ANALYSIS

LABOR AND SOCIAL JUSTICE

The Right to Care. From Recognition to its Effective Exercise

In Latin America, care has been recognized as a human right: the right to care, to be cared for, and to take care of oneself.

How is it possible that an activity that is central to life is recognized as a right? Does the fact that it is a right contribute to creating obligations, or is it simply an expression of good political and social will?

Formulating care as a human right breaks away from the naturalization of the role of women as caregivers and conceives it as a universal right under an individual's condition as a person.

The recognition of care is not up for debate. It is an obligation and a social duty that should be equitably distributed.

Laura Pautassi
March 2023

FRIEDRICH EBERT STIFTUNG

LABOR AND SOCIAL JUSTICE

The Right to Care. From Recognition to its Effective Exercise

Index

INTRODUCTION*

This document introduces the theoretical arguments that have led to recognizing care as a human right and the social and political mobilization underpinning its implementation. The Starting Point summarizes the main elements that have contributed to problematizing the sexual division of labor and care, conceptualizing care in its multiple definitions from a Latin American and feminist perspective. The following section uses a gender and human rights approach to lay the foundations for recognizing care as a human right. The paper concludes with recommendations to develop an agenda to realize the right urgently. This work illustrates references to the link between the COVID-19 pandemic and care, as well as public policy recommendations that incorporate the obligations of the human right to care.

* The author thanks Ailynn Torres Santana, Elisa Gómez Sánchez, and Mariana Brocca for their comments.

1.

THE STARTING POINT

Care is a primary concern in Latin America as it is essential for every person throughout their life. It promotes the development of families, nourishes and strengthens people, contributes to social reproduction and labor power (Tronto, 2006), generates economic value chains (Martínez Franzoni, 2021), is central to economic development, and has an impact on subjectivity (Lamas, 2018). Care is essential for children and their development, persons with disabilities or illnesses, the elderly, and the environment (Rico and Marco Navarro, 2013).

Care is a fundamental public good for society, as it guarantees the sustainability of individual and collective life (Durán, 2012; Rodríguez Enríquez, 2012). Without care, nothing works, and no one can live. However, care was invisible for centuries despite the demands of the feminist movement and the significant academic literature produced worldwide, especially in Latin America.

The main problem is that care is assumed almost exclusively by women. Keeping it hidden was part of the patriarchal strategies that made it impossible to discuss the unfair sexual division of paid work in the labor market or that of unpaid work in the household and the family. This situation sets deep inequalities and leads to differential intersections based on gender, race, education level, and migration status (Torres Santana, 2020). Currently, the available empirical evidence shows that women in Latin America assign 19.6% of their time on unpaid care work, while men only spend 7.3% of theirs —that is, women employ three times more on caregiving than men (Economic Commission for Latin America and the Caribbean [ECLAC], 2022a, p. 15).

This concealment led to denying the private sphere as a space for production and care organization. This extreme injustice affects women's lives, employment opportunities, time availability, autonomy, and general well-being. Nevertheless, it was not a matter of concern in Latin America and was not translated into public policies. Once again, evidence is overwhelming: 60% of women in Latin America living in households with children and adolescents under 15 years old report not doing paid work because they are engaged in care responsibilities, while in households without children and adolescents under 15, only 18% do not engage in paid work (ECLAC, 2021, p. 200). It should also be considered the differential impact by income level since in the lowest income households (first quintile), one in three women from 20 to 59 years old do not participate in the labor market due to family responsibilities; meanwhile, in the fifth quintile, only 5% do not. Lower-income women spend 39% more hours per week on care work than men in the higher-income quintile households (ECLAC, 2021, p. 200). Contrariwise, the measures taken towards caregivers and recipients were contingent on some benefits incorporated into labor laws, obligations in the civil law framework or related to private care provisions linked to the availability of monetary income. Nonetheless, care was not established as a central pillar of social policy systems.

Further, the dominant social perspective was the naturalization of women's ability to care. It endowed this "nature" with attributes and values that kept women in the private and domestic sphere of interpersonal relationships (Pautassi, 2009).

As a guarantor of well-being, the State did not assume an active role. The social organization of care was marginal within the structures of Latin American welfare regimes, which focused on seeking the insertion of formal wage earners by ensuring the figure of the ideal white, heterosexual and male worker. This situation assumed that the nuclear family was the main or only type of family, without considering the conditions and enablers of the productive insertion of these workers. This ideal has been the basis for organizing welfare regimes since the mid-twentieth century in central countries and Latin America (Marco Navarro et al., 2019; Martínez Franzoni, 2008).

In European countries, after the end of the Second World War, the economic recovery process was mainly based on the assumption of full male employment. This circumstance encouraged women to stay home and implied that their unpaid work would be central to reconstructing societies devastated by war. By way of illustration, household appliances were a key element for ensuring this circle of male employment/female unpaid care work. This technology reorganized work within the household and was a factor in social cohesion as women became "married to the welfare state" (Lefaucheur, 1993). The "revolution" brought forth by washing machines, among

other domestic appliances, was essential because it reduced physical work and allowed organizing time. A link between state policies and housework was consolidated, which was beneficial to the development of modern capitalist systems. Thus, women were tasked with providing well-being support, and States (and men) were exempted from this responsibility (Orloff, 2006; Borderías et al., 1994).

Torres Santana (2020) points out a distinguishing feature of countries that belong to the "real socialism," where women claimed social co-responsibility for care to allow for their insertion in the labor market with greater autonomy. This scene was accompanied by a care infrastructure, especially for children and teenagers, which enabled progress in women's proletarianization and economic autonomy. However, this headway in social responsibility for care collided with the rigid sexual division of labor within households. The demand for emancipation fell in the wayside and women ended up working two or three shifts (Torres Santana, 2020).

In the case of Latin America, full employment was also male-orientated, particularly in countries of the Southern Cone that developed the pioneering welfare regimes. In this region, the systems that were created were characterized as institutional hybrids built on the figure of the male provider and the "housewife." This situation strengthened a social organization based on nuclear heterosexual households, filled with colonial and classist biases towards the middle-class due to the presence of a paid domestic worker (Pautassi, 2005). The dynamic was rooted in civil and family legislations whose framework from the late 19th century established the subordination of women to their fathers and husbands' authority without the possibility of fully exercising their autonomy. Concerning childcare responsibilities, daily tasks were delegated to women regarded as mothers, but they did not have parental authority or the possibility to manage their assets freely. Hence, they needed men's authorization to engage in civic participation or paid work (Marco Navarro, 2009).

This regulatory basis for civil law materialized the boundary between the public and the private spheres, both subject to patriarchal authority. One of its effects was that care activities in the household were not considered as work. In the case of official paid employment, the right to social security included some issues associated with care, such as time to care (pregnancy, birth, and breastfeeding leave systems), money (cash transfers), and infrastructure (childcare centers), as part of collective arrangements rather than individual solutions (Gherardi and Pautassi, 2020). Thus, social security benefits focused on providing security for future contingencies—such as the growth and expansion of the family nucleus, illness, and passivity of workers—for wage and salaried workers, mainly male, and through a cascade or trickle-down effect, the wife and the children, and sometimes even the parents.

This job safety net was based on an implicit intergenerational solidarity between workers that held a formal job but did not include women's unpaid care work. Thus, women obtained some social security benefits because of their family tie with the worker, a situation that reinforced patriarchal control since the relationship had to be validated with a marriage certificate. Nevertheless, the benefits were not recognized as women's rights (Pautassi, 1995). The normative that regulated the basis for civil, family and paid labor relations did not include the conceptual and empirical break produced by feminism regarding work and care, consolidating the multiple gender biases still existent today and leaving women especially unprotected, without the possibility of having an autonomous life. Worse still, there was a lack of consideration of women's direct subsidy for social policies, the State, and men (Marco Navarro et al., 2019).

It was not until this century, with women and feminist movements' claims, that pressure began to be exerted for women's inclusion in the social and public agenda. As Silvia Federici (2021, p. 27) famously said, "our enslavement to the home [...], to the extent that it is wageless, has always appeared as an act of love." This idea led to numerous street art demonstrations and slogans of the increasingly massive rallies of March 8, which denounced that "what they call love is unpaid work." Along this path, the recognition of unpaid care as work has been consolidated, with a substantial boost during the COVID-19 pandemic. At the same time, care policies are being incorporated more decisively into social protection systems, with specific arrangements such as national care systems (Batthyany, 2021). International and regional regulations have also been defined, and progress has been made in political constitutions. Nonetheless, this sphere is still under construction with different institutionalization, expansion, and tax capacity levels. As Torres Santana (2021) observes, care is shifting in Latin America: from the center of life to the center of politics.

In line with this situation, Latin America has made considerable progress in unlinking care from the private sphere and inserting it into paid employment. Therefore, we proposed recognizing care as a human right: the right to care, to be cared for, and to take care of oneself (self-care) (Pautassi, 2007). The primary rationale is that it is not possible to consolidate public policies or care systems without an equality and gender approach.

Formulating care as a human right breaks away from the naturalization of the role of women as caregivers and conceives it as a universal right under an individual's condition as a person (Pautassi, 2007). This recognition incorporates a powerful definition associated with its nature as a human right and establishes responsibilities, guarantees, and satisfiers. It confers a central role in the State while creating obligations for the private sector, the markets, and communities. In addition, it imposes obligations on men as direct providers of care and puts them as active participants in well-being.

Being a holder of the right to care requires guardianship, guarantees, and concrete benefits, but it is also under the obligation to comply with its inherent mandates. For example, the right to decide to have children, and the number and spacing between them implies for both parents a free and informed choice—when so provided by the legal framework—and the obligation to spend time and resources jointly and equally on care. Similarly, these obligations are extended to other family members, such as the obligation to provide care to parents as needed. Nevertheless, men often ignore this obligation and, although empowered to fulfill it, leave compliance to others—their sisters, wives, and daughters. This historical avoidance of family and collective obligations, which has not had significant repercussions but has enjoyed a long social and patriarchal moratorium, is what the right to care is transforming.

In this regard, the possibility of unlinking the need to care or be cared for from the satisfiers implies a shift in approach. Specifically, recognizing care as a human right for every person allows it to be regarded as work. But, at the same time, it can be autonomously invoked by anyone, regardless of whether they need to provide or receive care. It can also be invoked when preestablished conditions are met, including being a paid worker, living in poverty, having an illness, or going through a stage of life that requires care, such as children and teenagers, older persons, or people with disabilities.

Now, how much do we know about care as a human right? How does it arise? What particularities or differences does care have when considered as work? Are there laws that envisage it? How does it relate to needing? But mainly, how is it exercised?

Table 1
Definitions of Care: An Overview of Latin American Production

The Latin American region, through academic production and feminist mobilization, has contributed to conceptualizing and politicizing care. Though not systematic or chronological, the summary below presents the agreed "autochthonous" care uses, including its main definitions.

Care work: Activities that ensure people's survival and daily reproduction; it can be paid or unpaid, voluntary or compulsory, public or private.
Direct care: Care activities provided directly to others. For example, when care is provided daily and in case of illness of children, teenagers, older persons, and people with disabilities.
Indirect care: Home maintenance activities such as cleaning, food purchasing, cooking, washing, ironing, and all other related chores. It contributes to environmental care.
The right to care: Everyone has the right to care, to be cared for, and to self-care. States are obliged to protect, guarantee, and provide the material and symbolic conditions necessary to exercise the right per human rights standards and realize it in a progressive and interdependent manner with the exercise of civil and political rights (CPR) and economic, social, cultural, and environmental rights (ESCER).
Care economy: A process whereby care services are distributed, exchanged, and consumed in society and within and outside the household to guarantee life sustainability.
The social organization of care: An arrangement that establishes a social care regime that distributes and assigns care responsibilities and costs to different agents/providers (States, markets, families, and social and community organizations).
Care system: A set of policy actions to balance care supply and demand based on social co-responsibility among its different actors (households, market, State, and community).
Care society: It promotes a political transformation and a social reorganization of care with the active participation of the State, the community, and public and private institutions in the provision of services, seeking to overcome socioeconomic and gender inequalities and prioritizing environmental care and life sustainability.

Source: Own table, based on Rico and Marco (2013), Pautassi (2007), Razavi (2007), Rico and Pautassi (forthcoming), Rodríguez Enríquez (2012), Tronto (2020), and ECLAC (2022b).

2.

CARE IS A HUMAN RIGHT

In recent years, many Latin American countries have implemented civil and family law changes. The legal frameworks are slowly introducing regulations regarding same-sex marriage, recognition of gender identities, and changes in family law regimes, particularly regarding parental responsibilities and State obligations. Nevertheless, as discussed, these regulatory changes do not impact the daily distribution of care.

Another historical field of regulation has been that of the right to work and, within it, the so-called measures of work-family reconciliation. These measures have explicit gender biases since they often establish issues such as leaves, care infrastructure, and cash transfers, which are organized based on social security systems (family allowances) and designed chiefly for women. Indeed, the regulations include few provisions regarding men as fathers or sons who must look after their parents. For example, a leave for a father to care for a child following its birth, when implemented, ranges from 2 to 14 days in Latin American countries (Rico and Robles, 2016).

Considering women always in terms of their conditions (mother, worker, wife, poor) defines how regional social policy systems are organized and developed (Pautassi, Faur, and Gherardi, 2004). Many of the mechanisms adopted in legal frameworks include provisions for working mothers to carry out their tasks, such as time to care and care infrastructure. Hence, the labeling of childcare spaces as "maternal:" daycare centers, nurseries, pre-K, and kindergartens.

Consequently, although some measures have been promoted to eliminate discrimination in the public world, they are not enough to actively incorporate men, the State, or the private sector into care. At any rate, some provisions have been broadened, such as the slow process of incorporating leaves for fathers, provisions on shared regimens (parental leaves), and some other isolated figures for diverse families, which have made it possible to break away from the heteronormative pattern partly. However, producing a change is even more complex in the private and community spheres because women have fewer elements and protections to delegate and negotiate an equitable distribution with their partners and other household members. Since families reproduce the asymmetries of power and patriarchal dynamics operating in care matters, achieving a more egalitarian distribution is difficult. Further, since care is permeated by inter- and intra-generational discrimination, violence emerges as part of structural inequalities that take the shape of domestic violence, increasing the hardship of the situation at the expense of women's living conditions and safety (Gherardi, 2020).

This reality explains the importance of defining care as a human right: it transforms the order of things that had remained static for decades and translates into the three aforementioned central dimensions—"the right to care, to be cared for, and to self-care" (Pautassi, 2007). This legal definition considers the right to care in terms of care providers and recipients or right holders, linking it to the concepts of a dignified life, well-being, and protection for families, motherhood, children, teenagers, and older persons (among others).

The main human rights instruments gradually laid the foundation to include care as a right for every person and allowed an interpretive approach to its scope. For example, the Convention on the Rights of the Child in Article 18, paragraph 1, establishes that the State will ensure "recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern." Further, paragraph 3 of the same article links care infrastructure to working parents: "States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible," leaving out children and teenagers whose parents do not have paid work. At any rate, most international treaties establish links with care, permitting its identification through the human rights approach.

The human rights approach applied to care (Pautassi, 2007) is based on a set of legal principles and standards. These include **(i)** universality; **(ii)** the obligation to guarantee the minimum content of rights; **(iii)** the obligation of States to undertake actions and measures that recognize

progressiveness in their actions and the consequent prohibition of regressive measures or actions; **(iv)** the duty to guarantee citizen participation; **(v)** the principle of equality and non-discrimination; **(vi)** access to justice; **(vii)** access to public information; **(viii)** social participation and empowerment of rights holders. Various international monitoring mechanisms have developed these standards, such as the Covenant Committees, the Rapporteurs, and Independent United Nations Experts.

The standards, which include the specificities of each right, integrate a common matrix applicable to define policies of intervention and strategies of states, social actors, and development cooperation agencies, as well as the design of actions to supervise and evaluate public policies (Abramovich and Pautassi, 2009). Most human rights instruments envisage the gradual realization of the content of rights and consider the constraints arising from scarcity of resources or deficits in State capacities. Nevertheless, they also establish obligations with immediate effect that link the standards among them and oblige to guarantee the minimum content, at least, of each right. Besides, headway has been made in defining progress indicators that make it possible to measure compliance with the obligations of economic, social, and cultural rights using quantitative (structure, process, and outcome) and qualitative indicators (Pautassi, 2013). These instruments verify the scope, content, and degree of protection and satisfaction of the rights contained in international covenants and treaties (MESECVI, 2015).

Care began to be considered as a right with the adoption of the Convention on the Rights of Persons with Disabilities (2007), regarding children and teenagers and was first referred to as the *right to care* in the Inter-American Convention on the Protection of the Human Rights of Older Persons (2015). These achievements implied an evolution in the corpus of human rights, which does not mean that care was not previously recognized in other international instruments,[1] but rather that it was not explicitly considered a right. The recognition of the right to care is an essential step because it imposes obligations that must be fulfilled within the framework of the definition of universal, cross-cutting policies, with regular budgets and a gender perspective, interdependently with economic, social, and cultural rights (ESCR) and civil and political rights (CPR). To sum up, recognizing care as a human right has been part of theoretical development and a political and social process.

These findings and the definition of care as a human right were presented and considered at the Regional Conferences on Women in Latin America and the Caribbean, composed of governments, mechanisms for the advancement of women (MAM), women's and civil society organizations, and specialized agencies of the United Nations and the Inter-American Human Rights System. The objective was to achieve political consensus and incorporate care as a right in the regional gender agenda.

In 2007, at the Quito Conference, the theoretical foundation that recognizes a "right to care, to be cared for, and to self-care" was introduced for the first time (Pautassi, 2007), underscoring not only the right's relevance, but also the positive and negative obligations that this right implies, urging States to comply with. This "foundational" moment (which started with the mentioned research), led to an interpretive and regulatory turn, by verifying its scope as a right. In other words, care is no longer a problem, it is work—paid and unpaid—and it is a human right that, whether named or not as such, is of mandatory compliance for States.

Another interesting aspect is that the right to care was immediately adopted by feminist and women's movements and the region's governments and was incorporated into the consensus reaffirmed at the subsequent Regional Conferences on Women in Latin America and the Caribbean. This meant that its scope, interdependence, and links to public policy and public institutions' spheres were discussed. The following conferences, held in Brasilia (2010), Dominican Republic (2013), Uruguay (2016), Santiago de Chile (2020), and Buenos Aires (2022), confirmed that care is a human right and the commitment to the consensus—thereby expanding the basis for the design of right-based care systems—, presenting tangible results.

For instance, among the agreements' processes the Brasilia Consensus recognizes

> "That access to justice is essential in order to safeguard the indivisible and comprehensive nature of human rights, including the right to care, drawing attention to the fact that the right to care is universal and requires solid measures to ensure its observance and to achieve co-responsibility of the whole of society, the State, and the private sector".

The Montevideo Strategy (2016) identifies the sexual division of labor and the unfair social organization of care as one of the structural knots that must be expressly changed to have fairer and more sustainable societies. The Strategy is aimed at

> "[C]losing the gap between de jure and de facto equality by strengthening public policies to ensure the autonomy and full exercise of the human rights of all women and girls, ending discrimination, prejudice and all forms of resistance".
>
> (ECLAC, 2016b, p. 14)

In the 2020 Santiago Commitment, they revolved around paragraph 26:

> "Design comprehensive care systems from a gender, intersectional, intercultural and human rights perspective that foster co-responsibility between men and women, the State, the market, families and the community, and include joined-up policies on time, resources, benefits, and universal, good-quality public services to meet the different care needs of the population, as part of social protection systems".

1 For a survey of the scope of care recognition in international instruments, see Martínez Romero and Espinosa Pérez (n.d.).

The latest instrument is the Buenos Aires Commitment, signed in November 2022. Its framework was the promotion of "the care society as a horizon for sustainable recovery with gender equality"* (ECLAC, 2022c). On this basis, the Commitment establishes that:

> "Recognize care as a right to provide and receive care and to exercise self-care based on the principles of equality, universality, and social and gender co-responsibility, and therefore, as a responsibility that must be shared by people of all sectors of society, families, communities, businesses, and the State, adopting regulatory frameworks and comprehensive care policies, programmes and systems with an intersectional and intercultural perspective that respect, protect and fulfil the rights of those who receive and provide paid and unpaid care, that prevent all forms of violence and workplace and sexual harassment in formal and informal work, and that free up time for women, so that they can engage in employment, education, public and political life and the economy, and enjoy their autonomy to the full".
>
> (par. 8)

The Buenos Aires Commitment aptly summarizes the previous regional agreements. Further, it links them to the demands of the feminist agenda and clears up doubts regarding the recognition of care as a human right.

In paragraph 9, this instrument makes determines the need to

> "Adopt regulatory frameworks that ensure the right to care through the implementation of comprehensive care policies and systems from a gender, intersectional, intercultural and human rights perspective, and include joined-up policies on time, resources, benefits and universal, good-quality public services in the territory".

It also deems it necessary to

> "Design and implement State policies that favour gender co-responsibility and make it possible to overcome harmful sexist roles, stereotypes and norms, through regulations aimed at establishing or broadening parental leave for the diverse forms of families, as well as other types of leave to care for dependent persons, including inalienable and non-transferable paternity leave".
>
> (ECLAC, 2022d, par. 10)

The regional agreements, from Quito to Buenos Aires, are connected to the 2030 Agenda for Sustainable Development, particularly to Sustainable Development Goal (SDG) 5, which recognizes and values unpaid care work, which requires public services, infrastructure, and social protection policies. Further, unpaid care work should also be linked to SDG 10, which aims to reduce inequalities. These agreements were part of the Platform for Action of the 1995 Beijing World Conference on Women, intersecting and enhancing each other and crystalizing women's historical demands whose satisfaction must be guaranteed.

At the regional level, the relevance of care was recognized by the Latin American and Caribbean Parliament (Parlatino) with the 2012 Proposal for a Framework Law on a Comprehensive Care System (Parlatino, 2012) and the 2013 Model Law on Care Economy (Parlatino, 2013). In addition, the Inter-American Commission on Women (CIM/OAS) introduced the Inter-American Model Law on Care, which aims to "serve as a legal basis and provide States with the necessary legal framework to ensure the right to care, paving the way for a transformative economic recovery that leads us to sustainable development and well-being for all" (OAS/CIM, 2022).

During the 48th session of the UN Human Rights Council held in 2021, Argentina and Mexico presented a joint statement on the importance of care in the field of human rights. The initiative had the support of fifty States, and it recognizes the importance of further discussing care and its link to human rights.

Summarizing, not only did the States of the region, represented by their governments (specifically the areas responsible for gender issues), understand the centrality of care, but they were also reminded of their obligations to guarantee care as a universal and interdependent right. These agreements also allowed the development of a specific care definition established in the Inter-American Convention on the Protection of the Human Rights of Older Persons (2015). This instrument mandates the implementation of measures aimed at the development of a comprehensive care system for this age group, and, in Article 12, it establishes that the older persons have

> "the right to a comprehensive system of care that protects and promotes their health, provides social services coverage, food and nutrition security, water, clothing, and housing, and promotes the ability of older persons to stay in their own home and maintain their independence and autonomy, should they so decide".

Thus, it became the first human rights instrument to define care as a right.

Another innovative aspect in Latin America is the States' gradual adoption of these mandates. In this century, the first plurinational constitutions in Latin America that recognized care were the Bolivian and the Ecuadorian constitutions, which did not include it as a right but as unpaid work. In the case of Bolivia, Article 338 of the 2009 Constitution recognizes "the economic value of housework as a source of wealth, and it shall be quantified in public accounts." Further, Article 64 stipulates that

> "Spouses or cohabitants have the duty, in equal conditions and by common effort, to attend to the maintenance and responsibility of the home, and the education and development of the children while they are minors or have some disability".*

Ecuador, in 2008, incorporated Article 333 into its constitution, which establishes that

* English version of the quote by the translation team.

* English version of the quote by the translation team.

> "*Unpaid work of self-sustenance and caregiving, carried out in the home, is recognized as productive work. The State shall strive towards a labor system that works in harmony with the needs for human caregiving* and that facilitates convenient services, infrastructure, and work schedules; it shall, in particular, provide services for child care, care for persons with disabilities, and other services as needed for workers to be able to perform their activities; it shall furthermore foster the joint responsibility and reciprocity of men and women in domestic work and family obligations"* (emphasis added by the author).

In other articles, the Constitution of Ecuador recognizes financing (Art. 369), maternity protection (Art. 69), and care responsibilities (Art. 83).

The 2017 Constitution of Mexico City represented a milestone. Article 9, Section B established the following:

> "Right to care. Every person has the right to care that sustains their life and provides them with the material and symbolic elements to live in society throughout their life. The authorities shall establish a care system that provides universal, accessible, relevant, sufficient, and quality public services, and develops public policies. The system shall prioritize people in situations of dependency due to illness, disability, life cycle, especially childhood and old age, and those who, without pay, are in charge of their care".*

In November 2020, the Chamber of Deputies of Mexico approved the reform bill to grant constitutional status to the "right to dignified care" and caregiving. This bill was based on the amendments to Articles 4 and 73 of the Federal Mexican Constitution, which establish the obligation of the State to promote the co-responsibility of women and men for care activities. To be enacted, the Mexican Senate must also approve the reform.

During the recent constitutional process in Chile, the following definition was incorporated into Article 50:

> "The right to care.
> 1. Everyone has the right to care. This right includes the right to care, care for and care for oneself from birth to death. The state undertakes to provide the means to ensure that care is dignified and carried out under conditions of equality and co-responsibility.
> 2. The state guarantees this right through a Comprehensive System of Care, norms, and public policies that promote personal autonomy and incorporate human rights, gender, and intersectional approaches. The System is characterized by equality, solidarity, and universality, as well as cultural relevance. Its financing will be progressive, sufficient, and permanent.
> 3. This System will pay special attention to infants, children and adolescents, the elderly, people with disabilities, people in a situation of dependency, and people with severe or terminal illnesses. It will also ensure the protection of the rights of those who perform care work".*

Although the exit plebiscite did not approve the constitution (September 2022), it represents a valuable precedent that needs to be considered in future constitutional processes. In addition, it has undoubtedly gained social consensus as a citizen's constitutional initiative. In Spain, Marrades Puig (2016) pronounced the inescapable need to incorporate care into the national constitution as a new social right.

Achieving this recognition was not an exercise in interpretive legal dogmatics but the result of using an innovative, participatory strategy developed in Latin America (Pautassi, 2021). Specifically, it was the result of using a methodology based on the human rights approach, which consists in establishing connections of meaning and "bridges" between the content of international covenants and treaties, the interpretation of the scope of the right provided by the corpus of human rights, and its application in each State's institutions and public policies. Hence, the kinds of State responses that have been implemented are various, such as Uruguay that designed a pioneering comprehensive care system that recognizes care as a right and then organizes its benefits accordingly. Similarly, to mention a few examples, Costa Rica followed suit by establishing a national care system in 2014; Bogotá created a district care system; the cities of San Salvador and Santiago de Chile made progress by developing strategies linked to the concept of caring cities; Paraguay has further developed its definition of care; and Argentina is designing a federal care system based on a legislative proposal.

Regarding jurisprudence, in August 2020, the Constitutional Court of Ecuador recognized care as a right and broadened the logic of recognition between the formal and the informal spheres (Judgment No. 3-19-JP/20). Interestingly, the ruling recognizes care as a universal right and defines several relevant aspects in line with its recognition as a human right. Regarding the obligation to care, the Court refers to the principle of co-responsibility and defines it as

> "The responsibility that every person has with care. Firstly, everyone will take care of themselves (self-care). Secondly, persons with obligations (based on the principle of reciprocity), such as the parents to their children, the woman or the man to their spouse or partner. Thirdly, the persons in the spaces where day-to-day activities occur, such as the family, the workplace, or an educational institution. Fourthly, the society or community, the neighborhood, the condominium, the extended family, and social organizations. Lastly is the state".*
>
> (Judgment No. 3-19-JP/20, par. 130)

Nevertheless, the Court specifies that "[t]he state, through all possible and necessary means, must universalize the exercise of the right and the obligation to care so that both men and women exercise it on equal terms" (Judgment No. 3-19-JP/20, par. 131). In other words, for the Constitutional Court the co-responsibility of the State is central and translates into concrete obligations that, far from having a secondary role, it is placed at the center of benefits and guarantees.

To summarize, the human right to care is fully recognized, enshrined in the framework of collective processes and demands underpinned by intense feminist activism, and requires specific State commitments. The stage that we are now entering demands that we figure out how to guarantee and provide the right interdependently with other rights and according to human rights standards.

---

* English version of the quote by the translation team.

Pandemic, *syndemic*, and care

The global outbreak of COVID-19 has brought profound changes in social practices and daily routines from March 2020 to date. Due to the perplexity produced by this global phenomenon, several interpretations were made, including that by Richard Horton (The Lancet), who proposed that what we were experiencing was a *syndemic* rather than a pandemic (Singer, 1990). This neologism, the combination of synergy and pandemic, shows that we face a health crisis and a multidimensional problem. In Latin America, we found that the global ecological crisis, the crisis of social reproduction (material and symbolic), and the crisis of care converged with the health crisis of COVID-19, all in a net of poverty and structural inequalities (Rico and Pautassi, forthcoming). The synergy emerges from pre-existing social and cultural conditions, where discrimination based on sex, diverse sexual identities, age, and socioeconomic conditions interact, exacerbating the risks and negative consequences of coronavirus. One of the main effects of the *syndemic* was that it shed light on the conditions of paid and care work.

Regarding paid work, teleworking was feasible only for specific sectors of privileged and highly qualified workers, whereas the gap between formal workers and sporadic and precarious autonomous workers became wide. In that regard, the *syndemic* accelerated the transformation of occupations and a review of employment models, partly because of the notion of "essential jobs" had reshaped productive settings and led to the imbrication of times, spaces (Savona, 2020), and the still unresolved issue of care work. The ongoing *syndemic* experience has shown the harsh reality that women face daily since care is a need and a never-ending, labor-intensive routine job with no schedules or limits. Moreover, the possibility of providing care under conditions of equality is nonexistent. Both paid and unpaid care show that there is nothing new—let alone democratic—in the *syndemic*, to the point that little reflection has been given to the fact that "risk would look different if it occurred in a society organized around the notion of care" (Tronto, 2020, p. 32).

In contrast, women have found, once again, that need, by itself, does not entail responsibilities, let alone obligations. The *syndemic* made care visible globally and simultaneously. Nonetheless, no progress has been made in its distribution, nor have men been persuaded to assume their obligations. Moreover, a critical, unavoidable nucleus if the public agenda is to implement rights-based mechanisms and policies to promote the (re)distribution of care among those obliged to provide it.

Source: Own table based on Rico and Pautassi (forthcoming).

3.

TOWARDS THE EFFECTIVE EXERCISE OF THE RIGHT TO CARE

This journey has allowed us to consider several fundamental aspects. Firstly, it highlighted how activists, academics, and the feminist movement made it possible to identify the elements that already existed in the field of human rights. The transformation that allowed the definition and consolidation of recognizing care as a work and human right began in Latin America, limiting the polysemy of the word "care" and providing empirical evidence.

Having clarified that the problem with care was not one of conceptualization, theoretical or empirical production, or proposals for its social organization but that the central critical knot was its visibility and distribution, the second aspect was how to move from rhetoric to implementation. A lesson from the syndemic was that there is no single answer to this problem, but we need comprehensive answers that adopt a gender and human rights approach. Each State that has ratified international covenants and treaties has voluntarily committed to compliance. In all cases, States must guarantee at least the minimum content of the rights and cannot argue a lack of resources to justify its actions when they result in individuals not having the minimum protection afforded by each right, as stipulated in the corpus of human rights.

Further, States will guarantee universal coverage, that is, for all people without exception, moving progressively toward its total satisfaction. In the case of care, although coverage of benefits is central, its exercise requires guarantees and active provision and distribution.

Third, defining care as work and as a human right of each person delimited the field of intervention of the public sphere and created the obligation to distribute it across society. Its inclusion in international human rights instruments and constitutions or regulations that promote the implementation of national care systems contributes to delimiting its scope and establishing the approach that should inform public policies.

The recognition of care as a universal right transcends the particular to consider the universal, which integrates differences—though not entirely. Among other effects, it seeks to challenge the passive relationship between the rights holder and the discretionality of public administrations to guarantee care. In addition, it defies the binary logic of activity/passivity between caregivers and care recipients. It does not only include the interpersonal practice of looking after the other, but it also demands an integrated set of cross-cutting actions. For people with disabilities and older persons who are not self-sufficient, it guarantees autonomy in caregiving, in either self-care or caring for others. As for men, it compels them to provide care.

The availability of formal and informal employment or income in today's market-regulated societies is essential to an individual's performance and choices and, obviously, the satisfaction of their needs. Nevertheless, it should not be the only element that promotes autonomy, mainly because of the characteristics of extractivist capitalist systems. For those who have provided care less frequently, as is the case of men, or not at all, their responsibility to fulfill this obligation is inescapable and with immediate effect. The recognition of the care and its subsequent distribution is central to promoting necessary and urgent cultural transformations and guaranteeing the sustainability of life.

In summary, recognizing care as a right broke away from the traditional labor legislation in Latin America. Although the legislation had historically sought to create conditions of equal opportunity for women effectively, it did not consider the centrality and unfair sexual division of labor within households, where working men do not actively assume co-responsibility for care tasks (Pautassi, Faur, and Gherardi, 2004).

The pathways to exercise the right to care are many. First, the policies to reconcile productive and care tasks should focus on positive actions and labor regulations to promote the principle of formal and material equality and guarantee the full exercise of autonomy. Rather than reparation, it is a matter of effective guarantees and realizing each person's autonomy.

The above example is one of many that could always apply to the framework of the interdependence of rights, particularly the rights to work, social security, adequate food, health, education, and housing. However, this highlights the numerous dilemmas that challenge the State as a guarantor of care, which has to provide necessary and

adequate conditions for developing an autonomous existence that defeminizes and defamiliarizes care to guarantee equality and equity.

Lastly and most importantly, the recognition of care is not up for debate. It is an obligation and a social duty that should be equitably distributed. Thus, the exercise of each person's autonomy is the central nucleus to defend in a political process with a gender approach. We urgently need the political will to drive a social transformation where everyone assumes care responsibilities. We have built the narrative; the rights have been enshrined. All that is missing is the effective exercise of the right to care.

REFERENCES

Abramovich, Víctor and Pautassi, Laura. (2009). El enfoque de derechos y la institucionalidad de las políticas sociales (The rights-based approach and the institutionality of social policies). In Abramovich, Víctor y Pautassi, Laura (Comp.). *La revisión judicial de las políticas sociales. Estudio de casos (Legal review of social policies. Case studies)* (pp. 279-340). Editores del Puerto.

Batthyany, Karina (Comp.). (2021). *Miradas Latinoamericanas sobre los cuidados*. (Latin American views on care). CLACSO.

Borderías, Cristina, Carrasco, Cristina and Alemany Carmen (Comp.). (1994). *Las mujeres y el trabajo. Rupturas conceptuales*. (Women and work. Conceptual ruptures). ICARIA-FUHEM.

Durán, María-Angeles. (2012). *El trabajo no remunerado en la economía global.* (Unpaid work in the global economy). Fundación BBVA.

Economic Commission for Latin America and the Caribbean [ECLAC]. (2007). *Quito Consensus. X Regional Conference on Women in Latin America and the Caribbean*. Available at: repositorio.cepal.org/bitstream/handle/11362/41345/Quito_Consensus_en.pdf?sequence=1&isAllowed=y

ECLAC. (2010). *Brasilia Consensus. XI Regional Conference on Women in Latin America and the Caribbean*. Available at: www.cepal.org/sites/default/files/events/files/consensobrasilia_ing.pdf

ECLAC. (2012). *Panorama Social de América Latina 2012*. (Social Panorama of Latin America 2012). ECLAC.

ECLAC. (2013). Santo Domingo Consensus. XII Regional Conference on Women in Latin America and the Caribbean. Available at: repositorio.cepal.org/bitstream/handle/11362/40451/1/Santo_Domingo_Consensus_en.pdf

ECLAC. (2016a). *Autonomía de las mujeres e igualdad en la agenda de desarrollo sostenible.* (Equality and women's autonomy in the sustainable development agenda). ECLAC.

ECLAC. (2016b). *Montevideo Strategy. XIII Regional Conference on Women in Latin America and the Caribbean*. Available at: repositorio.cepal.org/bitstream/handle/11362/41013/1/S1700033_en.pdf

ECLAC. (2019). *Santiago Commitment. XIV Regional Conference on Women in Latin America and the Caribbean*. Available at: repositorio.cepal.org/bitstream/handle/11362/46469/S2000145_en.pdf?sequence=1&isAllowed=y

ECLAC. (2021). *Panorama Social de América Latina 2020*. (Social Panorama of Latin America 2020). ECLAC.

ECLAC. (2022a). *Romper el silencio estadístico para alcanzar la igualdad de género en 2030: aplicación del eje sobre sistemas de información de la Estrategia de Montevideo para la Implementación de la Agenda Regional de Género en el Marco del Desarrollo Sostenible hacia 2030*. (Breaking the statistical silence to achieve gender equality by 2030: Implementing the Information Systems Pillar of the Montevideo Strategy for the implementation of the Regional Gender Agenda within the sustainable development framework by 2030). (LC/CRM.15/4). CEPAL.

ECLAC. (2022b). *La sociedad del cuidado: horizonte para una recuperación sostenible con igualdad de género*. (The care society: A horizon for sustainable recovery with gender equality). CEPAL.

ECLAC. (2022c, 7 al 11 de noviembre de 2022). *XV Conferencia Regional sobre la Mujer de América Latina y el Caribe*. (XV Regional Conference on Women in Latin America and the Caribbean). CEPAL.

ECLAC. (2022d, 11 de noviembre de 2022). *Compromiso de Buenos Aires*. XV Conferencia Regional sobre la Mujer de América Latina y el Caribe. (Buenos Aires Commitment. XV Regional Conference on Women in Latin America and the Caribbean).

Fraser, Nancy (2016, July-August). Contradictions of Capital and Care. *New Left Review*, 100, 99-117.

Federici, Silvia (2018). *Patriarchy of The Wage: Notes on Marx, Gender and Feminism*. PM Press.

Folbre, Nancy (2001). *The invisible Heart. Economics and Family Values*. The New York Press.

Gherardi, Natalia (2020). No hay cuarentena que valga: la persistencia de las violencias por razones de género. (No quarantine is enough: The persistence of gender-based violence). In Bohoslavsky, Juan (Ed.). *Covid 19 y Derechos Humanos. La pandemia de la desigualdad*. (Covid 19 and Human Rights: The pandemic of inequality). (pp. 497-518). Biblos.

Gherardi, Natalia and Pautassi, Laura (2020). El derecho al cuidado: de la crisis a las regulaciones para su ejercicio. (The right to care: From crisis to the regulation of its exercise). *Revista de Derecho de Privado y comunitario* (pp. 341-360). Rubinzal Culzoni Editores.

Lamas, Marta (2018). División del trabajo, igualdad de género y calidad de vida. (Division of labor, gender equality, and quality of life). In ONU Mujeres. *El trabajo de cuidados: una cuestión de derechos humanos y políticas públicas*. (Care work: A matter of human rights and public policies). (pp. 12-23). ONU Mujeres.

Latin American Parliament (Parlatino). Proyecto de Ley Marco de Sistema Integral de Cuidados. (Framework Law on the Care Economy). parlatino.org/pdf/leyes_marcos/leyes/proyecto-sistema-integral-pma-30-nov-2012.pdf

Lefaucheur, Nadine (1993). Maternidad, familia, Estado. (Maternity, Family, State). In Duby, George y Perrot, Michelle (Comp.). *Historia de las mujeres. El siglo XX, la nueva mujer.* (Women's History. The twentieth century, the new woman) (volume 10, pp. 59-79). Taurus.

Marco Navarro, Flavia (2009, septiembre). *Legislación comparada en materia de familias. Los casos de cinco países de América Latina*. (Comparative Legislation on Family. The Case of Five Latin America Countries). (Serie Políticas sociales 149, LC/L. 3102-P). CEPAL.

Marco Navarro, Flavia (Coord.), **Giacometti, Claudia, Huertas, Tebelia and Pautassi, Laura** (2019). *Medidas compensatorias de los cuidados no remunerados en los sistemas de Seguridad Social en Iberoamérica*. (Compensatory measures for unpaid care in social security systems in Latin America). Organización Iberoamericana de Seguridad Social.

Marrades Puig, Ana (2016, septiembre -diciembre). Los nuevos derechos sociales. El derecho al cuidado como fundamento del pacto constitucional. (The new social rights. The right to care as the foundation of the constitutional covenant). *Revista de Derecho Político*, 97, 209-242.

Martínez Franzoni, Juliana (2021). Los cuidados antes y durante la pandemia en América Latina. ¿Una emergencia con oportunidad? (Care before and during the pandemic in Latin America: An emergency and an opportunity?) In Pautassi, Laura y Marco Navarro, Flavia (Coords.). *Feminismos, cuidados e institucionalidad. Homenaje a Nieves Rico*. (Feminisms, care and institutionality. A Tribute to Nieves Rico). (pp. 123-154). Fundación Medife Edita.

Martínez Franzoni, Juliana (2008). *¿Arañando el bienestar? Trabajo remunerado, protección social y familias en América Central*. (Scratching at the surface of well-being? Paid work, social protection, and families in Central America). CLACSO.

Martínez Romero, Elba y Espinosa Pérez, Liliana (s. f.). *Cuidados. Menciones en instrumentos internacionales*. (Care: References in international instruments). Fundación Friedrich Ebert.

MESECVI (2015). *Guía para la aplicación de la Convención Interamericana para Prevenir, Sancionar y Erradicar la Violencia contra la Mujer*. (Guide to the application of the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women). Mecanismo de Seguimiento de la Convención de Belem do Pará (Follow-up Mechanism to the Convention of Belem do Pará) – MESECVI. Organización de Estados Americanos [OEA].

Orloff, Ann (2009). Gendering the comparative analysis of welfare states: An unfinished agenda. *Sociological Theory*, 27(3), 317-343.

Organization of American States [OAS] / Inter-American Commission of Women [CIM] (2022). Ley Modelo Interamericana de Cuidados. (The Inter-American Model Law on Care). www.oas.org/es/cim/docs/LeyModeloCuidados-ES.pdf

Parlatino. 2013. Ley Marco sobre Economía del Cuidado. parlatino.org/pdf/leyes_marcos/leyes/ley-economia-cuidado-pma-19-oct-2013.pdf

Pautassi, Laura (1995). ¿Primero...las damas? La situación de la mujer frente a la propuesta del ingreso ciudadano. (Ladies…first? Women's situation relative to the proposal of citizen income). In Lo Vuolo, Rubén. *Contra la exclusión. La propuesta del ingreso ciudadano*. (Against exclusion. The proposal on citizen income) (pp. 221-262). Ciepp-Miño y Dávila Ed.

Pautassi, Laura (2005). *¿Bailarinas en la oscuridad? Seguridad Social en América Latina en el marco de la equidad de género*. (Ballerinas in the dark? Social Security in Latin America in the framework of gender equity). XXXVIII Reunión de la Mesa Directiva de la Conferencia Regional sobre la Mujer de América Latina y el Caribe (XXXVIII Meeting of the Executive Board of the Regional Conference on Women in Latin America and the Caribbean), Mar del Plata, September, Argentina.

Pautassi, Laura (2007, octubre). El cuidado como cuestión social desde un enfoque de derechos. (Care as a social issue from a rights-based perspective). *Serie Mujer y Desarrollo* 87. CEPAL.

Pautassi, Laura (2009). *¡Cuánto trabajo mujer! El género en las relaciones laborales*. (How much work, woman! Gender in labor relations). Capital Intelectual.

Pautassi, Laura (2013) Perspectivas actuales en torno al enfoque de derechos y cuidado: la autonomía en tensión. (Current perspectives on the rights and care approach: Autonomy in tension). In Pautassi, Laura y Zibecchi, Carla. *Las fronteras del cuidado. Agenda, derechos e infraestructura*. (The frontiers of care. Agenda, rights, and infrastructure). (pp. 99-132). ELA Biblios.

Pautassi, Laura, Faur, Eleonor and Gherardi, Natalia (2004). Legislación laboral en seis países latinoamericanos. Avances y omisiones para una mayor equidad. (Labor legislations in six Latin American countries. Progress and omissions for greater equity). *Serie Mujer y Desarrollo* 56. CEPAL.

Razavi, Shara (2007). *The Political and Social Economy of Care in a Development Context*. (Gender and Development Programme, 3). UNRISD.

Rico, María Nieves and Robles, Claudia (2016). Políticas de cuidados en América Latina. Forjando la igualdad. (Care policies in Latin America. Forging equality). *Serie Asuntos de género* 140. CEPAL.

Rico, María Nieves and Marco Navarro, Flavia (2020). La agenda pública de los cuidados en América Latina. Recorrido e interrogantes para una nueva estrategia. En Acosta, Eliane. *Crisis de cuidados, envejecimiento y políticas de bienestar en Cuba* (pp. 35-68). Universidad Sergio Arboleda.

Rico, María Nieves and Marco Navarro, Flavia (2013). Cuidado y Políticas Públicas: debates y estado de situación a nivel regional. (The public care agenda in Latin America. Overview and questions for a new strategy). In Pautassi, Laura y Zibecchi, Carla. *Las fronteras del cuidado. Agenda, derechos e infraestructura*. (Care crisis, aging, and welfare policies in Cuba). (pp. 27-58). ELA Biblios.

Rico, María Nieves and Pautassi, Laura (e. p.). The Right to Care at Stake: The Syndemic Emergency in Latin America. In Mignon Duffy, Armenia Amy y Price-Glynn, Kim (Eds.). *Confronting the Global Care Crisis during COVID-19: Past Problems, New Issues, and Pathways to Change*, Rutgers (Forthcoming).

Rodríguez Enríquez, Corina (2012, abril). La cuestión del cuidado: ¿El eslabón perdido del análisis económico? (The question of care: The missing link in economic analysis?). *Revista de la CEPAL*, 106 (LC/G. 2518-P). CEPAL.

Savona, María (2020, diciembre). ¿La "nueva normalidad" como "nueva esencialidad"? COVID-19, transformaciones digitales y estructuras laborales. (The "new normal" as the "new essentiality"? COVID-19, the digital transformation, and work structures). *Revista de la CEPAL*, 132.

Sentencia No. 3-19-JP/20 y acumulados (Judgment No. 3-19-JP / 20 and accumulated). (Corte Constitucional del Ecuador, 5 de agosto de 2020).

Singer, Merrill (2009). *Introduction to syndemics: a critical systems approach to public and community health*. Jossey-Bass.

Torres Santana, Ailynn (2020, marzo). *Los cuidados al centro. Una propuesta feminista*. (Care at the Core: A Feminist Proposal). Fundacion Friedrich Ebert.

Torres Santana, Ailynn (2021). *Los cuidados. Del centro de la vida al centro de la política*. (Care: From the center of life to the center of politics) (volumes I-III). (volumes I-III). Fundación Friedrich Ebert.

Tronto, Joan (2006). Vicious circle of privatized caring. En Hamington, Maurice y Miller, Dorothy. *Socializing Care: Feminist Ethics and Public Issues*. Lanham, Rowman and Littlefield.

Tronto, Joan (2020). *¿Riesgo o cuidado?*. (Risk or care?). Medife Edita Foundation.

AUTHOR

Laura Pautassi. Principal Researcher with the National Council of Scientific and Technical Research (CONICET) and the A. Gioja Institute of Legal and Social Research, Faculty of Law, University of Buenos Aires, Argentina.

IMPRESSUM

The Friedrich Ebert Foundation in Mexico
Yautepec 55 | Col. Condesa
06140 | Ciudad de México | México

Responsible
Yesko Quiroga

Project coordinator
Elisa Gómez

Translation
Erika Benton and Román Villar

Telephone +52 (55) 5553 5302
Fax +52 (55) 5254 1554
www.fes-mexico.org

ISBN
978-607-8887-06-4

The Right to Care.
From Recognition to its Effective Exercise

In Latin America, care has been recognized as a human right: the right to care, to be cared for, and to take care of oneself (self-care). With this, considerable progress has been made in unlinking care from the private sphere and inserting it into paid employment. How is it possible that an activity that is central to life is recognized as a right? What are its benefits? Does it have an effect on everybody or only on women? Does the fact that it is a right contribute to creating obligations, or is it simply an expression of good political and social will? Are there any differences when the approach has a gender perspective?

Care is a fundamental public good for society as a whole, as it guarantees the sustainability of individual and collective life. Without care, nothing works, and no one can live. However, care was invisible for centuries.

The main problem is that care is assumed almost exclusively by women. Keeping it hidden was part of the patriarchal strategies that made it impossible to discuss the unfair sexual division of paid work in the labor market or that of unpaid work in the household and the family, a situation that sets deep inequalities.

Formulating care as a human right breaks away from the naturalization of the role of women as caregivers and conceives it as a universal right under an individual's condition as a person. This recognition incorporates a powerful definition associated with its nature as a human right and establishes responsibilities, guarantees, and satisfiers.

The recognition of care is not up for debate. It is an obligation and a social duty that should be equitably distributed. Thus, the exercise of each person's autonomy is the central nucleus to defend in a political process with a gender approach. We urgently need the political will to drive a social transformation where everyone assumes their care responsibilities.

FRIEDRICH EBERT STIFTUNG

ISBN
978-607-8887-06-4