

Growth to Limits of Female Labor Participation in Latin America's Unequal Care Regime¹

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Throughout Latin America, legal barriers enabling women to make a living equal to men are largely gone. However, women continue to lag behind men in gaining access to economic resources, and women's labor participation differs significantly across class lines. Drawing on a policy-based explanation, we argue that a primary reason why the removal of legal barriers is insufficient for women's economic empowerment due to the presence of a socially unequal care regime, one that sits at the intersection of high-income inequality and the absence of universal care services.

Introduction

Throughout Latin America, legal barriers enabling women to make a living equal to men are gone, yet women lag in gaining access to economic resources. Indeed, by 2019, most Latin American governments have embraced the idea of women's economic empowerment as an imperative, positive goal and one that would entail female access to asset ownership, employment, and/or social transfers. Moreover, most countries have reformed legal provisions making married women part of their husband's economy and therefore subject to his permission to work, denying women the ability to hold certain night-time and dangerous jobs, to own land, inherit, or act autonomously in the public sphere (Deere and León 2001). Two additional and critical structural elements have been conducive to women's increased labor market participation: a significant decline in fertility rates and the escalation of women's education credentials beyond those held by men. Moreover, between 1990 and 2013, the region experienced high economic growth alongside an expanding service economy with a high demand for "female" jobs. Yet, during the

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2000s, female labor participation increased only by 5.2 percent points—significantly less than the 14.3 percent points increase seen in the 1990s. It then stalled at 53 percent, well below the male average of 78 percent (ILO 2016). Why was this the case?

As Htun, Jensenius, and Nuñez argue in this Special Section, the removal of legal barriers is a necessary yet insufficient condition to achieve economic equality between women and men. In this article, we offer a policy-based explanation for why women's labor force participation slowed in Latin America since the mid-2000s, stabilizing well below the participation level of working men and with significant differences across class lines. We argue that a primary reason why changes to legal frameworks have not been enough to facilitate women's economic empowerment is the presence of a socially unequal care regime, one that sits at the intersection of high-income inequality and a lack of universal care services. More specifically, the prominence of domestic paid labor, a job for about a quarter of all working women and a source of care work for the middle- and high-income groups, fuels large class differences between women, maintains the status quo of women as the main or sole care providers, and creates an upper ceiling in the number of women who can enter the workforce.

In an effort to convey Latin America's high inequality currently cutting across work and care adaptive/coping mechanisms, we make regular comparisons with the adaptive strategies to reconcile work and family in European countries. The relatively equal income distribution and relatively homogeneous care regimes within these countries stand as polar cases to the highly unequal income distribution and class divide found in Latin America. To show that legal and policy changes can indeed deliver changes in Latin American care regimes as long as they simultaneously tackle several adaptive mechanisms at once, we draw on the case of Uruguay.

We are aware that gender norms play a major determining role in the organization of care regimes across the world, including the most women-friendly and gender-egalitarian Nordic countries. Men's unresponsiveness to the demand for care work has multiple causes. Social mores, norms, and notions of masculinity do not associate men's work with domestic work. The rigidity of labor markets also matters: even highly feminized occupations continue to view the ideal worker as a carefree man (Hanlon 2012), one who has no family responsibilities beyond financial contributions to the family budget. Precisely because gendered norms giving women primary responsibility of caregiving are a stubborn presence among regions with distinct care regimes, we focus on the features that distinguish Latin America's care regime rather than on gender norms *per se*.

The following section presents the theoretical challenge posed by empirical trends in Latin America. We argue that social inequality *among* women must be at the core of conceptual indicators and at the core of legal and policy efforts seeking to secure women's economic empowerment. The section

“Findings” draws evidence from the most authoritative sources available and depicts trends in female access to the workforce. This evidence links the slow-down in female labor force participation to the class-based female labor supply ceiling, a result from the role of paid domestic work as a primary adaptive strategy available for some women as they remain the main or sole caregiver in the family. We provide an overview of Latin America’s care regime and its associated adaptive strategies (market and family based) available to women at the bottom and at the top of the income distribution. The “Findings” section concludes by documenting the legal and policy efforts implemented in Uruguay as Latin America’s showcase example. Uruguay has indeed introduced comprehensive policy changes to eliminate a highly unequal set of adaptive strategies. The section “Summary and Conclusions” concludes by pointing to the role of legal and policy changes that can replace viciously unequal adaptive strategies with state-led mechanisms capable of securing the economic empowerment of all women.

The Theoretical Challenge

Most theories and comparative evidence on promoting egalitarian gender regimes specify women’s entry into the labor market as both a critical marker and a driver of such processes (Fraser 1994; Folbre 1994; Iversen and Rosebluth 2008; Therborn 2004). This literature addresses female labor incorporation as a process that presupposes at least two other structural trends: decreasing fertility and increasing female education. Together, such trends signal women’s improved skills and growing control over their reproductive and care burdens.² Furthermore, comparative literature demonstrates a high correlation between fertility drops, educational gains, and labor market incorporation with changing marital and family patterns: later marriage, later fertility, and higher rates of divorce and separation.

However, the erosion of male-dominated social arrangements stalls with the persistence of a sexual division of labor leaving women to shoulder most care work. Following Daly and Lewis (2000), care work involves “activities and relations involved in meeting the physical and emotional needs of dependent adults and children and the normative and social frameworks within which these are distributed and carried out” (Daly and Lewis 2000). Women’s overspecialization in care work leaves them equipped with less time and fewer skills to enter and succeed in the labor market (Iversen and Rosebluth 2008), fewer and less desirable fallback alternatives than men in the event of marriage dissolution (Folbre 2012), and overall less bargaining power within the family.

Scholars have addressed this matter as part of the social arrangement of care (Jenson 1997), care regimes (Bettio and Plantenga 2004), and care diamonds (Razavi 2007). By aligning public policies and families/households,

markets and not-for-profit arrangements, including community-based care provision, the notion of a care diamond broadens the conceptual lens beyond state-centered approaches, lending itself to better apprehend variations in care arrangements across time as well as beyond the global North (Razavi 2007). Care regimes entail the patterns by which care is produced and distributed across markets, states, families, and communities, all of them embedded in, and struggling with, the sexual division of labor. As long as care regimes and care diamonds are a relatively stable constellation of intertwined factors, changes in one (e.g., childcare policy) immediately triggers changes in others (e.g., the type of female labor participation).

The comparative literature addresses the tensions rising between paid and unpaid work, as well as the role played by governments and state policies in reallocating care responsibilities by way of expanding transfers and services not just to women but to men as well—i.e., what in 2000 Daly and Lewis labeled as “social care.” Laws and policies can and do make a difference in lifting some of the obstacles toward a more egalitarian care regime. Divorce laws, alimony and property distribution, leaves allowing a better balance between work and care, public employment of women, and state-financed care systems all help in furthering transitions from patriarchal regimes to more egalitarian gender regimes. The literature on comparative welfare regimes with a gender perspective highlight cross-national policy variations that help explain outcomes in female rates of labor participation and employment (Orloff 2002). For Latin America, the issue is recently addressed as one reconciling work and family (Blofield and Martínez Franzoni 2014a, 2014b).

We address the specific set of adaptive strategies or adaptive responses that together give way to a care regime. For the purpose of this discussion, adaptive strategies are practices linking individual lives with collective dynamics (Tilly 1979, Tilly and Scott 1987). The concept addresses patterns of behavior displayed as a response to structural barriers and stressful events (Moen and Wethington 1992). We address adaptive responses to reduce and/or reallocate time devoted to unpaid work across the life cycle. These adaptive responses become necessary once women break themselves from full-time dedication to unpaid domestic and care chores without men necessarily improving the time they devote to such unpaid activities.

Available responses depend on structural trends that are exogenous to individuals and families (labor demand); endogenous family transformations (number of children); and state policies (leaves at birth). Figure 1 depicts in very simple terms the possible adaptive strategies available to women as they enter labor markets to deal with the demands of care, particularly in a context where men have not stepped in to supplement demands for care and nonpaid labor in the household and families.

More education, the expansion of the service economy, and more control over reproductive decisions tend to increase women’s labor participation. Limited or no change in men’s devotion to unpaid domestic care and work

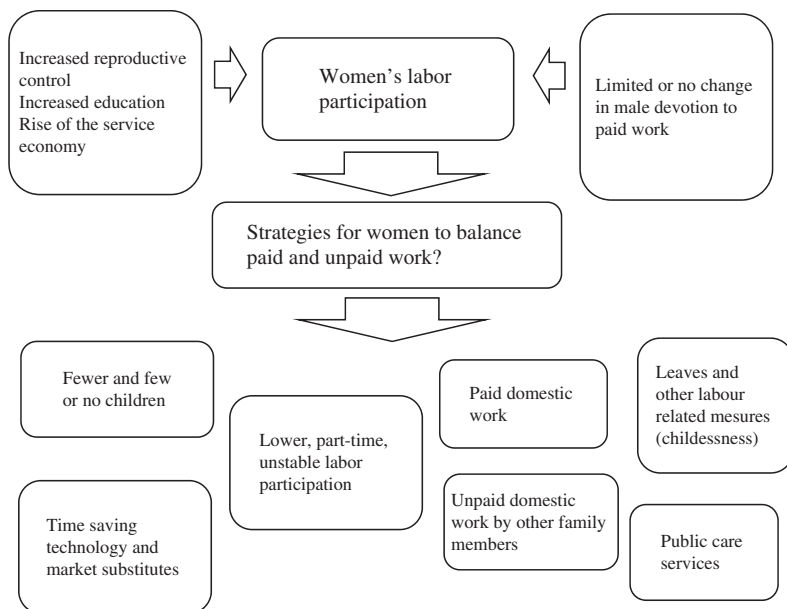


Figure 1. Adaptive strategies to reconcile work and family.

Source: Own elaboration.

puts pressure on women's time and exacerbates tension between time devoted to paid work and time devoted to family-related responsibilities. To ease such tensions, women can deploy strategies that lean on families, markets, and/or state policy. More specifically, they can further decrease care demands by having fewer or no children; relying upon the unpaid work of other family members (grandmothers); contracting services (laundry); relying on leaves and public child care; contracting home-base care; or having a lower, part-time, more flexible or unstable labor participation.

An idealized egalitarian trend seen in Scandinavian countries is one whereby all women access systems of state care, have broad access to leaves, wide access to technology, and out-of-home market substitutes. Where the restrictions on the top right side of the diagram are lifted, men enter into unpaid work and care to a greater extent than before. A suboptimal option that we see in southern Mediterranean countries is that of lower fertility and childlessness, lower, part-time and more unstable labor market participation and unpaid care work by other family members.³

In highly unequal environments such as Latin America's, adaptive responses can be very different among women along class lines (see figure 2). In other words, where income inequality as reflected in the Gini coefficient is 0.26 (Nordic countries), one can expect to have a single set of prevailing

adaptive strategies. Where the Gini coefficient is 0.46 (Latin America), one can expect to have more than one set of clearly defined adaptive responses. One can also expect that higher-income women rely more on markets, while lower-income women rely more on families. In this context, the role of law and state policy will be decisive in making adaptive strategies less unequal. When comparing Latin America with European countries, we are aware of their differences in aggregate wealth, as well as in their fiscal capacity to fund public policy. However, wealthy countries, the United States specifically but Anglo-Saxon countries generally, lack the state-centric care regime of Nordic countries. Similarly, countries in the global South, even those with middle-income GDPs, have remarkably different care regimes. Our aim is to draw from the counterpoint made possible by polar cases rather than explain the set of determinants behind these contrasts.

Income	Fewer and few or no children	Paid domestic work	Paid domestic work by other family members	Leaves and other labor-related measures	Public care services
High	Yes	High	Relevant yet complemented by private services	Relevant yet short	Hardly access
Low	No	Low	Very relevant	Not so relevant	Relevant yet part-time and scarce

Figure 2. Reconciling work and family in Latin America: Most important adaptive strategies that differentiate care regimes among income lines.

Source: Own elaboration; see Table A1. for full references.

Below we rely on evidence for Latin America as well as for relevant European countries to show:⁴

- Income inequality means women have different abilities to access time-saving domestic appliances (vacuum cleaners, dish washers, and washing machines)
- Income inequality and no universal care services push women working outside the home to hire cheap domestic help.
- The reliance on paid care services increases the differences between class groups (the cost of these services must be kept down), creates a ceiling for how many women can work (poor cannot afford help), and implies that men are not forced to take on care work, maintaining the status quo in gender roles.
- The pattern can only be broken by (1) making care work more expensive, (2) providing collective care solutions, and (3) getting men involved in care work.

- Although still in its early days, the Uruguayan case suggests that this can be done with legislation and policy simultaneously addressing several adaptive mechanisms to cope with work and family, including implicating men in domestic and care work.

The stratification that we see in women's labor incorporation fosters a highly unequal care regime both allowing and limiting labor force participation in Latin America. As women enter the labor force, there are deep-seated, stratified patterns of adaptation to productive and reproductive demands. Families are the site where these adaptive mechanisms become intertwined. While men remain mostly absent from unpaid domestic and care work regardless of income, education, or life cycle, women show high levels of inequality and allocate radically different amounts of time to unpaid work along their life cycle. The stratification in their labor participation follows.

Findings

In the section "Changes in Female Labor Participation", we establish ongoing trends in female labor participation in Latin America followed by the adaptive responses displayed to reconciling work and family. The section "Unchanged Sexual Division of Labor: Adaptive Responses at Work" highlights adaptive responses at work, referring to relevant European countries to show the role of legal and policy changes in comparatively equal environments. The section "Home-Based Paid Domestic Work as a Prominent, Problematic Adaptive Response" highlights home-based paid domestic work as a prominent, problematic, and adaptive response.

We wrap up in the section "Uruguay, a Best-Case Scenario of Legal and Policy Intervention across Adaptive Responses" by focusing on Uruguay as a country where legal and policy changes, although still new, have begun replacing the existing unequal adaptive strategies with strategies that are more equal and based on a state-led set of regulations and services. The section is based on statistics drawn from household and time-use surveys, as well as secondary sources for Latin America as a whole, for selected (mostly contrasting) Latin American countries, relevant European countries, and Uruguay.

Changes in Female Labor Participation

By the early 1970s, legal barriers inhibiting married women from entering labor markets and gaining an income were eliminated, making it possible for women in Latin America to gain both assets and income.⁵ Legal provisions that discriminate against women in wage work (banning women from certain professions, types or conditions of work; failure to include safeguards for pregnant women) are not a prominent regional feature (see Htun, Jenius, and Nelson in this volume). Policies played a positive role in promoting this trend.

For instance, overall regulatory changes addressing who can hold, manage, and inherit property benefited women (Deere and León 2001). Social policy interventions in the areas of pensions, cash transfers, and paid maternity leaves also assisted women by transferring assets directly to them (Arza and Martínez Franzoni 2018). However, the main change in women's lives entailed the growth of women in labor force participation during the 1990s. This growth was due neither to legal changes nor to labor policy explicitly aimed at women's economic empowerment (Gasparini and Marchionni 2015; Filgueira and Martínez Franzoni 2017a).

On the supply side, by 1990, women had caught up and surpassed men's years of formal education, while global fertility dropped below replacement levels in many cases (UNW 2016). On the demand side, by the 1990s, the decline of agricultural and industrial labor along with the expansion of the service economy resulted in women's incorporation into the labor market. Liberalization exerted downward pressure on wages, especially for low-skill jobs (IADB 2003), and the simultaneous rapid destruction of male jobs and an expansion of low-paying service jobs demanding "female qualities" occurred (Espino 2012; Fernández-Kelly and Sassen 1995; León 2000).

During the 2000s, the rise of the service economy remained strong; women's educational credentials increased, narrowing the gap with men's educational credentials or even surpassing them; fertility continued to decrease; first off springs were postponed; divorce and separation rates skyrocketed; and female-headed households continued to increase. Yet the total regional rate of female labor participation stagnated significantly below the male rate from 2007 forward, six years prior to the slowdown in the region's rate of economic growth (see figure 3a). These overall trends largely reflect the experience of women in the lowest quintiles whose labor force participation flatlined, while at the same time, the participation of women in the upper quintiles evened out with that of men's (Gasparini and Marchionni 2015) (see figure 3b).

The significant increase and recent stagnation in female labor participation thus sits on entrenched class and gender inequality (Filgueira and Martínez Franzoni 2017). Female entry to the stagnated work force lagged largely because women ran out of time available to devote to paid work. In the case of upper-income women, it is not an issue of labor demand but of care labor supply. Highly educated women reach their ceiling with rates of participation close to that of male counterparts, but with a load of unpaid household demands still almost double that of their male peers (see figure 4). Without changed patterns in male involvement in household demands and a more robust state-based solution to care, upper- and upper-middle-class women have reached their limit.

Lower-income and less-educated women have also reached the limit of their incorporation into the labor market and have done so at far lower levels than the most educated women. In the case of lower-income women, it is not an issue of labor supply but of care labor demand. With average hours of

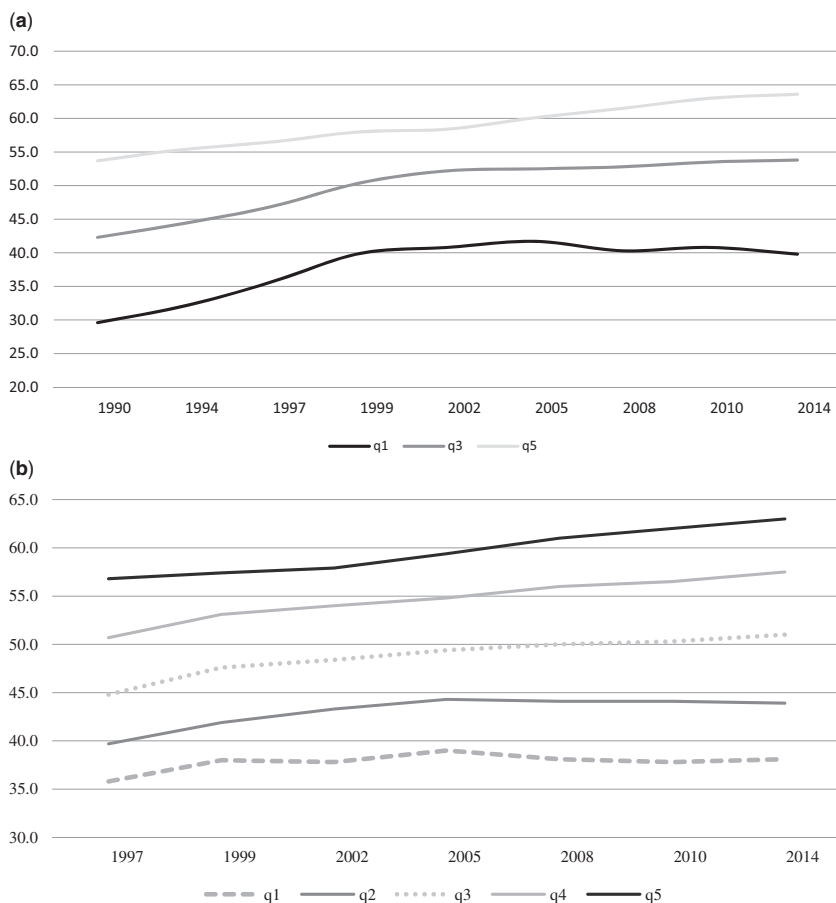


Figure 3 (a) Latin America: Urban female labor force participation (weighted average). (b) Latin America: National female labor force participation rates (weighted averages).

Source: CEPALSTAT, 2018.

nonpaid work hovering 8 to 10 hours a day (see figure 5), it is actually quite surprising that more than 40 percent actually have jobs or are seeking to have one (see figure 3a). Domestic work explains a large part of the employment of women in general and specifically in the poorest quintile (see table 1). They therefore face a problem of labor supply, but also of labor demand, particularly given wages available to women in the middle of the income distribution. Middle-class women access paid domestic work to a limited extent since their income from paid labor cannot always pay the cost of hiring domestic workers. Thus, for them, either lower and postponed fertility and/or other adaptive

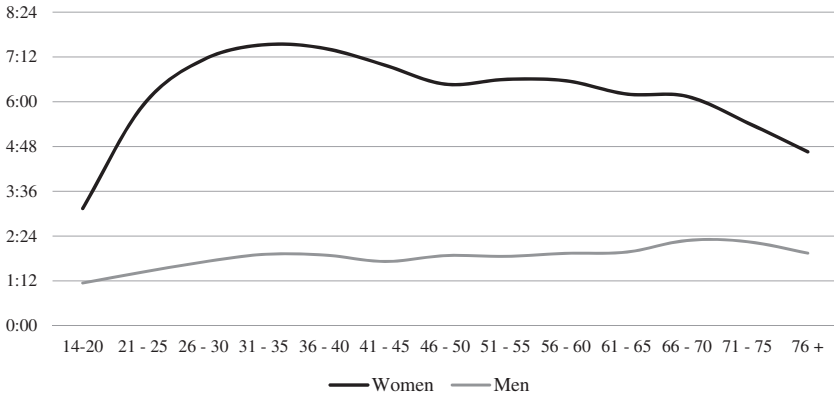


Figure 4. Selected Latin American countries: Average daily time allocated to nonpaid labor by sex and age.

Source: Own elaboration based on ECLAC, 2009, Social Panorama for Latin America, from special tabulations of use of time survey for Ecuador, Costa Rica, Uruguay, and Mexico (nonweighted averages).

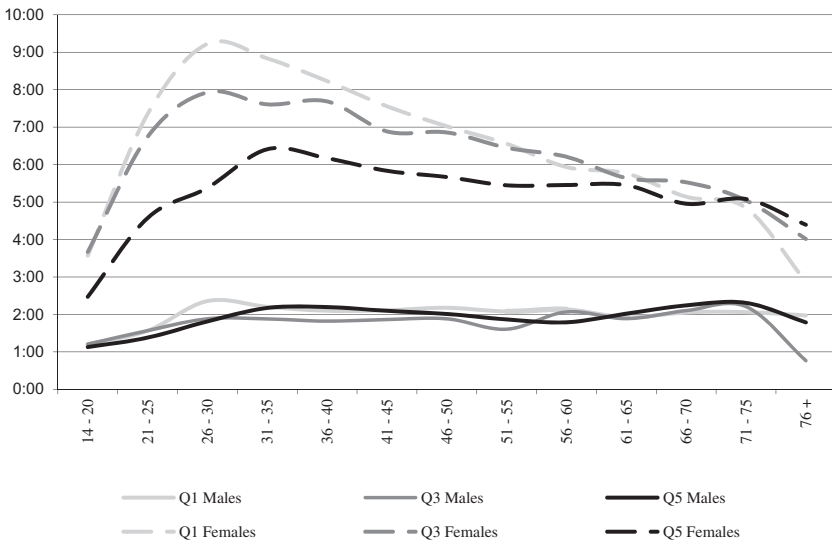


Figure 5. Ecuador: average daily time allocated to nonpaid labor by quintiles, sex, and age.

Source: ECLAC, 2009, Social Panorama of Latin America based on special tabulations from use of time survey.

Table 1. Paid domestic work worldwide: Presence and relative weight of women by region

Regions	Domestic workers (absolute numbers)	Women among all domestic workers (percentage)	Domestic workers as percentage of total employment	Female domestic workers as percentage of female employment	Female domestic workers as percentage of female paid employees
Developed countries	3,555,000	73	0.8	1.3	1.4
Eastern European and CIS	595,000	67	0.3	0.4	0.5
Asia and the Pacific	21,467,000	81	1.2	2.5	7.8
LAC	19,593,000	92	7.6	17.4	26.6
Africa	12,077,000	32	1.4	2.5	13.6
Middle East	5,236,000	25	5.6	20.5	31.8
Total	52,553,000	83	1.7	3.5	7.5

Source: ILO (2013a).

mechanisms are needed to allow for managing the double shift of care and paid work.

Thus, the average level of female labor force participation is the product of three different dynamics. First, more educated women have reached an absolute⁶ ceiling in so far as the gap between the labor participation of women and men is estimated at 10 percent points for the region as a whole (UNW 2017). The margin for this gap to continue narrowing is therefore small. Second, lower-income women deal with a “structural”⁷ ceiling associated with labor demand (mainly linked to the number of unskilled jobs available) and supply (mainly associated to care responsibilities). Last, there is a moving frontier for the middle classes highly dependent on their capacity to purchase domestic service. Unless laws and policies begin to reflect a decisive and collective understanding of care and the need to reorganize it, we predict that women’s rate of participation in the labor market will no longer increase in Latin America or will do so very slowly and with plummeting fertility in the middle classes.

Unchanged Sexual Division of Labor: Adaptive Responses at Work

Below we depict the set of adaptive mechanisms that either reduce care demand or expand care supply in Latin America in the presence of increased female labor participation and inflexible time devoted by men to unpaid domestic and care work. For each of the six adaptive mechanisms we succinctly portray, we point to the significant role of markets and families as opposed to law and state policy. The results are significant socioeconomic gaps

inherent to the region's care regime. To convey the high inequality that cuts across the deployment of adaptive strategies, we make regular counterpoints with those at work in European countries, where unlike Latin America, adaptive mechanisms are also relatively homogeneous in the context of a comparatively equal income distribution.

Postponed childbearing or no children. When comparing *average* fertility rates between Latin America and the Nordic countries, the percent of childless women (8.1 in Latin America, 10.7 in the Nordic countries) and the age at first or average birth (27.1 and 30.1) are not significantly different (OECD 2017). The salient point is that behind the average, the Nordic pattern is fairly evenly distributed. Latin America shows a bifurcated pattern in the average age at which women have their first child. While on average women with fewer years of education have become mothers earlier, the opposite has happened among women with more years of education. At 19 years of age, 59 percent of all women with incomplete secondary education are mothers already, while only 6 percent of women with 13 years of education were mothers (UNW 2017). As a result, overall teenage pregnancy in Nordic countries is 5 percent, while in Latin America the overall teenage pregnancy rate is 67 percent (OECD 2017; UNW 2017). Postponing and lowering the number of children per woman as an adaptive response by the most educated women in Latin America makes the region resemble a key adaptive mechanism known to be at work among the South-European countries (Esping-Andersen 2003)

Time saving infrastructure and technology. Time saving infrastructure and technology as well as an increased reliance on prepared food services and other private and personal services such as laundry and food services accentuates uneven access to time assists by wealth. A broad understanding of this dimension must consider access to urban transport and infrastructure as playing a large role in accounting for time spent on everyday basics, particularly by poor women, to not only access paid work but also social services such as daycare, schools, and health facilities (Rico and Segovia 2017).

Broad ranges of transformations have taken place across the region, from the expansion of piped water infrastructure to the spread of home appliances. For instance, since 1990, 35 percent of the Latin American population has gained access to improved drinking water, and 16 percent of the population gained access to pipes on premises: from 73 percent to 86 percent between 1990 and 2015. However, a 26 percentage point gap between urban and rural areas remains (UNICEF 2016). There has also been an expansion of quality for price in time-saving home appliances, obviously more limited among women in poverty (Gender and Development Network 2015). Nevertheless, Latin America's income inequality reflects a highly unequal access to goods and services.

Increasing paid domestic labor. A prominent adaptive response and one that sets the Latin American care regime apart is the intensive role of home-based domestic work hired for a wage. In the absence of robust policies that help reconcile work and family, hired domestic work has been a crucial enabler of female labor force participation (ILO 2013b). Domestic workers perform a wide range of home-based chores for families that are not their own. Tasks include not only housekeeping but also, and very importantly, childcare, eldercare, and care of sick or disabled family members. Labor arrangements are also diverse, from full-time for one employer to part-time for one or more employers; from single to multiple tasks (Chen 2011).

In 1995, paid domestic work accounted for 5.7 percent of total employment, and by 2015 for 7.6 percent (compared to 0.2 percent in the Nordic countries). Meanwhile, domestic paid work throughout the world remained essentially unchanged: 1.5 and 1.7 percent in 1995 and 2015, respectively (ILO 2013a). Because it interprets care for its role in the reconciliation of work and family issues, the ILO (the leading UN agency studying this matter) considers policies toward paid domestic work as care policies (ILO 2010). Migration plays an important role in the supply of domestic work, and women from racial/ethnic minorities are overrepresented as part of this labor force. These women migrate to work for the better off in their own countries as well as in wealthier ones as part of global care chains (Pérez Orozco, 2006; Staab 2004; Yarris 2017).

Time and income replacement for maternity, paternity, and family care. Historically, maternity leaves in the region, unlike many other regions, have been fully paid. But though maternity leaves are fully paid, they are also relatively short (usually 3–4 months after the baby is born). In most countries, leaves continue to be restricted to mothers rather than mothers and fathers (Mateo and Rodriguez 2015) and to full-time salaried workers rather than other types of workers, meaning that access is unequally distributed. Over the past decade, governments displayed measures to expand the length of maternity leaves so as to honor the minimum floor defined by the ILO and to make leaves accessible to more vulnerable women (paid domestic workers and temporary rural workers) as well as some new initiatives to include fathers. Overall, leaves remain overwhelmingly restricted to mothers (Blofield and Franzoni 2015). Nevertheless, at an average of fifteen weeks, half of the Southern-European and Anglo-Saxon average, the average length of leaves in Latin America remains short. Even the Chilean maternity leave, which at twenty-four weeks is a regional outlier, remains low. In addition, the most vulnerable workers lack access to leaves: the region lacks measures of take-up rates, but eligibility criteria still exclude or make protection voluntary for categories of workers (e.g., temporary, domestic workers or the self-employed). Best-case scenarios in the region reach between 50 and 66 percent of the female population (Salvador et al. 2017). The pattern is therefore similar to Southern-European countries, where the average use of leaves (32.7 percent) reflects unequal access.

Increase forms of nonhome-based care services. The region is seeing increasing forms of nonhome-based care services that are reasonably priced, high quality, and open during normal working and commuting hours. Moreover, these forms of care can lead women to bear their first child at a younger age (Rindfuss et al. 2010). In Latin America, the expansion of coverage has been rapid (Berlinski and Schady 2015; Mateo and Rodriguez 2015). Between 2000 and 2010, the proportion of children 0–3 years of age enrolled in childcare doubled in Brazil and Chile, reaching 21 and 26 percent, respectively. It also multiplied by six in Ecuador, from under 5 percent to over 20 percent.

Nevertheless, for children 0–2, coverage is under 20 percent. Coverage of ECEC services is considerably lower than in the Nordic countries where parents have parental leave until 1 year of age and guaranteed state-sponsored child care from 1 year of age on, while the other half are most likely spending time with their parents under long paid leaves (see further). In addition, while the gap between income terciles is 8.8 among the Nordic countries, in Latin America, it is over 40 percentage points. Additionally, most services in Latin America are part-time and therefore families, particularly working mothers, must rely heavily on additional strategies to cope with long working hours and care demands. Among children aged 4–5 years, the Nordic countries have a nearly universal coverage of mostly full-time services, while Latin America reached 78 percent of its children with mostly part-time, private, and paid out-of-pocket services. Access to these services reflects and reinforces inequality among women.

Unpaid work of other, mostly female family members. In the Nordic countries, the difference in the average weekly hours devoted by women and men to care work is 3.5; in Latin America, it is 18 hours. Indeed, Latin American women managed to enter the labor force in the presence of a strict sexual division of labor in the family. Time devoted by Latin American men to unpaid care and domestic work remained largely unchanged with a rather homogeneous pattern across income, age, level of education, and family composition (ECLAC 2009; Filgueira and Martínez Franzoni 2017). Something similar occurs elsewhere across the developing world (Razavi 2007). Figure 5 shows the inelasticity of men's time devoted to unpaid work across the life cycle of four countries selected as otherwise highly contrasting: Ecuador, Costa Rica, Mexico, and Uruguay.⁸ It also shows the sharp contrast with women's time use, which changes significantly over the life course.

Data breaking down time use by sex and income quintiles across the life cycle for these same countries show that men's devotion to unpaid care does not depend on income. In stark contrast, women's time use is heavily dependent on income levels. Figure 6 reports data on Ecuador as an example of how time use typically reports for Latin American countries.

A number of factors such as urbanization and the typical age differences between the first and second child, and between mothers and grandmothers, make such arrangements far more common in households of the poorer 40

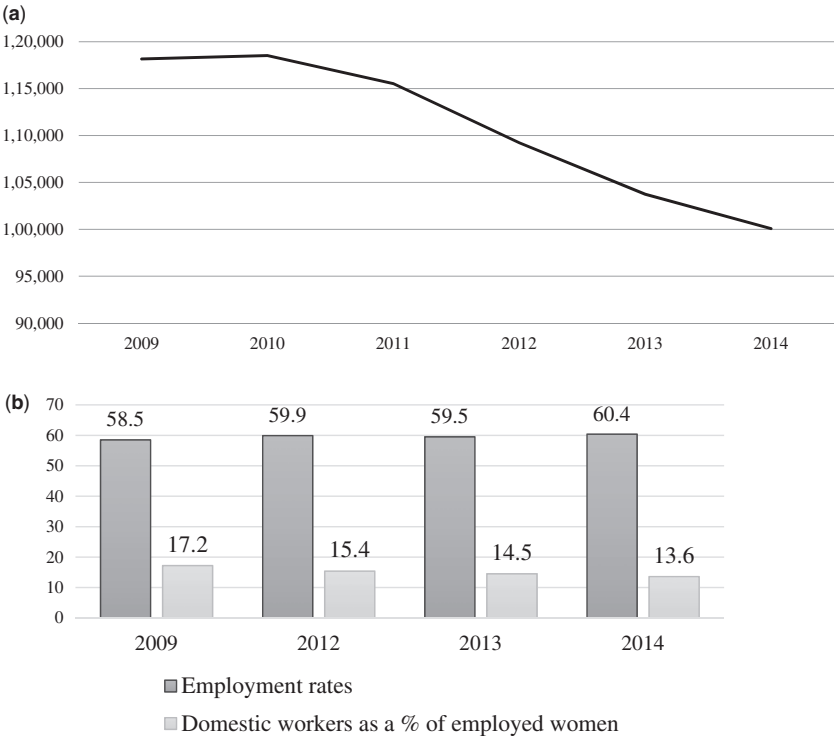


Figure 6. (a) Uruguay: Absolute estimated number of domestic workers. (b) Uruguay: Employment rates and percent of domestic work over female employment.

Source: Triaca (2015).

percent of the income distribution than in the richest 60 percent. However, women available for caregiving are stratified as well, with migrant women, for instance, less likely to engage.

Above we have depicted the set of adaptive mechanisms that either reduce care demand or expand care supply by familial, market, or state-led means. The most prominent mechanisms at work in Latin America are market-based, family-based, or both. The marginal role of men's time devoted to caregiving, the prominent role of female unpaid care work, and the postponement or lack of childbearing are all familial adaptive mechanisms. The reliance on time-saving infrastructure and technology, as well as the reliance of paid domestic work reflect the prominent yet unequal role of market-based responses. These mechanisms are highly unequal among women along income lines. That public care services tend to be scarce and part-time reinforces inequality because full-time services of good quality are mostly available for the better off.

Home-Based Paid Domestic Work as a Prominent, Problematic Adaptive Response

The ILO reports nearly 20 million domestic workers in Latin America, representing more than a quarter of all female paid employees. This is three times the 7.5 percent of the figure worldwide, making it by far the largest female occupational category (see [table 1](#)). Latin America accounts for 37 percent of all domestic workers worldwide, five times more than in Western Europe and North America combined. Latin America also reports the highest feminization of domestic work of all regions (92 percent), and domestic work accounts for over a quarter (26.8 percent) of the paid female labor force.⁹

Finally, domestic work in Latin America has grown significantly. In 2013, it represented 14 percent of the economically active female population ([Lexartza, Carcedo, and Chavez 2016](#)). Most of these workers live in Brazil, Mexico, and Argentina. Migrants, indigenous, and Afro-descendant women are overrepresented. Regardless of origin, migrants and indigenous women face even more difficult working conditions and lower wages than other domestic workers.

Across the region, employers usually refer to domestic work as “help” rather than work. The expectation is that this “help” is performed with love and emotional attachment, making it all the more complicated, even a betrayal, to make claims regarding compensation and work conditions. Because of these features, domestic work consistently appears to be in a gray zone, somewhere between kinship and markets, between paid and unpaid work. This is also one reason why paid domestic work is highly undervalued *as work* ([ILO 2012](#)).

Within countries, paid domestic work is not randomly distributed. Families and women at the top of the social ladder often rely intensively on full-time paid domestic work. In the middle of the income distribution, there is a more informal, part-time, and occasional reliance on paid domestic services. Women at the bottom of the income distribution, on the one hand, devote long hours to unpaid work—an average of 8 hours per day, the same number of hours that high-income women devote, on average, to paid work. On the other hand, these women supply domestic work to higher-income women and families. More than half have primary school education and a third of these, incomplete secondary education ([ILO 2012](#)).

Reliance on domestic work enables employers to make a living while it condemns employees to poor working conditions. One cannot do without the other. Everything else being equal (ungenerous leaves, scarce public and/or affordable private care services outside the household), the presence of poorly paid domestic work is a requirement for the empowerment of women beyond the very wealthy. Of all paid domestic work, 77.5 percent is precarious and poorly paid work ([Abramo 2006](#)), as well as informal ([ILO 2016](#)). It would not be the main pillar of caregiving if it was otherwise. While gender norms defining unpaid care and domestic work as exclusively women’s responsibility

persist across the globe (including Nordic countries), not all regions rely on domestic work as Latin America does. This means that gender norms alone cannot explain why domestic work plays a central role in Latin America. Instead, what is distinctive about Latin America is the high-income inequality in which care regimes are rooted and gender norms deployed. Far from demonizing upper-class/educated women, who also face and reproduce a particular set of gendered pressures to keep a tidy house, prepare meals, drive children back and forth, and help with school homework, we point toward adaptive strategies offered to accomplish these tasks while earning a living.

New international labor standards on domestic work (ILO 2011) represent a key milestone on the path to the realization of “decent work” (as defined by the ILO) for domestic workers overall and for women in particular.¹⁰ ILO’s standard was “a natural corollary of the ILO’s Decent Work for Migrant Workers agenda. But it must also be seen as the product of campaigns” led by nongovernmental organizations, women’s groups, and migrant rights advocacy organizations (Rosewarne, 2013, 6). UNW (previously UNIFEM) and the ILO played a relevant role, especially where civil society had little or no political traction. The actual signing of the Convention reflected a “dramatic re-orientation in how labor movement practices and strategies were pursued” (Rosewarne 2013, 4). By July 2016, as many as 12 countries of the region (and only 22 worldwide) had ratified the ILO 189 Convention—among them countries as diverse as Argentina, Bolivia, Chile, Colombia, Nicaragua, Paraguay, and Uruguay (Lexartza, Carcedo, and Chavez 2016).

Most Latin American countries have begun updating their legal framework around the Convention, equalizing labor rights and social benefits with the rest of the labor force (Lexartza, Carcedo, and Chavez 2016). This is a slow process: “most states in the region have made significant strides in eliminating discriminatory statutes on women’s rights and human and labor rights in general . . . [but] equal rights for domestic workers have lagged behind despite constitutions that enshrine equality. Until recently, all states maintained discriminatory statutes toward this sector, mandating longer work hours and lower benefits based on the assumption that the ‘servant’ should always be available to serve her employers. The private lives and needs of domestic workers did not factor into these laws, exemplifying the social distance between elites, economic and political, and the lower classes” (Blofield 2012, 130–32).

It is telling that the ratification of the 189 ILO Convention was all about the labor rights and social protection of domestic workers. Domestic workers’ roles as part of care regimes were not considered relevant to the conversation even though the Convention addresses care as one of the tasks that domestic workers can carry (i.e., domestic work “may include tasks such as cleaning the house, cooking, washing and ironing clothes, taking care of children, or elderly or sick members of a family, gardening, guarding the house, driving for the family, even taking care of household pets” (ILO 2011, 2)). A further elaboration on the role that care conducted by domestic workers play in the care

regime is still a pending matter. Indeed, public policy has yet to place on its agenda the reduction of social distance between unequal care regimes that currently coexist. For this to happen, it is important that the role of domestic work is seen next to other roles responses displayed by women and their families to cope with work and family.

Uruguay, a Best-Case Scenario of Legal and Policy Intervention across Adaptive Responses

Uruguay is an exemplary case highlighting legal and policy changes at work in one Latin American country. Since the mid-2000s, state policy promoted a set of transformations tackling several of the adaptive responses comprising Latin America's care regime as depicted in the earlier section. We chose this case precisely to depict what the altering of a care regime looks like rather than for its policy determinants or lessons for transformations elsewhere in Latin America. On the aggregate, Uruguay has a very high female workforce, very low fertility rates, and an ageing population. It also has among the least unequal income distribution of the region and long-term efforts have been made to implement childcare services in the capital city of Montevideo as well as nationwide. At the same time, labor participation, fertility, and family arrangements among women are very stratified: by 2000, while 2 percent of women with higher education were mothers at 19 years of age, 37 percent of women with lower education were mothers at 19 years of age. Altogether, these features make Uruguay a "best-case" scenario to assess the possibilities and limitations of measures that can transform the current care regime.

In 2015, at least 10 percent, likely underreported, of all Uruguayan households hired a domestic worker for an average of 16 hours per week. The main tasks performed were childcare, elder care, and domestic chores, in this order. Almost all domestic workers were women, and domestic work was the single most important occupation for the female workforce (Batthyány 2012). The percent of households with domestic workers was somewhat higher where there is at least one elderly person in the household (13 percent) and entails more weekly hours if there is a small child (22 hours) (Gallo and Santos 2015). At the same time, the distribution of these workers was highly stratified by income levels: only 3.3 of households in the lowest quintile hired domestic workers. Twenty-one percent and 55 percent of households in the fourth and fifth quintiles hired domestic workers (Gallo and Santos 2015). Conversely, of the households that rely on family members alone for care and domestic work, 59 percent of the households belong to the three lowest quintiles (Gallo and Santos 2015).

Since the mid-2000s, Uruguayan state policy promoted a set of transformations tackling several of the adaptive responses that comprise Latin America's care regime as depicted in the earlier section. First, the country was a frontrunner in terms of legal and policy changes to improve the labor rights and working conditions of paid domestic workers that swept the region (ILO 2016). Not

only were domestic workers' rights equalized (Blofield 2012), but Uruguay is one of the few countries in the world to enact collective bargaining for domestic workers. Two organizations, the *Sindicato Único de Trabajadoras Domésticas* and the *Liga de Amas de Casa*, on behalf of workers and employers respectively, negotiated changes in working conditions. The workers' confederation (PIT-CNT) provided its support and technical assistance. Labor organization and collective bargaining proved effective in extending decent working conditions as defined by the ILO (see table 2). In 2012, Uruguay was the first country in the world to ratify the ILO's 189 Convention on Paid Domestic Workers.

As a result of legal changes and enforcement mechanisms coming from state policies and collective bargaining, real wages for domestic workers increased (MTSS 2015). Comparing 2008 with 2015, the minimum wage for domestic workers grew 92 percent, whereas the national minimum wage grew 56 percent. If we consider private-sector wages alone, in 2014, the minimum wage for domestic workers was 86 percent higher than in 2008, whereas the minimum wage of private-sector workers as a whole was 32 percent higher. Such changes reflected policies aimed at correcting the preceding inequality experienced by domestic workers (MTSS 2015). Hourly wages increased by more than 100 percent. When disaggregated by tasks performed, it is noteworthy that in 2014, childcare showed a higher proportion of workers under the minimum wage (57 percent) than those devoted to elderly care (51 percent) and both had higher wages than those workers devoted to domestic chores alone (26 percent) (MTSS 2015, 28).

These numbers point to challenges regarding the enforcement of policy. Nevertheless, the fact that the absolute number of domestic workers registered in the social insurance system doubled during the period; that access to health insurance went from 20 to 60 percent; and that 63 percent of domestic workers—13 percent points more than in 2006—received their annual complementary salary suggests significant improvements in the working conditions and social protection of these workers (Espino 2016).¹¹ Short-term incentives, like the access to maternity leaves and to health-care services for mothers and their children, played an important role in the expansion of social protection.

Simultaneously, starting in 2005, Uruguay advanced in providing publicly funded collective care solutions and in 2015, the government created the National Care System, designed as a “cradle to grave” system aimed at children, the care-dependent elderly, people with disabilities, and paid care providers. The National Care System brings together a set of measures, old and new, aimed at reorganizing care by expanding care services, expanding school hours, promoting male participation in birth leaves, regulating the care occupations, and introducing new transfers to caregivers of people with severe disabilities.

Altogether these measures aim at broadening the set of options available for women and families, including an expanded role of men as fathers. Regarding the latter, a key measure was the creation of a 15-day paternity leave for all workers, not just public servants, as it was up until 2013. Additionally, parental leaves for either mothers or fathers were introduced

Table 2. Uruguay: Paid domestic work, legal and policy changes

Year	Domestic workers now have	Law or policy
2006, 2007	Same rights as the rest of the labor force (working hours, breaks, minimum salary, social and labor benefits like vacations and the thirteenth salary, severance payment)	Law 18.065 “Trabajo Doméstico. Normas para su regulación” and regulation No. 24/2007
2007	Unemployment insurance: Registered workers are entitled to this insurance, same as all other workers.	Same
2008 ¹	Wage council; 1st round 2008–10: agrees on minimum salary; raises between 5 and 20 percent (per each of three income brackets), increasing seniority 0.5 percent per year and a paid holiday national day	Grupo 21 represented by the union (Sindicato Único de Trabajadoras Domésticas) and organized employers (Liga de amas de casa) and decree 670/008 establishing a minimum wage
2010	Wage council; 2nd round 2010–12: 13.7–37.5 percent raise in minimum salary, progressive to income level	–
2012	ILO’s 189 Convention is ratified	–
2013	Wage council; 3rd round 2013–15: keeps previous agreements and adds a premium for full attendance; starts defining categories and work contract; follow-up of the National Care System	–
Since 2010 and ongoing	Door-to-door campaigns to legalize working conditions, including access to social insurance	–

Source: Own based on Batthyány (2012); MTSS (2015).

The wage council for domestic workers had been called before but negotiation was not possible because employers (the Commerce Chamber) did not show.

following the maternity leave and until the baby is six months old in the form of part-time leave/part-time work.

From the point of view of the care occupations, the new system promotes its social recognition and visibility. For example, the training and certification of care workers in different areas such as the daily support of the elderly and/or the care-dependent population with disabilities is one of the top policy interventions on the agenda (SNIC, 2015).

By simultaneously expanding the role of the state in the funding of transfers and provision of services, as well as on the expansion and rewarding of care occupations, the National Care System seeks to alter the bases of the current care regime, from families and home-based care, to state-sponsored measures. It is precisely this simultaneous combination of measures that makes Uruguay a laboratory for policy tools that can potentially transform the primary features of the Latin American care regime. If these efforts succeed, Uruguay could go from a care regime heavily based on domestic paid work to a care regime that gives a much larger role to public services.

Transformations introduced in Uruguay's care regime entailed fiscal costs and fiscal gains. The cost of National Care System is estimated to reach 1 percent of the GDP by 2025, including all transfers and services—a cost below the case of European countries with care policies underway (SNIC 2014). Examples of fiscal gains were the expanded formalization of care workers now fiscally visible and enrolled in contributory social protection. Though still in its early days, we can still see substantial changes underway that, altogether, can alter Uruguay's care regime. Nevertheless, one of the purposes of the combined action can already be seen: domestic service has become more formal and protected and therefore more expensive. While overall employment rates have gone up, the domestic service sector has shrunk in relative and absolute terms.

Concomitantly we observe a marked increase in children between the ages of 0 and 5 years attending some form of institutionalized care. Between 2006 and 2016, coverage of children 3 years old went from 46 percent to 72 percent, while for children 4 and 5 years of age the system is reaching universal access. For children between 0 and 2 years, coverage has increased from less than 20 percent in 2010 to almost 45 percent (figure 7).

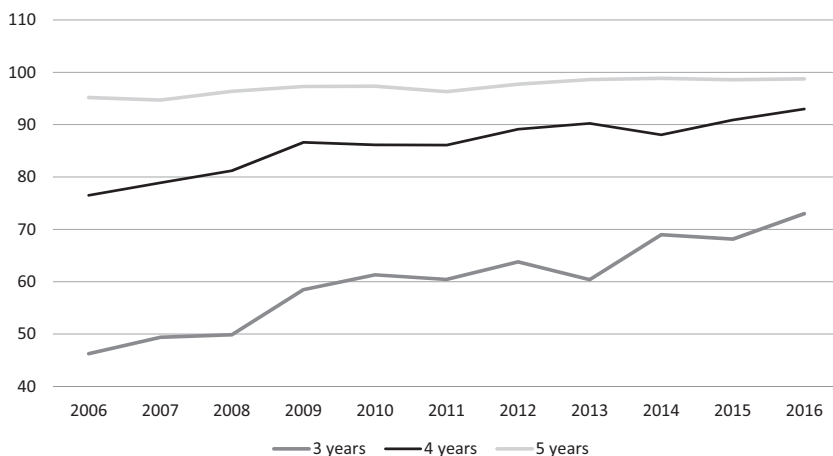
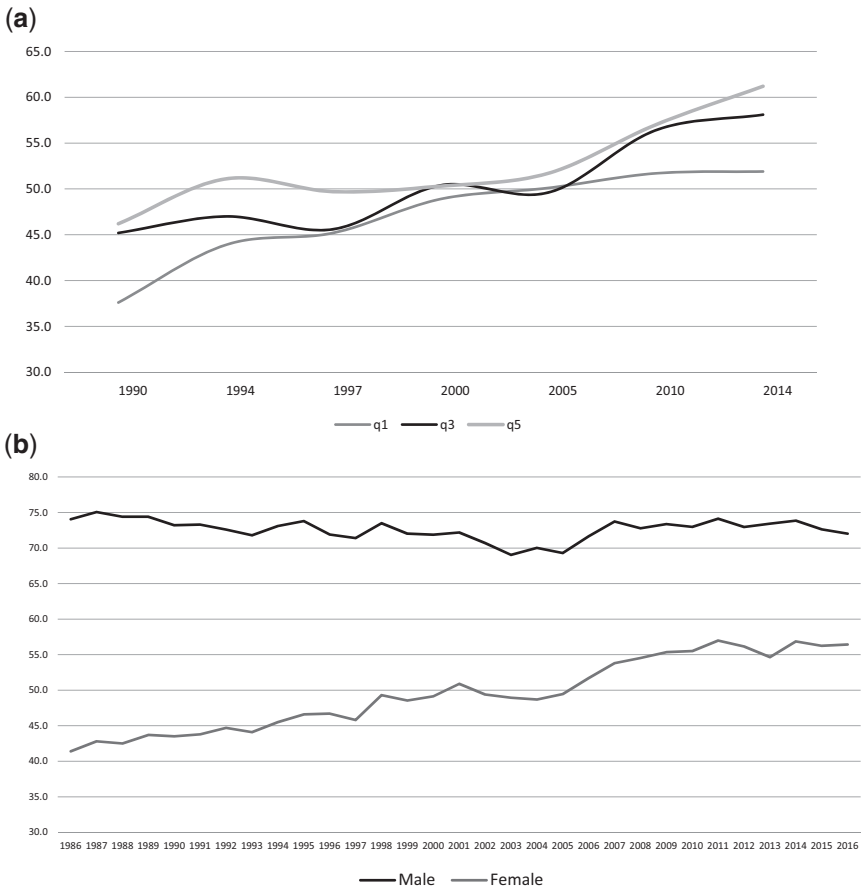


Figure 7. Uruguay: Evolution of coverage in preschool by age.

Source: INDEC (2018).

Has this impacted female labor force participation rates? Properly responding to this question exceeds the scope of this article. Available evidence suggests that Uruguay presents a similar plateau in total female labor force participation rates starting in 2012 (figure 8a), which reflects the stagnation in the labor participation of women with the lowest income (quintile 1) and, later less of middle-income women (quintile 3) (figure 8b). Overall, two additional sets of data suggest that the efforts might be having some positive effects. While female labor force participation does not increase after 2012, male participation in the workforce is closing, thus contributing to gap closure.



Figures 8. (a) Uruguay: Female labor force participation rates by income quintiles.

(b) Uruguay: Labor force participation rates by sex.

Source: (a) CEPALSTAT, 2018.

(b) Own elaboration based on INE, 2017.

From 2006 to 2016, a number of transformations regarding both domestic workers' rights and expansion of the public care system have been underway in Uruguay. While it is both too soon and the data available too limited to draw strong causal links, there seems to be an association between increased rights for domestic workers and improved wages and work conditions, on the one hand, and decreases in the proportion of domestic work among women's occupations, on the other hand. There also seems to be a marked increase in access and use of publicly funded collective care solutions. Finally, while Uruguay does not escape from the moderation in female labor force incorporation, in the ages for which the combined demands for care and paid work are at their highest, female labor force participation continues to slowly creep up.

Summary and Conclusions

When unpacked, our argument rests on five claims. The first: regardless of economic growth, the stagnation in the increase of female labor participation can be accounted for by Latin America's care regime or, better said, the absence of a universal care system along with a sexual division of labor in which women assume all the responsibility for social reproduction. The second is that the prominence of domestic paid labor creates an upper ceiling in the number of women who can enter the workforce. The third claim is that women's adaptive strategies to balance work and family vary across class lines. In a fourth claim, we rely on the adaptive mechanisms in European countries to argue about the relevance of income distribution in accounting for variations in adaptive/coping strategies. The fifth, last point, by drawing on the Uruguayan experience, consists of making a case for tackling several adaptive strategies simultaneously as part of effective care policy designs.

If economic empowerment is to reach all women, further legal and policy changes must dismantle very unequal adaptive strategies, whereby the rich can outsource care work largely by relying on poor women. Likewise, the poor cannot rely on unpaid family, mostly female, care-work to supplement their domestic paid labor needs. The task for the state is not only to expand *any* care policy but specifically, the universal public service policies capable of counteracting the existing socioeconomic gap. In practice, this looks very much like Norwegian care services Skorge and Finseeras address (as part of this Special Section). The challenge for Latin America is to implement such policies in the context of very high income inequality and more limited fiscal space.

If all women in Latin America are to be economically empowered, the region needs to witness legal and policy changes addressing the current care regime and make adaptive mechanisms move slowly from familial and market-based to more reliant on state services. Law and policy must aim at making care work more expensive, providing collective care solutions and getting men involved in care work. Reform of care services policies alone will not accomplish the goal.

The role of paid domestic work in the Latin American care regime means that the importance of legal reforms that protect these workers is doubled: both working conditions and altering the care regime is at stake. Domestic work is poorly paid and hardly regulated. Domestic workers have among the lowest levels of formal education, the most strenuous and precarious working conditions, and the lowest pay. The migratory status and the racial/ethnic background of these workers make their working conditions even tougher and their wages lower. During the past fifteen years, this situation began to change following legal changes and policy measures aimed at formalizing and protecting paid domestic work. These are significant transformations driven by the joint action of organized domestic work, national, and international supportive unions, UN Women and the ILO (Blofield 2012; Rosewarne 2013).

Yet, an effective strategy to truly improve the working conditions of these mostly female workers entails simultaneous interventions in other adaptive responses to increases in female labor participation, particularly on the critical connections between domestic work and care demands, e.g., young children and the care-dependent elderly. Leaves, their generosity, length, and availability to both parents is one such critical connection because leaves, in the best of worlds, follow a three–four month paid maternity leave, and women either drop out of the workforce or leave their children with low-paid domestic workers. Leaves must reach men as well, extending the period before third parties must be engaged in caretaking of the newborn. Finally, the expansion of nonhome-based care services for children and extended school timetables is another critical intervention.

This expansion of public care services moves in the direction of reducing and reorganizing the total amount of unpaid caregiving in the household and has the potential to at least partially absorb paid domestic workers into an array of more specialized care occupations. Uruguay shows substantial changes following state intervention and revised legal frameworks that have begun altering adaptive mechanisms in place across the region. Altogether, measures are underway that have the potential to trigger sustainable and significant changes in the country's care regime. One key concern is whether and how the current policy conversation around care systems, policies, and programs, on the one hand, and demands to improve the working conditions and social protection of paid domestic workers, on the other hand, explicitly come together as means that can jointly alter the stratified basis of Latin América's current care regime.

Of course, the recent change in the economic cycle and the recessionary pressures it has brought strains the expansionary wave all across Latin America. There is the possibility that policy changes have been too little too late to cope with the challenges posed by increased female labor-force participation in highly unequal societies. In the face of an economic slowdown, we should witness more rather than less policy intervention. From a policy perspective, we must hope that the measures taken have set in motion enough change and social support to be continued and expanded.

Notes

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2. Or in a more functional or efficiency type of argument, these trends represent a choice for less but better educated and cared for offspring and a decrease in the "comparative advantages" underpinning the traditional division of labor.
3. For a detailed presentation of different clusters of countries and their adaptive patterns, see table A1. All statistical sources are specified in the Appendix.
4. For data and sources on different adaptive patterns and inequality, see table A1.
5. Between 1884 (Mexico) and 1972 (Bolivia), countries went from defining married women as part of their husband's economy to granting them separate economies. This lengthy time span of legal changes took

place along the elimination of regulations that defined married women as minors. In other parts of the global South, these barriers are either ongoing (e.g., North Africa and the Middle East) or just recently eliminated (e.g., Sudan). Tønnessen's article in this Special Issue shows the implications that these legal barriers have on low female labor participation in the MENA countries. Aalen and Villanger address the implications that the removal of the legal requirement that women receive their husband's permission to pursue a trade or profession as recent as 2004 had on women's economic empowerment in Ethiopia.

6. Absolute since it is close to male labor force participation rates.
7. Structural since changes in the sexual division of labor and structural policy changes alleviating women's amount of care work could well lift such structural ceilings.
8. Not all time use surveys are comparable.
9. This is the "adjusted female labor force", once productive yet unpaid family work is removed from the total female labor force.
10. These were Convention No. 189 and its accompanying Recommendation No. 201.
11. <https://www.presidencia.gub.uy/comunicacion/comunicacionnoticias/triplico-salario-trabajadoras-domesticas-duplico-cotizantes-bps>

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Appendix

Table A1. Adaptive strategies for reconciling labor force participation and unpaid domestic and care work by regions

Preliminary table for 2014 or last available data		Cluster of countries			
Dimensions	Indicators	Latin America	Southern Europe	Anglo-Saxon	Nordic
Reliance on later and less fertility	Fertility rate	1.99	1.3	1.8	1.8
	Childlessness (percent of women at age of 44)	8.1	10.7	18.0	11.1
	Mean age at first birth	27.1 ¹	30.1	28.5	28.7
	Teenage pregnancy	67.1	7.7	17.1	5.7
Technology and time-saving out of household services ⁵	Weight and development of service economy	Moderate	Moderate to high	High	High
	Gini coefficient	46.2	34.4	34.2	26.1
Nonhome-based care services	ECEC (0–2)	19.2 ²	31.0	34.1	50.9
	Preprimary (3–5)	78.0	81.7 ³	79.9	91.3
	Coverage gap 0–2 in percent point 3rd minus 1st ⁴	40.7 ⁴	16.6	35.3	8.0
Paid time and income replacement for maternity, paternity, and family care	Length available to mothers in weeks (maternity, parental, and home care)	15.0	34.2	30.6 ⁵	76.7
	Use of leaves by employed mothers (as proportion of employed mothers with child under 1 year of age)	ND	32.7	55.9 ⁵	74.5 ⁶
Paid domestic work	As a percent of the economically active population	5.7	3	ND	0.2
Unpaid male work	Time use surveys; average hours per week devoted to	4.4	8.53	10.36	10.97

Continued

Preliminary table for 2014 or last available data		Cluster of countries			
Dimensions	Indicators	Latin America	Southern Europe	Anglo-Saxon	Nordic
Unpaid female work	Same	22.5	19.4	16.3	14.4
Gap female to male	Difference between female and male average hours devoted to unpaid work	18.1	10.9	5.9	3.5

Notes:

¹For Latin America data is means at birth; average at first birth should be lower.

²Data for Latin America is for Chile alone. It is one of the countries with the highest coverage, along with Uruguay, Argentina, and Brazil.

³Greece lowers the average. Development is quite recent (last ten years).

⁴For children 4 years of age, 2013. If we considered 2 years of age, it would be considerably higher.

⁵If the United States was included, the average would be much lower.

⁶Paternity take-up leaves per 100 birthdays.

Sources:

Unless said otherwise, sources are OECD family indicators <http://www.oecd.org/els/family/database.htm> and [SITEAL/UNESCO \(2015\)](#).

Indicators with countries included region included per region

Fertility rate: For Latin America, it includes Chile, Mexico, Costa Rica, Colombia, Argentina, and Peru.

Childlessness: Latin America includes Chile and Mexico; South European excludes Greece; and Nordic includes Denmark, Finland, and Sweden.

Mean age at first birth: OECD (Latin America includes Chile, Costa Rica, and Mexico; Anglo Saxon excludes Australia and New Zealand).

Teenage Pregnancy: OECD (Latin America includes Chile, Colombia, Costa Rica, Mexico, Brazil, Peru); Anglo Saxon excludes Australia).

Service Economy: On the basis of Esping-Andersen (2003) for South European, Anglo Saxon, and Nordic countries and ECLAC's data on access to appliances for Latin America.

Gini coefficient: OECD <http://www.oecd.org/social/income-distribution-database.htm>

ECEC (0–2): Latin America includes Chile; Anglo Saxon excludes Canada.

Preprimary (3–5): Latin America includes Chile and Mexico; Anglo Saxon excludes Canada.

Coverage gaps 0–2: Anglo Saxon includes Ireland and the United Kingdom; for Latin America, source is [SITEAL \(UNESCO, 2015\)](#) and includes thirteen countries.

Length of leaves available to mothers: Latin America includes Chile and Mexico.

Leaves: Take-up rates: 2013; Anglo Saxon includes Ireland and the United Kingdom; Nordic countries have a nearly universal use of maternity leaves.

Paid domestic work: [ILO 2013](#) (Latin America includes Brazil and all Spanish-speaking countries except Cuba; South Europe excludes Greece and Nordic Sweden).

Unpaid work female and male: Latin America includes Mexico; Southern European includes Italy and Spain; Anglo Saxon excludes Ireland; Nordic excludes Denmark and Island.