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Task Force 01

FIGHTING INEQUALITIES, POVERTY, AND HUNGER

Addressing Unequal Distribution of Care Work Through an Intersectional Lens

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Abstract

The care economy is locally and globally structured by racial inequalities combined with gender, sexuality, class, and territorial hierarchies. Pay and unpaid care activities are disproportionately attributed to these vulnerable groups. Addressing this unequal distribution and ensuring decent conditions for care workers is a collective responsibility. It must engage not only women but also actors who are not traditionally deemed responsible for care tasks, such as men, states, and international organizations. Firstly, a rigid model of masculinity that is sexist and patriarchal benefits and privileges men and overburdens women. It is thus essential to actively include men in the care economy and to address masculinities as part of gender equality debates in schools and spaces of community socialization. Secondly, the state is central in providing extra-family support facilities such as crèches, expanding rights, and offering training and income transfer programs. Thirdly, we should acknowledge the relevance of care in global policymaking. Tackling the inequalities that structure the care economy requires attending to the worldwide care chains that distribute these jobs unequally. The policy brief will propose ways to address this unequal international division of labor, structured by markers of race, gender, sexuality, and territory – a division that fuels migration flows from the South for the provision of domestic and care services to the global North. This issue is central to the G20 agenda since care is a global public good traditionally made invisible by economic theory. The policy brief intends to foster discussion on this theme, promoting an intersectional approach to care work and proposing policies that promote equality and economic development.

Keywords: care economy, intersectionality, inequalities, masculinity, G20.

Diagnosis of the Issue

The care economy encompasses activities that are indispensable for satisfying the integral needs of subsistence and the reproduction of life, individually and collectively. Although the expectation of the care economy is primarily located within families and delegated to the private sphere, the state and international organizations play a central role in guaranteeing the universalization of care.

We start from the evidence widely recognized by research that the distribution of responsibility for care is profoundly unequal, falling primarily on women, and has the potential to harm their professional trajectory and, consequently, their possibility of achieving financial autonomy. Women and girls work incredibly hard to care for others. Not only is this work unpaid, but it's often not seen as real work at all. If we valued care work the same as other work, it would be worth nearly \$11 trillion US dollars a year. But its true value is much greater (Oxfam, 2020). Feminist scholars have given us the analytical language and locate this flawed divide as a sexist economic system within patriarchal social constructions that have historically made women responsible for the well-being of families and societies. These constructions reproduce a hierarchy of values between the activities performed chiefly by men in the public sphere associated with productive work and those performed overwhelmingly by women in the private sphere.

This sexual division of labor has relegated the activities carried out by women in their homes to invisibility, making them understood as separate from the world of work. This essentialist sexual division of labor has meant inadequate recognition of care work within the public policy arena.

Care work involves a set of relationships aimed at satisfying the physical, material, and emotional needs of dependents, such as children, the elderly, the sick, and the disabled. Overall, care work involves direct personal care as well as indirect care activities such as housework. The practice of care occurs within the framework of an interpersonal relationship between the caregiver and the person or household being cared for. Indeed, care workers take on various roles such as those in the health and social work sector, education, domestic workers as well as care workers in other sectors such as cleaning or looking after farm animals. While most care work is paid work, the wages are generally low, with majority of household related care work being unpaid. According to the International Labor Organization (ILO), on average, women worldwide perform 76.2% of all unpaid care work, spending 3.2 times more time on these tasks than men (ILO 2024). In the context of Latin America, the data reveals an even more marked inequality than the global average, as women in the region devote between 6.3 and 29.5 hours more per week than men to unpaid care work. This represents 8,417 million hours per week dedicated to unpaid care work by women in the region (ILO 2024). Women do 1.7 times more unpaid care work in Latin America and the Caribbean (LAC), and this unpaid work makes up 15-25% of national GDPs in the region. In Guatemala, women spend 18% of their time on unpaid work, 9 times more than men. This increases when people are sick; in Mexico,

women spend 29 hours a week caring for sick family members, compared to 13 hours a week for men. The effect is larger in poorer families with larger household sizes (Care & UN Women 2020).

The COVID-19 pandemic revealed the fragile state of the global care economy and highlighted the vital yet unpaid roles predominantly assumed by women. During the pandemic, women took on 29% more childcare than men and faced higher job losses due to care duties (UN Women 2023). In 2021, the ILO reported that there were 26 million job losses then, a figure that could be higher. The costs in terms of employment losses caused by the COVID-19 pandemic have been unevenly distributed across LAC's population. Employment fell more steeply for women than for men, a pattern that appeared to be associated with women's higher exposure to contact-intensive occupations, such as care work (IMF 2020). COVID-19 also highlighted the need to view care as a public good, transitioning from a private, cost-centric, and gender-biased perspective to a public and investment-focused one (UN Women 2023).

Moreover, the pandemic also foregrounded the fact that health care is a feminized sector, yet women are rarely in decision-making positions. Women make up 74% of healthcare workers in LAC, but men make up 75% of the decision-makers. As women in health care face the double burden of increased patient load and trying to care for their families, they are not as able to influence decisions (Care & UN Women 2020). Loza (2022) highlights how 18 million people in LAC are domestic workers, 93% of whom are women. Of these, 17.2% of which are migrants who often migrate due to income and situations in the countries of origin (WHO 2023) These women constitute 11,4% of the

regional female workforce. Countries such as Argentina and Uruguay have presented substantial progress with legislation that seeks to regularize paid domestic work, given that around 80% of this sector is still in informality. Estimations show that only 24% of paid domestic workers in Latin America benefit from health or social security services (Loza 2022). Gender inequalities intersect with others, such as race and class, which structure Latin American societies so that when we talk about the oppression of women, we don't end up making black, Indigenous, and migrant women invisible, as they are the ones most affected by the burden of care work. There is a hierarchy among women themselves since the intersection of gender with other social markers affects groups of women differently. Racialized women experience a high degree of precariousness, a low level of formalization, and social unprotection. Around 80% of domestic workers in Latin America work informally, without social security support, with derisory wages, with little possibility of dedicating themselves to their homes and families, and experiencing a high degree of vulnerability, especially in old age (Posthuma, 2021). The care deficit falls disproportionately on black, Indigenous, and migrant women, who are less likely to be able to provide it without the participation of public authorities.

This diagnosis is the result of a historical process of colonization of Latin American countries forged by slavery. Black women have historically been dehumanized and subjected to heavy workloads on farms or in large houses as cooks and maids. For instance, in Brazil, the domestic work sector employed over 6 million people (over 6% of the labor force) in 2019. Among them, over 80% were black, 95% were women, and over 50% of the households headed by female domestic workers were poor (ILO 2022).

Furthermore, the reproductive task of these women was seen by their owners merely as a means of replacing and guaranteeing the continuity of the enslaved workforce. The women of the “Casa Grande,” due to unwillingness or impossibility, outsourced breastfeeding to the enslaved women who, as soon as they had their children, were separated from them to serve as wet nurses for their owner's children. The imagery of black women as more suited to heavy physical work or dealing with dirt, usually behind the scenes and away from their children, persists.

Investment in care policies should be at the forefront of the G20 agenda since it has contributed to economic and social transformations by tackling intersectional inequalities and breaking poverty cycles.

Recommendations

It is recommended that care be treated as a right, and as such, the state must participate in providing the human conditions needed to make it a reality. As a right, care must be included in social policies as a duty of the state. To reorient the distribution of responsibilities between members of society and the state, making public agents responsible for providing care, we recommend:

- **Recognize care as a need, a job, and a right;**
- **Understanding investment in the care economy as a short-, medium- and long-term social investment, capable of generating employment and income, as well as social well-being;**
- **Guaranteed care for all children, elderly people, and people with disabilities who need support for autonomy;**

In more specific terms, we recommend:

- **Invest in conducting country-specific gender and intersectional analyses with contextualized response recommendations for diverse groups of women, men, boys, girls, and LBT+ in the care economy, especially those currently underrepresented in the data.** This should focus on understanding the needs of the most marginalized in the care economy. Privilege data collection about and in

support of groups who are underrepresented in gender analysis data but who are the most vulnerable and disenfranchised, such as migrant and refugee, and displaced women; Indigenous and Afro-descendant women and girls in the care economy in LAC.

- **Recognize and address care work—paid and unpaid—including household and paid sector activities.** Care workers—both paid and unpaid—should be recognized, especially post-COVID, when women bore the brunt in precarity and job loss. Country-specific measures in LAC countries:
 - Such as putting policy measures in place to increase women in decision-making positions in the health care sector.
 - Invest in policies and put financial measures in place to address the gender wedge gap in the care economy. Such as the healthcare sector.
 - Strengthen policy measures to implement protective and security measures in the care economy, especially post-COVID.

- **Strengthen policy measures in place to protect domestic workers.** The existence of provisions in the Constitution to promote equality between individuals and social rights can serve as a basis for the implementation of the right to social protection for excluded populations such as domestic workers. For instance, in Brazil, Constitutional Amendment No. 72 of 2013, which equalizes the social protection rights between domestic and other categories of workers, has

contributed to speeding up the process of social protection extension. This needs to be further supported and strengthened to address racialized inequalities within domestic work, perhaps through targeted policies and interventions. Country-specific interventions in this regard in LAC need to be strengthened.

- Consider creating a National Integrated Care System, following the example of Uruguay, responsible for guaranteeing assistance to all people who need care;
- Periodically review the current regulatory frameworks and present updates on the periods and conditions for maternity and paternity leave;
- Encourage male co-responsibility by extending paternity leave or converting it into parental leave;
- Support joint actions with the private sector to guarantee flexible working hours for women and men without a reduction in pay;
- Adequately remunerate caregivers in different social spheres;
- Promote, in collaboration with the private sector, the training of formal and informal caregivers and strengthen training and employment programs for home caregivers;
- Promote actions in partnership with the private sector to guarantee access to decent work and social protection;
- Guarantee decent working conditions for caregivers based on an understanding of the relational nature between the caregiver and the person being cared for; Redesign the social security policies that affect people who dedicate themselves to caring, even if this work is unpaid (as is the case of women who care for their entire

productive lives to manage their families);

- Actively promote the registration, formalization, and training of domestic workers and all sectors of care workers;
- Revision of the legal apparatus based on the traditional heteronormative family in line with new family arrangements in order to ensure care for all types of families; Investment in crèche, asylums, and full-time schools;
- Recommending and ensuring care spaces in public and private establishments; Strengthen and encourage the expansion of community care spaces;
- Offer subsidies to strengthen and expand businesses aimed at meeting the demand for care;
- Invest in food and nutrition security programs;
- Invest in permanent cash transfer, minimum income, and health insurance programs;
- Improve, in partnership with international organizations, the updating of statistical data on the care economy based on racial, gender, sexuality, class, and generation markers.
- Developing, together with the private sector, international and non-governmental organizations, policies aimed at improving migrants' access to the formal job market, helping them to integrate into the host society;

It should also be noted that the absence of women at decision-making tables negatively affects the effectiveness of care policies (Mora, 2021). To address this gap, we recommend:

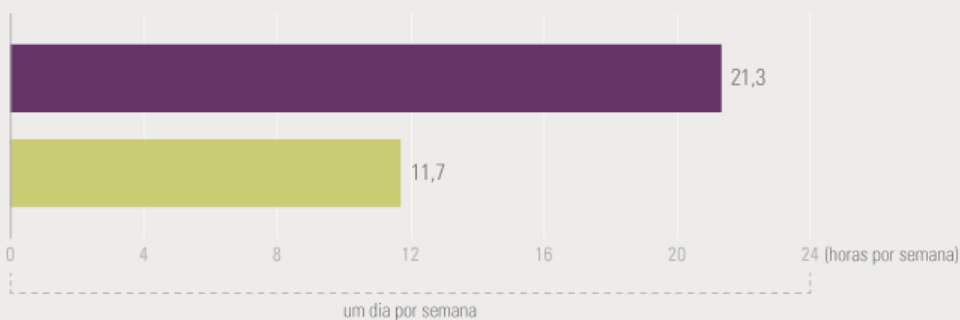
- **Creating working groups, like the one set up by the Brazilian government, to structure and organize care policy in the G20 countries;**
- **Representing the sectors of the care economy in the various public bodies so that they have a voice;**

We have diagnosed an unequal international distribution of paid and/or unpaid care tasks. The graph below shows this inequality in the context of Brazilian society, where domestic activities at home or relatives' homes fall disproportionately on women, especially black ones. Another aspect, highlighted by Bila Sorj (2013), is that female spouses work more at home than female bosses, which suggests that the presence of a partner implies a more significant work overload

Panorama de cuidados de pessoas e afazeres domésticos

Por sexo

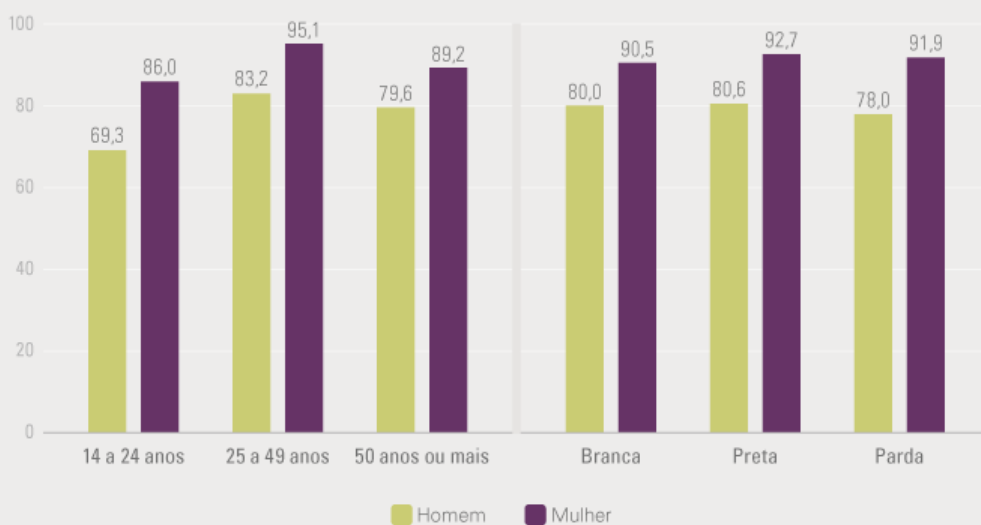
Média de horas dedicadas às atividades de cuidados de pessoas e/ou afazeres domésticos



Taxa de realização de afazeres domésticos no domicílio ou em domicílio de parente (%)

Por grupos de idade

Por cor ou raça



Fonte: PNAD Contínua Outras formas de trabalho - 2022

In view of this unequal distribution of care activities between men and women, reinforced by the social construction of gender roles in society, we recommend a series of actions aimed at the active inclusion of men in the care economy:

- Redistribute care between men, women, and other gender identities; Include men in effective participation in the care economy;
- Train men in alternative models of non-violent masculinity and co-responsibility for care work;
- Include the issue of masculinities in debates on gender equality in the school environment and community socialization spaces;
- Implement awareness-raising actions to deconstruct gender stereotypes around care;
- Encouraging the inclusion of men in professions associated with care.

Based on the understanding that global hierarchies of race combined with oppressions of gender, sexuality, and ableism, among others, cut across economic, financial, and climate discussions, we recommend:

- **Include gender and race approaches as analytical axes in economic strategies;**
- **Create an engagement group and working groups in the G20 to discuss the issue of race;**
- **Transversalize ethnic-racial issues in the G20 agenda.**

Scenario of Outcomes

It is hoped that if these recommendations are adopted, they will promote:

- **A reduction in poverty;**
- **Increased quality of life for girls and women, as well as gender equity;**
Reduction of intersectional inequalities;
- **The production of non-hegemonic masculinities engaged in care work; An exponential increase in female participation in the labor market, contributing to GDP in all its dimensions;**
- **Decrease in informality in the labor market;**
- **Decrease in rates of violence, discrimination, and harassment at work;**
Professionalization of female workers with little schooling, contributing to their self-esteem and better performance in the job market;
- **Increasing the supply of jobs in the care sector, reducing the need for migratory movements;**
- **Strengthening the sense of social cohesion; Improving the mental health of care workers;**
- **Strengthening production chains with high economic performance potential;**
Reducing inequalities between G20 member countries.

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