional de Cuidados y Apoyos (SINCA, National System of Care and Support) and Law No. 9,941, for the reactivation and reinforcement of the Red Nacional de Cuido y Desarrollo Infantil (National Network of Child Care and

Development)(Güezmez García & Vaeza, 2023)³.

In recent years, public debates have been generated with political, institutional, and social actors, articulation spaces have been set up at the national and subnational levels, and pilot experiences have been launched at the territorial level in countries such as Panama, Dominican Republic, Peru, Mexico, Argentina, Paraguay, Ecuador, Chile, and Colombia (Bango & Piñeiro, 2022).

Challenges: the Limits of the State to Take Care Of

Taking into account the human rights perspective and understanding that care is a new pillar of well-being, it is necessary to recognize that modifying the social organization of care towards more democratic schemes faces resistance and limitations, both from States and other social actors, based on economic interests, entrenched social structures, traditional gender roles, limited visions of democracy, among others, which may hinder the transformation of care towards more equitable and participatory schemes.

Undoubtedly, one of the main constraints has to do with budgetary aspects. States have a limited budget to invest in assistance, attention, and care policies, which in turn limits their capacity to implement new policies and programs, as well as to expand existing policies aimed at improving the quality and coverage of care time, and, in turn, to ensure that the policies are mainstreamed with the gender perspective. Examples include prioritizing services over cash transfers—which are less costly policies but may reinforce gender stereotypes—; extending hours, to meet the needs of different families; creating public services or improving them in relation to quality; extending leave and leave from work for both women and men; having good quality systematic information for public policy decision-making; advancing in labor regulation in the sector that guarantees decent working conditions and salaries that recognize the work; or having training trajectories that have their correlation in labor courses to ensure quality care (UN Women, 2022).

With respect to state structures, the lack of coordination between different government agencies and non-governmental organizations working in the provision of care limits the effectiveness of state efforts to improve the social organization of care. For this reason, care policies are conceived as policies that must inevitably be inter-institutional.

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3. At the time of publication of this article, draft laws have been introduced in the parliaments of Argentina, Ecuador, Paraguay, and Mexico.

There are also structural barriers that can limit the capacity of States to improve care. Examples include the lack of adequate infrastructure for care or the lack of adequately trained and skilled human resources.

It is possible to encounter political resistance from interest groups that benefit from the *status quo* and oppose any change that might affect their privileged position. These resistances end up institutionally sustaining familialist models—which are based on the idea that it is natural and desirable for women to be in charge of domestic and care tasks. States are often constrained by existing structures and regulations that perpetuate the traditional division of care work and gender inequalities. This includes labor and social policies that do not recognize care work as a legitimate occupation and that do not guarantee those who perform it labor rights such as fair wages, social security, and labor protection.

In relation to the previous point, the social organization of care is rooted in society also through cultural norms and traditional values that hinder the implementation of new forms of care. Even today, women are still expected to provide care and to care for families, and men are not expected to participate in these roles. Therefore, the advancement of cultural change to models based on social and gender co-responsibility in caregiving is substantive.

These limitations end up shaping the main challenges faced by countries in the construction of care systems. First, the co-responsibility approach requires intense work on cultural change to enable care policy to operate on class and gender inequalities. Secondly, the path towards universality implies working on access, based on the expansion of services and policies, but also on the quality with which these services are carried out, strengthening training and regulation (of services and labor). In a scenario of a care deficit, which has been reinforced by demographic changes and social and labor changes, we are faced with three fundamental dilemmas: the provision of long-term care for older adults, the constitution of a system of protection for all children, and the promotion of economic autonomy of women. If we link these three dilemmas with the first challenges mentioned above, we come to the third challenge: financing. For care policies to effectively become the fourth pillar of welfare systems, it is necessary to have a financing model that allows them to do so.

The fact of recognizing in care an element that crosses the life trajectory of all people at various times should be sufficient for it to be enshrined as a

universal right and, as such, to occupy a central place on the public agenda (just like health, education, or social security). Unfortunately, the rights approach often ends up not being enough to persuade decision-makers of the importance of placing care at the center. This is why it is necessary to bring to the table other aspects that have to do with the economic returns of addressing the care deficit from a gender perspective.

By this, we refer to the importance of generating policies that make it possible for the female activity rate to resume growth in the region, in a context in which social security systems will be under increasing pressure due to the ratio between the active and inactive population. On the other hand, at the same time that women free up time to study, work, or participate socially or politically, the provision of quality early childhood services can and should be seen as an investment, since an earlier insertion of boys and girls in these services would result in more successful educational and later labor trajectories, which would have an impact on the productivity levels of these workers in the future.

As Biroli poses, the answers to the questions of how care needs are met in a society, who takes responsibility and what forms care assumes are key. "Depending on the answer, we will be able to move away from or closer to a democratic ideal in which equality is a reference and inequalities are not used to justify oppression against certain groups" (Biroli, 2018).

Following Tronto, we could assure that the world would look very different if we put care at the center of our political life. However, nothing will improve until our societies figure out how to put care responsibilities at the center of the political agenda (Tronto, 2013).

The link between care and democracy is complex and presents challenges and limits on the road towards a more democratic social organization of care. The unequal allocation of care work, the commodification of care, and the limited conception of democracy are some of the obstacles faced by States in the modification of care towards more democratic schemes. However, it is essential to recognize the importance of care in people's lives and in social reproduction, and to promote policies and approaches that guarantee gender equity, the valuing of care work, citizen participation, and solidarity in the provision of care, in order to build fairer and more democratic societies.

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Care Beyond Care Policies

Florencia Cascardo¹ and Gisel Trebotic²

Introduction

It is no longer new to talk about the sexual division of labor and how, as a result, reproductive tasks in general and caregiving tasks in particular fall to women, who have historically carried them out without any recognition or remuneration. We start from understanding care as those daily activities that provide material and emotional well-being to people and are necessary to ensure the maintenance of life. This is how Fisher and Tronto define it: "Care is a specific activity that includes everything we do to maintain, continue, and repair our world, so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, everything we seek to weave together a complex web of life sustainment" (1990, as cited in Aguirre et al., 2014). Among these jobs different types of activities can be found: those that provide the material preconditions of well-being (assimilable to domestic work, such as cooking, cleaning, etc.), those linked to the management and planning of these activities, and, finally, direct care (Pérez Orozco, 2014).

The implosion of the care crisis led to a rethinking of the way in which care is organized, and a transition towards a process of defamiliarization began to take place (Esping Andersen, 1993). This relieved the burden of these responsibilities on households by enabling access to care independently of family arrangements, and there is a shift to the provision of external care that can be assumed by other actors. These analyses are based on the concept of the care diamond (Razavi, 2007), which identifies the different actors that

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interrelatedly produce and distribute care for society: the family, the state, the market, and the community.

The way in which this care is organized in a society and how this organization is linked to and impacts the functioning of the economic system is a central theme in studies of the economics of care, under the concept of “social organization of care” (Rodríguez Enríquez, 2015). Departing from an understanding of the intrinsic nature of care for all human beings, as well as of its contribution to the generation of economic value, these studies analyze how societies jointly understand and manage care. In turn, the role of the different actors leads to different models of care provision, also known as care or welfare regimes³: from this combination of practices and resource allocations at a given time and in a given society, welfare is produced and distributed in different ways by the State, the market, families, and the community. Furthermore recognizing care as an individual, universal and inalienable human right of every person (Pautassi, 2007), it is also interesting to highlight its double circumstance, referring both to the right of the person being cared for and to the person carrying out the task of care (Aguirre et al., 2014). This implies recognizing the affective dimension of caregiving (regarding the human bond of proximity inherent to these tasks), but also the material and economic aspects: it involves the performance of specific work and is an action that entails certain costs (Aguirre et al., 2014).

These perspectives allow us to think about care more broadly, by linking it to other phenomena such as poverty or inequality. On this basis, we can ask ourselves what is specific to care and the policies linked to it, and then carry out a two-dimensional approach. On the one hand, those policies that, understanding care as a structuring factor of inequality, would make it possible to achieve a redistribution of these tasks, both between genders and between the different actors in society. On the other hand, when understanding the link between care and the functioning of the economic system, it is also interesting to investigate other policies that, without being specifically aimed at addressing the issue of care, have an impact on it, both because they aim at highly feminized sectors (overburdened by care) and because they imply actions that increase or reduce this burden.

To advance in this sense, this paper is organized in four sections. First, a review is made of the main care policies in Argentina since 2020, based on the

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3. In Latin America, the traditional family model predominates, based on women’s unpaid work within the household (Batthyány, 2015).

analysis of the documents prepared by the Mesa Interministerial de Políticas de Cuidado (Interministerial Roundtable on Care Policies). In the second section, we address those policies aimed at vulnerable sectors, policies which, without having care work as their main objective, have a direct impact on it. Then, based on the work of the Observatorio de Géneros y Políticas Públicas (Observatory of Gender and Public Policies) carried out in coordination with the Secretaría de Integración Socio Urbana del Ministerio de Desarrollo Social de la Nación (Secretary of Socio-Urban Integration of the Ministry of Social Development of the Nation), the case of care and the use of time in working class neighborhoods will be addressed in particular. Finally, by way of conclusion, we will reflect on the importance of thinking beyond care policies in order to advance towards care societies.

A Topic on the Agenda: Care in Public Policies

If public policies are understood as the set of governmental decisions made to respond to issues that a government considers a priority, we can define public policies with a gender perspective as those that, based on an understanding of the processes of discrimination and different types of violence (physical, psychological, sexual, economic, and symbolic) that affect women and diversities, specifically address issues that make it possible to reverse these levels of oppression. Thus, the objective of these policies is the integration of women and diversities in situations of subordination and dependence in society (Batthyány, 2021).

If we focus on the economic dimension of gender inequality, we will see that many of these policies are centered on care, since its inequitable distribution is understood as a structuring knot of inequality (Rodríguez, 2015; Batthyány, 2021), insofar as it limits the possibilities of labor insertion and economic autonomy for women and feminized identities that are responsible for caregiving. If we consider the importance of institutionalizing this approach, given its potential for impact on institutional practices that reproduce inequalities (Batthyány, 2021), institutions and policies that enable progress towards care societies become relevant. In this sense, the creation of the Dirección de Economía, Igualdad y Género (Directorate of Economy, Equality and Gender) in the Ministerio de Economía (Ministry of Economy) at the end of 2019 can be considered a milestone in the history of the approach to care from an economic perspective. The same can be said of the establishment of the Interministerial Roundtable on Care Policies at the beginning of 2020, coordinated by the Ministerio de las Mujeres, Géneros y Diversidad (Ministry of Women, Gender and Diversity).

The Interministerial Roundtable on Care Policies⁴ takes as its starting points the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and Law 23.179, which establishes the commitment of the States in the provision of social services that allow the reconciliation of unpaid work with labor insertion for those who are responsible for the care of others; as well as the international agreements and laws related to the rights of children, older adults and people with disabilities (Laws No. 23.849, 27.360 and 26.378, respectively). Attention to these regulations makes it possible to understand that care, in these policies, is approached from a dual perspective that takes into account both the rights of the cared-for persons and those of the caregivers. This double perspective is present in the objective of advancing towards an Integral System of Care Policies in Argentina⁵ that is expected to recognize the right to receive care and to contemplate a diversity of actions, such as training in care, the modification and expansion with co-responsibility of the leave system, the expansion of the public and community care network, among other aspects.

Based on the documents produced by this instance⁶, a brief mention of the main policies will be made. It should be added that many of them were affected by the context of the COVID-19 pandemic, when not only did life care take on particular relevance, but there was also an overload of this work as life was limited to the home and the domestic sphere (INDEC, 2020)⁷. To move forward in this synthesis, the proposed analytical approach will be based on the dual perspective of care: that of the person who receives it and that of the person who works (paid or unpaid) in its provision.

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4. This Roundtable is made up of the (Ministries of Social Development, Labor, Employment and Social Security, Education, Health, Economy, Productive Development and Public Works, as well as related agencies, such as ANSES, the Instituto Nacional de Servicios Sociales para Jubilados y Pensionados (National Institute of Social Services for Retirees and Pensioners), the Agencia Nacional de Discapacidad (National Disability Agency), AFIP, INDEC, INAES and the Consejo Nacional de Coordinación de Políticas Sociales (National Council for the Coordination of Social Policies).

5. This objective is embodied in the “Cuidar en igualdad” (“Caring in Equality”) Bill, the drafting of which began in 2020 and was sent by the Government to the Congress as a bill in May 2022.

6. 100 acciones en materia de cuidados (2020-2021) and 2° informe anual (2021-2022): https://www.argentina.gob.ar/sites/default/files/2020/07/100_acciones_en_materia_de_cuidados.pdf and <https://www.argentina.gob.ar/sites/default/files/2020/07/informemesainterministerial2022.pdf> respectively.

7. For this reason, the analysis will not consider policies specific to this situation (such as those related to access to hygiene items, the transfer of children between parents, the extension for the presentation of certificates, among others), but those that transcend the context of social, preventive, and obligatory isolation.

In relation to policies aimed at guaranteeing the right of people to receive care, it is worth mentioning the reinforcement of food assistance to school and community canteens, the expansion of actions of programs such as the Programa Primeros Años (First Years Program), or the creation of the AccionAR Infancia Program (Res.106/2021), among others, which are part of the Plan Nacional de Primera Infancia (National Early Childhood Plan)—in turn linked to Law No. 26.061/05 on the Comprehensive Protection of the Rights of Children and Adolescents—aimed at children in situations of vulnerability. As for the registration and systematization of these instances, the Registro Nacional de Espacios de Cuidado y Educación de la Primera Infancia (ReNECEPI, National Registry of Early Childhood Care and Education Spaces) and the Registro Nacional de Comedores y Merenderos (RENACOM, National Registry of Soup Kitchens and Lunchrooms) were created, both under the Ministry of Social Development of the Nation. There are also programs aimed at older adults, such as the Programa de Asistencia a la Dependencia y la Fragilidad (Program for Assistance to Dependency and Fragility, that reports a 126% increase in benefits).

In an intermediate point between both perspectives, care as a right and as a job, we can mention training and education actions on care issues with a view to its hierarchization, such as those carried out by the Programa Nacional de Cuidadores Domiciliarios (National Program for Home Caregivers) or the Diplomaturas en Cuidados Integrales (Diploma in Integral Care). Many of these programs are based on the understanding of care as a field of employability⁸, which allows us to continue analyzing those policies that in this paper are understood as oriented toward those who perform care work.

Based on the ILO's (2018) 5 R's scheme on care, these policies aim to recognize, reduce, redistribute (in relation to unpaid care work), reward, and represent paid care work. If we take the conception of the social organization of care noted above, it can be said that the objective is to aim at a fairer organization, which redistributes care between genders, but also between actors, highlighting in this process the roles of the State and the community.

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8. Although it is beyond the scope of this paper, a novel aspect of training policies is the role given to social and solidarity economy organizations as an organizational perspective. Worker cooperatives of home caregivers (in 2022 there were 138 enrolled) have great potential as facilitators of defamiliarization processes of care that are not governed by the logic of capital, since they are self-managed experiences where there is no link of subordination of labor to capital (Cascardo & Mutuberría, 2023).

In relation to recognition, the Directorate of Economy, Equality and Gender of the Ministry of Economy made it possible to advance in different aspects that make these jobs more visible. Thus, based on the time use survey carried out by INDEC, an estimate was made showing that care work represents 15.9% of the country's GDP⁹. Also in this sense, in 2021, the INDEC carried out the first Encuesta Nacional de Uso del Tiempo y Trabajo No Remunerado (National Survey on Time Use and Unpaid Work), which allows updating the data collected in 2013 as a module of time use and unpaid work in the Encuesta Anual de Hogares Urbanos (Annual Survey of Urban Households).

To address the policies understood in this paper as redistribution policies, we will take the categories of Batthyány (2015), who classifies the provisions linked to care as time, service, and benefits policies.

As its name indicates, time policies seek to adapt working hours, thus guaranteeing the time to carry out care works and that these are compatible with paid work. The Integral Care System bill contemplates an extension of leave for pregnant people, non-pregnant people¹⁰, for adoption, with the novelty of incorporating in the leave system not only those who work as salaried employees, but also extending the universe to unitax self-employed [*monotributistas*] and independent [*autónomas*] people. However, the bill is still under consideration and, in practice, no progress has been made in relation to time to care policies. Thus, at present, these policies continue to be unequal between genders and cover only a portion of the working population, the one inserted in a formal registered wage relationship. This distinction between people who are reached by time policies and others who are not is particularly relevant if we consider that, according to the information gathered by the Encuesta Permanente de Hogares (EPH, Permanent Household Survey) of the INDEC for the fourth quarter of 2022, only 6.2 million people out of the 13.1 million that make up the economically active population are in a formal salaried relationship.

Continuing the systematization, service policies are those through which the State guarantees care (on its own or through third parties). In this sense, given that they promote a collectivization of care, it is possible to think that

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9. This percentage far exceeds that of the main branches of the economy, such as industry and commerce, with 13.2% and 13% respectively (DEIyG-MECON, 2020).

10. As for salaried employees, within a period of 8 years, the leave of absence for pregnant persons would increase from 90 to 126 days and for non-pregnant persons from 2 to 90 days to move towards policies with co-responsibility between genders.

these policies, in addition to aiming at the redistribution of care work, also seek to reduce it through a joint approach to care needs and a hierarchization of the task. On the other hand, in relation to the salaried population reached by service policies, it is worth mentioning the regulation of Article 179 of the Ley de Contrato de Trabajo (Labor Contract Law) No. 20,744, which establishes the obligation to have care spaces for children in workplaces employing one hundred people or more¹¹.

Within this universe, there are also policies that, unlike the previous ones, cover the population in a broader way, thus conceiving care as a universal right (and not as something limited only to a sector of the population that has access based on their status of formal worker). Among these policies with a universal approach to care, mention should be made of the Programa de Infraestructura de Centros de Desarrollo Infantil (Child Development Centers Infrastructure Program), (Resolution 59/2021), whose objective is to expand the network of care spaces for children from 45 days to 4 years old in vulnerable situations. In its construction stage, this program is carried out by the Ministerio de Obras Públicas (MOP, Ministry of Public Works)¹², together with the Ministry of Social Development, and local governments. The program, like those measures that preceded it¹³, highlights the importance of the community sector in the provision of care. Its implementation provides for funding through subsidies in the form of a grant per assistant to cover operating costs, with the local government being responsible for financing those who work in the centers (Resolution 59/2021 MOP). However, when analyzing the regulations related to Child Development Centers as well as others framed in similar policies, it can be seen how the remuneration of caregivers working in this kind of spaces is not an aspect generally contemplated in the programs (Fournier, 2022). In the draft law of the Integral System of Care Policies of Argentina - "Cuidar en Igualdad", the need for the agreements between

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11. Regulatory Decree 144/22 mandates that establishments with 100 or more employees (regardless of their type of contract) must have childcare spaces for children from 45 days to 3 years of age in charge of these employees during the working day.

12. To this end, a Care Infrastructure Fund was established, which amounts to 8.5% of the annual budget and includes, in addition to the Child Development Centers, the expansion of the Red Federal de Infraestructura Sanitaria, Centros Territoriales Integrales de Políticas de Género y Diversidad, Espacios para las Juventudes y para las Personas Mayores (Federal Health Infrastructure Network, Integral Territorial Centers for Gender and Diversity Policies, Spaces for Youth and for Older Adults).

13. The main background of the program is Law No. 26,233/07 on the Promotion and Regulation of Child Development Centers and the Plan Nacional de Primera Infancia (National Early Childhood Plan), under the Secretaría Nacional de Niñez, Adolescencia y Familia (SENAF, National Secretariat for Children, Adolescents and the Family).

the State and the community care spaces to contemplate resources for the remuneration of their workers is made explicit, however, no parameter is set that could be taken as a reference (for example, in relation to the minimum, vital and mobile salary)¹⁴.

In addition to those related to time and service, care policies may consist of cash benefits that “recognize that there are people, generally women, who are not in the labor market because they are engaged in caregiving and that this caregiving task should give them access to remuneration or social rights” (Batthyány, 2015, p. 17). Taking this definition, we will distinguish these benefits into two subtypes: money for financing caring and money for acting as a caregiver. Among the first type of benefits, we can mention certain extraordinary bonuses granted to holders of the Asignación Universal por Hijo o Hija or the Tarjeta Alimentar¹⁵, as well as the subsidy for hiring home helpers for older adults from PAMI.

In relation to those policies that grant money as consideration for caregiving, in the family sphere can be indirectly recognized the Programa para el Reconocimiento de aportes por tareas de cuidado (Program for the Recognition of Contributions for Caring Tasks). The program is based on the recognition that between men and women there is a gap in the number of years of contributions as a result of the entries and exits to the labor market generated by the unequal distribution of care, so it is aimed at women mothers who do not have the required 30 years to retire (between contributions, leave, and moratoriums), recognizing a certain number of years based on the estimated burden of care work. By recognizing that this work existed, access to retirement is enabled, so it could be considered as remuneration for the work performed. These cash benefits for caregiving can be assimilated to remuneration for caregiving work—or in ILO terms, the reward for work. We consider of particular relevance the work carried out in another of the corners of the diamond, the community sector, which relies on policies that, we understand, transcend caregiving to remunerate its work.

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14. Proyecto de Ley para la creación de un Sistema Integral de Políticas de Cuidados de Argentina (bill for the creation of an Integral System of Care Policies in Argentina): <https://www4.hcdn.gob.ar/dependencias/dsecretaria/Periodo2022/PDF2022/TP2022/0008-PE-2022.pdf>

15. This type of income transfer programs aimed at covering the needs of children and adolescents, whose regulations prioritize collection by the mother, are particularly relevant in view of the high levels of indebtedness of low-income sectors’ women, mostly related to care (Fournier & Cascardo, 2022).

Income Policies and Their Impact on Caregivers

As previously mentioned, although the community care sector is recognized and promoted by different policies, the remuneration of caregivers in this area is often not contemplated in the programs. This remuneration for the work usually comes (although not entirely and insufficiently) from other policies, among which we can mention the Programa Nacional de Inclusión Socioproductiva y Desarrollo Local Potenciar Trabajo (National Program for Socio-Productive Inclusion and Local Development Potenciar Trabajo), (Fournier & Cascardo, 2022).

Potenciar Trabajo was created with the purpose of contributing to improve the employability of the population through the promotion of productive proposals and income generation for people in situations of social vulnerability. To this end, it provides for the implementation of a complementary social salary (corresponding to 50% of a minimum, vital and mobile salary) on an individual basis. In return, the beneficiaries must participate in one of the program's three lines of activities: educational completion, socio-labor projects, and socio-community projects. This last line includes participation in community care spaces, which is a novelty in relation to the previous programs of which Potenciar Trabajo is a continuation.

Although the incorporation of work in socio-community care projects among its considerations represents a novel aspect and denotes the adoption of a previously absent gender perspective, Potenciar Trabajo was not specifically designed as a policy for care¹⁶, but was oriented to sectors in a situation of social vulnerability. It is worth asking, therefore, what the gender composition of these sectors is like.

According to the information gathered by INDEC's Permanent Household Survey on income distribution, 65% of the lowest income decile of the population is made up of women (a figure that, with small variations, has remained constant for the last three years). For this reason, income policies aimed at

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16. Potenciar Trabajo was created from Resolution 121/2020 of the Ministry of Social Development, which in its Article 3° transfers to this program the beneficiaries of the previous programs Hacemos Futuro (We make Future) and Proyectos Productivos Comunitarios (Community Productive Projects), beneficiaries who in turn, had been transferred to those programs by the Programa Ingreso Social con Trabajo-Argentina Trabaja (Social Income with Work Program-Argentina Works)(through Resolution No. 96/2018). Incluso Ellas Hacen (Even They Do, a programmatic line of Argentina Trabaja aimed specifically at women) did not include in its formulation strategies to address caregiving of the people in charge of the recipients (Arcidiácono and Bermúdez, 2018).

the most disadvantaged sectors are mainly targeted at women, as they are the majority in these sectors. At the same time, in this decile there is a difference in the source of income between men and women: while labor income represents 66.1% of total income for men, for women this percentage is only 42.5%, with non-labor income (including income from redistributive policies) accounting for 57.5%.

Another example of this type of program can be found in the Ingreso Familiar de Emergencia (IFE, Emergency Family Income). This exceptional measure was promoted in the context of the COVID-19 pandemic to assist sectors whose incomes were limited by the recession caused by social, preventive, and compulsory isolation, with the risk of aggravating pre-existing situations of inequality and poverty. The IFE consisted of three payments of 10,000 pesos each¹⁷ and, in case it was requested by more than one member of the household, priority was given to women. For this reason, 55.7% of the almost nine million recipients were women.

If, in addition to income distribution, we observe the differences in the labor market, where the employment rate of women is 21.1 percentage points lower than that of men (INDEC), we can also understand the information from the Registro Nacional de la Economía Popular (National Registry of Popular Economy, RENATEP, 2022), where 58% is made up of women. In turn, the branch of socio-community services concentrates 27.7% of these registrations (it is the second in magnitude, after personal services which represent 35%)¹⁸. Work in canteens and soup kitchens¹⁹ is the main occupation in this branch, accounting for 64.8%, and is mainly organized (61.8%) on a community or social basis.

In relation to the income of this population—which is markedly feminized, with women accounting for 63.3% of the RENATEP total—only 28.3% of the people in the registry are beneficiaries of the Potenciar Trabajo Program. Work in the socio-community sector is the main branch of activity, with more than half of the registrations (50.2%) and work in canteens and picnic areas is the

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17. Equivalent to USD 150 at the BCRA official exchange rate as of the last day of the month of the first payment (April 2020).

18. In relation to occupations, the main ones are work in canteens and soup kitchen centers and cleaning services, with 26.2% and 11.4% respectively, also showing a greater presence of women in these branches compared to others (such as construction, transportation, repairs, where the femininity rate oscillates around 10%).

19. It is estimated that 25% of the country's population feeds from these spaces or other institutional instances of assistance (Stein, 2020).

primary occupation, with 48.5% of the total. The prevalence of socio-community jobs—especially those related to food—among Potenciar Trabajo beneficiaries compared to the general registry is attributed to the recognition of care work, according to RENATEP.

This allows us to affirm that, although it was not specifically conceived as a care policy, Potenciar Trabajo is used in practice as an instrument to remunerate these tasks. This feature of its implementation can also be attributed to the mediation of popular economy organizations, spaces where care was acquiring increasingly higher levels of politicization. This particularity resulted in various strategies that favored a community approach to care work (Campana & Rossi, 2023), which makes it advisable to deepen income redistribution policies with an impact on the sector.

Care in the Low-Income Sectors: Some Approaches From Popular Neighborhoods

Thinking about policies that were not designed to respond specifically to care but that indirectly have an impact on it also leads us to policies aimed at the urbanization of poor neighborhoods. Caring in a context where certain rights are not guaranteed differs from doing so when the basic needs of a community are met.

In Argentina, there are currently 5,687 recognized low-income neighborhoods. Built on different land occupation strategies, all of these neighborhoods, albeit to varying degrees, exhibit significant levels of precariousness and overcrowding, deficits in formal access to basic services, and situations of irregular land tenure—more than half of their inhabitants do not have title deeds or regular access to basic services.

The Registro Nacional de Barrios Populares (RENABAP, National Registry of Popular Neighborhoods), under the Secretaría de Integración SocioUrbana (SISU, Secretariat of Socio-Urban Integration) of the National Ministry of Social Development, was created with the purpose of regularizing the land-ownership situation of the popular neighborhoods initially surveyed, as well as to advance in their urbanization. Its decree of creation already mentioned that “the precariousness of land tenure has a negative impact on people’s quality of life, limiting access to infrastructure and public services” (Decree 358/2017).

In this sense, it is interesting to think about how policies that are not exclusively thought of in terms of care have an impact on care when analyzing gender inequalities from an intersectional perspective. In an intersectional analysis of gender inequalities, the Observatory of Gender and Public Policies reported that, in 2020, only three out of ten women living in humble neighborhoods had a job with income, while among men this ratio is seven out of ten. This employment gap of forty percentage points is double the average gap between women and men surveyed by the INDEC's Permanent Household Survey, which is around twenty percentage points. This aspect allows us to see how gender intersects with other vectors of discrimination, and thus how gender inequality widens on the basis of social inequality. In relation to unpaid care work, the results of the time use surveys of the Ciudad Autónoma de Buenos Aires also show an inverse relationship between the burden of these jobs and income level: while the highest quintile (i.e., 20% with the highest income) reports 3.18 hours of unpaid work per day, for the lowest income quintile, the time spent on these tasks amounts to 7.07 hours (DGEyC, 2016).

Recently, the preliminary results of the Relevamiento sobre Condiciones Socioeconómicas y Uso del Tiempo de las Mujeres y Personas Travestis-trans en Barrios Populares (Survey on Socioeconomic Conditions and Use of Time of Women and Transvestites and Transsexuals in Popular Neighborhoods), carried out by the Observatory of Gender and Public Policies²⁰ were published. The decision to carry out a specific survey on the use of time in poor neighborhoods is revealing as it makes visible the differences between caring in general compared to caring in the context of a poor neighborhood. In turn, considering that in 63.7% of the households in working class neighborhoods the head of household is a woman (OGyPP, 2020), the centrality of care when an urbanization process is being carried out acquires particular relevance. Notwithstanding this and the gender impact of these policies, when observing the Secretariat's budget items, it can be seen that they are not classified as policies with a gender perspective.

Among the main findings of the Survey is that the difference in time spent on unpaid work by women in working-class neighborhoods is almost double the average reported in the Encuesta Nacional de Usos del Tiempo (National Survey of Time Use, ENUT, 2021) conducted by INDEC. Measured according to time with simultaneous tasks, the burden of these jobs is 12.24 hours in

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20. The survey was carried out following an agreement with the Secretaría de Integración Sociourbana (Secretariat of Social and Urban Integration).

working class neighborhoods compared to 6.31 hours spent on average by women in the agglomerates surveyed by the ENUT-INDEC. Measured according to time without simultaneous tasks, the dedication is 8.31 hours and 4.49 hours respectively. This category includes unpaid domestic work, care work for household members, and support work for other households (family and non-family), for the community and voluntary work.

Following the aforementioned in the previous section regarding the feminization of the popular economy, 53% of the women interviewed work in this sector; registered salaried employment, on the other hand, only reaches 6.7% of them.

In addition, within the low-income neighborhoods, women's participation in socio-community spaces reaches 23%, exceeding by more than ten percentage points what was reported by the ENUT-INDEC for the total number of women of the sample in terms of unpaid work for other households, for the community and voluntary work. Within the popular neighborhoods, this participation takes place almost entirely (85%) in Soup kitchens and canteens. On the other hand, if we consider that in more than half of the households surveyed (54.4%) the income is not enough to cover the basic food basket for one person, these spaces that guarantee access to food take on particular relevance.

In relation to habitat, half of the women reported poor sanitation conditions in their homes, which added to the structural conditions of poor neighborhoods—such as the greater distance to health centers or schools—would allow proposing a hypothesis about the greater time spent on unpaid caregiving tasks. Another aspect that increases the burden of care work, specifically in terms of management, is the insufficient number of public agencies in the vicinity of the territories; in many cases, the people surveyed said that to complete their paperwork in public offices they had to attend the service centers more than once. The most frequently mentioned procedures were those carried out at the Administración Nacional de la Seguridad Social (ANSES, National Administration of Social Security), followed by those related to health (such as check-ups, medical certificates, etc.). The time spent on these procedures intensifies in the 22.49% who have at least ten blocks to a bus stop. These data allow us to understand how the deficit in housing conditions increases the work of caregiving.

In this sense, programs such as Mi Pieza (My Room), also implemented by SISU, have a significant impact on the reduction of unpaid work associated with maintenance, cleaning, and conditioning of the home. This is a comprehensive policy for the social and urban integration of the territories so that women living in poor neighborhoods can make repairs, improvements, and extensions to their homes. A recent report by the Observatorio de la Deuda Social Argentina (Observatory of the Argentine Social Debt) of the Universidad Católica Argentina (UCA) showed that the program improved the housing and sanitary conditions of more than 170,000 families living in working class neighborhoods. Eighty percent of the beneficiaries reported improvements in privacy within their homes and in health, among others.

This policy facilitates access to a subsidy for housing improvements in sectors that, due to their low income, do not have access to credit.²¹ 49.4% of the women beneficiaries stated that they live in critically overcrowded conditions, i.e., three or more people live together in the same room. 29.4% live in places where two or three people live in the same room. The improvement of building conditions and critical overcrowding in poor neighborhoods have a direct impact on the quality of life. From an integral perspective, therefore, habitat refers to housing but also to access to all the rights that make possible the sustainability of life.

Reflections on Policy and Care

Talking about the care economy implies highlighting the relationship between the management and resolution of care needs and the functioning of the economic system. Based on the different specific care policies, in this paper we propose to broaden the view to include also those policies that have a more indirect impact on care.

In relation to specific care policies, according to the classification we made at the beginning in which we distinguished between preconditions, management, and direct care, it can be stated that many of the policies are oriented towards direct care. It should also be noted that time policies are limited in scope because access to them is determined by the status of formal worker. For this reason, policies, that seek to universalize access to the right to care, such as service policies and, in particular, those linked to community care

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21. In this regard, it is pertinent to take up the findings of another study that indicated that improvements in housing were the main cause of indebtedness prior to the pandemic in a group of women from low-income sectors (Fournier & Cascardo, 2022).

spaces, are highly relevant. However, in many cases, the workers in these spaces are not covered by these policies and, in order to see their work remunerated, they resort to policies that go beyond care and, instead, aim at labor inclusion through income redistribution.

Policies that allocate resources to lower-income sectors have women and diversities as their main targets, since they are the majority in these sectors, and have an indirect impact on care. In this paper, we focus on those that address socio-urban integration, presenting results that allow us to quantify the increase in the burden of these jobs as a result of habitat deficiencies. This allows us to think about the feminist dimension of redistribution, by making it possible for caregivers to have adequate spaces and means of transportation that shorten distances from working-class neighborhoods or reduce the management time required to access rights.

Beyond habitat, redistribution is, in the end, what allows women and diversities of the popular sectors to face care with all that it implies. These policies will make it possible to move towards fairer societies that place care at the center and allow for the sustainability of life.

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CHAPTER 03

Care in Territories

Community Care Spaces in Greater Buenos Aires: a Public-Social Interweaving Based on Female Labor

Marisa Fournier¹ and Adriana Rofman²

1. Introduction

The active participation of Argentine civil society in the social organization of care summarizes a historical trajectory of commitment to social problems, especially in the universe of children. Socio-territorial organizations function as key nodes of a territorial network that provides services and influences the public agenda in this field. Many of these organizations are community-based, territorially-based entities, small in scale and coverage, not always institutionally formalized. From an integral perspective, it is evident that the social organization of care—the set of institutions that offer care services—articulates, in a relatively fragmented manner, the work of families, the state and market supply, and community actions developed by civil society organizations.

This structure is to a large extent the basis for the reproduction of life as well as for urban production in Greater Buenos Aires, both in the historical process of its urbanization and in the reality of our days. In this sense, an in-depth understanding of the magnitude and characteristics of the contribution made by community-based civil society in the area of care is a fundamental requirement for estimating and strengthening its contribution. Although, unfortunately, there are no complete and updated records that would allow an exhaustive characterization of this universe, this article will attempt to

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describe its fundamental features, based on some open data sources and on the analysis of some experiences of care networks in the region.

The text refers mainly to Greater Buenos Aires, since it constitutes the most important urban agglomeration in the country, where the structures of social inequality are most acute and, therefore, where situations of social vulnerability are most widespread. This area consists of an unspecified number of municipalities surrounding Ciudad de Buenos Aires and has a population of thirteen million people³; however, it only occupies 0.5% of Argentina's territory. These figures illustrate the high demographic concentration and population density, which is associated with a comparable concentration of social inequality and poverty, prevalent in the context of an inadequate state-based social policy and healthcare coverage system. Almost a third of the population in the area are children, which explains 54% of the potential dependency index⁴. In short, there is a situation of social and institutional vulnerability that forces families—and within families, women—to face the need to take care of children, older adults and people with disabilities, with their limited resources, resorting to socio-community services or sometimes in a situation of total helplessness.

The purpose of this article is to describe the socio-communitarian care field in Greater Buenos Aires using available data, with the aim of shedding light on some of the ongoing debates in this area. It begins with a historical reconstruction that accounts for the growing importance of the communitarization of care and continues with the description of the socio-territorial contexts of Greater Buenos Aires, the region where these social initiatives emerge, to then advance in detailing their conditions of development, coverage, management, gender conformation—among other aspects. This characterization serves as a basis for the reflections that we propose at the end, focusing on two main axes: the importance of the public-social interweaving [*entramado*] as a support for the development and expansion of the community care environment, and a reading of the work that takes place in these spaces from a gender perspective.

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3. The delimitation of Greater Buenos Aires depends on the criteria used to determine its size, since there is no official demarcation. For some approaches, such as the one used by the Instituto Nacional de Estadística y Censos, it is made up of 24 municipalities, while other approaches, based on a functional geographic basis, extend it to 40 municipalities. For more details, see: [p://observatorioconurbano.ungs.edu.ar/?page_id=15630#](http://observatorioconurbano.ungs.edu.ar/?page_id=15630#).

4. See: <http://observatorioconurbano.ungs.edu.ar/?p=482>.

2. The Social and Political Organization of Care

Care is a fundamental dimension of the reproduction of life and is a *sine qua non* condition for it to happen. From the first to the last day, people need to be cared for. This is an uncontested matter, especially when it comes to population groups that require more attention than others, such as children, older adults, the sick, or those with disabilities that limit their ability to fend for themselves.

Caregiving is an activity that requires time, knowledge, material resources, willingness, a certain infrastructure, and may also require the use of technologies. In the process of caregiving, both material transformations are generated (for example, when the items used for cooking are transformed into food) and subjective transformations (learning, emotional support, emotional bonds, etc.). In other words, care is a complex and multidimensional work that is exercised within the framework of proximity relationships and requires planning, control, evaluation or supervision tasks (Pérez Orozco, 2014). The unpaid work time that women dedicate to caring for their families in the particular domestic scenario competes with their economic autonomy and with the possibility of deciding their insertion in other spheres of life in society. In other words, it detracts from their personal autonomy (Esquivel, Faur & Jelin, 2012; Rodríguez Enríquez, 2015; among others).

This specific and indispensable work for the reproduction of life and the replenishment of the labor force is, moreover, endowed with a heavy moral burden that exerts pressure on women, insofar as they are culturally assumed to be “caregivers by nature”. This moral burden is heavier when it comes to parental, consanguineous, or political relationships (mothers, mothers-in-law, daughters, daughters-in-law, sisters, grandmothers, etc.). But the gendered nature of care work within the family extends to all social, economic, institutional, and political activities, since it constitutes the fundamental basis of the sexual division of labor and the gender stereotypes on which it is based. It is work that is not remunerated in the family sphere and is often poorly paid and precarious in the marketplace.

The role of care in the replenishment of the labor force makes its economic character evident. In the framework of heteropatriarchal capitalism, it is organized and legitimized in accordance with power relations in which women find themselves in a situation of subalternity. The way in which societies organize care has an impact both on the functioning of the economic system and on the production and reproduction of social inequalities, particularly

gender inequalities—being these one of the critical nodes of systemic inequalities.

Regarding the ways in which care provision is organized, Razavi (2007) proposes the figure of the care diamond. This is an analytical scheme that places the family, the state, the market and the community as the main poles of care provision. As Faur (2009) states, this analytical framework makes it possible to analyze the relationships between the different vertices of the diamond and avoids being confined to one of them. However, she argues that the diamond scheme would not be entirely appropriate for the analysis of care provision in unequal societies with offers of fragmented and stratified public policy according to social classes, as is the case in Argentina. Faur proposes the notion of “social organization of care”, referring to the “configuration that develops through the institutions that regulate and provide child care services and the way in which households of different socioeconomic levels, and their members, benefit from it” (Faur, 2009, p. 266). Rather than one diamond, one can consider the coexistence and simultaneity of several diamonds. Faur’s analytical scheme is much more appropriate for the analysis of the different configurations that occur in Greater Buenos Aires, where socio-spatial inequality is expressed in neighborhoods with populations living in poverty, precisely where we find the greatest deployment of community organizations.

This approach adds complexity and dynamism to the analysis, while allowing us to visualize the importance and characteristics of the community or associative care sector, closely linked to the State’s social policy structure, as a way of responding to the need of families to receive these services. As we present in this article, the community-public interweaving of care provision assumes a special relevance in sustaining life and in the economic dynamics of Greater Buenos Aires, and highlights a structural need for the satisfaction of which the State provides only insufficient and selective resources.

3. The Communitization of Care: a Territorially Based Public-Social Interweaving

Community-based associative care is one of the ways built by women in low-income sectors to solve significant needs related to the sustainability of life. It operates in territories where the state supply of services and collective equipment is scarce and where families’ income is insufficient to hire care services from the market. For more than thirty years, community spaces have played a central role in the provision of care services in sectors with high

levels of economic vulnerability located in densely populated urban peripheries of Greater Buenos Aires.

Social care organizations constitute a social, organizational, and popular response for addressing the needs associated with intergenerational and current reproduction in contexts of high social vulnerability. Especially in territories with high levels of economic and social vulnerability, community organizations are key actors in the arrangements and provision of care. They are essential for the reproduction of life and provide access to other rights, such as food, education, culture, health, protection against institutional, and gender-based violence, among others.

The territorial inscription of community organizations and the approach to children from an integral perspective have an impact on the tasks that these organizations assume. The problems that the children or adolescents bring are usually the problems present in the territory where the community workers are part of. This means that, without losing the focus of the fundamental tasks of the community center, they take on other types of work that broaden their field of action. Gender-based violence in children's homes provides one of the clearest examples. The centers usually accompany the situation, advise the women or act as nodes of articulation with other actors who deal with this problem. Another concrete example that is frequently mentioned in the face of new migratory processes is the accompaniment and advice for the completion of procedures related to documentation, a central element for access to rights. The attention paid to children and adolescents goes far beyond the nutritional or educational contribution: the centers contribute to the resolution of other needs and mutate or transform themselves as changes are generated in the population they serve or in the territories where they are located. This ductility is both a problem and an enormous virtue. It is a problem, since it affects the stabilization and routinization of practices, and it is a virtue because it allows unprecedented adaptability and creativity to solve socially relevant issues. In these scenarios of territorial associativity, new forms of work generation and organization are produced. In other words, as a result of the implementation of strongly feminized popular associations, which had and have at the core of their mission the task of collective care, new sources of work and a new type of work were generated: community care work. It is a work that is not related to salaried or self-employed relationships and in which predominantly adult and young women participate; its nature is communitarian, and it arose on the margins of the system. Community work arises from a territorial commitment to provide collective responses to the needs of neighbors. Its existence is

indispensable for the sustainability of life and is intensified in periods of unemployment and growing poverty.

Along with everything we have been saying, these organizations serve an important political functionality in two ways. On the one hand, they produce social bonds, provide containment, shelter, food and listening, in times of extreme vulnerability and confusion. They play a strategic role in providing emotional and material support, generating some degree of social cohesion in impoverished territories (Faur & Brovelli, 2021). On the other hand, they are a permanent alert to the advance of injustices and their impact on the quality of life, above all and in the first place, of children and adolescents, but, more recently, also of community workers. In this sense, women grouped in community centers have made care a social and political issue. As Fournier and Loritz (2022) put it, “the associative nature of community organizations has had an impact on the politicization of care, leading to a kind of awareness of care as something that involves the state and society as a whole” (p. 104).

Particularly in the area of child and adolescent care, community organizations are part of the repertoire available to society to meet the needs related to feeding, education, and recreation of children. Some of the work carried out in community centers complements the care services provided by the State and by women within families. The lack of solvent income to pay for care services in the market, in a scenario in which state provision is scarce and insufficient, has an impact on the familiarization of care—and the consequent work overload on women (mothers, aunts, grandmothers, neighbors, older sisters)—and on their communitization. In this sense, community organizations have a strong impact on the defamiliarization and demercantilization of care (Fournier, 2017, p. 86). They provide a platform for the development of the autonomy of women mothers, who leave their children in community organizations and can thus count on the necessary time to deploy themselves in other areas, for paid work and personal development activities.

The communitization of care arises and is sustained at the crossroads between popular self-organization and the fragmented complex of social policies. It is a dynamic interlacing between social policies and community organization processes at the territorial level.

Community management initiatives arise within the framework of proximity relationships and the willingness to meet with other people to build and solve common issues. As Federici (2020) states, “communalization is the willingness to spend a lot of time working, cooperating, debating, negotiating, and

learning to deal with conflicts and disagreements. But only in this way can a community be built in which people understand that interdependence is essential” (p. 149). Community associations are one of the sectors that make up the broad and diverse field of civil society. As some recent studies and publications show (Rofman, 2019; Rosa et al., 2022), it is a diversified, heterogeneous, and difficult to classify universe.

These are spaces in which people associate to carry out causes that are common to the group, but which affect or have an impact on broader collectives, i.e., they have a public orientation. A universe of diverse social manifestations embodied in social organizations, in articulated demands, in established forms of communication, that is, in a set of collective expressions that convey needs, problems, and initiatives and divert them from the private sphere to the public space. They present different institutional forms and different levels of autonomy.

In this area, there is a predominance of popular and territorially-based social organizations, groups that emerge as a result of the articulation between people and initiatives born from the popular sectors, which come together based on relationships of proximity and in relation to problems concerning the conditions of the territorial environment. In Greater Buenos Aires, we find a multitude of solidarity groups, formed by neighbors to address social, housing, or environmental needs or problems of the neighborhood.

Community care organizations, especially those involved in the care and education of children and young people, constitute the most significant segment of this universe (Campana, 2022). As Fournier (2022) states, they also share a series of traits that make it possible to delimit a substantive field of action, as detailed below:

- Territoriality as a central element that gives sustenance, entity, and identity to this kind of associations. We refer to a matter that goes beyond the physical-geographical dimension. The territoriality of the organizations refers both to the physical place and to the history lived by their members. Territory is rather a space of intersection, a point of anchorage and reference, of encounter and affective ties, of shared paths in the process of shaping the organization. This appears both in the identification of problems—lack of transportation, streets in poor condition, youth at risk—and in instances of shared celebration, such as, for example, the inauguration of a neighborhood club. In this sense, they are territorially based organizations.

- Gender and social class: most of the people who make up community care organizations are women. This second attribute is linked to the sexual division of labor characteristic of heteronormated societies, in which caregiving is considered to be a woman's job. The other constitutive factor is class, since they are predominantly women from popular sectors. Those who provide care in this kind of community organizations tend to share the socioeconomic situation of the families who are the recipients of care services, a characteristic of grassroots organizations.
- Deliberative self-management: in this kind of association, deliberation is part of a way of doing, a way of planning and also of building power and authority. The notion of deliberative self-management contains, then, two attributes. On the one hand, it refers to the responsibility and relative autonomy they have in managing resources and planning activities. On the other hand, it refers to the way in which decisions are made, conflicts are processed, and authority is built. It is a management modality that combines leadership with deliberation, which constitutes an innovative and challenging management model.
- Social commitment: it is difficult to understand the permanence over time of community child care organizations without considering this substantive attribute, which is difficult to measure or estimate. It is a vital element that amalgamates individual wills, even in the context of unstable working conditions, as we will see below.
- Community resource and policy management: the institutional sustainability of community child care organizations depends centrally on income from state social programs. Without them, they would not be able to function. The resources they obtain are distributed within the organization according to the organization's own policy requirements, screened and adapted to the organization's own needs.

In summary, community-based associative and territorial care is one of the paths built by women in popular sectors to solve significant needs related to the sustainability of life. They are territorialized collective spaces, predominantly made up of women—with little male participation—who have assumed care as a matter of common responsibility. They are important actors that integrate territorial webs where the guarantee of citizenship rights in general and those of children and women still face significant deficits.

However, in a context of high vulnerability, resources from the State are essential for the daily and systematic functioning of these associations, according to an economic sustainability scheme based mainly on the offer of various social policies (Faur & Brovelli, 2021). The financing of the work of community spaces is part of the logic of local implementation of a wide range of social programs: mainly in the field of food policy and care for children, but also including social economy, addiction prevention, health, gender programs among others. State social policies have a substantial impact on the institutional sustainability of organizations, on the quality of the services they provide, and on the quality of life of community workers. For this reason, it is very important to understand the articulation between policies and organizations in the specific configuration of the social and territorial organization of care. In this sense, it can be affirmed that the social organization of care in Greater Buenos Aires constitutes a public-social interweaving that links community-based initiatives, resources and commitments with a system of state financing and regulation, originating in a range of social policies at different levels of government.

4. The Universe of Community Care Spaces in Greater Buenos Aires

In order to understand the development that has taken place in recent decades in the universe of socio-community care spaces in Greater Buenos Aires, it is essential to locate this process within the history of urbanization of the region and the socioeconomic and political-territorial conditions that shape the current panorama. Community care centers constitute a very significant portion of the organized grassroots civil society in these territories, which makes it important to analyze the socio-territorial context in which care organizations operate, as well as the role they have played in the configuration of current conditions and in the deployment of public care policies.

The grassroots associative universe of this region is made up of an extensive and dense web of small grassroots organizations that have a clear territorial inscription and are, at the same time, closely connected with state agencies and public policies. This is the result of a long-standing process, since the urbanization of Greater Buenos Aires in the middle of the last century has been mainly the product of a self-construction dynamic, in which the inhabitants not only built their own homes but also constructed the city. In this sense, the development of urban and social services and infrastructure is a collective construction, where an important investment of mutual associative effort converged, in complex and variable interaction with the State at its three levels: national, provincial, and municipal.

The centrality of this intersectoral interweaving and the protagonism of territorially-based civil society organizations in developing the structures that allowed the new inhabitants of metropolitan localities to integrate into urban life have been maintained and strengthened throughout the following decades. Especially since the 1990s, when the economic deterioration resulting from neoliberal policies led to an increase in unemployment and poverty, this associative fabric resumed its historical role in the production of solidarity alternatives to meet basic needs. Since then, the growth of this field has continued, expanding to more diverse fields and generating more comprehensive initiatives.

The history of community care organizations makes sense in this context. Most of the centers were born from the initiative of a group of female neighbors—since they were mostly women—, with the urgent purpose of ensuring food in times of acute social and economic crisis. They began as a community dining room that, appealing to private donations and state subsidies, allowed their own families to have a daily meal. Soon after, these spaces expanded their services, particularly to the care of young children, a critical service in a context in which women's employment as domestic workers was the main source of income for many low-income families.

It soon became evident that the attention to the upbringing and education needs of children was not limited to the feeding and care provided by the "mother caregivers [*madres cuidadoras*]", as the women in charge of these centers were called at the time, and these spaces gradually incorporated other activities, making the work more complex and professionalizing the task. Thus, support services were developed for those who attended school, such as school support, recreational activities, or meeting places for adolescents and young people. In the same way, meeting places for older adults are emerging.

This growing diversification of the field of action is largely driven by the parallel expansion of social policy, which has been extending its care agenda while strengthening local implementation interweavings. In these care service provision structures, territorially-based organizations intervene as responsible for the "last mile" of management.

In short, the transformation of this universe of community kitchens into child care centers took place within the framework of a close relationship established since then between this territorially-based organizational network and social policies, thus creating a public-social interweaving that continues to this day.

On the other hand, the consolidation of this associative care interweaving is largely explained by the social conditions that mark daily life in Greater Buenos Aires. An increasingly informal labor market means that a third of workers do not have social security coverage or labor rights, which in turn explains, to a large extent, that in 2022, 42% of the region's population was below the poverty line. This situation becomes more acute in poor neighborhoods, where most of the socio-community spaces arise, territories where labor informality or lack of employment, poor housing conditions, and a high proportion of children and adolescents predominate⁵.

Poverty comprises not only inadequate living standards and low household income, but also regions lacking essential infrastructure and public services essential to fulfilling the social demands of a population with limited means to acquire them in the market. This is evident in the supply of educational services: available data show that for 93% of low-income neighborhoods the nearest school—elementary, primary, or middle school—is at least one kilometer away⁶. The availability of free care services provided by the state is evidently very limited in these territories, and the expansion of community initiatives is closely related to this deficit. Thus, the role of these care associations is fundamental and not transitory, and many of them have been working for several decades.

Although it is impossible to calculate with precision the dimensions of the associative universe dedicated to caregiving, since we do not have complete registries or databases, some sources offer information that can contribute to an estimate.

A survey by the Territorios en Acción initiative⁷, for example, indicates that care is the most widespread field of action in the field of civil society organizations in our country⁸. On the other hand, an official source such as the Mapa Federal del Cuidado⁹ registers 517 social or cooperative spaces dedicated to this field, a figure that, according to those responsible for the platform, is probably underestimated. Another contribution to this calculation, which counts around 600 centers, comes from adding the spaces grouped in three large networks that articulate them in Greater Buenos Aires:

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5. See: http://observatorioconurbano.ungs.edu.ar/?page_id=8285

6. See: http://observatorioconurbano.ungs.edu.ar/?page_id=8285

7. For Territorios en Acción, see: <http://territoriosenaccion.org/about/>

8. See: <http://territoriosenaccion.org/>

9. See: <https://mapafederaldelcuidado.mingeneros.gob.ar/>. Ministerio de las Mujeres, Géneros y Diversidad.

Interredes, CONNAF, and Lxs Chicxs del Pueblo, on which we will elaborate further below. Taking these figures as a reference, it would be possible to estimate approximately that the network of community spaces serves at least 120,000 people, most of them children and adolescents.

The current panorama presents a multitude of territorially-based groups, promoted and supported mainly by women. These are small and not always formalized organizations which, in turn, aim to offer services and develop increasingly complex activities.

The work of the community care centers is basically structured in relation to the different needs of children and adolescents, according to their life course: nurseries and kindergartens for early childhood between 0 and 5 years of age; spaces for school-age children and adolescents, where school support and other activities are provided; and artistic and recreational workshops, job training, addiction prevention, etc. for groups of adolescents and young people. In all these spaces, food services are fundamental, a basic aspect of care in contexts of poverty. But the range of activities is not limited to them, since many centers also offer education for young people and adults, activities for older adults, sports activities, spaces for prevention and attention to gender violence, etc.

In addition to the broadening of the field of intervention, concern for the quality of the services offered is also gaining relevance, both educationally and nutritionally. In-depth studies on the activity of the organizations show the importance currently assumed by training and reflection on educational practices and on new issues addressed in daily work—such as gender violence, problematic consumption, etc.—as well as concern for food security (Fournier & Loritz, 2022).

As a result, the actions of community care centers cover an extremely broad and diverse agenda, while at the same time being more ambitious in terms of comprehensiveness and quality. This, in turn, requires more significant resources, more specialized technical capabilities, and more complex management structures, both to meet the range of activities offered and to face the most demanding social policy management requirements. To sum up, the historical overview of this area, from the 1990s to the present, shows a process of transformation of initiatives focused on assistance in the face of social emergencies and based on the voluntary commitment of neighbors, into public-social institutions that aim to offer services of similar quality to those offered by the public sector or the private sector.

Several significant questions arise from the recognition of this evolution. On the one hand, questions arise both about the capacities and structures available to these spaces to respond to the challenges posed by an increasingly demanding and diverse work strategy, and about the role they play in the elaboration of diagnoses and consistent proposals to adequately address the problems that arise in these territories. On the other hand, given that this is a community work connected to state intervention, it is worth asking what role social policies and states play in this dynamic of transformation. Finally, it is of particular interest to understand what coordination mechanisms have been developed by these spaces to better meet these challenges.

Concerning the material and institutional capacities that sustain the work of the organizations, a survey implemented by Interredes, one of the aforementioned networks of care centers, provides a good detail of the conditions of available human resources and infrastructure (Comari et al., 2022).

With regard to the personnel supporting the activities, this network of 170 centers has 2,711 workers, 85% of whom recognize themselves as women. The vast majority of these people have an irregular working relationship with the center: 40% receive no income; 47% receive remuneration, but in precarious conditions or from state social programs, and only 12% have a formal employment relationship. In terms of remuneration, the data show that more than half of the women workers receive incomes below the Basic Basket of Goods. This situation, which is surely repeated throughout the universe of associative spaces, is one of the most critical expressions of the transition from mutual aid community organizations to increasingly institutionalized and qualified spaces for the provision of care services. It is also one of the central issues on the sector's agenda.

As for building infrastructure conditions, the physical spaces where the centers operate also reflect the conditions of origin, as territorially based groupings that were born in a woman neighbor's house or in a parish and gradually improved their facilities. One third of the centers are not connected to the drinking water network and half of them do not have access to the gas network, which makes energy for cooking and heating very expensive. Most of the centers own the premises where they operate, but half of them have not completed the regularization of the property. These conditions indicate a precarious infrastructure that would require greater investment. The physical spaces in which the care centers are located are part of the urban fabric of working class neighborhoods and therefore have the aforementioned shortcomings.

In summary, both in material and institutional terms, the work of community care spaces continues to be marked by the patterns typical of territorially-based associative initiatives in contexts of social inequality: working conditions anchored in the historical logic of solidarity participation and infrastructure conditions with problems similar to those faced by surrounding housing.

The second key issue refers to the role played by public-social interweavings in supporting the action of community spaces. As previously mentioned, the articulation of civil society organizations, particularly those at the grassroots and territorial level, in the management of social policies is a well-established model of territorial intervention in these spaces, in various fields of action. A large part of the service delivery structure is implemented through territorial social organizations (Rofman, 2014). In the field of care, in particular, the work of community organizations is sustained, to a large extent, by state resources from various social policies and programs at national, provincial and municipal levels, and by the efforts made by women for the education, feeding, and care of children and adolescents.

Without claiming to be exhaustive, because it is a very changing scenario where information is very scattered, it is worth mentioning a spectrum of public policies in the social field that focuses on food assistance and child protection, but expands to other areas of the social agenda.

Synthetically, at the national level, there are several instruments. In the first place, the national policies of the National Secretary of Childhood, Adolescence and Family, which promotes and finances the creation of Children's Development Centers in coordination with municipalities and civil society organizations. Similarly, there are food security policies, also of the Ministry of Social Development, which provide resources to finance nutritional assistance. More recently, support has been added to this structure through the Potenciar Trabajo program, an instrument aimed at promoting work and popular economy projects, offering a subsidy to the workers involved. This program, 50% of whose recipients work in the field of socio-community services¹⁰, finances a significant portion of the workers in the centers. Finally, the community centers also carry out activities financed by the Secretariat for Comprehensive Drug Policies, in the area of addiction prevention.

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10. See: RENTAEP, 2021: https://www.argentina.gob.ar/sites/default/files/renatep_-_diagnostico_y_perspectivas_de_la_economia_popular_report_agosto_2021.pdf

The support of the government of the Provincia de Buenos Aires is also relevant, especially through the Child Development Units promoted by the Ministry of Community, in connection with community spaces; the ENVION program, which supports the social integration of adolescents through training and recreational activities; and other areas of intervention promoted by the Provincial Agency for Children and Adolescents.

Finally, the support provided by municipal governments, which varies in format and magnitude depending on the case, is added to this complex.

In short, the work carried out by community care centers cannot be understood in isolation from the interweavings of socio-state management of social policies and programs at all levels. The diversification of services and areas of intervention of the care centers, which we mentioned previously, has been supported, to a large extent, by the correlative expansion of the supply of state support. In other words, the differentiation of community action has grown in parallel with the expansion of the State's social agenda, being both of which the result of the growing complexity of social understanding of the content of the task of caregiving.

On the other hand, looking at this phenomenon from the perspective of community centers reveals a management structure that is becoming increasingly complex. The bulk of this work is financed with state resources, mostly framed within the guidelines of sectoral programs and dependent on different agencies. This operating scheme has a strong impact on the day-to-day management of services in the community centers, which propose a comprehensive approach to the problems of children, women, and families, but must respond to multiple and different instances of administrative processing and information management.

In addition, most of these support instruments, especially those for food assistance, restrict funding to the purchase of food or the necessary equipment and fail to adequately address the compensation of the labor force required to carry out the tasks (Fournier, 2017). We are talking about increasingly skilled work, as can be seen from the enumeration of activities offered by the centers, and to which must be added the tasks of administrative management and coordination of activities. In addition, the centers' concern for improving the quality and comprehensiveness of the services adds training requirements for those who perform these tasks, mostly women from the neighborhood who joined the organizations without professional qualifications. This is why an important part of the center's activity consists of internal training, and

available data indicate that 75% of the workers have received some training (Comari, 2022). However, the working conditions and remuneration of women workers in the centers are far from appropriately rewarding their dedication, skills development, and commitment.

In recent years, one of the main demands of community center workers has been for recognition, protection, and remuneration for the work they do and the services they provide. Community women workers are fully aware that care work is work. They are clear about the importance of the work they do and the injustice of working without decent pay, vacations, leave, or other socially won rights. In other words, these are markedly feminized groups that pursue interests linked to the improvement of their own living conditions while contributing to the well-being of other people in the same territory, who organize themselves and fight for it.

Putting caregiving on the agenda, both locally and internationally, has had an impact on the intensification of the demand for recognition of community caregiving work, an issue that is expressed in the incorporation of the topic into the legislative agenda. At present, several bills specifically address the issue along two main axes: strengthening and institutionalizing support to community care organizations, and hierarchizing and recognizing the labor nature of the work carried out by their members.

The projects arise from the alliances woven by the networks with women deputies who maintain a historical link with community organizations and who support a gender and popular perspective in their parliamentary work. In terms of work recognition, the most relevant projects propose the creation of a body to register organizations and community workers in order to measure the scope of the sector and the quantity and quality of the services they provide. They also aim to improve working conditions, mainly through the recognition and remuneration of community workers, admitting different labor figures, but always guaranteeing the rights associated with social security. Likewise, they propose to give a hierarchy to the role they play, with permanent training and professionalization programs. They also establish the creation of a management and regulatory body made up of representatives of state agencies and community organizations, thus proposing a form of government in accordance with the existing public-social articulations.

Regarding the strengthening of community centers, it is proposed to create a solidarity fund for the recognition of the social and economic value of community care work, its promotion, strengthening, and retribution; to formalize

the safeguarding of community care infrastructure under the figure of “social utility goods” and to establish a special tariff and tax regime, among other measures.

On the other hand, one of the responses that organizations have found to meet the challenges of managing an increasingly diverse agenda and articulations with a differentiated range of institutions is networking. The sea of dots that can be seen on a map of community care centers¹¹ partially reflects the structure of the sector, which is not so much a sum of individual initiatives, but rather an intervention articulated through networks that operate in various circuits.

Most of these organizations have formed territorial networks that generally link centers close to each other, located in the same municipality or in contiguous localities. At the same time, during the last decades, second level networks or “networks of networks” have been created, which bring together several of these territorial interweavings. Although there is no complete register of these networks, it is worth mentioning three of them, which operate in Greater Buenos Aires and stand out for their coverage: a) Interredes, which groups six care networks connecting 170 centers; b) Lxs Chicxs del Pueblo, which brings together nearly 300 organizations from all over the country, with a significant majority in this region; c) Colectivo Nacional de Niñez, Adolescencia y Familia (CONNAF), which groups 200 community kindergartens.

The development of articulation networks based on thematic convergences or fields of intervention, as well as on territorial proximity, is a very common pattern in the field of organized civil society, particularly in the universe of territorially-based organizations. This dynamic is very fruitful for small groups, as it strengthens their visibility, improves access to resources, allows economies of scale and also enhances the exchange of ideas and team building. In the case of care organizations, where access to and management of resources is a key function, networks facilitate the development of shared coordination and administration. Moreover, in the context of instability, scarcity of funds, and regulatory fragility that these spaces usually face, networks enhance the capacity to make their claims heard and influence the public agenda.

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11. In this regard, see, for example, the Mapa Federal del Cuidado or the survey of Territorios en Acción, which we provided in notes 6 and 7 (supra).

5. Conclusions: The Politicization of Care

The information presented throughout this text shows the role played by associative and community spaces in the social, territorial and political organization of care, especially in areas facing the shortcomings inherent to socio-territorial inequality, such as Greater Buenos Aires. In these scenarios of care needs not covered by the state supply or by the market—as a result of social and territorial conditions marked by social vulnerability and the deficit of public infrastructure—the multiplication of community centers constitutes an alternative of public-social care of unquestionable relevance. The reconstruction of the historical development of this field has also shown that these same conditions have been, and continue to be, fertile ground for the development of territorially-based associative initiatives responsible for the provision of basic social services. Over the last decades, a growing supply of community spaces has been consolidated, which are articulated with state programs and policies at the national, provincial, and municipal levels, thus configuring a public-social care interweaving that covers a significant part of the care needs of the population of Greater Buenos Aires.

At the same time, in the preceding sections, the scarcity of statistical evidence available to measure the magnitude of this offer, the social impact of the activity, the value of its economic contribution, or the composition and dynamics of the articulations with the State has been repeatedly exposed. The available data are undoubtedly significant clues for understanding the development of this field, its importance for the daily support of households and the problematic knots it presents; but they only refer to some limited experiences and, therefore, do not give a complete picture of the sector. This also affects the social visibility of the tasks which are not properly recognized in the public agenda or in state policies. Thus, we are faced with an organized system that offers fundamental services, which is supported primarily by public resources, but whose dimensions and results are scarcely known and recognized.

On the other hand, the gender perspective on this area highlights the clearly feminized nature of community care work, a task that is carried out in conditions of low visibility and recognition, similar to what happens with domestic work within households.

However, the trajectory of the issue has followed a path of increasing politicization, both at the level of the practices and subjectivity of women workers and in the dynamics of deliberative functioning of community organizations, as well as at the level of political debates.

As for the women who participate in these spaces, organized in their territories to attend to the care needs of children, they developed a growing process of social, public, and family repositioning; they went from being “mothers” to “care-giving mothers” and then became popular educators. In recent years, the identity of the female popular educator is being articulated with that of the community worker. At this point, it is evident the way in which, from a stereotyped work and through the collectivization of care, women from urban popular sectors were building an identity and a power that they did not have nor imagined within the domestic boundaries. This is perhaps one of the most important points that indicates the power of the collectivization of tasks defined as private and feminine by the heteropatriarchal order.

The defamiliarization of care through communitization had a strong impact on the consideration of these tasks as a matter of social and public order and on the recognition of care work as socially necessary work. These issues are strongly evidenced in the presentation of legislative projects demanding the recognition of care workers and the institutions where they work.

Community organizations show alternative ways of approaching parenting: it is no longer exclusively a matter of commercializing or institutionalizing care work through the State, but also of recognizing the value of trying out new forms in which food, education, recreation, and comprehensive care can be considered collectivization as a possible alternative.

Thus, the emergence of common forms of care management shows signs of its politicization, expanding the spheres of responsibility for care from families (and women) to the whole of society and the State.

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Experiences and Challenges in the Approach to Communitarian Care in Rural Environments

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Introduction to Thinking About Care in Ruralities²

The bulk of research on the issue of care and the experiences arising from it has mainly focused on urban contexts, which has led to an urban-centric bias in this field of study. Care arrangements are conditioned by the intersection of a multiplicity of dimensions of different nature, such as productive economic structures, access to public policies and basic services (drinking water, electricity, transportation, etc.), as well as the cultural meanings that define what activities are considered care and at the same time guide the practices of the subjects. These dimensions take on certain characteristics in rural contexts, a situation that calls for the recovery of studies that have addressed the issue of care in these territories.

In this chapter, we will focus specifically on the development of one of the dimensions that acquire relevance in rural environments: the communitarian dimension of care. Without ignoring the importance of other dimensions for understanding the subject, such as public policies, domestic dynamics, tensions between care work and other rurality jobs or socialization processes. At the same time, following Sanchís (2020) we can affirm that recognizing and valuing the communitarian dimension of care arrangements allows us to begin to trace a path towards the deprivatization and collectivization of care

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2. N. T.: As explained below by the author herself, she decides to use the word *ruralidades* instead of the expression *áreas rurales* (rural areas), because of their different value in terms of meaning.

(or part of it), that would allow us to relieve families and women of their exclusive and ultimate responsibility.

In turn, when we approach the communitarian dimension through care, we must understand that conceptions of the public and the domestic, as well as the ways in which these spaces are socially organized, are not ahistorical constructions, but rather temporally and spatially situated products, traversed by cultural diversity, and social inequality.

In this text, we will recover those studies that have contributed to the understanding of the forms that care arrangements acquire in ruralities, placing special emphasis on those perspectives that have given an account of care arrangements that transcend the limits of the domestic group and put in tension the notions of the public and the private, the family and the community, and human beings and their environment. According to the first one, relationships and distinctions of concepts that led to the development of a plurality of ideas and approaches to care will be analyzed. The concepts are social reproduction, social reproduction work, and domestic work. In the second section, following the second of the perspectives, we will develop the characteristics of rural contexts that give a certain specificity to care arrangements, and will explain the centrality of the communitarian dimension in these contexts. Finally, we will review different studies that focus on concrete experiences of the communitarian dimension of care in the ruralities of Latin America.

Specificities, Distinctions and Linkages Between the Concepts of Social Reproduction, Social Reproduction Work, Domestic Work and Care Work

The centrality acquired by the notion of care in recent years cannot be understood outside the previous discussions of Marxist feminists around the analytical distinction made by Marx between the sphere of production and reproduction of the capitalist system. Social reproduction “is an indispensable background condition for the possibility of economic production in a capitalist society” (Fraser, 2016, p. 114).

In the 1970s, the discussion on social reproduction was centered on the concept of “domestic work”, related to the wage campaign for domestic work (Dalla Costa & James, 1975). These perspectives articulated the discussions on the sexual division of labor with the political and academic agenda concerning the need to value women’s contributions to social welfare (Batthyány, 2020). The notion of family and household that underlies this concept is the

household, made up of the heteronormative nuclear family and linked to salaried employment; from there the idea of domesticity is constructed.

The anthropologist Dolores Comas (1995) points out that the differentiation between productive and reproductive work, as well as the spaces where it is performed and the people socially assigned to this social work according to gender, generation and racialization coordinates are the result of a specific configuration at a given historical moment.

In the 1980s, in the context of the neoliberalization of the global North, the notion of “care” was introduced from the Anglo-Saxon perspective, emphasizing the relational and emotional aspects of unpaid domestic work performed by women. Scandinavian sociologists then introduce the issue of care as a key element in welfare state studies. Thus, the British women analysts propose the category of social care “in order to demand that the welfare state and European societies consider the social organization of care, in addition to existing social policies” (Carrasco et al., 2011, p. 36).

In Latin America, in the 1990s, “care work” became a central concept for the perspective of feminist economics, initially understood as the “activities performed and relationships established to meet the material and emotional needs of children and dependent adults” (Daly & Lewis, as cited in Esquivel, 2012, p. 148). Subsequently, the concept has become more complex, through an interdisciplinary approach from different perspectives that allowed reflecting on the interrelation of different dimensions, such as the public, the communitarian, and the domestic, and deconstructing the notion of dependency-independence, realizing that human beings are interdependent.

Thus, different conceptualizations have emerged, such as “care diamond”, “social organization of care”, or “care regimes”, which highlight the multiple spaces and actors involved in the planning and execution of care: families (especially women), the State (through public policies), the market (commercialization of care), non-state public organizations, and the community. The distribution of care among these spaces varies according to sociocultural contexts and historical moments.

The notion of “care” is therefore a complex one, and this complexity lies in the various ways and fields in which it is used. It is complex, first of all, because of the multiplicity of dimensions it implies. Furthermore, its polysemy, which stems from the different meanings that the term assumes within the variety of academic currents, as well as from the perspective of the diversity of

social groups that inhabit the different territories (rural, urban, indigenous, popular sectors, middle class sectors, etc.), which in anthropology we call “native perspectives”. To these complexities, the notion of care also adds the contents given to the term by the public policies of the State and other public organizations, such as, for example, NGOs.

Finally, although the notions of care and social reproduction have their specificities, some perspectives suggest that it is convenient not to lose sight of their interrelation. In this sense, for Picchio (2001), addressing care implies considering the keys in which the reproduction of people, nature, and communities develop and are enclosed in the capitalist system. In this line, Comas (2014) proposes the need to include care in the framework of social reproduction (and not only associated with conjunctural problems of people) and, consequently, as part of a social debt that involves society as a whole.

Care in Ruralities: the Relevance of the Communitarian Dimension

In this paper, we will refer to rural contexts in a broad sense due, in the first place, to the great heterogeneity that this socio-spatial category implies in Latin America in terms of the subjects that inhabit them (indigenous peoples, salaried workers, migrants, horticultural families in peri-urban areas, small and medium-sized family farms, among others). But also because of the multiplicity of socioeconomic processes that cross these spaces and the diversity of social landscapes in terms of access to public services.

Latin America’s rural and agrarian territories must be interpreted in the context of the socioeconomic changes that have taken place since the last decades of the 20th century. The restructuring of agriculture meant the introduction of intensive export-oriented agriculture, linked to technological advances associated with a significant increase in productivity. These structural changes, on one side, led to a much lower rate of salaried female workers in agricultural work and, on the other, resulted in the marginalization and exclusion of rural families engaged in small and medium-scale agricultural and/or livestock production, who were displaced by agribusiness. In this context, strategies of resistance to dominant agriculture were also developed, such as emerging forms of agroecological production in different countries of the region, among other practices.

The heterogeneity of rural areas is also expressed in the social construction of landscapes in terms of infrastructure and access to services, with more isolated and vulnerable rural localities, as well as towns with greater

connectivity in terms of transportation and communications. In the case of Argentina, for example, access to public services is not the same for the inhabitants of a soybean farming town in the Pampa region as it is for an indigenous community in the Impenetrable of Chaco, or for Bolivian horticulture families in the peri-urban areas surrounding large cities. For all these reasons, we prefer to speak of “ruralities” in the plural.

However, despite this diversity and inequality that characterize ruralities in our region, we can identify a series of common traits that give these contexts certain particularities, with repercussions on the ways in which care arrangements are shaped. We note that some of these traits may not be exclusive to rural contexts, hence the importance of looking at them as a whole and not separately. In another recent collective work, we have reviewed a series of studies that point out these particularities when analyzing care in ruralities (Mascheroni et al., 2022):

1. The coverage of public care provision services is generally weaker compared to urban areas (Mascheroni, 2021; Salva, 2013) and there are also access barriers to it, linked to geographic dispersion and demographic structure (Osorio et al., 2020). Accessing care services outside the domestic sphere requires mobility, long distances, and even uprooting, which is crystallized through the migration of older women from rural areas to towns that have these services or to cities.
2. Considering the demographic structure, there is a greater masculinization and a growing aging population. The rising demand for care of older adults, added to the deficiency of services, increases the pressure of care on women in the domestic sphere. This scarcity of public services (health, educational, and cultural) is both effect and cause of this demographic structure (Sampeдро, 2008; Anderson, 2011). This is linked to the fact that the infrastructure deficit promotes the migration of young people to the cities, causing demographic imbalances, while at the same time the growing decrease in population density generates less pressure on the demand for public services.
3. Deficiency in access to basic public services (electricity, drinking water, transportation) increases the burden of caregiving by adding activities such as, for example, carrying water and fuel over long distances (Rojas, 2018; Levi, 2018).
4. In rural areas, the traditional gender contract becomes stronger, according to which women are naturalized as caregivers (the belief of maternal

instinct prevails)(Valdés, 2012; Kunin, 2022).

5. Care in ruralities takes on a broader meaning than in other contexts, involving not only people, but also plants and animals, and in some cases, the environment in general. In rural areas, the care of plants and animals nurtures the care of people, is linked to food security and the provision of medicinal plants for families and the community (Nobre, 2021).

The weak State presence in terms of the social organization of care in these territories has as a counterpart a strong communitarian participation in its resolution. Vega Solís (2018) proposes that care in the communitarian dimension cannot be defined in a rigid and normative way because it includes a diversity of experiences:

These are very heterogeneous practices whose boundaries are not always clear; sometimes they refer to self-managed processes based on affinity and choice, sometimes they are an extension of the extended family, while on other occasions they are intertwined with services of the State or of particular organizations [...] The important thing is that the realization and design of care is in the hands of a collectivity that appropriates its conditions of execution and its benefits. (Vega Solís et al., 2018, pp. 23-24)

In this regard, Sanchís (2020) warns, in relation to communitarian care in popular urban sectors—but also applicable to rural contexts—that it is necessary to review certain assumptions of some perspectives on care:

It is necessary to review certain biases in these perspectives of analysis of the various sources of care, which presuppose a framework of heteronormativity, ethnocentrism, a nuclear family model with clearly delimited housing units, access to paid work and, to a large extent, to formal salaried work, which does not correspond to the experience and experiences of broad sectors of the population. (Sanchís 2020, p. 12)

At the same time, Sanchís (2020) recovers two perspectives that have contributed to the analytical production on the communitarian dimension in care: the interdependence perspective, which opposes the neoliberal myth of the ideal of the completely autonomous and independent person, realizing that we all need care; and the perspective of the sustainability of life that allowed, precisely, to place care at the center of sustaining life and the environment that makes it possible.

In addition, it is important to note that focusing on the communitarian dimension of care does not imply abandoning the analysis of what happens within domestic units, but rather understanding them as being at the intersection with various care spaces (Castilla et al., 2020). In this sense, some authors warn us that the communitarian dimension, rather than as a sphere absolutely differentiated from other spaces (family, State and market), is organized in “hybrid processes in which it intersects with public instances, monetary economies or kinship relations”. (Vega Solís et al., 2018, p 24)

Finally, we would like to point out that highlighting the potential of the communitarian dimension does not imply renouncing a critical view that takes into account social tensions and inequalities:

[...] it is not a matter of invalidating the proposal of a common dimension with community [...], but of questioning its conformation, its conditions of equality, its organization, the participation of its members, and its values and performance. Not idealizing does not therefore mean discarding or suspecting, but rather promoting more solid, rich, and dynamic frameworks. (Vega Solís et al., 2018 p. 39)

On Some Concrete Experiences of Communitarian Care in Ruralities

In this section, we will review some studies that take up, directly or indirectly, the diversity of forms acquired by what we call “communitarian care” in ruralities, which is characterized by its planning, management, and collective realization. Given the limitations of space, this review does not pretend to be exhaustive, but rather seeks to account for the diversity of forms acquired by those care arrangements that exceed the limits of the domestic group and involve a wide variety of links, practices, and meanings.

Among the research that highlights the role of the communitarian dimension in care arrangements, we can mention anthropological studies on the child-rearing practices of indigenous children in Argentina (Remorini, 2013; Leavy, 2019; Leavy & Szluc, 2021). These investigations account for the margin of autonomy that children have to circulate in various public and domestic spaces, as well as for the active role they play in social reproduction and care activities, challenging the adult-centric view and denaturalizing the roles socially assigned to children:

By the age of four, children perform daily chores and begin to “run errands”, thus contributing to the subsistence of their household groups [...] In rural communities, children usually collaborate in sheep and goat raising, agriculture, and activities essential for the reproduction of their domestic group, such as chopping firewood, carrying water, washing, and repairing their clothes and shoes, and taking care of younger children” (Leavy & Szluc, 2021, p. 28).

This perspective, by pointing out the relative autonomy of childhoods, does not seek to romanticize children’s experiences in rural areas, since the lives of contacted children “cannot be separated from the contexts of inequality and diversity where they occur, given by the structural position of their families” (Padawer, 2018, p. 36). It is important to highlight that what makes this kind of upbringing with freedom of movement possible for children is the communitarian gaze, through which adults, although mainly female adults in the community, control that minors are out of danger, while containing them in their needs. In these groups, the responsibility for upbringing is not limited to the maternal and paternal figure, but exceeds the limits of the domestic units.

The work of Moctezuma Balderas (2020, 2022) on children with disabilities in the Nahua group in Mexico also accounts for the decentralization of the family unit to address care. In this context, family care is intertwined with communitarian care, in which different actors participate, such as male and female healers [*curanderos y curanderas*] and midwives, in charge of diagnosing and counteracting bodily processes associated with disability. In turn, neighbors and community members provide certain types of care, such as providing food or watching over infants when they walk through public spaces in their communities.

In some cases, infants are cared for by so-called “huasteco communitarian motherings [*maternajes*]”, in which the women who care for the infants with disabilities may or may not have kinship ties with them. These forms of care are linked to the strong incidence of labor migration of rural women; thus, when mothers of children with disabilities migrate, these kind of communitarian arrangements are activated. For Moctezuma Balderas, the communitarian care provided by indigenous women (family members, midwives, teachers, neighbors) is what makes it possible for indigenous children with disabilities to have a better quality of life and to participate in the different activities of the community’s social life.

A widespread practice of communitarian care among Andean peoples is “child circulation”. This dynamic implies that children circulate among different domestic units whose members are related to the caregivers by kinship, neighborhood, or friendship ties. Child care is assumed on a temporary basis, for more or less prolonged periods, by these domestic units, thus creating bonds of solidarity and obligations between families, which contributes to subsistence through domestic tasks and care of others. Other authors point out that care ties are multiple, which implies a number and diversity of relationships of cooperation, reciprocity, and commitment (Jacob et al., 2021).

Regarding these Andean care arrangements, Leinaweaver (2011) adds that, when the circulation occurs between unrelated people, this practice immediately transforms them into relatives; in other words, this communitarian care arrangement creates kinship:

Taking into account how children are incorporated or diverted into new constellations of flexible kinship in Ayacucho, it is possible to think more generally about the constitution of parenthood and childhood in different cultures, thus contributing to the anthropological project of decentralizing the monolithic ideal of “the Family” that still carries political weight in many countries (Leinaweaver, 2011, p. 8).

This practice of care, then, shows the blurred boundaries between kinship and community and, therefore, also between domestic space and public space.

Other research work on care that transcends the domestic space is that of Kunin (2018, 2019). From an ethnographic perspective that reconstructs the meanings of the subjects studied, this author takes as empirical referent rural women from a soybean district in the province of Buenos Aires who participate in different devices generated as a result of public policies. One of these spaces are the communitarian medicine groups. In this regard, the author relates how women perceive that their work in these public spaces is more than a job: for them it represents a care oriented towards the public, the collective, which aims at “the transformation of society”. In this sense, Kunin concludes that for these women, the separation of work and family (which responds to patriarchal-capitalist logic) is unrealistic and even undesirable.

Regarding this “spatial and ontological decentering” (Castilla et al., 2020) that implies recognizing care beyond the endogamic dynamics of households and understanding that care is directed not only to people, but also to animals, plants, rivers, etc., some research focuses on the role of women in

social welfare, food production, and environmental care (Herrera, 2015; Artacker et al., 2020; Hillenkamp et al., 2021; Guerra, 2022). These approaches recover diverse experiences of agroecological practices led by women's groups that promote food sovereignty for their households, while at the same time involving the care of biodiversity and cultural diversity through the safeguarding of native seeds and the use of medicinal plants, as well as the regeneration of ecological systems.

Another study along these lines is that of Trentini and Pérez (2021). These authors describe how Mapuche women politicize care practices by orienting them to the preservation and care of the environment. Women, conceived from the Mapuche cosmivision as guardians of the body and the territory, carry out a territorialization of care that is transformed into a political resistance to the advances of extractivist capitalism on their territories.

In relation to this topic, we retake Kunin (2019, 2018) who also analyzes how rural women in Buenos Aires province that participate in agroecology groups experience care for children and the environment. The women gardeners [*huerteras*] foreground motherhood to justify adherence to agroecological practices. The intense and extraordinary care required by agroecological gardening can be interpreted as a practice of resistance to the hegemonic agriculture of soybean expansion, with the use of agrochemicals involved in this kind of production. Another way in which women in these contexts are committed to communitarian and environmental care is through claims against intensive agriculture for no-spraying strips in places close to schools, for example.

Within this perspective, based on agroecology groups in Brazil, Nobre (2021) analyzes the agroecological practices carried out by self-organized rural women's movements, in coordination with technical women members of the agroecology movement and with woman public managers. In these contexts, women play a central role in the domestication of plant species, in sustaining biodiversity, and in the selection of varieties based on use and conservation criteria. The care work assigned to women thus transcends the domestic space to become part of the communitarian and environmental spheres (Guerra Garcês, 2022).

It is interesting to note that in both Kunin's (2018, 2019) and Nobre's (2021) work, the communitarian dimension of care is integrated into the spaces generated from public policies aimed at women. Women appropriate public state devices (which in this case take the form of workshops, courses, agroecology

groups) and deploy care in their communities from there.

Furthermore one of the ways in which the communitarian is also crystallized is made visible by Prieto and Miranda (2018), through the analysis of care among women of indigenous origin from rural areas of Ecuador. The authors show how the “communitarian dimension” of care may not be referenced to a specific territory, but is put into play in the movement of the bodies of mothers and their children, who circulate through different spaces to sell their products in the markets while caring communitarianly for their daughters and sons:

This means that there is no longer a communality based on land or other resources, but an interface between ethnic identity, movement of mothers, and children’s bodies [...] Mobility unites diverse dynamics: countryside and city, Kichwa and Spanish, public and family care, indigenous and mestizos. (Prieto & Miranda, 2018, p. 207)

The research we have carried out shows that the communitarian dimension does not escape the feminization of care, since, in general, these arrangements are based on the reproduction of traditionally assigned gender roles. However, this does not imply dismissing the communitarian dimension as a valuable space for the reproduction of life, but rather invites us to reflect on the possibility of building more egalitarian communitarian arrangements.

Finally, we would like to highlight that through these concrete examples of care arrangements, it is possible to detect that beyond the diversity of forms in which the communitarian is crystallized, all of them are linked to a holistic conception of care in which people are interdependent beings that constitute the environment they inhabit (Mascheroni et al., 2021). From these perspectives, the ethics of care is considered as an ethics of broader relationships that involve nature and recognize human beings as part of that nature (Nobre, 2021).

By Way of Conclusions

- In rural contexts, the poor supply of public care policies is counterbalanced by a strong presence of care arrangements at the communitarian level. The forms in which communitarian care arrangements crystallize are diverse; they can be referenced to a specific territory and can also be expressed through mobile networks. At the same time, it can be articulated with other social actors.

- The development of public policies on care should integrate the communitarian dimension of the territories and not be based on an ethnocentric vision of the notion of family and domesticity.
- Recognizing the potential of the communitarian dimension in processes of socialization and demercantilization of care does not imply sustaining “an idyllic view” of it: these forms of care do not guarantee the denaturalization of traditional gender roles. A critical view of communitarian care helps to rescue its potential and to reflect on the need for more egalitarian communitarian arrangements.
- Studies on care in rural contexts in Latin America show that public and domestic spaces are not universal and ahistorical forms of social organization, but rather a historical product shaped by the intersection between cultural diversity and social inequality.

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CHAPTER 04

The Careworkers

Between Dystopia and Utopia: Coalitions Towards Overlapping Consensus for a Care Economy

Marina Durano¹

Introduction: Normal Was the Problem

The care economy and caring societies have become ubiquitous phrases in the policy world. The United Nations Secretary-General's 2021 report, *Our Common Agenda*, promoted the need to invest in the care economy as a way to “place women and girls at the centre” of commitments to achieve Sustainable Development Goals. More specifically, the report encourages a rethinking of the way we look at the economy and at economic growth.

“Rethinking the care economy means valuing unpaid care work in economic models but also investing in quality paid care as part of essential public services and social protection arrangements, including by improved pay and working conditions (target 5.4 of the Sustainable Development Goals). (*Our Common Agenda*, UN, 2021)

More recently, in 2022, when Germany hosted the G7, the Leaders recognized the value of both paid and unpaid care work, although they placed greater emphasis on childcare rather than take a more comprehensive approach that includes older adults care, care for persons with disability, care for persons with temporary or chronic illness, among a range of care undertaken by women on a regular basis:

The COVID-19 pandemic has disproportionately affected women and girls and has highlighted the essential role of care work—both paid and unpaid—for the functioning of our societies and economies, but also

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as a key cause of gender inequalities due to its unequal distribution. It is of paramount importance to recognise, reduce, and redistribute unpaid care work, and to reward paid care work adequately, guaranteeing care workers representation.” (G7 Leaders Communique, 2022)

Last year’s G20 Leaders Declaration acknowledged the inequality in care work as well as the gender pay gap.

“We commit to implement the G20 Roadmap Towards and Beyond the Brisbane Goal foster financial inclusion and access to digital technologies, including to address the unequal distribution in paid and unpaid care and domestic work, with a focus on closing the gender pay gap.” (G20 Bali Leaders Declaration, 2022)

Regional configurations have followed suit. The Association of Southeast Asian Nations released in 2021, a Comprehensive Framework on Care Economy that it sees as integral to its approach to recovery from the pandemic, strengthening social protection, and their long-term regional vision. In Europe, A European Care Strategy was agreed upon in 2022, which was linked to European commitments to childhood education and care and long-term care, many of which were articulated in the European Pillar of Social Rights. In Latin America and Caribbean, the commitment towards building care economies can be traced to the Regional Conference on Women in Latin America and Caribbean, with its most recent iteration broadening the vision to caring societies. The African and Arab regions have yet to have high-level official conversations about care work and care economy.

The confluence of these political demands further placed care policies and care economies within a stream of alternative policy options that carried the potential of redirecting entire societies onto an economic trajectory that would align more closely with gender equality goals. At its greatest potential, a care economy has the capacity to deal with multiple social issues—today’s polycrisis—unlike a more traditional “build back better” approach, because as a protest slogan in Chile cried out: “We will not return to normal because normal was the problem.”

Care’s Transformative Promise

The design of care systems or even boosting care economies and care societies, requires a shift in the focus of policy attention towards carers and their needs regardless of whether they are paid or unpaid when performing

care work. Simply by shifting the perspective, it will be easy to see the gaps in available services that are then filled by wives, mothers, sisters, and aunts, grand mothers and other female members of the extended family. And in the absence of these services, the ability of women to be on equal standing with men in the labor market is immediately undermined.

In Latin America and the Caribbean, comprehensive care systems provide childcare, care for people with disabilities, and older adults care implying, simultaneously, training for care workers as the basic pillars. The intention to focus on service provision rather than rely heavily on cash transfer for care receivers to either purchase these services from the market, or compensate members of their family for providing care. In addition, the desire to improve the quality of care has led to these systems ensuring that training and recognition of skills in care work are integral to the design. Another key feature of these care systems is the understanding that cultural change must become part of the process of transformation, thus, requiring interventions to rebalance gender norms that ascribe responsibilities to women.

Interestingly, the Nordic region that has had a strong social welfare system, that included the three pillars of care above, is slowly losing its ability to sustain publicly-provided care services at the same time that the region's labor markets are heavily contractualized and informalized, especially for its own care sector. Tax credits, for example, are being used as a way to reduce direct public service provision while reducing the cost of obtaining care services from the private sector.

To better appreciate the difference, Elson (2017) shares three strategies that can be used to begin the transformation. This has been referred to as the 3Rs (recognize, reduce, and redistribute), to which the ILO (2020) added 2Rs to complete the full framework for care economies to materialize: representation and reward of care work. In my view, the combined 5Rs, bring together concerns of both paid and unpaid care workers. The first set of 3Rs directly deal with the need to address the failure to recognize that care is work and that it is valuable work; since care is work, it can be burdensome and such burdens should be alleviated; care work needs to be shared more equally by redistributing these work and the responsibilities among the adults in families, households, and, significantly, across institutions where such services have been or could be undertaken. These 3Rs are especially important for women who perform unpaid care work—almost all—regardless of their status in the labor force. The last 2Rs are notably important for all those participating in the labor market, regardless of their contractual arrangements, who need to

rewarded according to their contributions and must be represented in social dialogue as well as in the broader realm of politics. These 5Rs brings to fore a woman's identity as worker, not only when there are employment contracts involved but also when she performs care work.

Declaring worker womens in this broad sense places them in a position to demand rights associated with work. It also puts them in a position to ask for services that enable them to participate more fully in the labor market, including by expanding the size of the labor market through raising the status of care occupations, responding to increasing demands for care services, and reconstructing and building institutions that are more responsive to care and to gender equality. It is this last piece that carries the transformative character of care work and comprehensive integrated care systems.

Care economies can be talked about when comprehensive care systems are clearly linked with education, health, and social welfare, as well as the agro-ecology of food systems. Food, of course, links quite clearly with health, especially in situations of hunger and health. Agro-ecology affords us a direct association with the environment and with climate change. It is through these interlinkages that we are better able to appreciate the promise of care economies and its potential to align women's rights, labor rights, and ecological regeneration, which are constitutive of the substance of social justice.

Coalitions Confronting Multiple Systems of Oppression

The 5Rs also points to the procedural aspects of social justice. Gender issues, worker issues, and ecological issues are carried and pushed forward as priorities for political action by social movements. In particular, we find women's movements and labor movements leading the demands for change, with environmental and climate change movements taking less of a prominent role.

It is clear, for example, if we begin with Latin America and the Caribbean that the care work and the care economy is an issue that matters to women's rights organizations and feminist movements and to national women's machineries in the executive branches of government. This observation is obvious when looking at the rate at which care work has been taken up by the region's biannual conference on women, especially noting that these regional conferences often include feminist forums a day before official processes. The process moving from care as work to constructing care economies took at least a decade before the policy discourse reached the current stage of creating caring societies. The COVID-19 pandemic accelerated the uptake of

the issues. But, what is important to note is that there exists a clear channel of communication between women's rights advocates outside of government and those inside government, partly through the formalized and structured schedule of the official forums that included a feminist forum with a budget to secure participation.

The labor movement has not played a prominent role in this regional process. On one side established unions in the care sector are generally of smaller size compared with unions in other sectors. On the other, the care sector and its workers are highly informalized, making it difficult to organize them. Public budgets for the social sector, where many care services are subsumed, have declined since the 1980s and continue to be vulnerable due to financial crisis. In addition, care workers are also segmented across education, health, and social welfare, where organized sections might be concentrated on professionals and paraprofessionals, while the lower paid segments are left unorganized due to higher incidences of contractualization. Another reason why organizing of care workers has remained incipient is that many of the establishments where they work are small and in multiple locations, in contrast to large corporate structures or to large work sites.

This is not say that unions are completely out of the picture but there are some challenges. If care is a separate organized sector within large union federations, care worker leaders may find less space for their sector-specific concerns, i.e. their voices can easily get drowned out. Uruguay offers an example of the women's movement supported by the women's desk of Uruguay's largest trade union confederation, which successfully pushed for the passing of the country's comprehensive integrated care system, a first for the region.

In my view, Southeast Asia follows a similar path with Latin America and the Caribbean but no country in the region has built a system similar to Uruguay. The more prominent labor union action in the region is the organizing and mobilization work led by domestic workers. They have used ILO Convention No. 189 to urge their country to ratify while working towards a national law covering the protection of domestic workers' rights, as these rights have often been carved out of national labor laws. They have also achieved some success in promoting migrant workers's rights considering that Asians have been dominating the migration corridor between South Asia and Southeast Asia to West Asia. Their work has been supported by migrant workers movements, with women's rights organizations playing supporting roles. The ASEAN regional agreement on care was pushed by regional women's rights organizations.

In the United States, large union federations in the services sector have carried out the care work issues very prominently with success in gaining mainstream media attention and, more importantly, reaching out to progressive political leaders to put care onto the federal, if not state-level, agenda. SEIU's "Care is Essential" campaign, is a good example. Meanwhile, feminist movements are focused on abortion rights and sexual rights in response to right-wing attacks on bodily integrity.

In Europe, civil society organizations that have been playing a prominent role in moving the agenda on European social rights—especially children's rights and the rights of older adults—followed through with their priorities by lobbied on the European Care Strategy. Some migrant workers organizations were also in the mix given the racialized nature of care work in Europe, indeed in many developed countries. The European Women's Lobby is urging for a feminist approach to the economy, viewing the European Care Strategy as a stepping stone to feminist new deal. Unions, on the other hand, felt that the strategy fell short on workers' rights. The Nordic region, on the other hand, has relied more on labor union federations to carry the issues largely due to the high unionization rate and the ability to negotiate at a sectoral level, even as their strength has diminished with the deepening of contractualization in the region's labor markets. Demands for care are typically subsumed under work-life balance commitments, such as paternity leaves and similar demands, that can be inscribed in the bargaining contracts and in legislation.

The disconnection between women's movements, labor movements, and social justice organizations on the issue of care work and the care economy is not new. As far back as 25 years ago, Ferree and Roth (1998) wrote about similar disconnection between movements that led to a failed strike of day care workers in Berlin. They concluded that: "The exclusive solidarity of the male-led unions and the female-led grassroots groups left the day care workers defined as in 'different worlds' and 'difficult to organize' by both sides." In Berlin's political ecosystem, unions take the lead when it comes to workers strikes and labor issues while feminist organizations specialized in "body/sexuality/violence issues" and these political specializations meant that organizational links between the two movements were minimal or non-existent. The women-dominated day care workers found themselves marginalized in the union movement because they were considered by the union leaders as the sector that was "difficult to organize" and they were making contractual demands that union leaders were not prepared to make given the political climate at that time.

Women's voices within the labor movement were not organized or influential enough to make the unions see the devaluation of day care work as a gender issue. The union leadership essentially insisted on running this as a business-as-usual strike, using conventional tactics, and with the standard deference to the union leaders' appointed bargaining committee as "directing and deciding." The anger and sense of betrayal by the workers reflected the lack of fit between this model and their needs. (Ferree & Roth, 1998)

The same women-dominated day care workers were also marginalized within the autonomous women's movement in Berlin, and received very belated solidarity statements toward the end of their strike. On this regard, Ferree and Roth (1998) observed that "the class and gender interests of the autonomous feminists were somewhat different" from the daycare workers and many of low-income women who use daycare services.

The day care workers strike in Berlin shows how many of these institutional features of social movements continue to this day but with some differences. In Latin America and the Caribbean region, as well as in Asia and the Pacific to some extent, the women's movement prominently takes up the care economy as a political demand alongside their demands for bodily integrity. This is not the case in the USA, where it is the large union federations that have been able to take on board care workers demands, strengthening their organizing efforts to support them. In Europe, there is a much more broad-based collection of actors following the formal consultation structures of European Union.

Adding complexity to the ecosystem is the work of two sub-groups of social justice movements: one group focuses on migration issues who are able to bring care, gender, and race together into their advocacy and lobbying efforts; and the other group focuses on the needs of informal and contractualized workers who are not covered by unions and their federations. The International Domestic Workers Federation is a union federation that is able to cover the issues of these two groups and still negotiate contracts and advocate for collective bargaining just like traditional unions. IDWF's links with feminist movements probably reflect a variety of relationships at the national level depending on the nature of the political ecosystem in the countries where they operate. At the global level, IDWF's links are less clear, at least with the handful of global women's groups that exist.

Berlin's daycare workers strike and its failure to achieve its goals should be a starting point for discussing strategies around the care economy, especially now that care occupies a relatively prominent status in the global policy discourse. Those who see the transformative value of care should work on a strategy that effectively operationalizes these policy pronouncements, thus, opening a pathway to the realization of the promise of care economies.

Based on the specific example of Berlin's daycare workers and the broad overview of the movements that have led the care economy discourses in various regions of the world, we ask to which social movement does the care economy belong? The 5Rs indicate that the women's movement and labor movement have claims to the care economy but political realities so far show that either one or the other have taken the lead in placing the care economy on both national and global agenda. Joint action is rare.

Canada, for example, is a place where child care activists found support from a broad range of women's rights organizations (e.g., Canada Women's Foundation) as well as with the Canadian Labor Congress both calling for increased investments in care and the establishment of a Care Economy Commission. A care economy statement was released during the early days of COVID-19 and it was signed on by many civil society leaders, including labor leaders and feminists. It is now a platform to raise issues about the availability and accessibility of a care services and the working conditions of care workers. Interestingly, the Canadian federal government, in 2022, was among the first to spend C\$30 billion for the next five years on early learning and child care. The Canadian government then made a C\$100 million commitment for the next five years in their official development assistance program to fund care economy activities as part of their feminist development policy.

The case of Georgia involving social workers led by Solidarity Network, supported by workers in social assistance and pensions, who went on strike in 2021, is very different. This strike was victorious and won significant gains in pay and leave benefits but it also united several occupational groups as well as work locations and earned public sympathy for their struggles (Japaridze, 2022). The Solidarity Network is working to unite other unions into a national democratic workers movement while using a political framework that links labor rights with other social justice issues, especially women's rights, which is part of their efforts to train women union leaders. Solidarity Network received support as a member of the TSS Platform, which is a broad cross-movement political infrastructure that places significance on the power of the strike, that is: "The strike is for us the name of a power that aims at damaging the

pillars on which this unequal and unjust society is grounded.” In this coalition-building strategy, how will the Solidarity Network engage with official pronouncements in 2022 from the Georgian government and its partner UN agencies about promoting a New Concept for Women’s Economic Empowerment, where a care economy is considered fundamental (UNFPA 2022)? This kind of political environment offers an opportunity to test how far coalition building led by feminist labor unions can lead to a realization of women’s economic empowerment in the context of Georgia.

At the global level, UN Women leads the policy discourse, has developed partnerships with the ILO, as both agencies are interested in showing how the care economy contributes to the achievement of sustainable development goals in line with the UN Secretary General’s report mentioned earlier. Working with the Government of Mexico’s InMujeres, UN Women supported the establishment of the Global Alliance for Care, where women’s rights organizations and global union federations are presently participating. In this multi-stakeholder setting, is there space for feminists and unionists to drive the global agenda for care?

We also ask where social movement coalitions for care are possible and useful, acknowledging that collaborations across movements can happen through informal relationships among movement actors. What conditions need to be present to sustain the coalition until shared goals are achieved. How can cross-movement collaborations and coalitions prevent the failure that the strike of Berlin’s day care workers experienced? The risk is real.

An opportunity to answer this question may arise during the G20 process for this year. Given the Leaders Statement that talked about the care economy, the Women 20 (W20) track is working with the Think Tanks 20 (T20) to establish a Care 20 track to ensure that the conversations continue. Representatives of the T20 are reaching out to ITUC given that the ITUC plays a key role in the Labor 20 (L20) track to see if the group the three tracks can combine to create and move Care 20.

With several governments and multilateral institutions taking on the care economy using women’s economic empowerment as a framework, there will be a risk that labor workers’ rights are downplayed or lost in the discourse. In fact very few official pronouncements highlight workers’ rights along with women’s economic empowerment even though both are inherent features of a care economy. Besides, labor movements are dealing with packed agenda and, thus far, have relied on the ITUC producing reports on the employment

and growth—contributions of the care economy and coordinating an annual Global Day of Action for Care on the 29th of October bringing together Education International, International Union of Food, International Domestic Workers Federation, Public Services International, and UNI Global Union. Will Care 20 be an avenue to sustain this ITUC-led action on the care economy working more closely this time with not only women's rights advocates in the W20 but also with the policy researchers and academics?

Normalizing Social Justice Through Overlapping Consensus

Not only is coalition building a strategy for confronting multiple systems of oppression, coalitions are spaces for working out group decision making processes that fall within the frame of deliberative democracy. One of the biggest challenges faced by social justice theorists is the search for ways by which members of society can come together to agree upon the substantive elements of social justice potentially articulating these agreements in social contracts, such as those found in republican constitutions. Deliberative democracy is an approach that emphasizes reasoned deliberation as a feature of political participation, which is meant to distinguish the concept from electoral procedures that often dominate discussions on democracy. One of the goals of political participation is to come to agreement over policies, programs, organizations, and institutions necessary to keep a sustain a society and its generations. Given plurality within society—not only in terms of diversity of peoples but also a diverse, even conflicting, political frameworks and ideas of justice—any deliberative democracy will need a decision making process. Rawls (1987) offered the concept of overlapping consensus as a way to overcome conflicts and incoherence and secure social stability.

Starting points of coalition building almost always begin with an identification of the bases of unity, such that coming to terms with what brings groups together necessarily entails reasoned deliberation that, in turn, becomes a discussion over courses of strategic action. This is fairly common when launching campaigns and mobilizations. These, I argue, are starting points for achieving overlapping consensus. As starting points for deliberation and agreement, coalition building is an exercise for social justice actors and organizations to explore the possibilities of consensus among a select group for whom political alignments are not obviously conflictual, at least compared with conservative views of justice held by oppositional forces. These coalition building exercises, especially its deliberations, are, therefore, fertile ground for crafting social contracts that contain elements of justice found in care economies.

By recognizing coalitions for care economies in this way, the trajectory towards social justice is made clear. The first step being establishing a basis of unity, possibly based on the 5Rs, and then identifying strategies to push the care economy agenda as a priority area for action by governments at all levels of governance. The advocacy process tests the possibility of expansion to apply or seek overlapping consensus through multi-stakeholder forums that currently dominate international policy arenas, while all the time using methods of reasoned deliberation. How far can care economies and caring societies be carried forward into social contract design, agreement, and ratification will be decided through multiple iterations of deliberation. The farthest point that can be reached is an agreed-upon constitution as the basis of stabilizing and sustaining entire nations, if not a grouping of nations.

This brings me to Chile and its constitutional process, the very country where normal was declared unacceptable. The draft constitution reflected in Article 49 and Article 50 concepts fundamental to the establishment of a care economy and a caring society (International IDEA 2022). But the story of how feminists took leadership soon after the first wave of national uprising in 2019, when students protested over an increase of metro fares, has historical significance because there were preparatory mobilizations influenced by #NiUnaMenos and the *pañuelo verde* (McGowan, 2021). From these women-specific issues highlighting gender-based violence, the women's movement connected easily with many other social justice issues reflecting the deprivations they felt in many other aspects of their lives. Indeed, the movement's successes can be seen all over the draft constitution.

"For many years, protests in Chile were fragmented into separate demands: for state education, fairer pensions, and women's rights," says Estefanía Campos, regional director of feminist group Poderosas (Powerful Women). "During the social uprising, the demands merged. Women's rights used to come in second place, but now they are primordial." (McGowan, 2021)

Chile's labor movement did not achieve the same level of success as the Chilean feminists. According to labor lawyer Karina Nohales, who is a lawyer and member of the Chilean Committee of Women Workers and Trade Unionists and the Internationalist Committee/March 8, who was interviewed in Progressive International, the social movements that dominated the elections to the Constitutional Assembly came from the feminist movement and the environmental/ecological groups, with only one union leader among the 153 representatives (Abufom, 2022). In this case, coalitions were formed under

circumstances where labor union movement was highly segmented, weak, and alienated from the Chilean working class. Despite this, the draft Chilean constitution contained elements that would provide a framework to strengthen union organizing and collective bargaining, reflecting the capacity of the two social movement streams that dominated the constituent assembly to achieve consensus on labor rights even when these issues are not their priority issue areas.

The final challenge proved to be the most difficult, when the referendum for the draft constitution resulted in a rejection, showing that the process of obtaining overlapping consensus was incomplete, especially with the new voters (Carrasco, 2022) who found the draft utopian if not unwieldy (Steunkel, 2022) with its new concepts if not its length. Disinformation campaigns played an important role in the rejection indicating that the reasoned deliberation is vulnerable to social media communications channels. McKay and Tenove (2021) clarify how disinformation campaigns undermine deliberative democracy, making consensus building difficult.

[...]we have argued that disinformation harms the epistemic function when false claims are weaponized to generate epistemic cynicism, the ethical function when moral denigration exacerbates techno-affective polarization, and the democratic function when fears of unjustified inclusion lead to perceptions of pervasive inauthenticity. (McKay & Tenove, 2021)

While discussions over the care economy have not been subjected to disinformation campaigns, the fact that these campaigns have become ubiquitous means that coalition building strategies will meet its limits sooner if these do not consider how care economy and care society is communicated to allies as well as to the general public. Since reasoned deliberation is a key feature desired in a socially just democracy, spaces of communication must be constructed to protect the quality of deliberation and, therefore, is essential to the architecture of coalition-building. Chile remains fertile ground for testing the potential of deliberative democracy in a constitutional process. Meanwhile, the G20 process offers another arena for testing deliberative democracy in the context of a global governance structure.

Social justice remains an elusive ideal. To begin with, there is no universally accepted definition of social justice. Given plurality and diversity, the ability to construct a democratic architecture that values reasoned deliberation to reach agreement, if not consensus, over a society's future is vulnerable

to new forms of communication that easily undermine the processes of reasoning and negotiation. Coalition building creates platforms for deliberative engagement, but current expressions of these platforms have yet to counter-vail disinformation campaigns, nor have they been able to use social media campaigns to deliver agreement or consensus on social justice issues at the highest levels of national or international discourse. The concern over disinformation layers over the inherent instability of coalitions that navigate the tension between a unifying collective identity at the center and the margins that link with other political identities. On the other hand, expressions of dissent have succeeded in mobilizing tens of thousands and inspired international solidarity and action. Such victories indicates promise. It also indicates how much more work is needed to build institutional structures, especially state structures, that normalizes social justice. The 5Rs of a care economy are but a first step for feminists and unionists to form coalitions but these coalitions have yet to come to fruition. And so, here we are, caught in between dystopia and utopia.

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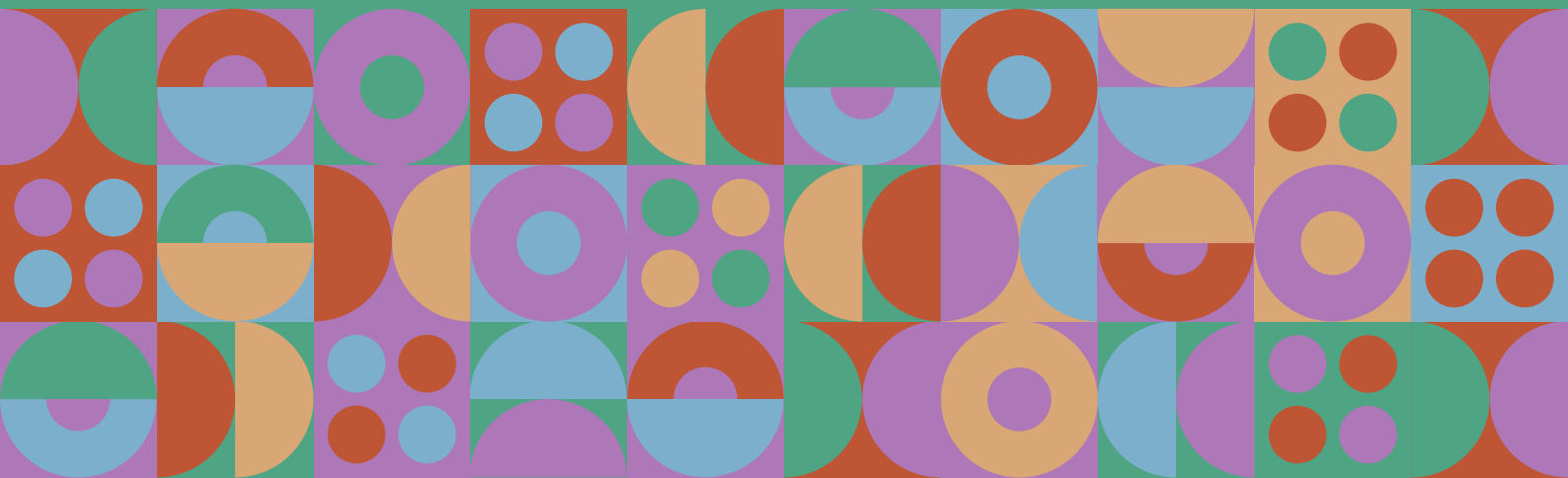
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Life at the Center: Challenges Towards Care Societies

Placing on the horizon of the feminist agenda the construction of care societies, as it was proposed by Latin American and Caribbean Governments, ECLAC, and UN Women in the XV Regional Conference on Women in Latin America and the Caribbean (Buenos Aires, 2022) is not just a rhetorical matter. On the contrary, it involves making structural changes in many orders of life, and above all, challenging economical and political powers in the region. This proposal might seem exaggerated and therefore replaced by more realistic approaches, but it might also be considered the utopia that causes us to advance, as Eduardo Galeano said.

We have many challenges to address in order to achieve care societies that actually have the reproduction of life at the center of social and economic organization. Some thematic areas that are addressed as nodal points in the region's care agenda are: the relationship between the distribution and the quality of care with macroeconomic policy; the potentialities and limitations of state action for the recognition, redistribution, and remuneration of care work; the intersectionality of care work and the territories in which it is developed, and the organization of care workers.

This book aims to contribute to the ongoing debate and the generation of political strategies in the search of structural transformations that are needed to place life at the center of our societies.