

Care Agenda

Regional Conference on Women 2025



The reports that make up this series are developed within the framework of the Women Power 2030 project. In Latin America, the Foundation for the Study and Research of Women (FEIM) leads its regional implementation, supporting young activists from Argentina, Bolivia, Colombia, Guatemala, and Peru in building analyses and proposals rooted in their territorial realities, diverse identities, and strategic priorities.

Thirty years after the adoption of the Beijing Platform for Action, this series of reports emerges in a moment of active memory, collective assessment, and political projection. From Latin America, young women from five countries come together to say, with a shared and powerful voice: we are here, in our territories, together. Together to review the commitments undertaken by States, together to name the pending debts, together to sustain an agenda that remains urgent.

The Beijing Platform for Action, adopted in 1995 at the Fourth World Conference on Women, established a comprehensive roadmap to advance gender equality across twelve priority areas. Three decades later, it remains an indispensable reference for the development of public policies, the defense of human rights, and the transformation of the structural inequalities that shape the lives of women, girls, and gender-diverse people.

The young voices that run through these pages speak of persistent violence, violated sexual and reproductive rights, the feminization of poverty, labor precarity, the climate crisis, structural racism, and historical exclusions. But they also speak of networks of care, communities that resist, emerging leadership, strengthening alliances, and a region that envisions itself through social justice, equity, and sustainability.

These reports are both an exercise in evaluation and a commitment to the future. They are the result of collective processes of reflection, dialogue, and political construction led by intergenerational feminist youth who recognize themselves as strategic actors in the defense of hard-won rights and in the creation of new agendas. Within the framework of Beijing +30, this series expresses a shared certainty: there is no possible development without gender equality, no full democracy without social justice, and no real transformation without the organized strength of the youth of our region.

**Because we are here.
In our territories. Together.
And we will not stop demanding a more just,
diverse, and sustainable future for all.**



Argentina



Report for the XVI Regional Conference on Women in Latin America and the Caribbean.

At the XV Regional Conference on Women, States recognized that building a care society is key to a recovery with equality. The Commitment of Buenos Aires (hereinafter “The Commitment”) reaffirms that care is a human right and a pillar of sustainable development and urges states to “Recognise care as a right of people to care, to be cared for and to exercise self-care on the basis of the principles of equality, universality and social and gender co-responsibility and, therefore, as a responsibility that must be shared by people from all sectors of society, families, communities, companies and the State (...) that free up time for the Women can join employment and education, participate in public life, politics and the economy, and fully enjoy their autonomy.”



As young Argentine feminists, we support this vision and denounce with concern the current setbacks in policies of care and rights of women and diversity. We deeply believe that another way of organizing life is possible and urgent. Therefore, we reaffirm the inevitable need for the Argentine State to comply with its international commitments, effectively implement the Beijing Action Platform, the Regional Gender Agenda, the 2030 Agenda for Sustainable Development, as well as international human rights treaties. These frameworks are not symbolic declarations, they are fundamental tools to guarantee rights, face structural inequalities and transform the development model towards one that puts the sustainability of life at the center.



A regressive and alarming national context

The situation in Argentina is alarming. Since the assumption of the national government in 2023, there has been an accelerated setback in economic, social and cultural rights, with an unequal but especially serious impact on the lives of women, LGBTQ+ people and young people.

One of the most drastic measures was the elimination of the Ministry of Women, Gender and Diversity, which led to a serious institutional degradation and the interruption of key public policies, including care policies. The disarticulation of specialized areas and the lack of political will put at risk the development of a national care system that guarantees substantive equality and the effective exercise of rights.

Argentina has a relevant regulatory framework for the recognition of the right to care.

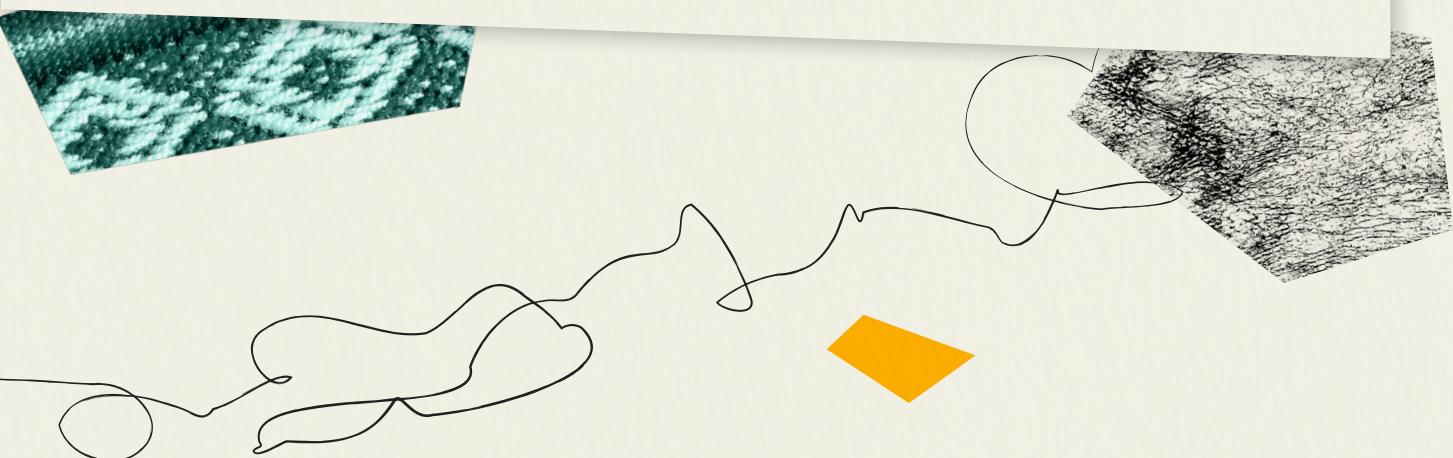
Law No.º 26,061 on the Comprehensive Protection of the Rights of Children and Adolescents establishes the principle of state, family and community

co-responsibility, recognizing that the well-being of children cannot fall exclusively on families, much less on women.

As well as Law No.º 26,844, which regulates work in private homes; Law No.º 27,611, which guarantees care during pregnancy and early childhood; Law No.º 27,532, which incorporates the National Survey of Time Use (ENUT) into the national statistical system, Law No.º 25. 273 on Absence Regime for student mothers and other tools such as the Parenting Index, which establishes a minimum floor for food quotas.

However, structural debts persist, according to UNICEF (2024), 56% of mothers do not receive alimony, and 68% do not receive it on a regular basis. Maternity leave is still only 90 days, below the minimum of 14 weeks established by ILO Convention 183 (2022), while paternity leave, of just 2 days, continues to be one of the shortest in the region. There is currently a bill for the creation of the Comprehensive System of Care Policies of Argentina (SINCA), presented in 2022. The initiative proposes to coordinate public care policies in an articulated way, guarantee an accessible and quality social organization, with gender equality and a human rights approach, and modify the regimes of maternity, paternal and parental leave to promote an equitable redistribution of care work.

However, the lack of a National Care Law remains a structural debt in Argentina.



Labor inequalities

The overload of unpaid care tasks continues to be one of the main barriers to women's access to formal and quality employment. The lack of public policies and the weakening of the State deepen the structural inequalities of gender and age. The CEPA Gender Observatory reports that female labor informality reached 38.7% in 2024, reflecting a growing precariousness. But if we talk about domestic work, informality reaches 77% according to INDEC data (2024). This scenario contrasts with what was agreed in The Commitment where the States reiterated the call to promote recovery plans with affirmative actions that promote comprehensive care systems, decent work and the full and equitable participation of women in strategic sectors of the economy, as part of a transformative recovery with gender equality and oriented to the sustainability of life.

Intersectional inequalities

Structural inequality deepens even more when its effects are analyzed from an intersectional perspective. In Argentina, seven out of ten adolescents take on unpaid care tasks, 78% are women (UNICEF and ELA, 2024). This situation limits your opportunities for personal, educational and also work development.

Care tasks - invisible, unpaid and unequally distributed - also across the lives of trans people, indigenous women, peasants, rural Afro-descendants and migrants, who often assume community or family care roles in conditions of extreme vulnerability, without recognition or state support.



Trans and transvestite people face a worrying scenario. Despite the existence of the Trans Transvestite Labor Quota Law (Law 27.673), they still do not have comprehensive labor protection, and they are a constant target of hate speech promoted by conservative sectors.

Indigenous women, for their part, continue to encounter territorial, linguistic, economic and cultural barriers that prevent the full exercise of their rights. This exclusion is exacerbated by the lack of national policies designed with a genuine intercultural approach.

Migrant women are another deeply violated group, especially since Decree 366/2025, which enables their stigmatization and criminalization, violating international standards in human rights.



In popular neighborhoods, inequality multiplies. Only 31% of women are employed, compared to 71% of men (INDEC, 2019). In addition, they devote on average more than 12 hours and 24 minutes a day to unpaid domestic and care work, almost twice as much as the women surveyed by the ENUT (UN Women 2024). This burden responds, on the one hand, to the impossibility of outsourcing care and, on the other, to the community work they carry out in neighborhood canteens, a key job, but invisible and without state support sufficient.

Added to this is the reality of single-parent households, a growing and feminized phenomenon of which 1.1 million households are headed by women, while those headed by men do not exceed 242,000 (INDEC, 2023). In 2023, 70% of these households applied for some type of financing (UN Women 2024) which reflects their greater economic vulnerability and the urgent need for specific public policies to guarantee their autonomy and access to rights.

Caring is also producing: the economic value of care

Unpaid domestic and care work in the Argentine economy has a central value since it represents 16.8% of GDP, being the sector that contributes the most to the national economy (Directorate of Economy, Equality and Gender, 2022). However, this contribution remains invisible in traditional economic statistics and in fiscal and budgetary policy decisions.

This omission is not technical, it is deeply political. By not recognizing or valuing care work, its normalization as an individual and female responsibility is perpetuated, the autonomy of millions of women is hindered and an economic model is maintained that grows on the basis of structural inequality.

The Commitment directly challenges this reality, by proposing “promoting welfare measurements complementary to the gross domestic product, which allow to make visible and value the work of care in the accounting of the economy as a whole.” This proposal is not less: it implies a transformation of the development model, which locates the sustainability of life - and not only of capital - at the center of public policy.

Recommendations

- **To the Congress of the Argentine Nation:** Sanction a National Care Law that recognizes care as a human right and creates a Comprehensive Care System with a gender approach, intersectionality and social co-responsibility. The law must include equitable licenses, accessible services and the recognition of unpaid work.
- **To the Ministry of Education of the Nation and Provincial Ministries:** Guarantee the educational permanence of young people with care responsibilities through inclusive policies, scholarships, flexible trajectories and adequate infrastructure. Incorporate education for care in formal and non-formal spaces, promoting its redistribution between genders and generations.
- **To the Ministry of Economy and the National Executive Branch:** Recognize the economic value of unpaid care work in statistics and tax decisions. Increase public investment in infrastructure and care services, and adopt economic criteria that prioritize the sustainability of life.
- **To international cooperation organizations:** Ensure direct, accessible and sustained financing to women's, youth and diversity organizations that promote care policies with a territorial and intersectional approach, prioritizing projects led by young people in vulnerable contexts.

Final reflections

In times of setbacks and hate speech, the voice of young people is not silenced. We, young feminist women, engine of the green tide and heirs of all the struggles that preceded us, know that there is no possible justice without care, without rights, without the State. We were a fundamental part of a youth and feminist revolution that marked Argentina and the world, and we are not going to back down.

It is up to us to defend what has been conquered and build new horizons. Because we not only raise handkerchiefs, we also sustain homes, territories, organizations and communities. We know that, without the redistribution of time, work, power and wealth, there is no real equality.

Care cannot continue to be a class privilege or a gender condemnation. It is a human right, a collective responsibility and a structuring axis of development and democracy. We demand a new social pact that overthrows conservative mandates, recognizes the diversity of our families and guarantees health, education and freedom for all.

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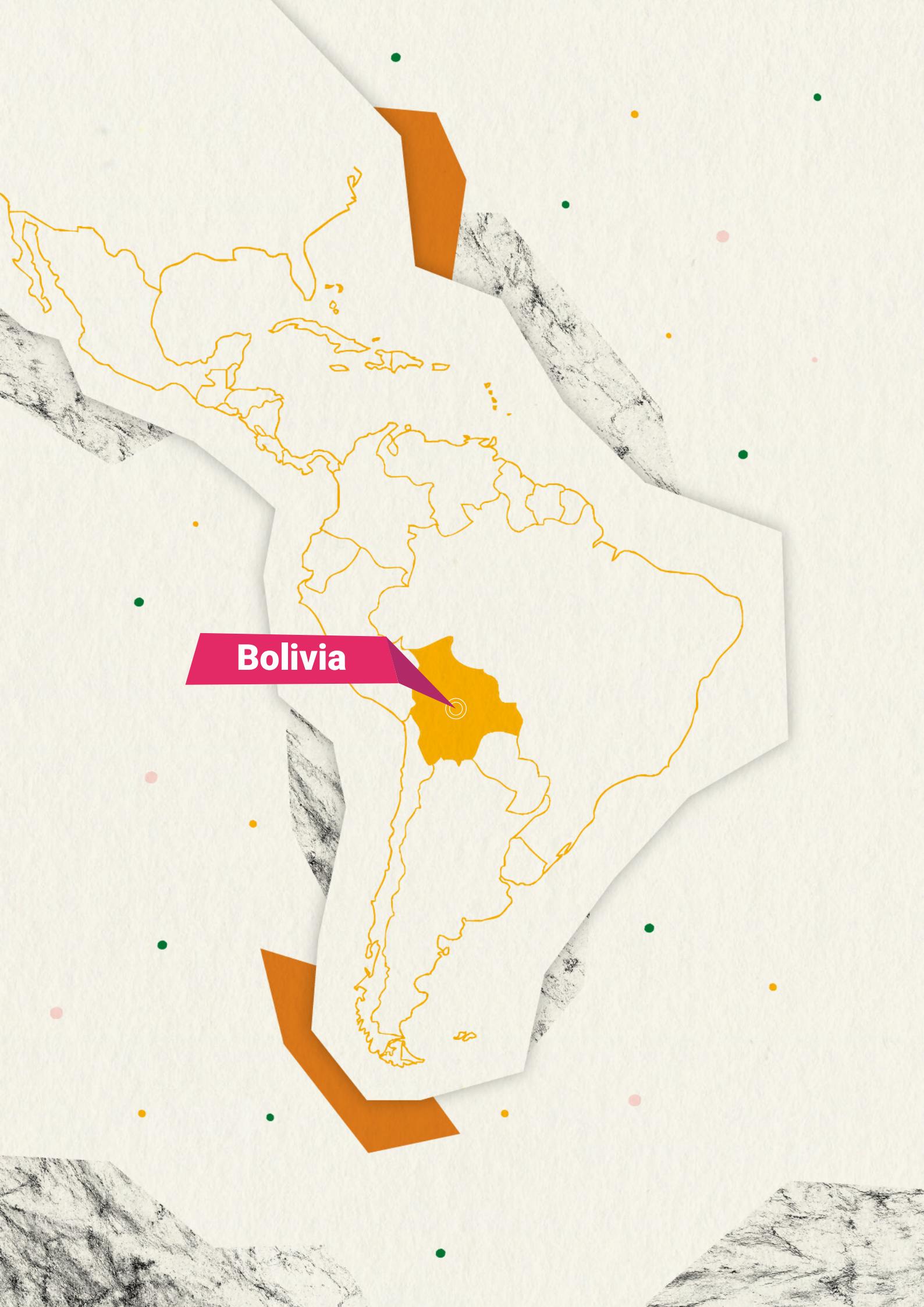
We remain standing, organized, with the strength of those who know that another world is possible, and with the certainty that, without justice in care, there is no social justice. And without youth, there is no future.

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Bolivia



Country Position: Bolivia - XVI Regional Conference on Women. Topic of Care

This document aims to analyze the situation of care in Bolivia from a gender, intersectional and youth perspective. This analysis is located within the framework of the XVI Regional Conference of Women of Latin America and the Caribbean, which is placed in a context where far-right movements are re-articulated not only in Latin America but in the world, and promote anti-rights and denialist positions that every day threaten the rights of the conquered struggles. From the review of regulations, public policies, existing gaps, initiatives of young women and recommendations, it seeks to contribute to the analysis of the construction of fair and co-responsible care societies, where care does not mean getting rid of the life projects and dreams of young women and women who exercise it and rather is a collective and community effort.

We conceive care from the feminist theory of care, as a right, a job, and a public good on which the sustainability of life depends. Care tasks are all those activities indispensable for the subsistence, well-being and development of a society (Daly and Lewis, 2000). They cover the daily provision of physical, affective and emotional well-being throughout the entire life cycle of people (ECLAC 2012), including children, older adults, people with chronic diseases and with disabilities.

The roles of care have generally been little or not recognized or paid, and exercised mainly by women, which for Silvia Federici is the basis of the capitalist system (Federici, 2013). This unequal distribution of roles, and also their lack of fair economic remuneration, generates tensions and constitutes a socially and economically unfavorable situation for women. Therefore, it is an issue that needs to be addressed and assumed by society and the state.



Regulations and Public Policies

Care as a right is a proposal launched at the X Regional Conference on Women in Latin America and the Caribbean in 2007, where it was accepted by governments, international organizations and representatives of civil society. The proposal applied to the methodology of the human rights approach, which consists in establishing the connections of meaning and the “bridges” between the content of International Covenants and Treaties.

In Bolivia, the regulatory framework linked to care is characterized by its fragmentation and dispersion, being partially regulated in different laws, codes and social programs, without being articulated in a comprehensive care policy that recognizes this right as fundamental and that guarantees its access in a co-responsible way between the state, society and families. To date, there is no Framework Law of Care that defines clear competences, financing mechanisms, universal services and state obligations in this matter; however, the political will of the state and its entities responsible for gender, has been making efforts on the elaboration of a public policy of care, responding to the Buenos Aires Commitment and other international agreements.

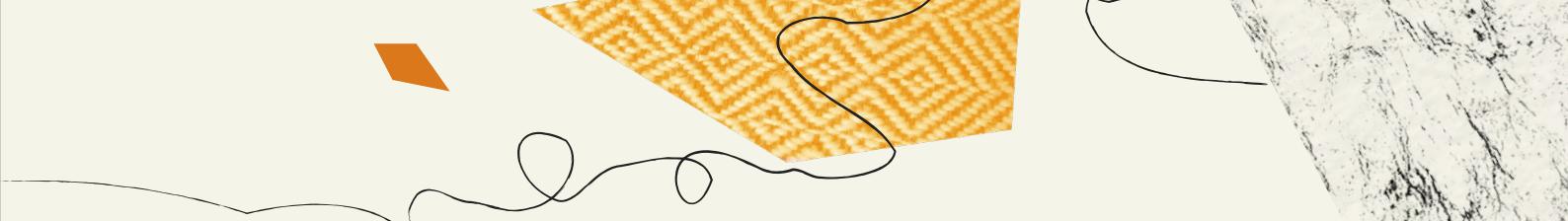
Despite this absence, various regulations and policies can be identified that indirectly address aspects related to care:

- **Political Constitution of the State (CPE, 2009)** Art. 14 and 15 Establishes equality before the law and the right to live without violence.
- **Political Constitution of the State**, Art.338. The State recognizes the economic value of domestic work as a source of wealth and must be quantified in public accounts.
- **Law No. 2450 (2003)** Law on the Regulation of salaried work in the home. Protects domestic workers, many of them dedicated to paid care.
- **Comprehensive Law to Guarantee Women a Life Free of Violence (Law 348)**:indirectly recognizes the right of women to an environment that guarantees their integral development.
- **Family and Family Process Code**: regulates parental and care responsibilities.
- **Licencias de maternidad y paternidad**: Maternity leave is established in the General Labor Law (Article 61) and Decree Law 13214, granting 90 days of leave (45 days before and 45 days after childbirth) with full pay and protection against dismissal. In addition, the Political Constitution of the State (Article 48, Paragraph VI) prohibits discrimination or dismissal of pregnant women and guarantees job security for women during pregnancy and/or for parents until the child reaches one year of age. In contrast, paternity leave, recognized by Law No. 975 of 2017, consists of three working days with full pay. This reflects limited and unequal coverage between genders: while women benefit from an extended period of protection, men are granted only a brief leave, reinforcing the unequal distribution of care responsibilities, which continue to fall almost exclusively on women.

- Laws related to people with disabilities and older adults: insufficient in coverage and financing.
- **Plurinational Policy of Decolonization and Depatriarchalization. (D.S.4958).**
- Social programs such as the Juana Azurduy Bonus and maternal and child subsidies, of a welfare nature.

Identified legal gaps:

- Absence of a Framework Law of Care.
- Lack of equal parental leave and support for informal caregivers.
- Poor regulation of private care services.
- Absence of programs specifically aimed at young, indigenous, Afro-Bolivian or rural women.



Caring is also producing: the economic value of care

In Bolivia profound gaps exist within the regulatory framework and the daily reality of young women in terms of care. Although there are social norms and programs that address partial aspects of care, their scope is limited and they do not manage to transform the current patriarchal model characterized by the familiarization and feminization of care with minimal state intervention.

Insufficient coverage of public care services was identified. Institutionalized care services are scarce and concentrated in urban areas, leaving rural and indigenous communities unattended. In 2017, 80% of the population in need of care, that is, girls, adolescents under 14 and adults over 70, were part of vulnerable households and in poverty (OXFAM Report, 2019, cited by Elías Argandoña et al. 2020).

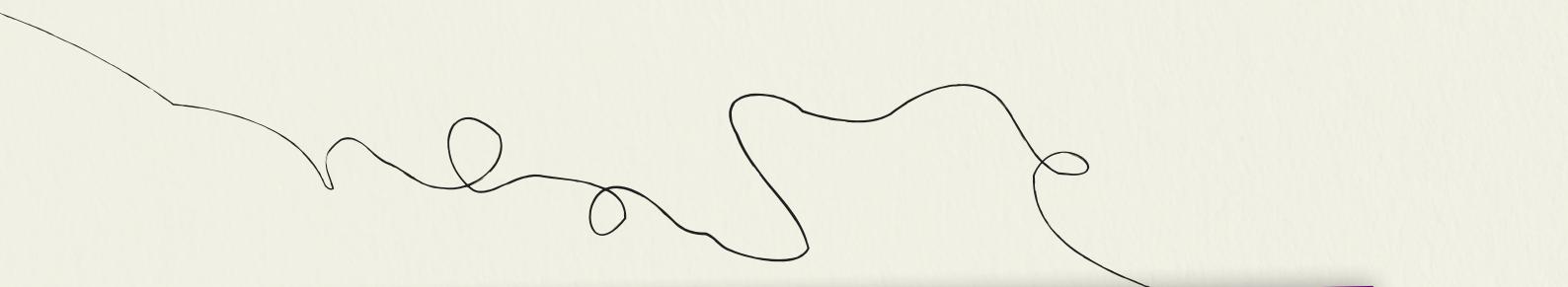
The lack of infrastructure such as children's centers, day homes for the elderly or specialized services for people with disabilities, forces these tasks to fall on the domestic sphere, increasing the burden on young women without any type of remuneration, becoming twice the time spent by men (Elias Argandoña et al. 2020). This prevents women from choosing other life projects and not fully exercising other rights such as education, work, among others. The International Labor Organization (ILO) calculated in 2018 that 76% of all this unpaid work around the world was done by women. That is, they spend 3.2 times more time than men.

In Bolivia, this uneven distribution of care time is also evident. According to Oxfam, women in our country give about seven hours a day to care-related tasks, almost twice as many as men. In addition, 7 out of 10 women claim to have the greatest responsibility in their home, compared to 1 in 10 men who say that their partner is the one with the greatest burden.

Factors that deepen the gap:

Structural barriers

We identify as structural barriers poverty, concentrated in rural areas, ethnic and territorial inequality, as well as machismo and racism. Young women in all their diversity, especially in rural, indigenous and Afro-Bolivian areas, face conditions of poverty that hinder access to private and/or public care services that limit their job opportunities, and personal growth. Geographical distance and lack of adequate transportation prevent rural women from accessing basic care services. We also identify that patriarchal social structures still persist that devalue indigenous and Afro-Bolivian women, reinforcing their exclusion from public policies and services.



Attitudinal barriers

Conservative gender roles: Society continues to assign care as a “natural” responsibility of women, which normalizes their overload and perpetuates inequality in the distribution of domestic and care work. The stigmatization of operators and public officials reproduces gender and ethnic prejudices, limiting effective access to the few available services.



Barriers of Design

Policies without a youth or intercultural approach: Care policies do not address the specific needs of young women, such as access to daycare for teenage student mothers.

Absence of intercultural approach: Policies are designed from urban perspectives, without adaptation to the linguistic and cultural diversity of indigenous and Afro-Bolivian peoples.

Fragmented management: The lack of a governing state entity in terms of care makes it impossible to articulate actions and allocate adequate budgets, including state planning.



Impact on young women

- Overload of unpaid work:** Young women spend twice or more time than men on domestic and unpaid care work (OXFAM, 2019; Elías Argandoña et al. 2020), which limits their access to formal employment, higher education and political participation.
- School dropout:** In rural areas, many teenagers leave school to take care of siblings, older adults, sick relatives and people with disabilities or forced marriages. In the latter case with Law N.o 603 (Family Code, art 139) in an exceptional way the possibility of constituting marriage or free union is given at sixteen (16) years of age, provided that there is the written authorization of those who exercise parental authority, who has the guardianship or custody or in the absence of these the Ombudsman's Office of Children and Adolescents or even the judicial authority, which means that the violation of the rights of girls and adolescents is institutionalized, since a third party can decide on her project of Life.
- Falta de autonomía económica:** La ausencia de servicios de cuidado accesibles perpetúa su dependencia económica y las expone a ciclos de pobreza.

Specific gaps

- **Gender gap in the distribution of care:** According to data from time-use surveys, women spend on average twice or more hours than men on unpaid care work, perpetuating their inequality in the labor market. About 3 out of 10 women are dedicated to care and domestic work abandoning their studies (OXFAM, 2019; Elias Argandoña et al. 2020).
- **Economic recognition gap:** Unpaid care work is not accounted for in the Gross Domestic Product (GDP), despite the fact that it represents an essential contribution to the national economy and despite being recognized in the EPC. Its invisibility reinforces the cultural perception that it is a "women's obligation" and not a work that sustains life and the economy.
- **Gap in access to public services:** The lack of public care infrastructure forces families - and particularly women - to assume these responsibilities without state support, reinforcing the feminization and privatization of care.

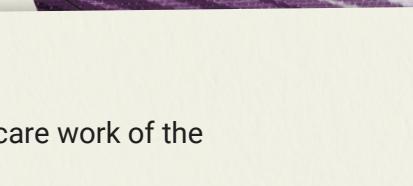
Initiatives and Demands

Various groups and organizations led by young women are making care-related issues visible:

- Feminists movements and ecofeminists that link care with climate justice and rights.
- Organizations of young indigenous people, Afro Bolivians and rural people that demand services of care in their communities.

Certain specific demands arise from them:

- Recognition of care as a human right and public good.
- State investment in infrastructure and inclusive care services, in urban and mainly rural areas.
- Promotion of social and state co-responsibility policies, including the active participation of men.
- Promotion of labor policies with a co-responsibility approach (equitable parental licences, flexible schedules, etc.).
- Quantification and assessment of the economic contribution of unpaid care work in accordance with the provisions of the CPE (art. 338).
- Promotion of the social and public co-responsibility of care work as a foundation for building a more just and more equal society, through a comprehensive national care system with sufficient funding to ensure its implementation.



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■ Extension of paternity leave for up to 45 days to distribute the care work of the newborn.

■ **Maternity and paternity of sexual and gender diversity:** The political, social, cultural, legal, egalitarian and non-discriminatory recognition of diverse families and/or homoparental exercised by pregnant and non-pregnant mothers and/or fathers of sexual and gender diversity is sought. With proposals for laws or regulations, which prevent children from being snatched from their mothers and/or fathers because of their sexual orientation and gender identity or not being recognized by their mothers and/or fathers, both pregnant and non-pregnant.

Recommendations

Based on the analysis carried out, as young Bolivian women in all their diversity, we propose urgent and strategic recommendations that respond to the reality of women in Bolivia, considering their ethnic, territorial and socioeconomic diversity. These actions seek to transform the care model, break with its feminization and move towards a co-responsible system that guarantees rights and redistributes care work.

- To the Plurinational State of Bolivia:** The urgency of a legal and regulatory framework for care as a right. Approve a Comprehensive Care Law that recognizes care as a human right and a collective responsibility between the State, families, the community and the private sector. Incorporate gender, interculturality, intersectionality and ethnic-racial approaches, guaranteeing equitable access for indigenous, Afro-Bolivian, rural and poverty women. Establish a National Care System, with clear governing, sustained financing and intersectoral articulation (health, education, work, social development). Design and implement a National Care System.
- To the Ministries of Education, Health and Labor:** Expansion and strengthening of public care services. Invest in public care infrastructure, including community daycares, day centers for the elderly and specialized services for people with disabilities. Prioritize coverage in rural and indigenous areas, where the lack of services aggravates inequalities and burdens young women. Incorporate mobile or community care modalities adapted to dispersed rural contexts and indigenous communities.
- To international agencies (ECLAC, UN Women):** Request from international organizations the accessible financing of pilot programs of care in vulnerable communities, with leading participation of young and diverse women. Ensure that these pilot experiences are scalable, with assessments that fuel sustainable national policies.



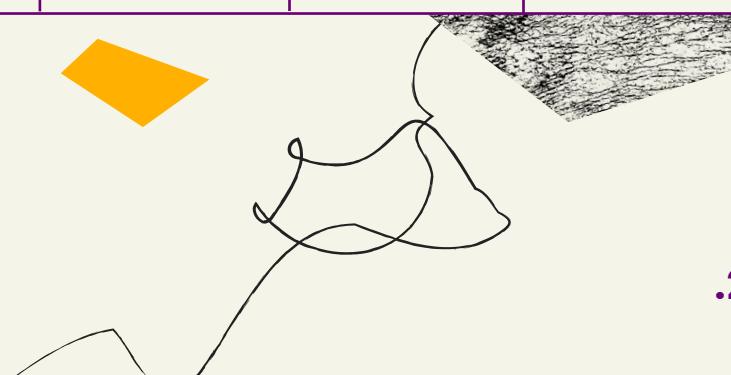
- To civil society:** Redistribution of roles of care and cultural transformation. Promote awareness and education campaigns to denature care as a “women’s obligation” and promote co-responsibility among men, families, the State and the community. Incorporate educational content in schools and community spaces that promote a new culture of care based on equality and rights.
- Expansion and strengthening of public care services.** Invest in public care infrastructure, including community nurseries, day centers for older adults and specialized services for people with disabilities. Prioritize coverage in rural and indigenous areas, where the lack of services aggravates inequalities and burdens young women. Incorporate mobile or community care modalities adapted to dispersed rural contexts and indigenous communities.
- Integration of feminist and intercultural approaches in public policies.** It is necessary to design care policies that recognize cultural and territorial differences, ensuring linguistic and cultural relevance for indigenous and Afro-Bolivarian peoples. In addition to ensuring that care programs include mechanisms of youth and community participation, especially of young and diverse women, in their design, implementation and evaluation

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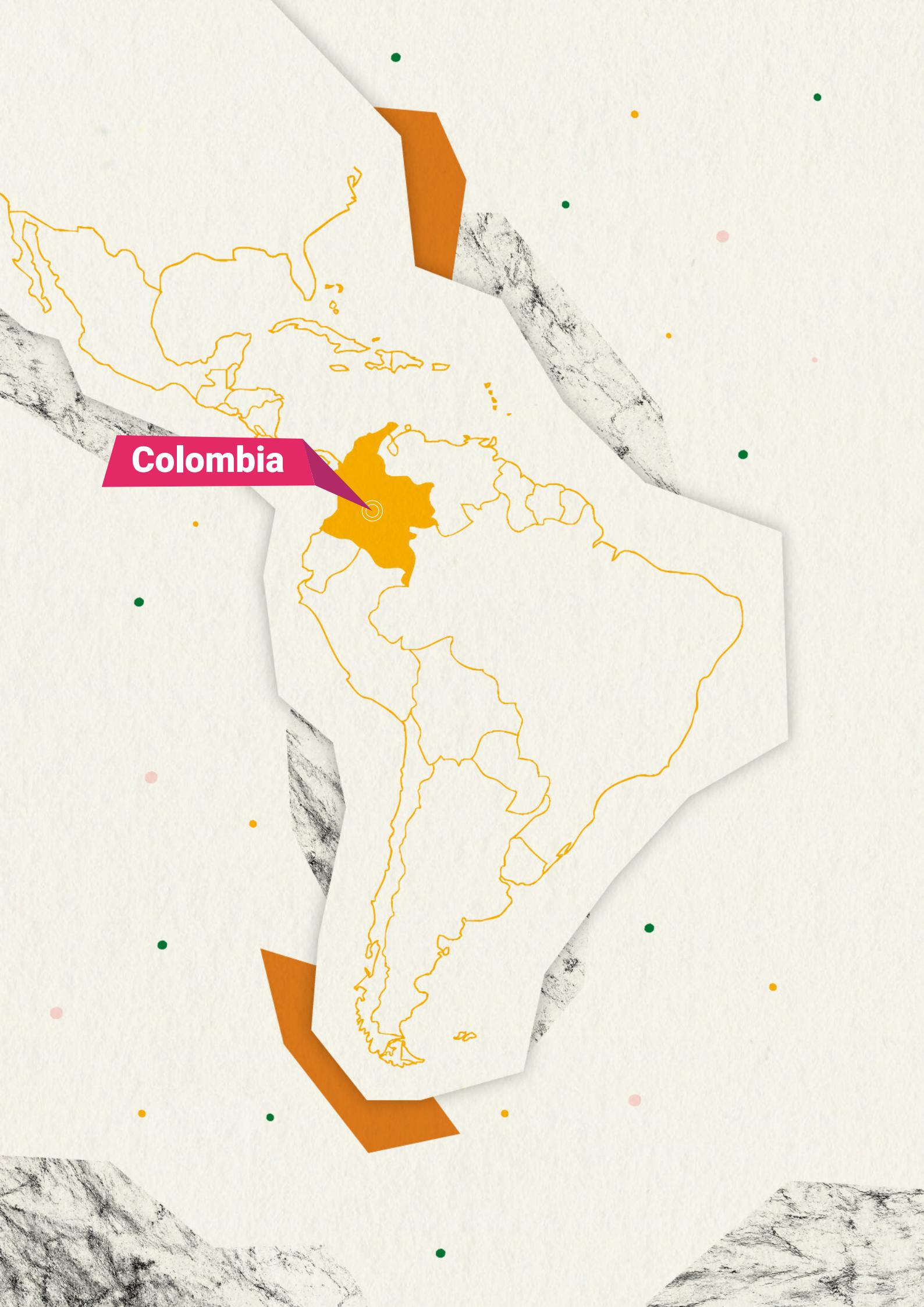
Annexes

Ley N.º / Denominación	Fecha de sanción	Alcance	¿Tiene presupuesto asignado?	Potencialidades / Limitaciones	Vacíos legales
Constitución Política del Estado Artículo 338	2009	Reconoce el valor del trabajo doméstico y el deber del Estado de proteger a la niñez.	No específico, depende de políticas derivadas.	Reconocimiento constitucional fuerte. Reconoce el valor económico del trabajo doméstico.	No establece mecanismos de implementación concretos.
Ley N° 380 (Cochabamba) a) Ley Municipal de Correspondencia en el Trabajo de Cuidado No Remunerado para la igualdad de oportunidades	19 de febrero de 2019	Corresponsabilidad en el trabajo de cuidado no remunerado.	No, depende del nivel municipal.	Visibiliza el trabajo no remunerado. Ámbito únicamente municipal.	No es de alcance nacional.
Decreto supremo 3106 (2017)	8 de marzo de 2017	Guarderías laborales en empresas y vida digna para mujeres.	Sí, tiene presupuestos institucionales.	Aplica en el sector empresarial formal.	Poca fiscalización en PYMES.
Ley N° 065 - Ley de Pensiones	10 de diciembre de 2010	Regula el sistema de pensiones y cobertura de seguridad social.	Sí, tiene presupuesto mediante aportes	Posibilita jubilación a personas que han cotizado; sin embargo, muchas mujeres cuidadoras no acceden a empleo formal.	No reconoce años de trabajo de cuidado no remunerado como aportes.



Ley N.º / Denominación	Fecha de sanción	Alcance	¿Tiene presupuesto asignado?	Potencialidades / Limitaciones	Vacios legales
Ley N° 1133 - Ley de Protección a las Madres y Lactantes	20 de diciembre del 2018	Regula derechos laborales de mujeres embarazadas y en periodo de lactancia.	Si, el sistema de salud público.	Reconoce el rol de cuidado en la primera infancia.	Aplica en mujeres que tienen un empleo formal y no así en trabajos informales (que es un porcentaje mayor en la población) Solo aplica el cuidado antes de la lactancia.
Ley N° 1678 - Ley General para Personas con Discapacidad	15 de septiembre de 1995	Establece derechos y protege a personas con discapacidad.	A través de bonos y programas sociales.	Reconoce necesidad de apoyo y asistencia.	No protege a quienes cuidan a personas con discapacidad.
Ley N° 045 - Contra el Racismo y toda forma de Discriminación	8 de octubre de 2010	Prohíbe la discriminación por razones de género, sexo, discapacidad, orientación sexual etc	No tiene una asignación para cuidados.	Se aplicaría en discriminación laboral por ser una persona con capacidad de gestar (HTM, NB, Mujeres cis género) O ser una persona cuidadora parte de la población LGTBIQ+ E incluso tener una familia diversa y/o homoparental	No regula ningún mecanismo de protección en cuidados informales

Programa / Plan / Proyecto	Organismos cual depende	Nivel de gobierno	Objetivo general	Componentes	Prestaciones	Población	Perspectiva de género	Perspectiva intérseccional	Apelación a la juventud
Programa "Mi Salud" con enfoque comunitario (acciones de cuidado en salud familiar)	Ministerio de Salud	Nacional	Brindar atención integral y gratuita a familias mediante brigadas medicas comunitarias.	Salud preventiva, atención domiciliaria, educación en salud.	Atención médica gratuita a domicilio, seguimiento de personas, mayores, mujeres embarazadas y niños.	Mujeres, personas mayores, niños y población rural.	Si (atención diferenciada a mujeres embarazadas)	Si (enfoque rural, pueblos indígenas y zonas marginadas)	No directamente
Escuela de madres padres (proyectos impulsados desde alcaldías o fundaciones)	Gobiernos Municipales / ONG	Sociedad Civil	Promover corresponsabilidad familiar en la crianza y el cuidado.	Talleres de sensibilización, acompañamiento psicológico, actividades comunitarias.	Formación gratuita, asesoramiento, actividades para niños.	Familias, especialmente madres cuidadoras.	Sí	Si (acceso a familias en situación de pobreza o exclusión)	Si (cuando se trabaja con madres adolescentes)
Casas de acogida temporal para mujeres víctimas de violencia	Alcaldías y SEDES (con apoyo de cooperación o fundaciones)	Departamental, Municipal	Brindar protección integral temporal a mujeres víctimas de violencia.	Alojamiento, contingencia, asistencia legal y psicosocial, cuidado de hijos.	Vivienda temporal, alimentación, atención legal y psicosocial.	Mujeres víctimas de violencia y sus hijos e hijas	Sí	Si (incluye mujeres indígenas, rurales, migrantes)	No directamente aunque algunas son jóvenes.



Colombia

The image shows a map of South America with a callout pointing to Colombia. The map is rendered in a light beige color with orange outlines for the country borders. A purple callout points to the northern part of Colombia, specifically the Bogotá area. The word "Colombia" is written in white on a purple background within the callout. The map is set against a background of dark, textured shapes that resemble clouds or geological formations.

THE SOCIETY OF CARE FROM THE AGENDA OF YOUNG WOMEN XVI REGIONAL CONFERENCE OF WOMEN OF LATIN AMERICA AND THE CARIBBEAN.

Regulations and public policies

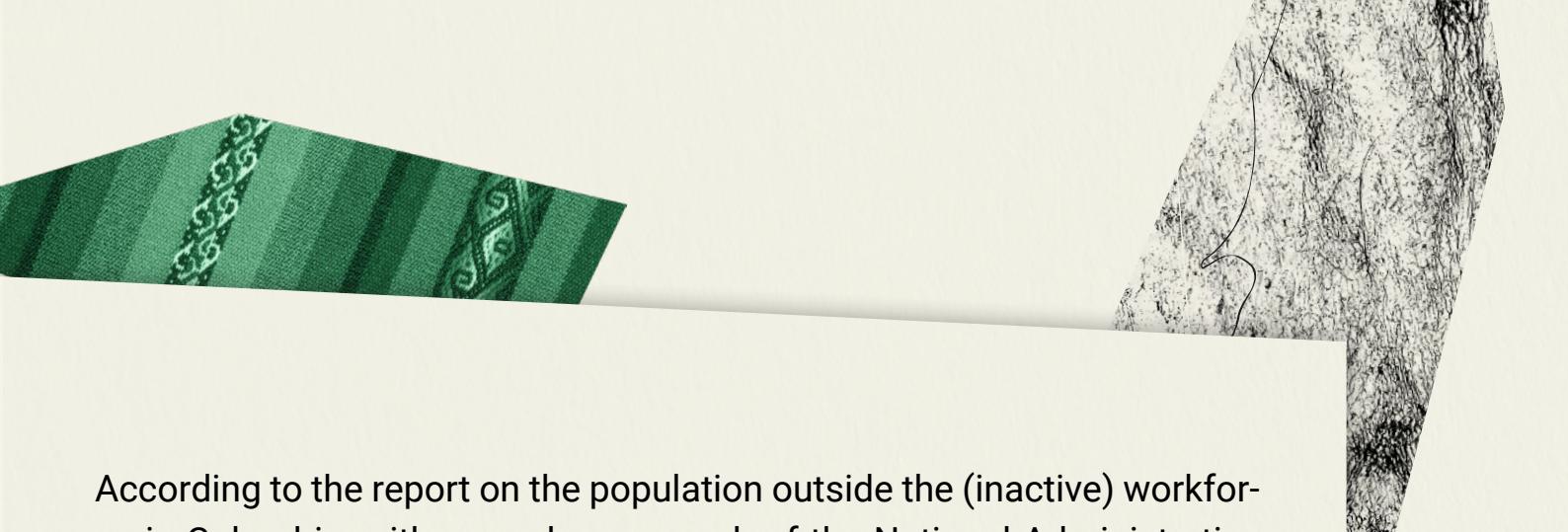
In Colombia, the recognition of care had its origins from a perspective closely associated with traditional gender roles and the responsibilities assumed by women in the private sphere and within the home.

Thus, a first normative advance in the visibility of care was Law 1413 of 2010, which established the inclusion of the care economy in the System of National Accounts. This law made it possible to quantify the contribution of domestic and care work carried out by women to the Gross Domestic Product (GDP), thus recognizing its economic and social value.

From labor law, Law 2114 of 2021 introduced an extension of maternity leave to 18 weeks and paternity leave from 8 days to two weeks, promoting co-responsibility in the care of newborn daughters and sons. Although this change marked an important step towards the redistribution of care in the family environment, challenges persist to achieve effective and equitable participation of men in these tasks.

The above, understanding that according to the National Administrative Department of Statistics - DANE, as of June 2025 the national occupancy rate was 60.9%. However, these data are variable since they do not refer only to formal jobs with recognition with licenses, taking into account that for the quarter of March to May 2025 the people employed in the informal sector were around 55.9%.

In addition, in May 2020, in its Gender Bulletin on the Situation of Women in Formal and Informal Employment, the DNP reported that, of the 9.2 million women employed in the urban area, 61% did so from informal activities. In contrast, of the 1.4 million women employed in rural areas, about 87% were engaged in informal activities.

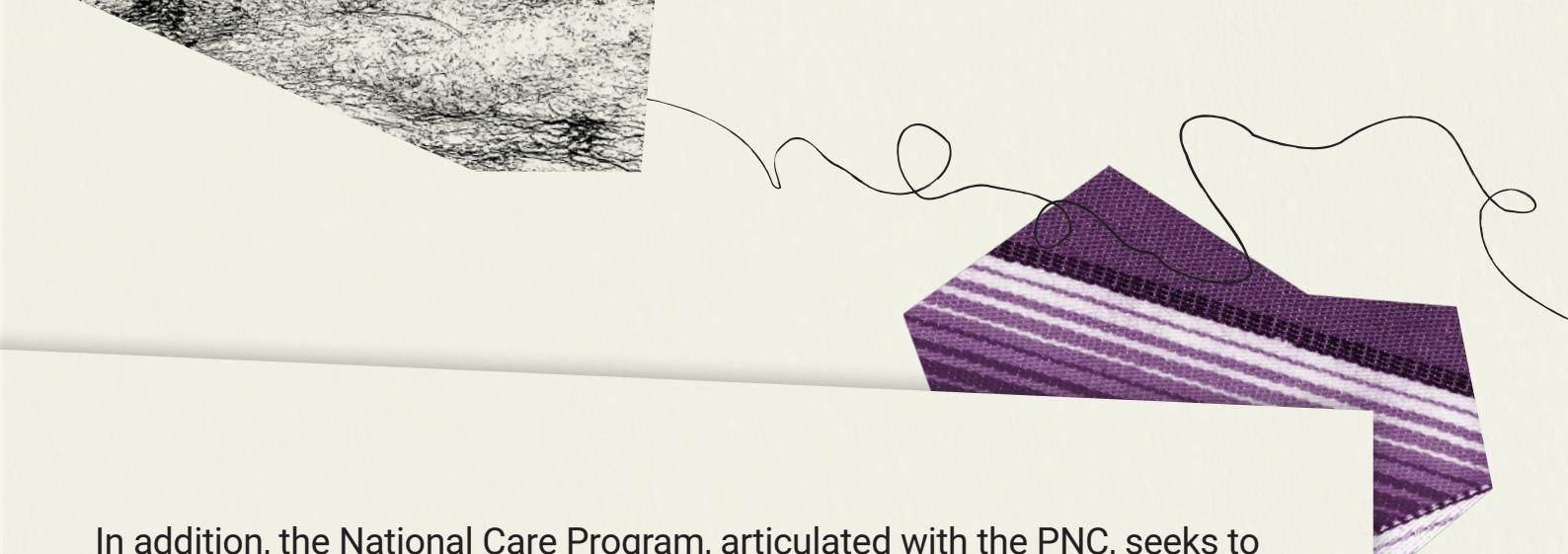


According to the report on the population outside the (inactive) workforce in Colombia, with a gender approach of the National Administrative Department of Statistics - DANE (2021), important gaps in the participation of women in the labor market are highlighted. Although women represent 51% of the working-age population, their participation in formal and paid employment is significantly lower. Before the pandemic, women constituted 41.4% of the employed population, a figure that was reduced to 39.3% at the end of 2020. Showing a setback in terms of labor inclusion as a result of the health crisis. One of the main phenomena affecting the quality of employment is horizontal segregation, that is, the concentration of women in certain specific sectors.

In 2019, 53.7% of employed women focused on three branches of activity: Trade and vehicle repair (21.4%); Public administration and defense; education and human health care (17.2%); and Artistic activities, entertainment, recreation and other service activities (15.1%). 29.8% of employed men are concentrated in these same branches. This distribution was maintained in 2020 (53.0% for women and 29.3% for men). Another expression of inequality in the workplace is vertical segregation, which refers to the concentration of women in occupations with lower remuneration and lower recognition: In 2019, women represented 94.0% of people employed as domestic workers and 76.6% of those who were unpaid workers.

More recently, care has been recognized as a human right and a structural issue of social justice and gender equality. The National Care Policy adopted through the CONPES 4143 of 2022, established the National Care System as a strategy to transform the social organization of care in the country and ensure that all people can provide care for and be cared for in dignified conditions. This policy is based on the principles of recognizing, redistributing, reducing, representing and rewarding care work, paid and unpaid, under an approach of co-responsibility between the State, civil society, communities and the private sector.

Through this Policy, it is proposed to articulate 133 actions under four strategic spheres: i) strengthening community care; ii) protection of the rights of caregivers; iii) cultural transformation and; iv) institutional strengthening. Thus, it has become a basic instrument for strengthening the National Care system that contributes to equitably balancing the responsibilities of the State, families, communities and economic dynamics in order to dignify the exercise of care and the needs of receiving care



In addition, the National Care Program, articulated with the PNC, seeks to strengthen the institutional capacity of the State to respond to the needs of caregivers, especially those in community or highly vulnerable contexts, through the creation of care services with a territorial, differential and intersectional approach.

In turn, there are some strategies that add to the process of recognizing care as a right in Colombia. Among them, the strategy called "Care Communities" stands out, whose flagship is the Ministry of Equality and Equity with the support of the Free and Productive Woman Fund.

Gaps

In Colombia, care continues to have the face of a woman from an early age.

- According to UNICEF data, girls spend six times more time caring than boys and their parents, before experiencing motherhood. This early burden has concrete consequences: girl caregivers study, on average, 17 minutes less a day and spend 23 minutes less at school. The time that could be invested in learning or play is spent on tasks that the environment imposes on them for gender reasons.

This pattern is not casual. The National Planning Department (DNP) recognized in 2023 that the traditional assignment of gender roles, along with cultural factors and the lack of infrastructure for care, are structural causes of the gender gaps that persist in the country. In response, the 2022-2026 National Development Plan prioritizes the care economy as a strategic bet to close these inequalities and move towards greater equity.

However, despite progress in the recognition of domestic work and unpaid care, gaps persist.

According to UN Women and the National Administrative Department of Statistics - DANE (2022), the main responsible for this work continue to be women, especially those between 29 and 45 years old. This group carries a double or triple day: they work, care and, many times, do so without access to labor rights, social security or their own time. Much remains to be done to redistribute care and ensure that well-being does not depend only on the silent sacrifice of women.

Initiatives and Demands

Young women create and accompany care practices that respond to the realities and needs of different populations in their territories. These actions have been accompanied by expressions of affection, care, and collective commitment, hand in hand with actions of creative resistance and various activism that have allowed them to build safe spaces for both care and common claims and demands. Young women who recognize their sexual and gender diversity, have also led processes oriented to well-being and collective care in environments that do not adequately meet their needs.

Some examples of the diverse organizational expressions of young women in Colombia are: Youth collectives in Quibdó and Medio Atrato, Amarantas Houses for care in María la Baja and Villavicencio that provide spaces for care and activism for young women, community committees promoted by young women LBT around security in the territories (Chocó, Cauca, Antioquia, Montes de María), among many others.

These initiatives are mobilized from self-management, organization and free time, without any remuneration and facing situations of unemployment, instability and precariousness of youth work, unguaranteed free education, the stigmatization of sexual and gender diversity, the institutional co-optation of youth initiatives without recognition or remuneration and other situations that put at risk organizational exercises and the care fabric of young women.

However, there is some institutional uncertainty about who will lead the public care policy in the country in a sustained and effective way. This is due to the crisis at the Ministry of Equality and Equity, an entity that was conceived as the main articulator of the National Care System.

The decision of the Constitutional Court to declare unconstitutional the creation of the Ministry due to procedural defects, together with the low levels of budget execution (barely 2.4% in 2024) and the frequent turnover of those who have led it, generate concerns about the operation and destination of strategic programs such as Communities of Care and the Youth Weaving Welfare Program in charge of community support and psychosocial accompaniment for racialized, impoverished young caregivers and from the urban and rural peripheries, a program that has not presented progress in implementation beyond the institutional formulation with the final version of the technical document.

Although a new bill has been presented to Congress to move forward with the existing gaps, the Ministry of Equality only has one more year of legal existence. This generates institutional and political tension over its sustainability. Added to this are public questions about allegations of structural discrimination and lack of political support. As a consequence, civil society warns about the need for guarantees of institutional continuity

with a gender and territorial approach, as well as a concrete commitment not to back down around the care economy, beyond who heads its implementation.

Recommendations

Caring is an act of rebellion in contexts where life is precarious, where women are expected to give everything without asking for anything in return. That is why we demand that care stops being an individual burden and becomes a shared commitment, with public policies that recognize what we do, with resources that strengthen our processes, and with respect for our own ways of caring in our territories.

— (Yulenis López, San Jacinto, Bolívar)

In the search that is being made to walk towards a care society that integrates all people and institutions in this crucial issue, and where young women in all their diversities are caregivers, the following recommendations are raised that tend to the recognition of care as an activity of humanity that includes all dimensions, therefore, it becomes increasingly necessary to build policies and laws that in turn have a budget base that support these bets around the consolidation of a care society, taking into account the intersectional, multicultural, gender approach the perspective of young women and rights; therefore, it is proposed:

- █ Urge the Colombian legal system to explicitly recognize care and mechanisms to guarantee it.
- █ Carry out awareness-raising actions on the right to care and social and gender co-responsibility.

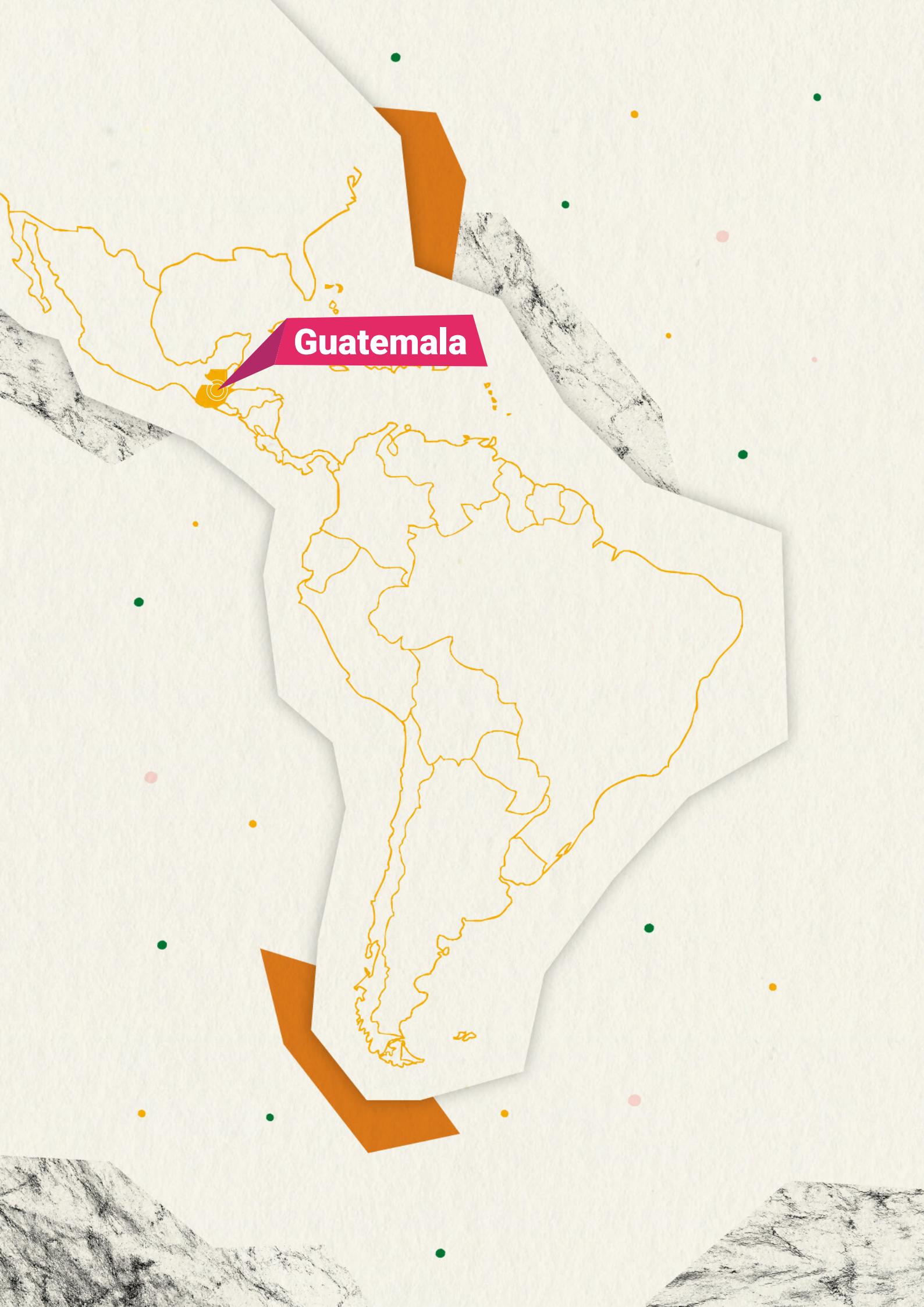
- Develop a process of consolidation of databases and experiences of young women's organizations in Colombia that account for the actions that are carried out around care.
- Insist that the State act in a coordinated manner in its institutions around the lines of health, education, social security and labor; that guarantees a comprehensive approach to care.
- Consolidate programs that materialize care policies, that allow the overcoming of labor gaps, age prejudices and racial and ethnic discrimination.
- Recognize the strategies, actions, forms and proposals of young women around care linked to economic remuneration, the integrality of care, the recognition of leisure time, recreation and the use of free time; taking into account that there are already organizational processes that promote it as outlined in the section of initiatives and demands.
- Creation and accompaniment of safe spaces to talk about mental / emotional, sexual and reproductive health that link caregivers and people to be cared for, in the sake of becoming a society of care, in urban, peri-urban and rural spaces. As well as, inclusion of menstrual health as a key axis in public policies of care hand in hand with pedagogical processes with a gender and territorial approach.

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Guatemala

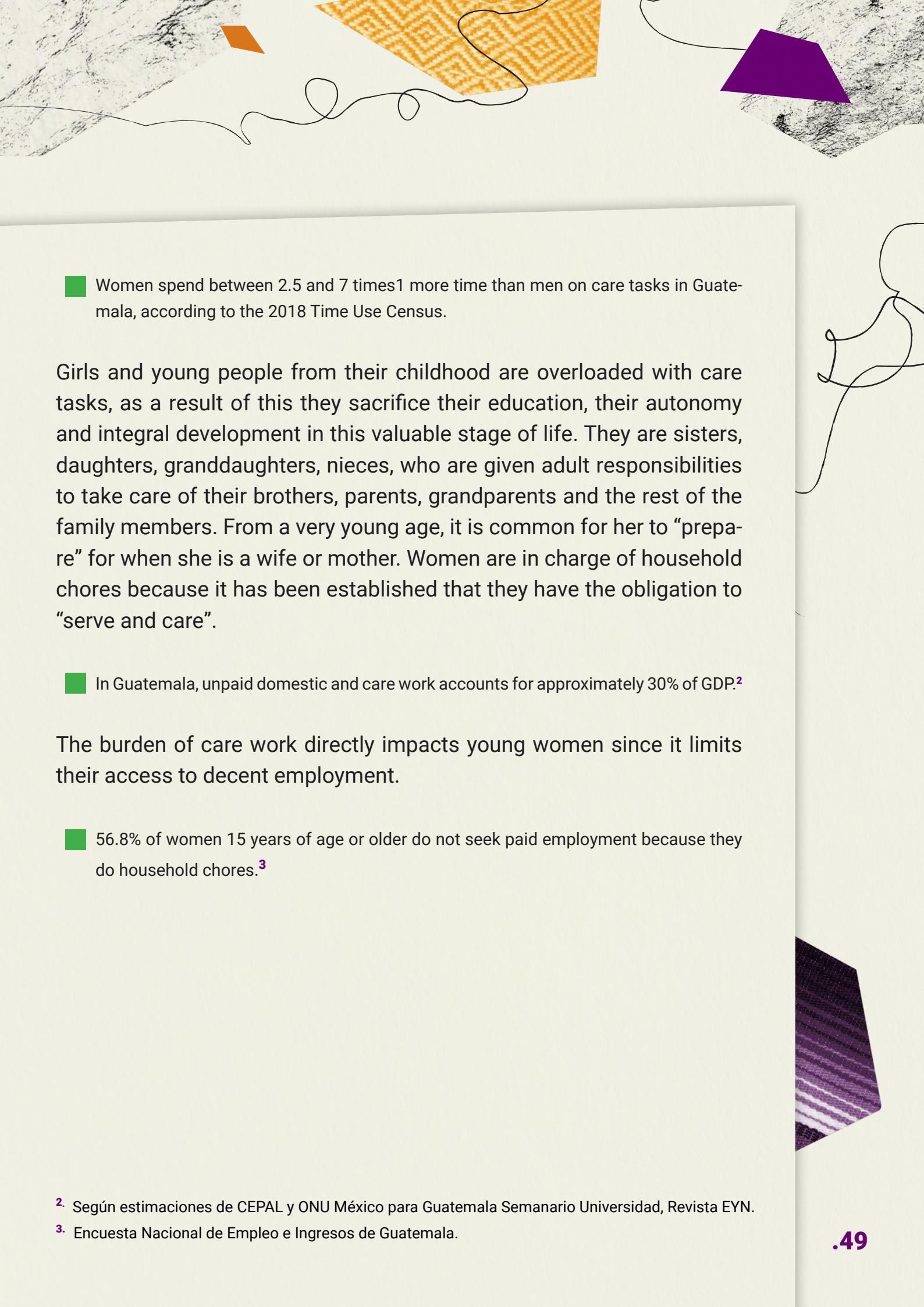


YOUNG WOMEN AND CARE IN GUATEMALA

- Care continues to be invisible, naturalized and feminized, reaffirming and deepening inequalities. Historically, especially impoverished, indigenous, black, migrant, young and trans women have been burdened with the responsibility of caring, in almost all cases without pay, without rights and without recognition. And although care is essential for the economy to work, the cost to be paid is the freedom and well-being of many women.

In Guatemala, social care refers to the set of actions and policies aimed at guaranteeing the well-being and protection of people, especially those who are in situations of vulnerability or dependence.

From the eyes of young women we see and recognize that care is not something “natural” that women do out of love or dedication, but it is a job that also supports the economy and development of the country.



- Women spend between 2.5 and 7 times¹ more time than men on care tasks in Guatemala, according to the 2018 Time Use Census.

Girls and young people from their childhood are overloaded with care tasks, as a result of this they sacrifice their education, their autonomy and integral development in this valuable stage of life. They are sisters, daughters, granddaughters, nieces, who are given adult responsibilities to take care of their brothers, parents, grandparents and the rest of the family members. From a very young age, it is common for her to “prepare” for when she is a wife or mother. Women are in charge of household chores because it has been established that they have the obligation to “serve and care”.

- In Guatemala, unpaid domestic and care work accounts for approximately 30% of GDP.²

The burden of care work directly impacts young women since it limits their access to decent employment.

- 56.8% of women 15 years of age or older do not seek paid employment because they do household chores.³

². Según estimaciones de CEPAL y ONU México para Guatemala Semanario Universidad, Revista EYN.

³. Encuesta Nacional de Empleo e Ingresos de Guatemala.

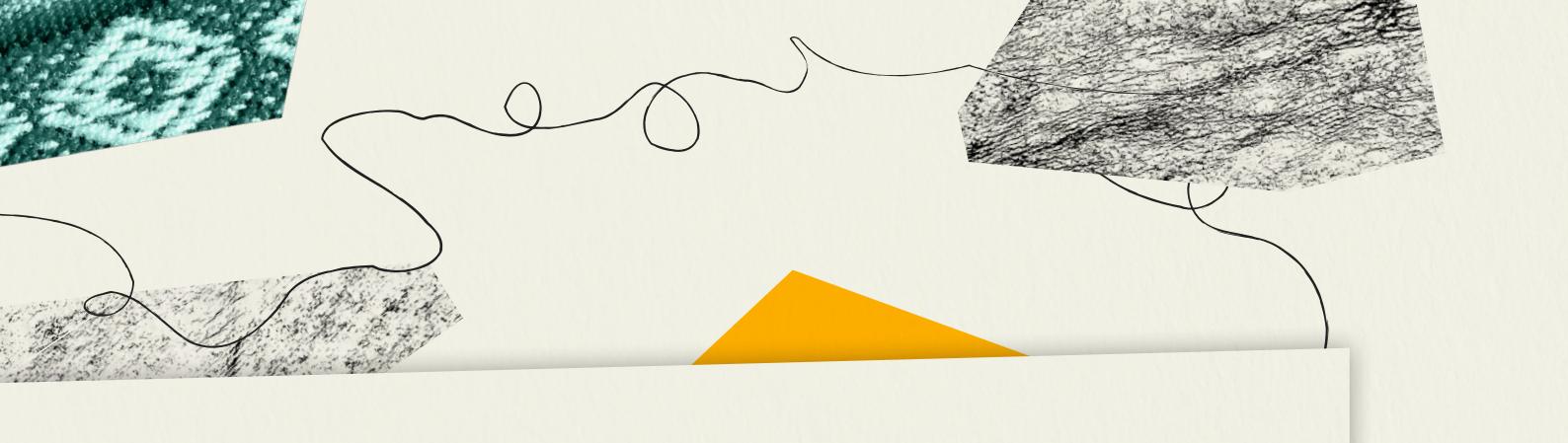


In Guatemala, paid domestic work is highly precarious, 99.5% of women in this sector work without social protection or enjoy basic labor rights. This is more worrying when it comes to young women under the age of 18 since they are exploited and banished from their communities to work in urban areas where they do not have any support network.

These patterns of care assigned from childhood transform the lives of girls and young people in Guatemalan society and constitute risks for school dropout and the reduced participation of women in public spaces

In 2018, the XII Population Census and VII Housing Census, highlighted that there were 35% of girls and adolescents between 12 and 17 years old who did not attend an educational institution. Even so, this national average is far from representing the territories and the different peoples, in rural adolescent girls the percentage increases to 46.5% and rises to 52.3% if they are rural Mayan adolescent girls.

In education, specifically in the rural area, the schooling of young women is not a priority, since there is the idea of prioritizing marriage and child labor, therefore, care is not taken in their education or recreation, this generates a limitation for personal, school, social and economic development.



In Guatemala, young trans women face multiple challenges linked to structural gender inequalities. Trans young women tend to experience processes of exclusion from early stages of their lives, including family rejection, school violence and institutional discrimination. This translates into high rates of school dropout, scarce job opportunities and greater vulnerability to physical, sexual and symbolic violence.

From this perspective, it is urgent to implement public policies with a gender approach that contemplate the reality of trans youth, guaranteeing access to sensitive and discrimination-free services. It is also essential to promote safe spaces for the development of their autonomy and leadership.

The Guatemalan State, despite its obligation to guarantee the survival, security, equality and integral development of children to achieve their physical, mental, social and spiritual development, it seems that at the time of materializing its mandate its actions are insufficient, since there are only maternity leave and some child care centers up to 6 years of age. A comprehensive approach to the care system would have to involve comprehensive public policies and various actors such as the State, families, communities, markets and social organizations to guarantee access to quality care services, such as child care centers and assistance programs for people with disabilities, or older adults and sexual and reproductive health services so that these tasks do not fall only on women, with a human rights and gender justice perspective.

The promotion of a care economy also requires the creation of decent employment, the professionalization of care work and the strengthening of the legal framework to protect the labor rights of those who exercise it. Only through a real commitment on the part of the State and civil society, with budgets with a gender perspective and accountability mechanisms, can we move towards a Guatemala where care is a collective responsibility and equality between women and men is guaranteed, respecting the diversity of identities.

RECOMMENDATIONS

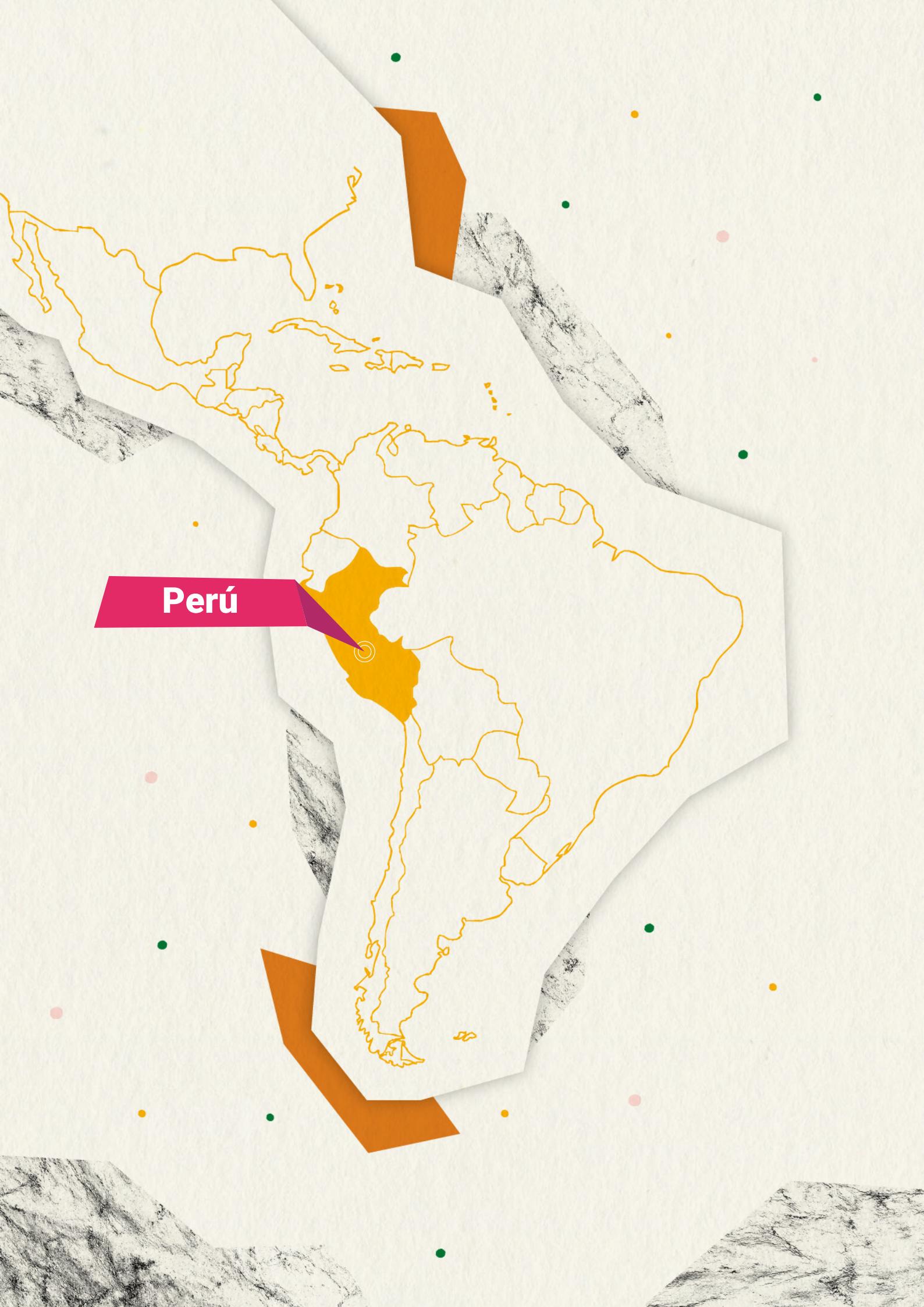
The State of Guatemala:

- Promote a care society with gender equality based on a profound reform of the social, legal and economic system. Developed with the communities, with an intergenerational, intersectional and feminist look. Young women must be protagonists of change, not only beneficiaries, but as designers of a new model of fairer, more equitable development of care tasks. These tasks include cooking, cleaning, taking care of children or older adults, looking for water or firewood, and other essential work for social and economic reproduction.

Commit to promoting public policies and legislation, on the care system, along with enforcing international commitments and treaties.

The Governments of Latin America and the Caribbean:

- Allocate financial resources through comprehensive public budgets, which allow the implementation of protection tools, mainly for girls and adolescents, that guarantee and facilitate access to education, health, spaces for recreation and participation, and break with the patterns and current systems that reproduce inequalities.
- Guarantee planning access for young people and that they can think about what plans they want for their life (school, family or professional) thus generating a vision of the future.



Perú

Current context : care as an outstanding debt of the state

In Peru, young women in all their diversity, maintain a network of unpaid care that remains invisible, not recognized or guaranteed by the State. Current legislation shows partial progress, but lacks a comprehensive approach that recognizes care as a collective right, and not as an obligation historically imposed on women. The absence of a National Care System has transferred this responsibility to households, especially affecting young women in situations of poverty, informality or rurality, limiting their possibilities for development, economic autonomy and full exercise of rights.

Structural and institutional gaps

According to the National Center for Strategic Planning (CEPLAN), by 2025 it is estimated that 25.8% of young women will be in a situation of educational and economic lack of protection compared to 19.7% of men. However, these statistics ignore that many young women perform unpaid domestic care work. This exclusion distorts the diagnosis and perpetuates incomplete public policies. In addition, the budget allocated to care programs represents less than 0.5% of total public spending, according to the Ministry of Women and Vulnerable Populations (MIMP), evidencing the state's lack of interest in redistributing historically feminized responsibilities.

Public policies: a fragmented legal framework

Existing rules such as the Code of Children and Adolescents (Law No. 27337) or Law No. 29896 that protect people in a situation of abandonment, omit those who take care of them. Others, such as Law No. 29896, promote family co-responsibility, but without labor guarantees or economic compensation. Even the Youth Law (N.o 27802) ignores the reality of young caregivers, leaving in evidence the absence of an intersectional and rights approach.

Demands from the territories: youth who care and resist

Faced with state omission, young women organize, propose and act. Initiatives such as:

- The Network of Young Feminist Women of Peru (RMJFP) denounces the feminization of unpaid care work.

The National Organization of Andean and Amazonian Indigenous Women of Peru promotes communal care systems from ancestral knowledge.

- The Flora Tristán Center promotes training in labor rights and mental health for young caregivers in urban areas.

- **Ashanti Peru, led by young people of African descent, strengthens leadership from the approach of rights and ethnic-racial justice as well as economic autonomy for Afro-Peruvian youth.**

These experiences converge in urgent demands:

- Legal and statistical recognition of unpaid care work.
- Work licenses and subsidies for young caregivers, including the informal field.
- Accessible, free and culturally relevant public services.
- Effective participation of young women in care policies.
- Campaigns that promote male co-responsibility and dismantle gender stereotypes.

Recommendations

To the Peruvian State:

- We demand the approval of a National Care System with an intersectional, gender and intercultural approach, articulating public services for children, the elderly and people with disabilities. It is urgent to guarantee the right of young women to study and work, without care being an exclusion trap.

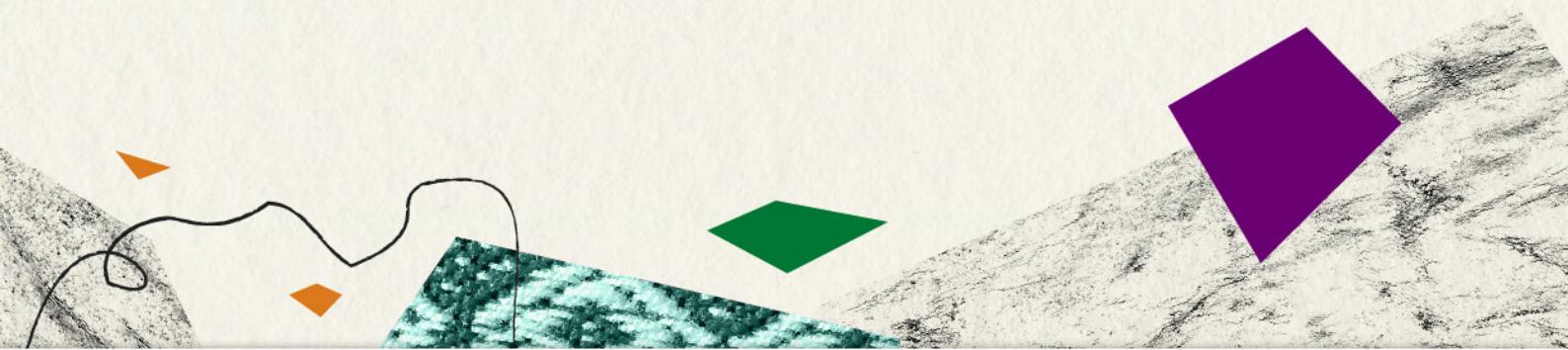
At the regional level:

- We urge the governments of Latin America and the Caribbean to prioritize Peru in regional strategies, recognizing the critical situation of young caregivers, especially indigenous, Afro-descendants, with disabilities or part of the sexual diversity. The articulation between the Women, Health and Labor sectors must be a priority.

Globally:

- We ask UN Women, the International Labor Organization and the World Health Organization to recognize the setback in the rights of women and young people in Peru. It is urgent to accompany financing, technical assistance and management tools that allow building care systems with the voice of young people in the center.

¡Towards a **National Care System con
eTowards a National Care System with an in-
tersectional, feminist and youth approach!!**



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