

THE AMERICAS  
TRADE UNION PERSPECTIVE ON

# CARE



# TRADE UNION CONFEDERATION OF WORKERS OF THE AMERICAS

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TRADE UNION CONFEDERATION OF WORKERS OF THE AMERICAS

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# THE AMERICAS TRADE UNION PERSPECTIVE ON CARE

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*“...as long as there is a division of labor between men and women that burdens women with care work and domestic chores, these modalities of employment at home can constitute a setback since they serve to perpetuate and reinforce gender roles and maintain care as the responsibility of women (...)The non-incorporation of men in care work could entail the setback of the revolution initiated by women when they left the household.”*

## **II TUCA Women’s Conference, 2019**

*Despite its crucial importance, which becomes evident when not provided, it is labeled and paid as the most routine work, without specialization or professional and psychological skills, and for this very reason, it is generally destined to oblivion. Only its absence reveals the interdependence and vulnerability to which we are all exposed.*

**Mara Viveros Vigoya, 2012**

# 1. INTRODUCTION AND CONTEXT

Defining care work as fundamental pillar of life and integral part of the rights to social protection is an issue of great importance for the Trade Union Confederation of the Americas (TUCA) which, as of its founding has upheld a very clear position regarding the progressivity of human rights, with emphasis on collective rights and prioritizing the rights of women as fundamental subjects of democracy and justice in the world.

The struggles of the worldwide women’s movement, feminism, trade unionism and other social actors that demand States to define and implement public policies for care work, have started to produce some results.

As clearly stated in the Development Platform of the Americas (PLADA, 2020), the economic scenario of the region, technological changes and the socio-environmental crisis are a threat to all workers’ rights, and a challenge to the fighting capacity of labor movements in particular and social movements in general. Therefore, we require a policy of resistance against the reactionary onslaught of job precarity and the persecution of the trade union movement, as well as the development of action proposals to defend the rights gained and attain new rights through social and political alliances, for the construction of another possible America.

In this context, the importance that care work has acquired, due to its relevance and compelling evidence during the pandemic,

to the point needing to focus attention - not on salaried work for the production of goods - but on work for the production, reproduction and sustainability of life, in conditions of gender, social and environmental equity and justice. This vision leads to the recognition of the unavoidable work for life carried out mainly by women both inside and outside the domestic sphere<sup>1</sup>, but which is excluded from the mercantile and patriarchal logic of the capitalist system and, therefore, not paid or valued, not even considered as work, despite the fact that it directly affects the economic development of countries, as well as individual well-being and that of society as a whole.

According to ECLAC data, in Argentina, Chile, Colombia, Ecuador, Costa Rica, Salvador, Guatemala, Mexico, Peru and Uruguay the contribution of unpaid domestic and care work accounts for 16% to 23% of GDP, a contribution made by more than 70% of women who work twice the time

1. domestic. From the lat. domesticus, from domus 'house'. Adj. Of or pertaining to the house or home. Real Academia Española (RAE), <https://dle.rae.es/dom%C3%A9stico>

of men in these activities. This huge inequality is exacerbated by the wage gap: in 2020 women earned 39.2% less than men among the paid sectors of care work, such as health, education and domestic work.<sup>2</sup>

In the case of unpaid care work, inequalities and injustices are even greater given the absence of recognition, remuneration and appreciation. These are jobs carried out in the household, mostly by young women outside the labor market, with the consequent absence of socio-economic guarantees, social protection and with no possibility of improving their income to overcome the situation of widespread poverty. Due to their condition, they are unable to develop other activities of self-care, education, recreation, training and participation in social and political life.

This harsh reality of precarity, absence of rights, gender inequality as regards care work, has aroused interest in Latin America for over thirty years, both of academia and social movements, which have helped understand, sensitize and raise awareness on this serious issue of social and economic inequity, through different approaches, analyses, reflections, conceptualizations and proposals, generating a gamut of positions and important resistance struggles.

For these reasons, for the TUCA, it is a core objective of the trade union movement to build an updated policy of affirmative proposals based on gender and intersectionality to ensure the universal right to care within Social Protection systems, reduction of gender gaps and support for decent work. That is why we hope that this document will serve as a reference when defining strategies for action and advocacy at a national and regional level in the field of Care.



## 1.1 THE CONSTRUCTION OF DIFFERENT APPROACHES TO CARE WORK

**We can trace at least four analytical outlooks in the region: one of feminist economics, focused on the care economy, a second one linked to sociology that focuses the discussions on social welfare and care work as one of its components. A third approach, similar to the previous one, which places the emphasis on understanding care as a right, and a fourth approach based on the ethics of care, which is closer to disciplines such as anthropology and social psychology. (Batthyány, 2020).**

In the late 1960s and early 1970s, the feminist movement proposed discussions on domestic work, its place in the context of capitalist production and social reproduction (Picchio, 1999, 2005; Carrasco, 2001; Peter, 2003; Power, 2004; Benería, 2003; Pérez Orozco, 2006a). The latter concept questions the way in which the distribution of jobs, tasks and energy is generated in the process of social reproduction and of the labor force, as well as of social relations. In this regard, domestic work in conjunction with reproductive work includes direct care (personal, relational, feeding, cleaning, health care) of adults and children, and indirect care (cooking, housecleaning, shopping), now identified as care work. In this way, they define the systemic economic role of unpaid domestic and care work and its contribution to the generation of economic value.

Subsequently, the study of care work based on the feminist economy began. This approach considered that the idea of relating care work based on salaried work, the production of merchandise and material goods as reductionist because it led to a “commodification of care work” (Folbre, 1995). There are many studies in the region by economists<sup>3</sup>, who analyze care work primarily based on the concept of “sustainability of life”, above and beyond the relationship with productive work and the market. They consider care work as essential and subordinated to the

2. Economic Commission for Latin America and the Caribbean (ECLAC), The care society: horizon for a sustainable recovery with gender equality (LC/CRM.15/3), Santiago, 2022.

3. Irma Arriagada (2010), “La crisis del cuidado en Chile”, in *Revista de Ciencias Sociales*, No. 27, Montevideo; Valeria Esquivel (2011), *La economía del cuidado en América Latina. Poniendo a los cuidados en el centro de la agenda*, Panamá, UNDP; Alison Vásquez (2012), “Reflexiones sobre economía feminista, enfoques de análisis y metodologías: aplicaciones relevantes para América Latina”, in Esquivel (ed.), *La economía feminista desde América Latina*: (2001), *El género en la economía*, Centro de Estudios de la Mujer, Santiago. En: Batthyány, K (2020). *Miradas latinoamericanas a los cuidados. Siglo XXI Editores*. pp. 15. In: Batthyány, K (2020). *Miradas latinoamericanas a los cuidados. Siglo XXI Editores*. pp. 15. Siglo XXI Editores. pp. 15. 15.





economy linked to the market and wealth generation, so much so that the provision of economic goods and services is understood on this basis.

This discussions on the contribution of domestic and **care work** to social reproductive work and to the economy of capitalist production and from the perspective of sustainability of life, the concept of care economy arises, as covering “all the activities and practices required for the daily survival of people in their society” (Rodríguez-Enríquez, 2015). In this regard, the link between care work and the economic system is based on the impact on wellbeing it generates for the reproduction of life of society as a whole. This care economy shows the role played by women in the capitalist economy and highlights women’s transcendental role in the sustainability of life, as well as revealing the deep and unfair inequalities in which paid and unpaid care work are provided.

An important aspect that been developed through said study on the care economy is the link with the phenomenon of migration and global care chains. This relates to the role of women caregivers, of women who migrate, and women who remain providing care to the families of women migrants. Women who leave their countries of origin to seek better living conditions for their families and get a job offer, especially caring for children and/or the elderly, domestic work, etc., with the aggravating circumstance that they are generally subjected to informal working conditions and total lack of social protection.

The commitment to a feminist economy as a tool to understand and transform the world was proclaimed worldwide by the World March of Women since the late 1990s, whose challenge has been to build another paradigm of the relationship between human beings and nature, placing the sustainability of life at its center, fully aware that we cannot consider that the capitalist system is humanist, therefore: “it is necessary to break away from hierarchies and anthropocentrism and look into the pool of processes that show the centrality of domestic work, of care, of the need for its reorganization and the co-responsibility of men, communities and the State in that regard.”<sup>4</sup>

As for the second approach, in the 1980s the first sociological studies on the existence of the so-called **care work** were carried out (Balbo, 1987) which, albeit shared the feminist perspective on the need to make visible the work of adult women to look after societal life, it especially emphasized jobs and the time required to perform them, thus evidencing the sexual division of labor as structure of welfare societies, situating daily life and the domestic space as the scenario of analysis (Agnes Heller, 1977), in which women, called “housewives”, were invisible in their caregiving role. This spatial and temporal analysis of domestic work revealed the differences, as well as the economic, cultural and social inequalities of women caregivers.

4. Marcha Mundial de las Mujeres. 5a. Acción Internacional. Documento Regional Américas. 2020, p. 14. <https://marchemondiale.org/wp-content/uploads/2020/10/Do-cAméricasES.pdf>

Later on, the meaning of *care* was developed (Finch & Groves, 1983) to signify the identity elements emphasizing the feelings and emotions of care work, underscoring that these are female tasks and are not comparable to the production of merchandise and material goods. This meaning was later extended, at the behest of the British analysts, to the *social care* category, in order to demand that the Welfare State and European society organize care work socially and develop care and welfare policies extensive to health, care for the elderly and the reinforcement of community ties, in the case of US society.

**This perspective covers health, education and pensions – as components of social protection systems- to which care should be added as fourth pillar of welfare states, as the needs and practices of care work can create situations of extreme vulnerability for those providing and receiving care, in the event of absence of social care services (Nieves & Robles, 2017).**

The third analytical approach to care work defines care as a **universal human right**, with all its economic and social implications. All people are entitled to care throughout their life cycle, above and beyond any economic, cultural or social rationale. Hence, it should not be seen as the obligation of women or of the family, it must be ensured as part of State public policies and involving the remuneration and assurance of the labor rights of those who perform this work inside and outside the household.

This line conceptualizes care as a human right that arises primarily from law and sociology as disciplines (Pautassi, et al, 2010), and is not only limited to a definition, but especially emphasizes care as a choice. This means that care should not be considered an obligation. Indeed, regardless of family conditions or affective ties, people who require care must rely on the State to provide it, thereby impacting public policies, questioning them and demanding actions in that regard.

To the extent that care is a human right, and therefore universal, this approach advocates the recognition, reduction and redistribution of care, not only within households, but also among the different stakeholders of social organization: households, enterprises, State and community. A theoretical effort has been made to broaden the vision of care from a purely economic outlook (contribution to GDP, employment generation, etc.), to an approach in which care goes further and its integral role in life is recognized. Recently, ECLAC put forth the notion of *care societies* understood as social organizations with the sustainability of life at their center (ECLAC, 2022).

Placing life at the center implies recognizing the right to care while ensuring that its three dimensions can be implemented: caring, being cared for, self-care, recognizing the value of care work and ensuring the rights of caregivers, all in the framework of co-responsibility that advances towards overcoming the stereotype of women caregivers (ECLAC, 2022).

As for the **ethics of care**, which has been criticized and even reformulated, it is based on the idea that women's and men's logic regarding rights is differentiated: while men are inclined to justice and rights in the abstract, women see justice and rights based on care and the importance of personal ties. Carol Gilligan (2009) considers that women have a particular morality which abides by their way of reasoning, which is very different to that of men, regardless of the inequalities of society. Feminist critics consider that this way of looking at care is essentialist by associating women with issues such as kindness

and dedication to others. However, Joan Tronto (recognized specialist on the subject, 1993, 2011 and 2013) proposes the ethics of care as universal, not exclusive to women, to the extent that giving and receiving care is a human right. In Latin America, Luz Gabriela Arango & Pascale Molinier (2005) consider emotional care work as a confusing experience, in which affection appears as a rather discursive figure that focuses on the affective ties that define care, even paid care, as they make its sustainability possible.

This trajectory of studies, approaches and concepts of care work, that began with the analysis of sexual division of labor, has not only been theoretical. It has also been an essential part of the struggles, demonstrations, claims, mobilizations and the demands of feminists and social movements, as well as of trade unionism, as we will see below.

## 1.2. THE TRADE UNION PERSPECTIVE

Regarding the four abovementioned approaches, it is important to highlight that trade unionism has accompanied the first three processes, embracing and collaborating in the construction of several of their elements, based on the following practices and approaches:

### Care economy:

Makes visible the importance of women for the sustainability of the economy as a whole and demonstrates how, having historically had to be in charge of caregiving due to the sexual division of labor, have been subjected to major inequalities and social, political and economic disadvantages.

### Care work:

Evidence of women's work for the development of life in society by showing the time it requires and its sexual division. It frames space (domestic) and time (how many hours are devoted to this). It calls for the role of the State in the Social Organization of Care (care policies).

### Care as fundamental right:

requires that it must be ensured by the State and involves the assurance of labor rights and remuneration for those providing it. This right must be recognized regardless of family or affective ties. Recognition, Reduction and Redistribution in households (co-responsibility). And among the different social stakeholders, Care Societies as social organizations with the sustainability of life at their center. Caring, being cared for and self-care.

Historically, these movements evidenced the double working day of women and/or double labor exploitation, made up of the working day in their places of occupation, in addition to the day of domestic and care work in the home. Hence, trade unionism and social movements denounced the overload of women's work and their subordination to the reduced domestic space, preventing their participation at the professional level and in social, economic, political and union spaces. Similarly, they raised awareness on the fact that women's overall workload is much heavier than that of men and that a high percentage is unpaid, even in single-parent families, where women are the heads of the household. Women cover practically 80%, most of it unpaid and, most importantly, with no social protection whatsoever.

During the COVID-19 pandemic, this double shift became multiple work shifts, due to the lockdowns that exacerbated the demand for care and substantially reduced the provision of service, as a result of social distancing measures. This care overload fell primarily on women's shoulders, who had to take care of all the tasks of working from home, of caregiving, of the children (including schooling) and of the elderly in general, for which they received only one pay in the case of women workers. In the case of informal women workers, the pandemic entailed much more work, aggravated by unemployment and the resulting impoverishment.

Another fundamental contribution related to the time that women workers, as well as all caregivers, are able to devote to their personal care, education, recreation, cultural, sports, social or political activities. This work overload, which requires almost 70% of their day, **leaves women**<sup>5</sup> exhausted, is the so-called time poverty of caregivers, negatively affecting their quality of life by reducing their possibilities of self-care and other activities. However, women who do engage in other kinds of activities, such as women trade unionists or community leaders, end up working a triple shift due to the roles in the workplace, at home and in trade union activities. Consequently, the arduous struggle of women seeking to be included and gain spaces for their participation in many areas, previously reduced to the male presence, is exacerbated by the imposition of their social role of caregivers. This means that the work overload is not a merely economic issue, but also has an impact on the psychological, emotional, physical well-being, personal and political development spheres.

It is essential to state that the double, triple and multiple work shifts and exploitation of women, the poor, migrants, women laborers, Afro-descendants, young people, as well as inequality, discrimination and subjection to undignified conditions of poverty for their families, are caused by the dominant patriarchal capitalist system

5. According to Bardasi and Wodon (2006), time poverty can be understood as the insufficiency or scarcity of time available for people to rest or enjoy leisure due to an excessive workload, whether paid or domestic. In: University of Chile. Institutional Repository University of Chile.

[repositorio.uchile.cl/bitstream/handle/2250/142612/Encalada%20Garcia%20Andrea.pdf?sequence=1](https://repositorio.uchile.cl/bitstream/handle/2250/142612/Encalada%20Garcia%20Andrea.pdf?sequence=1)





which, by applying its neoliberal austerity measures, changes rights into costs, and subordinates women to an economy at the service of the market, not of life. Welfare and protection policies for society are not part of their agenda, quite the opposite, all responsibilities for the sustainability of life are transferred to women, generating a full-fledged care crisis.

Care work acquires an important role at the level of the political pillars, struggles and demands to be addressed by trade unionism. It is necessary to understand, assume and dignify care as work, and identify its different activities as components of the contribution to the economy and the well-being of society as a whole. In addition, recognizing and making care visible based on gender and intersectionality is part of the historical struggle of women workers, and trade unionism in general, to eradicate the patriarchal culture, the sexual division of labor and the increasing precariousness and denial of their rights by the neoliberal economic order.

The struggles of women domestic workers, of the so-called community mothers, of caregivers, of women health and education workers, of the trade union movement and of the feminist movements - seeking to dignify the conditions of the sector - produced the demands that have been progressing in the region called the 5 Rs: Recognition, Reduction, Redistribution, Remuneration and Representation of care. The first three were built due to the need for policymaking to achieve the visibility and co-responsibility of care, and the other two were included by the International Labor Organization (ILO) with a view to

ensuring both the representation and collective bargaining of workers of the sector.

Today the activism and struggles of trade unionism, feminist movements and different sectors of civil society, in which women workers have played an important role, have had an impact, but there is still a long way to go. In this regard, and as part of its strategy, the TUCA has formulated a set of guidelines and policies (such as the documents resulting from the I and II TUCA Women's Conference, the IV TUCA Congress, the PLADA and the Base Document to update the regional trade union policy on social protection), which have played an important role in the discussions of the region.





## 2. CARE, A UNIVERSAL RIGHT

### 2.1 DEFINITION AND CONCEPTUALIZATION OF CARE WORK

Care is a concept still under construction. Depending on the type of approach, whether empirical studies, social demands and/or theoretical studies, we cannot speak of consensus and this hampers its definition.

Similarly, very important activities have been carried out by allied organizations such as the World March of Women (WMW), the International Trade Union Confederation (ITUC), Global Unions, the ILO, UN Women, which have contributed proposals and actions both in terms of demands for States in particular, as well as guidelines for the struggle and actions of the global trade union movement in general. An example is the joint initiative to declare the Global Day of Action for Care, celebrated on October 29, which was joined by the ITUC, Public Services International (PSI), UNI Global Union, International of Education (IE), the International Domestic Workers Federation (IDWFED) and Women in Informal Employment: Globalizing and Organizing (WIEGO).

The analysis, the historical process, the conceptual approach, its evolution and updating, and the proposals of unionism and civil society lead the TUCA to the formation of a programmatic position on care as one of the core pillars of current policy. The proposals and lines of action to be developed within the trade union organizations will lead to the deployment of a consistent work plan for the universal right to care and as fundamental part of the social protection and welfare systems to change towards a more just and egalitarian society.

However, a possible approach could be understanding care as any action or activity that seeks to meet needs, thus enabling the sustainability of life. Similarly, it is a network and relational exercise that simultaneously makes all living beings recipients and providers of care during the life cycle, especially when those requiring care depend, to some degree or another, on those providing it.

This concept entails the need for caregivers. This relational exercise can be provided by anyone able to provide care; however, these social relationships are built on complex forms of power and privileges that have subjected women as those who “naturally” are called to provide care and, in most cases, without recognition or remuneration... and their devaluing is evident.

Care-related studies show a clear link to the concept of work (Himmelweit, 2011) and the professionalization and inclusion in the market (Batthyány, 2021; Carrasquer, 2013), as well as with the levels of co-responsibility that stakeholders must share, especially the role of the State, the private sector, families and the community. In this regard, the complex network of links established in an unremunerated manner, permeates paid activities, in most cases accompanied by precarity, scarce recognition and low remuneration. As a result, the role of trade unions is indispensable. In particular, the responsibility to provide care that befalls on women workers is one of the links between production and reproduction of inequalities, not only of gender, but also of race and class.

The TUCA has put forth a definition of care as integral right within social protection, encompassing those requiring care, as well as caregivers. It is about the right to care, be cared for and self-care. It includes the set of activities required to make life possible, including food preparation, cleaning and making clothes. According to the ILO, “care work comprises two types of overlapping activities: direct, personal and relational care activities, such as feeding a baby or caring for a sick spouse, and indirect care activities such as cooking and cleaning.”<sup>6</sup> All the support to meet daily needs, ranging from physical and emotional support to providing company to ensure the wellbeing and development of individual capacities and skills. This includes “1) direct care for other people, 2) self-care, 3) tasks required as part of care such as housecleaning, food preparation, and 4) care planning, management and supervision.” (Batthyány, 2020).

Based on this definition of care, it is possible to classify care into paid and unpaid care. Paid care work can be defined as the economic activities involved in providing care such as domestic service, food preparation, care for the elderly, sick or disabled, childcare centers and laundry services (Herrera, et al, 2020).

Unpaid care work involves the activities aimed at the sustainability of life for which no salary is received and carried out primarily inside the home. Therefore, household chores, caring for the elderly, dis-

abled, children, preparing food, washing and mending clothes, growing products for home consumption, collecting water and raising domestic animals can be considered part of these activities (Folbre, 2006).

Caregivers give life and preserve life through their care. Women move society through reproductive work and, therefore, care must be considered a human right and its responsibility must be the responsibility of the State. Paraphrasing the philosopher, writer, and feminist activist Silvia Federici, in a capitalist world, while men make shirts, women make the men who make the shirts. “What they call love is unpaid work.”



6. ILO (2018). El trabajo de cuidados y los trabajadores del cuidado para un futuro con trabajo decente. [https://www.ilo.org/global/publications/books/WCMS\\_737394/lang-es/index.htm](https://www.ilo.org/global/publications/books/WCMS_737394/lang-es/index.htm)

*We must admit that capital has been very successful at concealing our work. It has created a masterpiece at the expense of women. By denying wages for housework and turning it into an act of love, capital killed two birds with one stone. First, it obtained an incredible amount of work that is almost free and ensured that women, far from rebelling against it, seek that work as if it were the best thing in life (and the magic words: “Yes, honey, you’re a real woman.” Simultaneously it has disciplined male workers by making “his” wife dependent on his work and wages, and trapped men in the labor discipline by providing them with servants he himself strives for by working in a factory or an office<sup>7</sup>.*

7. Federici, Silvia (2013). Revolución en punto cero, trabajo doméstico, reproducción y luchas feministas. Traficantes de sueños. Madrid, p. 38.

So much so that, although care encompasses the fundamental right to care, it must also include the right not to provide care, as it has been imposed by the patriarchal society and the sexual division of labor on women, as a natural obligation. For this reason, feminist movements and trade union organizations fight to raise awareness on the co-responsibility of care in the family, to overcome gender stereotypes, even though it is the State that must be in charge of this service. Already

in the Quito Consensus, as part of the X Regional Conference on Women in 2007, the States committed to design and implement public policies in favor of sharing the responsibility equally between women and men at the family level, as well as to recognize the importance of care and domestic work for economic reproduction and the wellbeing of society as a way of overcoming the sexual division of labor<sup>8</sup>.

However, in addition to care as an activity that is provided and received, recently and as part of the commitment to care societies, a concern has also emerged to ensure **self-care**, given that it protects physical and mental health, especially of caregivers. It is a crucial given that, in the particular case of specialized care (elderly and disabled people), many of the caregivers work informally without training on how to care, reinforcing the idea of that care is something that one knows how to do naturally. Along these lines, many caregivers are exposed to burnout, anxiety, depression and/or physical injuries, linked, for example, to moving those under their care, which endangers the health of caregivers and deteriorates their quality of life (Gua-to-Torres & Mendoza-Parra, 2022).

8. “We reaffirm the need to adopt co-responsibility measures for family and work life that apply equally to women and men, bearing in mind that sharing family responsibilities creates favorable conditions for women’s political participation. The Consensus urges the implementation of comprehensive public social security systems, with universal access and coverage, articulated to a wide spectrum of public policies and capable of ensuring the well-being, quality of life and full citizenship of women”.

<https://www.cepal.org/es/comunicados/paises-america-latina-caribe-aprueban-consenso-quito>

## 2.2 THE CARE ECONOMY, MAKING VISIBLE AND RECOGNIZING CARE WORK

One of the great contributions of feminist economics is the conception of care from a crosscutting and articulating perspective in modern societies, which is reflected in housework and communities to reproduce the labor force, i.e. in markets, employment and the provision of public services.

This comprehensive approach links the economic system and social organization and defines the care economy as a space for goods, services, activities, relationships and values pertaining to the needs relevant to human existence and repro-

duction. The care economy comprises all the unpaid work carried out in the household and the paid care work carried out in the market (ECLAC, 2020).

Therefore, recognizing the economic value of unpaid activities that contribute to economic and social development, analyzing unpaid workloads by gender and proposing mechanisms for remuneration and redistribution through public care policies are core objectives of the care economy.



What is usually called the care economy is made up of all the unpaid work, mostly carried out by women at the family and community level, and the paid household and care work provided in other spaces such as hospitals, childcare centers and homes for the elderly, but in instable and precarious conditions. The social dynamics of the care economy are structured by the sexual and racial division of labor, and for this reason, reorganizing care towards equality involves demanding a comprehensive agenda that addresses gender, race, age and class inequalities.

Progress has been made, nonetheless, in the recognition of care work, as well as in relation to the **need for its remuneration and redistribution** by the governments of the region. **The Montevideo Strategy**<sup>9</sup> urges governments “to promote the adoption of care policies and policies to promote the co-responsibility between women and men to contribute to the au-

tonomy of women and a fair social organization of care.” (UN Women, 2020) and in the recent XV Regional Conference on Women in Latin America and the Caribbean, the **Buenos Aires Commitment**<sup>10</sup> was signed, which “proposes a path to advance towards the care society, with agreements in novel areas for a transformative recovery with gender equality and sustainability. Care is recognized as the right of people to care, to be cared for and to exercise self-care. A call is made to promote measures to overcome the sexual division of labor and to move towards a fair social organization of care, in the framework of a new style of development that promotes gender equality in the economic, social and environmental dimensions of sustainable development. (UN and ECLAC 2022).

9. [repositorio.cepal.org/bitstream/handle/11362/41011/1/S1700035\\_es.pdf](https://repositorio.cepal.org/bitstream/handle/11362/41011/1/S1700035_es.pdf)

10. [https://repositorio.cepal.org/bitstream/handle/11362/48737/S2300586\\_es.pdf?sequence=4&isAllowed=y](https://repositorio.cepal.org/bitstream/handle/11362/48737/S2300586_es.pdf?sequence=4&isAllowed=y)

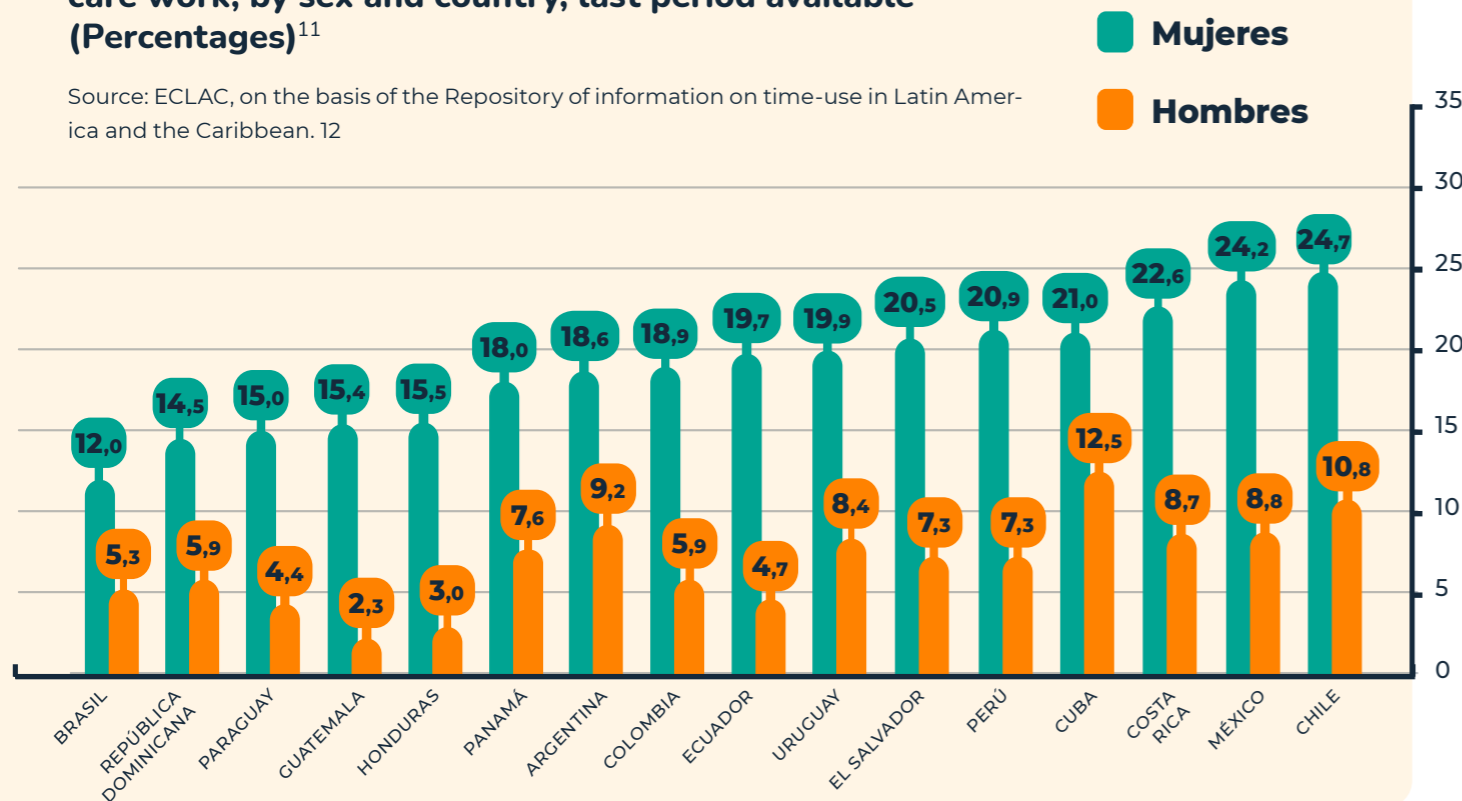


## 2.3 THE CARE WORKING CLASS IN THE REGION

**Paid care work (PCW)** includes multiple sectors that can be included in this category, such as health, education and domestic workers, among others. However, and as a result of the scarce recognition of care as work, the self-recognition of care workers is hampered in said sectors, while the huge invisibility of **unpaid care work (UCW)** creates problems to define those providing it.

**Figure 1. Latin America (16 countries): Proportion of time assigned to unpaid household and care work, by sex and country, last period available (Percentages)<sup>11</sup>**

Source: ECLAC, on the basis of the Repository of information on time-use in Latin America and the Caribbean. <sup>12</sup>



Despite this, progress has been made in the definition, categorization and measurement of these jobs. In relation to PCW, it has been possible to define certain sectors that can be measured and analyzed in this way. While the UCW can be observed and analyzed by measuring the time dedicated to care with Time-use Surveys in the countries of the region that have adopted them (albeit discontinuously and not comprehensively) in order to obtain regional data to better understand the situation of care workers in Latin America.

ECLAC has made efforts using this tool to compare the time assigned to unpaid care in 18 countries with information in this regard. As shown in Figure 1, unpaid work days are mainly covered by women with more than double, and even triple, the hours assigned by men to these tasks.

These times clearly generate income, support and promotion gaps for women in the labor market, perpetuating the barriers of sticky floors (naturalization of their role in the UCW and subsequent precarious labor insertion), broken echelons (interruptions in the labor track-record) and crystal ceilings (limitations to empower and ascend) in the paid sector for women. Household surveys in the region show that, on average, 43.4% of women between the ages of 20 and 59 indicate family care as the main reason for not actively seeking or performing paid work.

Breaking down the conditions of women who perform this type of work, these are further aggravated when we include territorial or ethnic characteristics: the time devoted to UCW is greater when living in precarious, rural geographical territories,

without water or passable roads, in many cases inhabited by Afro-descendant or indigenous communities.

Regarding the characteristics of these unpaid care workers, ECLAC data (2022) show that they are mostly located in rural areas and in households with one or more minors. In 2021, 41.3% of women living in rural areas and in households with minors were engaged in UCW, compared to 31.5% of rural women without minors, 31% of women in urban households with minors, and 21.2% in urban households without minors.

According to the above, the largest proportion of female unpaid caregivers are in the lowest income quintiles. In 2020, while 15.5% of women in the highest quintile worked exclusively in caregiving, this proportion increased to 39.3% in the lowest quintile (figure which increases to 42.6% for rural women). (ECLAC, 2022). This generates a vicious circle that perpetuates gender inequalities and the impossibility of leaving poverty behind: “Those with more resources have more access to qual-

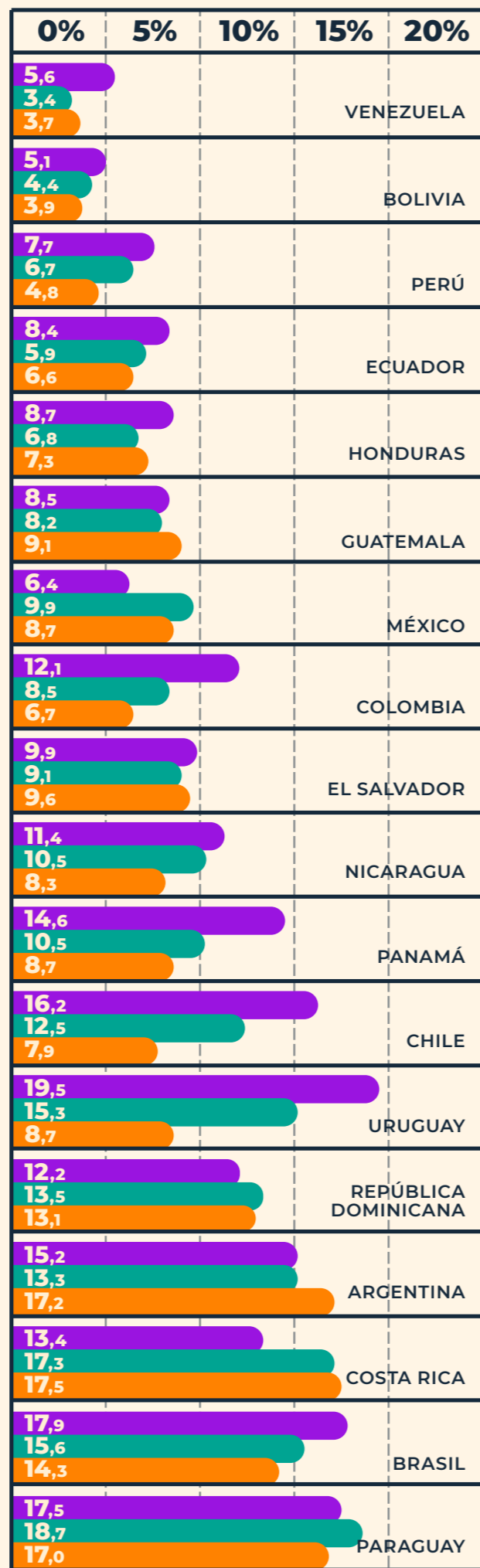
<sup>11</sup>. Indicator 5.4.1 (SDG 5) only considers activities related to unpaid domestic services and unpaid care services performed by homes for consumption of the home or other homes. The information available may vary according to the measurement of time-use in each country.

<sup>12</sup>. [oig.cepal.org/es/indicadores/proporcion-tiempo-dedicado-al-trabajo-domestico-cuidado-no-remunerado-desglosado-sexo](https://oig.cepal.org/es/indicadores/proporcion-tiempo-dedicado-al-trabajo-domestico-cuidado-no-remunerado-desglosado-sexo)

<sup>13</sup>. The time dedicated to unpaid domestic and care work refers to the time that women and men devote on average to the provision of domestic services for household consumption. Domestic and care work includes, but is not limited to, food preparation, dishwashing, house cleaning and maintenance, laundry and ironing, gardening, pet care, home shopping, installation, maintenance and repair of personal property, and of domestic use, and care for children, the sick, the elderly or the disabled.

**Figure No. 2.**  
**Proportion of women employed in domestic service between 2000 and 2018 in the countries of the region**

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



ity care, in circumstances with fewer household members to care for. Those with less resources to access commercial care, and have heavier care burdens, accumulate disadvantages due to the heavier burden of family domestic work, due to difficulties in accessing public services and the need to employ caregivers on an informal basis.” (Bathányi 2021).

Regarding the PCW, there are few studies focusing on its characterization, except in the case of domestic work. This is due to the existing difficulty to build consensus on the definition of which specific sectors should be classified as paid care and, above all, because many of the workers in these sectors resist considering themselves as caregivers. Domestic work is one of the occupations with the highest rates of informality. Approximately 7% of workers of the region are employed in the sector, and in 2013 the rate of informality rose to 77.5%. In Latin America, 93% of these jobs are carried out by women. Although its importance for women’s employment has declined (from 18.6% in 2000 to 14.3% in 2013), 1 in 7 of employed women in Latin America is a domestic worker. There is a significant proportion of domestic workers among the migrant population, indigenous people and Afro-descendants. (ILO, 2016). Figure 2 shows the proportion

of women employed in domestic service between 2000 and 2018 in the countries of the region.

As noted, despite representing close to 20% of the economically active female population in some countries, domestic work is highly precarious, given the juncture of gender, age, class and ethnic-racial inequality. ECLAC (2020) shows that, in 2018, domestic workers earned 2.7 US dollars per hour less than other salaried workers (US\$ 6.2). Additionally, in 2018, 23.8% of domestic workers lived in poverty.

Studies in various countries of the region show that Afro-descendant (18.9%) and indigenous (9.1%) women are overrepresented in domestic work<sup>14</sup>. Similarly, ECLAC (2020) shows that domestic work is one of the main sources of employment for migrant women; in 2016, about 35.3% of migrant women workers were related to domestic work.<sup>15</sup>

14. Processing based on the surveys of five countries that collect information on racial identification (Brazil, Ecuador, Panama, Peru, Uruguay) shows that the weight of paid domestic work in employed Afro-descendant women is 18.1%, more than doubling the weight of non-Afro-descendant or non-indigenous women (8.9%) employed in this sector in these countries. In Ecuador, one in five Afro-descendant women is engaged in paid domestic work, a figure that is similar in urban areas in Brazil.

ECLAC (2018). Desigualdad, crisis de los cuidados y migración del trabajo doméstico remunerado en América Latina. In [https://repositorio.cepal.org/bitstream/handle/11362/46537/1/S2000799\\_es.pdf\\_en.p.23](https://repositorio.cepal.org/bitstream/handle/11362/46537/1/S2000799_es.pdf_en.p.23).

15. Ibid, p. 28.

“Under neoliberal globalization the Region experienced an expansion of women’s migration to the countries of the North, as well as a considerable rise in internal migration. The insertion of migrant women into the labor market is characterized by gender relations. In countries of the North women are concentrated in care work, sex work and the entertainment industry. Their income is lower than men’s; however, they send the largest and most continuous remittances to their countries of origin.” “This is part of what analysts call the globalization of care: while women from the South migrate to the North to work in these services and reduce the conflict occurring there; in our countries, women form a care network for the children who remain; however, it is a network vulnerable to the precarity of families and dependence on remittances.”

(I TUCA Women’s Conference, 2015: 12p).



These structural characteristics of care work in the region became more complex and were also made visible by Covid-19. Lockdown measures further aggravated the situation, especially of unpaid care, in addition to many jobs of the paid care sector becoming even more precarious. Furthermore, during the pandemic, the rights of care workers to preserve their health and safety were violated. Those receiving care (often vulnerable and dependent persons) did not have the sanitary materials to prevent diseases. Care jobs are considered a second line of health care in the health sector, but supplies were insufficient to look after the health of care workers or those receiving care: the purchase of these supplies was often at the expense of the worker's own income.

ECLAC figures show that the consequences of the pandemic and the absence of State public policies in the region magnified the unfair sexual division of labor and the social organization of care, creating a decade-long setback in the incorporation of women into the labor market and intensifying the inequalities of informal and young workers. One in four women between the ages of 15 and 24 does not study or is employed, 75% of these young women work in caregiving. In addition to the exacerbation of the burden of unpaid care on women, the withdrawal of women from the labor force is severe and resulted in a ten-year setback in their labor participation.

Precarity, the rise in poverty, inequality and widening gender gaps are the consequences of the implementation of the neoliberal model in Latin America, which were magnified by the pandemic and post-pandemic times due to scarce State intervention to promote the survival of their population. The working class in general has borne the burden of the disastrous economic, social and environmental crises of the region. This situation is more critical for women, whose employability index regressed more than ten years and, even worse, is the condition of millions of women, mostly young, who bore, and still bear, the burden of care work. The violation of their rights has been absolute.

## 2.4 RECOGNIZE, REDISTRIBUTE, REDUCE, REWARD AND REPRESENT

In 2007, feminist economist Diane Elson, former chair of the UK Women's Budget Group, formulated a three-pronged strategy to close some of the existing gender gaps in society as a whole: the so-called 3Rs "Recognize, Redistribute and Reduce". Further demands have been added to the Rs thanks to the feminist and trade union agenda, which led the ILO in 2018 (in its report "Care Work and Care Workers for a Future with Decent Work"<sup>16</sup>) including another 2Rs of care work: "Reward and Represent".



16. Op. Cit. p. 20.



The aim of these 5Rs has been to start recognizing, redistributing and reducing care, as well as to define it as work, i.e. as an activity which, albeit traversed by affections and relationships, receives fair and decent remuneration, as well as the possibility of an organized voice in society. Thus arose the goal of proposing a series of public policies to help make the 5Rs a reality. It is a gender-sensitive and human rights-based approach, which creates a virtuous circle by mitigating care-related inequalities, addressing the barriers to women's access to paid work, improving the living conditions of care workers and, by extension, of their beneficiaries. (ILO, 2020) The 5Rs are:

**R***ecognize* the human right to care, be cared for and self-care, as well as make visible and revalue care work (paid or unpaid) as fundamental work for the well-being of societies and workers in general.

**R***edistribute* care work in the home in more just and balanced manner, and reinforce co-responsibility between women and men in order to eliminate sexual divisions of labor. In addition, redistribute care work through the commitment and execution of public policies.

**R***educe* the unpaid workload disproportionately borne by women in homes, with a rights-based approach (the right to care as essential citizen right) and based on the principles of equality, universality and solidarity. To meet this goal, States must invest in physical and social infrastructure to ensure access to the provision of these services.

**R***eward* care workers by ensuring decent working conditions, decent and equal wages (equal pay for work of equal value), healthy and safe environments, comprehensive training and access to social protection.

**R***epresent* the entire demographic of care workers, regardless of their contractual relationship, ensuring their effective participation in social dialogue scenarios and their organizing into trade unions based on respect and the full exercise of freedom of association and collective bargaining.



## 2.5 THE IMPORTANCE OF CARE IN THE REGION

**The translation of care into policies is relatively new in the region, although in recent years said policies have gained considerable momentum, endorsed by the evidence collected by time-use surveys and the measurement and book-keeping of domestic work and unpaid care, among other instruments.**

Characterized by broad heterogeneity, several countries of the region have advanced in a significant number of policies and actions under development linked to the recognition, reduction and redistribution of care. The major advances have been the creation of early childcare services. The development of other strategic areas is more limited and incipient, such as care for dependent older adults and the sick and disabled, the regulation of maternity and parental leave for care purposes, the strengthening and formalization of the care sector, incentives for flexible labor organizations that are compatible with the care responsibilities, or the co-responsibility of men in these tasks. (UN Women, 2018).

In the Americas, numerous regional meetings, strategic alliances, conferences, forums, meetings, congresses have been held in the last fifteen years to develop a regional agenda which, as stated in the ECLAC report (2021), is the groundwork to strengthen the role of the States based on a feminist perspective, through the im-

plementation of universal, intersectoral, comprehensive, co-responsible and sustainable care policies and systems.

Some examples are the advances in policymaking and care systems in countries such as: Uruguay (National Integrated Care System), Costa Rica (National Child Care & Development Network), Argentina (Law on the Creation of the Care System), Mexico (creation of the Unpaid Work Satellite Account), Chile (Chile Programs Care for and Grows with You), Paraguay (Inter-institutional Group to Promote the Care Policy), Dominican Republic (Law on the Protection of the Aging), Colombia (Intersectoral Commission of the Care Economy), among others, at the national and, in some cases local, levels.



### 3. THE WORLD OF WORK AND CARE IN THE REGION

As defined above, care work is essential for the sustainability of life yet, although the production and reproduction of the labor force depends on it, historically these connections have been obscured in patriarchal capitalist societies.

Thus, everything relating to domestic and care work is not considered by the dominant economic mindset as work or part of the economy, since most of it is unpaid. In any case, even in paid cases, care work retains the characteristics of devaluation, low wages, informal contracts and lack of rights in general.

Conceptually, important advances have been made in the analysis, understanding and definition of the issue, which has also enabled the development of action policies and work agendas, both for organizations and as a whole, to address the current so-called care crisis (UN Women, 2020). Addressing the challenges of these care jobs for social movements and trade unionism in the region has been a process replete with struggles and discussions carried out in the heat of historical changes and their impacts on society.

We can state that since long ago, but particularly with the arrival of capitalism, discussions on care work have been present in Latin America. This process has involved discussions on social responsibility for reproduction, which pertains to the public and private spheres, i.e. the State and the family; the distribution of work between men and women, the sexual division of labor; the devaluation of domestic work as social construct, which becomes much more evident in the production process, in conjunction with all the inequalities caused by the economic, political and social model. (Carrasco, Borderías, Torns, 2011).

Feminists pioneered these discussions and struggles in the so-called first upsurge of feminism, at the beginning of the 20th century, particularly with the emergence of the women workers' class. In Latin America specifically, the entry of women into the manufacturing world forced new roles, a double workload and deeper in-

Of these initiatives, the most visible case that has advanced most rapidly is Uruguay, which defined the National Integrated Care System (SNIC) that is integrated into a broader policy of social security and the right to citizenship. However, although this system was created with a strong gender approach and has shown advances in the most critical issues of care, it has been slowed down by the change of government. The other initiatives created policies that are generating specific programs to reduce care burdens with support of the public and private sectors. In particular, the cases of Costa Rica, Argentina

and Chile have accomplished most reach, especially protecting or supporting the care-requiring population. Lastly, in Colombia, national politics has gained momentum with the new government and the creation of the National Care Management System and local advances of the District System in the city of Bogotá is an example to be followed by the region as a territorial-based system, which serves the demographic in need of, and the demographic providing, care.

equalities. The first workers' strikes, led by women, fought for the right to not work barefoot and wear shoes to work in factories, for equal wages, fair hours, decent working conditions and against sexual and labor harassment by employers. They also fought for the recognition of civil and political rights for women, the right to education, to own property, among others.

Other demands against the neoliberal patriarchal capitalist model were raised throughout the region in the second and third upsurges of feminism in the middle and end of the 20th century. Women were exposed to the impositions of transnational capital, world banks and foreign debt, care work, whereby the fight against double work shifts for women, the lack of social protection and the accelerated loss of social welfare rights clearly arose as a result of said privatizing model.

In the first decades of the 21st century, the inequalities suffered daily by women in the organization of care, particularly in Latin America, are very evident. The budget adjustment policies and the insufficiency of public services to support the reproduction of life mean that the costs of care are transferred to women and young people who, through their unpaid work, buffer the impacts of neoliberalism on people's lives. For example, schools not working full time, cuts in health services or no more places in childcare centers. These adjustment policies are based on women's time and work, which the system considers as elastic variables.

Furthermore, the work overload also impacts the health of women, limiting their citizen participation. With so much responsibility caring for life, especially for dependent persons, such as children and the elderly, there is little time for organizing women and their political participation. It is the abovementioned time poverty of women providing care to other human beings, with no possibility of thinking about themselves, their own care and, even less, about their personal development. Even more critical is the feminization of migrations. Millions of women in conditions of absolute poverty are forced into displacement from their countries of origin, to work in informal and precarious conditions in the countries where they are employed, mostly in care work.

Advancing towards **co-responsibility** in care is essential in an anti-neoliberal agenda, which questions the consequences of the application of said economic model that has generated substantial transformations and changes in economic relations, in the organization of work and production, reinforcing social inequalities and the **sexual division of labor** that characterize the patriarchal capitalist system. This process of changes and transformations was also shaping an evolution of the approaches, conceptualizations and struggles of social movements, trade unionism and the world of work in the region, in relation to care work.<sup>17</sup>

The I TUCA Women's Conference, Democracy, Women's Autonomy and Gender Equality (Panama, 2015), discussed that these deeper inequalities and gender gaps at work were the result of the neoliberal vision of separating production and reproduction: the first assigned to the economy and the second to the family, the home, domestic and care work, assigned to women. A distribution based on a differentiation between the work of men and of women is established, in which men's work has a higher hierarchy and is always valued above the work of women. The objective of this sexual division of labor was conceived to hide the fact that women are actually present in both production and reproduction, and not assign value to their work, also reproducing and consolidating patriarchal power relations and social domination practices.

Hence the importance of recognizing care work as a structuring element of the economic model, and which is at the source of the sustainability of life, required by society as a whole and arising precisely from the interrelationship between production and reproduction. In this regard, the **demand for public investment in social protection and care services** was considered essential, under criteria of solidarity, distribution and reciprocity, in order to close the gender gaps at work that are produced by this economic model.<sup>18</sup>

As mentioned above, the ILO states that this recognition must involve the direct, personal and relational care, activities relating to food and caregiving, as well as indirect care such as cleaning, washing, cooking, etc. This work is not valued and, therefore, not paid. It also defines as care work that of female domestic, health and education workers, among others, which is paid. ILO maintains that all the above should be recognized as work, and those exercising it should be considered part of the workforce focused on caregiving. (ILO Report, 2018). For UN Women (2018), in conjunction to these types of direct and indirect care, an additional one is mental management, which includes the tasks of coordination, planning and supervision of work.

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17. TUCA Trade Union Confederation of the Americas (2015). I TUCA-WWC Women's Conference. Democracia, Autonomía de las Mujeres e Igualdad de Género. San José: TUCA-WWCA-ITUC, p.7

18. CSA, Op.cit., pp 18 y 19.



At first, the feminist proposal of the 1970s in the 20th century was the payment of “housewife” wages for care work, later to be ratified with the development of the care economy. It is important to highlight that other visions consider that this can lead to a commodification of care work. In this regard, the PSI points out:

*The concept of the care economy has been very powerful to launch the issue, to account for the economic and gender injustices generated by the feminization of care work, and to fight for resources for public care policies to address some of its dimensions. However, this concept cannot fully address unpaid and paid care work (because of its bias towards the former), nor fight for public policies to address the multiple and complex facets of care based on a transformative vision. The concept of the care economy has also been subjected, together with many other concepts of the gender agenda, to a reappropriation by the mainstream, thereby subverting its original meaning. This has helped create fertile ground for the commodification of care services, which is also expressed in the exploitation of feminized cheap labor”<sup>19</sup>*

This warning on the possible commodification of care work leads to the question raised during the discussions on domestic work, whether it was structural or circumstantial to capitalism, and whether it could be transferred to the market or the public sector, as the welfare state expected. At the time it was considered very difficult because, although technological development involves an increase in productivity and production of goods and services, it would hardly be the same with direct care, which requires a relationship between the person providing care and the person receiving care. (Carrasco, et al, 2011), particularly because it is essential to take into account the other dimensions of care, such as the emotional<sup>20</sup> and responsibility, which are also part of today’s discussions.

The question about the appreciation of care work raised the need for tools and mechanisms in order to identify its contribution to the economy. In this regard, both the I and II TUCA Women’s Conferences (2015, 2019) included a proposal for governments to implement national time-use surveys of men and women working in paid and unpaid care work. These surveys would show the gender gaps more clearly in order to build indicators of care and domestic work based on demands and claims to formulate public policies to reorganize reproduction, including the State, the business community and society in general.

These measurements have also been proposed and developed in relation to the aging population and demographic transitions, which greatly affect the care burden for the elderly, disabled and chronically ill, and are evidence of the need for social protection policies and stronger pension and social security systems.

The first and the most recent surveys clearly show the gaps, inequalities and social injustice towards women, particularly exacerbated by the Covid-19 pandemic, which doubled and tripled work shifts. Given this critical situation, we reached the conclusion that we are experiencing a care crisis:

*The Covid-19 pandemic has reaffirmed the centrality of care, highlighting the unsustainability of the current organization. Before the pandemic, women spent three times as much time as men in unpaid care work in Latin America and the Caribbean. This situation has been aggravated by the growing demand for care and the reduction in the supply of services caused by the lockdowns and social distancing measures adopted to stop the health crisis. Moreover, the so-called “new normal” will involve important changes in schooling and labor forms, given that social infrastructure is not suited to the recent distancing needs, generating new challenges for the reorganization of productive and reproductive work in the medium term, and increased pressures on national public education, health and social protection systems beyond the crisis.<sup>21</sup>*

However, the World March of Women warns that “while discussing the differentiated impact of the pandemic on women’s lives, the care economy agenda of the World Bank continues committed to the indebtedness of our countries, which no longer invest in public policies to socialize domestic work. Because we have already experienced it, we are fully aware that the other side of countries’ indebtedness is the deepening of inequality between women and men”.<sup>22</sup>

As a result of these analyses, trade unionism and other allied organizations have demanded care work to be considered as a universal right. In 2018, UN Women advocated for the recognition of unpaid care as a fundamental economic contribution, a pillar of life, which must be considered

19. Enríquez, Corina y Fraga, Cecilia (2021). La Organización Social del Cuidado. Una mirada global a los principales desafíos y las posibles alternativas para una agenda sindical feminista. Internacional de Servicios Públicos (ISP).

[pop-umbrella.s3.amazonaws.com/uploads/49897f7d-1cb1-4375-b9d0-82f1a9b5d5a1\\_PSI\\_Agenda\\_Feminista\\_Sindical\\_en\\_AL\\_ES.pdf](https://pop-umbrella.s3.amazonaws.com/uploads/49897f7d-1cb1-4375-b9d0-82f1a9b5d5a1_PSI_Agenda_Feminista_Sindical_en_AL_ES.pdf)

20. Regarding the emotional bond, UN Women points out that: “Direct care, unlike other unpaid care work, is characterized by the personal and emotional bond that is established between those who receive and those who provide care. These emotional ties can generate rewards and wellbeing for caregivers –for example, the satisfaction of caring for children and other loved ones. Additionally, these emotional ties make relationships of trust and reciprocity, a relevant aspect of decision-making about delegating or “outsourcing” care to caregivers, through the use of paid services or to other family members”. In: Orozco, Mónica y Sánchez, José (2020). Tiempos de cuidados, las cifras de la desigualdad. UN Women. National Administrative Department of Statistics (DANE) Colombia. P. 11.

21. ECLAC – UN WOMEN (2020). Care in Latin America and the Caribbean in times of Covid-19. Towards comprehensive systems to strengthen response and recovery.

<https://www.cepal.org/es/publicaciones/45916-cuidados-america-latina-caribe-tiempos-covid-19-sistemas-integrales-fortalecer>

22. Op.cit. P. 4.

a universal basic right because all people, at all times of their life cycle, need care. In its Development Platform of the Americas (PLADA, 2020), the TUCA defines care as a fundamental right, like water, energy, health, education or security.

For the TUCA, assuming care as the basis for the sustainability of life entails its incorporation into social protection systems to ensure that it is an actual right, a right that must include those receiving, as well as those giving, care. Therefore, domestic work must be recognized as work and incorporated into national accounts and public statistical systems. Policies related to the organization of care must be considered as elements of social protection based on a gender and intersectional approach, in order to eliminate child labor and incorporate the perspective of migrants and of all those who are part of care work, subjects of rights, in order to advance in the fight for equality and a fairer society, as analyzed in more detail in the following chapter.

There are many actions, tasks, meetings, forums developed in Latin America and the Caribbean, in which progress has been made in the discussions, in the proposals for unity and struggles in order to materialize the proposals suggested, based on the different approaches to care work. According to ILO figures, the jobs existing today, plus those that will be created, could reach a total of 475 million jobs by 2030.

With these proposals, trade unionism supports the above-described 5Rs, with a focus on gender-sensitive and human-rights based public policy. As an example, the ITUC (2022) calls for the adoption of measures through collective bargaining, to foster hiring and

promotion of women and underrepresented groups in management and leadership positions, health and assistance services; anti-discrimination policies; measures to protect maternity, and to promote and reconcile work and family life. The ITUC also proposes the development of neutral job evaluations, i.e. gender based, to establish salary echelons and professional progression to ensure transparency and equality.

Trade unions and their allies in the region demanded the States and business sector to assume responsibility and implement public policies to respond to the overwhelming needs generated by the care crisis, and aggravated in post-pandemic times. This was declared at the meeting held on April 19-20, 2021, with the participation of over 34 countries that declared October 29 as the Global Day of Action on Care and evaluated the progress towards a common agenda to achieve decent work and quality services in the care sector.<sup>23</sup>

In terms of decent work, several proposals were put forward, based on a world focused on care, with four guiding pillars: the fight for public investment; access as a human right with a gender and intersectional approach regardless of social status; contribution of governments as well as of public agencies and the business sector; and fair remuneration, equity and non-discrimination for caregivers.

There are different ways of calling one same objective and one same fight. Recuperating the concept of Social Organization of Care (SOC) to broaden the vision beyond domestic work

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23. [www.ituc-csi.org/IMG/pdf/decent\\_work\\_for\\_care\\_workers\\_and\\_investment\\_in\\_care\\_es.pdf](http://www.ituc-csi.org/IMG/pdf/decent_work_for_care_workers_and_investment_in_care_es.pdf)

and unpaid care, seeking an interrelationship between the State, the market and community organizations, for the true production and distribution of care (PSI); set up an Optimal Path of Care (ILO), knowledge, dissemination and implementation of all standards and regulations established in relation to work and care; establish a New Social Contract (ITUC) with a transformative gender agenda, the construction of a care economy with a gender and intersectional approach.

The process in relation to political positions and discussions, initially promoted by the feminist movement, but embraced by social movements in which trade unionism has always been present, has been evolutionary. First, with respect to domestic work, the double work shift and its remuneration, the sexual division of labor and women's unequal status, the conceptualization of care work as socially enriching productive work and its inclusion in the labor force that must be valued and remunerated.

Subsequently, through the measurement of time as tool to make the care economy visible through gender gap, demographic and aging indicators, but also through the participation of children and migrants in these processes. The fight for the 5Rs, starting with their recognition that became essential as a fight agenda and led to the other demands for Recognition, Redistribution, Remuneration, Reduction and Representation, primarily for women forced to bear the responsibility for care and the sustainability of life, denying their rights to self-care, leisure, personal development, and political participation, among others.

Collective bargaining gives trade unions an instrument to fight for rights and decent work

for the care sector, among which demanding public policies to the State, to State agencies, the business community, for care systems throughout the continent and robust social protection systems in order to effectively grant rights in health, welfare, social security, pension, for this universal right of human beings that is care. The trade union federations demand the formalization of people providing in paid care work, access to justice and the creation of registration and inspection, surveillance and control systems in the domestic work sector.

We conclude with this approach to the conceptualization, proposals and struggles in defense of the universal right to care, and human and labor rights for those providing care. There is the full political trajectory of discussions and proposals that are put on the table as new approaches and new needs emerge. As stated at the beginning, in the midst of the political and historical processes imposed by the development of economic, political and social models, new flags of struggle, actions, demands, proposals and challenges are raised for the world of work.

In particular, the Trade Union Confederation of the Americas has been playing an important role in the formulation of proposals, and in action and struggle agendas related to care work, the defense of care as pillar of social protection in the framework of the design of the National Integrated Care System and the integration of care into Social Protection Systems, based on a gender, intersectional and universal approach, where health, social security, social assistance, education and development policies are articulated, to truly ensure rights in pursuit of a truly just and egalitarian society.



# 4. TOWARDS A TRADE UNION STRATEGY FOR CARE WORK IN THE AMERICAS

The issue of care and the work that ensures the existence of this relationship that allows societies to develop, is not new but it has gained momentum in recent decades.

Analysis and proposals arising from research, feminist movements, national and multilateral organizations and institutions, international social movements and trade union institutions have contributed, from their places of action, to the conceptualization, problematization and struggles that must be carried out to put an end to the disproportionate inequalities reproduced by the unjust social organization of care.

It is, therefore, relevant for the TUCA to bring together the proposals formulated and advances at the pace of change in the world of care, in such a way that affiliates can implement them, through alliances with other political, feminist and social movements, the conquest of the 5Rs for care workers, recognizing their work as jobs crosscutting social and human relations.

Progress has been made in understanding that care is a universal right, because it ensures the sustainability of life, which encompasses people who need care, people who provide care, and self-care. Although care is essential to sustain life and reproduce the labor force, the patriarchal system has created a social organization

in which women are in charge of all family responsibilities at the domestic level, without it be recognized as work and, therefore, with no right to remuneration. Even in the case of paid care work, domestic work and the work related to health, education and others are undervalued, precarious, outsourced and no rights to social protection.

For the region, the TUCA has been making proposals on the issue of care and Social Protection in general indicate that, given that both are fundamental human rights, it is urgent to design universal, intersectional and multidimensional gender-based public policies, which also take into account the diversity of the working class and are opposed to the restrictions imposed by the neoliberal adjustments in Latin America.

The TUCA generated this position document to contribute to the discussion on the challenges for the organization and its affiliates in the local, national and regional care agendas. Therefore, the TUCA proposes a trade union plan for the Americas addressing three key pillars on which to structure the work plans.



The first pillar is the **organization** and impact on national discussions for which we propose:

- Continue or initiate campaigns to **ratify and implement ILO conventions** that relate to the rights of care workers, such as **C100** on equal pay, **C156** on workers with family responsibilities, **C189** on domestic workers, and **C190** on violence and harassment.
- Advance in the recognition of these jobs and in the increasingly detailed measurement of these paid and unpaid jobs, in order to characterize the workers performing these jobs, with a gender and intersectional approach. **Constantly updated information** broken down by quintiles, age, ethnicity, gender, migrant or national status, etc. is essential.
- In addition to the importance of measuring this activity to go into more detail, and thus recognize the contribution of each country's GDP and achieve its subsequent **incorporation into the national**



**accounts** (especially in the case of unpaid care work that is not included in the statistics and, therefore, its importance as a support for the entire society is not visible). This aspect is also fundamental at the time of requiring tools to demonstrate the distributive issue, as it problematizes the ways in which distribution, time-use and income are generated to make visible the grounds of inequality in order to transform it.



● Faced with the redistribution of care work, especially unpaid work carried out in homes, it is crucial to promote public policies in favor of **cultural changes in the sexual division of labor and which promote redistribution** both inside and outside the home. The State, the private sector and the cooperative sector must contribute to strengthening the National Integral Care Systems with a gender, territorial and life cycle approach, recognizing the universal right to care in the framework of decent work.

● All of the above aims at achieving a **Social Organization of Care**, with a vision beyond domestic work and unpaid care work, referring to the way in which households and the State, the market and organizations, which produce and distribute care, should interrelate. The proposals for the region that the TUCA has been raising on the issue of care and Social Protection in general indicate that, as both are fundamental human rights, it is urgent to design universal, intersectional and multi-dimensional gender-based public policies, which also take into account the diversity of the working class and are opposed to the restrictions imposed by neoliberal adjustments in Latin America.

● The diagnosis of the social and political organization of care enlightens fundamental questions for the incorporation of the **right to care**, in its multiple dimensions and complexities, **into social protection systems**. In this regard, care policies must ensure the rights of those providing care, as well as of those requiring care. Public services, care leaves, time policies, educational actions and professionalization, legislative reforms, cash transfers supporting care, data production and indicators with disaggregated infor-

mation by gender, articulation with the 5Rs, are some examples.

● Advance in the understanding that some phenomena involving the international organization of care is essential given that actual **global chains** are being generated in the sector. As trade unions and governments, it is necessary to understand how the need for better living conditions is generating migratory corridors of mostly poor Afro-descendant, indigenous and young women to countries of the Global North or to countries of the South with greater job opportunities, albeit involving precarious care work conditions and a separation from the family nucleus.

● As for recognition, we must fight for the remuneration of care work. As of the first feminist struggles, the right to (decent and equal) salary for women, home caregivers and domestic workers was considered. These jobs are primarily the responsibility of the State, but the private and cooperative sectors can play an important role in the **formalizing** to improve these jobs. Legislative initiatives should be promoted to enable the formalization of these sectors and ensure their access to all social protection benefits.

● The above must be accompanied by **trade union organizing of these workers** so that they are aware of their rights and can demand their assurance at a national and international level. Trade union federations must enhance their understanding of the vulnerabilities and weaknesses hampering this process in order to incorporate these sectors into their bases as an additional step to strengthen and transform trade unions.

● It is relevant to understand these actions as central to the processes of trade union organizations. **The issue of care should not only be an issue of the Women's or Gender Secretariats**, it should be an integral part of the transformation of daily union actions, which could overcome some of the inequalities in the participation of women in the trade union organizations. It is fundamental to maintain **close ties with Social Protection Secretariats**.

● A priority of the trade union movement of the Americas is to mainstream the gender and intersectionality approach in the bodies of dialogue and collective bargaining, which are the natural framework to promote and materialize family-work co-responsibility policies with equality criteria, as well as measures to ensure equal pay for men, women and LGBTIQ+ people who hold similar or equal jobs in terms of professional category, level of training or qualifications required, responsibilities and risks, among others. It is necessary to ensure women's participation and representation in these advocacy spaces and ensure the compatibility of work with the family, physical care spaces in workplaces for breastfeeding, childcare, nursery, day-care for older adults or people with disabilities, among others.



**A second pillar relates to training.**

● On this point, the TUCA proposes accompanying these formalization and organization processes, encouraging **sociopolitical and union training** for care workers, so that they may have tools to demand their rights and freedoms, in addition to integrating the trade union organizing processes in their countries.

● It is crucial to continue promoting and raising awareness on co-responsibility and equity in gender-based participation in the bodies of organizations.

● This viewpoint also proposes influencing educational programs for the **professionalization** of care workers on care for the specific populations in order to dignify and qualify these jobs.

Lastly, the third pillar area refers to **communication**, which is essential so as to place the proposals in the public discussions. The following are some points proposed:

## COMMUNICATION



- Continue increasing **the visibility of paid and unpaid care work** as essential to the sustainability of life. Prepare studies and campaigns showing data on the wage gaps, gender inequalities and the importance of decent wages for care workers.
- Campaigns are required to raise awareness on the issues generated by the phenomenon of **time poverty** generated by the multiple work shifts and lack of leisure time in care work. It is important to promote the reduction of care time to diminish mental, physical and emotional health issues resulting from said burdens.

- It is of utmost importance to **include the sexual division of labor in collective bargaining and social dialogue**, as well as the issue of care work and its recognition and representation, for the effective formulation of policies, rights and demands within the world of work in general.

Communication is important to generate a **cultural change** showing the unfair sexual distribution of work and its consequences, in such a way that progress is achieved in the redistribution of these jobs within the home and within society, with the State playing the lead role given its duty to ensure the rights of the entire population.

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