



# LABOR OBSERVATORY OF THE AMERICAS



NEWSLETTER 19

EXECUTIVE SUMMARY

# RESEARCH INTO PUBLIC CARE POLICIES

IN COLOMBIA,  
HONDURAS AND  
THE DOMINICAN  
REPUBLIC OF  
THE TUCA



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## INTRODUCTION

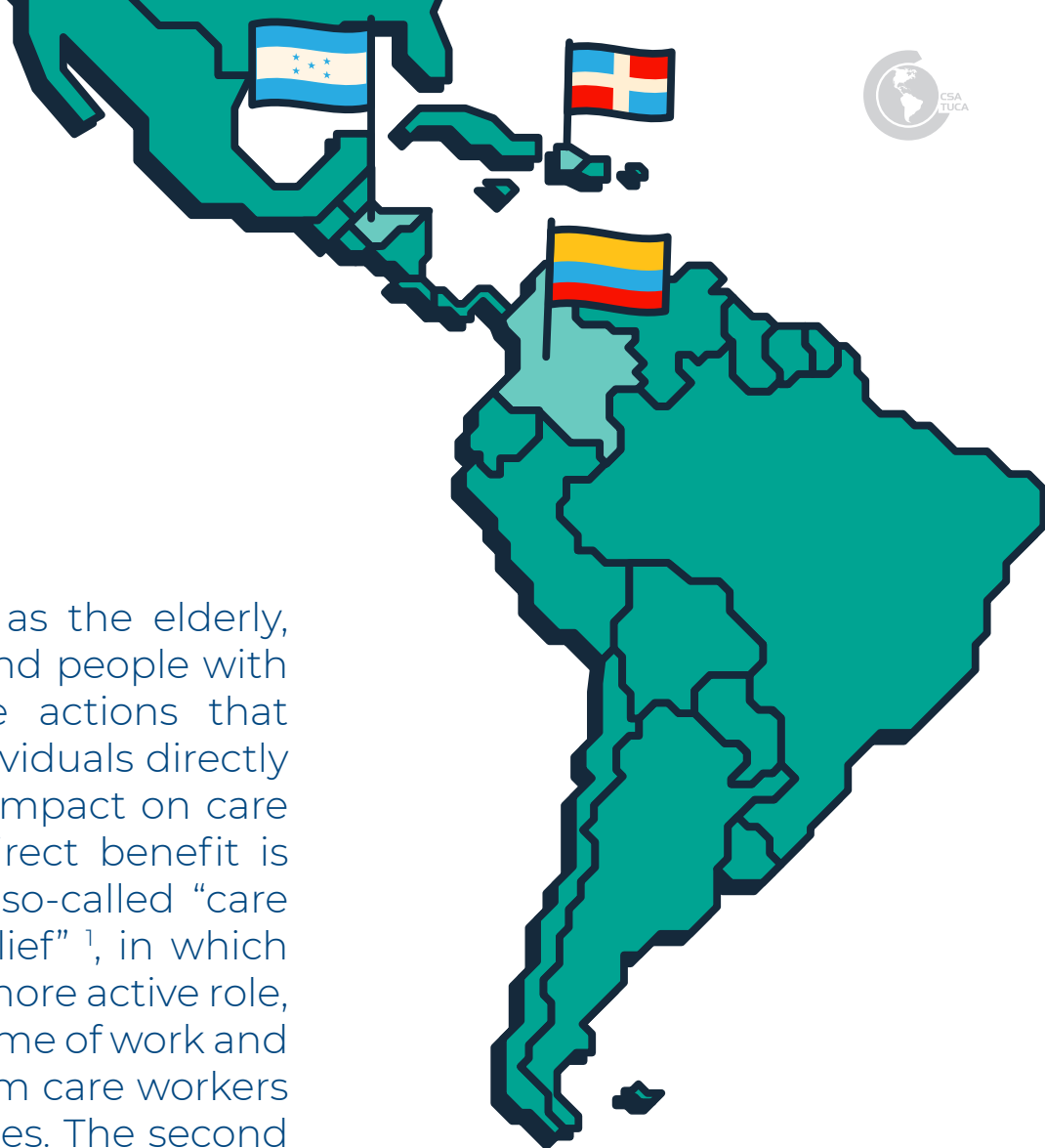
**The construction of a society with dignity as fundamental pillar must necessarily look into care workers.**

Care workers play a key role in their homes and communities, advancing the work on which society and productive systems are sustained.

The issues experienced by caregivers, as well as the quality of their work and their rights, are not universal; indeed, they vary depending on the country, family composition, age and, especially, gender. It is essential to identify their conditions to set clear objectives aiming at the recognition of their role in society by remunerating their work, seeking their representation and a fair distribution of care work among all the actors of society.

This paper provides a diagnosis of the situation of public care policies in Colombia, Honduras and the Dominican Republic, characterizing care workers and providing a general panorama of the policy situation in the region. To this end, we looked into official institutional repositories of national legislation and of international organizations, such as the International Labor Organization (ILO), and consulted statistical instruments and national accounts published by the official institutions of each country and of the Economic Commission for Latin America and the Caribbean (ECLAC), as well as previous studies on the matter in the region.

It is important to emphasize that there are two large groups of public policies on this issue. The first consists of advancing actions to protect vulnerable sectors of the



population, such as the elderly, early childhood and people with disabilities. These actions that protect these individuals directly have an indirect impact on care workers. This indirect benefit is the result of the so-called “care responsibilities relief”<sup>1</sup>, in which the State plays a more active role, reducing the volume of work and time required from care workers within their families. The second group consists of public policies to protect caregivers directly, recognizing their work as work, advancing measurement mechanisms to quantify them, reducing their multiple work shifts, and mitigating economic and time poverty.

A fundamental part of the visibility and recognition of care workers is reflected in the efforts made to count them. For this purpose, a distinction is made between paid care work (PCW) and unpaid care work (UCW), which are differentiated by the presence or absence of financial compensation for care work.

In this regard, there are marked inequalities in respect of care work, especially gender-based, but also based on other variables such as age, educational level and household composition. The study on PCW constitutes a challenge given the lack of consensus to clearly establish the activities that can be classified as PCW. Given the uncertainty, we resorted to considering activities linked to the areas of health, education and domestic work as PCW.

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**1.** The original term in Spanish is “descarga de cuidados” but “care responsibilities relief” is adopted as a similar term used in English-speaking countries to refer to lightening the burden of care.



# COLOMBIA

## MACRO REGULATIONS, PUBLIC POLICIES AND CARE SYSTEMS

The Colombian constitution was proclaimed in 1991 and, although it does not directly address care work, it does include articles of interest for caregivers, addressing issues such as equality between men and women, and the protection of the early childhood and the elderly.

We underscore the country's advances in indirect care legislation. These policies concentrate on the protection of older adults, children and people with disabilities, seeking to dignify their lives and lessen the burden of care workers.

Some direct care regulations have been approved, among which Law 1413 dated 2010, aiming at visibilizing and quantifying the contributions of the care economy to the National Accounts System.

There have also been advances at the international level, such as the ratification of ILO conventions, particularly Convention 189 on the recognition and protection of all domestic workers.

The care agenda has been present in the National Development Plan (PND) since 2014; however, it has not yet been consolidated. Given the lack of implementation of this system at the national level, the different cities and regions implemented innovative strategies bringing about significant progress, as is the case of Bogotá, which implemented the District Care System and its flagship strategy: care blocks articulated with the Land Management Plan (POT).

# CHARACTERIZATION OF CARE WORKERS

Inputs such as the National Time-Use Survey (ENUT) have been essential to characterize Unpaid Care Work (UCW) and Paid Care Work (PCW).

There are various characteristics that influence the distribution of care work, as well as the conditions in which it is practiced such as age, educational level, income, household composition and, especially, gender. However, current situational factors have also been present such as the COVID-19 pandemic, which widened the gender gap in relation to the time assigned to care work by women and men, changing from an average of 7 hours and 14 minutes in the 2016-2017 period to 8 hours and 15 minutes in the 2020-2021 period. The time assigned by men to these jobs in the same years declined slightly: from 3 hours and 25 minutes to 3 hours and 21 minutes (DANE and UN Women, 2020).

In Colombia, women between 29 and 45 years of age assign most time to care work (Tribín et al., 2022), demonstrating a trend of UCW overload on young women. Similarly, women in the lowest income quintiles, as well as those who live in two-parent households with children, are the ones who assign most time to UCW.

Regarding the PCW, despite the lack of consensus on its specific activities, estimations indicate that, by 2019, this sector accounted for approximately 12% of the country's working population, which is extremely important considering that 76% of this sector is made up of women. Thus, 22% of the working women are in this sector, pointing to the serious consequences that this caused to women when 18% of the jobs in the care sector were lost in 2020. (Quevedo et al, 2021).



# HONDURAS

## MACRO REGULATIONS, PUBLIC POLICIES AND CARE SYSTEMS

Although the Honduran constitution in force since 1982 and the Honduran Labor Code stipulated in 1959 do not refer directly to care work and the people who provide it, they include certain articles on the recognition of the importance of human beings and the eradication of discrimination. In particular, Articles 149 and 150 of the Labor Code define domestic work, despite not offering guarantees in this regard.

As for other laws approved in Honduras on care work, the situation has advanced slowly and there is no effective entry into force of laws in favor of care for populations requiring it. In particular, the political instability experienced in the country since the 2009 coup d'état has generated a lag in the implementation of policies and in the signing of international agreements, especially ILO Convention 189.

As for the stipulation of Care Systems, Honduras does not have a national system to articulate actions to improve the conditions of the vulnerable population with the reduction of the inequalities associated with an inequitable distribution of care work. We highlight the Law on Equal Opportunity for Women and the II Gender Equality & Equity Plan 2010-2022 of Honduras, even though their objectives are in a poor state of implementation.

As shared by the country's trade unionists at the National Workshop on Work & the Care Economy held in Tegucigalpa, Honduras (2023), a bill on domestic work was created in 2018 to improve the working conditions of domestic women workers which, in the end, was not approved by Congress.

# CHARACTERIZATION OF CARE WORKERS

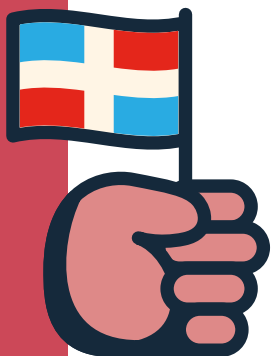
With regard to the UCW, according to ECLAC data, women assign 13% more time to these jobs than men. According to the latest survey on time-use at the national level (2009), 88.7% of Honduran women participate in the UCW compared to 43.1% of men. Taking into account the time assigned per day, women assign more than three times the time than what men assign to this work. It is important to note that Honduran women between 25 and 44 years of age belong to the age group that assigns most time to this work.

In relation to the level of education, the women who assign most time to UCW are those with the least years of schooling. Differentiating per educational level, although in all their formative stages women assign large amounts of time to UCW, a slight decline in dedication to these tasks can be observed when they move from high school to university education. As for men, as their level of education increases, the time assigned increases.

The trend of this unequal distribution of UCW is maintained in various aspects of women's lives; women with the lowest income are the ones who assign more time to care work. Similarly, in Honduras having children is a determining factor in the distribution of care work and deepens the inequality affecting women.

The existing information on PCW in the country is scarce, except for the domestic work sector. This sector, albeit effective at the time of characterizing certain care workers, it does not encompass other relevant groups. Between 2019 and 2022, the percentage of women employed as paid domestic workers rose from 6.7% to 7.8%. Women receive a low salary, lower than the country's average income for women and lower than that received by men in the same sector.





# DOMINICAN REPUBLIC

## MACRO REGULATIONS, PUBLIC POLICIES AND CARE SYSTEMS

The Dominican Republic has made important advances in the positioning of care work by referring directly to it in its recently promulgated constitution (2010), recognizing that care work generates social wellbeing and creates added value.

The analysis of other laws of the country on care work shows significant progress in policies to protect population groups that depend on caregivers (indirect legislation) and to improve the working conditions and social security of those providing care (direct legislation), despite recent discussions that could entail an important setback. We mention Resolution No. 551-08 d/f 25/08/2022 that develops a plan to integrate domestic workers into the social security system and Resolution No. CNS-11-2022, based on which the minimum monthly salary of domestic workers is set at a value of 10,000 Dominican pesos.

Important advances have been achieved in the country in the formation of a social protection floor and the general public policy guidelines of the National Care System. We emphasize the objective of starting to implement the *Supérate* program as part of the post-pandemic economic reactivation, while the National System is consolidated.

# CHARACTERIZATION OF CARE WORKERS

In the Dominican Republic, women assign a greater proportion of their time (12.9% more) on UCW than men. Based on the 2016 Household Survey of the country, it is evident that women and girls over 10 years of age spend more than three times the average daily time spent by boys and men. This has repercussions on the remaining time available to participate in paid work and other activities such as training for work, leisure and trade union participation.

In the country, the population group that assigns most time to UCW is women between 25 and 45 years of age who, on average, assign 34.6 hours per week to this type of work. It is also very important to recognize the contribution of “caregiving grandmothers”, a group that concentrates the largest proportion of women who are unpaid caregivers.

With respect to the time assigned according to educational level, women spend more time than men in this work at all educational levels, although there is a slight decline when they move from high school to university education.

These gender inequalities are also heightened with the income level as women with lower income assign more time to UCW, and with the household composition where there are indications of heavy burdens if indirect care on women.

The analysis of PCW in the Dominican Republic is based on women domestic workers, a relevant group in this sector. According to the country’s National Statistics Office (ONE), by 2021 more than 90% of those providing care work were women, many of whom were immigrants, in a situation of poverty or of informal work. In turn, women experience worse working conditions than their male counterparts, earning less for their work with less formalization, given the habitual absence of written contracts.

# STATUS OF ADVANCES IN THE REGION

In general, the Latin American region has taken steps towards the formulation of public policies to improve the conditions of care work, through educational campaigns, care provision centers and labor legislation in favor of workers, who mediate their paid work with care work in their homes and communities. The status of advances of policy proposals and implementation varies from country to country, but Uruguay is noteworthy as pio-

neer in national care systems, as well as the advances in Chile and Costa Rica which, although they have had welfarist approaches and weakness in the offer of public care services, are presently discussing the creation and future implementation of national care systems.



# CONCLUSIONS

After analyzing these three countries, this paper shows that paid and unpaid care work is carried out primarily by women with a low educational level, of reproductive age, in households with children and of the lowest socioeconomic levels. Thus, women are the ones who assign most time to care work and, among them, it is the women in the most precarious conditions who perform this work in the worst conditions. The above reveals the huge challenge facing the region to fight against inequality in this area.

It is necessary to put pressure on governments to promote the ratification of international agreements, propose public policies for the redistribution of care work by promoting active participation of households, communities and the State, advocating for the establishment of integral care and social protection systems.

To achieve these changes, meeting spaces between care workers and the different agents of society are required so as to promote spaces for training, self-recognition and recognition, based on which contributions can be made to the required changes and to the maintenance of the rights already gained.

Lastly, it is crucial that commitment to care in the countries of Latin America and the Caribbean embrace a differential and rights-based approach that incorporates the specific characteristics of care work, seeking a collective and plural construction that helps to break down existing barriers and contributes to the dignity of the work of all peoples.



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