Chapter 1
Care Work: A Latin American Perspective

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The Actuality and Centrality of Care

The coronavirus pandemic that has affected the world since the beginning of 2020 revealed the central role of care as both to give care (prendre soin, in French, cuidar, in Spanish and Portuguese) and to cure in the therapeutic sense (soin, in French, asistencia/cura, in Spanish, and assistência/cura in Portuguese¹). In this context where everyone feels and acts vulnerable, even white upper-class men in the prime of life, certain controversial issues that have been unyieldingly argued among specialists have lost their meaning. This is the case, for example, in the debate on the range of the care field and in the discord that surrounds the scope of its key concept that questions whether care studies should focus only on dependent people or should it also equally cover so-called “autonomous” people? The reality of this pandemic has made it clear that care is what we do with the intention of meeting the needs and well-being of others. Thus, this is the sense of care we will use henceforth.

Indeed, the idea conveyed by researchers such as Joan Tronto (1993) in the United States or Patricia Paperman (2005) in France that says we are all vulnerable

¹ In this therapeutic sense, the Portuguese and Spanish terms also express status differences, suggesting distinction strategies. Only one term is used to refer the doctor’s work, which is cura (meaning “cure”). The therapeutic work done by nurses is never denoted as “cure,” referred to instead as assistência/assistencia (meaning “assistance”) to indicate the direct support they give to doctors and the indirect support they give to ensure prescriptions are implemented correctly. When it comes to their direct action with patients, the word would definitely be cuidado.

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at some point in our lives has become suddenly unanimous in this pandemic. This understanding has broken away from the restricted field of care theories to appear in broad daylight as a consensus on the conditions of human life in society. Thus, when we all desire care for each other, for ourselves and for others (prenez soin, cuidense, se cuidem), when self-care becomes as important as caring for the other, and in this extraordinary moment when we all feel and recognize our vulnerability, the actuality and centrality of care become clear.

The pandemic has also exposed the centrality of women’s work and the importance of a gender perspective in understanding how to deal with this crisis situation. Women doctors, nurses, nursing assistants, physical therapists, caregivers, and domestic workers have been indispensable in caring for the sick and dependent people, whether in hospitals, long-term institutions for the elderly, or in homes. The pandemic has also revealed others that are equally crucial to our survival, like supermarket and store cashiers, pharmacy attendants, and those who clean public areas, whose work enables the rest of the population to remain in confinement. However, the crisis and compulsory lockdowns have also revealed the cruelty and intensity of the unpaid work required from women when activities that are essential for reproduction (i.e., teaching or leisure), which over time have been outsourced to other institutions, are once again concentrated in the home.

Furthermore, care studies have documented that it is precisely women, black people, and the poorest populations (and frequently those with a mix of these characteristics) that are disproportionately represented when care work requires what is considered “dirty work.” These activities are undervalued, lack symbolic and material recognition, and have been kept “invisible” in different societies across all the continents. In today’s context, the urgent need to make sure this work gets done, the courage of the people who do it, and how much these workers are missed when they stop providing their services due to confinement or illness exposes them to the light of day, making their work and profiles visible and no longer forgotten.

The urgency of the pandemic is currently challenging Humanities to consider the multiple dimensions of vulnerability. The field of care studies, which faithfully maintains a gender perspective, can contribute to this with the results and insights it has gathered on this phenomenon and whose actuality and centrality have become irrefutable. In this chapter, we will highlight several of these outcomes, which were produced first in the global North and then in the South. We seek to register a rich intellectual path, albeit irregular and not at all linear. Different institutional and national contributions have helped build this path throughout different circumstances, stimulated by feminist movements and debates. Understanding this construction allows us to reflect on how the specificities of contemporary societies like the Latin American ones address this accumulated knowledge and force us to develop new theoretical tools that can handle their singularities.

In short, if it is true that we are all vulnerable, and if we agree that we must understand the multiple dimensions of this vulnerability, then identifying them and
the specific configurations that produce them is *sine qua non* for consolidating this field.

**The Background of the Care Studies Field**

The claim for care studies field dates back to the early 1980s in the United States. It was inspired by the feminist issues raised in social movements and was based on feminist epistemology. In 1982, Carol Gilligan began analyzing narratives of experiences, assuming that “the way people talk about their lives is of significance, that the language they use and the connections they make reveal the world that they see and in which they act” (Gilligan, 1982, p. 3). Centrality is thus given to concrete experiences and to ordinary situations. This leads to recognizing a different voice. “The different voice I describe is characterized not by gender but theme. Its association with women is an empirical observation, and it is primarily through women’s voices that I trace its development” (Gilligan, 1982, p. 2). Hence, Gilligan opposes an ethics of fairness founded on rational, abstract, and universal principles, and calls attention to a different way of solving moral dilemmas that is based on an ethics of care and grounded in unique and irreducible experiences and feelings, and in what is concrete and relational. Her interest in exploring the psychology that sustained the lives of men and women was not naïve. In her long “Letter to Readers, 1993” that introduces the second edition of her book, she recognizes that she was moved by the need to understand the reproduction of the political order, especially the important role of women’s voices in maintaining or transforming the patriarchal world (Gilligan, 1993, p. XII).

Other authors such as Susan Moller Okin (1989, 1991) soon sought to place the care agenda in political theory debates. Based on ambiguities that had been previously identified by feminist political scientists, and as part of the discussion on the links between “public” and “private” (associated to state vs. society and domestic life vs. non-domestic life), Okim proposed the centrality of another dichotomy, the “public versus domestic.” In exploring this dichotomy, the author sought to reveal the political nature of family and the relevance of justice in people’s personal lives and in producing the inequalities that affect women (Okin, 1989, p. 69). She questioned the false division between care and justice and the idea of a “natural” or “unquestionable” justice in the sacrosanct family domain.

Similarly, Joan Tronto, in two seminal works (Fisher & Tronto, 1990; Tronto, 1993), shifts reflections on the ethics of care toward understanding it as an activity, underscoring the unequal division of this type of work and its significant devaluation. The “different voice” alluded to by Gilligan would be the voice of people whose moral experience was built around a specific kind of work, that of care. The gender, racial, and class differences and the inequalities that intersect in a political dimension then become present at the heart of moral reflection. As Arango Gaviria and Molinier accurately recognized, Tronto operates a double denaturalization of this different voice: “first, when situating, without ambiguities, its emergence in an
‘activity,’ in domestic and care work rather than in the supposed biological ‘nature’ (of women); and second, when establishing social divisions in the group of women, since care activities would not be related to all of them in the same way” (Arango Gaviria & Molinier, 2011, p. 17). Additionally, Tronto substituted the autonomy/dependence dilemma with the principle of vulnerability: we are all involved in a web of care that we depend on to exist. More recently (2018), she proposed making care a truly democratic value by advocating for “a democracy where care is a central part of political life” (Tronto, 2018, p. 26).

Care as an activity was echoed in the advances that were simultaneously taking place in the domains of feminist economics, primarily in the English language (Ferber & Nelson, 1993; Folbre, 1982, 1994, 2001, 2006). This perspective was responsible for shedding light on the many nonmonetary types of economy that are generally performed by women in the invisible domains of their homes. Conceptualizing and measuring it gave value to the types of unpaid work of care. Instruments such as time-use surveys revealed the importance of unpaid domestic and care work in the gross domestic product of the countries that were studied and highlighted the links between gender, time use, income, and poverty. Additionally, it explored the connections between the economy of goods that is grounded in accumulating capital from markets and the economy of unpaid care, the anchor of social reproduction in the nonmarket domain. Analytical attention was also given to the care segment, growing especially in more advanced capitalist countries, and its capacity to generate employment for women, albeit often meant low wages and high turnover rates. Fervent criticisms were directed at Esping-Andersen’s new and challenging ideas on welfare regimes (1990, 1999) that identified his androcentric bias ((Daly and Lewis, 2000; Giullari & Lewis, 2005; Orloff, 2002). These advancements culminated with the consolidation of the “care economy” domain. In the mid-2000s, soon after care emerged as a field in the anglophone world, the so-called “French school of care” was formed, spearheaded by Patricia Paperman and Sandra Laugier (2005), Pascale Molinier, Sandra Laugier and Patricia Paperman (2009).

Dialogues soon emerged in the sociology of work and gender in the sense that, the more the concept of domestic labor gave way to the concept of care work, the more attention was given to the moral, emotional, and symbolic dimensions involved (Arango Gaviria & Molinier, 2011, p. 18). In this respect, we must highlight the seminal contributions of Arlie Hochschild’s (1983, 2003) early works.

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Razavi (2007, p. 32) stated ironically: *What feminist economics has brought to this relatively new area of research are its distinct conceptual frameworks, which render visible critical areas of the economy that have escaped analytical and empirical scrutiny by ‘malestream’ economics, namely the production and maintenance of human beings.*
feminists. The scope of care was also understood as going beyond the merely therapeutic dimension expressed by the word *soin*, used repeatedly in health studies. Thus, borrowing the English word “care” filled this gap and better expressed the broader dimensions of the new field.

They continued Tronto’s line of thinking, postulating the inseparability of politics, ethics, and work and underscoring care as an activity anchored in gender, racial, and class inequalities. The authors were interested in reflecting on ways of making these subaltern voices heard (Molinier, Laugier, & Paperman, 2009, pp. 7–31). Thus, they sought to identify the causes for the paradox seen in this type of work that is both invisible and yet so close to each of us. Specific factors are at the root of this invisibility. First is the naturalization of the capacities of women (the main providers) in providing care. Second is the nature of care work as “discrete know-how” (Molinier, 2005, p. 299). Third is the fact that emotional work and affectivity, which are intensely mobilized in care activities, are not recognized as dimensions of what is understood as work. Paperman (2017) introduced a thought-provoking slant to this, saying that the vulnerability and lack of citizenship experienced by dependent elderly and disabled people would also reflect on the status of those who cared for them. Thus, beneficiaries and providers share the stigma of “second-class” citizens in a vicious cycle between the devaluation of care work and the devaluation of those who receive care, who are the so-called vulnerable people and groups.

Therefore, according to authors from the French school, recognizing care work means detemporizing and degenderizing it. It must be understood as an activity that involves men and women, not only official care workers or those who are paid to do it. Because society as a whole needs care, it is an activity that concerns everyone involved, even though it has typically been viewed as work that benefits specifically the elderly, people with disabilities, the sick, the dependent, etc., which goes against this feminist perspective.

A definition shared in a colloquium of specialists in France provides a precise view of the contours of this concept of care:

This kind of occupation, including its physical, technical, emotional, and affective aspects, occurs within a gender, class, and ‘racial’/ethnic based social relationship and is performed by distinctive protagonists (…) Care doesn’t only call for attentive behavior or vigilance, but also for care labor; it combines material and relational activities as a whole, and is occasionally related to highly specialized healing techniques in order to tangibly address the needs of others. It can also be defined as a relation of service, support, and assistance, thus implying a sense of responsibility towards the lives and well-being of others. (International Conference, 2013)

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3 It is worth mentioning some of the pioneers that contributed to this field. For example, Geneviève Cresson (1995) reflected on studies conducted in 1987 about the unpaid domestic work performed by women, which she already qualified as *de soin* work, calling it *soins profanes*. Likewise, the research program on “domestic production” conducted by Christine Delphy and Yannick Lemel in the 1980s was also ground-breaking (Delphy, 1978).
Defining care activities as such challenged the sociology of work and put the very notion of work into question. Thus, it had to expand its scope to include activities geared toward the “production of living” (Hirata & Zarifian, 2000, p. 232) since work could no longer be reduced to a mere social act that could be objectified and measured. French care studies thus contributed to expanding the concept of work, which had already been reconceptualized by feminists when they added social sex and domestic labor, given the need to include the production of living in society and thus question the separation between the private, salaried, and political spheres of life.

Furthermore, this broader definition of care states, albeit inexplicitly, the importance of intersectionality/consubstantiality in the interdependence/intersection of the social relations of sex, class, and race. Danièle Kergoat, in a subsequent text, would define work as a “the production of living in society” and considers “care work as a paradigm of this production of living” (Kergoat, 2016, p. 12). According to her, “care work is relational work and supposes constant interactions where social trajectories, skin color, ethnicity, and age play important roles” (id. ibid.). This consubstantial definition of care echoes what had also been already identified by Joan Tronto when she stated, “In fact not just gender, but race and class, distinguish who cares and in what ways in our culture” (1993, p. 112). This was certainly motivated by the American debate where the emerging black feminism had been challenging academic feminists since the 1980s and 1990s.4

However, the international distribution of care research went hand-in-hand with what is now called the “crisis of care” or the “care deficit,” a concern that galvanized the agendas of the global North on two fronts. On one was the increased longevity of people with higher levels of dependence and/or physical or mental disabilities. On the other was the lack of free female labor within families because of the increasing number of women going to the labor market and because of their awareness of the costs of sacrificing themselves for the sake of others, the elderly, children, the disabled, and the ill.

This crisis transformed care shortage into a social problem that questions the boundaries between what is private and what is public, and calls attention to the multiple actors involved in the production of care. This became a key subject in the 2000s, both in academic reflections and in the debates and documents produced by international organizations, which established the vitality of the economy of care field in so-called feminist economics. In 2007, Shara Razavi created a rhombus-shaped metaphor called the “care diamond,” which has been used extensively to represent the agents responsible for providing care. The four points of the

4Indeed, the dimension of race and ethnicity has been on the political agenda of US social movements since 1977, when the Combahee River Collective (1977) postulated in their renowned declaration that their experiences with simultaneous oppressions made it hard for them to separate oppression from race, class, and sex. In a country marked by the commercial enslavement of Afro-descendants such as the US, care work, especially domestic care work, carried the indelible mark of this multiple experience. Women were certainly not all equal, and care varied in terms of visibility, recognition, and retribution, depending on the class and race of the provider.
diamond—state, market, families, community organizations—are interrelated to form various patterns in the different social realities that, depending on their weight, cause the diamond shape to change according to country, region, or social group.

This debate inspired interest in another subject that soon became related—international migration (Michel and Peng, 2017). Over the last several decades, we have watched the globalization of care work. The current organization of this work is now based largely on transferring migrant workers that initially came from the global South to solve the “crisis of care” being experienced in the global North (Hochschild, 2000; Parreñas, 2001). However, while this helped reduce the care deficit in wealthy countries, it had the opposite effect in poor countries (Paperman, 2005, p. 292) that depended on the presence and work of women in their homes to care for their elderly or children, which in fact kept them from attaining paid work.

This is primarily how the subject of care in the global South was placed on the international agenda. Empirical studies began considering these new circumstances, and the cases of some southern countries were added to increasingly frequent international comparisons. In the mid-2000s, the research outcomes coming from Latin America began circulating, asserting the region’s place in the field of care studies and extending the analyses being done in the United States since the 1980s, in England since the 1990s, and in France since 1995. The concepts developed in Northern countries were first echoed and then scrutinized as to their capacity to address Latin American reality. Care studies have thus maintained their relevance both in recent gender debates and in advancing reflections on subjects such as inequalities, racism, migrations, vulnerability, precarity, well-being, and policies, which are crucial to understanding contemporary societies. This will be discussed in the next section.

**Care Studies in Latin America: When Different (Intellectual) Voices Emerge on the Scene**

In a short 3-year span (2012–2015), two renown international care studies’ specialists, one in the United States and the other in Europe, reflected on the progress of ongoing research in Latin America and reiterated similar arguments. Joan Tronto stated:

> It is possible that I might not be convincing on the advantages of my proposal if you take into account that different academic and activist women in South America have developed noteworthy thinking on care in more economic terms. The commitment in this region to making care central to human life and to giving it political purpose has advanced more than in any other place I know. (Tronto, at the International Seminar “Gender and Care: theories, scenarios, and politics”, Bogotá, August 2015. In: Tronto, 2018, p. 24).

Just 3 years earlier, in her introduction to a publication entitled *La economía feminista desde América Latina* (Feminist Economics from Latin America) (Esquivel, 2012), Amaia Pérez Orozco wrote:
We do not merely say feminist economics, but rather feminist economics in Latin America. Does that make a difference? First, it marks a contextual difference. Knowledge is not created in a vacuum, but is determined by social surroundings, thus it is worth thinking that, in this time of change, Latin America has become a much more favorable place than others (i.e. Europe or North America) for developing critical economic perspectives such as feminist economics […] Furthermore, doing feminist economics from Latin America implies breaking away from the tendency León summarizes in these words, “theoretical production is concentrated in the North and is ‘consumed’ in the South, where they seek to instrumentalize and apply it.” (Perez Orozco, 2012, p. 17)

Two ideas draw attention in these two keen views that are simultaneously internal and external—internal to the field and external to the region. First is the idea that there is a creative vitality in the Latin American thought being produced on the subject. Second is the idea that this vitality is nonsensical if we forget the challenges that local realities impose on care theorizing. It is precisely the combination of these two ideas that guides this revisit to Latin American thought on care: as we see it, the international debate in this field stands to gain thematic diversity, interpretational nuances, and consequently, more theoretical depth when it allows itself to be enriched by the analytical advancements produced in the Latin American context.

The reason behind this is, if care is central to understanding contemporary societies, when we expand our gaze to incorporate new empirical realities, they and their specificities challenge accumulated knowledge and obligate us to develop new theoretical tools that can handle the singularity of the cases we add for observation. Furthermore, the intellectual history that forms thematic agendas is also inseparable from the realities in which they were built. It provides a lens through which we can capture, value, mobilize, and debate the analytical advancements and interpretative paradigms produced elsewhere.

In the Latin American case, two starting points must be considered in order to correctly situate the “social surroundings” that Pérez Orozco alluded to above. The first is related to the particular configuration of the region’s socioeconomic inequalities that impact, as we will see later on, the reality of care and the study agenda built upon it. Substantial income inequality and high rates of extreme poverty are prominent traits that have been highlighted in literature over time (López-Calva & Lustig, 2010; Lustig, 1995; Salama, 2006; Tokman & O’Donnell, 1998). Their persistence, even in periods of growth (Economic Commission for Latin America and the Caribbean [ECLAC], 2016, 2019), gives us a clue as to how enduring the distances are between social classes. However, we must bear other dimensions in mind that configure these inequalities that are especially important to the studies in our field (ECLAC, 2016; Guimarães, 2019a; Jelin, 2014; Reygadadas & Gootemberg, 2010). For example, the increasingly powerful care services market would not make sense without understanding that formal and protected labor relations never became pervasive in the region, which caused different forms of informality to multiply (Nun, 1969; Silva, 2018 [1971]). Likewise, the fragile scope of care policies and their meager coverage and reversibility would lack meaning if we disregard the fact that the powerful welfare states seen in Europe have never been institutionalized in our countries, where the ruling elites have traditionally been miserly in terms of social
protection policies (Filgueiras, 2013). This highlights the urgency of access to rights (Jelin, Caggiano, & Monbello, 2011), a historical constant on the agendas of the movements (feminist, but also union, indigenous, black, LGBT, special needs, and others). On the other hand, if women’s engagement in the labor market has increased, it has been at rates that are far from uniform and much lower than the level reached by societies in the so-called North (ECLAC, 2016, 2019). Additionally, in countries where women have engaged more quickly, the strength with which domestic employment structures the supply of household care is unprecedented in terms of international scale (International Labour Office [ILO], 2018). A colonial past and the legacy of commercial slavery make the ethnic-racial dimension crucial in configuring the unequal ways indigenous people and Afro-descendants are represented among care providers and beneficiaries (ECLAC, 2016; see Chaps. 3 and 8 by Abramo and Robles and Guimarães). Furthermore, experiences with long-lasting local armed conflicts, acute political crises, and the different ways lives of the poorest are managed under the guise of organized crime question the authority of nation-states, the legitimacy of their institutions, and the viability of their policies. This, in combination with economic reasons, makes the poorest even more vulnerable and heightens populational displacement within a country, within the region, and to countries outside the region (Arriagada & Todaro, 2012). In this sense, debates that were central to the history of care, for example, the debates about “care regimes” or about the so-called “care crisis,” can hardly be discussed in the same terms used by European and North American authors (see Chap. 2 by Posthuma). Thus, care ethics and ethos are inseparable from the scenarios and meanings that care work has acquired in Latin America. Not without reason, Tronto (as seen above) doubted that her ideas could convince South American academics and activists who, she thought, gave priority to the care economy lens.

This leads us to the second starting point. Whatever discipline angle we take, we will see that these specificities never went unnoticed to interpreters of Latin American reality and that a powerful local capacity to autonomously theorize has accumulated over time. The trajectory of Latin American social sciences shows strong critical thought that is careful to resist merely transplanting knowledge formulated in different realities (Beigel, 2019). While Marxist inspiration often nurtured this critical capacity, it has also been placed under scrutiny, as exemplified by feminist and black feminist thought in the region. This ability to challenge canons has driven the vitality found in ECLAC’s thinking and in its criticism of economic orthodoxy (Prebisch, 1963), the creativity seen in dependence theories and in their rejection of unilinear hypotheses based on the functionalism of modernization theories (Cardoso & Faletto, 1969; Marini, 1973), and the novelty of emerging black feminism’s claim to “Amefricanitiy” (González, 1988; Rios, 2019), to name just a few authors. In all of these, no matter how different the interpretation paradigms, we have seen the urgency with which Latin American scholars throughout different generations have tried to understand the historical construction of structural inequalities and the particular configuration of social actors in the region.

These two sets of determinants, whether those that come from structural inequalities or those that come from the way our intellectual history sought to understand
them, also helped forge a plural and innovative agenda for Latin American care studies. In retrospect, the last 15 years have been marked by the subject’s increasing importance in regional academic production. In fact, similar to what happened in the United States and Europe, certain aspects of the care agenda had been addressed since the 1970s. When the concept of “care” entered the scene in the mid-2000s, intersecting several of these subjects and integrating them under a new perspective, it strengthened the domain of gender studies. However, few systematic efforts have been made to reflect on the way care studies establish a specifically Latin American agenda (Batthyány, n.d.; Esquivel, 2012).⁵

We believe that a good way to address the subject can be to look at the succession of initiatives that gave rise to the agenda. This would allow us to understand how the debate gained depth and to situate its main pillars. It is significant that all these initiatives were conducted in the wake of events that sought to bring together groups of researchers that were active in the field. This already allows a glimpse into the vitality of ongoing empirical production.⁶ The first was the International Seminar entitled “The Work and Ethics of Care” and held in Bogota in 2008, bringing together researchers from Colombia, France, and Spain. Luz Gabriela Arango Gaviria and Pascale Molinier, in a brief introduction to the book that later published the meeting’s material (Arango Gaviria & Molinier, 2011), presented interesting clues to the discussion about how the field of care as work was being constructed at the time and what new things it offered, especially in view of the findings of the multi-institutional group headquartered in Colombia in its interfaces with international literature and the challenges that produced. Shortly after, in 2010, another event was held in São Paulo that joined intellectuals from Brazil as well as France,

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⁵Borgeaud-Garcia, Guimarães, and Hirata (2000), in discussing the subjects that catalyzed the interests of the countries in the so-called “South” and the Latin Americans it encompassed, highlighted three large domains. The first is about the diversity and complexity of care work in these societies, especially in terms of the links between its paid and unpaid forms. The second refers to social inequalities, which become severe when commodified types of care fill the void left by inefficient State action. The third refers to the relation between care and rights, which is urgent in societies where social protection from Welfare States was either non-existent or limited. Thus, the configurations of State and inequalities emerged as the two main beacons in the debate.

⁶It can be observed that, at the same time, initiatives from international agencies exposed the care agenda to public policy formulatres and managers in Latin America. Thus, in 2007, during ECLAC’s 10th Regional Conference on Women, the countries recognized in the “Quito Consensus” that care was a subject of public interest that should mobilize States, local governments, organizations, enterprises, and families. At the 11th Conference, held in Brasilia in 2010, the subject gained even more importance and an entire chapter of the base document was dedicated to the subject of care economy. Almost simultaneously the notion of care appears as one of the articulating concepts in the text about work and family published by the United Nations Development Program and the International Labor Organization (International Labour Office [ILO]/United Nations Development Program [UNDP], 2009). Important researchers were present in these scenarios, as well as in seminars conducted by ECLAC in 2004 and 2005 that focused on family, seeking theorizations that were adapted to the reality and diversity of the region. The subject of care, of an economy of care, and of a culture of care was already on the table then (Arriagada, 2007; Arriagada, n.d.). However, these forums did not seem enough for spreading the new knowledge being produced in the region. Hence the place and growth of the strictly academic conduits referred to here.
US, and Canada. In their introduction to the collection of the event’s papers, Helena Hirata and Nadya Araujo Guimarães (2012) situate how Brazilian studies were being constructed, according to the four subjects of the debate agenda: care, work, and emotions; social configurations of care; care, public policies, and professionalization; and care and international migration. Both the Colombian and the Brazilian initiatives demonstrate the emergence of relevant empirical production as well as close articulations with intellectual communities in the global North, as also underlined by Hirata (n.d.). However, it was also clear that the dialogue between Latin American researchers was still fragile.

In 2013, the 7th Congress of the Latin American Association for Labor Studies (ALAST) held in São Paulo, formed the first Latin American working group (WG) to address the subject of care. The coordinators Bila Sorj (Brazil), Javier Pineda (Colombia), and Helena Hirata (France) were surprised by the large influx of papers. At the same time, ALAST held a symposium on the subject of care coordinated by Rosalba Todaro, from Chile. Later on, in 2014, another event took place in Brazil in both São Paulo and Rio de Janeiro, on the subject of “Work, Care, and Social Policy: Brazil-France in debate” (Guimarães et al., 2016). Although multi-institutional, the participants were still mostly from the host country, along with their partners from France, and French-speaking Canada. Nevertheless, the subjects expanded under the four main topics of inequalities, professional careers, family dynamics, and social policies. There were also more researchers from other countries in the region, namely Chile and Colombia, indicating that Latin American dialogues were gradually consolidating.

In August 2015, another event took place in Bogota. Luz Gabriela Arango Gaviria organized the International Seminar “Gender and Care: theories, scenarios, and policies.” Researchers from five different Latin American countries (Argentina, Brazil, Colombia, Mexico, and Uruguay) participated, along with speakers from France and the United States. The forward of the book that published the results (Arango Gaviria, Amaya Urquijo, Pérez-Bustos, & Pineda Duque, 2018) mapped the structure of the field in three main topics: the ethics and ethos of care; scenarios and meanings of care work; and the social organization of care and public policies.

By October 2018, intellectual cooperation in this field had become even more solid. A network of Latin American care researchers had been established and two international events took place in different Latin American countries, Brazil and Uruguay. At the first one in São Paulo, Brazil, the network conducted a double seminar. Firstly, a work meeting was held to produce reports on the reality of care and its studies in five countries (Argentina, Brazil, Chile, Colombia, and Uruguay), which were later published as a collection (Guimarães & Hirata, 2020). Subsequently, a broad event open to the public mobilized the same group to present research advancements, which are collected here in this book. Once again international dialogue was salient and authors from the US, Japan, and France contributed to these debates alongside colleagues from Argentina, Brazil, Chile, Colombia, and Uruguay. The care studies field was most certainly becoming consolidated and institutionalized in Latin America. Initiatives multiplied almost simultaneously. Just 1 month after the events in São Paulo, an even broader International Seminar was promoted
by the Research Group on Gender Sociology (GISG) from the Universidad de la República in Montevideo, Uruguay, joining again the network of Latin American specialists on care. The number and diversity of participating researchers was unprecedented, and another book was prepared (Batthyány, n.d.). A few months later, in 2019, new events took place in the United States (Latin American Studies Association Congress, March 2019) and at the Latin American Labor Studies Association in July 2019. At the latter event, the Latin American care studies network coordinated the most attended thematic seminar cycle at the Congress. All of this culminated in 2020, when a working group was institutionalized at CLACSO (Latin American Council of Social Sciences) and at the Latin American Studies Association. The area was definitively consolidated and duly instituted in the most important forums for intellectual exchange between Latin American researchers.

Care Studies in Latin America: Results and Challenges

The empirical findings and conceptual contributions gathered throughout this trajectory can be grouped into seven major strands that document the density as well as the plurality of Latin American production. The first strand, at the origin of the care economy developed among Latin American authors, refers to the analyses of domestic and unpaid work and its place in producing well-being (Batthyány, n.d.; Esquivel, 2012; Todaro & Rodríguez, 2001). This is a tradition of studies that goes back to North American and European debates from the 1970s and 1980s, which initially focused on incorporating the subject of domestic work into Marxist framework (Himmelweit, 1999). The debate about the nature of domestic work had broad and somewhat different repercussions among gender scholars in Latin American countries. As reproductive work, it was considered necessary for reproducing the labor force, and in this sense it supported the organization of capitalism (Bilac, 1983; De Barbieri, 1984; De Barbieri & de Oliveira, 1987; Gálvez & Todaro, 1986; García, Muñoz, & de Oliveira, 1984; Oliveira, Lehalleur, & Salles, 1989; Saffioti, 1969). Its invisibility did not prevent recognizing its value, given the overlap between productive and unproductive spheres. Two important developments in this line of studies impacted the formulations that would later be produced in the domain of a Latin American care economy. On the one hand, and in line with Northern countries, it was necessary to measure it through time-use surveys (like what was documented by Aguiar, 2001, for Brazil; or Garcia & Pacheco, 2014, for Mexico) and even by incorporating it into national accounts to reveal its effect on GDPs (Antonopoulos & Hirway, 2010; Esquivel, 2012; Esquivel, Budlender, Folbre, & Hirway, 2008; Jesus, 2018). On the other hand, it was also necessary to think about paid work performed in the home. Given its enormous importance, Latin Americans

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7 In presenting these strands, we use specific bibliographic references only as a way to illustrate the content of each one without any pretense for exhausting local production.
produced a line of study on this type of employment early on (Saffioti, 1978), which
gained depth over time (Brites, 2007; Chaney & Castro, 1989; Gálvez & Todaro,
1986, 1989; Guerra, 2017; Kofes, 2001). However, when Latin American literature
shifts from the concept of “domestic labor” (paid or unpaid) to “care work,” this
range expands even further as less importance is placed on the discussion about the
location of work (if in the home or in the market) and more is placed on the content
of this work and its place in producing well-being.

The second important strand in Latin American care studies is embodied in the
concept of the “social organization of care.” In fact, and as seen in an earlier section,
feminist literature had coined the alternative notion of “care regimes” in European
countries and in dialogue with Esping-Andersen’s reflections on “welfare regimes”
(1990, 1999). The fact is that, in the Latin American context, neither work regula-
tions, cash transfers, nor care services have become universal. Furthermore, it is
difficult to operate under notions like care regimes in societies marked by intercul-
turality. Anderson (n.d., p. 57) affirms that in Latin America, “Care systems vary
significantly. They respond to extremely diverse cultural contexts and relate to dif-
ferent concepts of what a human is and should be, of what a valuable human life is
and should be.” Thus, it stands to reason that Latin American literature would prefer
to be aligned with the concept of the “social organization of care” rather than trying
to identify a “care regime” that is unique, solid, and dominant in a given reality
because of the region’s diverse contexts and the different nature of its social poli-
cies, less monolithic (in regimes), and more fragmented, fragile, and reversible than
those implemented in Europe. The notion of “social organization of care” seemed
more effective for handling a dynamic configuration, both in terms of services pro-
vided by different institutions, and the variable ways in which families and their
members benefit from them, as Faur (2011, 2014) rightly emphasizes in her studies
on child care.

The third strand is also a tributary of the feminist economics agenda. It refers to
the links between care and the international migration of women. Early on, Latin
American production detached itself from the reflections based on Hochschild’s
(2000) agenda that established the concept of “global care chains.” Instead it sought
to document the diversity and complexity of migration flows in terms of their direc-
tions, as well as the links between paid and unpaid care, and local and outside care
(Todaro & Arriagada, 2011; Borgeaud-Garcian, 2017; Valenzuela, 2019). While
it might be true, as Batthyány (n.d.) indicates, that the weaker links of the care
chains are in Latin American countries, it did not drive Latin American authors to
adopt Hochschild’s original argument about transferring affections from south to
north, since new family configurations inside migrant groups played a decisive role.
Thus, analytical interest turned instead to understanding the multiple symbolic and
material dimensions of the organization of the so-called “transnational families”

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8 This is especially true in Brazil’s case, where domestic employment is the main stronghold for
female occupations. Hence the volume of production it has gathered on the subject.
9 Guimarães, Hirata, and Sugita (2011) explored an alternative concept of “modes of care provi-
sion” in a text comparing Brazil, Japan, and France.
involving Bolivians, Ecuadorians, or Colombians that migrated to Spain, Peruvians to Chile, Paraguayans to Argentina, Nicaraguans to Costa Rica, and others (Arriagada & Todaro, 2012; Cerrutti & Gaudio, 2010; Cerrutti & Maguid, 2010; Herrera, 2013; Leiva, Mansilla, & Comelin, 2017; Leiva & Ross, 2016; Magliano, Mallimaci, Borgeaud-Garcianida, & Rosas, 2018; Magliano, Mallimaci, Rosas, & Borgeaud-Garcianida, 2019; Rosas, 2018).

The fourth strand is developed around the subject of rights. The right to receive dignified care, the right to provide care in adequate conditions, and also the right to choose between providing care or not, which has been a central point in feminist literature. In a context where the sexual division of labor persists based on naturalizing women as caregivers, and where significant inequalities and poverty coexist with insufficient institutionalized protection structures, the subject of rights should be central to care studies, thus identifying another specificity of the Latin American agenda. Furthermore, analyzing care in such a context requires documenting the presence (or absence) of rights established by legislation, which, even though not defined as in spheres of care, they affect how it is provided. This is the case of work, family, and social rights legislation (Arriagada, 2007; Borgeaud-Garcianida, 2020; Pautassi, 2007). The right to dignified working conditions for care service providers has been another point underscored in the regional agenda and is especially relevant when considering the role of domestic employers in performing care activities and the precarity of the work relations and conditions these women are submitted to (Acciari, 2018; Guerra, 2017; Valenzuela & Mora, 2009). On the other hand, the high informality rates among care workers, especially those dedicated to home care, together with the precarity of those who work in institutions where subcontracting and outsourcing initiatives are increasing (Debert & Oliveira, 2015; Pineda Duque & Munévar, 2020) have added emphasis to the subject of accessing and ensuring rights for care providers.

The fifth strand is related to the connection between state policies and the reproduction of inequalities. As we have mentioned, this is not about addressing the state as a mere point on the famous “care diamond” or evaluating the efficiency and/or efficacy of its policies. Here we find studies such as the 20 articles collected by Destremau and Georges (2017) or the pioneer work of Sorj (2016), which focus on the role of care policies as a modality for governing the poor. That is to say, the way these policies drive the moral content of the work conducted by social assistants, community agents, and social protection agents, who operate as the outward face of new government initiatives that address poverty and vulnerability. This strand also contains studies that seek, in the opposite sense, to understand the specificity and shape of community ways of providing care, which are repeatedly identified in Latin American literature, whether provided by community mothers (Pineda Duque, n.d.) or by reciprocity relationships and “help” (Faur, 2012; Guimarães & Vieira, 2020; Moreno, 2019).

The sixth strand refers to the contexts, circuits, and meanings of care. It is a strand that has developed significantly in recent years and that places special emphasis on the subjective construction of care work. For this reason, it gives value to the voice of caregivers and the different types of care workers. These studies have
explored different scenarios that range from homes to transnational families (Herrera, 2013), care institutions, aesthetic services (Arango Gaviria, 2018a, 2018b), and sexual work (Piscitelli, 2018). In order to capture and analyze the meanings care workers associate to the different types of activities they perform, some middle-range concepts have been mobilized and proven valuable, such as “scenarios” (Arango Gaviria et al., 2018), “circuits” (Guimarães, 2019a), and “fields” (see, for example, Chap. 12 by Pineda Duque). In this way, the subject of self-care emerges in studies like Arango Gaviria (2018a) and Viveros Vigoya and Ruette-Orihuela (see Chap. 7 in this book) as interconnected with issues of ethnic identity, associating material reparations of the body (aesthetic services related to the black beauty industry) to emotional reparations (through self-esteem) and to symbolic reparations (of image). This strand also includes recent reflections on symbolic boundaries that separate the different types of care work: the work of domestic maids, caregivers, and nursing staff, to name a few (Guimarães, 2019b; Guimarães & Hirata, 2016). According to these authors, the boundaries demarcate the different meanings attributed to care work, while struggles for recognition are fundamental to understanding the processes of creating professional niches and gaining rights.

The seventh strand is related to the subject that founded the field of studies as it emerged in the United States—the ethics of care. Latin American researchers have given emphasis to the transformative dimension of care as an ethical and political category. Examples of this can be found in the work of Meertens (2018) who reflects on transitional justice: before restoring rights, it reveals inequalities, discriminations, and structural violence and acts on them in order to reestablish dignity. In her study on gender, care, and justice in post-conflict Colombia, care appears as a recognition strategy, and community care, which is central to the region, appears as a way to repair the social fabric.

Conclusion

The broad range of research paths that were pioneered in the Latin American trajectory of care studies documents the indisputable vitality achieved in the field. The challenges that remain are undoubtedly significant and can certainly propel new advancements. We will briefly list a few of them by way of conclusion. We begin with the very notion of “care crisis”, Since we have made so much progress in capturing the specificities of the Latin American context, is there any heuristic value in keeping this notion as an analytical tool, even knowing that it mobilized so much interpretative effort in the global North? What is the place of this crisis, when seen from the perspective of Latin American reality where extreme poverty and vulnerability are structural traits? Is there really a contemporary, situational crisis being exposed by social and demographic trends? What is its nature among us, and what have been the exit doors (domestic employment, the growing precarity of professional care, little emphasis on care in societies that believe they are experiencing a
demographic dividend)? Several chapters in this book refer to the crisis of care, both in the global North and the global South. According to Evelyn Nakano Glenn (2009), this crisis is irrelevant in realities where women have always been faced with a lack of institutional or paid care, and yet have not spared their own efforts or allowed a crisis to set in that would be detrimental to themselves. The author states that this crisis only became a problem when it affected middle- and upper-class families (Glenn, 2009, p. 114), thus hiding its effects on black, lower income women, for whom the crisis was nothing new. Her approach underscores continuities in care provision without hiding behind the notion of “crisis” that evokes sudden and critical situations. In this way, if the notion of “care crisis” was mechanically transposed from research done in Northern countries, it would euphemize or hide other social realities where inchoate public policies make care the work of lower class women that prevent an outbreak of a “care crisis.”

Nevertheless, despite the advances made in these last 15 years, there is still much to research in terms of gaining a better understanding of the care work modalities that are specific to Latin America. It is worth saying that the configurations of this work in the region and its new characteristics force us to create conceptual tools in order to capture them better. This brings up some elements for reflection, beginning with the place reserved for commodified care work in a context like the Latin American one where domestic employment geared toward care functions abound. In this sense, how should the boundaries between domestic employment and care work be treated, since this type of work is so essential in countries like Brazil, Chile, Argentina, Colombia, and Mexico?

Thus, the community ways of caring seem especially important to us. In this sense, how should we treat the types of care that do not recognize themselves as such because they are on the border of solidarity against extreme poverty, where the state fails? How does this challenge us to think about the very notion of the care service market? What are its limits and its borders? To counter these questions, how to understand the weak institutionalization of care work, or the problems of recognizing, regulating, and protecting professional care work?

What lessons can we glean from worthy experiences, like in the case of Uruguay, that institutionalized a National Integrated System of Care (SNIC), precisely on a continent where State governments are controlled by elites that hesitate to adopt social policies and are rarely pervious to pressure from organized groups from professional and corporative bases? Although Uruguay has a relatively small population, it was pressured by feminist and active student movements to create a coherent care system that worked systematically in all the fields of care (Baththyány and Genta, 2020). However, this is an exception in Latin America where governments manifest themselves primarily through their silence regarding social inequalities or poverty. The current role of several Latin American administrations raises a number of troublesome questions about the chances of multiplying good practices in the region.
However, State governments matter when they fail to deter a monopoly of legitimate violence, to use Weberian terms. The reality of armed conflicts in Latin America is not just a challenge for theory and political analysis. It is also an open question for researchers in the field of care studies, since the region has seen the proliferation of armed solutions to conflicts. In fact, one of the specificities of care work concerns armed conflicts in countries like Colombia, which have forced the migration of domestic employees and care workers, as documented by Pineda Duque and Munévar (2020). Therefore, this requires facing the consequences of armed conflicts in terms of care needs. It is important to highlight that here we are talking about forced displacements, not migrations. Few studies in this field document that the victims of these displacements are mostly women, who usually gravitate toward domestic and care work, and who in recent decades have suffered banishment and violence as a result of these conflicts. Care work for victims of armed conflicts was also the goal of pioneer studies (like Pérez-Bustos, Olarte Sierra, & Díaz del Castillo, 2017) that have explored new and challenging analytical frontiers: care ethics have specific characteristics in the science and technology field, when they focus on the work of women scientists in the field of forensic medicine, as in this study about Colombia. Practicing forensic medicine with an ethics of care when the focus is on victims of armed conflict means exposing the articulation between emotional, rational, and practical work. The work of genetic identification provokes emotions and calls for subjectivity.

A final point is related to international migrations and its prominent place on the research agenda for domestic employment and care work in Latin America. As we have seen, only recently has South-South migration been targeted by research that shows its importance in large Latin American cities. In more recent work, some of which is in this book, migration is analyzed as a biographical experience, as well as in terms of labor market participation, or as a factor that influences work and employment representations (see, for example, Chaps. 11 and 10 by Borgeaud-Garcia and Arriagada and Miranda). Countries such as Chile and Argentina benefit from South-South international migration for domestic and care work. However, countries like Brazil and Colombia have internal migrations between the regions of each one. The ethnic-racial dimension is directly associated to these internal and external migratory processes, and it makes up the inequality matrixes in the field of care. Research about South-South migration and, more generally, about the comparisons between countries in the global South in terms of care work are one of the originalities and strengths of Latin American care studies that challenge the findings that, until recently, had been losing the complexity of migratory flows because they had been based on studies of the South-North movements (cf. Avril & Cartier, 2019).

In summary, Latin American production has already established its place in the international domain of care studies. Its inquiries bring new ways of theorizing
about work, ethics, and care policies in countries of both the global South and the global North.

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