



WORK AND SOCIAL JUSTICE

CARE AT THE CORE

A Feminist Proposal

Ailynn Torres Santana
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Feminist debates have contributed to politicizing and denaturalizing the social order that ensures care and life sustenance.



Care is primarily women's responsibility. It is not recognized as work, and it remains socially and economically undervalued (it is either unpaid or underpaid).



A democratizing political program on care implies recognizing it as work and allowing for the collective representation of care workers, reducing it by guaranteeing the conditions necessary to live with dignity, and redistributing it among the various social agents. To that end, it is essential to conduct a multidimensional analysis of care.

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INTRODUCTION

In January 2020, an Oxfam report revealed that women and girls, especially those living in poverty and marginalized groups, spend 12.5 billion hours performing unpaid care work worldwide every day. According to estimates by this organization, the monetary value of unpaid care work globally carried out by women¹ is \$10.8 trillion annually (Coffey et al., 2020). The document adds, “This figure, while huge, is an underestimate, and the true figure is far higher”² (Idem: 10).

The report reiterated—as have other international organizations and women and feminist organizations for several years—that care is not recognized as work when it is not paid. When paid, it is carried out in conditions that are often precarious, without any protection from the state or labor rights. Coffey et al. (2020) also underscored the unequal redistribution of care responsibilities within the family (women carry out 3/4 of care work in the household), the labor market (women are responsible for 2/3 of paid care work), and among the various social agents (the state and the private sector do not assume this responsibility and, hence, families and communities are overburdened).

Though underestimated, such data offer updated information on the value that unpaid care work contributes to the reproduction of capitalism, which ends up being subsidized: many care workers do not receive any remuneration and are often part of the most impoverished disadvantaged groups. The aforementioned report reactivates the discussion on what care work is and whether the only way of democratizing and making it visible is by giving it a monetary value or, conversely, if it is politically necessary to remove the capital-monetized work relationship from the center of the debate.

The above issues are not new but have become increasingly relevant to institutional policy in some regions of the Global South in the last few years. They have also gained political importance due to the actions of collectives and social movements (especially feminist movements). Nowadays, political questions are gaining presence and weight, including those probing what care is, what dimensions and fields converge in care work, how care work contributes to life sustenance and the reproduction of the social whole, and what to do to link a care policy to the struggle against inequality. Indeed, the way care is conceived and performed is key to understanding the societies in which we live and how inequalities are reproduced within them.

Feminist thought and activism have been fundamental to reposition care and life as the central theme for reflecting on the societies we are and those we want to become. They have also denounced that although all of us—transhistorically and in all contexts—need care to live,³ care work is primarily the responsibility of women; it is not recognized as work even though it requires time, effort, and resources; most care work is performed with no compensation—financial or otherwise—and often in precarious conditions (with or without remuneration); care responsibilities overburden those who assume them and reproduce their lack of economic autonomy.

¹ Women aged 15 and over.
² Verbatim.

³ At some stages of life and under limited circumstances, care is even more essential but it is always necessary.

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THE LENGTHY DEBATE ON CARE

The political discussion on care has had a long history, but its theorization is more recent. At least in four moments, the issue has had a strong presence. Dealing with care is not an idle pursuit; it allows identifying the political matrixes (their scopes and limits) that had made care work a problem and the analytical and political lessons learned along the way, some of which we take up again today.

For socialist activism, care has been of considerable interest since the beginning of the 20th century. Women politicians demanded that countries under “real socialism” become co-responsible for care needs to ensure the incorporation of women into waged work and, hence, their emancipation. This demand, which was part of the socialist program very early on, was heard, and thus, women became wage workers⁴ faster than in other regions of the world.

To that end, a key measure was the creation of public nurseries and the state’s participation in care provision, especially child care. This strategy, however, failed to debunk the domestic patriarchal logic, and women continued to be overburdened with double and triple shifts that included unpaid care work. Women’s insertion in the heart of capitalism (the capital-salaried work dynamic) did not ensure their “emancipation” in “real socialism” or those—capitalist—regions of the world where, at a different pace, women were proletarianized.

Early in the second half of the 20th century, Italian and American feminists discussed domestic and care work as part of the critique that Marxist feminism began to direct at classic Marxism.⁵ Specifically, these women noted that for wage workers to be able to perform their work, they needed to reproduce their labor power and encourage the

participation of others. They understood the issue as “two assembly lines”: “one that produces goods and another that produces workers and whose center is the home” (Federici, 2018: 18).

That was the first attempt to theorize—and place within the analysis of the capitalist production system—the activities that ensure the biological life and wellbeing of the individual, as well as denounce that care is work and not a “personal service” rendered by women “as a labor of love.” The fact that it is frequently unpaid and regarded as “natural” does not mean it is not work:⁶ it makes sure that with time, effort, and resources, wage workers (or those who will work at another point in their life, as is the case of children) reproduce themselves as workers. The fact that it is not called work and that women must perform it makes their insertion into labor markets still more precarious (as they must aim at more flexible and more poorly paid jobs to be able to carry out housework), weakens their presence in the labor market (since they are willing to earn less, they are more likely to be exploited), reasserts and naturalizes the idea that unpaid work is associated with “femininity,” and can also intensify their dependence on men (on their paycheck) if they are the only wage earners (because women must engage in unpaid work) (Federici, 2018). Nevertheless, the unappreciation of care work is a part of exploitation and domination mechanisms. It is not neutral to capital or gender.

Such critique translated politically into a feminist campaign, “Wages for Housework.” This campaign was intended to put an end to the division between “working women” and “women who don’t work” (that is, who “only” do unpaid domestic and care work)⁷ and revalue domestic work, in-

⁴ In 1980, women represented half the work force in Eastern Europe, compared to only 22% in Latin America, for example (Molyneux, 2003).

⁵ Marx was aware of women’s subordination within the family and the capitalist mode of production. He also knew that labor power needed to be reproduced but, in his argument, such process was ensured by the workers’ “instinct” and the consumption of goods. Domestic and care work was left without theorization or historization (Federici, 2017).

⁶ Federici underlines the fact that salaries/wages organize society, creating hierarchies and groups of people without rights, making invisible the areas of exploitation that are not paid (like domestic work), and naturalizing forms of work that are also part of the mechanisms of exploitation. Nevertheless, because they are not considered work, they are not regarded as such (Federici, 2018:18)..

⁷ The campaign attacked the program that regards “women’s emancipation” as women’s conquest of the capitalist labor market, and it positioned itself as anticapitalistic.

cluding care work (Idem), which, in this framework, was defined as follows:

Housework is much more than house cleaning. It is servicing the wage earners physically, emotionally, sexually, getting them ready for work day after day. It is taking care of our children—the future workers—assisting them from birth through their school years, ensuring that they too perform in the ways expected of them under capitalism (Federici, 2018: 30).

During the 1990s, according to Vega and Gutiérrez (2014), the feminist critique of the work category continued developing, especially in Europe, through empirical studies.⁸ It was then when unpaid care work began to be measured more reliably when its costs (social and for women) began to be estimated, and the coordination of families and the market to ensure care began to be analyzed (Picchio, 1994).

The analyses conducted during that decade, including the so-called caring labor approaches, again corroborated that care work reproduces inequality. They also denounced that welfare states had a sexist framework (they assumed that women were responsible for care) and a familistic approach (families were primarily responsible for wellbeing); they questioned the models of the male wage earner and the female care provider; and exploited the affective dimension of care (Vega and Gutiérrez, 2014).

In the early 21st century, the discussion of care becomes more profound and broader in scope. The analysis of how different actors (not only the family but also the state, the market, and the community) participate—or not—in ensuring and organizing care is systematically incorporated into the discussion. In addition, transnational perspectives link migration processes and labor markets associated with care work (often performed by migrants) and care processes in general (Idem).

The crisis of care work in the Global North and some regions of the South has brought to the foreground the urgency to discuss the matter. There are increasingly fewer guarantees to receive or offer care to sustain individual and collective life. Demographic aging, which increases the number of

older adults in need of care, the growing familiarization of wellbeing (a consequence of the shrinking of the states and their social functions) that overburdens families, particularly women, the incorporation of women into the paid work market (in conditions of greater precariousness, decreasing time available for care) are some factors that have compounded the crisis.

A deeper exploration of the field and policy of care has altered the orthodox and heterodox economic approaches that continue to understand work only as carried out in conditions of salarization. In addition, they conceive the economy as that which takes place in the market.

In Latin America (and other regions of the Global South), the debate on care takes place in considerable precariousness for large social groups, which hinders life sustenance and dignified caregiving and/or care receiving care. The crisis of care concurs with an ongoing crisis of reproduction of life. Since 2006, studies and popular demand for policies on the matter have proliferated, impacting the legislative level. The constitutions of countries like Ecuador and Bolivia have recognized that unpaid domestic and care work is work. Several other countries have started to estimate the value of this work in their national accounts to ascribe validity to it. Uruguay has designed and implemented a comprehensive care system, and countries such as Argentina, Colombia, and Mexico have been pushing for similar policies.

Esquivel and Kaufmann (2016) have found that, compared to other parts of the world, the region has relatively broad and favorable policies that could democratize both paid and unpaid care work. However, this has not translated into democratization with a far-reaching impact on social life. In the meantime, women and/or feminist collectives and sexual dissidence groups continue to reinvent care provision within and outside the family, organize themselves, and sustain life.

There is a continuing dispute over the definition of care and care work in the institutional political field.

⁸ Vega and Gutiérrez (2014) refer to Balbo (1987); Borderías, Carrasco, and Alemany (1994); Letablier (2007); Carrasco, Borderías and Torns (2011).

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CARE AND CARE WORK

Although the debate had already started, international institutional entities started to discuss care in the 1995 Beijing Platform for Action. “Care” and “unpaid work” were synonymous in that document. Behind this definition was the previously mentioned campaign “Wages for Housework” that linked recognition to financial compensation for working women. Nonetheless, while the Platform emphasized the importance of recognizing and accounting for such work, the issue of compensation faded into the background (Esquivel, 2015).

In the following years, care became more prominent among movements of women, scholars, and feminists. Institutions with a gender perspective (secretariats, ministries, commissions for women) emerged in many Latin American countries. Twenty years later, in 2015, Sustainable Development Goal 5⁹ included unpaid care and domestic work in specific target 5.4 (Esquivel and Kaufmann, 2016):

Recognize and value unpaid care and domestic work through the provision of public services, infrastructure, and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate.

This text was more complete than that of the Beijing Platform. Implicitly but clearly, it expressed the need for redistributing unpaid care and housework within and outside the family. It also involved the state as an important actor in ensuring care and again underscored the need for valuing these activities. It also considered, to some extent, the conditions of precariousness and inequality that hinder the possibility of receiving and providing care and stated that the efforts needed to look after somebody must be reduced (Idem).

This measure made the matter visible in international regulations. It placed it as a dimension of the so-called sustainable development, compelled governments and national standards to include it in their instruments and in their national studies and accounts,¹⁰ and provided an instrument to demand action from the state (Idem).

Feminist theories have more thoroughly developed the concept of care and its political field. Care is a social function that integrates activities, assets, and relationships to ensure life and the pursuit of the well-being of individuals. Care provides assets that are essential to life (food, shelter, hygiene) and knowledge, company, emotional support, values, and practices. Therefore, care involves financial assets, emotional resources, and moral values (Rico and Robles, 2016: 11).

Care is irreplaceable. The care we need changes with the different stages of the life cycle.¹¹ It can be self-provided or require the participation of others, who in turn also require care, thus weaving an unavoidable web of individual needs whose satisfaction lies with other people, institutions, and groups. A fully autonomous, self-sufficient individual is a pernicious and politically driven fiction (Río and Pérez-Orozco, 2004). One of the weighty conclusions reached by the analysis of care is that interdependence is a quality of social systems.

Care responsibilities are performed in the domestic sphere (through self-care, mutual caregiving, and care provided to people living in or outside the household). Care work can also be extra-domestic (through public or private services and in communal spaces) and paid or unpaid.

¹⁰ With the percentage of time spent on these activities.

¹¹ Some people have limited self-care or mutual caregiving skills or are in need for intensive or specialized care; for example, people with varying degrees of dependence (with physical or mental disabilities or illnesses; children). The literature on care has also emphasized the so-called “socially dependent” or those who lack “the training or will to look after themselves” (Río and Pérez-Orozco, 2004).

⁹ Goal 5: “Achieve gender equality and empower all women and girls.”

When care is provided outside the family (with remuneration or through public and private institutions), it is characterized by a “service and assistance” relationship (Marco and Rodríguez, 2010). But in most cases, it is a non-commercial exchange in the household or the communities, and their implementers are women who provide care full- or part-time. The specific arrangements to meet care needs are not egalitarian; they overburden and subordinate women concerning the others.

The sexual division of work, under which women are the main caregivers, is based on social arguments and norms from different places: care is performed better by a woman; care is a woman’s duty, vocation; it is a selfless concern whose foundation is the love of others.¹² Thus, care work is naturalized and feminized; hence, the efforts to politicize and denaturalize it reveal its role in the reproduction of the social order and inequalities and design debates and recommendations on how to provide and receive care with justice and as established by law.

From a feminist perspective, efforts seek to shift the focus of care away from the reproduction of labor power (but including it) and politicize, instead, life sustenance. What is central is not what wage earners in capitalist regimes need to live their lives but what is needed to sustain the life of the social and natural whole. The efforts to reorient the debate have produced various arguments and approaches¹³ that, despite being complementary, at times fail to communicate with each other. Below are some dimensions that are essential to discuss care and push for its democratization. This exercise may help to identify enhancing (or restrictive) frameworks for the popular and institutional agenda on care being developed. Sometimes, efforts center on one or a few dimensions of care—its economic value or its intersubjective or affective register— and, thus, hinder the development of a more comprehensive agenda that can politicize care at a larger scale. The following section emphasizes the need for considering the multidimensionality of care in politicization exercises and its inclusion in the agendas of movements and institutions.

¹² The right to not provide care is banned for women.

¹³ For a summary of studies performed up to early 2012, see Esquivel (2012).

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DISCUSSING CARE IMPLIES CONSIDERING THAT...

CARE IS A RIGHT

The idea that receiving and providing care is a right¹⁴ is increasingly gaining momentum in that it entails individual, collective, and institutional obligations. If understood as a right, then everybody must be able to give and receive care with dignity and demand from others acts or omissions to guarantee the exercise of this right (Batthyány Dighiero, 2015).

Guaranteeing this right requires policies and specific institutional and budgetary arrangements to ensure the right of people to receive care and the rights of caregivers, both rights holders (ECLAC, 2010). This is not about compensation or palliative policies for impoverished groups. Rather, it is about universal guarantees for all regardless of other rights (whether or not they are wage workers, occasional workers, dependents, beneficiaries of a social policy, etc.)

Formulating care using the language of rights makes us think of the need to eliminate the inequality derived from the sexual and social division of work. Rights must be guaranteed for all and are interdependent with other rights.

CARE IS RELATED TO CRISES AND PRECARIOUSNESS

Policies that deal with crises and related debates usually focus on what happens in the markets. The political discussion of care sometimes ignores the relationship between care and crises and precariousness. Indeed, in contexts of structural precariousness, giving and receiving care over the course of life is still a more significant challenge: having water, food, and sustenance and guaranteeing health, company, and housing become high-risk activities.

When economic crises arise or worsen, the cost of living increases, as does the work required to bear it. Thus, the

effort and time needed to ensure care increase as well. The resulting tension between the capitalist market and life, compounded during a crisis, “resolves” itself by increasing women’s unpaid work in the private sector through the work overload they shoulder and their impoverishment. Women who do unpaid domestic and care work are exposed to greater challenges (in terms of rights and resources) in the performance of their activities.

In addition, within the logic of optimizing capital and contempt for life, economic crises lead to eliminating public policies. Consequently, care work is subject to obligatory negotiations and monetary arrangements within the family or the community. Women providing paid care, who operate mostly in the informal sector, become the most vulnerable.

CARE IS PERFORMED AND POLITICIZED COMMUNALLY¹⁵

In the communal space,¹⁶ “people make do (...) by cooperating in day-to-day activities” (Vega, Martínez-Buján, and Paredes, 2018) beyond, though in relationship with, families, states, and markets. Where care is collectivized—often in precarious or threatening conditions—, it tends to be politicized. This has been the case with popular dining halls in Peru and other places in Latin America, community mothers, and other forms of neighborly cooperation (Pautassi and Zibecchi, 2010).

Here, the collective is leveraged to resist or transform the mandates of privatization, commercialization, or domestication of bodies and practices (Vega et. al., 2018). Other times, however, the communal reproduces a “low-impact patriarchy” (Segato, 2014) that perpetuates hierarchized and unequal roles. Such is the case, for example, of care work performed by women that is not valued, even when

¹⁴ It is a right related to other rights. The right to food, health, education, social protection.

¹⁵ The term communal refers here to a broader, more open perspective that includes experiences of cooperation and collective self-management. These are very heterogeneous practices that at times are a continuation of the extended family and are linked to state services or private actors. It is not a community in the sense of a stable, closed structure differentiated from others. It is about doing something communally.

¹⁶ The analyses of care many times disregard this “pole” or keep it in the background (Vega and Martínez-Buján, 2017).

done collectively and with evident ensuing inequalities. The point is not to rebuild the communal but to recognize it as a relevant instance within the social organization of care, which has potential and limitations. Politicizing care and developing democratic alternatives must consider this instance.

Care involves nature and the ecosystems, which have also been plundered by capitalism

Care work is not performed outside natural and social environments. Nevertheless, the vital links between care and natural and social environments are usually ignored. This has contributed to the capitalist understanding of the “productive” (contributing to the accumulation of capital) and the fake split between the productive and the reproductive and between nature and society.

In response, part of the feminist policy on care has reconnected the natural and social environments to the sustainability of life and care. Indigenous feminisms and the struggles against extractive projects have been particularly fertile ground for thought and policy. The emphasis lies on interweaving “the living universe” (Vega et al., 2018) and envisioning the continuity between human bodies and their territories¹⁷ and between care and life sustenance in the space. The territory weaves and positions the reproductive policy. This emphasis on the territorial and ecosystemic dimensions of care reminds that care is performed in more comprehensive settings that include preserving nature and the environment and the required infrastructure (water, housing, etc.). Considering these care dimensions and settings allows us to transcend some of the splits of greater presence in modern thought and capital policy: society/nature, individual/society, production/reproduction.

Care can be remunerated or not (migrants, informal workers, impoverished women)

Although debates tend to focus on unpaid care work, the political agenda must fully include paid care work. The report by Oxfam mentioned at the beginning of this document shows that only one in ten individuals (primarily women) who perform paid care work do so formally and enjoy some labor rights. The rest remain in the informal sector, with very high levels of precariousness. Even when paid, care work continues to be unvalued, feminized and conducted in precarious conditions. Domestic workers’ organizations are essential to shed light on the matter, promote the formalization of this work, and advance their organizing in trade unions. Unions of paid domestic workers (for example, in Ecuador) have made progress in that regard. In addition, the international conventions of the ILO

(subscribed by several Latin American countries) pursue the same objectives, though the situation continues to be critical for these women.

Paid care work showcases the cross-cutting rationale that supports class oppression, racialization, and territorial origin. When a family unit has the means to hire a care provider, it is usually a poor migrant woman,¹⁸ racialized, poorly paid, and engaged to work in precarious conditions. Different forms of structural intra-gender subordination must be incorporated into care policies and related political demands.

This panorama clarifies yet again how waged work does not “emancipate” the whole. Women with paid jobs depend on other women who can assume the care responsibilities they cannot (Pitch 2006). This dependence translates into the subordination of the caregivers and shapes chains of unequal dependence that are resolved by the women themselves, with little or no participation of the rest.

The impossibility of simultaneously assuming the roles of wage earners and care providers emerges clearly in the stories of migrants, who find jobs that are labor-intensive and poorly paid.¹⁹ Receiving countries usually hire them to perform care and domestic work, and, thus, “classes of servitude” are built and renewed, with women as their protagonists in global cities (Vega and Gil, 2003). Leveraging a political agenda on care will require including those who perform paid—precarious—work.

Care is based on social norms and implies affection

The unequal social organization of care is supported by dynamics and structures of inequality that devalue life and ensure the feminized subsidy of capital accumulation at the expense of women’s autonomy and rights. Other culprits are social norms and gender stereotypes, which serve as political devices. These include, for example, the social desirability that women postpone their wishes for professional growth in favor of familial wellbeing, motherhood, or childrearing. This rationale also includes the idea of the neoliberal “superwoman” or “successful woman” integrated into labor markets and capable of dealing with the public and private political demands of her domestic role. Both matrixes produce norms that subordinate women, naturalize their social functions, and generate an “internalized

¹⁷ Here the concept of body-territory coined by Cabnal (2010) is key. The body is part of the territory that constitutes it, and vice versa.

¹⁸ In the last years, studies on these subjects have proliferated. Vega, Martínez-Buján, and Paredes (2018) refer us, for example, to these texts: Hirata and Guimaraes (2011), Arango and Molinier (2011); Esquivel, Faur, and Jelin (2012); Herrera (2013); Salazar, Jiménez, and Wanderley (2011).

¹⁹ Precariousness in the Global South has further feminized migration.

ideology” about the inevitable link between woman and caregiver. The flipside of these “duties” is the persistent devaluation of care.

Not only do these norms dwell in subjectivities but also in political models. We have enough evidence of the persistence of familistic matrixes in state policies (that perpetuate women’s responsibility for care). In that same regard, it is not unusual to overvalue the affective dimension of care work or the consequences for women of not providing care. If a woman fails to give care for any reason, she betrays her “nature” and potentiates the “destructuring of the family.” Making care revolve around affection makes the other dimensions at play invisible or blurs the power relations that structure care work. This does not ignore the fact that care has an intersubjective and affective dimension that cannot respond to the principles of “efficiency,” “cost reduction,” etc., which regulate the commercial logic. But politicizing care implies, inevitably, politicizing care-related affection.

Care is a matter of public policy

Care work is still familiarized, communalized, and/or commercialized.²⁰ The way care is provided is determined through unequal negotiations between the “sexes” (ECLAC, 2010), or it depends on the income to hire the services in precarious conditions. All the while, the governments continue to play a marginal role. To respond to that situation where women are affected, it is necessary to have public-private-domestic-communal arrangements that can be implemented through public policies and institutional systems that allocate resources to care work in the form of money (deposits, cash transfers, subsidies, etc.), services or time (including, for example, labor regulations that protect maternity and allocate time to care work) (Idem).

All Latin American countries have legislation or policies on the matter, which is an essential step. Parental leaves are being gradually extended; progress is being made in providing public care services; regulatory frameworks regarding paid work are being improved; and the design or good performance of comprehensive care systems is promoted (Esquivel, 2015). Nevertheless, very few countries have a

comprehensive legal framework. Fragmentation and focalization prevail and an emphasis on compensation, sectoralization, excessive heterogeneity of disjointed policies, or an absence of sensitivity to the “sexual difference” (Idem) that organizes and devalues care.²¹

Governments (and their rules) tend to assume that care is the responsibility of the household and that its public provision is complementary for those who cannot shoulder it due to poverty or social exclusion. Consequently, the trend is toward focalizing the services. A response to that approach, which is becoming increasingly adopted by social movements and disruptive political voices, is the demand for creating efficient, comprehensive care systems.

²⁰ This means that care work is primarily the responsibility of families (mainly through women’s unpaid work); it is resolved by means of non-monetary community arrangements (communal networks led by women that meet collective care needs); or must be hired through a monetary transaction.

²¹ For instance, if care policies only consider maternity leaves or cash transfers for the mothers, they reinforce the model of female responsibility, of the “male provider” and the “caregiver-housewife.”

5

A FEMINIST FRAMEWORK TO ANALYZE CARE

The above dimensions can contribute to eliminating the restrictive notion that considers only waged work as work and eroding the thesis that care work is an externality to the economic system and neutral—or natural—to gender. Conversely, care is an essential field where rights and egalitarian possibilities are at play.

By recognizing and exploring the above dimensions and their relationship, feminist practice and analysis have transformed a field that has (conveniently) been understood as private into a public problem and something that has been understood as a women's issue into a social, economic, and political matter of great substance—hence, they have politicized and denaturalized it.

These efforts (organized, in the last years, around the economy of care or the analyses of life sustenance) insist on denouncing and examining where care work is in that broader map that covers that which happens inside and outside the markets, making life sustenance possible. Thus, they continue fighting for maternalistic approaches or those based on women's charitable vocation, which are utilized to naturalize female subordination. Care implies work to sustain the materiality of the body and individual and collective subjectivities. It is impossible, then, to romanticize care separately from its costs or politically stave off the tensions derived from its different dimensions.

Considering the previously referred dimensions, feminist policy and demands in matters of care contribute to challenging the sexual and social division of work and the order of the inequalities associated with giving and receiving care. These inequalities take place in labor markets, in contexts of non-monetized work (including households and communities), in social security systems that exclude women who do unpaid work, in the institutional weakness incapable of ensuring public care or demanding co-responsibility from the markets.

Today we have more discussions about these concerns, and it is a crucial moment to go deeper at the national, regional, and global levels. It is time to reposition at the center of our reflection the conflict between the logic of accumulation that rules the markets and the logic of caring for life, politicizing the reproductive and recovering the collective ability to exercise rights and broaden the field of the rights. To

that end, it is fundamental to resume the normative debate on care, review current agendas (public policy, activist, academic), and point out the tensions in their implementation. Although Latin America has made progress in conducting national analyses and has completed regional assessments, it is indispensable to fine-tune and systematize institutional and policy arrangements in each context and determine what frameworks are being used to promote or implement them.

With this, we will be able to advance the proposal for more comprehensive approaches to subvert the limited, fragmented, or focalized logic that characterizes care policies in the region and redefine labor market norms. In addition, it is essential not to exhaust the discussion on policies that can improve care arrangements only for the formal wage workers in urban areas or "traditional" families. Otherwise, many social sectors, especially women, who work in the informal economy (including most women doing paid domestic and care work) in rural areas or who need to make the necessary arrangements to look after members of different families.

Regarding public policy models, feminist agendas go beyond policies on the reconciliation of work and family, which perpetuate women's responsibilities as wage earners and unpaid caregivers. They even go beyond the co-responsibility of the states, ensured through strong public sectors. A more detailed framework—which is also broader in scope—underscores the need for recognizing, reducing, and redistributing care among all social agents, as well as for the political representation of caregivers. Recognizing care as work, reducing care work to improve the precarious conditions of life, redistributing care among all the agents responsible for wellbeing (families, states, markets, communities), and ensuring the representation of all working women in our societies are the four tenets that are pertinent to the whole.

An all-important pathway is also considering the need to change the social norms to make the redistribution of care a reality. Accelerating the incorporation of men into care work is a need of the first order. This will allow debunking part of the patriarchal logic that regulates the family's intramural life and will help to develop regulatory frameworks that ensure and incentivize domestic democratization.

Lastly, feminist agendas demand the gradual incorporation of a rights-based approach to care and its exercise. They challenge the thesis that guaranteeing care is “profitable” or that doing so ensures human capital. They advance the definition of the right to care and the discussion of its implications (for legal frameworks, institutions, public policies, social organizations), which will lead to steady steps toward a feminist political approach to care. Importantly, women’s unpaid work contributes \$ 10.8 trillion to the reproduction of capital. This is especially significant because it gives grounds to formulate and demand a life-centered policy and goes beyond the value of capital.

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ABOUT THE AUTHOR

Ailynn Torres Santana is a member of the International Research Group on Authoritarianism and Counter-Strategies of the Rosa Luxemburg Foundation. She is also an Associate Researcher at FLACSO Ecuador and a member of the Future is Feminist Network of the Friedrich Ebert Foundation.

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Friedrich Ebert Foundation in Chile
Hernando de Aguirre 1320 | Providencia | Santiago de Chile

Responsible
Simone Reperger
Director of the regional project FESminismos
Representative of FES Chile

Sarah Herold
Coordinator of the FESminismos regional project
www.fes-minismos.com
[@fesminismos](https://twitter.com/fesminismos)

Translation: Erika Benton and Román Villar

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Elisa Gomez,
FES Mexico project coordinator

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FESMINISMS - THE FUTURE IS FEMINIST!

FESminismos: The Future is Feminist is a continental project of the Friedrich Ebert Foundation (FES). The initiative seeks to empower feminist voices and activism in Latin America and the Caribbean. In this context, activists, trade unionists and academics in the region are working together on key issues of Feminist Economics, formulating alternatives to

the current capitalist and patriarchal economic system. The project brings together feminists from 15 countries – Argentina, Brazil, Bolivia, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Mexico, Panama, Paraguay, Peru, Uruguay and Venezuela.



CARE AT THE CORE: A Feminist Proposal



Care is primarily the responsibility of women; it is not recognized as work even though it requires time, effort, and resources. In most cases, care work is performed with no compensation—financial or otherwise—and often in precarious conditions.



A multidimensional analysis of care work is essential to understand its contribution to life sustenance and social reproduction. It is also essential to demand and operate public policies that address related inequalities that are conditioned by the social organization of care.



A democratizing political program on care implies recognizing and appreciating it as work; reducing it by guaranteeing the conditions necessary to live with dignity; redistributing it among the various social agents; and ensuring the representation of women doing paid and unpaid care work.



By politicizing and denaturalizing the existing order that ensures care, feminist analyses have contributed to its recognition as a public concern where rights and guarantees are at stake. They have transformed a field that has been (conveniently) understood as private into a public problem, and something that has been understood as a women's issue into a social, economic, and political matter of great substance.

