

Care Policies in Some Latin American Countries. A Feminist Perspective

(English Version)

Las políticas de cuidado en algunos países de América Latina. Una mirada feminista

Políticas de cuidado em alguns países da América Latina. Uma perspectiva feminista

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Abstract

Objective: One of the objectives of this research was to highlight that in the Latin American region the dominant care regime is family-based, with women carrying the -household chores (in comparison to males). The role of public interventions is to facilitate subsidies. **Methodology:** Discussing care policies leads to theorizing that has roots in Nordic countries and is based on wellbeing theories, therefore its applicability to Latin America continues to be a topic of discussion. This literature review is positioned from feminist theory – especially from care economy – by presenting authors who question care policies from a standpoint of logic that goes beyond welfare theories and interconnects with feminism. **Results:** An analysis of care policies was carried out based on the basic concepts proposed by the economist Shahra Razavi as the “care diamond,” understood as those institutions involved in providing care to population groups that demand it. This meant providing an estimate of which institutions in Latin

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America provide most of the care. **Conclusions:** Strengthen the region's health policies by broadening their overall perspective is important, as well as understanding them as a collection of programs that cover everything from providing basic infrastructure and health measures to ensuring workers' rights in the labor market, such as through maternity and paternity licenses among other measures. To ensure care as a component of human rights and the sustainability of human life, numerous collective actions must be taken.

Keywords: care policies; care economy; welfare theories; feminisms; family regime.

Resumen

Objective: uno de los objetivos que se tuvieron con la presente investigación fue destacar que en la región latinoamericana el régimen de cuidado que domina es de corte familista, donde quienes llevan la carga de cuidado son las mujeres (en comparación con los hombres) y el rol de las intervenciones públicas se enfoca en facilitar un subsidio. **Metodología:** hablar de políticas de cuidado conduce a acceder a construcciones teóricas con raíces en países nórdicos que parten de las teorías de bienestar, por lo que su aplicabilidad en la región latinoamericana sigue siendo un debate en construcción. La presente revisión de literatura se posiciona desde la teoría feminista —en especial, desde la economía de cuidado— al presentar autoras que cuestionen las políticas de cuidados desde una lógica que va más allá de las teorías de bienestar interconectándose con el feminismo. **Resultados:** se realizó un análisis de las políticas de cuidado partiendo de los conceptos básicos propuestos por la economista Shahra Razavi como el 'diamante de cuidado', entendido como aquellas instituciones involucradas en brindar cuidados a grupos de población que son demandantes de estos. Esto significó ofrecer una aproximación sobre cuál es la principal institución proveedora de cuidados en América Latina. **Conclusiones:** se destaca la necesidad de fortalecer las políticas de cuidado en la región ampliando su visión de manera integral, entendiéndolas como un conjunto de programas que van desde proporcionar infraestructura básica y medidas de saneamiento hasta garantizar derechos en el mercado laboral, como son las licencias de maternidad y paternidad, entre otras medidas. Muchas acciones conjuntas se deben realizar para poder garantizar el cuidado como parte de los derechos humanos y el sustento de la vida humana.

Palabras clave: políticas de cuidado; economía de cuidado; teorías de bienestar; feminismos; régimen familista.

Resumo

Objetivo: um dos objetivos desta pesquisa foi destacar que na região da América Latina o regime de cuidado dominante é o familiar, onde o fardo do cuidado é suportado pelas mulheres (em oposição aos homens) e o papel das intervenções públicas é focado na concessão de subsídios. **Metodologia:** falar de políticas de cuidado leva ao acesso a construções teóricas enraizadas nos países nórdicos que se baseiam em teorias de bem-estar, de modo que sua aplicabilidade na região da América Latina ainda é um debate em construção. Esta revisão da literatura é posicionada com base na teoria feminista - especialmente a economia do cuidado - apresentando autores que questionam as políticas de cuidado a partir de uma lógica que vai além das teorias de bem-estar e se interconecta com o feminismo. **Resultados:** uma análise das políticas de cuidado foi realizada com base nos conceitos básicos propostos pelo economista Shahra Razavi como o "diamante de cuidado", entendido como as instituições envolvidas na prestação de cuidados a grupos populacionais que os demandam. Isto significou oferecer uma aproximação da qual é a principal instituição provedora de cuidados na América Latina. **Conclusões:** é destacada a necessidade de fortalecer as políticas de cuidado na região, ampliando sua visão de forma abrangente, entendendo-as como um conjunto de programas que vão desde o fornecimento de infra-estrutura básica e medidas sanitárias até a garantia de direitos no mercado de trabalho, como a licença maternidade e paternidade, entre outras medidas. Muitas ações conjuntas devem ser tomadas a fim de garantir o cuidado como parte dos direitos humanos e o sustento da vida humana.

Palavras chave: políticas de cuidados; economia dos cuidados; teorias de bem-estar; feminismos; regime familiar.

Introduction

When discussing care policies globally and at the regional level (Latin America), several issues must be kept in mind. Above all, there are two aspects that are crucial and cannot be ignored: first, care policies are still in the early stages of theoretical development. In this sense, authors such as Esquivel (2011a; 2011b; 2013), Esquivel and Kaufmann (2017), Folbre (2006; 2008), Razavi (2007; 2016), and Elson (2017) are correct and affirm that care policies are complex realities in Latin American countries. Second, when it comes to performing a thorough analysis that considers various realities, encounters a serious inconvenience. This is due to a lack of structured statistical information at the rural level and a lack of systematized metropolitan statistics.

In this initial setting, understanding that a literature review is a component of a state that requires construction and reconstruction is important. Strictly speaking, there is much to be done. Because of this, certain United Nations agencies have emphasized the idea of “care policies” and how it relates to women’s economic autonomy. Indeed, the UN assembly in the so-called “Beijing Platform for Action of 1995” invited countries to make efforts to account for the invisible work carried out by women in their households (UN Women 2014). This international mechanism calls for recognition of the structural barriers that unequally affect women and calls on States to take joint actions to guarantee women greater autonomy – including economic autonomy. From 2000, this led to the creation of various proposals, including the Millennium Development Goals (MDGs). Today, there is the agenda 2030, also known as “the Sustainable Development Goals”.

Methodology

The overall goal of the work is to conduct a literature review of authors who have approached care policy from a feminist perspective, particularly from the perspective of the care economy. To understand the dimension of care from other theoretical currents that emphasize the *ethos* of care, for example, works such as those of Berenice Fisher and Joan C. Tronto (1990), Tronto (1993), Pascale Molinier (2011), and Carol F. Gilligan (1982) stand out. From ecofeminism, such as sustaining the life of the planet or mother earth, the studies of Shiva Vandana (1995, 2006) and an experience for the Colombian case of the

Nasa community and the liberation of mother earth review López-Camacho (2021) and, from an anthropological view, the works of Pérez-Bustos (2018), Rosaldo (1980) and Pérez-Bustos *et al.* (2014) can be identified.

Additionally, by reviewing the overall academic results that have advanced in some of the region's countries, it was determined that the region's childcare policies are family-centered, meaning that women are primarily responsible for childcare inside of homes. The literary review combines various methods. The figures provided are the results of research advanced by statistical agencies of each of the States and other highly prestigious sources, such as the Economic Commission for Latin America and the Caribbean (ECLAC) (United Nations and ECLAC, 2016; 2017; Ponte and Nicole-Calderón, 2018; ECLAC, 2010).

In this order of ideas, elements that comprise the literature on care policies in the Latin American panorama are introduced, starting from the theories of the welfare state, translated in the feminist literature as “care regimes” to expose existing programs in the region and, finally, to record conclusions and recommendations.

Theoretical Review

Welfare States and Care Policies

At the end of the 1980s, states of wellbeing theories started to emerge in European countries. One of the most well-known works is Gosta Esping-Andersen (2002). According to this author, governments not only guarantee citizens' legal rights but also their general wellbeing. States are not the only ones to assume this role, but there are a series of entities or institutions – such as families, the market, and even non-governmental organizations (NGOs) – that can take on the responsibility of providing welfare. In his book *Why We Need a New Welfare State?*, Esping-Andersen (2002) analyzes the role of families as one of the main sources of care toward welfare demands, as the following quote shows:

The family can theoretically absorb market failures, just like the government can; similarly, the market (or the government) can make up for family failure. Where neither is able to substitute for the 'failure' in the other two, it is when we encounter an acute welfare crisis or deficit. (Esping-Andersen, 2002, p. 11).

The role of families as a primary source of care is part of the advancements that feminist theory, and within that the care economy, postulate as the branch of the economy that invites discussion on how much time women devote to domestic activities. According to economist Valeria Esquivel (2013), caring for others creates value that is regarded as productive or economic but is undetectable to standard estimates of the growth in the country's internal gross domestic product (GDP). It involves raising the topic of economic responsibility with a gendered focus as a naturalized and accepted duty in society in academic and political discourse. In this perspective, the states of well-being will first be described from the perspective of Nordic countries, and then a feminist analysis will be provided. Finally, the study ends in the Latin American context, which will be addressed in another section.

The theory of the welfare state is founded by European countries where conditions began to be developed for full employment of citizens in exchange for agricultural subsidies. This situation occurred especially in countries like Norway and Sweden, where agriculture was very precarious and state aid was necessary (Esping-Andersen, 1990). Likewise, within the literature review, and according to Esping-Andersen (1990) in his article "The Three Political Economies of the Welfare State," three welfare states are identified (pp. 96-99):

- The first is the systemic (or structuralist) theory, given the pre-industrial advance of societies where entities such as the family, the church, etc. are displaced by modernization and urbanization. Welfare states in these scenarios are necessary as means of managing collective goods and will promote their growth using means such as bureaucracy.
- The second approach is institutional, criticized for being socialist in nature. In this, the role of the State is to compensate for market failures.
- The last approach is the so-called 'social democratic' one. As an obligation, the State provides resources for the salaried society and, therefore, strengthens the labor movement.

Feminists such as the sociologist Sainsbury (1999) perform a critical review of the Social Democratic Welfare State, a regime where the costs of care of children, the elderly and the defenseless are subsidized through the strong participation of the State. However, feminist criticism questions the Esping-Andersen (1990) model incorporating the gender analysis that

emphasizes women who are left out of the labor market without receiving help from the State because they are doing unpaid care and domestic work. Based on this, Sainsbury (1999) builds a proposal to understand the connection between regimes and gender roles, as can be seen in Table 1:

Table 1. *Three Gender Policy Regimes.*

Regime Attributes	Male Breadwinner	Gender Roles	Individual Caregiver
Ideology	Strict division of labor	Strict division of labor	Shared tasks
	Husband = salaried person	Husband = salaried person	Father = wage earner- caregiver
	Wife = caregiver	Wife = caregiver	Mother = wage earner-caregiver
Rights	Inequality between spouses	Differentiation by gender roles	Equitable
Principles of Rights	The principle of maintenance	Family responsibilities	Citizenship or residency
Benefit Recipients	Head of household	Men as household providers	Individual
	Add-on for dependents	Women as caregivers	
Taxation	Joint taxation	Joint taxation	Separate taxation
	Deductions for dependents	Deductions for dependents for both partners	Equal Tax Relief
Labor and Salary Policies	Prioritization toward the man	Prioritization toward the man	Aimed at both genders
Sphere of Care	Mainly private	Mainly private	Strong state presence

Regime Attributes	Male Breadwinner	Gender Roles	Individual Caregiver
Care Work	Unpaid	Payment to caregivers for the home	Payment of caregivers at home and outside of it

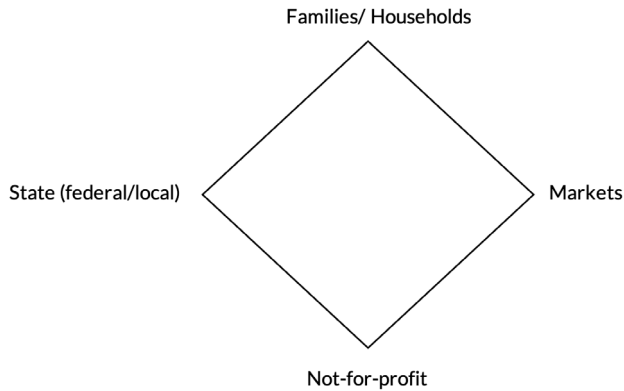
Source: Sainsbury (1999, p. 78 [author's translation])

The table above analyzes three models. The first is the model that makes the role of care within the home invisible, known as the male-breadwinner or male-supported family. Its emphasis is on the fact that it privileges men in terms of labor rights, such as pensions, and exempts them from assuming care work. Second, in the regime of gender roles or sexual division of labor, unlike the male provider model, women receive care benefits through the private sphere; that is, they hire a third person to take care of the home. However, this type of policy continues to prioritize men because they are the main providers of income. Finally, in the salaried-caregiver model, women and men are sources of income and policies allow both women and men to be workers/caregivers. In this third model, a strong presence of the State is noted to provide care services for any population group that requires it.

Understanding the Logic of Care Policies

Following the third model, the salaried-caregiver regime, the term “care policies” is introduced which is part of the feminist proposal that looks at welfare regimes critically. In the words of Standing (cited by Razavi, 2007), to overcome gender bias deeply rooted in social protection systems and make citizenship truly inclusive, care must become a dimension of citizenship at the level of rights equal to those linked to paid work. This is expressed in the following figure, known as the “Diamond of Care”:

Figure 1. *Diamond of Care.*



Source: Razavi (2007, p. 21).

According to Razavi (2007), care diamonds are those institutions involved in providing care. In them families/households, markets, the public sector, and the non-profit sector would include voluntary and community provision of care. According to the same author, the diamonds of care in developing countries are the families that assume a role of care at a more dominant level, while other institutions (such as the State, community organizations, and markets) play a secondary role in the provision of care. In this sense, it is important to highlight the role of care policies, which are those services that come from the State to even the balance of care among all the actors of the diamond so that families are not overloaded.

According to Esquivel (2013), talking about care policies from a Latin American perspective implies understanding social protection and the availability of necessary care to guarantee social wellbeing. In this sense, common income transfers do not include money for care, but instead, aim to provide income that supports the consumption of the basic basket of minimum goods and services, which does not include care (implying a broader sense of thinking about social protection). Based on this discussion, Esquivel and Kaufmann (2017) propose four subgroups of care policies:

1. *Care services* which redistribute part of the workload of caregivers from the private to the public sector: early childhood care and development services, more care services for sick people, people with disabilities and older adults.

2. *Relevant infrastructure for care* that reduces the workload of women, such as: obtaining water, sanitation, and purchasing energy.
3. *Social protection policies* involving policies like cash transfer programs and public works programs.
4. *Labor market policies* including maternity benefits and parental leave. (p. 7).

Speaking of a *comprehensive* care policy, the ECLAC research carried out by María Nieves Rico and Claudia Robles (2018) is added. This work recounts care policies that, following the line of Esquivel and Kaufmann (2017), promote gender equality and women's autonomy. The proposals are a combination of measures. In the first place, they incorporate parental leaves that do not place the responsibility of care exclusively on women but instead, share it with their partners. Secondly, although monetary transfers are part of the policy, they are not the center of it, since they reinforce caregiving roles toward women. Regarding monetary transfers, Puyana Villamizar (2018) argues that in this type of social programs that are created to facilitate care work, the States reinforce policies based on the naturalized traditional roles of women as the main caregivers for generations.

Understanding the idea of care policies is a definition that goes beyond the standardized ideas of social protection measures. Care policies focus on the effect on gender roles and stereotypes that promote the patriarchal idea that women should be the first care providers, staying home to meet the demand for care or family networks. Pribble (2006) suggests that while some welfare regimes reproduce traditional gender roles, other systems provide women with opportunities to reduce their reliance on being primary caregivers in sectors such as the private/market and family. On the other hand, women's unpaid domestic and care work is becoming increasingly recognizable as part of any social protection system and raises awareness of their shared responsibility within the home.

Latin American Scenario of Care Policies

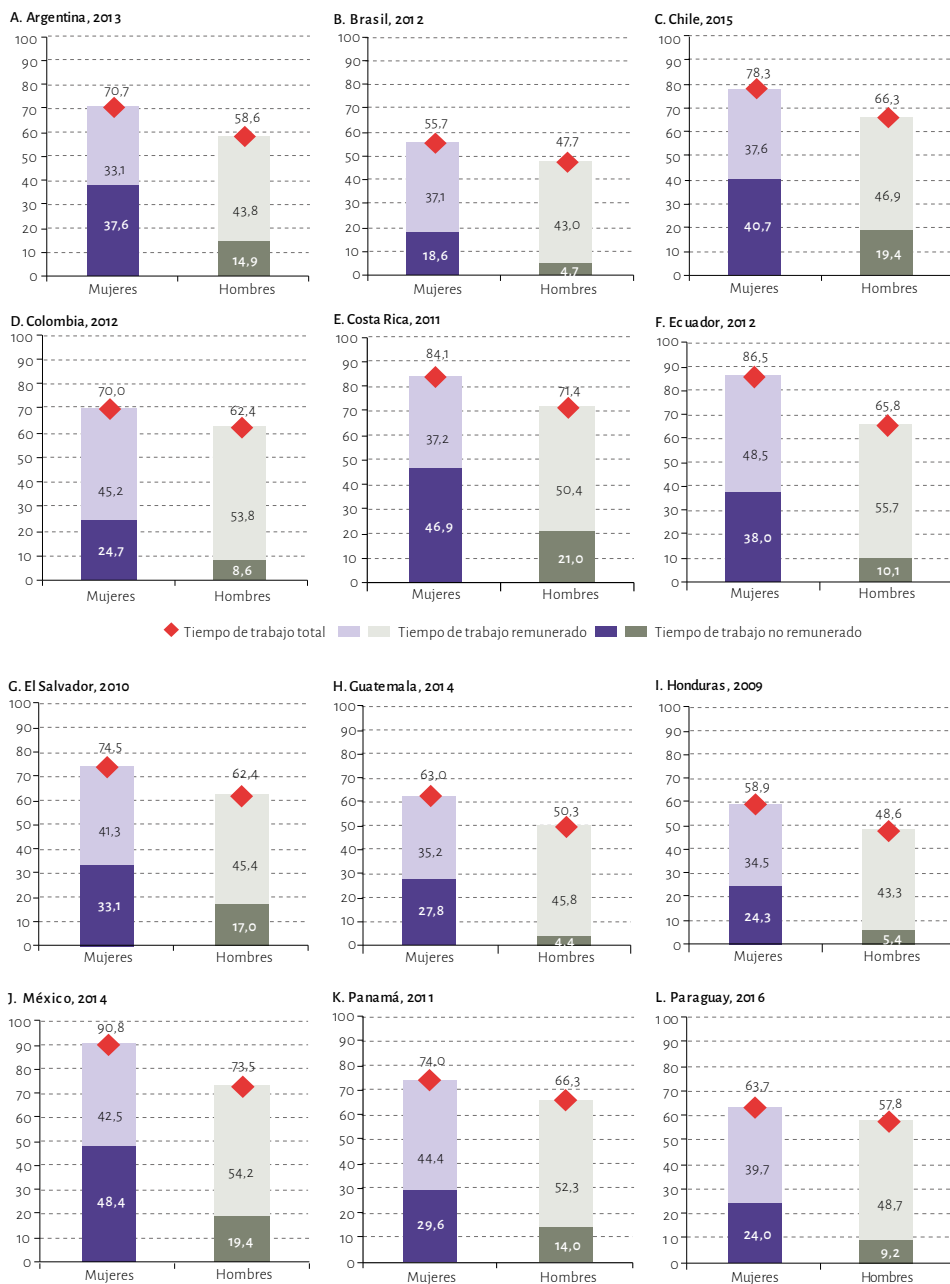
The “Action platform” adopted at the Fourth World Conference on Women in Beijing in September 1995 exposed how millions of people in the world continue to live in poverty and the majority are women. In the same way, studies carried out in 1977 by Clair Vickery point out how time poverty is based on the idea that poor working men and women (compared to those who are not poor) need to spend more hours doing paid work if they want to guarantee enough income to rise above the poverty line. Only based on these longer hours can they buy a basket of goods that allows them a minimum level of consumption.

Vickery (1977) argues that governments calculate the minimum “economic food basket” assuming that there is enough time left after such long hours of paid work to do the necessary domestic work (turning purchased goods into meals, for example). In this context, studies by the United Nations and ECLAC indicate that poverty is structural and is an issue that directly affects women and has a double impact depending on how they can organize their time. As part of the determinants to combat it, they propose the following:

If policies are not formulated from the beginning with a gender perspective, considering the sexual division of labor, discrimination and the access barriers that women face in the labor market, they may be ineffective in achieving their objectives. (United Nations and ECLAC, 2016, pp. 42-43).

In the same way, an ECLAC report (Ponte and Nicole-Calderón, 2018) highlights the problem of gender inequality in the way in which the time that women dedicate to paid work is distributed, as well as to domestic and housework, i.e., unpaid care. In all the countries of the region, the burden of care is assumed by women. This can be seen in Figure 2, where purple and dark gray represent the weekly hours that women and men, respectively, spend on unpaid domestic and care work:

Figure 2. Total of Paid and Unpaid Work Time of the Employed Population Aged 15 and over in Latin America (12 Countries) by Sex (per Weekly Hours).



Source: (2018, p. 77) Ponte & Nicole-Calderón.

Understanding part of the challenges overview that the region presents to achieve greater gender equality requires seeing what type of wellbeing regime is in force. According to that, the feminist critique of wellbeing regimes in Latin America, such as the study carried out by Soledad Salvador (2007) in countries such as Argentina, Brazil, Chile, Colombia, Mexico and Uruguay, highlights that the predominant type is the “familist”¹ with the bias of the “male support,” where the family is protective and responsible for the well-being of its members. The system assumes that, thanks to the income insured through the man, the family can take over most of the wellbeing functions.

To understand the familistic system model a little more, feminist academics such as Sarraceno and Sainsbury (cited in Salvador, 2007) emphasize two predominant typical models: familistic and defamilization. In the familistic system, the main responsibility for wellbeing falls on families and women in kinship networks. Public interventions have a subsidiary character. When women work in the world of the market, they develop different strategies to articulate the juggling between work and family. In the defamilization system there is a derivation of care toward public institutions and the market. This depends on the impact of state services, the scope of market services, and the participation of families and informal networks.

According to Pribble (2006), changes in the family structure have occurred due to the increase in the divorce rate and the increase in single-parent households (generally headed by women). In addition, it affirms that no State in the Latin American region provides wellbeing to citizens and concludes that Latin American social policy tends to vary with respect to the strength of the model of the male provider. In this area, the academic Martínez Franzoni (2008) analyzed the prevailing wellbeing states in Latin America using six indicators to measure the level of correlation of the defamilization model. The study determined the differences between the countries relating to the presence of the State or the role of the families that assume the roles of care, as well as making two main findings: first, the systems in Latin America need the support of the families and, within these, of women due to the lack of social policies and the strong presence of the informal market that does not guarantee the rights of workers; second, in his analysis of indicators, which divided the Latin American countries

1. Due to sociodemographic and employment issues, in countries of the region this family model dominates. However, other authors such as Cienfuegos (2014) in “Family trends in Latin America: Differences and interlinking” mentions a transition from the breadwinner model to the model of two people working – men as well as women – inside the home:

Now in 2005 this model saw its presence weakened and constituted 34% of nuclear families, 24.6% of all families and 20.9% of homes (Arriagada, 2007). The idea of a transition of the region toward a family model of two providers has even been postulated, which would be explained fundamentally due to the incorporation of women into the labor market. (Sunkel, 2006, p. 20).

into groups, for the third cluster – which includes countries such as Ecuador, El Salvador, Guatemala, Colombia, Venezuela, Peru and the Dominican Republic – Martínez Franzoni (2008) states the following:

The third group, population depends largely on family arrangements since social public policies are inadequate or non-existent. This cluster is a true family wellbeing system. As the system becomes more informal, it is considered necessary to further investigate public policies and consider defamilization as a central dimension of wellbeing. (p.89).

The Martínez Franzoni (2008) study states the idea that talking about a wellbeing system was a utopia in the Latin American context. It also emphasizes that the bridges between the analysis and design of wellbeing systems in the region are still quite weak.

In this order, the familistic system reinforces gender roles and makes gaps grow, promoting greater inequality. Alternatively, analyzing the wellbeing system in the region invites understanding how social programs are built. According to Martínez Franzoni and Sánchez-Ancochea (2013), countries with universal social programs (including childcare) facilitate the incorporation of women into the labor market.

To end this section, the research by Puyana Villamizar (2018) studies the Colombian case with the More Families in Action social program, which restrict the delivery of the subsidy through the mothers, “[...] who generally tend to distribute household income toward food consumption, education and health” (p. 259). The conclusions of this, Puyana Villamizar demonstrates the lack of a gender approach in this social program due to its maternal essence, since it reproduces the traditional roles of care at home and lacks a vision to enhance the role of women as citizens.

Current Debates on Care Policy in the Region

The care services agenda in the region demands a double or triple challenge to move toward a context of social inclusion. For example, in the rural context, the International Labor Office describes those rural women:

[...] often spend less time on average than men in the paid labor market, while they are largely responsible for collecting water and fuel, food preparation, household chores, childcare, and sick and elderly care. (FAO, IFAD e ILO, 2010, p. 17).

These questions arise from a partial understanding of rural dimension challenges: how can more inclusive policies that embrace rural context within its multiculturalism be created? How can sensitivities to the different ethnic groups that comprise the region be enhanced, and attention be focused on the needs of those groups? These concerns should be included in future research that seeks answers to the growing debates around care policies from a broader geographic coverage and social inclusion perspective.

The main trends in the region, according to Valeria Esquivel and Andrea Kaufmann (2017), who compiled the main advances in social public policies for the empowerment of women, can be seen in the following Table:

Table 2. *Politics of Care.*

Region		Latin America and the Caribbean
Context	Main trends and issues	<ul style="list-style-type: none"> — High inequality in incomes — Mild poverty — Early demographic transition — Economic slowdown — High social protection coverage
	Cash transfer	<ul style="list-style-type: none"> — Conditional cash transfers, generalized despite their disadvantages for women — The conditionalities work with public policies
Protection and Social Care	Public jobs	<ul style="list-style-type: none"> — Few programs on public works — If they are implemented, they have a high participation of women and most of the time include the provision of childcare services

Note. Taken from Esquivel & Kaufmann (2017).

The current overview of care policies indicates that the cash transfer program is a pioneer in “poverty reduction” among women. As was previously analyzed, these types of programs cover the requirements of a basic food basket but are not focused on comprehensive care. Thanks to the results of the *Time Use Survey* and satellite accounts, to talk about care policies implies estimating the volume of unpaid work to the provision of goods and services that the State

should invest in health, education, transportation, water, sanitation, and care for children and other population groups requiring care.

In relation to childcare initiatives, there have been legislative advances in maternity and paternity leave that have been made in the region. See Table 3:

Table 3. *Care Laws Approved in Latin America & the Caribbean between 2015 and 2017 (12 Countries).*

Country	Year	Name	Content
Anguilla	2015	<i>Labor Code</i>	Details the right to maternity leave, the right to equal pay for men and women, and special conditions to be safeguarded for pregnant women.
Bolivia (Plurinational State of Bolivia)	2015	Supreme Decree No. 2480: Universal Prenatal Subsidy for Life.	Establishes a Universal Prenatal Subsidy for Life for pregnant women who are not registered in any short-term social security management entity to improve maternal health and lower neonatal mortality.
Brazil	2016	Law No. 13.257	Establishes provisions for public policies on early childhood, including early childhood care.
Chile	2016	Law No. 20.891	Perfects the right to postnatal parental leave and the right to a nursery for civil servants.
Colombia	2017	Law No. 1.822	An increase in the length of parental leave.

Country	Year	Name	Content
Cuba	2017	Decree Law No. 339: Female Workers' Maternity	Grants rights to mothers and fathers working in the state sector to foster co-responsibility in caregiving.
	2017	Decree No. 340: Amendments to the Special Social Security Schemes regarding Maternity Protection	Recognition of social security benefits during a period of disability.
Ecuador	2016	Organic Law for the Promotion of Youth Labor, Exceptional Regulation of Working Hours, Unemployment and Unemployment Insurance.	Extension of length of maternity leave
El Salvador	2016	Decree No. 143: Reform of the Labor Code	Extension of lengths of maternity leave and advance payment.
Paraguay	2015	Law No. 5. 508: Promotion, Maternity Protection and Support to Breastfeeding.	Extension of length of maternity leave
Perú	2015	Law No. 30367: Protecting Working Mothers against Arbitrary Dismissals and Extension of their Rest Period	Extension of lengths of maternity leave and labor protection
	2015	Legislative Resolution No. 30312, approving Maternity Protection Convention No. 183 of the International Labor Organization, 2000.	Maternity Protection Convention
Turks and Caicos Islands	2015	<i>Employment Bill</i>	Details the period of length of maternity leave.
Uruguay	2015	Law No. 19,353: National Integrated Care System (SNIC)	Creation of the National Integrated Care System (SNIC)

Source: Ponte & Nicole-Calderón (2018, p. 155).

Finally, care policies from a more comprehensive perspective remains under debate. Numerous collective actions must be taken to guarantee it care as part of human rights and the sustenance of human life. Achieving gender equality as part of women's autonomy is related to social programs and projects focused on public infrastructure, flexible working conditions that allow families to balance paid and unpaid work, and social protection policies with a gender focus. The list could be even longer. These initiatives are part of the minimal requirements to discuss women's economic empowerment.

Lastly, to understand those realities from geographic areas is an academic, political, and social requirement. In this author's opinion, rural women are a very vulnerable group because they have limited access to care and care services, among other deficiencies (e.g., basic infrastructure). If most of them are part of informal work networks and live with high financial instability, they constitute an extremely vulnerable group that needs greater assistance from the State. Understanding the realities of women's rural experiences in Latin America should be part of any feminist agenda for social inclusion.

Conclusions and Recommendations

Noting that care policies in the region have prioritized monetary transfers is important. It has led to the reinforcement of the roles of sexual division of unpaid care work, it leaves apart a gender perspective to address care in a more comprehensive way and advances in proposals such as those presented by Esquivel and Kaufmann (2017). It is concluded that in the region a family-based care system prevails, there is a real burden of unpaid work assumed by families. To think about program or policy initiatives, various modalities could be included, since the facilitation of a minimum income to cover a basic food basket until the integration of other elements such as care services that include day centers assistance to any population group that demands it; and above all, still supporting parental leave to encourage the couple's shared responsibility in the duty of care. The main goal is to promote the *comprehensive agenda* of care policy, as has been discussed.

This leads to stating a work proposal for future research focused on care, not only as it has been done in urban analysis, but also considering the rural scenario from its cosmovision. Likewise, this research also proposes that other measures be considered, as will be seen below:

To understand the complexity of the situation of rural women, analyzing proposals from black feminism, such as Kimberlé Crenshaw's (1989) theory of intersectionality, that question hegemonic categories of power such

as: “ethnicity,” “race,” “gender,” “socioeconomic status,” “nationality,” and “geographic position,” among others is essential. For example, mixing these categories would invite a focused and racialized analysis of care policies that the region does not have yet. In this sense, feminist critics, such as Brisolará and Seigart (2012), consider that Latin American feminism is still concentrated in the elites of white, middle-class women of European descent, who have often been privileged. Based on that supposition the following questions arise: from what scenarios are feminist policies for rural areas being considered? Are the demands of rural women in Latin America really known? Who creates them and with what criteria is the definition of rural women made? These questions can be elements for analysis in future research.

Additionally, there is a call to approach care from decolonial feminism, where there is a growing critique in understanding how the gender roles of the male provider and female caregiver were imposed by the colonizers. Among the scholars who analyze this hegemonic colonizing model, Silvia Rivera Cusicanqui (2010) is recommended, who highlights the examples of Bolivian women who adopted these family patterns. Likewise, María Lugones (2007) states the influence of colonialism in familiar roles. Thus, it is possible to explore different analyses in search of the decolonization of care policies in Latin America and to propose new agendas from the region.

The literature review revealed a strong critique of a welfare model of Esping-Andersen (1990; 2002). From a feminist perspective, it is recommended that future studies delve more deeply into the subject and examine to what extent this theory is applicable in the Latin American context.

Choosing a population segment to analyze care policies, early childhood, adolescents, the elderly, and people with disabilities, among others is recommended. Likewise, this approach suggests advancing the state of the art at the Latin American level to consolidate minimum agreements on concepts such as “care economy,” “domestic work,” “unpaid care,” “care policies,” and other relevant instruments to make comparative analyses between countries, population groups and geographic dimension.

Lastly, the author invites analyzing other currents of thought to understand the politics of care from philosophy and psychology as they were not addressed in this literature review but have also been working on postulates from the *ethos* of care. Thus, connections could be made, and the debate could be fostered with terms such as “women’s economic autonomy.” These concepts must be grounded in the reality of women in their diversity and their own worldviews. It would be an interesting exercise to carry out to the available statistical information.

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