

DISCUSSION PAPER

ARE GOVERNMENTS CATCHING UP?

Work-family policy and inequality in
Latin America



No. 7, September 2015

MERIKE BLOFIELD AND JULIANA MARTÍNEZ FRANZONI
FOR PROGRESS OF THE WORLD'S WOMEN 2015-2016

The UN Women discussion paper series is a new initiative led by the Research and Data section. The series features research commissioned as background papers for publications by leading researchers from different national and regional contexts. Each paper benefits from an anonymous external peer review process before being published in this series.

This paper has been produced for the UN Women flagship report *Progress of the World's Women 2015-2016* by Merike Blofield, Associate Professor of Political Science, University of Miami and Juliana Martínez Franzoni, Associate Professor, University of Costa Rica (Centro de Investigaciones y Estudios Sociales). Both authors are equal contributors.

The authors would like to acknowledge Diana de Leon for invaluable research assistance on the paper including data collection regionally and in Costa Rica; Felipe Sterquino Itaborai for assistance on data collection on Brazil; and Maria Alcántara for assistance on data collection on Chile. Silke Staab provided valuable feedback on a previous version of this article. The analysis also reflects insights from Beatriz Magaloni, Esther Mancebo, Carmen Midaglia, Jennifer Pribble, Soledad Salvador and Juan Diego Trejos. However, the authors accept responsibility for any errors.

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ISBN: 978-1-63214-026-5

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Produced by the Research and Data Section
Editor: Christina Johnson
Design: dammsavage studio

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SUMMARY

The position of women in Latin America has dramatically changed over the past two decades as millions have entered the labour force, often better educated than their male counterparts; family composition has changed; and fertility rates have declined. Yet, these changes have taken place against a backdrop of tremendous socio-economic inequalities and relative inertia in gender relations and care responsibilities. Over the past decade, governments across the region have, albeit slowly, begun to grapple with these changes and their socio-economic implications. This paper examines government policies toward the crucial nexus of work-family reconciliation, focusing on employment-based leaves and early childhood education and care (ECEC) services.

We start by discussing the socio-economic context in Latin America and then outline our conceptualization and measurement of parental leaves and care services and the implications of policy design for gender and social equity. We categorize both leave policies and care services according to whether they promote maternalism, paternal co-responsibility, state co-responsibility and/or socio-economic equity. We chart the policy reforms across the region in both maternity, paternity and parental leaves and ECEC services, focusing especially on services for 0–3-year-old children. To illuminate regional trends and best practices, we provide more detailed case studies of policy reforms in Brazil, Chile, Costa Rica and Uruguay.

We find that during the past decade care policies entered the agenda of governments much more forcefully than before. Overall, the region is moving in an equity-enhancing direction, particularly in terms of social equity, both in employment-based leaves and in care services. In employment-based leaves, there have been initiatives to include more vulnerable female workers in maternity coverage and also to increase the length of maternity leaves, sometimes explicitly linked to breastfeeding. Where we see less movement, in both framing and in policy adoption, is toward more paternal co-responsibility in the care of children. While Chile and Uruguay have recently instituted shared parental leaves (which is a regional first aside from Cuba), serious efforts to include fathers in the conversation are still in their infancy.

In terms of care services, almost all Latin American countries have begun to pay lip service to the need to establish national-level ECEC programmes, especially for more vulnerable families. While the framing tends to focus on children – and is often part of national action plans to address infancy – it has taken place against the backdrop of extant (if minimal) programmes that are mostly full time, in recognition of the needs of working mothers specifically. In virtually all countries, demand far outstrips supply, and the big challenge from the point of view of work-family reconciliation is to extend coverage while maintaining (or extending) full-time hours. This requires a resource commitment that few countries have to date assumed.

RÉSUMÉ

La condition de la femme en Amérique latine a considérablement changé au cours de ces deux dernières décennies : des millions d'entre elles ont intégré le marché du travail, avec un niveau d'instruction souvent supérieur à celui des hommes, la composition des familles a changé et les taux de fécondité ont

diminué. Toutefois, ces changements sont intervenus dans un contexte marqué par d'énormes disparités socioéconomiques et une relative inertie dans les rapports hommes-femmes et les responsabilités en matière de soins. Au cours de la dernière décennie, les gouvernements de la région ont entrepris, bien que

lentement, à examiner ces changements et leurs implications socioéconomiques. Ce document examine les politiques gouvernementales qui permettent de concilier vie professionnelle et vie familiale en se concentrant sur les congés professionnels et les services d'éducation et de soins de la petite enfance (SESPE).

Nous commençons par examiner le contexte socioéconomique en Amérique latine, puis nous présentons notre conception et notre manière de mesurer les congés parentaux et les services de soins, ainsi que les implications des politiques en faveur de l'égalité des sexes et de l'équité sociale. Nous classons les politiques relatives aux congés et services de soins en fonction de leur degré de promotion du maternalisme, de la coresponsabilité paternelle, de la coresponsabilité de l'État et/ou de l'équité socioéconomique. Nous passons en revue les réformes politiques menées dans la région concernant les congés de maternité, de paternité et parentaux ainsi que les services SESPE en nous concentrant spécialement sur les services destinés aux enfants de moins de 3 ans. Afin de mettre en exergue les tendances régionales et les meilleures pratiques, nous fournissons des études de cas plus détaillées des réformes politiques menées au Brésil, au Chili, au Costa Rica et en Uruguay.

Nous concluons que, durant la dernière décennie, les politiques relatives aux soins ont été inscrites aux programmes publics avec une conviction accrue. Globalement, la région évolue dans le sens de l'égalité, particulièrement sur le plan social, aussi bien en ce

qui concerne les congés professionnels que les services de soins. S'agissant des congés professionnels, des initiatives ont été lancées pour permettre à plus de travailleuses vulnérables de bénéficier des prestations de maternité, et pour accroître la durée des congés de maternité, avec parfois un lien explicite avec l'allaitement. En revanche, nous constatons des avancées moindres tant en ce qui concerne l'élaboration que l'adoption de politiques vers le renforcement de la coresponsabilité paternelle dans l'éducation des enfants. Si le Chili et l'Uruguay ont récemment institué les congés parentaux partagés (une première dans la région à l'exception de Cuba), les efforts visant à renforcer le rôle des pères restent timides.

S'agissant des services de soins, presque tous les pays d'Amérique latine ont commencé à reconnaître les mérites des programmes de SESPE au niveau national, particulièrement pour les familles plus vulnérables, sans toutefois traduire leurs intentions en actes. Si ces politiques tendent à se concentrer sur les enfants et s'inscrivent souvent dans des plans d'action nationaux en faveur de l'enfance, elles font souvent partie intégrante de programmes existants (même minimaux), généralement à temps plein, reconnaissant les besoins spécifiques des mères qui travaillent. Dans pratiquement tous les pays, la demande surpasse de loin l'offre, et le principal défi du point de vue de la conciliation de la vie professionnelle et de la vie familiale consiste à étendre les prestations tout en maintenant (ou en augmentant) le plein temps. Il faut, pour ce faire, consentir des ressources que peu de pays ont consenties à ce jour.

RESUMEN

La posición de las mujeres en América Latina ha cambiado radicalmente en los dos últimos decenios. Millones de mujeres se han incorporado a la población activa, a menudo con un nivel educativo superior al de sus homólogos masculinos; además, la composición familiar se ha alterado y las tasas de fecundidad han disminuido. Sin embargo, estos cambios han tenido lugar en un contexto de tremendas desigualdades socioeconómicas y caracterizado por una relativa

inercia en las relaciones de género y en las responsabilidades de cuidados. A lo largo de la década pasada, los gobiernos de la región han comenzado (lentamente) a afrontar estos cambios y sus consecuencias socioeconómicas. En este artículo se analizan las políticas gubernamentales que abordan el nexo crucial de la conciliación entre la vida familiar y la laboral, centrándose en las licencias laborales y en los servicios de educación y cuidados para la primera infancia.

Partimos de una exposición del contexto socio-económico en América Latina para, a continuación, describir nuestra conceptualización y medición de las licencias parentales y los servicios de cuidados, así como las implicaciones que tiene el diseño de las políticas desde la perspectiva de género y de la equidad social. Las políticas en materia de licencias y los servicios de cuidados se clasifican atendiendo a si fomentan un sistema maternalista, la corresponsabilidad de ambos cónyuges, la corresponsabilidad del Estado y/o la equidad socioeconómica. Seguidamente, las reformas emprendidas en toda la región se categorizan en licencias de maternidad, paternidad y parentales y servicios de educación y cuidados para la primera infancia, prestando especial atención a los servicios dirigidos a niñas y niños de 0 a 3 años de edad. Con el fin de poner de relieve las tendencias y las mejores prácticas regionales, proporcionamos una serie de estudios de casos más detallados sobre las reformas de las políticas acometidas en el Brasil, Chile, Costa Rica y el Uruguay.

El estudio concluye que, durante el último decenio, las políticas en materia de cuidados irrumpieron en la agenda de los gobiernos con mucha más fuerza que en el pasado. En términos generales, la región ha tomado claramente la senda de la mejora de la equidad, sobre todo en lo que se refiere a la equidad social, tanto en las licencias laborales como en los servicios de cuidados. En lo que concierne a las licencias laborales, se han llevado a cabo iniciativas encaminadas a incluir a las trabajadoras más vulnerables en la cobertura por maternidad y también a ampliar la duración

de las licencias de maternidad, una medida que en ocasiones se ha vinculado explícitamente a la lactancia. Los aspectos en los que no se observa un cambio de dirección tan claro, tanto en la formulación como en la adopción de políticas, son los relacionados con la corresponsabilidad parental en el cuidado de las hijas y los hijos. Pese a que Chile y el Uruguay han institucionalizado recientemente las licencias parentales compartidas (convirtiéndose en los primeros países de la región en hacerlo, aparte de Cuba), los esfuerzos dirigidos a incluir a los padres en el debate se encuentran aún en fase embrionaria.

En lo que atañe a los servicios de cuidados, casi todos los países de América Latina han comenzado a incluir en su discurso la necesidad de establecer programas de educación y cuidados para la primera infancia a escala nacional, en especial para las familias más vulnerables. Si bien la formulación de políticas tiende a centrarse en las hijas y los hijos –y a menudo forma parte de los planes nacionales de apoyo a la infancia–, se ha producido ante un telón de fondo de programas ya en curso (aunque muy escasos), que, en su mayoría, se ejecutan a tiempo completo, reconociendo de manera específica las necesidades de las madres que trabajan de forma remunerada. En prácticamente todos los países, la demanda supera ampliamente la oferta, y el gran reto para la conciliación entre la vida familiar y la laboral es la ampliación de la cobertura manteniendo (o incrementando) los horarios a jornada completa. Esto requiere un compromiso de dotación de recursos que, hasta el momento, solo ha sido asumido por un reducido número de países.

1.

POSITIVE CHANGES IN THE CONTEXT OF DEEP INEQUALITIES

The position of women in Latin America has dramatically changed since 1990 as millions have entered the labour force, often better educated than their male counterparts; family composition has changed; and fertility rates have declined. Yet, these changes have taken place against a backdrop of tremendous socio-economic inequalities and relative inertia in gender relations and care responsibilities. Over the past decade, governments across the region have, albeit slowly, begun to grapple with these changes and their socio-economic implications. In this paper we examine government policies towards the crucial nexus of work-family reconciliation, focusing on employment-based leaves and early childhood education and care (ECEC) services. What we see in the region is an emphasis on reaching, and targeting, poor families, with a particular focus on children. There is also a recognition of the changing roles of mothers, although less attempts to seriously include fathers in the conversation.

Below, we discuss first the socio-economic context in Latin America and our conceptualization and measurement of parental leaves and care services and the implications of policy design for gender and social equity. We then chart the policy reforms across the region on both leaves and ECEC services and discuss the cases of Brazil, Chile, Costa Rica and Uruguay in more detail. The combination of change and continuity that we are witnessing in Latin America across a demographically, economically and socially diverse region makes it of potential global interest, particularly to middle-income countries.

In 1990, 32 out of every 100 women had a paid job and by 2010 there were already more women in than outside the labour force: 53 out of every 100. Still more impressive is the generational change: among women of childbearing age the figure reaches 70 per cent. Meanwhile, women's educational levels have increased, now surpassing those of men, and fertility rates have declined to close to or even below

replacement level (ECLAC 2009, 2010). Family composition has also become increasingly diversified: there are currently more dual earner families than families organized around a male breadwinner, and female-headed families have consistently increased across countries, from 23 per cent of households two decades ago to 30 per cent by the late 2000s (ILO/UNDP 2009).

Along with these changes, we see some enduring continuities. Despite higher levels of education, women regionally still earn only 70 per cent of what men earn. Ironically, the more years of formal education attained, the larger the income gap women experience with their male counterparts. In addition, as we would expect in a region with the highest income inequalities in the world, changes in women's lives are deeply stratified along socio-economic lines: the gap in female labour participation between the lowest and highest quintiles reaches, on average, 30 per cent. Because female labour participation is biased against low-income women – and the sexual division of labour

between women and men plays a key factor behind this bias – it becomes very difficult to separate class from gender inequalities.

The participation of women in the labour market, then, remains unequal to men and unequal along class lines among women. One key factor behind both of these faces of inequality is the unequal division of family responsibilities that pervades not just Latin America but the developing world (Razavi 2007). Time-use surveys indicate that care work continues to be carried out mostly within the family and to fall heavily on women even when they participate in the workforce, producing the so-called ‘double burden’ or ‘care squeeze’ (UNDP and ILO 2009; CEPAL 2009; ECLAC 2010). This has an impact on women’s ability to participate in the labour force on an equal footing with men. For example, care responsibilities pose barriers to joining the formal sector; work interruptions for child-rearing have negative effects on earnings and human capital; and access to pensions and other forms of social protections is diminished, increasing women’s risk of falling into poverty as they age compared to men (see Filgueira et al. 2011; Martínez Franzoni 2008; Martínez Franzoni and Voorend 2009, 2011). Indeed, women are over-represented in informal labour markets, both salaried and self-employed, including in part-time jobs and small firms that are unregulated and lack social protections such as maternity leave (Gerecke 2013; ILO 2012). Only 36 per cent of women in urban areas have social security, while 49 per cent of men do (UNDP and ILO 2009).

Given the high socio-economic inequalities and the lack of affordable care services in the region, the ‘double burden’ is also unevenly distributed across classes. The higher up women are in the social structure, the more they can outsource their responsibilities without much effect on their working lives, while the lower-income population – especially women – have a hard time maintaining their relationship to the labour market and thus their earnings potential. The less well-off rely on informal care networks (paid and unpaid, and mostly composed of extended family and neighbours) when they are able to do so, but they are often forced to leave the labour force

or reduce their hours (see, for example, Chioda 2011; Blofield and Madalozzo 2013; Hallman et al. 2005). Meanwhile, wealthy families hire domestic workers; indeed, about 15 per cent of the urban female labour force is employed in paid domestic work, making it a dominant mode of care resolution in the region (CEPAL 2009, 2012).

Low-income women’s inability to participate in the paid labour market reduces the wages of already low-income households and therefore tends to aggravate social inequalities and poverty (ECLAC 2009; UNDP and ILO 2009). Also, when they do participate, poor women have less labour protections than wealthier women, mostly because they tend to be self-employed or in unprotected occupations such as paid domestic work. For example, while just under half (47 per cent) of the total working population lacked pension protections as of 2008, three quarters of paid domestic workers lacked them (ILO 2010). In addition, in the case of paid domestic work, until recently most countries in the region also legally discriminated against them by, for example, mandating longer legal work hours, making it especially difficult for this vulnerable group to attend to their own care responsibilities (Blofield 2012). Last but not least, many of these trends are exacerbated in female-headed households, where women bear the burden of income provision and care alone.

Within this context, public policies can make a tremendous difference. As several international organizations have recently stressed, the current situation represents both a challenge and an opportunity for Latin American countries (UNDP and ILO 2009; Sojo/CEPAL 2011; Montaña Virreira/CEPAL 2010; Chioda/World Bank 2011). For example, coverage of ECEC – recognized as a key factor in influencing equal opportunities over the medium and long term (OECD 2012; Nadeau et al. 2011) as well as enabling mothers to remain in the labour force – is currently still low but way higher among the better off than among the poor (UNDP and ILO 2009). Without public provision, poor children of working parents are much less likely to receive good care whereas the well-off can pay for it, exacerbating both economic and gender inequalities, with harmful effects on medium- and long-term

macroeconomic performance given the impact on women's earning power and on the human capital of future generations. Similarly, parental leaves are essential but will also exacerbate class and gender inequalities if they do not reach low-income parents in the labour force.

Policies on gender, the labour force and the family in the region have until recently been premised on the assumption that caregiving is a private matter, with the implicit expectation of a traditional family with a breadwinner father, a stay-at-home mother, perhaps a grandmother or unmarried aunt and, certainly in the case of legislators responsible for contemplating these issues, a nanny, with no need for a state role in care provision. In few countries are such assumptions any longer in accordance with the social reality for a majority of the population (if they ever were), yet the changing realities have been slow to appear on the radar of policy makers (see CEPAL 2009; Heymann 2006). With adequate policies, however, governments have an opportunity to both reduce gender and social inequalities and promote socio-economic development more broadly.

During the past decade, Latin American social policies have undergone considerable change, beginning to address old social risks (such as sickness and old age) among people previously excluded as well as new social problems (such as more diverse, smaller and dual-earning families). Indeed, along with an increase in average wages and lower returns to higher education, social policy is one of the primary changes that have helped reduce income inequalities. For the first time ever, these have declined (even if only slightly)

in two thirds of the 18 countries in the region (Cornia 2010; ECLAC 2010; López-Calva and Lustig 2011).

The one type of policy that pervades the region and has had significant re-distributive effects is the much-touted conditional cash transfer (CCT) that, in the form of various programmes, now reaches over 100 million people. These cash transfers are aimed at interrupting the intergenerational reproduction of poverty by conditioning transfers on children's school attendance and health check-ups. They tend to target poor mothers without an income of their own. As such, the only possible reconciliation between work and family they promote is one that relies on the traditional division of labour between women and men.

Luckily these are not the only policy innovations the region has witnessed during the past decade. Here, we examine two policies that are at the intersection between work, family and care: employment-based leaves and full-time ECEC services. These are two critical and complementary measures that most policy changes have focused on and that have significant potential to be equity enhancing along both socio-economic and gender lines.

The following section provides our analytic lens. Then the paper overviews regional trends in Latin America on parental leave and care services, with regard to both policy design and implementation. Following regional trends we focus on a number of case studies of best practices in a selection of Latin American countries. As we depict policy change, we explore the key political and social actors involved in the policy process. We conclude with policy implications.

2.

CHARTING POLICY REFORMS ON PARENTAL LEAVES AND CARE SERVICES: ANALYTICAL TOOLS

Below we provide a more precise definition of the types of policies we address in this paper. Not all care policies help reconcile work and family, nor are all policies that reconcile work and family care policies. Part-time preschool and public transportation, respectively, are cases in point. In addition, reconciling work and family involves various ways of intervening and navigating their complex interaction. As with any other policies, care policies that reconcile work and family have implications for social and gender equity – both intended and unintended – that must be disentangled. Below, we categorize both leave policies and care services according to whether they promote maternalism, paternal co-responsibility, state co-responsibility and/or socio-economic equity (Blofield and Martínez Franzoni 2015). We wrap up the section with measurement issues.

2.1

Defining care policies that help reconcile work and family

A vast literature on advanced industrialized countries addresses the way constellations of government policies influence socio-economic inequalities. Esping-Andersen's 1990 identification of three worlds of welfare capitalism has been highly influential in the literature. A key contribution was the importance given to the political determinants and structural implications of policies based on needs, contribution and citizenship as distinct eligibility criteria. Within this broad framework, a significant body of research addresses how states intervene in gendered ways, influencing how markets and families are organized. A number of typologies for developed countries and Latin

America alike provide valuable insights concerning how policy promotes or discourages the traditional division of labour between women and men, both within the household and in the labour force. For example, they address eligibility criteria as mothers, workers and citizens, and the implications such criteria have for female participation in the labour force. Some of the most influential regime typologies include Lewis' (1992) 'strong male breadwinner' and 'weak male breadwinner' types, Sainsbury's (1996) 'universal breadwinner' and 'individual' model, Fraser's (1994) 'breadwinner' versus 'caregiver' model, Gornick and Meyers' (2003) 'dual-earner/dual-carer model' and Orloff's (2006) and

Molyneux's (2007) discussion of maternalism, the latter specifically regarding Latin America.

The basic gist of regime typologies with a gendered perspective is the extent to which States promote gender equality by encouraging the employment of mothers and, more recently, the sharing of care responsibilities between parents (for example, through provision of adequate parental and paternity leaves and full-time day care) versus traditional families with the husband at work and wife at home (for example, by scant provision of day care and subsidization of stay-at-home mothers). With the unrelenting increases in women's labour force participation rates and declines in fertility, even reticent governments in advanced industrialized countries have been jolted into action and are increasingly converging in the recognition that women will work outside the home and need supportive policies if they are also to have children (Fleckenstein and Lee 2014; Morgan 2013). Countries still diverge in the extent to which they seek to involve fathers and the state in sharing care responsibilities.

For Latin America a pioneering contribution by Filgueira (1998) stresses the socio-economic bases of social policy regimes, while more recent work incorporates the gendered basis as well (Martínez Franzoni 2008). Adapting Esping-Andersen's work to Latin America, Filgueira identifies the relative roles that need, contribution and citizenship play in people's access to social policy across the region. Martínez Franzoni, on the other hand, incorporates the prominent role that unpaid work and families play across welfare regimes. As such, her typology makes a classification concerning the gendered implications of

state-led and non-state, informal welfare regimes in the region. Indeed, in these typologies, both authors pay much attention to informal labour relations, an issue that the typologies on advanced industrialized countries overlook. They thus leave the door open to address work/family relations, paying attention to the highly stratified features of these labour relations.

In short, the literature stresses that policies reconciling work-family relations may or may not have equity-enhancing effects. As the literature on advanced industrialized countries has made clear, if policies aim at supporting women to combine more effectively their roles as workers and mothers while women remain solely responsible for caretaking, they reinforce the traditional sexual division of labour rather than promote gender equity. As the literature on Latin America has stressed, if policies are restricted to salaried formal workers in a region with a highly stratified labour market, they reinforce rather than help transcend socio-economic inequalities.

These typologies have been enormously useful in assessing the general policy mixes for comparative purposes. However, their focus on regimes rather than on specific policies overlooks a robust literature showing that policy change is largely issue-specific. Their focus on regimes also makes it difficult to disentangle the socio-economic and gender implications of policies (Hook 2006). Studies that look at policy issues help overcome this problem (Ray et al. 2010; Kittilson 2008; Lambert 2008; Morgan 2009; Weldon 2011). Our typology is a contribution in this same direction that, unlike most comparative available analysis, simultaneously addresses gender and socio-economic implications.¹

2.2

Types of care policies that help reconcile work and family

Tensions between work and family take different forms, from those requiring time off paid work to those involving a daily reorganization of tasks, paid

and unpaid. Policies can reshape these tensions in different ways² (Durán 2004). First, policies can reshape work and family relations by sequencing time devoted to work and time devoted to care responsibilities

¹ For an example of studies of specific national cases that combine class and gender, see Faur 2008.

² This section draws heavily on Blofield and Martínez Franzoni 2015.

while maintaining care provision within the family. Sequential policies include those concerning maternity, paternity and parental leave, flexible work time and part-time work. The sequencing can last months and involve many work days (as in maternity leave) or last hours within a single work day or week (as in part-time or flexible work time measures). These policies have traditionally focused on women and initially had goals other than reconciling work and family (basically, protecting the health of the mother and baby), but they have increasingly begun to include men. Sequential policies introduce degrees of freedom between access to monetary resources through the labour market and income maintenance for caregiving that takes place during a certain period of time within the family; to draw on Esping-Andersen, these are measures that 'decommodify' access to cash.

Second, policies can 'defamilialize' care responsibilities by shifting them from families towards the state (see Martínez Franzoni 2008 for its application to Latin

American welfare regimes and Orloff 2009 for a discussion of the concept). These refer to benefits (both transfers and services) that shift the responsibility for care provision from families and women to the state in the form of either direct public provision, funding private provision or laws for employer provision, tax incentives or subsidies for market provision. Such policies include employer mandates on day care, public or subsidized provision of day care, extension of school days and after-school programmes. As with sequential policies, these measures have historically often revolved around mothers and female workers but have increasingly begun to extend eligibility based on the child or family income.

In so far as sequential policies and policies that defamilialize care address different types of dynamics revolving around care and caregiving, they are complementary rather than exclusive. A central sequential policy is employment-based parental leave and a central defamilializing policy is early child education and care (ECEC) services.³

2.3

Maternalism, co-responsibility and social equity: The implications of policy design

Both leaves and services can reinforce or positively alter socio-economic (hereafter, social) and gender inequalities, depending on policy design and implementation. The intervening factor is eligibility, that is, who are entitled to access what on which basis. With this in mind, we classify policies regarding whether they promote maternalism or paternal and state

co-responsibility and whether they reinforce or help overcome social inequalities.⁴

A well-established literature draws from the classic work of Koven and Michel (1993) on maternalist policies. These are policies that recognize the importance of caregiving and 'exalt women's capacity to mother' while making it solely or primarily women's responsibility. Maternalist policies are different from policies that establish what we call a 'maternalist floor' that acknowledges the role of women in giving birth and breastfeeding. A maternity leave that helps women recover physically and emotionally as well as

largely unregulated cheap labour that, in turn, creates a collective action problem for countries to come up with either alternative or complementary services such as early childhood education and services that look after the elderly. Recent policy changes that grant domestic workers the same basic labour rights that other workers have (for example, an eight hour workday) are in this sense very good news (Blofield 2012).

⁴ This section draws heavily on Blofield and Martínez Franzoni 2014.

³ A third way in which policies reshape the interaction between paid and unpaid work involves government regulatory policies towards labour overall and care occupations in particular. These occupations have historically been seen as unskilled extensions of naturalized female roles, tend to be overwhelmingly female and are therefore subjected to a 'care penalty' (Williams 2009). Provided that care (paid and unpaid) involves an emotional connection between caregivers and those being cared for, labour market regulations regarding these care occupations are critical to the status of the care providers (mostly women) as workers and thus, in turn, to the type of service performed (see for example Folbre 1995; Williams 2009). Paid domestic workers are a paradigmatic case of treatment of workers employed in care occupations, given the dominance of this mode of care resolution in the region and the unfavourable conditions in which most domestic workers have laboured. Paid domestic work feeds into the notion that home-based care is the best alternative to reconcile work and family. But the reason for its wide availability is its

establish routines and bonds with the newborn can be expected as part of such a floor. On the other hand, generous maternity leaves (as opposed to paternity or shared parental leaves) or subsidizing unpaid care work through a wage for stay-at-home mothers can be considered maternalist. Of course, the demarcation between these changes over time. For example, in 1952 the International Labour Organization (ILO) understood regular maternity leaves to involve 12 weeks (as established in Convention no. 102) but by 2000 this was stretched to 14 weeks (Convention no. 183).

Co-responsibility policies face two challenges: they seek to involve states as well as men in caregiving, both distributing responsibility away from a sole reliance on mothers. State co-responsibility policies allocate some of the caregiving responsibility to the government by providing public ECEC or by subsidizing private ECEC that corresponds to full-time work hours. If ECEC does not take into account a typical work day and is only part-time, the state has assumed co-responsibility in providing education to children (an important goal, of course) but not necessarily also in participating in work-family reconciliation. Paternal co-responsibility policies promote sharing of caregiving by incentivizing fathers' involvement through employment-based leaves. State co-responsibility policies are ones that defamilialize care, while policies that promote paternal co-responsibility are sequential policies that promote the reorganization of gender roles among parents.

In terms of social equity we distinguish, drawing on Esping-Andersen (1990), between eligibility based on needs, contribution or citizenship. Historically, formal salaried workers have tended to be protected in Latin America. Taking into account the prominence of informal relations in Latin American labour markets, we assess policies on whether they extend protections to a broader scope of salaried workers (e.g., temporary workers, domestic workers) and beyond salaried workers to self-employed workers.⁵ We also assess policies on whether they extend beyond the labour market

⁵ In Latin America, labour and social protections reach workers in various degrees, giving way to a continuum from the most formal to the most informal arrangements among salaried workers as well as the self-employed. Rather than giving shape to an informal 'sector', informality thus becomes a feature that cuts across the labour market.

altogether on the basis of citizenship or need. If any of the above is the case, we consider that work-family policies enhance social equity.⁶ For example, public care services that are accessible based on income or on a universal basis promote both social and gender equity. This extends to part-time ECEC services that reach lower income families,⁷ even if they do not, by our definition, promote state co-responsibility in work-family reconciliation.

Table 2-1 presents leaves broken down according to their implications for securing a maternalist floor, for promoting maternalism or paternal and state co-responsibility and for promoting social equity. Sticking to empirical measures that are used in the literature, we divide leaves into three categories: maternity leave (only for mothers), paternity leave (only for fathers) and parental leave (shareable between parents). Seeking to add analytic value to the empirical analysis, we further categorize policies according to their implications for gender relations and social equity. With regard to maternity leave, we consider the ILO standard of 14 weeks to be the maternalist floor that allows a woman to recuperate after birth, start breastfeeding and establish a bond. Leaves beyond this standard, if they are restricted only to the mother, we consider maternalist. Leaves that allow for sharing we classify as ones that promote paternal co-responsibility. Extended maternity leaves can be positive in many ways (for example, for breastfeeding) but even on the rare occasions where these leaves do not endanger women's labour market reintegration, they do not allow for or encourage reorganizing the distribution of caregiving between women and men. As such, they do not promote and in fact deter paternal co-responsibility.

⁶ See Pribble (2013) for a broader discussion of equity-enhancing social policies.

⁷ We thank one of our anonymous reviewers for pointing this out.

TABLE 2-1

Equity-enhancing effects of employment-based leaves

Policy measure	Equity-enhancing effects		
	Maternalist floor	Maternalism	Paternal co-responsibility
Maternity leave	Maternity leave according to ILO standard of 14 weeks ⁸	If maternity leave extends beyond ILO standard	If leave beyond ILO standards are shareable by parents
Paternity leave	Paternity leave of 1-5 days to assist women upon delivery	If none beyond this	If paternity leave extends beyond 5 days, with explicit goal to support male role as caretakers
Parental leave	-	-	Any shareable parental leave
Social equity If any of the leaves above extend beyond formal salaried workers			

Source: Blofield and Martínez Franzoni 2015.

Paternity leaves are not established in international agreements. Establishing cut-off points between maternalism and co-responsibility for these is a real challenge. On the one hand, there is a real difference between a paternity leave that lasts one day and another that is nine or 10 days. On the other hand, it is hard to make the case that from one to 10 days the policy actually moves from being maternalist to promoting co-responsibility. In this paper we have therefore opted for relative cut-off points that are based on the overall (little) cross-national variance we found in Latin America. Thus, we consider paternity leaves of one to five days, established to allow fathers to accompany mothers as they recover from delivery, as providing a maternalist floor. Any paternity leaves beyond this we consider as promoting paternal co-responsibility. We admit it is a contextual cut-off. Given that most paternity leaves are currently minimal or non-existent in Latin America, this cut-off is designed to capture initial steps to conceive of paternal caregiving responsibilities in a broader way. In the European context, this cut-off would be less useful given that most paternity leaves are longer.

Parental leaves follow maternity and/or paternity leaves. Any leaves that are shareable between mothers and fathers we consider as promoting paternal

co-responsibility – the more sharing itself is made part of the bargain, the better for co-responsibility. Such would be the case if the extension of parental leaves is conditional upon men taking a portion of it, as is the case with the ‘daddy months’ in some European countries.

Parental leaves are not established in ILO Conventions. However, recommendations 165 (ILO 1981b) on workers with family responsibilities and 191 (ILO 2000b) on maternity protection do refer to them. Recommendation 165 applies to women and men workers with dependent children and states that, within the period immediately following maternity leave, either parent should be granted a leave while employment and labour rights are safeguarded. Recommendation 191 establishes that parental leaves are a right of employed mothers or fathers during a period following the maternity leave. The period, the length and other features of the parental leave should be determined by national laws or regulations or in any manner consistent with national practice.

Finally, all these measures may be restricted to some salaried mothers and/or fathers in the formal sector; reach all salaried workers (including paid domestic workers) and/or informal and/or temporary workers; and/or reach parents on the basis of need or as a right.

⁸ Convention 102 of 1952 established 12 weeks, which was extended to 14 in 2000.

The first tends to reproduce social inequalities while the latter two promote social equity.

Table 2-2 outlines the implications of care services for maternalism, co-responsibility and social equity. State participation in care services can take several forms, from regulation to funding and direct or subsidized provision and/or via employer mandates. Provision of services that correspond to typical full-time working hours is an indicator of state co-responsibility in work-family reconciliation. Beyond this, full-time ECEC services can have

additional implications for gender and social equity. We classify services that are restricted to mothers as having maternalist criteria and those for which fathers are also eligible as encouraging paternal co-responsibility. In addition, these services may reach formal employees alone or other people as well – for example, people living in the same geographical area in which a firm is based. The former arrangement does not promote social equity but the latter does, if eligibility criteria are universal or means-tested, targeting the poor.

TABLE 2-2

Full-time ECEC services (state co-responsibility): Equity-enhancing effects of eligibility criteria

Policy measure	Equity enhancing effects		
	Gender equity		Social equity
	Maternalist criteria	Paternal co-responsibility	
Employer mandates	Services restricted to mothers	Services available to mothers and fathers	Services reach beyond large business firms
Public or subsidized services	Services restricted to mothers	Services available to mothers and fathers	Services on the basis of need or citizenship

Source: Blofield and Martínez Franzoni 2015.

Below we explain how we measure change across time to assess whether the region is moving towards

more or less equity-enhancing change along gender and class lines.

2.4

Measurement issues

Policy design and adoption are separate from implementation. That is, once a policy is adopted, implementation may or may not take place. This is related to state capacities (the less the state capacity the larger the gap between adoption and implementation) and to other factors that must be established. We therefore discuss both separately.

Concerning leaves, cross-national comparisons of policy adoption are rather straightforward as leaves

have well-established units of measurement: weeks and days. These units also allow us to directly compare the length of maternity and paternity leaves. On the other hand, coverage and take-up rates, which allow us to assess implementation, are harder data to collect systematically and cross-nationally. Moreover, in many cases, learning about take-up rates involves digging up data in a rather archaeological fashion. A key policy recommendation we would like to emphasize – and one that should be relatively easy to put

in place – is the regular provision of take-up rates by official agencies, disaggregated by factors such as age and income brackets as well as type of salaried and non-salaried labour relation.

A systematic assessment of policy adoption on care services is more challenging. While we provide data on preschool policies and coverage for 4- and 5-year-olds, we focus on the 0–3-year-old age group in this paper. We do so because the dominant frame for this group has until recently tended to be that such young children should be with their family (that is, with their mothers). Hence it is in this group that we can especially measure the seriousness of government commitment to co-responsibility in work-family

reconciliation. To tap into this, we collect and provide data on what we conceptualize as the ‘seriousness of state commitment to co-responsibility in childcare’, or, in short hand, as ‘executive policy effort’. This concept includes indicators on policy adoption as well as elements of implementation. It includes whether an executive action plan –in virtually all cases, a national action plan regarding infancy – specifies a commitment to increasing daily ECEC services to 0–3-year-olds; whether a national-level ECEC programme with funding and with full-time hours exists; the eligibility criteria for such a programme; the size of the programme; and whether it reaches over 10 or 5 per cent of 1–2-year-olds. The latter two criteria tap into implementation.

3.

EMPIRICAL OVERVIEW: LATIN AMERICAN TRENDS

Across the region, to summarize, we see efforts over the past decade to have maternity leaves reach the minimum floor defined by the ILO and to make them accessible to more vulnerable women (for example, paid domestic workers and temporary rural workers) as well as some new initiatives to include fathers. Overall, leaves remain overwhelmingly restricted to mothers. Indeed, encouragement of breastfeeding has factored into many debates, which – while important for other reasons – does not encourage paternal co-responsibility.

Where we see a lot of change is in the expansion of preschool (usually for 4–5-year-olds) and the establishment of care services for 0–3-year-olds, although demand still far outstrips supply, especially with the latter. Regarding preschool, one of the key debates has to do with the age of mandatory attendance, and much of the expansion is framed in exclusively educational terms. Regarding care services, while

educational concerns are central – as they should be – work-family reconciliation has tended to be an implicit concern as well, thus reflecting increased state co-responsibility. One of the key debates has to do with service delivery: institutional versus community-based means. Both services have sought to reach poor families over the past decade, thus promoting social equity.

3.1

Employment-based leaves

Detailed comparative data on leaves is abundant (Pautassi and Rico 2011). Here, we focus on the length of leaves and eligibility criteria to assess their implications for social and gender equity. Drawing on Table 2-1, Figure 3-1 outlines the length of maternity and paternity leaves across the region. In all cases we focus on federal policies reaching the overall population and examine statutory minimums.

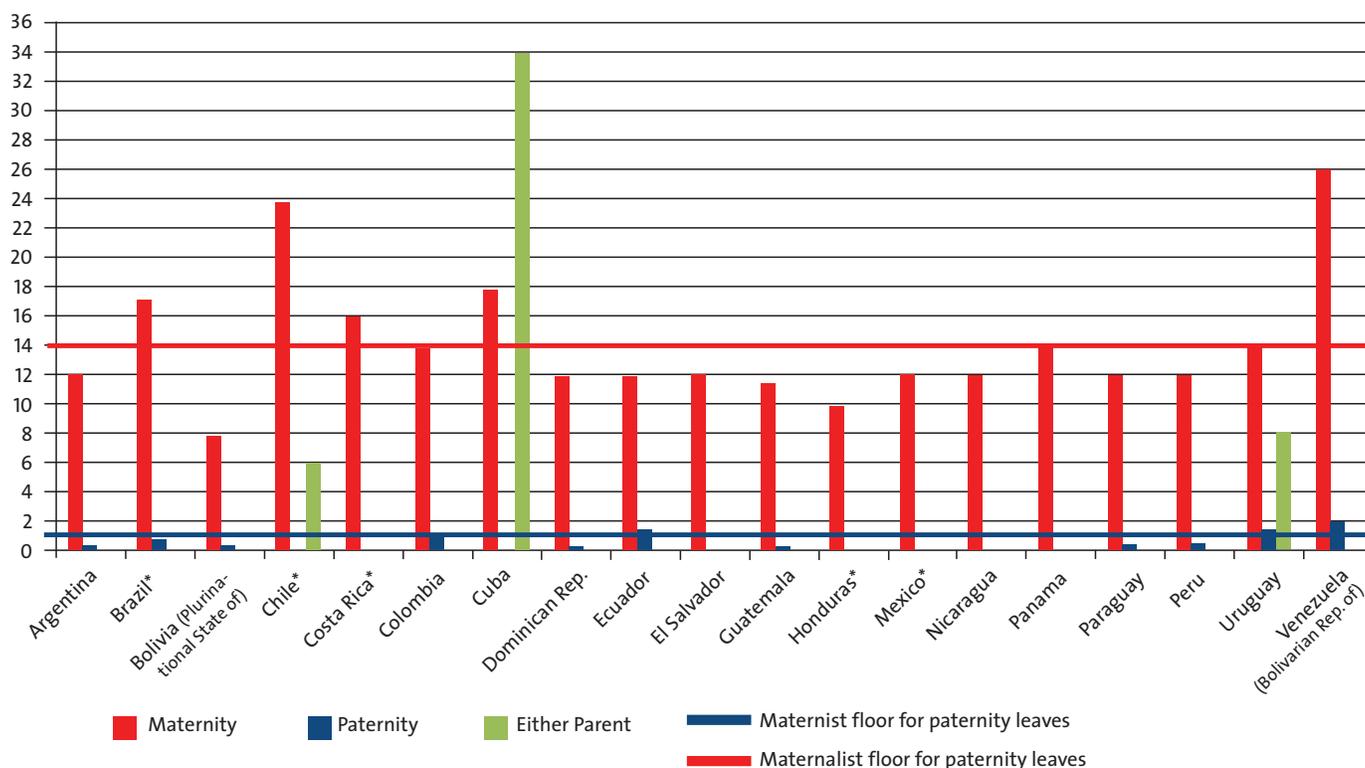
Maternity

Figure 3-1 includes fully paid maternity leaves – in some cases with caps.⁹ Several countries have extended maternity leaves that are either partially paid (as in Cuba during an additional 40 weeks) or unpaid (as in Argentina, up to 13 weeks). Here we focus on fully paid maternity leave – which is the standard in the region – that reaches either all workers or all salaried workers.

⁹ Caps are for example set in Chile at 66 *unidades de fomento* equivalent to US\$2,228 (28 January 2014; <http://www.sii.cl/pagina/valores/uf/uf2014.htm>) (Government of Chile 2011). Even though it is not the subject matter of this paper, it is worth mentioning that leaves are either funded by social security (Argentina, Brazil, Colombia, Cuba, Dominican Republic, Paraguay, Peru, Uruguay and Venezuela (Bolivarian Republic of)), by employers and social security (Bolivia (Plurinational State of), Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua and Panama) (CEPAL and UNICEF 2011) or, in the case of Chile, by a government account set up for that purpose.

FIGURE 3-1

Latin America: Paid employment-related leaves for salaried workers, in weeks, 2013



Note: *All workers.
Source: Authors' elaboration.

As many as nine countries are under the maternalist floor of 14 weeks: Bolivia (Plurinational State of) (8 weeks); Guatemala (11.5); and Argentina, Dominican Republic, Ecuador, El Salvador, Nicaragua, Paraguay and Peru (12). The large number of countries with 12 weeks reflects the international standard of 12 weeks up until the year 2000 (in ILO Convention 102).

Three countries have 14 weeks, reflecting the maternalist floor: Colombia (since 2011), Panama (since 1971) and Uruguay (since 2013).

Five out of 18 countries in the region exceed the ILO standard of 14 weeks: Venezuela (Bolivarian Republic of) (26 weeks); Chile (24); Cuba (18); Brazil (120 days, or just over 17 weeks) and Costa Rica (16). Of these countries, the oldest reforms are the shortest (Brazil and Costa Rica). Thus, more recent reforms tend to push for more rather than less maternalism.

Another key dimension is who is eligible for maternity leave, which is key for social equity. Over the past decades, several countries have sought to include less formal, more vulnerable female workers in maternity leave coverage. For example, in Argentina domestic workers have been excluded from maternity leave, but once a 2013 legal reform is implemented they will for the first time have the legal right to this. In Brazil, rural and domestic workers gained the legal right to maternity leave in 1991, and a court ruling in 2012 grants the same right to temporary workers. Countries that granted maternity leave to all working mothers in the formal sector by 2013 were Brazil, Chile, Costa Rica, Honduras and Mexico. At least on paper these countries include own-account workers registered for social security and some of them (such as Costa Rica and Chile) include temporary workers as well. This is a group of particularly vulnerable women – often not only poor but also migrants

– that deserves further study to get to the bottom of their actual access to leaves.

Behind legal provisions there is enormous variation regarding implementation and actual coverage. Coverage is related to four distinct factors: (1) legal eligibility among workers (such as those between salaried and non-salaried); (2) actual take-up rates among those workers; (3) how easy it is for people to make their claim; and (4) the size of the informal sector as the background against which policy operates. All countries have a coverage gap of some kind (between all mothers who work and those who get maternity leave), but the gaps vary a lot across countries and over time. Overall, the past decade has seen improvements in coverage in general, not least with increased formalization of the labour force in several South American countries such as Brazil and Uruguay (Martínez Franzoni and Sánchez-Ancochea 2013).

For example, in Brazil, the share of all new mothers who received maternity leave went from 26 per cent in 2000 to 41 per cent in 2011 (Ministério da Previdência Social 2000;2011). During this same time period, occupied rates – that is, those economically active minus the unemployed – for women between the ages of 25 and 39 years increased only from 63 to 66 per cent, while the percentage of this age group registered for social security went up from 21 to 38 per cent (Instituto Brasileiro de Geografia e Estatística (IBGE)/Pesquisa Nacional por Amostra de Domicílios (PNAD) 2011). Hence, it appears that a key factor related to the higher take-up rates of maternity leave in Brazil is more women entering the formal sector rather than entering the labour market per se.¹⁰ In one survey of 700 low-income parents with young children in São Paulo, 50 per cent of working mothers received maternity leave (Blofield and Madalozzo 2013).

There is a lack of in-depth studies regarding the ease with which people can make their claims. The

¹⁰ In the case of Brazil, since 1991 rural temporary workers have the right to maternity leave at minimum wage via the Government, so this also increases coverage among women who may not be in the formal sector per se.

awkwardness and complexity of paperwork involved – and often even concerning eligibility criteria – has been reported as a major obstacle for women to access maternity leaves even among salaried workers. A case in point is Colombia, where in a recent discussion in which one of us participated, very well-informed bureaucrats could not agree on whether salaried workers with short-term contracts were insured as own-account or salaried workers.

Paternity

As explained in Table 2-1, we consider whether paternity leaves are under the maternalist floor (when there is no paternity leave), reach the maternalist floor (one to five days) or go over the floor (more than five days). In the region, seven countries have no paternity leave and are thus under the floor, eight meet the floor and only four are above the floor. Empirically, countries fall into three groups: no statutory leave, between two to five days or 10–14 days.

Among countries under the maternalist floor with no days of paternity leave granted in a statutory fashion we find Costa Rica, Cuba, El Salvador, Honduras, Mexico, Nicaragua and Panama.

Among those that have a maternalist floor we find Brazil and Chile with five days. Fathers in Argentina, Guatemala, the Dominican Republic and Paraguay have two days, in Bolivia (Plurinational State of) three and in Peru four. Since 2013, salaried public and private sector workers in Uruguay receive 10 days leave. In most cases, it is employers who pay for paternity leave.¹¹

Of those Latin American countries that have statutory paternity leaves, only four grant more than five days: Venezuela (Bolivarian Republic of) 14 days, Ecuador and Uruguay 10 days and Colombia eight days. Leaves in Colombia and Venezuela (Bolivarian Republic of) are fully paid by social insurance and in Ecuador by

¹¹ This has been cited as a cause of the low take-up rate of paternity leave in Chile, although official statistics on take-up rates do not exist. The widespread perception is that employees who take the leave are not viewed favourably in many businesses (interviews with key social and political actors, July 2013), which is also the case with male workers who take time off to go to medical check-ups or school activities (Todaro and Yañez 2004).

employers. In both Ecuador and Venezuela (Bolivarian Republic of) constitutional reforms that enshrined paternal co-responsibility into the constitutions (2008 and 1999, respectively) preceded legislative reforms on paternity leave; in Venezuela (Bolivarian Republic of), with a lag of seven years.

Parental

To date, 10 Latin American countries have ratified ILO Convention 156 on workers with family responsibilities, while eight countries have not. The latter are Brazil, Colombia, Costa Rica, Dominican Republic, Honduras, Mexico, Nicaragua and Panama. Ratification has taken place in waves. Three countries ratified the convention during the 1980s (Peru in 1986, Argentina in 1988 and Uruguay in 1989), four countries during the 1990s (Chile, Guatemala and Venezuela (Bolivarian Republic of) in 1994 and Bolivia (Plurinational State of) in 1998) and

three during the 2000s (El Salvador in 2000, Paraguay in 2007 and, the most recent, Ecuador in 2013).

Enacted in 2002, ILO Convention 183 has been in effect since 2004 but so far ratified by just 28 countries in the world and only Cuba in Latin America (ILO 2014).

Recommendations that follow conventions are not mandatory, and from the point of view of parental co-responsibility it is indeed notable that only three countries currently have a shared parental leave: Cuba, Chile (since 2011) and Uruguay (since 2013). Below we discuss in more detail the reforms in Chile and Uruguay. In Cuba, legislation establishes that once maternity leave is over (and nursing along with it), either parent can take up the rest of the leave until the child is one year of age (Government of Cuba 2003; CEPAL and UNICEF 2011).

3.1.1

Case studies of Chile, Costa Rica and Uruguay

Below, we discuss three countries in more detail. They include Chile with its 2011 reform and Uruguay with its 2013 reform. We also discuss Costa Rica. We examine

the policy process in more detail in our case studies, including framing, adoption and implementation, drawing on more primary data, including interviews.¹²

CASE STUDY: CHILE

Enhancing social equity (and a little paternal co-responsibility) in the context of strong maternalism

Prior to the 2011 legal reform, Chile already had by regional standards a relatively long paid maternity leave of 18 weeks (with six weeks to be taken before birth). While social security in Chile was privatized under the military regime of Augusto Pinochet, maternity leave came to be funded directly from a government account.¹³ Despite this, maternity leave has been highly inequitable from a social perspective: only salaried workers with permanent contracts in the formal sector, much more likely to come from the upper income quintiles, received maternity leave (Pribble

2006: 90).¹⁴ Given a highly dualistic labour market in which it is easy to hire workers on a temporary basis, in addition to a sizeable informal sector, most lower-income working women were excluded.

During the 2000s, the total number of maternity leaves granted went up due both to an increase in female labour force participation (from a low starting point) as well as the increased formalization of the labour force. Nevertheless, by 2008 only 55 per cent of working women who gave birth got maternity leave, and this was strongly correlated with income. Of working

¹² This section draws heavily on Blofield and Martínez Franzoni 2014.

¹³ Leaves were financed through tripartite contributions by employers, workers and the state until 1985 when the financial burden shifted to general revenue.

¹⁴ This is a function of Chile's dualistic labour market among salaried workers, where those who work on a 'receipt' do not have the same labour rights as contracted workers. See Pribble 2006 for a discussion of gender and class implications.

women who gave birth in 2008, only 33 per cent in the lowest income quintile received maternity leave, while the corresponding figure for working women in the highest income quintile was 90 per cent (Comisión Asesora 2011). Indeed, maternity leave has been the most regressive of Chile's social policies along socio-economic lines; that is, more than with any other social policy, the higher income quintiles receive more than the lower income quintiles.

The 2011 reform included three key elements: first, it made maternity leave significantly more inclusive by extending it to all salaried women, temporary workers and own-account workers, as long as the latter contribute a basic number of social security payments; second, it increased post-natal leave by three months to a total of six months fully paid with a cap; and third, it allowed the father to take up to six weeks of the last three months at the behest of the mother. Finally, paternity leave was also enshrined at five days, modifying a 2005 mandate introduced to the Labour Code that had established a four-day non-optional paternity leave.¹⁵

In terms of the policy process, the centre-left presidency of Michelle Bachelet (2006 to 2010) had not addressed maternity leave. Rather, the electoral dynamics of the 2009 presidential campaign plus insurance companies in charge of picking up the bill for sickness leave (Staab 2013), experts on the presidential commission tasked with policy recommendations and doctors – called as experts as well as members of the so-called 'medical caucus' in Congress (*bancada médica*) – played an important role, breastfeeding being the most prominent consideration.¹⁶

Since the transition to democracy, several bills had been presented in Congress to increase post-natal maternity leave to six months, mostly by representatives with a medical background and couched in terms of promoting breastfeeding. They were supported by working mothers who wanted to spend more time with their newborns. During the presidential campaign of 2009, an expansion of maternity leave became an electoral

issue when Eduardo Frei, the centre-left candidate, made a promise to extend maternity leave in response to an inquiry from a group of mothers. With media attention, the other candidates followed suit. The victorious right-wing President Sebastián Piñera, once in office, pledged to keep his promise and appointed a committee of experts to produce a report on the issue.

At the same time, a 2002 law had allowed mothers of children under one year with serious illnesses to gain fully funded leave. Such leaves, funded by insurance companies (not by the general budget as is the case of maternity leaves) reached almost 250,000 mothers by 2009, a 92 per cent increase from 2003 when the law went into effect (Superintendencia de Seguridad Social 2010). According to Staab (2013) the growing and allegedly excessive use that mothers made of these leaves, and the pressure from insurance companies, was also a pragmatic impetus for the Executive to support a maternalist reform.

The committee, with ministry officials, experts and political figures from a quite broad variety of backgrounds, both right and left, produced a report that went far beyond the original mandate. In terms of maternity leave, it was not unanimous in its support for extending post-natal leave to six months because of concerns regarding the effects on women in the labour market, but it recommended increasing coverage to all working women and making any post-natal leave extension shareable between the mother and the father. In short, the reform would maintain a three-month maternity leave followed by a three-month parental leave. In the absence of agreement over who will take this, mothers would have the last word (Comisión Asesora 2011).

The executive followed the committee's recommendation regarding extending coverage of maternity leave. However, the executive maintained a six-month postnatal leave (and a total of seven and a half months leave including prenatal) in its bill, allowing the father to take up only six of the last 12 weeks at the behest of the mother. The major debate in Congress revolved around the compensation cap: the leave was at 100 per cent wage replacement rate (as before) up to a cap: the executive had recommended a lower cap while most

¹⁵ For more detail see <http://legislacion-oficial.vlex.cl/vid/articulo-codigo-permiso-nacimiento-248208846>.

¹⁶ Informal conversation with ECLAC experts at the Social Division, June 2013; interviews with key social and political actors, July 2013, Santiago.

opposition politicians on the centre-left insisted on a higher cap in order not to increase the gender gap in wages. The cap ended up being increased.

Public opinion that was vocal on the issue mostly reflected a maternalist view geared towards extending the post-natal leave for mothers alone, focusing on the benefits of breastfeeding. Feminist organizations did not have a uniform position and were overall not particularly mobilized, with some exceptions, and unions were largely reactive in their concern to protect extant labour rights (Staab 2012 and 2014; our interviews).

CASE STUDY: COSTA RICA

Incremental change regarding social equity as carry over from sector reforms

In Costa Rica, structural conditions have not been relevant for issue framing. Larger changes to the pension system (and not specifically aimed at maternity leave) launched in 2000 as part of a national agreement between government, business chambers, unions and other labour organizations made insurance for the self-employed mandatory. While at first this only included pensions and health-care services, a court ruling in 2004 interpreted that monetary transfers and therefore maternity leaves should be covered as well.¹⁷ This transformation indicates that sectoral reforms can have positive effects – often unintentionally – on measures that are crucial to improve work-family reconciliation. Since 2001 five initiatives have sought to introduce paternity leaves three to 15 days long. Interestingly, the three earlier

It is too early to evaluate the effects of the change more fully. However, during the first year of the shared parental leave, of almost 104,930 parental leaves granted, only 0.25 per cent were taken up by fathers (El Mercurio 2013). Clearly, in practice, paternal co-responsibility in these leaves remains minimal. As for social equity, the Government has implemented mechanisms by which temporary (mostly agricultural) and own-account workers can gain access to maternity leave. While there are no data on coverage rates yet, it is likely that they will increase: the fact that these leaves are state- rather than business-funded is likely to help in this direction.

proposals focused on paternity leaves alone and it was only in 2010 that the extension of maternity leaves was part of a draft as well. Interestingly, too, the one initiative that was approved in the legislative commission in 2012 included provisions regarding post-natal maternity leaves. A hypothesis that comes out of this process is that to move forward paternity leaves must draw on a maternalist agenda, as was also the case in Chile (see above). Still, by March 2015 this initiative has not yet come up on the floor for a vote. Any change in the extension of parental leaves touches on payroll taxes. Whether or not measures seek to continue drawing on this source, this is a sensitive issue to business, workers and government – due to the central role it has in funding social and labour policy at large – that must be addressed.

CASE STUDY: URUGUAY

Uruguay: Standardizing a maternalist floor and introducing paternal co-responsibility

Prior to 2013, Uruguay's maternity leave was below the maternalist floor for private sector workers (public sector workers had 14 weeks) and paternity leave, since 2008, was just three days for private sector workers while public sector workers got 10 days. The two key structural concerns driving policy

attention to work-family reconciliation were aging and shortages in the labour force. The left-wing executive, with significant participation from political and social actors, enacted a comprehensive reform passed in November 2013. This included three primary changes, all relevant for workers enrolled in the mandatory Social Insurance Bank (Banco de Previsión Social, BPS). First, it equalized maternity leave among public and most private sector workers at the

¹⁷ Notice that in 2013 the Constitutional court also played a role when interpreting that public workers in civil service must have a three-day paternity leave.

maternalist floor of 14 weeks. Second, it extended paternity leave in the private sector to 10 days¹⁸ and made this available to all workers whether salaried or self-employed.¹⁹ Last but not least, it established a shared parental leave, effective in 2016, that allows the mother or the father to work a half-day after the maternity leave is over until the child is six months old. This part-time leave lasts for up to four months or, for comparison purposes, eight weeks full-time, as shown in Figure 3-1 (following Ray et al. 2010).

The left-wing Frente Amplio had already proposed a bill to equalize the length of maternity leaves in the public and private sectors back in 2001. Five years after it became the governing party, in 2010, it reopened the case. The Ministry of Labour, Ministry of Social Development (MIDES), cabinet members and congressional representatives were involved in drafting the bill. The executive bill included the non-controversial expansion of maternity leaves to non-salaried workers (as in Costa Rica, as long as they are insured); making maternity leaves the same for the public and private sector by adding one week to the private sector; and extending paternity leaves to 10 days following birth (funded by social security). The levelling of maternity leaves was broadly agreed upon, but actors disagreed with how many weeks should be the floor.

For most vocal actors – women’s organizations and the women’s branch of the centralized union – the

main demand revolved around a substantial extension of maternity leaves. Proposals on paternity leaves were secondary to this demand regarding the role of women. Most controversy arose around the desirability and costs of extending maternity leaves and/or extending part-time leaves for breastfeeding, which were only available for working mothers in the public sector. The Ministry of Finance argued that these measures would accentuate labour discrimination against women in the private sector and have a negative impact on the overwhelming majority of micro and small businesses. Unions and the Ministry of Labour, on the other hand, were in favour of these maternalist reforms. For maternity leaves, business organizations can be important as ‘cost watchers’ but – unlike in Chile or Costa Rica, where business organizations had vested interests in promoting change, as we explain in section 4 – in Uruguay these organizations lacked a clear-cut incentive to endorse changes. Their public announcements concerned preventing bearing the cost of any reform, and they also complained about labour arrangements that might make their life more complicated (such as part-time work and parental leaves). In this context, state actors played a key role in pushing for a parental leave that prevented strong disincentives for employers to hire women. The adoption of a long parental leave was more the result of concerns about women’s potential discrimination in the labour market than with concerns about co-responsibility.

3.2 Care services

Early childhood education and care (ECEC) services have become a central part of the policy agenda in Latin America over the past decade, influenced by the increasing evidence of the central role of adequate early childhood education in human capital formation and in fostering equal opportunities, the massive increase

in female labour force participation and, in some countries, rapid aging and under-replacement fertility rates.

ECEC services for young children fall into two groups: preschool, usually targeted at children four to five years of age; and care services for children zero to three years of age. While both preschool and care services for 0–3-year-olds are crucial for work-family reconciliation, preschool especially is driven by educational concerns. As noted above, here we focus more on the group of 0–3-year-olds in more detail to tap into the seriousness of government commitment to co-responsibility in work-family reconciliation. In

¹⁸ By 2016, fathers will receive 13 consecutive days in the private sector and 10 working days in the public sector, so including weekends/holidays it is about the same. See Salvador (2013) for an estimate of the costs of the reform in Uruguay, which is also methodologically useful for the other countries.

¹⁹ In the case of both mothers and fathers, those self-employed in the formal sector under profession-related social insurance funds are not included.

both cases, of course, educational concerns are – and should be – paramount. From our point of view, the key question is whether work-family reconciliation is *also* a policy concern. Below, we first discuss services for 0–3-year-olds, followed by policies on preschool.

In Table 3-1, we measure ‘executive policy effort’ on co-responsibility in childcare for 0–3-year-olds. First, we list whether an executive action plan – in virtually all cases, a national action plan regarding infancy – specifies a commitment to increasing daily ECEC services to this age group. Here, we draw on the most current available executive plan or programme.

Second, we list whether a national-level ECEC programme with full-time hours exists in the country. A national-level programme must come from the central government, with funding, and provide at least eight hours of day care, on average. Third, we list the eligibility criteria for the national-level programmes, which taps into the implications for social equity and maternalism. The final two indicators tap into efforts for implementation: The fourth column lists the number of children served as of 2011, and the fifth column indicates whether national-level programme coverage reaches over 10 or 5 per cent of 1–2-year-olds as of 2011.

TABLE 3-1

Executive policy effort on co-responsibility in care of 0–3-year-olds

	Executive plan/ programme specifies goal of increasing daily ECEC services to 0–3-year-olds, 2014	National-level ECEC programme with full-time hours for 0–3-year-olds exists, 2014	Eligibility criteria	Programme size as of 2011	National-level programme coverage reaches over 10% (over 5%) of 1–2-year- olds as of 2011
Argentina	yes	yes	?	?	no
Bolivia (Pluri-national State of)	no	no	-	-	no
Brazil	yes	yes	universal	2.3 million	yes
Chile	yes	yes	Bottom 60%, mothers working, studying or look- ing for work	243,497 under- 5-year-olds	yes
Colombia	yes	yes	Low-income, vulnerability	1.2 million under-6-year- olds	yes
Costa Rica		yes	Poor, malnourished	31,624 under- 6-year-olds	no
Cuba		yes	Universal in urban areas	1,130 centres for under-6-year-olds	
Dominican Republic	yes	yes	Low income, vulnerability	10,275 under- 6-year-olds*	no
Ecuador	yes	yes	Poor, those at social risk, working mothers	138,117 under- 5-year-olds	No (yes)
El Salvador	yes	yes	Low-income families	5,463 under- 6-year-olds	no
Guatemala	no	yes	Poverty, social risk, malnourished children, working mothers	16,143 under- 6-year-olds	no

Honduras	check	yes	Poverty, social risk, malnourished children, working mothers	1,848 under-6-year-olds	no
Mexico	yes	yes	Mothers who work, study, are looking for work, or single fathers, and whose family income is below poverty line	266,406 under-6-year-olds	no
Nicaragua	yes	no	-	-	no
Panama	yes	yes	Poor, working mothers	3,653 under-5-year-olds	no
Paraguay	no	no	-	-	no
Peru	yes	yes	Working mothers, socio-economic criteria		no
Uruguay	yes	yes, partly**	Vulnerability	44,282 under-5-year-olds	yes
Venezuela (Bolivarian Republic of)	ND	ND	ND	ND	

Sources: Country-specific executive action plans for children; programme size, hours and eligibility criteria: Banco Interamericano de Desarrollo 2013 except for Cuba (Ministerio de Educación 2015) and Brazil (Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira (INEP 2011). In Brazil, service delivery is municipal but most of funding is federal.

Notes:

* These numbers are for children in the programs of the Ministry of Education. Both Mexico and the Dominican Republic also have a childcare programme via social security for mothers who are in the formal workforce (registered in social security) that covers 205,203 under-4-year-olds in Mexico and 6,640 under-5-year-olds in the Dominican Republic.

** Only some of the ECEC services are full time.

Table 3-1 indicates that almost all countries have established some kind of commitment to ECEC for 0–3-year-olds and made some policy efforts, even if minimal in some countries. Indeed, the only countries where there is no (publicly available) executive plan that mentions increasing 0–3-year-old care services as a goal are Bolivia (Plurinational State of), Guatemala and Paraguay.²⁰ Similarly, most countries have some kind of a national ECEC programme with full-time hours; only Bolivia (Plurinational State of), Nicaragua and Paraguay do not. In Nicaragua, a national programme for this age group exists but provides ECEC only three hours a day; thus, while it meets the criteria of state co-responsibility in education, it does not meet the criteria of state co-responsibility in care.

In Argentina, while a national day-care programme exists, both its funding level, eligibility criteria and

funding mechanisms or size are unclear, thus also indicating less policy effort on the part of the Government on this issue. Indeed, our measure taps into the policy effort of central governments. The data above do not include locally funded and delivered sub-national services, for which systematic comparative data are not available (another policy recommendation for data collection efforts). For example, municipal governments in Buenos Aires, Córdoba, Medellín, and more than likely a host of other urban centres in the region provide local ECEC services.

The third column in Table 3-1 lists the eligibility criteria for the national day-care programmes. These point to a region-wide concern with targeting the poor, thus promoting social equity. Indeed, many of the programmes are currently promoted against the backdrop of previous anti-poverty measures. Brazil stands out with its commitment to universal ECEC services; all others range from broad targeting – e.g.,

²⁰ We were unable to verify the case of the Bolivarian Republic of Venezuela.

the bottom three quintiles in Chile – to a focus on the extremely poor and malnourished as in several Central American countries.

In addition to socio-economic criteria, programmes in Chile, Ecuador, Guatemala, Honduras, Mexico, Panama and Peru also explicitly prioritize or target services to working mothers (it is unclear whether any of them may restrict services only to working mothers). While this is maternalist in its operating assumption that childcare is a mother's responsibility, and we list it as such in Table 2-2, it can also be recognized and seen as an attempt to level the playing field between mothers and fathers in the context of scarce resources. The effects of such policy design over time on gender relations are, of course, a matter for empirical analysis.

Despite the increased public statements of commitment from governments around the region, the level of prioritization and resources granted to ECEC services varies widely. As the fourth column in Table 3-1 indicates, even taking into account quite small populations, the programme size in El Salvador, Honduras and Panama is minimal. Only in Brazil, Chile, Colombia and Uruguay does the national programme cover more than 10 per cent of 1–2-year-olds. In Ecuador it reaches over 5 per cent but under 10 per cent of this age group.

Some of the national-level programmes involve direct state services while others, such as Mexico and Uruguay, also include the purchase of private care services for poor children. Service delivery varies as well, from public or regulated private delivery with salaried personnel, as in Brazil, Chile and Uruguay, to more home-based and communal arrangements relying on volunteers (mothers) who may receive a stipend but do not have a formal labour relation with benefits, as in Colombia and Mexico.²¹

As noted below Table 3-1, in the Dominican Republic and Mexico social security provides some ECEC

services that, according to our criteria, do not promote social equity as they are restricted to working mothers in the formal sector. Overall, ECEC service expansion in the region is not coming from social insurance but rather from general revenues and/or foreign loans (e.g., for infrastructure).

Table 3-1 also does not tell us whether demand for services is being met, and national and comparative figures on unmet demand are lacking. However, as just one example, data from the Municipal Secretary of Education for the city of São Paulo in Brazil indicate that there were over 127,000 children on waiting lists for public day-care spaces for 0–3-year-olds in 2013 (Rede Brasil Atual 2013).

In addition to national programmes, in several countries such as Argentina, Brazil and Chile, older national legislation establishes employer mandates on large companies to fund limited care services – free for eligible workers in Brazil and Chile but never actually properly enforced in Argentina. Such services were established based on a minimum number of female workers and were restricted to working mothers. The measures were envisioned as enabling mothers to nurse their babies during the period for which employers were legally mandated to allow them nursing breaks. In Argentina, the employer obligation (from the 1970s) is based on 50 female employees, but the lack of regulation inhibited supervision and mandatory enforcement of this provision. In Brazil, companies with 30 or more female employees have to provide day care until the baby is six months old (so, just two months between the end of the minimum statutory maternity leave and the end of the right to breastfeed during the workday at six months). The mandate in Chile is more substantial, with all employers with 20 or more female employees having to provide day care for children under two years old.

There have been no statutory changes to the employer-based mandates to date. While any day care is better than none, and the laws have mandated some co-responsibility by companies, the maternalist criteria and the fact that services are restricted to a small group of formal sector working mothers means that such mandates have done little to further social

²¹ Even though in this paper we do not explore institutional models in any detail, previous work such as the superb comparative study between Chile and Mexico (Staab and Gerhard 2010) portrays rather different models, based on broad targeting and social assistance and social insurance, respectively. See also BID 2013.

equity or co-responsibility more broadly. Also, the fact that it is the number of female workers that triggers the enforcement of services has been argued to promote discrimination against the hiring of women of childbearing age. In Venezuela (Bolivarian Republic of), on the other hand, care services must be set in place in businesses with 20 workers or more, indicating that national legislation need not draw on mothers but can instead rely on the number of employees to enforce such services.

Last but not least, several countries have created services under collective agreements. Collective bargaining plays an important role in ensuring the law is actively applied by supporting its provisions, reinforcing implementation and promoting agreements on issues still to be covered by law, thus opening the way for new legislation (UNDP and ILO 2009). Collective bargaining may also, however, prevent collective action that promotes legislation for workers at large, which would have a broader effect on social equity. Collective agreements are present across a diverse set of countries: those with robust social policies and high levels of unionization (such as Argentina, Brazil and Uruguay), those with robust social policies and low levels of unionization (such as Chile and Costa Rica) and even countries with weak social policies (such as Paraguay). Here, and unlike maternalist employer mandates in Argentina, Brazil and Chile, both female and male employees are eligible, not just women, thus promoting co-responsibility. Regrettably we lack estimations of how many children or employees make use of employment-based services across the region.

On preschool, many countries in the region have extended laws and policies to promote access under universalist criteria. For example, in Uruguay, a government commitment to universal preschool begins at three years of age; this policy has been in place since 1995 and was enshrined as a legal right in 2008 (Pribble 2013; Mancebo 2012). In Chile, government commitment to universal preschool begins at four years of age since a 2007 legal reform. Argentina's 2006 reform mandated (the gradual extension of) universal provision of free public schooling to 4-year-olds (Faur 2008), building on a 1993 reform that had mandated obligatory preschool for 5-year-olds

(Pautassi and Zibecchi 2010). In Costa Rica, an education reform from 1997 mandated the gradual extension of universal preschool to 4- and 5-year-olds. In Brazil preschool begins at four years of age and a 2009 reform makes preschool attendance mandatory from 2016 on.

The extensions of preschool have taken place largely separately from policy reforms on day care in the five countries. This is an important matter insofar as extensions of preschool frame the matter as part of the obligations that the educational system has towards children. Care services, on the other hand, have until recently – when the importance of ECEC has become widely recognized – been much more about working parents. These two roads to expand services have mixed implications for reconciling work and family: preschool services are generally part time while care services tend to be full time. Preschool services also must rely on professional personnel while care services do not necessarily do so, making the latter often cheaper.

Part-time preschool can do much to foster social equity if it reaches the poor and if it is of decent quality. From the point of view of work-family reconciliation, half-time care may be better than no care, although transportation to and from school and finding additional part-time care can in some cases be even more complicated than seeking full-time care in one location.

Part-time preschool may also serve as a base from which to extend services full-time. Indeed, there have been initiatives to extend preschool, as well as primary education, from half-time to full-time, for example, in Brazil and Chile. Such reforms would likely have positive implications for work-family reconciliation even if they tend to be framed as exclusively educational goals.²²

Figure 3-2 provides region-wide comparative data on coverage for 0–3-year-olds and for preschool. The data is drawn from the Comisión Económica para América Latina y el Caribe (CEPAL 2010), based on estimates and projections provided by the United Nations Educational,

²² A full discussion of such initiatives is beyond the scope of this paper but definitely a matter for further research. We thank the second reviewer for pointing this out.

Scientific and Cultural Organization's Institute for Statistics (UNESCO/UIS) and the Latin American and Caribbean Demographic Centre (CELADE).

The data for the 0–3-year-old age group does not distinguish between public and private coverage, while the data for preschool does. This is probably what accounts for the difference in coverage between Table 2 and Figure 3-1, where coverage rates for 0–3-year-olds care services are higher; the latter includes private services. Also, as a relevant methodological aspect, notice that treatment of age groups may vary across sources, whether drawn from government agencies in charge of services or household surveys. This is particularly the case for children three years of age, who may be counted under categories 0-3 or 3-6, depending on how each country defines the age bracket for preschool education and on the type of service reported in household surveys. The fact that children three years of age may be reported under either category may account for differences between ECLAC data and official records for at least some countries.

As Figure 3-2 indicates, preschool coverage is much higher than coverage for the youngest children. While coverage for 0–3-year-olds ranges between 5 per cent in Guatemala to 14.5 per cent in Uruguay, the lowest coverage of preschool education for 4–6-year-olds is 30 per cent (in Paraguay).

Even though preschool attendance reaches a higher proportion of 4–6-year-olds, public attendance

shows a large variance, between as low as 30 per cent (Paraguay), 36 per cent (Chile) or 41 per cent (Dominican Republic) to over 80 per cent (e.g., Bolivia (Plurinational State of), Costa Rica and El Salvador).

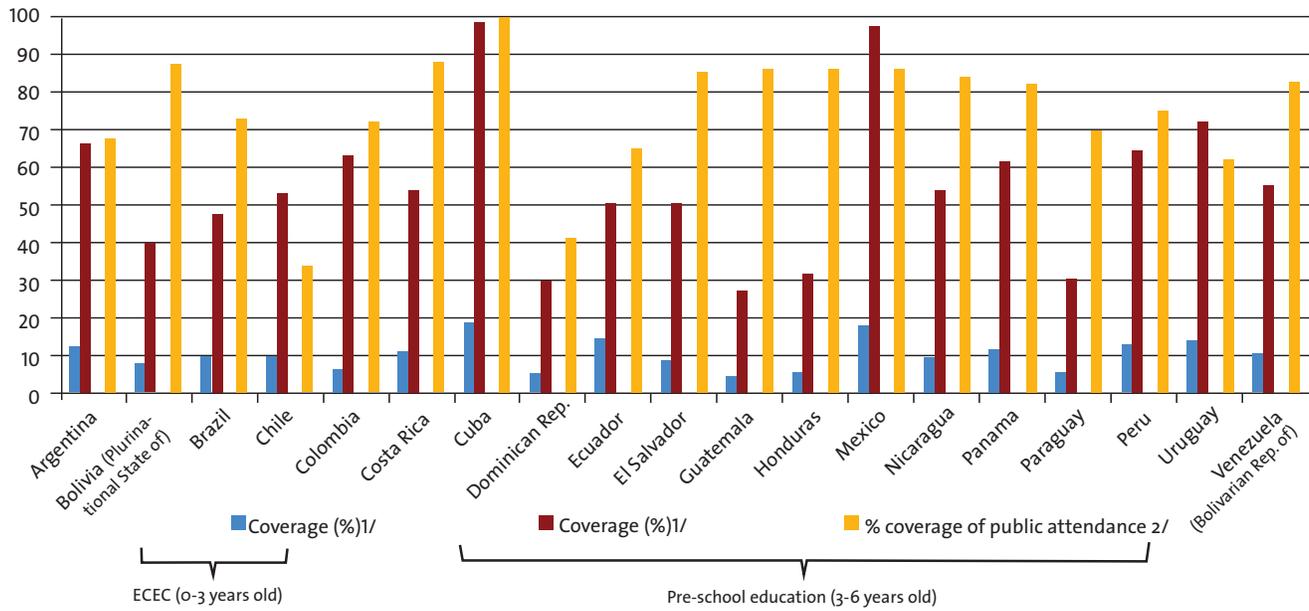
To explore quality at the country level, we use the teacher/student ratio as a proxy measure, following the Organisation for Economic Co-operation and Development (OECD 2012)²³ and drawing on the available data for a systematic comparison. Figure 3-3 presents the actual ratio reported by five selected countries for preschool-aged children, both public and private. Age range depends on each country's legal definitions. The minimum age is three in Argentina and Uruguay and four in Brazil, Chile and Costa Rica.

In 2000, Argentina and Chile had the highest number of students per teacher (25:1). Since then, however, Chile lowered this ratio to 10:1 in 2011, which is better than in the other four countries. Argentina showed improvements between 2002 and 2007 but by 2011 its 20:1 student/teacher ratio was the highest of the four. Costa Rica and Uruguay currently follow Chile with a 15:1 student/teacher ratio. In Uruguay, performance remained stable until 2007 when it considerably improved to catch up with Costa Rica, which until then had a lower student-teacher ratio. Brazil's record has fluctuated and its current ratio is not better than it was in 2000.

²³ The OECD points at this indicator as one of the most relevant ones.

FIGURE 3-2

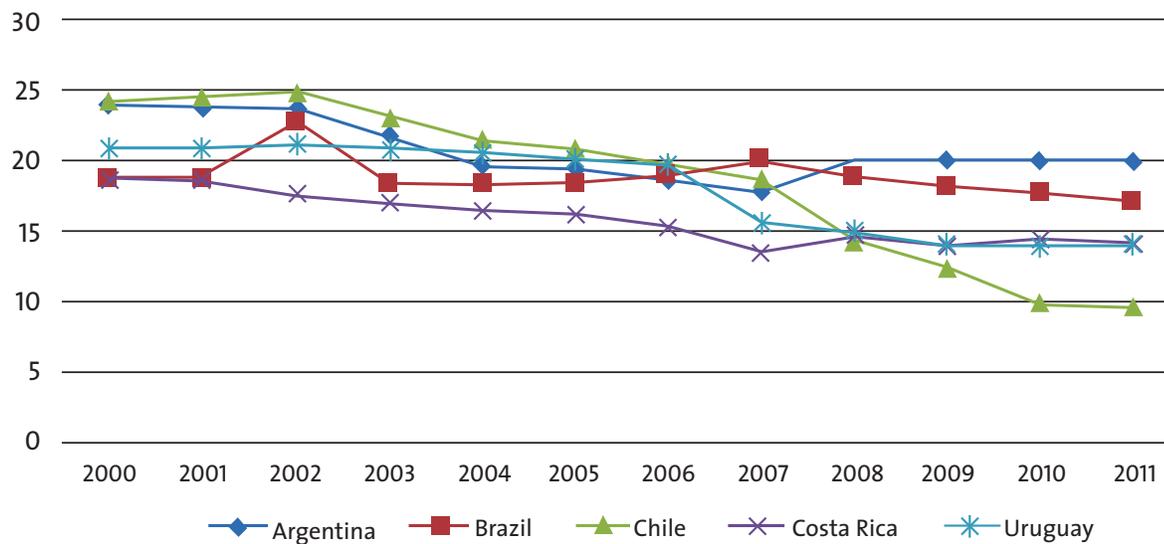
Latin America: Coverage of ECEC and preschool services with percentage of public attendance, 2010



Sources: 1/ECLAC (2010b), 2/UNESCO (2014).

FIGURE 3-3

Latin America: Quality of preschool services according to student-teacher ratio, 2000-2011



Source: Authors' elaboration based on country data.

3.2.1

Case Studies of Brazil, Chile, Costa Rica and Uruguay

We examine the policy process on national programmes for 0–3-year-olds in more detail in four countries in which we see progress over the past decade: Brazil, Chile, Costa Rica and Uruguay.²⁴ Brazil, Chile and Uruguay have achieved the highest coverage in public ECEC services in the region. We examine framing, adoption and implementation. In all four of the country programmes overviewed, eligibility for

services is established via the children rather than, for example, the labour force participation of mothers (although in Chile mothers are prioritized). This helps women for at least two reasons: First, access does not involve women proving their labour participation; and second, the income threshold that allows families to access services for free allows households to have a second income without children losing entitlements.

CASE STUDY: BRAZIL

Implementing a universal right

Crèches – as services for under-3-year-olds are called in Brazil – were established as a universal right in the 1988 Constitution, against the backdrop and with pressure from an organized feminist movement for which this issue had been a priority since the 1970s. Since then, efforts have centred on making this right a reality.

The 1988 Constitution guarantees the right to early childhood education from zero years until primary education. In 1996, this right was translated into law, making ECEC a legal right. Ten years later, the responsibility for ECEC was transferred from the Ministry of Social Development to the Ministry of Education. At the time, the executive (under left-wing President Luis Inácio Lula) planned to exclude crèches from a federal funding package, which mobilized an impressive group of educational activists and feminists who, with a major campaign, managed to overturn the executive plan and insert funding requirements for crèches into federal educational funding to states and municipalities.

Despite the universal right, coverage has lagged far behind both federal coverage targets (50 per cent in 2001 and again in 2010) and unmet demand, which is very high in the urban centres. As mentioned earlier, in São Paulo alone over 127,000 small children were on waiting lists, and nationwide coverage was at 22 per cent in 2012.

The fact that ECEC services are either publicly provided or publicly regulated (via accredited non-profit agencies) and under the supervision of the Ministry of Education since 2006 provides a potentially more coherent setting from which to extend services than when relying on several state agencies (as in Chile, for example). However, Brazil's federalism is extremely complicated when it comes to education, and in practice pre-primary education is a municipal responsibility. The federal Government can encourage service provision via matching funds, construction grants and so on, and over the past 10 years the federal executive has instituted, first under President Lula and then under his successor President Dilma Rousseff, several such mechanisms by which to fund both the construction of crèches on a municipal level as well as fund teacher salaries and operating costs in an attempt to expand coverage. Indeed, Rousseff made an electoral promise in her 2010 presidential campaign to build 6,000 new crèches. However, the byzantine bureaucratic processes, inefficiencies, corruption and lack of organized pressure from parents, as well as practical constraints such as the unavailability of land in major urban centres, are major constraints on more rapid coverage extension. Most fundamentally, the challenge in Brazil is to muster the political will on all levels of the government to overcome the obstacles and provide the necessary resources to fulfil the constitutional right.

²⁴ This section draws heavily on Blofield and Martínez Franzoni 2014.

CASE STUDY: CHILE

Expanding access to ECEC services

Chile has among the lowest female labour force participation rates in the region. During the 2000s, under the centre-left administration of Ricardo Lagos, this came to be a source of public debate and concern. Michelle Bachelet, in her presidential campaign, promised to focus more on children and women. When she was elected as the centre-left candidate in 2006, she convened a commission to focus on improving policies towards children. The result was the launching of *Chile Crece Contigo*, a government programme that sought to coordinate ECEC and other services for children until they enter preschool, broadly targeting lower-income quintiles.

Prior to the launching of *Chile Crece Contigo*, the country already had an array of laws and institutions involved in care services. First, two public institutions – Junta Nacional de Jardines Infantiles (JUNJI) and Integra – provide care services independently of each other; JUNJI was created in the 1970s to provide and supervise ECEC services (Staab 2013), while Integra, a foundation linked to the presidency, was established as a service provider in 1990 (replacing a foundation set up during the dictatorship). Second, Article 203 of the labour code since 1994 mandates day-care provision by companies with 20 or more female employees for working mothers until their child turns two years old. This is linked to the legal right mothers have for a reduced workday (by one hour) to breastfeed for the first two years of a child's life. Despite the variety of actors involved in service provision, only a minority of women qualified for the employer-provided day care, and the public day-care services were limited in scope, restricting eligibility to low-income working mothers who had formal employment contracts (Pribble 2006).

One of the key goals of *Chile Crece Contigo* was expansion of ECEC services, framed especially in terms of children but also in terms of mothers' labour force participation. With its launch, the Ministry of Social Development (MIDES) was established as

the coordinator, while provision of ECEC remained under the control of JUNJI and Integra. In 2009, the programme was enshrined into law, establishing free access to ECEC services as a right for children three years and younger for the 60 per cent socio-economically most vulnerable sector of the population (Staab and Gerhard 2010).²⁵

While policy adoption relies on political will, implementation also requires developing more complex state capacities. Here, *Chile Crece Contigo* borrowed from existing state capacity and was also constrained by it. Under the organizational 'umbrella' of MIDES, operating via JUNJI and Integra, the availability of ECEC services significantly increased: between 2006 and 2010, that is, during the first Bachelet government, childcare places more than doubled from almost 97,000 to over 210,000 (MIDEPLAN/MINSAL 2010). Given limited coordination, however, geographical location of services did not necessarily match areas with the most need (Betancor and De Martini 2012 et al). There were also concerted attempts to extend opening hours to accommodate working mothers; however, the institutions grappled with low resources to pay for such extensions.

During the right-wing government of President Sebastián Piñera (2010–2014), service provision stagnated and there were no attempts to implement the 2009 law granting ECEC services to 60 per cent of the population. However, there were also no major roll-backs. Since Bachelet resumed the presidency in 2014, ECEC services have come back onto the policy agenda. Long-standing concerns regarding the legal and institutional complexity of ECEC provision – expressed in both Bachelet's committee report from 2006 as well as Piñera's committee report (on maternity leave) from 2010 but pushed aside due to political considerations, including resistance from unions concerned about their extant rights – may finally coalesce into political will for a large-scale overhaul.

CASE STUDY: COSTA RICA

A network of national and local service providers

Care services have clearly been on the policy agenda since 2007 when a 10-year plan for gender equality (PIEG 2007–2017) was approved. This policy came largely as the result of a top-down consultation process, in which experts with close ties to the party in the executive office played a key role, with some consultation with civil society organizations. Among the national and local women’s organizations that participated, care services were not a top matter on the agenda.

Upon assuming office in 2010, centre-right President Laura Chinchilla announced the launch of the ‘Network of care services and integral development’ as a flagship programme and one of five key priorities for gender equality.²⁶ The care network has been framed as a child-oriented policy, including a concern for the development of human capital. Yet, the legal framework also confirms the goal of gender equity and a concern with reconciling work and family (Presidencia de la República 2010).

The stated intention of this network is to provide full-time services (a total of 12 hours). Services are defined as universal but state subsidies are targeted to children under the poverty line (Presidencia de la República 2012), for whom facilities must hold 60 per cent of spaces. The rest of the spaces can be filled by non-poor parents for more affordable payments as compared to similar private services.

Overall the network involves three main national providers (Ministry of Health, Institute Mixto de Ayuda Social, IMAS, as the main anti-poverty agency

and Patronato Nacional de la Infancia, PANI, in charge of vulnerable children), 81 municipalities (each of which may have more than one facility) and six modalities of care (Presidencia de la República 2012). This is similar to *Chile Crece Contigo* in the sense that the network relies on institutions that are already in place. It is similar to Brazil in the sense that municipal governments play a major role in creating new facilities and expanding services at the local level. Actual services are provided under a number of arrangements, making it a challenge to develop a comprehensive approach.²⁷

In addition to the inherent complexity involved in organizing service provision, it is unclear whether and how much the executive really has prioritized the expansion of care services. For example, the executive president of IMAS, the main provider of anti-poverty transfers and therefore a very demanding and complex organization, was from the onset also the head of the care services network. This is not a good message for a network that seeks to be universal nor has it allowed the network to get sufficient attention from its own head.

In 2010, the administration proposed to double coverage of full-time services from 6,000 to 12,000 children by 2014. This goal was not reached, but the opening of new facilities intensified as the administration approached its deadline (in May 2014). Until recently, most action revolved around specifying managerial and care models, a necessary and key step towards opening services. However, the visibility of the programme was low; for example, it did not even have its own webpage.

With a new left-of-centre government in office in 2015, the importance of the programme has been reinstated. At the same time, it continues to have a low profile and most of the political debate has been about how to cope with a strategic yet under-funded programme.

²⁵ This was against the backdrop of a separate legal reform in 2007 that granted the legal right to preschool to four year olds.

²⁶ The very same day that the President took office, a presidential decree declared the creation and expansion of the care network in the national interest (Presidencia de la República 2010).

CASE STUDY: URUGUAY

The framing of a systemic approach to care policy

Uruguay has developed a pretty extensive network of mainly targeted childcare services following its transition to democracy in 1985. The Centres of Attention to Infants (CAIFs), targeted at very young, poor children, were launched in 1987 (Pribble 2006; Salvador 2010). Only children in need qualified to access these services. In the mid-1990s the Government launched universal ECEC services for preschool children from three years old on. By 2010, CAIF and preschool combined reached 13 per cent of children under one year of age, 26 per cent of 1-year-olds, 29 per cent of 2-year-olds and 46.5 per cent of 3-year-olds (Salvador 2010) and was effectively targeted, reaching the poorest income quintiles. From the perspective of work-family reconciliation, most 0–3-year-olds attend part-time services, although there are full-time services available as well (Rico 2011).

The left-wing government – in office since 2005 (President Tabaré Vazquez 2005–2010; President José Mujica 2010–2015) – has sought to universalize the CAIF. This became part of the party agenda in 2008 (El País 2008), framed around equity-enhancing efforts along social lines as well as concerns regarding the lowest fertility rates in the region.²⁸ Given slower coverage expansion than expected, in 2013 the administration launched a temporary voucher system targeted at the unmet demand for services among poor children, granting priority to female-headed households.²⁹

In 2011, the Government announced the launching of an Integrated National Care System, which on paper is the most ambitious care system announced in the region to date. It includes children, the elderly and people

with disabilities and aims to reach all income groups with services explicitly conceived of as universal. Issue framing stressed the need to help more women enter the labour force, and the Government engaged in extensive consultation of civil society organizations.³⁰ However, due to disagreements within government regarding how to proceed, advances following the ambitious launch have been limited. This has led to the postponement of a legal framework as well as a reallocation of budgetary provisions, and civil society organizations including prominent feminist and progressive think tanks have expressed their dissatisfaction (CIEDUR 2012).

Nevertheless, the Government has meanwhile launched additional programmes targeted at 0–4-year-olds, for example, *Uruguay Crece Contigo*, a combination between nutrition and targeted early child education. This could potentially be a path towards universalism for children under preschool age but, for now, it is a targeted programme.

Civil society has been very active on this issue throughout the left-wing administrations of Vázquez and Mujica, including women's and feminist groups in addition to non-governmental organizations (NGOs) working with early childhood and even organized pensioners. This dense network of groups active on care-related issues with access to government decision-making makes Uruguay unique.

In November 2014, the left-wing coalition won its third term presidency. The first of 10 measures prioritized by the then candidate Tabaré Vazquez was the National Care System, pointed to as the 'flagship' of the left's third term in office. That the credibility of the now President Vázquez has much to do with the implementation of this system is in and of itself telling.

27 Cen and Cen-CINAIs (Ministry of Health); state subsidized services provided by community homes and NGOs (IMAS); day-care centres run by NGOs (PANI) and CECUDIs, the brand new facilities located in municipalities created the care network itself.

28 For example, the 2010–2014 Budget allocated resources aimed at expanding facilities that reach half of all children in the lowest income quintile (Salvador 2010).

29 Vouchers take care of every cost involved from tuition and uniforms to transportation to and from day care. This strategy reached 200 children in 2013 and the number was set to double in 2014. It has the added value of mixing children from different social backgrounds.

30 In fact, the first document naming this system was sponsored by UNFPA and published in 2009 by the civil society network Género y Familia, made of feminist experts on family and gender issues. This publication presents a strategy to influence government and public opinion and lays out a rationale to create the National Care Systems two years later.

4.

SUMMARY AND TENTATIVE EXPLANATORY FACTORS

To summarize the policy changes, during the past decade care policies entered the agenda of governments much more forcefully than before. Overall, the region is moving in an equity-enhancing direction, particularly in terms of social equity, in both employment-based leaves and care services. In employment-based leaves, there have also been increased initiatives to ensure a maternalist floor and, in some countries, to promote maternalist policies beyond the floor, often linked to breastfeeding. Where we see less movement, in both framing and in policy adoption, is towards more paternal co-responsibility in the care of children. While Uruguay and Chile have recently instituted shared parental leaves (which is a regional first aside from Cuba), serious efforts to include fathers in the conversation are still incipient.

In terms of care services, numerous public or subsidized services initiated in Latin American countries have established eligibility through children or family income, although several programmes prioritize the children of working mothers. In this sense, the programmes combine eligibility criteria focused on social equity and maternalism, although, as noted, the effects on gender relations and gender equity of prioritizing mothers in public services is an empirical question. In any case, when compared to leaves, issue framing concerning services is favourable to especially state co-responsibility. Here, we see most governments declaring service expansion as a goal. While the framing tends to focus on children – and is part of national action plans to address infancy – it takes place against the backdrop of extant programmes that are mostly full-time, in recognition of the needs of working mothers specifically. There

thus tends to be an implicit recognition – even if not explicitly articulated – that such services perform an important double function.

Framing has been influenced by the prominence of a variety of domestic actors as well as the participation and policy advice of international organizations. Among the most prominent frames have been inequality in the early development of human capital of poor children (present more or less across the board), the low labour participation of poor women and its effect on poverty (e.g., Chile, Mexico) and low fertility rates and their implication for productivity in the long run (e.g., Uruguay). Gender equity as a goal in and of itself has been much less prominent.

Political will, as reflected in the commitment to the subject matter of parties in office, is a necessary condition for policy reform. Political will towards defamilializing care and promoting co-responsibility is more likely among left- than right-wing political parties, and the former tend to include more self-identified feminists. However, conservative parties have also put measures that may improve work-family reconciliation on their political agendas – the Piñera government in Chile is a good example here – although they tend to do so in more maternalist terms, that is, seeking to maintain the role of women as responsible for childcare in the home.

Putting it differently, ideology seems to play a role in the *type* of work-family policy pursued: left-of-centre parties are more likely to promote co-responsibility between women and men, often as echoes of demands coming from civil society organizations. This

does not mean that left-of-centre parties are not at all maternalistic or less subjected to maternalist pressures than right-of-centre parties, but it does mean that they tend to favour measures that promote co-responsibility – so far more state than paternal co-responsibility – as well. Moreover, these parties are more likely to channel feminist demands across countries with very diverse types of left-wing political parties (Pribble 2013) such as Ecuador, Uruguay or Venezuela (Bolivarian Republic of).

Last but not least, given very powerful executives in Latin America, presidents make a huge difference. Female presidents – from the left in Chile and Brazil, but from the right-of-centre in Costa Rica – have played an important role in agenda-setting, along with political officials at the federal level in the ministries of development, education and labour. In Brazil, Chile and Costa Rica, female executives have made more symbolic and concrete commitments to work-family reconciliation than their male predecessors did, although in all three cases they came from the same governing party and in this sense their election represented ideological continuity rather than change. Of course, Uruguay has ideological continuity but not a female president, while Argentina has a female president but little movement from the executive on employment-based leaves or care services specifically so there is nothing deterministic here. Rather, what may be a key factor in agenda-setting is the role of well-placed ‘femocrats’ in the executive. It may be that female presidents are more amenable to such appointments.

Third, social organizations such as feminists and labour unions have been involved to a lesser or mixed degree. In general, the feminist movement in the region has prioritized the sexual division of labour and work-family reconciliation less than other issues, at least as reflected in regional feminist meetings held every few years – the *encuentros regionales* – where little attention has been paid to these issues.³¹

³¹ References to the matter were found in the ninth and tenth Encuentros Feministas that took place in 2009 and 2012, respectively. The former makes explicit reference to the role of state policy to reconcile work and family by creating care services; the latter was critical of public policies that often reproduce traditional family arrangements.

Feminists tend to be divided along ideological and practical matters. Regarding the former, there is a dividing line between the so-called feminism of difference and feminism of equality. The former tend to, for example, endorse extended maternity leaves while the latter place more emphasis on parental leaves. In practical terms, given the high socio-economic inequalities in the region, the broad availability of cheap paid domestic work in Latin America influences the agenda of organized feminism, creating differences between those who can rely on paid domestic work and those who do not or are, themselves, domestic workers (Blofield 2012). In addition to the class divide, feminists have often been suspicious of care policies as yet another display of maternalism whereby policy reaches them just as channels to get to their children.

Among social actors, labour unions have been important as proactive forces in some countries (e.g., Uruguay) and less so and even reactive in others – for example, in the overhauling of article 203 in Chile on employer-mandated care services, unions have been worried about losing employment-based services altogether while businesses have clearly resented the measure, going out of their way to stay under the minimum number of women for which services become mandatory. They have often focused on collective bargaining rather than statutory minimums that contribute to more gender equity for those covered by such agreements but do not necessarily further social equity provided to the large proportion of women in informal jobs. Detailed studies on whether these agreements may have a demonstration effect on national legislation are lacking. Still, this diversity of actors has enormous potential to achieve political traction for change.

Business organizations tend to point to the consequences of increasing the financial burden of care-related measures, whether leaves or services. The positive or negative consequences of these measures on the creation of formal jobs and the hiring of women are the two most frequent arguments these organizations rely on to oppose or endorse policy change.

Beyond policy adoption, state capacity along with executive political will is required for speedy and comprehensive implementation. Here, policy commitments to services must deal with more complicated state capacities than leaves. Most efforts must currently deal with how to bring a previous set of more (Uruguay) or less (Costa Rica) coherent services into single frameworks. One tension most care services in the region must deal with is an array of transfers and services –mostly anti-poverty measures to protect vulnerable early childhood – that were and still are very maternalistic, as in the case of conditional cash transfers (CCTs) (Martínez Franzoni and Voorend 2012).

Of course, when it comes to implementing transfers that diverge from historical arrangements, implementation is about more than just channelling cash. Thus leaves, particularly paternity and parental, also require some creation of state capacities. For example, workers need to learn about their rights as well as rely on effective institutional channels to demand protection concerning the enforcement of these rights. The more vulnerable (e.g., low-skilled) workers are, the more relevant state capacities become. Another example has to do with data gathering and processing so that governments can follow up actual take-up rates and develop active measures to enforce access. It is currently possible to know the proportion of children whose mothers had maternity leaves, but not the proportion of eligible mothers that accessed such leaves, making it difficult to assess and improve the effectiveness of the policy.

In addition to these overall similarities, actors involved in leaves and in care services tend to be quite different. Leaves usually involve labour ministries, financial ministries, unions, chambers, and the ILO. Services involve a broader constellation of actors within and outside the cabinet such as the Ministry of Social Development and Ministry of Education, NGOs involved with early childhood, etc. In neither issue area have feminist social actors been dominant, although feminist experts within and outside the state have played a more central role.

Issue framing between parental leaves and care services is also distinctive, although in both cases the emphasis tends to be on the child. With leaves, the focus of measures that promote maternalist change above the maternalist floor tends to be on encouraging breastfeeding during long periods of time, particularly among economically vulnerable mothers and babies. With services, the primary issue tends to be early child education and its implications for equal opportunities and the long-term formation of human capital. Female participation in the labour market comes second but seems to have electoral importance as reflected in electoral campaigns that explicitly address proposals to working mothers. Many of these measures, particularly those promoted by conservative political parties, propose to reconcile work and family in a maternalist fashion (e.g., home-based work). Overall, framing both policies in terms of work-family reconciliation and paternal and state co-responsibility is still in its infancy. The challenge across the region is to bring the co-responsibility frame, in terms of both the paternal and state role, more forcefully into the public debate.

5.

RESEARCH AND POLICY IMPLICATIONS

This past decade has witnessed a period of intense statecraft in the region as the role of the state moves back to the centre stage of redistribution and equity-enhancing policies. Of course this is not devoid of conflict, but overall it appears to have positive implications for equity-enhancing change in work-family policies.

Specific measures that promote paternity and state co-responsibility can be traced back in history across the region. What is novel is that specific measures become part of a deliberate and comprehensive government response to involve men and state institutions in care-giving. This response is indeed at its foundational stage. As such, care policies have a window of opportunity to become equity-enhancing policies both in terms of socio-economics and gender. Because these policies are being defined and implemented against the backdrop of deep familialism and high degrees of social inequality, equity enhancement is a challenging policy goal.

Cases examined tell us that in terms of policy design and of building the social and political traction to make progress, it is key to:

- Improve the availability of data that helps follow up on policy design and implementation. Much as in the case of Europe, cross-national agreement on basic indicators capable of rapid and reliable comparative assessment would be very valuable. Primary challenges revolve around implementation data for employment-based leaves (e.g., regarding actual steps to access among own-account workers and other recently incorporated groups) and around both design and implementation for services. Concerning the latter, the weaker and more incipient the role of state intervention in this matter, the more difficult it is to adequately assess actual services available for whom and under what circumstances.
- Advocate that governments explicitly discuss the implications that changes in employment-based leaves and care services have on reconciling work and family and how friendly they are to gender and social equity. Categories such as those proposed in this paper can be useful to help governments frame, understand and promote deliberate change.
- Deepen the public debate about a much-needed policy bundling between maternalist measures (such as extended leaves) and measures that promote paternal co-responsibility – and therefore a more equal involvement of both women and men. An example would be extended maternity/parental leaves that can only be used when fathers take a portion as well. Along with this, public awareness campaigns by the state to promote positive images of paternal involvement in caregiving could help foster positive changes in the context of deep maternalism as well.
- Have a better understanding of how measures that reconcile work and family are playing into electoral dynamics, specifically in terms of drawing the support of working mothers.
- Develop a research agenda that provides in-depth inputs into the actual mechanisms that allow or prevent women from accessing state policy by specific vulnerable groups such as temporary or domestic workers. The adoption of mechanisms that mandate access does not, in and of itself, lift all the barriers that prevent such access from occurring.

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