En Reyna Elizabeth Rodríguez Pérez y David Castro Lugo, *Feminist Economics: Women, Work and the Home*. Coahuila (México): Taylor & Francis Publisher.

Surfing child care: strategies of working mothers.

Carla Arévalo.

7 Surfing Child Care

Strategies of Working Mothers

Carla Arévalo-Wierna

7.1 Introduction

The unequal distribution of unpaid housework and care work between men and women persists. Women continue to shoulder the burden of household chores, spending significantly more time than men. The International Labor Organization (ILO) published a study on the distribution of unpaid care work in 75 countries. In all countries, even the most developed, women bear the greatest burden. At the most equal end of the scale is Sweden, where women assume 55.3% of total caregiving time. At the most unequal end is Mali, where 9 out of every 10 hours spent on caregiving in that country are borne by women (Charmes, 2019). This disparity affects women considerably more, conditioning their life projects.

Care economics emerged as a field of economic thought that studies the dynamics of a broad set of tasks essential for the existence and reproduction of society. It seeks to understand the relationship between the functioning of the economic system and the organization of care (Esquivel, 2011; Folbre, 2018; Fast et al., 2023). The family is the nucleus for the provision of care services, and this care is essential to provide the labor force required by the productive system (Picchio, 1999). Domestic care guarantees healthy, well-fed, and educated contemporary and future workers (today's children).

The responsibility for the care of people rests on households, and within households on the women of the family (Hupkau & Petrongolo, 2020; Power, 2020). How domestic responsibilities are distributed depends on family relationships, depending on the internal distribution of power determined by gender, generation, and provision of material resources (Rodriguez Enriquez, 2007). Outside the home, access to care services is segmented. Rodriguez Enriquez (2007) finds low-income sectors that are excluded from the possibility of paying for the service, and middle- and high-income sectors with greater capacity to hire. An interesting appendix, which will not be discussed in this chapter, is that the rights of most of the care and housekeeping women workers are not guaranteed. The vast majority of these contracts are precarious.

Female labor participation has grown progressively in recent decades. According to the last Nobel Prize winner in economics, Claudia Goldin, the postponement of marriage and motherhood is a factor that has had a substantial impact on the

DOI: 10.4324/9781003640189-7

increase in women's labor participation (Goldin, 2006). She established a strong connection between labor participation and caring tasks. Increasing participation in the market—in many cases with the same intensity as men—has coexisted with dedication to domestic and care work. Women have never stopped performing household chores. This is how the so-called double workday arose: one in the market and the other at home (Faur, 2019).

The Argentine state, as a member country of the UN (Naciones Unidas, 2015), has assumed the commitment of the 2030 Agenda. The SDG 5 urges member countries to "Recognize and value unpaid care and unpaid domestic work *through the provision of public services, infrastructure provision and social protection policies,* as well as through *the promotion of shared responsibility in the household and family*". This chapter aims to analyze the different care strategies, including public childcare services, employed by working mothers. It is hoped that this contribution will help to understand the scope and types of users of public and private care services, in order to plan and develop policies aimed at achieving SDG 5, or, more importantly, at creating a National Care System.

In particular, this chapter proposes to investigate the strategies adopted by employed women to take care of their children. These are women who have the undeniable need to substitute their childcare time to be able to fulfill their responsibilities in market work. Unlike the decision faced by an inactive woman, who must choose between participating or not in the labor market, employed women already participate and need someone else to care for their children in their place.

In 2021, Argentine conducted its first National Time Use Survey (ENUT). Using these data, this study applies a descriptive analysis to test the following hypothesis: low-income employed women substitute their care time by appealing to the help of relatives, generally other women in the family, while employed women with greater economic capacity hire care services in the market.

The findings reveal that working mothers primarily rely on family members—mainly other women—for childcare, while public and community-based services play a very limited role due to their restricted availability. Private childcare services are largely inaccessible to low- and middle-income families, creating significant gaps in coverage. Interestingly, highly educated women are more likely to seek family support, while fathers with higher education show slightly greater participation in caregiving. However, the overall responsibility for care remains overwhelmingly female.

This chapter is organized as follows: the introduction is followed by a section on the social distribution of care. Then, section III describes the Argentine experience on the implementation of time use surveys. Section IV describes the source of data used. Section V provides a greater contextualization of gender inequalities. Section VI seeks to answer empirically how care work is distributed between men and women, and what strategies are used by employed mothers to ensure child care while they work. Finally, section VII summarizes the analysis from the results obtained in relation to the previous antecedents and the proposed hypothesis.

7.2 Social Distribution of Care

This section interrelates the phenomena associated with caregiving, such as fertility control, labor participation, and the design of public policies. It presents a historical perspective of the phenomenon and analyzes the role that different actors in society have on care. The literature speaks of the diamond of care, a precious stone—society—whose vertices represent the State, companies, the community, and families, all of which bear responsibility for care. As can be expected, the figure of the diamond is not symmetrical, but rather an unbalanced one with greater weight on families, and more so, on the women in the family.

The decision by women to have children implies an analysis of the penalty that motherhood would exert on future salaries, or on job opportunities (Berniell et al., 2021; Orraca et al., 2023). In other words, it implies a reflection on the opportunity cost of being a mother (Cortés & Pan, 2023). Of course, there are many other factors that determine women's participation in the market as well, for example, preferences for economic independence, the greater inclination to form a traditional family (Paz, 2018; Ibourk & Elouaourti, 2023), the degree of development of a care system (Halim et al., 2022), among others (Farré et al., 2020). Hakim (1996) shows that most women have preferences for reconciling economic and family stability.

There is evidence suggesting that intensive dedication to caregiving activities limits labor market participation, particularly among women (Stefanova et al., 2021; Filomía, 2023; Abud et al., 2023). Casado-Marín et al. (2011) show that female caregivers who live with the dependent person—and/or who devote more than 28 hours of care per week—assume significant costs in terms of job loss. Also, caregiving for more than a year has negative effects on employment. This evidence confirms the harm done to women and the need to distribute care tasks more equally.

In history, the gender distribution of labor was born and intensified with the advent of liberal capitalism, beginning with the transition to a modern and urbanized society. Men adopted the exclusive role of providers and became dependent on the reproductive work performed by the women of the family. This situation arose in large part because men worked in the market around 72 hours per week, relegating household chores exclusively to women (Carrasco et al., 2012; taken from Cowan, 1983; Bock & Thane, 1991). The above confirms that women not only care for little children, the elderly, or sick people, but also for their husbands. In other words, for autonomous and independent people.

Goldin (2006) finds a stage in the history of U.S. women's labor force participation that she calls *evolutionary*. It is the one where women decide to invest in education because of the promising prospect of a stable job. Just as in India, where many parents believed it was not necessary to educate girls because they did not visualize economic returns on that investment (Duflo, 2012), at one time, American women did not either. In pre-evolutionary times, Indian parents only expected their daughters to marry and take care of their homes, and this expectation may still exist today in many societies.

An important factor also appears in the evolutionary stage: identity with a career, trade, or job, as opposed to entering the market merely as an additional worker—one who becomes active only when the household's primary provider loses their job or when family income is insufficient. At this stage, women made the decision to enter the market because being a worker became a personal life project (Goldin, 2006).

Another relevant stage in the history of women's labor participation, according to Claudia Goldin (2006), is the *revolution*. In this stage, family arrangements were affected, as women delayed marriage and motherhood. The discovery of the contraceptive pill in 1960 was a key element, since it enabled fertility control. However, the increasing entry of women into the labor market was not accompanied by a decrease in household responsibilities. Thus, the circularity of the female workday appears synthesized in the so-called *double workday*: paid work is followed by domestic activity, and vice versa (Faur, 2019).

Fertility control and increased labor participation of women, together with the increase in life expectancy, have contributed to the rapid aging of the population, especially in highly developed countries. Fertility has long shown a sustained downward trend, while women's labor force participation has been increasing. Many countries keep not only a fertility level below the replacement rate,[1] but extremely low levels: for example, Hong Kong has an average of 0.75 children per woman, China, 1.16, and Spain, 1.28 (Roser, 2014). Population aging has become a concern for many countries.

Fortunately, Myrskylä et al. (2011) found a slight reversal in the declining trend of fertility in highly developed countries. The authors attribute this improvement to continued economic and social development. However, they note that the ability of economic development to slow population aging rates is conditioned by gender equality: "countries ranking high in development as measured by health, income, and education but low in gender equality continue to experience declining fertility" (Myrskylä et al., 2011). Reversing population aging requires not only promoting development but also closing gender gaps; generating prospects for redistributing the burden of caring for those children who are desired to be conceived.

Sweden is one of the countries that have achieved this reversal, maintaining a fertility level above the average of its Nordic peers, countries with a similar welfare state configuration. This result is attributed to the family policies implemented there. These are policies that, instead of promoting fertility, were aimed at facilitating women's entry into the labor market and promoting gender equality. Moreover, the policies were innovative in their emphasis on men, on developing their ability to reconcile work and family life. The objective of these policies is for men and women to have the number of children they aspire to have, regardless of their economic capacity or place of residence (Andersson, 2020).

As we have been analyzing, women's labor participation is conditioned by having children. However, some evidence shows that the burden of care may not be the main factor. Paz (2018), with data from the international survey Family and Changing Gender Roles, finds that the relationship between *gender role attachment* and female labor participation is six times greater than the relationship between

the presence of children and female labor participation. This reinforces the need to design public care policies that go beyond the exclusive provision of care services and generate policies that broadly promote gender equality.

We can reach a general consensus that caregiving is a fundamental need in the production and reproduction of society. We all need to be cared for at some point in our lives; when we are children, when we are sick, or during old age. The work of care, so relevant to society, falls exclusively on women. That is why many thinkers, such as Maristella Svampa, aspire to the development of policies that promote an environment in which motherhood is not seen by women as a limitation to their personal freedom; they aspire to the redirection of state investments toward a national care system (Svampa, 2020).

One of the extreme consequences that women experience as primary caregivers is income and time poverty. The LIMTIP[2] poverty, which considers both income and time deficit, has a higher incidence in households headed by women (Esquivel, 2014; Conelly & Kongar, 2017; Aloè, 2020). This broad concept of poverty identifies as poor not only people whose income is not enough to reach a basic food basket but also those who do not have enough time to perform household reproduction tasks. It recognizes that a family's basic needs are material goods, such as vegetables or meat, but also time to turn them into food. The incidence of such poverty is higher among women, especially those who head single-parent households (Arévalo, 2018).

The concept of care as a set of activities required by society to reproduce itself opens up a range of tasks that vary according to the composition of the household, its culture, and the services available. Thus, for example, a family living in a remote rural area without natural gas or gas bottles will have to obtain firewood, and this is also a care task, a fundamental activity for the reproduction of that family. The reproduction tasks of that family not only involve the typical activities of cooking, cleaning, taking care of the children, but also collecting firewood from the bush for cooking. When the service provision is not provided by the State, and when families cannot hire these services privately, they resort to a heterogeneous range of strategies that find a response within the family or community environment.

Faced with the limited provision of public care services, families develop strategies to reach out, organize, and build networks. Zibecchi (2014) analyzes community care experiences in popular sectors of Argentina. These are self-managed initiatives that may take the form of nurseries or kindergartens, and respond to the growing demand for childcare. The factors that converge in the gestation of this community care service provision are "the urgent demand in contexts of shortage, the implementation of social policies that promote compensation linked to care, and the endowment of attributes positively valued in the women of the community" (Zibecchi, 2014).

With an intersectional view that considers factors such as poverty and migration, Magliano (2019) describes how Peruvian migrant women have also taken on community care responsibilities. The author conceptualizes community care as those activities and strategies deployed by families in pursuit of the reproduction of daily life in the neighborhood space. With the arrival of Peruvian families

in the province of Córdoba (Argentina), the creation of a new settlement was accompanied by the self-management tasks of a group of Peruvian women, aimed at meeting the food needs of children. The author observes that community care emerges when reproductive work overflows the domestic sphere and involves the neighborhood space as a whole.

The government acknowledges the need to provide alternatives for women's caregiving responsibilities, enabling them to have the time necessary to study or work. In particular, the government of the province of Córdoba deployed a Network of Day Care Centers offering free public spaces for children from vulnerable sectors and in order to give the mother "the peace of mind of caring for and containing her children, while she works or attends school". It thus "contributes to the social and labor insertion of women" (Magliano, 2019; taken from Gobierno de la Provincia de Córdoba, 2019).

However, the public provision of care for children during early childhood is limited in Argentina. Leavy (2023) retrieves from Faur and Pereyra (2018) data showing low coverage of public care services in the northwestern region of the country. In this region, one of the poorest, only 11% of children under 2 years of age are in school. Among them, less than a tenth attend the public sector. The creation of Early Childhood Centers (CDI) was a public policy designed to meet the demand for care in popular sectors, since enrollment is aimed at children with social vulnerability parameters. However, it is insufficient for, at least, two reasons. First, each center has the capacity to care for, on average, only between 30[3] and 76[4] children. Second, because some of the centers offer care services just for a few hours. Almost half of the centers open for more than 8 hours (43.5%), 39.8% between 5 and 8 hours, 15.3% between 3 and 4 hours, and 1.3% less than 2 hours. For these reasons, Leavy (2023) collected testimonies from mothers who say, "What work of less than three hours a day could ensure economic autonomy?", highlighting the insufficiency of the public service provision.

The deficit in the public provision of care services disproportionately affects access for poor families and, as a result, places a greater burden on poor women (Zibecchi, 2014). Families that can afford market costs create differentiated circuits characterized by a higher level of children's attendance to educational spaces during early childhood. This "confirms the tendency for the most vulnerable population to be the least likely to have access to educational and care services outside the home and contributes to perpetuating the vicious circle of poverty and its transmission between generations" (Pautassi & Zibecchi, 2010).

The State cannot only assume its responsibility to guarantee access to care through the provision of the service, but also to promote legislation that compulsorily extends this responsibility beyond the domestic sphere. In Argentina, the Labor Contract Law (art. 179) establishes that "At the work establishments where one hundred or more people work, regardless of the hiring modalities, care spaces must be offered for children between forty-five days and three years old, who are in charge of the workers during the respective working day". The regulation considers the total number of employees, irrespective of their gender, although the original law only referred to female workers.

The last vertex of the care diamond corresponds to the private sector. Schenone and Oliva (2017) analyze how the Argentine business world thinks about reconciliation policies. The authors conclude that the corporate family responsibility (CFR) approach, in a first instance, promotes actions tending to reconcile work and family and the redistribution of care work. However, in the long term, this approach will reveal its limitations, as it is framed within the logic of corporate profit rather than the right to care and a gender perspective.

The authors highlighted an incipient production of business studies that identify the need to change the idea of the ideal full-time worker for one that recognizes the new social context with workers who have family responsibilities. For this corpus, recognizing family-work conciliation is a necessary condition to ensure profitability and maintain productivity levels. Furthermore, the authors indicate that the business questioning of the ideal worker norm—without family responsibilities—has no impact on the gender division of labor, but rather maintains the idea that women are natural caregivers.

This overview allows us to recognize that there is still an unequal distribution of caregiving tasks, where the main (and almost exclusive) caregivers are women. There are emerging experiences of public care provision in Argentina, spaces where women are also the ones who provide care (in exchange for precarious remuneration). The same can be seen in the private sector, where companies, regardless of their motivations, are still not widely involved in the provision of care. Community care is an environment that responds to the overflowing needs of the most vulnerable families in society, in the face of the minimal participation of actors with greater power and capacity to provide services. The care diamond proposed by the literature—connecting families, the State, the community, and companies—is still unbalanced, with a greater burden on families, and particularly on women.

7.2.1 Argentine Surveys on Time Use

The first official survey in Argentina that investigated time use was the Living Conditions Survey (ECV) implemented in 2001 by two national government agencies: SIEMPRO (Information, Evaluation and Monitoring System for Social Programs) and INDEC (National Institute of Statistics and Census). At this point, there were already other experiences in the region, such as the Dominican Republic in 1995, Mexico in 1996 and 1998, Nicaragua in 1998, and Guatemala in 2000. At the same time, Cuba also implemented one in 2001. Although the ECV is not a time-use survey, it incorporates, in a daily life module, questions on participation and number of hours spent cleaning the house, washing dishes, shopping, caring for children, caring for elderly or sick relatives.

These initiatives began to emerge following the recommendations made in the 1995 Beijing Platform for Action, adopted at the IV World Conference on Women. There, it was recommended that international statistical services and government agencies improve “the collection of data on the full contribution of women and men to the economy, including their participation in the informal sector”, and also develop “an international classification of activities for time-use statistics that

captures the differences between women and men in paid and unpaid work" (UN Women, 1995).

In 2005, a time use survey was conducted in the country for the first time using the activity diary methodology. The procedure is noteworthy because, unlike the one that inquires about a short list of major activities (as was the case in 2001 with the ECV), this one is much richer and more useful (Amarante & Failache, 2023). The Statistics Office of the City of Buenos Aires applied, in Buenos Aires city, an additional module on time use in the Annual Household Survey.

Using the same methodology as in 2001, in 2013, the INDEC collected a national Survey on Unpaid Work and Use of Time. An additional module was incorporated into the Annual Urban Household Survey (EAHU) with questions on the time spent on specific activities related to unpaid domestic work and volunteer work. In particular, three domestic work activities were considered: (1) house cleaning, cleaning and mending clothes, preparing and cooking food, household shopping, home repair and maintenance; (2) support in school tasks; and (3) care of children, the sick, or the elderly household members.

Recently, in 2021, the ENUT was implemented. The first survey under the activity diary methodology with national coverage. The activity diary was applied only to one person over 14 years of age in each surveyed household. This person, who was randomly selected, had to record the activities carried out during the day immediately prior to the interviewer's visit, in time intervals of 10 minutes. A minimum of one and a maximum of three simultaneous activities were recorded during that period of time.

Although the investment made in carrying out the ENUT is very significant—in terms of the contribution to updated knowledge on the use of time in general, and on the use of time for domestic and unpaid care work in particular—it must be recognized that it has its limitations. For example, given the sample design that identifies only one person in the household as the informant of his or her time use, it is not possible to know the interaction between cohabitants. In other words, it does not allow us to understand the dynamics of time use within households. In this study, for instance, it was not possible to determine the simultaneous caregiving participation of employed women and their spouses.

7.3 Data and Methodology

This research will analyze the data collected by the ENUT in 2021 in Argentina. The database has a scope of 28,520 households and is nationally and regionally representative. To achieve the objectives set, we will mainly use the module focused on caregiving demanders. This module was incorporated to learn about the strategies developed by households in the organization of care for those who require it. The activities that operationally integrate the concept of care are: reproduction and personal care activities, temporary care due to illness, school support, and accompaniment during transfers, among others (Table 7.1).

The target population is women employed in the labor market, who are between 25 and 44 years old and who live with children under 5 years old. This age range is

Table 7.1 Care-related activities surveyed by the National Time Use Survey (ENUT): Argentina 2021

Personal care and support activities	Includes feeding (breastfeeding, giving a bottle or food), carrying, putting to bed, bathing, combing or dressing, preparing for school or another place, play, talk, read, etc. It includes keeping an eye on boys and girls, supervising them by being close and available to care for them. Excludes transfers and people with disabilities or permanent dependency, and remote care (talking on the phone, etc.).
Temporary health care	It refers to giving medications, doing cures, monitoring symptoms, taking temperature, applying therapies, cleaning them, and bathing them more frequently when they are sick, etc. Excludes transfers and people with disabilities or permanent dependency.
School support	It is the support and review of school or learning tasks, attendance at parties, meetings, or other school activities, etc. Excludes transfers and people with disabilities or permanent dependency.
Accompaniment and transfers of household members	Refers to accompaniment and transfers to daycare centers or schools, health centers, or any other place (excursions, parks, activities, sports, or artistic). Excludes people with disabilities or permanent dependency.
Other member care and support activities	Any other support and care activity for members from 0 to 4 years old is not included in the previous activities. Excludes transfers to people with disabilities or permanent dependency

Source: Own elaboration.

considered due to the overlap between women's reproductive years and their active participation in the labor force. The age range of the working stage is defined as 25 to 60 years of age, discounting the youth stage (18 to 24 years old) during which women may participate in the market or may be studying. The fertile age range is between 15 and 44, a stage with the highest probability of having a little child. Employed women who live with children have an effective demand for care time that they need to replace; for this reason, they are a perfect target population to study the use of care services.

In order to analyze the strategies with which working mothers substitute caregiving time, a descriptive quantitative approach will be applied to the ENUT data. The quantitative analysis presents a description of the current distribution of caregiving tasks between men and women, reflecting the persistence over time of the unequal distribution of tasks. EVC data is also used for this purpose.

The sections devoted to the analysis reveal how women and men participate to different extents in daily tasks such as cleaning, shopping, and meeting with friends, among others. Also, results show how the presence of children conditions women and men's possibility of working or looking for a job. Finally, the study looks for differences between women of high-low educational level and from different types of households. It will help us to understand how high-low income women deal with childcare tasks.

7.4 Unequal Paid and Unpaid Work Participation and Differential Impact Between Men and Women

7.4.1 Unpaid Work

In Argentina, a time use survey with national coverage was carried out in 2021, the ENUT. Thanks to this public investment, it is possible to measure the unequal distribution of unpaid work and, in particular, of care work. Typically, official statistics monitor labor market indicators, such as activity, employment, and unemployment rates, based on household surveys. These indicators reflect, for example, a much higher level of inactivity among women than among men. However, what these statistically inactive women are doing (e.g., taking care of children) can only be ascertained from time-use surveys.

Considering the data from the Living Conditions Survey (ECV), carried out in 2001, and those of the ENUT 2021, the persistence of inequalities over time is shown. Apart from the methodological differences in the surveys, it can be observed that women participate substantially more than men in caregiving tasks. The participation gap is practically identical in both periods (Figure 7.1).

In 2001, 94.2% of women living with a child aged 0 to 4 years old reported having participated in caregiving tasks in the reference week, compared to 58.8% of

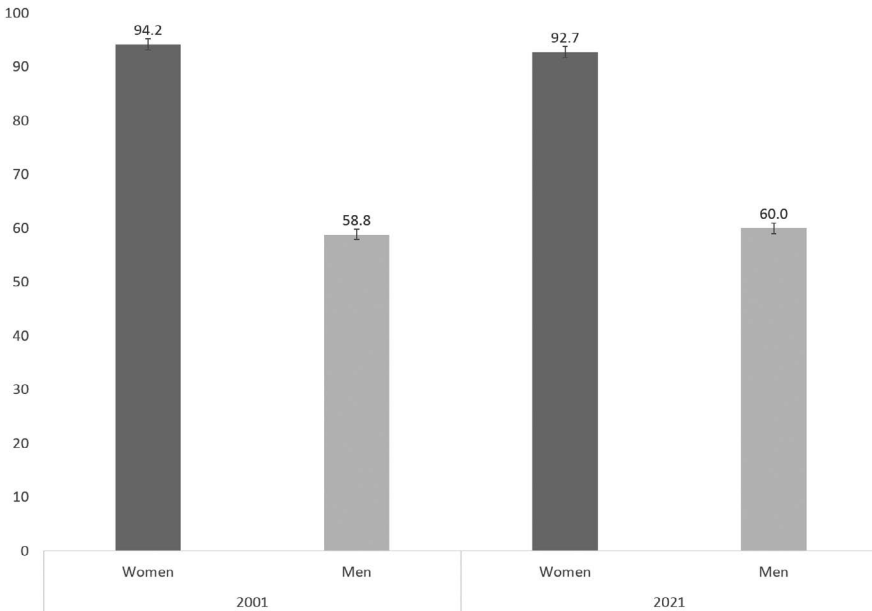

Figure 7.1 Percentage of women and men aged 25 to 44 years old who live with a child under 5 years old and who participate in caregiving tasks: Argentina 2001 and 2021.

Source: Prepared by the authors based on data from the Living Conditions Survey (ECV) and the National Time Use Survey.

men. This resulted in a gender gap of 35.4 percentage points (pp.). Twenty years later, in 2021, 92.7% of women reported having participated in some reproductive activity for children (in their personal care, health care, accompanying them somewhere, or supporting them in schoolwork), while only 60% of men performed at least one of these activities. The gap was 34.2 pp (Figure 7.1). In summary, 9 out of 10 women take care of children, and only 6 out of 10 men do it.

So far, it has been observed that women participate in caregiving activities much more than men. The same is also true for other activities related to unpaid domestic work. The greatest difference between men and women is found in the activity of cleaning the house. The participation of women reaches 67.9% and that of men, only 22.2%; resulting in a difference of 45.7 pp. This is followed by the activity of preparing and serving food, where 80.7% of women and 44.1% of men participate. Fewer women participate in the activity of washing and ironing, compared to the previous tasks, but far fewer men wash and iron: 30.1% of women and only 4.5% of men (Figure 7.2).

The domestic activities in which men do have greater participation are those that respond to the social stereotype of men, for example, home repairs. Among household chores, there is a specialization whereby women perform the more repetitive tasks—such as cooking, shopping, feeding pets—and men perform the occasional activities, such as home repairs. On the other hand, women and men participate equally in activities associated with personal care, making payments, meeting with friends, playing sports, or volunteering (Figure 7.2).

Considering a broad concept of work, which integrates all value-generating activities—domestic and mercantile—we see that participation is high in both men and women. In contrast to traditional activity rates, women show a slightly higher participation than men: 97.2% versus 93.6%.

Another way to illustrate the constraints that domestic and care work impose on women is by examining the reasons they cited for not wishing or being able to work during the reference week. Dedicating themselves to household chores and/or caring for a family member were the reasons stated by 90% of the women to justify their inability to work. Only 13% of men gave these reasons (Figure 7.3). This difference is particularly noteworthy, as it refers to men and women living with children under the age of five.

In the same direction, we found that the reasons why women with children did not look for work are different from the reasons of those who do not have children. Among the former, 12% indicated that they did not look for work because they had to take care of a family member, while none of those without children provided this reason. Similarly, 11.6% of women with children said they did not work during the reference week because of caring for a family member, compared to 4.4% of women without children who did not work. This evidence reinforces the idea that women with dependent children are more constrained when working or looking for work (Figure 7.4).

7.4.2 Paid Work

The results obtained show that both men and women are mainly employed in formal jobs. However, the difference by gender is substantial, since 40.8% of men work in

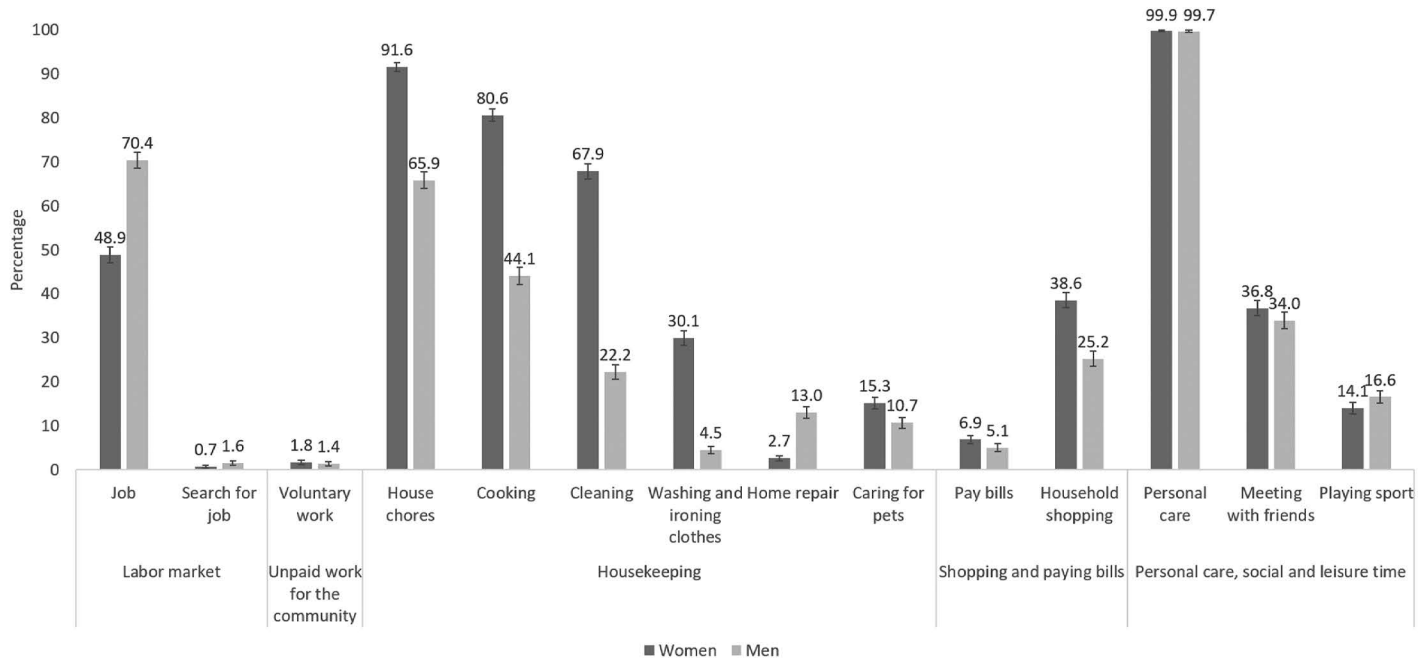

Figure 7.2 Percentage of women and men aged 25 to 44 years old who participate in various activities: Argentina 2021.

Source: Own elaboration based on data from the National Time Use Survey.

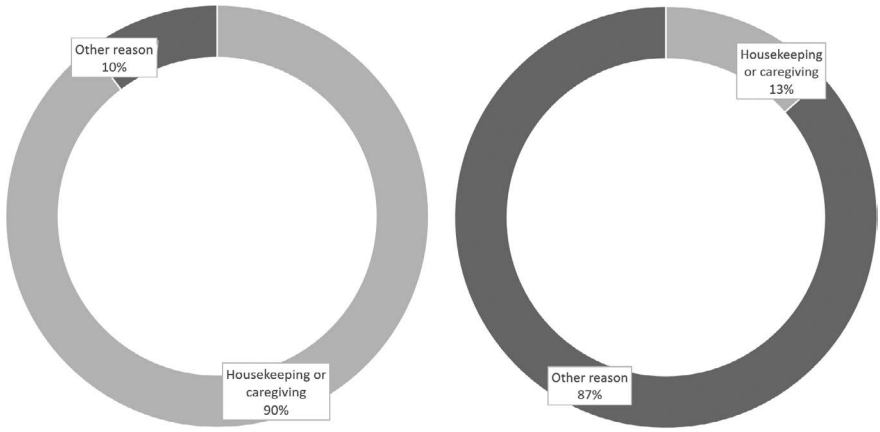

Figure 7.3 Percentage of women and men between 25 and 44 years old who live with children under 5 years old, based on the reason why they do not want to work or cannot work: Argentina 2021.

Source: Own elaboration based on data from the National Time Use Survey.

a formal job while only 28.3% of women do so. We do observe equality in the occupation of informal jobs—both salaried and self-employed—in the occupation of unpaid family jobs, in unemployment and in involuntary inactivity. The difference arises again in those who are voluntarily inactive, where the volume of women is almost 9 times greater than that of men (18.7% versus 2.3%) (Figure 7.5a).

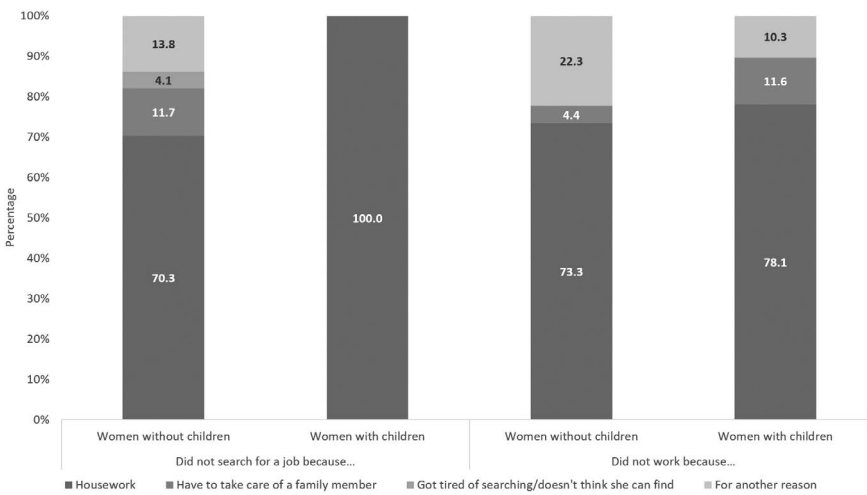

Figure 7.4 Percentage of women between 25 and 44 years old according to cohabitation with children under 5 years old and the reason for not working or not looking for work. Argentina 2021.

Source: Own elaboration based on data from the National Time Use Survey.

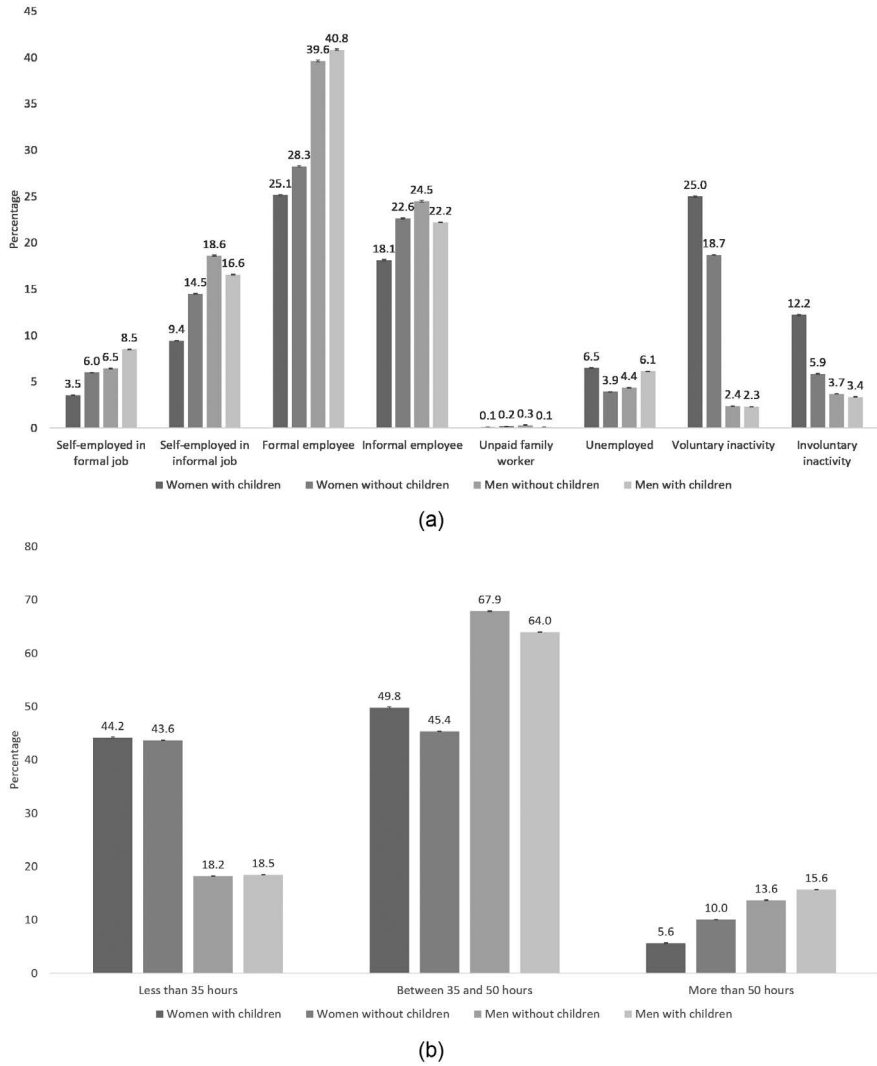

Figure 7.5 Occupational status and work intensity of people between 25 and 44 years old according to the presence of children under 5 years old, by gender: Argentina 2021. (a) Occupational status. (b) Labor intensity.

Source: Own elaboration based on data from the National Time Use Survey.

The above refers to women and men without children. Incorporating the category of having children, it is observed that the distribution of men does not vary substantially. On the other hand, women with children are distributed differently from those without children. For example, in contrast to women workers without children who, as mentioned above, are mainly formal wage earners, voluntary inactivity (25%)

becomes relevant for women with children. Thus, women with children are mainly concentrated in voluntary inactivity and informal employment. Also, involuntary inactivity is higher among these women than among their peers without children: 12.2% of women with children are inactive without this being their desire, compared to 5.9% of women without children. In addition, involuntary inactivity among men with and without children is even lower (3.4% and 3.7%, respectively) (Figure 7.5a).

Women tend to be employed in jobs that allow them to reconcile family and work life. Thus, they are generally found to be relatively more employed in part-time positions, with flexible working hours, and informal jobs. The results obtained show that there is practically the same proportion of women working less than 35 hours as between 35 and 50 hours per week (between 44.1% and 50%, respectively). On the other hand, men are more concentrated between 35 and 50 hours (65.2% and 68.1% depending on the presence of children); and only about 18% of them work part-time (less than 35 hours) (Figure 7.5b).

There is a clear disparity in the distribution of unpaid domestic and care work, as well as in the allocation of job positions in the labor market. As it was said before, women consistently assume a greater burden of caregiving and household tasks, particularly those that are repetitive and time-consuming, such as cooking. In contrast, men tend to engage in less frequent, stereotype-aligned activities like home repairs. This unequal distribution not only reflects traditional gender norms but also has tangible implications for women's ability to engage in paid work. While participation in overall value-generating activities, including both domestic and market work, is high for both genders, women with dependent children face greater constraints when it comes to working or seeking employment. These findings underscore the persistent structural and cultural barriers that disproportionately affect women.

7.5 What Strategies Do Working Mothers Deploy to Care for Their Children While Working?

In this study, we focus on women who live with young children and are employed in the labor market, as they are faced with the necessity of substituting caregiving time to fulfill their work obligations. They find themselves in a different context compared to the often-analyzed group of inactive women, who face the decision of whether to enter the labor market, given the caregiving burden. Employed women have already moved beyond this decision and are actively participating in the workforce. As the responsibility for care falls on women, employed women are the ones who must deploy strategies to ensure childcare without their participation, at least a few hours a day.

The results obtained show that the children of employed women are mainly in the care of a household member (94%), either under their own care or that of another woman in the family (90.1%). In second place is the participation of spouses; 70.1% of women leave their children in the care of their husbands. This is followed, in order of importance, by the assistance of a relative (25%) and paying a babysitter or a care center (11.2%). The alternatives of having another person who does not receive payment or leaving the children in free institutions such as public institutions or community organizations are of minimal use (Figure 7.6a). Most of

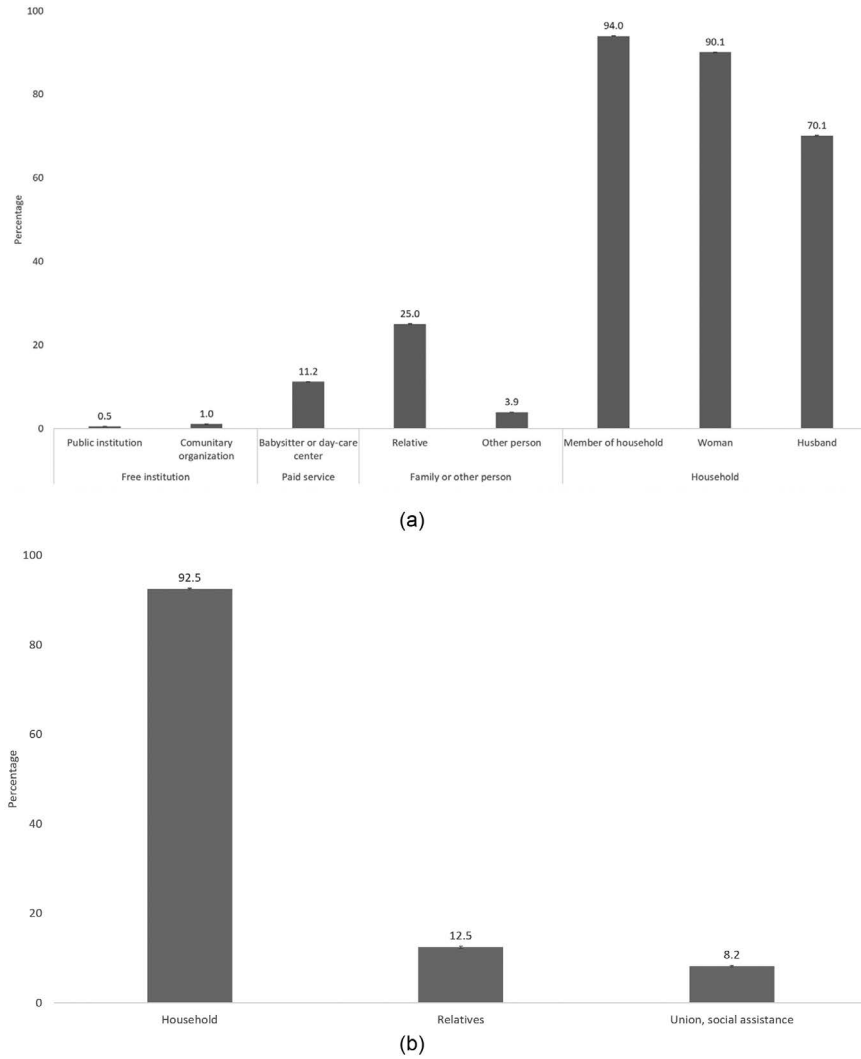

Figure 7.6 Caregiving strategies of working women aged 25 to 44 years old who live with children, and source of financing of paid care services: Argentina 2021.

Source: Own elaboration based on data from the National Time Use Survey.

the women who hire childcare services pay for it with their own household income, 92.5%. A smaller percentage (12.5%) covers the cost with income from relatives who do not live in the same household (the data do not allow us to specify, but it may come from the child's grandparents, non-cohabiting parents, etc.). Finally, 8.2% cover the cost using social security, union, or mutual services (Figure 7.6b).

The hypothesis under study focuses on the strategies employed by working mothers from different economic backgrounds. Specifically, it aims to uncover the

various approaches that these mothers use to ensure their children's right to care (UNICEF, 2018). These strategies vary not only according to the mothers' economic resources but also based on the structure and composition of the household. On the one hand, greater economic capacity would allow access to hiring care services. Thus, substituting the hours of care provided by the mother for hours of a babysitter or a care space. On the other hand, the composition of the household determines the possibility of substituting the mother's care time for the time of another family member. Also, a household with more people of working age may have more resources, which ultimately enables the hiring of the care service. The educational level of women is used as an approximation of their economic status, since the survey does not provide information on income.

The results obtained show that women of different economic levels maintain similar caregiving strategies. In general, most of the children of working women are in their care or in the care of another woman in the family. Secondly, the participation of spouses appears. For example, all working women who did not complete primary school are responsible for the care of their children (100%), and only 25.2% of them count on the participation of their partners. It is interesting to note that the participation of husbands increases as the educational level of women increases (Figure 7.5).

Considering the selective matching theory that states that couples are selected with a correspondence in educational level (Robles, 2024), it could be said that more educated men have a greater propensity to participate in childcare. The reason may lie not only in the greater awareness or desire to raise children as educational level increases, but also in the availability of time to be able to do so. More educated men are, for example, more likely to telework. An ILO study indicates that "formal wage earners, with higher educational levels, adults, who perform professional, technical, managerial and administrative tasks have been able to make more intensive use" of the telework modality (Maurizio, 2021). Beyond the reasons, which deserve further investigation, it is remarkable that the unequal participation of men with low and high educational levels in the care (60 pp.).

The hiring of care services does not have a clear relationship with the educational level of women. Rather, it shows a U-shape, women with completed primary school (19.8%) and those with higher education (12.8%) being more likely to hire these services. Working mothers with incomplete primary education do not hire, and women with secondary education use this strategy much less (3.5%). The latter resort, in greater proportion than the rest, to the assistance of a person who is not paid, who is not a relative, and who does not live in the same household. Perhaps a friend or someone the family trusts. On the other hand, and contrary to expectations, appealing to relatives is a strategy that increases with educational level. Working mothers with a higher level of education are the ones who resort more to a relative to care for their children, 33.3% compared to 12.1% of those with primary education. It is interesting to note that the only women who use community care services are working women with a low level of education (primary school) (Figure 7.7).

Figure 7.8 presents the different care strategies used by mothers who live with their spouse and children, and those who live alone with their children. Women

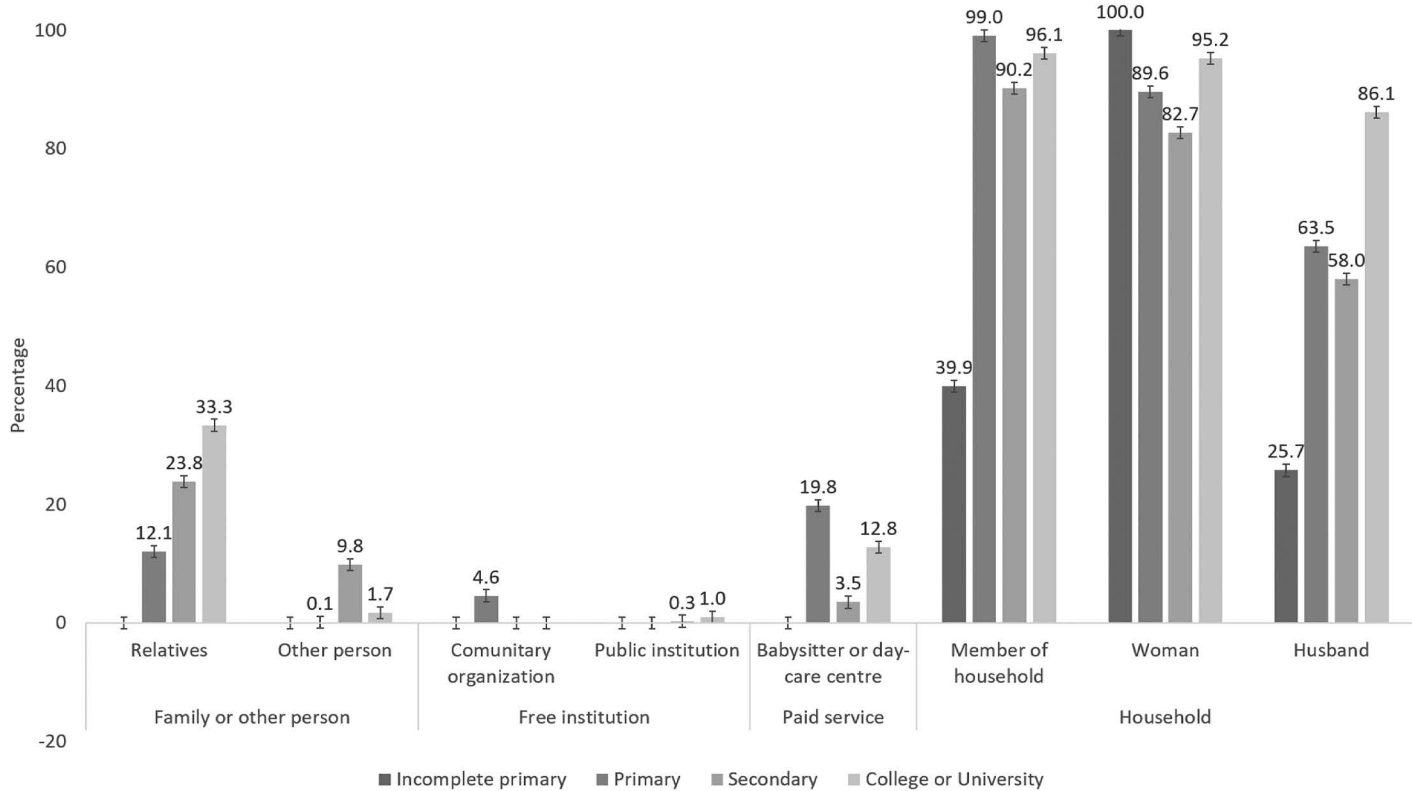

Figure 7.7 Caregiving strategies of working women aged 25 to 44 years old who live with children according to educational level: Argentina 2021.

Source: Own elaboration based on data from the National Time Use Survey.

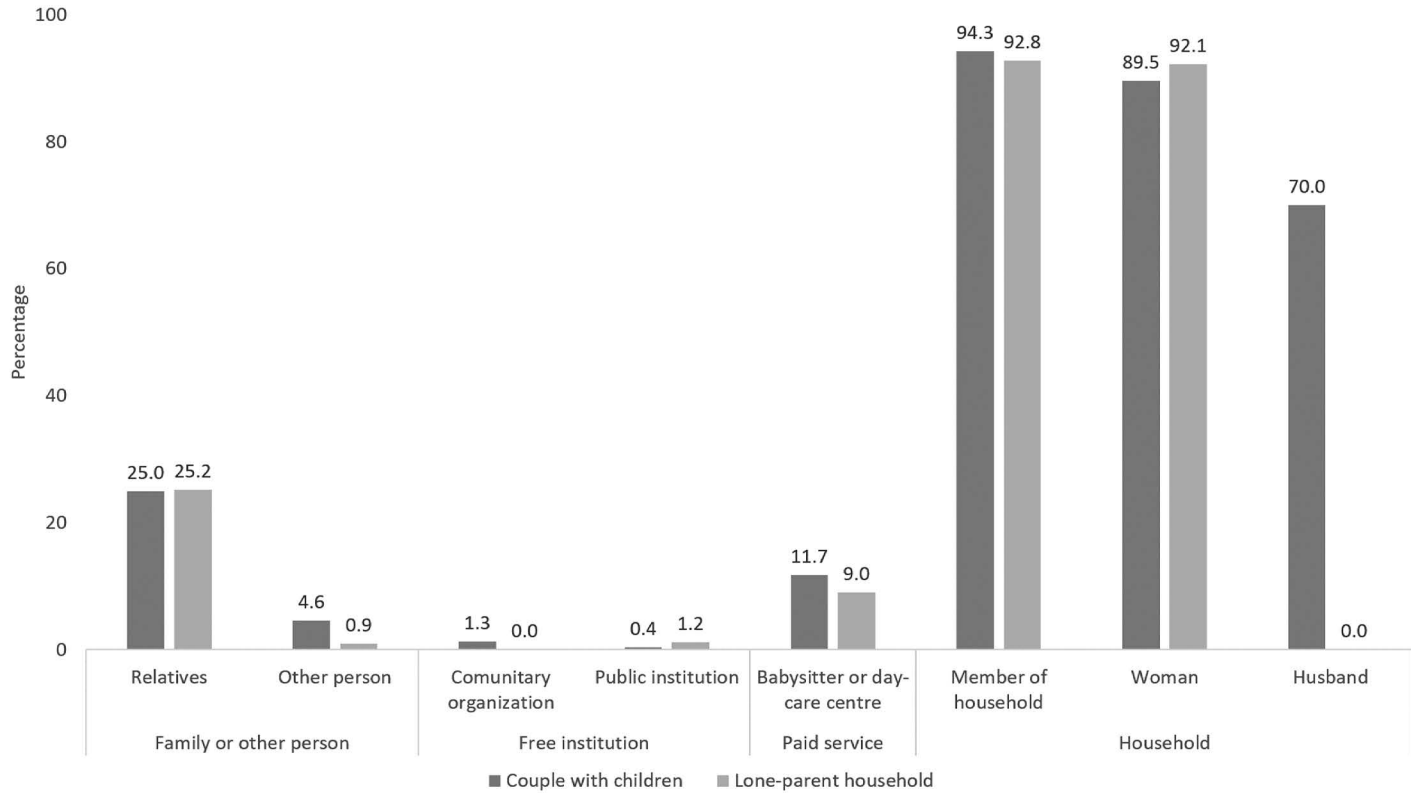

Figure 7.8 Caregiving strategies of working women aged 25 to 44 years old who live with children according to the type of household: Argentina 2021.

Source: Own elaboration based on data from the National Time Use Survey.

who head a household with children tend to maintain a relatively higher vulnerable condition than the rest of the households. For example, these are the households where LIMTIP poverty is substantially higher; while in 2013 in Argentina LIMTIP poverty reached 19.6% of the population, its incidence was 73% in households made up of a woman and three or more children. The children of working mothers who live with their spouse are mainly cared for by a member of the household (94.3%); more than anything else, they are cared for by them or by another woman in the household (89.5%). They also count on the participation of their spouse (70%), and resort, to a greater extent than working women who are single mothers, to hiring care services (11.7% versus 9%), and to other people who are not family members (4.6% versus 0.9%). Single mothers and those who live with their spouses resort to the help of family members to a similar extent: 1 in 4 turns to this strategy. Finally, those who live with their spouses are the only ones who use community services, while free care services provided by public institutions are used relatively more by single mothers (0.4% versus 1.2%).

As anticipated, results show that the children of employed women are primarily cared for by household members, predominantly women in the family. A significant proportion of children are also cared for by their fathers, while relatives outside the household play a smaller but still relevant role (1 in 4 children). A smaller group, approximately 1 in 10, pays for childcare services, and the use of free services, such as those provided by public or community organizations, is almost negligible. Families are not only the main providers of care in terms of time but also bear financial responsibilities when opting for paid services.

Interestingly, differences emerge in the use of free services between nuclear and single-parent families. Women who live with their spouses are the only ones using community services, while single mothers rely relatively more on free public care services. Additionally, women in nuclear families are more likely to hire paid services and seek help from non-family members compared to single mothers. No significant differences are observed among women from different income levels. However, the gender gap in caregiving responsibilities narrows as economic status rises, from a difference of 74.3 percentage points in the lowest income group to 9.1 points in the highest.

7.6 Final Considerations

In all countries of the world, women participate more in domestic and caregiving tasks than men. Since care is a fundamental need for the reproduction of societies, the responsibility placed on women is very important—or better, is a load too heavy—and the fact that women assume this responsibility is generally undervalued (Fast et al., 2023). We could agree that the undervaluation of care work is unfair, as it is women who ensure that today's and tomorrow's workers are available for economic production by making sure they are healthy, fed, educated, and in a clean environment. This work is essential for the functioning of the economy, yet it often lacks the recognition and compensation it deserves.

Although theory speaks of a care diamond where the State, companies, the community, and families support the precious stone that is the care of people, in practice, the responsibility for care falls almost exclusively on families. The State and companies assume their responsibility for care in an incipient and, therefore, insufficient manner. Meanwhile, the community tries, especially in popular sectors, to respond to the overflow of demand that the family cannot meet on its own.

Evidence shows that women in the household are the main caregivers of children, and that fathers' participation is relatively lower. Hiring care services is a reality for only 11.2% of working mothers. Free offers do not seem to be a real option; only 1.5% of employed women provide care in public institutions or through community organizations. It reflects the CDI's difficulty in opening for longer hours and/or accommodating a large number of children. Despite the CDI service being targeted at lower-income sectors, it is primarily women with medium to high levels of education who are observed using it. Furthermore, the more educated employed women resort more to relatives than the less educated ones.

Taking into account these results, the government can design public policies to accelerate the achievement of SDG 5. We show that the coverage of public institutions is small (0,5%) and lower than that of community organizations (1%). However, we recognize that behind the community care provision the State was present, since it used to promote social policies under the requirement of performing comprehensive care tasks for the community. Even so, public institutions and community care provision are in sum only 1,5% of the coverage.

Closing gender gaps contributes not only to women's personal development and economic autonomy but also fosters economic growth and development. Continuous improvements in terms of growth and development alone are not enough to reverse relevant problems such as population aging. One of the public policies implemented by Nordic countries to deal with this situation, trying to reverse the decreasing fertility rate, is to focus on men. We showed that high-educated men participate relatively more than their peers in care activities. The government could promote men's ability to reconcile work and family life.

Husbands with higher levels of education are much more involved in caregiving than those with lower levels of education. This would be an interesting point to explore further, since the gender gap between men and women with a higher level of education is the lowest (9.1 pp.), compared to with the rest of the levels. It is not known whether the propensity to care is greater as education (or economic status) increases, or whether the greater availability of time allows these parents to participate more than others. For example, they are the ones who are more likely to telework, increasing the probability of sharing time at home with their children, among other possible reasons.

We find the legislation about a compulsory care space in companies of 100 or more employees to be important for involving a key factor in caregiving, such as the private sector, and for facilitating the work-family balance for both male and female workers. Since the law has already been enacted, efforts must be reinforced to monitor its enforcement.

It is urgent to invest time and resources in the design of creative and ambitious policies that accelerate the reduction of gender gaps for the benefit not only for women, but for society as a whole.

Notes

1 Replacement fertility is the minimum fertility necessary for a closed population to be maintained indefinitely over time without decreasing its volume, and is usually estimated at 2.1 children per woman on average (Vallin, 1994).
2 Levy Institute's innovative Measure of Time and Income Poverty.
3 This average was estimated taking into account one of the poorest provinces in Argentina, Salta. In 2022, there were 2.940 children (data available in https://acortar.link/Ny7SWZ) in 97 CDI (data available in https://acortar.link/ZBHIqO). It implies a coverage of 2,8% of the under 5 children.
4 Vinocur & Mercer (2020).

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