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Gender, pensions and social citizenship in Latin America

Daniel M. Giménez





Women and Development Unit

ECLAC/Government of the Netherlands project: "The gender impact of pension reform in Latin America"

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Abstract

A major part of the problem of providing high-quality welfare and social protection to the members of a society lies in the issue of how to distribute the responsibility for these services within the society —a problem referred to in this paper as the "care dilemma". Different historical junctures and forms of social organization have witnessed different responses to this dilemma. Strictly speaking, the solution is a variable that depends on culture, level of institutional development, the distribution of the resources of power in a society and the ability of the different relevant stakeholders to mobilize those resources. Although these factors have given social subsystems such as the State, the market and various associative communities a significant role to play in care and welfare, much of the burden has always fallen on the family, even in today's developed societies. Behind this fact lies an important gender basis which has significant implications for the status of women in society, for when the family is the principal provider of care and welfare services, women must either remain outside the labour market or face the difficulties of reconciling their productive and reproductive roles ---difficulties that men do not face in this context.

One major consequence of this has been that women's rights, both symbolically and in practice, have been closely tied to welfare and social protection for the family. When society does not adequately recognize the functional necessity of these services —i.e., when they are provided in a highly informal fashion— the tasks that women perform in providing them are considered "natural" to them as women, and the recipients of care are seen as requiring, or legitimately deserving, the services. For care and welfare to receive significant recognition -i.e., to become formal, in any sense of the word- three necessary but not always sufficient associated phenomena must come together. The first is a cultural change in the perception of the care recipient, who is no longer seen as needy or as an object of charity, but as a holder of entitlements. In other words, social citizenship is institutionalized. The second factor is that the development of social citizenship in the complex modern environment requires that care functions be transferred to selfregulating systems: the State and/or the market. Finally, in order for social citizenship to materialize, eligibility requirements must be defined, or the defining conditions of citizenship itself must be established. In some cases, merely being a member of a national community confers entitlement, while in other cases participation in the labour market is the determining factor. However, social citizenship for women has always been a function of interdependent family relationships and reproductive roles, regardless of how society distributes caregiving responsibilities.

This paper shows how this is reflected in Latin America. It provides a broad analysis of the ways in which caregiving functions have been distributed historically and considers their gender implications. It focuses primarily on the comparative analysis of the gender-related features of pension benefits in modern care structures; i.e., those in which care is highly formalized and where, as a result, entitlements deriving from social citizenship are guaranteed. The analysis shows that, despite profound (though not radical) changes in the systemic distribution of care as a result of pension reform, the distribution of caregiving responsibilities in society has not changed in the least. Hence, public policy and pension law continue to consider that women are directly or indirectly responsible for these tasks, and the family remains the locus where they become citizens. Finally, this paper points out the policy dilemmas that can arise in any attempt to achieve equality of citizenship between the sexes under the new pension systems. The paper concludes that the most effective policy is one that aims to ensure and facilitate women's access to the labour market and remove the obstacles they face in that regard. As a precondition, gender inequalities in the labour market must be eliminated.

I. Introduction

This study is intended to provide an analysis of pension reform in Latin America that expressly seeks to avoid the omissions, conceptual traps and logical inconsistencies from which the conventional studies conducted to date have suffered.

The paper begins by examining the gender-related features of the concepts of social citizenship on which pension policy to date has been based. Second, it examines pension systems as one of many care mechanisms, and considers them in the context of the social evolution from which they emerged, rather than as a stand-alone phenomenon without historical precedent that can only be explained in terms of itself. Finally, the paper attempts to provide a fresh approach to the study of social pensions, as well as a way to re-examine the apparently neutral or advantageous nature of many of the pension benefits provided to women.

II. Old age, care, citizenship and gender

A. Conceptual foreword

More than twenty years ago, Chile introduced a fully-funded defined contribution (FF-DC) pension regime based on individual capitalization. Though it received little academic attention for almost a decade, the extremely recessionary effects of the external debt crisis on the region's economies in general, and on government budgets in particular, resulted in the rapid spread, among a substantial number of Latin American countries, of a premature drive to reform absolutely everything susceptible to reform in the economic system. Within a short time, however, policy makers and those responsible for executing the reforms stopped blaming their countries' economic problems on the international crisis and instead pointed an accusatory finger at the State as the principal cause of the acute recession that the crisis had triggered.¹ Hence, reform proposals, which had initially sought to change the foundations of the economic system and adapt productive processes to market conditions (first-generation reforms), soon turned to the possibility of radically changing State structures in the region's countries.

Regarding the economic crisis and the neoliberal transformation, see Oszlak (1999:85), Lustig (1995) and Torre (1998), among others.

Accordingly, a good number of Latin American governments began, with varying degrees of depth, intensity and scope, to implement a package of measures known today as State reforms, institutional reforms or second-generation reforms. The principal objective was to apply private-sector management philosophies to public institutions; i.e., to create the minimum conditions needed to make public administration efficient and adaptable to the new demands of global competitiveness imposed by the changing international economic system.² In this climate, anything that might lead to excessive public spending and make government less efficient was subject to strong criticism and radical proposals for change. The process of assessment that emerged caused reform advocates to consider the possibility of radically reforming social security systems. The same process facilitated the popularization of Chile's new pension system. Between their founding and the implementation of structural adjustments, the various public agencies responsible for so-called "social security" had suffered from disastrous government management and had come under pressure from organized interest groups, while social and demographic changes increasingly made pension systems an unaffordable luxury in the region's countries.

In line with the principles of economic efficiency and financial sustainability that the new public policy guidelines have imposed on countries' productive structures, public administration and pension management, most research on social security reform has focused primarily on economic and technical issues, such as the new systems' financial efficiency, coverage and effects on national saving and investment, and the costs of changing over from one regime to another (ISSA, 1998). The substantive dimensions of social welfare, however, such as its nature or principal function in a society, have until very recently been systematically neglected. Although scholars today, as well as policy makers and those responsible for implementing policy, have detailed knowledge of the transition costs and long-term fiscal savings that may be provided by reform,³ there are still a number of unknowns with respect to other, more fundamental issues. This is evident in at least four areas.

First, the specialized literature, such as ILPES (1995, p. 26), regards pension reforms as economic reforms, while writers such as Edwards (1998, p. 73) regard them as institutional reforms. This lack of definition has made pension reform a problem for analysts. This is probably why experts have opted to study it from the viewpoint of the analytical structure that is most highly developed, disseminated and accepted in current public policy discourse: economic and financial efficiency. Using a popular and well-established language undoubtedly saves the expert community an enormous amount of work, since all that is required to elucidate a phenomenon is to apply existing premises and models. The alternative is slower. It means doing the work of creating explanatory structures which, while better, are more cumbersome and are not as readily accepted. There is, in addition, the daunting necessity of questioning premises that are normally embraced unthinkingly and to which researchers cling, not necessarily because they are most consistent with the realities being studied, but because of the theoretical security they offer.

² In some cases, second-generation reforms also sought to strengthen institutions associated with the rule of law, to facilitate or consolidate democracy and to encourage the social and political integration of social sectors which, either intentionally or inadvertently, had been systematically excluded from the structure of government and from political systems in general. Among other things, these reforms created government agencies for issues related to ethnicity, age and gender. Some of the measures taken to decentralize government also had this democratizing orientation. The same was true of electoral and judicial reforms (some of which were considerably more profound than others).

This narrowness of focus has been remedied to some degree in the last five years. Somewhat more is known, for example, about the possible effects of reform on equity (James, 1997), the legal principles underlying the various pension schemes (Marco, 2002 and Pautassi, 2002), the close correlation between the type of reform and the depth or quality of the political regime (Mesa-Lago, 1999 and 2000) and the influence of coalitions of special-interest groups and of ideological discourses that aim to legitimize new systems (Castiglioni, 2000), among many other things. This broadening of focus has done some justice to the enormous complexity of analysing pension systems and pension reform.

Second, some experts are unaware of, or confused about, the objective of pension systems. Alejandra Cox (2000a, p. 282), for example, suggests that the new Chilean pension system is characterized "above all" by its "sustainability" and by the incentives it offers for participation in the labour market. The main problem with Cox's argument is not its too-hasty and unfortunate attribution of characteristics, but rather its unwarranted attempt to change the approach through which the object under study —the pension system— needs to be explained. In analysing financial institutions such as banks or insurance companies, it is certainly appropriate to suggest that their main distinctive feature is their financial sustainability (or lack thereof). In addition to making profits in the capital market, these institutions perform other functions, such as sponsoring the arts, sports and even charitable activities. But to suggest that banks or insurance companies are characterized "above all" by their sponsorship of the arts or sports is nonsensical. Such sponsorship may be considered desirable (depending on individual preferences), but this does not make it a defining characteristic. Analogously, the function of a pension system is to ensure well-being and minimum survival conditions -care and economic autonomy, among others- for particular population groups, such as the elderly or individuals who have lost their productive potential. The sustainability of a pension system is a secondary characteristic —undeniably very desirable, but hardly either a primary or a necessary feature.⁴ What characterizes a particular pension system "above all" can therefore only be that it fulfils or fails to fulfill its function —which, again, is to ensure the welfare of particular population groups. Thus, the argument that "sustainability" is what best defines the new systems is fallacious because it confuses what is necessary with what is desirable.

Third, since pension reforms have primarily been studied in terms of their financial and fiscal yield, and in the belief that they should "above all" be sustainable, the specialized literature has until very recently neglected one substantive dimension of modern pension policy: social citizenship. The fact that a society legally regulates the provision of certain economic or other benefits to given segments of the population is a response to the need to guarantee social rights. Beyond specific national political contingencies or the financial expectations of the new systems' designers (though these factors are by no means irrelevant to the study of these reforms), it was because of a particular understanding of citizenship that social security, in all the countries where it was in crisis, was merely reformed, not abolished, even though its abolition would have been even more effective in reducing fiscal deficits and making public administration more financially "sustainable". Furthermore, participation in the new systems –whether in their public (where it exists) or private components– is mandatory for workers in the formal economy.

Despite the preponderance of private management in the reformed systems, the State must still finance certain pension outlays. It is responsible for managing the pensions of the old system that are still in effect, and for the bonus payments provided to pensioners making the transition to the new system. Finally, where the State guarantees a minimum pension, it must supplement the funds of those members who do not accumulate enough to provide for it. These three types of spending are referred to as the triple fiscal cost of pension reform (Mesa-Lago, 2000). The financing of the triple fiscal cost shows that the new systems' "sustainability" is largely an indirect result of significant fiscal intervention by the State, and is not based purely on the dynamics of the system itself.

The present reasoning merely aims to show that "financial sustainability" is an ancillary, not central feature of pension systems. In no case does the aim of financial sustainability justify inefficient or populist management of pension funds, let alone old distribution systems, which, among many other things, encouraged social inequality between different generations and social strata, benefited privileged groups (armed forces, public employees, senior government officials), and were clearly based on patriarchal premises. In view of the region's economic crises over the last two decades, institutions that are not economically viable can hardly be justified. But this obviously does not imply approval of institutions that are designed only to be financially efficient when they have other functions to perform.

For these reasons, it is strange, indeed, that most of the specialized literature has neglected the impact of the new systems on social citizenship, which has certainly been strongly affected by the reforms. If this element is not taken into account, pension policy can only be seen as the action of capricious States looking for something to do with their supposed economic surpluses —or, worse yet, as simply incomprehensible.

Finally, the specialized literature until recently also neglected the gender dimension of the new systems and the impact of the reforms on the status of women (Bertranou, 2000; Birgin and Pautassi, 2001, pp. 12 ff.; Marco, 2002, p. 10; Pautassi, 2002, pp. 30 ff.). Though an everincreasing number of publications has attempted to remedy this omission, only weak justification has been provided for studying gender, such as the argument that because it concerns the relations between men and women, it must be included in any economic or social analysis. In other cases, gender has been introduced as an additional dimension whose importance is more or less the same as that of other variables. The implementation of FF-DC schemes, nonetheless, not only transfers all or part of the responsibility for social security from the State to the market; it also redefines the way in which society assumes responsibility for the potential dependency of certain segments of the population. When a society does this —in whatever fashion— it generates a new way of distributing the responsibility for providing the services which these populations require. In most cases, these services consist essentially of direct or indirect care, which, in turn, is one of the primary sources of social welfare. In this context, public and private social security systems are only one of the many mechanisms that societies have created to solve the problem of distributing the responsibility for care. The important point is that any distribution of responsibilities is a means of organizing the work of caregiving and is thus a way of structuring the relations between men and women, since all societies consider women to be naturally responsible for caregiving functions. To this extent, every organization or reorganization of the social mechanisms by which care is provided involves a certain sexual division of reproductive labour. Hence, adequate study of a society's pension policy (which is one of many possible forms of providing care) requires a thorough understanding of the underlying gender dimension, which plays a role in any system that society uses to distribute the responsibility for creating well-being. In simpler terms, where there is a public, semi-public or entirely private social welfare system, societies have tacitly or explicitly decided to give specific segments of the population a certain level of social autonomy. In theory, the presence of a pension system should reduce the number of functions that must be performed by the family or that are not performed at all. This is true since, for a variety of cultural, social and even legal reasons, any form or system of pensions has a crucial gender dimension that must be dealt with if the overall function that the system plays, either intentionally or inadvertently, in a given society is to be understood.

The belief that public or private pension systems are primarily, if not exclusively, responsible for "social protection" against certain contingencies and, consequently, that social security is a totally sui generis phenomenon has prevented the gender perspective from taking root as one of the most useful approaches for understanding welfare policy. For instance, it has been said that it is impossible to understand the gender dimension of social security adequately without studying the assumptions behind the treatment of population groups and the "prevailing power structure" (Pautassi, 2002, p. 12), when, on the contrary, it is essential to understand that in any society there is a specific view of relationships between men and women on which structures such as social security systems are based. In the approach described above, social security is at the centre of the analysis, and the gender perspective is but one additional way (among many) of looking at the phenomenon. The best way to understand the nature of the different benefits that social security provides to women, however, is to put the gender structures that organize society at the centre of the analysis, and then to analyse this structure from the point of view of social security. Julia O'Connor (1996, p. 10) has pointed out that caregiving (a gender problem) is the

cornerstone of women's relationship to the institutions of the welfare State, which include social security. Hence, an understanding of social security from a gender perspective requires that the central focus be not on social security itself, but on the societal and systemic distribution of care, which, in any given case, is a particular way of organizing and distributing the work of men and

women. In other words, it is essentially a problem of gender, and only an understanding of the gender system, as it shapes social relations between men and women in a given society, can lead to an understanding of the assumptions underlying social security policy and legislation as they affect the female segment of the population. The reverse —starting with policy and working backward to gender issues— is not a road to understanding. Thus, the gender problem must be the object of study, and "social security" one of the analytical perspectives, rather than the other way around.

B. Old age, culture and society

In a general way, old age can be understood as a social condition (Ramírez, 2001). It is a set of attributes (or social representations) that are assigned to individuals who present certain biological, psychological and/or social characteristics. Given that ageing —the process through which individuals acquire the attributes that identify them as members of the social category called the elderly— eventually affects a broad and significant segment of any human group, every society, regardless of its level of development or its cultural features, creates its own representations of old age. Given that forms of social organization and culturally determined images vary in accordance with an enormous range of factors, a broad sample of these attributes and representations is in evidence today. The best known include wisdom, fragility and unproductiveness.

Thus, in cultures where myth and magic play an important integrating role, and in societies whose basic or only economic structure is agricultural,⁵ old age is seen as being tantamount to wisdom or a direct embodiment thereof. Another well-known representation is that of old age as unproductiveness. In countries that underwent modernization and industrialization early, in which wealth began to be understood as the accumulation of capital and thus became associated with work, anything that made it impossible to work (physically or mentally) came to be seen as generating idle members of society. Thus, in addition to being symbolically equated with unproductiveness, old age was defined as individual incapacity, and the individual so affected was the one responsible for dealing with it. A third representation of old age is as weakness or fragility; this is very much a feature of Catholic cultures. It derives from a symbolic matrix similar to the foregoing. Here, old age is one of the many causes of individuals' declining ability to produce. Therefore, it generates strong dependency on other members of the social group, and a concomitant loss of autonomy. Unlike the foregoing representation, however, it is not considered to be an individual problem, but a fact that, for various principally cultural and religious reasons, must be confronted collectively and institutionally. These same factors generate a cultural image of old age as a state of fragility or need requiring assistance.

Of course, social representations are not a passive phenomenon. It is generally evident that each of them has a corresponding social structure. Societies that consider old age a source of wisdom have developed a form of internal organization known as gerontocracy, which establishes a certain status and certain positions of privilege for the wisest individuals, who are the oldest. This usually means that such individuals become the group's sole authority (Weber, 1964, pp. 184 ff.). As to the representation of old age as unproductiveness, societies have created certain mechanisms for socio-economic exclusion, such as the systematic practice of not employing older people or, in less extreme cases, giving preference to young people in the labour market. Finally, societies that

It should be noted that agrarian society and mythic culture go hand in hand in the vast majority of cases.

understand old age as a state of fragility or weakness have developed a variety of institutions to provide assistance and charity.

In this context, pension systems can be seen as advanced societies' structural response to a certain sociocultural image of old age. This image combines and adds to the complexity of representations deriving from early modernity and Catholicism. It differs from them, however, in two basic ways. On the one hand, it considers old age to be not an individual problem, but a phenomenon which, owing to its demographic dimensions, affects societies as a whole. On the other hand, instead of defining those who have entered old age as needy individuals dependent on others, it sees them as possessors of rights who, as such, are eligible for certain benefits. In other words, it considers them as subjects of rights, not objects of charity.

This representation is a synthesis of a broader set of images of old age and of the process by which the condition of old age is reached. Indeed, contemporary societies see old age as a complex phenomenon that affects many aspects of people's lives. First, it is a biological fact or process consisting of the gradual deterioration of many physiological functions. This deterioration is not, in itself, an illness, but is in some cases caused by greater biological vulnerability, which in turn translates into a greater susceptibility to contracting or developing illnesses. As a result, individuals begin to lose the ability to carry on normal everyday life as they did when in full possession of their physical faculties (Benítez, 1989; Domínguez 1991; Zavala, Castro and Vidal, 2001).

Because of the changes that accompany old age, the elderly must make cognitive and emotional adjustments to an unstable environment. An ageing individual who faces illness, disorders and loss of motor function is subject to the fear that his or her entire routine of living may fall apart from one moment to the next. Loss of self-esteem ensues, and often, given some deterioration of mental capacity, this can mean diminished psychosocial skills. Hence, nowadays ageing is also considered a psychological phenomenon or process.

Furthermore, the ageing individual faces innumerable changes that affect his or her ability to subsist autonomously in society. This is because one effect of deteriorating physical abilities is to make it impossible to remain in the labour market. Though a particular individual may not be subject to this deterioration, the generalized image of ageing makes departure from the labour market mandatory, through either legal measures or informal discrimination. Older people must also deal with the narrowing of their social horizon through the loss of social agents in their immediate surroundings (members of family or other groups). Often, self-imposed social exclusion, abandonment or isolation are added factors. According to this representation, the ageing individual, stripped of the ability to generate autonomous economic income and having suffered the loss of many biological faculties, is perceived as the source of greater dependency on other people who are close to him or her. Since this process affects a large proportion of the population (especially in the developed world), ageing is also seen as a social phenomenon or process. Hence the concept, only half metaphorical, of ageing societies.

This particular representation of old age has been created and disseminated by one of the principal modern sources of cultural images: the sciences. Indeed, the disciplines most involved in studying ageing —gerentological medicine and demography— consider that if societies are to ensure the well-being of their elderly, they must address the biological, psychological and socio-economic dimensions of ageing. To depict this more clearly (and to shed light on the allegorical nature of the way old age is currently treated), both gerontology and demography suggest that proper care of the elderly should be based on the welfare triangle, in which each vertex represents one of these three dimensions (Domínguez, 1991 and Ramos, 1994). Pension systems focus specifically on the socio-economic dimension of well-being.

Every human group assimilates ageing in its own way, applying the symbolic codes by which it makes sense of the life cycle, and the contemporary image of old age thus has specific cultural origins. Nevertheless, the phenomenon that the image aims to portray is relatively universal. Sooner or later, all societies must deal with their members' ageing and with the need for attention —more specifically, care—that this entails. Societies use two mechanisms to respond to the need for care: systemic specialization and social specialization.

Systemic specialization consists of developing distinct mechanisms to provide care for one or more components of a society. To date, the most traditional and common of these mechanisms has been the family. Because of emotional ties or, in many cases, social conventions that impose certain obligations, the family has attended to the needs of individuals of advanced age to a greater or lesser degree in all known forms of social organization. In simple societies, the family (often in the form of an extended family, clan or tribe) has been the only system capable of satisfying all care needs, including the care of children, the ill and the disabled. In more complex societies, the family most commonly shares this responsibility with other subsystems, but without shifting it completely to the latter.

Indeed, while any profound structural transformation changes the family's role, the family is the only subsystem that has never, in any historical circumstances or form of social organization, ceased to perform caregiving tasks. The societies that are least differentiated are the ones that depend the most on this arrangement. But empirical evidence from many countries and regions shows that, even in the most highly developed societies, approximately 80% of care is provided by family systems (O'Connor, 1996, p. 17). When societies undergo transformation or change, the family absorbs the shock of any traumatic structural consequences by intensifying its reproductive work. This, of course, produces an increase in the percentage of care provided by the family. The phenomenon is particularly evident in times of economic crisis. When other components of a society lose functionality or become less able to provide care, the family usually absorbs the excess demand and readjusts both its internal structure and its position in society to respond to the new imperatives.

The salient point here is that the opposite has never been known to occur; i.e., no other component of society has ever spontaneously replaced the family when the latter is unable to perform caregiving functions. Until now, all transfers of caregiving functions, at least in developing societies, have been the result of policy decisions, not a form of uninduced functional readjustment. Furthermore, when the reproductive capacity of other systems is threatened, many policy designers recommend that the relevant authorities implement policies to reinforce the family's caregiving functions, as if the reduction of the family's specialization in caregiving would represent some type of loss for modern societies.⁶

As societies develop greater differentiation and internal complexity, new subsystems arise which, under certain conditions, may also develop the ability to attend to the needs of the elderly, as well as to children and/or the disabled. In medieval society, for instance, some religious orders provided homes for members of the privileged strata of society. This led to a major process whereby a new system specializing in caregiving emerged. This new component, distinct from the family and other subsystems (political, economic, etc.) has evolved in different ways. As a result of secularization, it has become independent of religious institutions. These subsystems continue to specialize in caregiving, but in forms that have little or no relation to their religious predecessors, such as the range of generally not-for-profit homes for the elderly. Social development has also meant the emergence of new community-based care mechanisms —as opposed to family, government or economic ones— which, like informal social safety nets, also form a part of this

[&]quot;...ageing Western societies need a set of policy measures aimed at reforming pension systems and strengthening and adapting the care functions of the family" (Höhn, 1994, p. 32. For Latin America, similar statements can be found in Ramos, 1994, p. 71).

component or subsystem. The subsystem in question might generically be called civil society (i.e., a society's non-economic and non-political organizations).

The family, as the feminist literature has abundantly shown, is an economic organization that produces countless goods and services. Those who treat the family as a part of civil society are failing to consider (if not intentionally hiding) a fundamental problem in the nature of the two systems. For while relations between the members of volunteer associations are, in most cases, non-coercive, this cannot be said of the family. Therefore, the family should not be treated as an element of civil society, but as a system with its own characteristics.

Like the family, civil society (usually without being induced to do so) absorbs the social demand for care when other subsystems lose the ability to provide it adequately. In recent decades, with the cyclical crises that have affected public social security systems, many observers have begun to regard civil society as one of the basic pillars of an alternative mechanism for the provision of care and welfare services. Some research has suggested that it may become an important substitute for public policy and an effective attenuator of the social exclusion produced by crises and by transitions to private social security regimes (ECLAC, 1998; Guzmán, 2001, p. 31).

In the developed countries, research and thinking about the role of civil society in this area has been strongly and increasingly polarized. Some sectors feel that community care is morally and socially superior to institutional (State) care because it provides more rights to recipients. Others see community care as a way to limit government spending by encouraging individual and community —i.e., non-governmental— responsibility for care. Both positions thus consider community care "better", not only because it lacks the negative aspects associated with institutional arrangements, but also because it represents a less costly alternative to formal care institutions. However, both points of view overlook the opportunity cost borne by caregivers and the support services needed to make community care a realistic, viable option (O'Connor, 1996).

A third subsystem that has historically provided care is the State. Operationally speaking, it has the means, the legitimacy and, in many cases, the functional imperative or need to create and manage homes for the elderly, either because the elderly whom they are designed to serve are unable to obtain care from any of the other subsystems or because State-provided care is an entitlement. Public shelters or old-age homes are forms of this government involvement, which is a first step towards the depersonalization of care —i.e., towards the formal elimination of the emotional link between caregiver and care recipient. This may also be considered one of the societal processes that have been encouraged by the formalization of care. These phenomena tend to occur in societies that have reached high levels of internal complexity and differentiation.

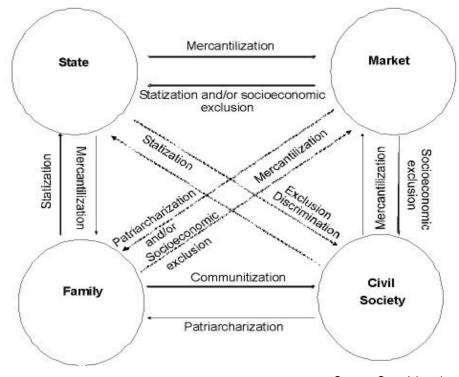
Finally, there is the market, which provides care in exchange for money. Examples of this system include private retirement homes or specialized care services, whether provided by organizations, as in the cases mentioned above, or by nurses and other specialists. Obtaining services in the marketplace requires economic resources. Broadly speaking, this system is similar to government-run services in the sense that the care which it provides is more or less depersonalized and formalized. Market-provided services can emerge from two distinct, and commonly opposing, factors. On the one hand, the market spontaneously replaces the family or the State where these institutions are weak or underdeveloped. This is common under what Gosta Esping-Andersen (1990) has called liberal welfare regimes. On the other hand, caregiving functions devolve on the market when government does not perform them optimally and they are transferred to the market as a matter of policy; i.e., when social services are privatized. With good reason, privatization is construed —indeed, defined— as the transfer of functions or services to the market.

Any of these four subsystems, if it has the necessary mechanisms, can perform caregiving functions. In many societies, some subsystems specialize more than others, depending on a variety of factors, such as the culture or the level of institutional development. In today's highly complex and differentiated societies, however, caregiving tasks are fairly evenly distributed among the four subsystems. Furthermore, societies today must face what Julia O'Connor (1996, pp. 12 ff. and pp. 63 ff.) has called the care dilemma. Since all of these systems have the mechanisms needed to perform caregiving functions, societies must decide which of them will, in fact, focus on care.⁷

Most societies opt for a mixed solution, with two or more systems simultaneously providing care. When this is the case, care is transferred from one system to another. Hence, there is a dynamic of relationships and interchange among them. When the interchange stabilizes for a significant period of time, a societal care structure emerges. The dynamics have their own characteristics, depending on the systems involved in the process of interchange and on which of them assume and which surrender responsibility (see figure 1). When the State takes on responsibilities that were previously assumed by the family, for instance, statization occurs; when the market does so, mercantilization occurs; and so on.

Figure 1

THE SOCIETAL STRUCTURE OF CARE: DYNAMICS OF INTERCHANGE AND FORMS OF INTERRELATIONSHIP



Source: Own elaboration.

This structure provides an interpretation not only of a society's distribution of care for the elderly, but also a view of how care is distributed with regard to other segments, such as children, the ill and the disabled. The care dilemma is equally important for these individuals, since their general lack of the ability and resources needed to subsist autonomously renders them care

Julia O'Connor, committing the same error as do theoreticians of civil society, only distinguishes three subsystems responsible for care: the State, the market and the family. This taxonomy is clearly insufficient, since it fails to include entities such as volunteer organizations financed by foundations or branches of religious entities and not belonging to any of the above three subsystems.

recipients. If society wishes to avoid crisis it must provide the specific care that these people need. In specific cases, one subsystem may specialize in care for a given segment of the population, while another or others take responsibility for the rest. The family, for instance, may take exclusive responsibility for childcare, while the State cares for the elderly and the market serves the ill. This situation would produce a systemic hyperspecialization, and, in terms of care recipients as a whole, a structural juxtaposition. As a result, only one system would be available for each segment, and from the viewpoint of individual care recipients there would be no societal care structure per se. While this situation may occur, it is not the most common. In most societies, the level of specialization does not reach such extremes, and all the subsystems involved take responsibility for providing care to more than one segment of the population.

There are almost no known cases where the care structure of a complex society has been (or is) uniform for the entire population. In general, structures of care are correlated with the structure of social stratification.⁸ Thus, while some social strata can freely choose the system that will provide their care, lack of means forces the others to choose between one or more limited options. Hence, there is a subspecialization of care as a function of the distribution of resources, which, in advanced societies, generally means income. Generally speaking, lower-income groups have access only to family care, since family care is without monetary cost. As has been amply shown, this has major social repercussions in terms of the reproduction of poverty and the reinforcement of traditional gender roles.

The second mechanism by which societies meet their care needs is social specialization, which consists of assigning caregiving tasks to a specific segment or social group; in other words, creating a role. In all societies, this segment has been and still is that of women.⁹ This arrangement, broadly speaking, is known as the sexual division of labour or assignment of gender roles. The counterpart to women's caregiving role is the productive role assigned to men. This is why, in a majority of societies, only men are socially (or even legally) able to go outside the home to obtain the means needed for family or community subsistence. Concomitantly, only men are able to make basic decisions that impact the entire social group. It is because of this division that women have been the exclusive or principal caregivers in every form of social organization known to date.

Although most cultures tacitly or explicitly represent female specialization in caregiving as a natural condition, its origins are strictly social. The biological role may be considered to have facilitated the almost spontaneous assignment of caregiving tasks to women, while the institutionalization of this female role facilitated and encouraged male specialization in productive tasks, resulting in the initial ways of structuring gender relations.

Only some aspects of the importance of women's caregiving work have been stressed here. In all societies, this work provides much more than social well-being. It also ensures the minimum biological conditions for the survival of children, the ill and the elderly, and minimizes the multiple risks to which these segments may be exposed (Peralta, 1999, p. 238; Batthyány, 2001, pp. 225 ff.). Furthermore, in less complex forms of social organization, where caregiving and educational activities are not differentiated (the differentiation emerged with the first advanced cultures), the work of caregiving constitutes an important mechanism of socialization. Along with their responsibility for these tasks, women also had the responsibility of initiating children into the

⁸ I owe these observations to María Elena Valenzuela and Emilio Morgado, who commented on a preliminary version of the model of societal structures of care presented at the Meeting of Experts on the Gender Impact of the Pension System in Chile, held on June 17 and 18, 2002.

⁹ Leaving aside Johann Bachofen's controversial theories regarding the matriarchal organization of primitive societies, which point to other aspects of gender relations and whose deficiencies have certainly been amply demonstrated, all ethnographic and/or sociological research in this area has determined that there is no society or type of social organization in which women have not been directly or indirectly responsible for caregiving.

group's norms, values, traditions, codes and rituals. They were thus entrusted with preserving the underpinnings of the group's social structure and value systems.

Although it is sometimes erroneously believed that women's caregiving has lost meaning in contemporary societies owing to the family's diminished reproductive functions,¹⁰ the fact is that the economic importance of this work has grown, or at least has become more noticeable (but not more recognized). Most caregiving takes the form of unpaid work; conversely, a large proportion of unpaid work consists of caregiving. This work generates value added and produces significant savings for national economies.¹¹ There have been some recent attempts to calculate the economic value of care services. One study seeks to determine what and how much caregivers would earn if they devoted the time spent on caregiving to paid work or to home-based production. Another study attempts to calculate what it would cost society economically to offer the services that are now provided free by families; i.e., by women within the family. Both methods have indicated that the total economic cost of the caregiving provided by women is greater than total public spending on care and welfare services (Marín and Varó, 1994). According to UNDP estimates (1995, pp. 87 ff.), women perform more than half the world's work, but only one third of it is paid. Three quarters of men's work, on the other hand, is paid. In net figures, the unrecognized contribution of women's work to development and the global economy is US\$ 11 trillion (UNDP, 1995, p. 97). Furthermore, in most (if not all) countries, caregiving is excluded from labour laws. As a result of all these factors, caregiving and reproductive work in general continue to be an almost lifelong 24-hour-aday activity for women, with no vacation rights or days off, and almost always without remuneration, as was the case in the most primitive societies (Peralta, 1999, p. 239).¹²

In many ways, social specialization represents the other side of systemic specialization. While the family has always been —and is still— a major provider of care services, profound changes in society and culture create changes in the societal care structure. On the other hand, female specialization has remained substantially unchanged throughout human history and in all forms of social organization.¹³ Empirical studies confirm that caregiving in all regions of the world is principally performed by women.¹⁴

Similar trends are seen in the care provided by civil society. In the vast majority of cases, women are responsible for residential care services that are transferred to the community. Furthermore, policies to encourage community care are typically based on ideologies that stress the family, taking for granted the woman's role as natural caregiver and the man's as provider. Thus, advocates of transferring responsibility for care to civil society seem to assume that there is a "natural stock" of women in the community to undertake these tasks. Some studies in developed countries have shown that most of the services provided by informal networks are not provided by extended families, circles of friends or neighbours, as is commonly thought, but by nuclear families in which the responsibility for care falls almost exclusively on wives and daughters. Furthermore, the overall consequences for women of the transfer of care to the community are, on balance, negative. In economic terms, the greater the responsibility assumed by civil society, the greater the

¹⁰ Many current theories regard caregiving as a component of reproductive work.

¹¹ An important summary of the recent literature on this subject can be found in Marco (2001, summaries 048, 068, 082, 090, 104).

¹² This led Ulrich Beck (1992, pp. 106 ff.) to conclude that industrial societies are modern feudal societies. His assessment is that industrial modernization has been accompanied by a counter-modernization with respect to gender. One and the same process — modernization— shows two contradictory facets. On the one hand, it generates an absolutely new type of society, while on the other, it preserves pre-modern, archaic conditions of social organization.

¹³ Social specialization, too, is determined by the system of social stratification. In most societies, women in the most privileged sectors do less caregiving, on average, than women in lower strata. Of course, this does not mean that women in the upper strata do no reproductive work.

¹⁴ In Latin America in the early 1990s, 77% of adult children and 64% of spouses who cared for sick family members were women (Sennott-Miller, 1993, p. 116). One case study (Concepción, Chile) showed that over three quarters of care providers for elderly people were women (Zavala, Castro and Vidal, 2001). At the global level, it has been shown that women, almost without exception, are the main or only ones responsible for providing care (O'Connor, 1996, pp. 17 ff.).

total supply of care. Hence, there is very significant downward pressure on wages in more formal sectors. If neighbours or friends are willing to provide care at little or no cost, it becomes less urgent to hire specialized nurses or childcare providers. In periods of economic crisis or labour market restructuring, there is a real risk that payment for community work will be used as a low-cost alternative to formalized care. In most cases, community care jobs are very precarious and have high opportunity costs. For all these reasons, community care produces a reduction in labour skills and a deterioration of working conditions for women, both in the formal labour market and in the informal care sector (O'Connor, 1996, pp. 19 ff.).

The State was a major employer of female labour in the twentieth century and the main driving force for the integration of women into the paid labour market. By assigning productive roles to women as well as men, it contributed to a slight loosening of the rigid traditional sexual division of labour. However, the information available on the gender composition of the public-sector labour force shows that most female labour was and is concentrated in State social services (Astelarra, 1992, p. 52; Aguirre, 1998, p. 150; O'Connor, 1996, p. 64); i.e., in the reproductive and caregiving functions that the State took over from the family, such as education and care for dependent individuals. Thus, as it extended the roles of producer and provider to women, the State paradoxically reproduced female specialization in caregiving in its own structure.¹⁵ In Latin America up to 1982, women represented 45% of public employees (Echeverría, 1985, p. 64; Marshall, 1990, p. 7). As in the developed countries, however, most jobs held by women were concentrated in social services, with only a very small proportion in the industrial sector.¹⁶

Finally, the market reveals a very similar phenomenon, in that paid work is also segmented by gender. In many emerging economies, the unstructured, low-productivity informal sector employs most of the female labour force. Also, there is a concentration of female labour in certain areas of the economy (services) and in occupations traditionally associated with reproductive activities. In less developed regions, a major portion of precarious work takes the form of domestic work, which is a type of reproductive work performed outside the worker's own family.¹⁷

C. Formal and informal care

Some welfare experts have identified two types of care: formal and informal (O'Connor, 1996, p. 10 and pp. 14 ff.; WHO and Milbank Memorial Fund, 2000, p. 11; Puga, 2001, pp. 124 ff.). While there is consensus on the distinction, there are differences of opinion regarding the fundamental elements that define each type. On the one hand, Julia O'Connor considers that informal care is unpaid and formal care is paid; on the other hand, the World Health Organization and other institutions define informal care as that provided by the family, and formal care as that provided by the State or the market..

Neither of these approaches is adequate. The link between formal status and pay ignores the fact that pay is only one of many ways in which society recognizes work. In non-monetized societies, services and goods are exchanged for other services and goods.¹⁸ In the absence of monetary exchange as a form of reciprocity (in barter economies, for example), the distinction between formal and informal care, as defined above, loses all meaning. Nevertheless,

¹⁵ This ambiguity in the State's role with respect to gender roles is magnified by another distinction made in its internal structure: the division between ministries of the economy and ministries of finance (Bourdieu, 1998, p. 95).

¹⁶ In Argentina circa 1990, for example, the percentage of women employed in public-sector industries was only 12%, and they were usually concentrated in "typically female" occupations associated with reproductive work (Marshall, 1990, p. 9).

¹⁷ To all this should be added the fact that women usually play productive and reproductive roles simultaneously. Participation in the labour market neither implies nor guarantees that once the workday is over, women will stop working at caregiving tasks within the family. This is known as women's double shift.

¹⁸ The concepts of "monetized society" and "non-monetized society" are taken from Cousiño and Valenzuela (1994).

counterfactually, there is no reason why care cannot be exchanged for other forms of payment, including both material and symbolic goods (social position, among others). The very fact of recognizing and assigning an exchange value to care as a service implies a certain measure of formalization. Obviously, the symbolically generalized means of communication used to assign value in monetized societies is money. Here, formalization translates into remuneration. But pay for this type of work is but one —not the only— kind of formalization. Other mechanisms for recognizing or assigning value translate into different kinds of formalization.

The association of informality with the family is even more unfortunate. There is no reason why highly informal work cannot be carried out within the State or why formal work cannot be carried out within the family. Indeed, in a number of cases family-provided care has reached high levels of formalization. A 1986 family law in Germany, for instance, grants a pension for time spent on childcare (up to three years per child), provided that one of the parents —which, in reality, means the mother— is the principal caregiver and works less than 20 hours a week outside the home (O'Connor, 1996, p. 34).¹⁹ Recent legislation in Valencia, Spain, obliges the Autonomous Government of Valencia to pay a monthly salary (10,000 to 25,000 1996 pesetas) to women heads of household who assume responsibility for the care of elderly or disabled family members.²⁰ In both cases, family care is more highly formalized than much of the work that is exchanged on the labour market. Hence, it is totally erroneous to regard all family care as informal. In more general terms, the fact that most informal caregiving is performed within the family does not mean that all informal caregiving is defined as such simply because it takes place within the family.

To avoid the conceptual pitfalls of these two ways of defining formal and informal care, the notions of formal and informal must be broadened. First of all, they must be considered as two distinct social conditions involving an activity known generically as "care". Formal care can be defined in terms of two features. Socially and anthropologically, a society recognizes that it must ensure that care is provided, because care is vital to the society's very existence. Depending on the principles of social organization in force and on how the power to dictate what is important for the collectivity is distributed, this conviction is expressed by one or more possible actors: public opinion, clan, community, State, public agenda and political, religious or intellectual elites.²¹ From an economic perspective, the fact that care is recognized as an imperative —and that providing it is recognized as a form of work— leads to wages or other social goods being allocated to the sectors of society that carry it out.

In contrast, informal care is distinguished by the opposite situation. First, there is a lack of perception, admission or recognition by any societal entity that care is a necessity for the society; i.e., care is invisible, and in many cases is not even recognized as "work" that is physically demanding, involves high opportunity costs and produces value added. Second, because of its invisibility and lack of recognition, no social or economic value is assigned to this work. In monetized societies, this means that those who perform it are not paid. In pre-modern societies, caregiving received little or no recognition (Peralta, 1999, pp. 237 ff.). Hence, it has been highly informal in most, if not all, cases.

The formal or informal character of the work affects not only the providers but also the recipients of care. From this perspective, the recognition that care is necessary for society's continuance must take account of the viewpoints of providers, recipients and the social system as a whole. Hence, formal care also implies a recognition that particular segments of society require

¹⁹ One of the probable objectives of this strategy was to reduce Germany's high unemployment rates in the 1980s by reducing the labour supply.

²⁰ This was strongly rejected by Spanish feminist sectors (Asamblea de Dones d'Elx, 1996; Secretaría de la Mujer de la CGT, 2002).

²¹ Recognition of the need for care is not necessarily explicit or literal. Societies may –and in fact do– act as though they recognize this need without verbalizing the recognition. This is what happens when pension and public health systems are created.

certain services and attention to subsist. Analogously, informality involves the absence of such recognition. In any case, no value can be assigned to caregiving (the provider's point of view) unless care is recognized as a need (recipients' point of view), since without the need the work has no value.

In general, the formalization of care has, to a great extent, occurred along with the formalization of the need for care. For instance, when the first advanced industrial societies created their government social service systems (public health and education, social security), thus recognizing that care and social protection are imperative functions, they also institutionalized remuneration for these services. In this way, nursing, social work and pre-school teaching became "professional activities", a concept which, in its modern sense, implies remuneration. This sequence of events has not occurred in every case, however. Furthermore, there is no necessary relation between the two types of formalization. The relationship is contingent on other factors. Catholic dogma, for example, recognizes that some individuals require attention and care. In generic terms, these individuals are designated as the needy. This recognition led to ecclesiastical institutions' creating and developing assistance and charity organizations. However, this by no means implies that the societies involved have analogously recognized caregiving as a fundamental activity for the continuance of society.

D. Indirect care, pension systems and social citizenship

The discussion thus far has related to a particular type of care –direct care– which, at first sight, seems to bear little relation to pension systems. Direct care involves a transfer of time and face-to-face interaction in the process of attending to physical and biological needs. Another form of care exists, however. In indirect care, some specialized or non-specialized social system transfers the mechanisms needed to enable individuals to take independent responsibility for the services they require. In monetized societies, indirect care basically occurs through the transfer of resources. It includes old-age pensions, economic support for family members, charity and other social services. This mode of care divides the responsibility for care among different systems, since one system can provide resources for services to be obtained from another; this is impossible when only direct care is available. For example, pensions provided by the State (indirect care) can be used to hire nurses in the marketplace (direct care).

Although indirect care is generally formal and legally regulated, it may also reach high levels of informality. Family members may contribute resources to finance services provided by other systems (Puga, 2001, chap. 5). This situation, however, involves contingent and unstable transfers, rather than an imperative of the system, and these transfers may be motivated by factors quite different from the assignment of value to care. Hence, indirect care can also be informal. Drawing on the imprecise concept of social protection to illustrate what is here referred to as "care", some authors and institutions (table 1) consider services provided by the family and civil society to be at the informal end of the spectrum, and those provided by the State to be at the formal end.

Level of formality or informality	Type of social protection	Specialized systems or subsystems
Informal	Self-organized systems based on community membership	Nuclear family, extended family, age groups, neighbourhood organizations
	Cooperative provision for members of organizations and associations	Cooperatives, unions, self-help groups, ad hoc savings and loan associations, cultural organizations
	Private insurance obtained in the private sector	The pension, health insurance and life insurance market
▼ Formal	State social security services	Social security systems, government social assistance, services and payments provided in connection with specific poverty programmes

Table 1 FORMAL AND INFORMAL SOCIAL PROTECTION

Source: Adapted from Gsänger (2000) and ESCAP (2002, p. 143)

The same conceptual caveats regarding the formality and informality of direct care are applicable here. First, to treat the family as if it were operationally and functionally the same as volunteer and community organizations is a serious analytical mistake, at best. Second, since various laws have established pensions for women who perform caregiving tasks within the family, legal regulation of the transfer of resources from the family to those requiring care is neither unthinkable nor impossible. Thus, as in the preceding case, the fact that most indirect informal care comes from the family does not mean that all indirect informal care is family-provided.

Indirect care dates as far back as medieval times in the form of social assistance or charity and guilds' mutual funds, but it was only with advanced modern industrialization that high levels of formalization were attained and became widespread. Modern industrialization also spurred the creation of a variety of State social security institutions,²² which, generically speaking, were the first advanced formal mechanisms for indirect care. Major social and cultural changes were required for these mechanisms to become established, and the changes affected all the dimensions of care. Most essential, no doubt, was the indispensable change in the cultural representation of care recipients, who were no longer seen as needy, but as holders of rights. This was the beginning of the establishment of modern social citizenship. In fact, the relationship between the social citizen and the needy, in the area of labour and the economy, is precisely the same as the relationship, in the context of law and individuals' relationship to authority, between the civil citizen and the subject.

Social citizenship can thus be understood basically as the establishment of care as a right that all members of society possess in theory, and not as something received when individuals are compelled by tradition, custom, social norms or their own vocation to provide it. Social citizenship means that care is legally given the status of an ineluctable social responsibility. Social rights protect the individual who needs care and is unable to arrange for it independently.

When a human group makes the receiving of care highly formal —i.e., when it declares and institutionalizes social rights— then society is obliged, in order to avoid crisis, to produce the benefits to which individuals are entitled by virtue of their citizenship. Thus, while social citizenship consists of recognized entitlements from the point of view of the individual, from the

²² A significant part of the following description is taken from Ritter (1991, pp. 47 ff. and pp. 65 ff.).

point of view of society as a whole it consists of recognizing that direct and/or indirect care is a societal imperative. From both perspectives, it is clear that social citizenship is an idea that confers a high level of formality on the receiving of care.

To make the development of social citizenship possible, a profound change in the societal structure of care was needed. This became a matter of public policy. Once transferred to the State, indirect care (commonly known as welfare), in addition to undergoing a major process of social formalization, became the typical defining element of social citizenship. Thus, social citizenship was intimately linked with the development of the social State. It is to be expected, then, that the transition from a societal care structure basically supported by the State to an entirely different one will produce major changes in various aspects of social citizenship, ranging from the cultural image on which it is based to care benefits and how they are managed. Some studies on the privatization of social services in developed countries have confirmed this. In the United Kingdom, for instance, where the public and private welfare systems have undergone a major overhaul, the social citizen ceased to be seen as a "bearer of rights" and came to be seen as a "responsible consumer" (Powell and Edwards, 2002).

E. Social citizenship, work and gender

Classical interpretations of social rights see them as designed to ensure the well-being and socio-economic security of the working classes (Marshall, 1992, pp. 8 ff.). Thus, work was the source of social rights, and hence the condition by virtue of which an individual attained social citizenship. Unlike civil and political rights, social rights were not guaranteed to all citizens by the fact of their being citizens, but to members of the society who performed a certain type of activity, namely work.²³ Nevertheless, the concept of work on which this interpretation of social rights is based is quite restricted and biased. It defines work as any paid activity performed by an individual selling his or her ability to perform labour on the market. In most cases known to date, no other type of activity has been considered work. A hidden corollary to this concept is a certain way of construing family structure, since paid work has to be exchanged on the market, and only an individual whose roles allow him or her to leave the domestic arena and become part of the working world can do this.²⁴ Given the social specialization of care and the cultural representations attached to it, only the male population, according to implicit or explicit social norms, is and/or has been able to participate in the labour market. Thus, this notion involves an assumption that the man is the natural provider of the family's material means of subsistence, while the woman is naturally responsible for reproductive, family and domestic tasks, which have no relation of any kind with the labour market.²⁵

In terms of social security benefits, different bodies of pension legislation based on this concept of work have assigned the right to pensions or direct care exclusively or principally to workers, in the limited sense of paid workers. Obviously, all unpaid activities, with very few exceptions, have remained excluded from full social citizenship and the benefits associated with it. One of the most important of these activities, socially and economically, is unpaid household work, which, in terms of volume and total time, consists primarily of caregiving tasks..

²³ This latter feature of social citizenship does not extend to what Esping-Andersen calls "social democratic welfare regimes", where social rights translate into minimum income levels or benefits associated with being a citizen rather than with paid work.

²⁴ Current processes of changing production patterns and the associated phenomenon of jobs becoming precarious have changed this to some extent. Vertical disintegration and chains of production are creating a range of jobs that can be carried out at home. This makes it possible to reconcile childcare activities with the generation of resources for the family unit (Chen, Sebstad and O'Connell, 1999). Thus, the workplace and paid work are no longer linked so exclusively and excludingly as they were in less flexible labour markets.

²⁵ Accordingly, various bodies of legislation encourage men to work to generate the resources needed for family subsistence, while women integrated into the workforce are accused of abandoning family and home (Pautassi, 1999, p. 11).

Strictly speaking, both the conventional concept of work and that of the social rights associated with it are based on serious conceptual and perceptual errors. First, they confuse jobs with work (Cortajarena, 1999, p. 174). A job is a contractual relationship between two parties by virtue of which an individual receives remuneration for the production of some material or symbolic merchandise. Work, on the other hand, is the performance of purposeful physical or mental activity. All jobs imply some type of work, but not all work takes the form of jobs.

Second, it follows that these two concepts are based on the assumption that individuals participating in the labour market are more subject to physical wear and tear than individuals engaged in other types of activity. Paid workers would thus have greater needs for care, and social benefits become a sort of reward for a life of work, or compensation for the wear and tear involved. However, those who perform other types of tasks, such as women in the household, are working in as real a sense as men, and are subjected to the same rigours and physical wear and tear. Indeed, to the extent that caregiving is excluded from the guarantees and benefits assigned to formal work —vacations, limited working hours, health and other benefits— the wear and tear may even be greater.

In specific cases, where societies have recognized that reproductive and caregiving activities are work, women have, in most cases, gained access to rights and benefits thanks to —and only by virtue of— their specialization in such work, whether or not it is paid. When it is paid, both the work and the need to receive care are rather highly formalized. When it is not, there is an implicit assumption that this work represents women's natural activity.

It may be concluded from all this that the relationship between care and social citizenship is different for men and women. As a result both of societal specialization in reproductive activities and of the fact that this phenomenon extends throughout societies' systems, social citizenship for women has a two-way relationship with care. Women possess social rights (i.e., society must provide them direct or indirect care services) because they are the ones who have provided care services to others, whether on a paid or unpaid basis. Men, on the other hand, are only recipients of care, not providers. Hence, for them, the link between social citizenship and care is one-way, not two-way. This difference has led to the institutionalization of sexually differentiated forms of social citizenship in particular historical situations.

Obviously, each of these forms is different for women if care has reached some level of social or economic formalization (table 2). If the receiving of care is recognized as a societal imperative, but the work of providing it directly is not,²⁶ most women remain totally excluded from social citizenship, and only those who have entered the labour market enjoy benefits. When caregiving is formalized socially but not economically, women are entitled to various benefits that may be considered to represent some type of citizenship. The benefits may take two forms. One is the direct transfer of pensions of a social assistance nature, or, in the best of cases, non-contributory benefits from the State. The other is widows' or survivors' pensions granted to the spouses of male workers (full citizens). In concrete terms, lack of economic recognition translates into lack of autonomy. Hence, both cases involve the institutionalization of a subordinate form of social citizenship that depends on public agencies or on a husband. Finally, when care simultaneously reaches high levels of economic and social formalization, and is recognized as a

²⁶ As already mentioned, there are two ways of recognizing care as a functional imperative, depending on how the receiver is viewed. The first is the Latin and Catholic view, which considers care recipients as needy and thus regards them as objects of charity. This modality in Latin America will be analysed in more detail in the context of pre-citizenship forms of care. The second form, fundamentally based on citizenship and definable in a general way as Anglo-Germanic, considers the recipient a bearer of rights, and hence a citizen. The first is less obvious and therefore less widely recognized. In specific cases, though, as can be seen in the region, the two forms coexist, and an important gender dimension is present here.

societal imperative from the recipient's perspective as well as the provider's, then women enjoy full social citizenship.²⁷

Table 2 TYPES OF SOCIAL CITIZENSHIP FOR WOMEN, ACCORDING TO THE LEVEL OF FORMALIZATION OF CARE

			Formalization of care from the recipient's point of view	
		1	Yes	No
		Social and economic	Full citizenship	
Formalization of care from the	Yes	Social only	Dependent or subordinate citizenship	
provider's point of view	No		Social citizenship usually for men only; for women if they participate in the	Pre-citizenship state of care; no form of social citizenship whatever for
			labour market	either men or women

Source: own elaboration.

All complex societies normally contain all three of these forms of citizenship. This is because formalization does not affect all caregiving activities, but only certain ones, such as education and health. It is also the result of the fact that a given activity may be considered a societal imperative if it is performed by a particular system, while it is assigned no value at all if performed by another. Thus, formal secondary socialization carried out by public or private educational institutions has been enshrined as a right or fundamental social necessity by countries' national legislation and by international instruments.²⁸ Primary socialization, on the other hand, customarily considered a family and/or community task, receives practically no recognition. To this extent, the position of a given type of care in a given societal structure can commonly —although, as shown earlier, not always— explain the level of formalization attained by the work performed by women. Hence, following the scheme set forth in table 2, analysing social citizenship from the gender perspective requires knowing not only the particular structure of care that delivers the benefits associated with social rights, but also the societal structure as a whole. Indeed, the overall societal structure of care usually indicates what level of formalization has been attained by caregiving work, and thus the type of social citizenship enjoyed by women.

²⁷ To this extent, the level of formalization of care can be considered one indicator, among many, of the type of social citizenship that women enjoy. However, the optimal one remains the set of conceptions of gender roles implicit in legal instruments that express social rights.

²⁸ For many societies, public educational systems also performed another function: to unify, spread and consolidate the national culture (León, 1998, p. 23).

III. Towards the institutionalization of social citizenship

A. Pre-citizenship care in Latin America

In colonial times the Latin American family had two important features which, in many cases, are still in evidence today. The first is an essentially patriarchal and patrimonial internal organization. The second is the family's function in society as the principal source of caregiving services, as is the case in the great majority of pre-modern societies. In any event, while the family was the pillar of the societal care structure throughout the colonial period, the class characteristics of Ibero-Catholic societies meant that care mechanisms were different in each segment of society. Similarly, the composition and modalities of care depended to a large extent on the type of productive relationships that emerged as a result of the geographic specialization of economic activities.

Despite the family's central role in the colonial care structure, the family was hardly the only provider of care. There are some indications of involvement by other systems. The institutions and practices of social assistance, which have some antecedents in certain traditions of Latin culture, developed and reached their peak during the Middle Ages as activities altogether proper to and inspired by Catholic dogma. Various institutions were imported to the New World as a part of the colonization process —not only institutions of absolutist government and church organizations such as the Inquisition, but also social assistance institutions— although it may be inferred that they did not play as important a role as in the European countries, since the factors causing indigence, such as famines and drought, occurred much less frequently on this side of the ocean.

There was virtually no involvement by the State in care or social welfare during the colonial period.²⁹ The explanation for this is simple: starting in 1520, the need to maintain control over a growing number of poor people became a public concern of the highest importance, because they were considered potentially dangerous to the social order. Hence, there was an attempt to reform social assistance by assigning it to the embryonic institutions of the national States or to administrative bodies at the local level (executive or legislative municipal government, etc.). In Protestant countries, the process was more pronounced and rapid owing the secularization of Catholic Church assets (Ritter, 1991, p. 52). In Counter-Reformation countries, however, secular authority avoided interfering with classical church functions in order to strengthen its position in the society.

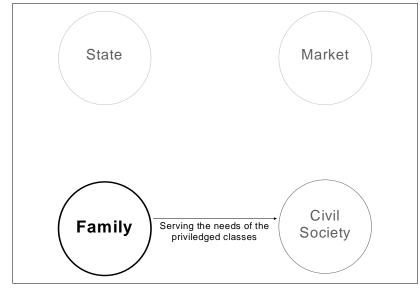


Figure 2 LATIN AMERICA: THE STRUCTURE OF CARE IN THE COLONIAL PERIOD

Source: Own elaboration.

Post-colonial care structures developed on this rigid basis. During the republican period and as the region's nations were being built, there was a recognition that certain social needs must be covered by the State —first education, in the nineteenth century, then social security at the beginning of the twentieth. Thus, some funds for civil servants were created, and mutual schemes developed in the form of cooperative mechanisms set up by organized social groups to provide indirect health and old-age care for themselves. The societal structure of responsibilities, however, with the family as a pillar or significant component, has remained in place to the present day.

²⁹ Despite the fact that it had some influence on economic and social activities in some of the region's territories (León, 1998, pp. 22 and 23).

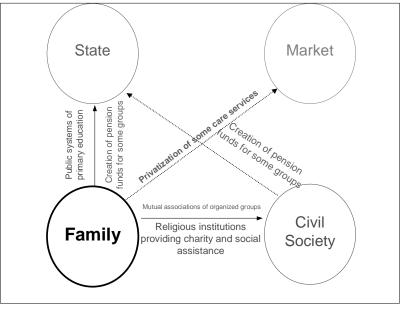


Figure 3 LATIN AMERICA: OLIGARCHIC-REPUBLICAN SOCIETAL CARE STRUCTURE

Source: Own elaboration.

B. The development of the State and the institutionalization of social citizenship

The crisis of the oligarchic socio-political and socio-economic model began to be evident in the late nineteenth and early twentieth centuries. Among other things, it became clear that the agricultural and mining export pattern on which growth policies were based had exhausted its potential. The economic crisis of 1929 and its drastic recessionary consequences were the coup de grâce for that structure. To revitalize their weak economies, the region's governments implemented a new development model based essentially on industrialization. For various reasons, the State had a dominant economic role in this model and was the principal engine of development.

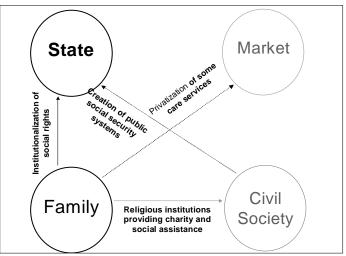
The new State role included functions as diverse as implementing systematic policies to protect emerging national industries (tariff barriers, subsidized loans, tax exemptions) and (on more than a few occasions) playing a direct management role in industrialization by creating and managing public enterprises for the direct exploitation of natural resources or the production of goods and services. The State also drove the growth of domestic demand by bringing large sectors of the population into the modern economy.

National political systems were forced to incorporate their incipient bourgeoisies, proletariats and middle classes, the growth of which was fostered by the development of the State bureaucracy. In most cases, governments favoured two mechanisms of socio-political integration: the extension of political citizenship and the creation and subsequent diversification of representative and participatory mechanisms such as social mobilization and corporatist channels within the State apparatus and political parties. To deal with the growing complexity that resulted from the emergence of these actors, the State developed, on the one hand, a pattern of unstable arrangements among groups already incorporated into the political and/or productive systems, and, on the other, a policy of partial integration of those who did not fit entirely into the new model on a

formal basis, such as the peasantry, marginalized urban sectors and women (Garretón, 1995, pp. 187 ff.).

At the same time, in order to facilitate the socio-economic integration of many sectors of the population, the State developed a complex institutional system of social protection, the extent and coverage of which varied from country to country. In most cases, the institutional system was the direct result of populist policies or of agreements with different social actors. In formal terms, the job of the new institutions was to implement universal social security, education and housing policy. In practical terms, though, the policies benefited only the urban middle classes and those labour sectors with the greatest capacity to organize and exert pressure through unions. Agricultural and marginal urban sectors simply remained excluded (ECLAC, 1997 and 2000a, p. 175; Filgueira, 2001). Thus, they became an important mechanism for socio-economic redistribution and integration, but at the price of generating sharp differentiation and social inequality. Of course, this did not prevent social security institutions from becoming one of the key components of the postwar development model.

In general terms, the development of public social security systems led to two major transformations in the region's countries. First, the societal care structure that had been in place during the preceding oligarchic period was modernized and substantially changed. Many caregiving tasks that had been performed by the family or the emerging civil society were transferred to the State. This did not mean, however, that family systems ceased to provide care services. Indeed, the family continued to be one of the principal providers in the new structure. Religious organizations also maintained their prominent role in the region's political and social activity, which, in the area of care, translated into the preservation or even strengthening of long-standing social assistance activities. On the other hand, the various mutual schemes appear to have been largely absorbed by new public institutions. In this way, a new societal care structure developed and was consolidated (figure 4). The State assumed a large share of the responsibilities of the family to some degree. As mentioned above, when the State took over these tasks in a systematic way, care underwent a process of formalization —a process which, in general, brings with it the development of social citizenship.



LATIN AMERICA: THE SOCIETAL STRUCTURE OF CARE (1920s AND AFTER)

Source: Own elaboration.

Figure 4

Indeed, thanks to the development of public social security systems, workers were no longer viewed as a mere factor of production or as individuals who must meet their welfare needs as best they could on their own. They became bearers of rights, entitled to receive from stable, public agencies the minimum social services needed for subsistence, regardless of their particular phase in the life cycle. The services of the new public systems differed from previous State benefits in one fundamental way. They could no longer be presented as a concession by the governing elites, even though this was in fact their origin. Rather, they came to embody the rights to which workers were entitled by virtue of being workers. In short, social citizenship was institutionalized.

The Latin American model of social citizenship differed from the model that developed in the first world. This was the result of the particular way in which the State developed in the region, as well as the nature of the social benefits that were gradually institutionalized in the various countries. From the perspective of State development, social security systems emerged in most cases from planning policy, not from the dynamics of internal social change. Similarly, while economic and social policy in the first world sought to intervene in the productive system to maintain the full employment that had been reached before the implementation of such policy, the State in Latin America aimed to use the same policies to reach full employment a posteriori. And while the States of the first world already had the fiscal resources needed to improve their citizens' quality of life, the countries of Latin America were obliged to create a variety of tax mechanisms to obtain the resources needed (León, 1998, pp. 24 ff.). For this reason, the institutions and organizational modalities that expanded most within the State during the post-war period were those of the welfare State.³⁰ As a result, social rights were developed more than other dimensions of citizenship. In fact, in many countries these rights were established before civil or political rights. Furthermore, phenomena such as constant political instability and regime changes led to situations where civil and political rights were suppressed for long periods of time. If the authoritarian government in power had a modernizing and/or populist orientation, social rights were maintained in force. Otherwise, they were restricted. In this way, citizenship became something to be regularly renegotiated (Whitehead, 1997, p. 69).

In terms of social benefits, multiple funds that were very different from one another were created. Each one belonged to a given segment of the labour market or occupational group. One of the most common types was the civil servants' fund, which subsists in some countries, even after the recent structural reforms. Private-sector wage earners either had general funds covering all workers, or else the general fund was broken down into segments corresponding to different occupations. Eligibility for benefits varied, and both the generosity of benefits and the strictness of eligibility conditions varied according to the rules of each fund. This, added to other peculiarities of national political systems, has led various analysts to conclude that the social State developed in much of Latin America was of the corporatist type (Gómez, 1997; Fleury, 1999; Cavarozzi, 1995; Raczynski and Serrano, 1992, pp. 16 ff.; Reis, 1993). Therefore, rather than generating greater equality by redistributing income, they reproduced and reinforced another type of inequality: that

³⁰ Obviously, public social security systems did not reach high levels of development in all the Latin American countries. To analyse the differences in the region, the countries are classified in terms of the time at which they first created social security, the level of coverage, the dependency rate and the stage of demographic transition. Most of the specialized literature maintains that the first countries to develop their social security systems are also those that have the widest coverage, the highest amount of insurance, the greatest demographic dependency rates and the highest spending on services, and are at the most advanced stage of demographic transition. These countries are described as "pioneering" or "high" in terms of social security. They include Uruguay, Chile, Argentina, Cuba and Brazil. The "late" countries, on the other hand (Bolivia, Ecuador, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Peru), where social security was created later, show low coverage, less insurance coverage, low spending on services and low demographic dependency rates, and are at the initial stages of demographic transition. Between the two extremes are the "intermediate" countries (Mexico, Colombia, Paraguay, Venezuela, etc.), whose general indicators put them somewhere in the middle (Mesa-Lago, 2000; ECLAC, 2000a; Durston and Lo Voulo, 1992; Pautassi, 2002). Alternative classifications, such as Filgueira's (2001), use other designations, but employ the same criteria for classification. In any case, the phenomena described here occurred even in the "late" countries.

of occupational status, which tends to be much more inflexible because it is rooted in deeper social structures.

Added to all this is the fact that sectors with greater social power and ability to exert pressure customarily influenced those who designed and managed the systems, mobilizing all their resources to obtain more generous pension benefits (León, 1998, p. 31). Meanwhile, the poor in both rural and urban areas, bereft of social or political power, were systematically disadvantaged. Corporatist pressure, demands and agreements ended up making social inequalities more acute, since, in the long term, momentary benefits tended to become frozen as privileges or prerogatives (Torre, 1998). In this context, social citizenship, in contrast to what was occurring in much of the first world (including those countries that also developed corporatist welfare regimes), became a mechanism for the generation of social inequality.

C. Women's paradoxical access to citizenship

Although women's demands for political rights in some countries had a long prior history of struggle and protest, citizenship was not extended to women until well into the twentieth century. Ecuador, in 1929, was the first of the region's countries to recognize women's right to vote (table 3). However, the majority of the countries did not extend political citizenship to women until the 1950s.

Country	Year
Ecuador	1929
Uruguay	1932
Brazil	1932
Cuba	1934
Dominican Republic	1942
Guatemala	1946
Panama	1946
Argentina	1947
Venezuela	1947
Chile	1949
Costa Rica	1949
El Salvador	1950
Bolivia	1952
Mexico	1953
Colombia	1953
Honduras	1955
Nicaragua	1955
Peru	1955
Paraguay	1961

Table 3 LATIN AMERICA: YEAR WHEN WOMEN OBTAINED THE VOTE (CHRONOLOGICAL ORDER)

Source: ECLAC (1999), p. 29; Valdés and Gomáriz (1995), p. 139.

Despite the recognition of their right to vote, women's political citizenship was but partial in many cases. In Ecuador, Chile and Panama, women were able to vote only in municipal elections, or they were not eligible for public office. In other cases, the right was still restricted to women who had a certain level of economic wealth or education. Furthermore, the constant replacement of democratic regimes by authoritarian ones, with the consequent restrictions on political rights, did not allow women to exercise their citizenship frequently or regularly. Only in the 1980s, with the transition to democracy, was political citizenship extended definitively to all women in the region.

In Paraguay, for example, women did not gain the right to vote in competitive elections until 1993 (ECLAC, 1999, pp. 30-31).

The difficult road to political citizenship contrasts with the relatively expeditious one to social rights. Many of the region's countries have a history of providing early social benefits to women. In Chile, for example, as early as 1924, when the country's first public social security institution (the Caja de Seguro Obrero, or workers' insurance fund) was created, working mothers were given the right to maternity leave for six weeks before and after giving birth (Schkolnick and Bonnefoy, 1994, p. 34). From that point on, new benefits emerged apace. An employee family subsidy was created in 1937, and medical maternity care, which had previously been limited to the wives of insured salaried employees, was extended to the wives of insured wage earners in 1938. That same year the wives and children of insured wage earners obtained the right to medical care. In 1946 a pension and maternity care regime was established for bank workers; two non-structural reforms carried out in 1952 and 1953 established, among other things, welfare benefits for women, such as the survivors' pension and maternal subsidies; in 1956 prenatal aid for pregnant working women beginning in the fifth month of gestation was established; and one year later, this same benefit was extended to the wives of insured men. In the rest of the countries, although single women with or without children were without protection, social security coverage reached the entire female population via various paternalistic mechanisms associated with some type of matrimonial link (Pautassi, 1999, p. 8).

The explanation for this situation includes two closely related phenomena. First, following the Russian Revolution, and later in reaction to the cold war, many of the region's governments, both democratic and authoritarian, implemented sweeping socio-economic integration measures in response to a growing capacity for social organization in some sectors. Since the specter of a workers' uprising was in the air in the region, this capacity became a major source of concern to the elites. In order to prevent conflict, social upheavals or crises, legislators gradually conceded many of the things demanded by workers. Often, this included some of the demands being made by women, either because they were active participants in the mobilizations or because they were wives of members of pressure groups. Thus, when social benefits were granted, women obtained benefits as a function of their dual status as workers and wives. This led to the establishment of differentiated benefits.

On the other hand, however, a certain paternalistic, assistance-oriented and populist predisposition —very characteristic of Latin and Catholic States, of course (Esping-Andersen, 1990, chap. 5)— was a basic factor in the attitude of those in power. A steady, periodic succession of new direct and indirect benefits for women appeared in the pioneering countries starting in the 1930s. This was not a response to pressure from organized groups, but simply reflected the goodwill of legislators. Many of the new services provided by these State initiatives were part of the new policy of socio-economic integration. Thus, they were not always a response to social pressures. In most cases, the benefits had a markedly patriarchal character. They became the principal mechanism by which women's social citizenship was defined.

D. The patriarchal pattern of social citizenship: the paradigmatic case of Chile

Some retrospective studies have concluded that, in general, women's socio-economic position was better when traditional social security systems were in place than after pension reforms were introduced. The reason seems to be that the range of social benefits was wider and more generous (for the case of Chile, see Schkolnick and Bonnefoy, 1994; Arenas and Montecinos, 1999). When this is not an explicit conclusion, it is at least taken for granted, as reformed systems

are accused of creating discrimination and inequalities that are presumed not to have been present in prior systems (for the case of Uruguay, see Hernández, 2001). According to these assessments, traditional systems, at worst, did not create pension differences between men and women (Arenas and Gana, 2001, p. 13) and, at best, discriminated in favour of women (Arenas and Montecinos, 1999, p. 15; Schkolnick and Bonnefoy, 1994, p. 34) because, in addition to being entitled to benefits without participating in the labour market (the usual precondition for acquiring social citizenship), women who did enter the labour market were eligible for pensions after a shorter time than men and were not required to contribute to the system. Furthermore, eligibility requirements were much more favourable; for example, a social security system might require 3, 5 or 10 fewer years of contributions, depending on the fund and the country. In short, analysts have maintained, women obtained a higher return on their pension savings, even when there were no such savings.

Strictly speaking, conclusions of this sort are only half correct. From a merely quantitative point of view, women did enjoy more and better benefits in some of the region's countries. However, from a different analytical point of view based on feminist studies of welfare regimes, it is clear that these benefits were markedly patriarchal and that, rather than improving women's socio-economic position, they gave them, in the end, a subordinate and dependent social and citizenship status.

These feminist studies, like some research in other areas, have shown that welfare services are not uniform, but dual, since they consist of two subsystems: social security and social assistance. In terms of citizenship, this division means that while beneficiaries of social security are considered to be full bearers of social rights, the beneficiaries of social assistance are "marginalized" individuals in need of generosity, as was the case in charity activity before the emergence of modern social citizenship (Friedman, 1981, introduction; Astelarra, 1992, p. 52). They have also found that in OECD countries, the stratification produced by this duality is genderbased (O'Connor, 1996, pp. 41 ff.; Orloff, 1993, pp. 314 ff.; Fraser, 1990, p. 78 and 1991, p. 19; Aguirre, 1998, pp. 141 ff.). Indeed, in the early 1990s the majority of "beneficiaries" of social assistance were women: 77% in the United States, 68% in the Netherlands, 66% in the United Kingdom and 50% in Sweden (O'Connor, 1996, p. 42; León, 2000, p. 27).

The explanation seems to lie in a very simple fact: social security systems were designed to provide the benefits associated with the social rights of paid workers who participate in the labour market (a male population), while social assistance programmes, which are compensatory in nature, are designed for family units whose income is insufficient to bring them above the poverty line. These family units are usually defined, tacitly or explicitly, as "defective" or "dysfunctional" households, which, in reality, means that they are headed by women.

In concrete terms, the internal differentiation in public welfare systems generates dual eligibility requirements. While the benefits of social security are based on contributions —i.e., on workers' individual wages— and have greater political and social legitimacy, are more "generous" and involve little or no monitoring of beneficiaries' income, social assistance benefits are not contribution-based, are oriented to "protecting" defective households, are provided to heads of household by virtue of their role in the family (i.e., not as individuals with rights, but as interdependent members of a family group), have less social and political legitimacy, are far lower than social security benefits and involve strict controls on the income level and "moral probity" of the heads of the beneficiary households. This last element means that if a head of family receives enough income to cross the poverty line (which usually happens on entering the paid labour market), welfare benefits are lost. Similarly, if the head of household succeeds in taking the household out of the "defective" category —i.e., marries or maintains an unofficial spousal relationship— benefits are also lost. This is the source of the notion that welfare programmes are created to compensate those who are not in the formal labour force, are members or heads of

dysfunctional families or are responsible for unpaid work. For this reason, social security is, in the end, a way of ensuring the welfare of the male population, while social assistance does so for the female population. Thus, welfare compensation has become a mechanism for reinforcing the gender distribution of roles and women's social specialization in reproductive work.³¹

As far as Latin America is concerned with respect to these issues, very little information is available. Most studies on the gender aspect of social policy have focused primarily on less institutionalized aspects of State activity (Guzmán and Salazar, 1992; Provoste, 1995). Research on the gender implications of pension reform has only examined in depth the effect of women's demographic profile, patterns of incorporation into the labour market and wage differences on the pensions they receive (Barrientos, 1998; Cox, 1999, 2000a, 2000b and 2001; Bertranou, 2000; Hernández, 2001; James, Cox and Wong, 2002; Gana, 2002). The literature on the nature of benefits or the gender dimensions of State social security institutions is virtually non-existent, however. What little does exist is essentially descriptive and does not make it possible to determine with an acceptable degree of certainty whether or not this duality in welfare systems is found across the region. Chile is the only case for which detailed information is available. Therefore, with due care, it can be taken as a paradigmatic, but not generic, example for the region.³²

While Chile did not have a structure of government institutions for social assistance until 1975, the very same dual structure found in OECD countries can be seen in its differentiated contributory and non-contributory benefits. Starting in 1952, women received three types of benefits:

(a) those provided as a function of contributions to the social security system according to the category of the labour market in which work was performed (non-manual, manual and domestic work);

(b) the non-contributory benefits assigned to those "suffering" family or socio-economic conditions considered "pathological" or "defective", such as women who are economically dependent but do not have legal ties with an insured worker (common-law spouses or single mothers of children born out of wedlock); and

(c) benefits provided to those who are economically dependent only by virtue of their family role as spouse, widow or mother (widows' pensions, maternity insurance and other medical services) (Arenas and Montecinos, 1999, pp. 17-18).

The second category includes beneficiaries of social assistance, understood as noncontributory benefits provided in the absence of a legal marriage and on the basis of the

³¹ Based on these premises, Shirley and Spiegler (1998) have suggested that social assistance systems are disincentives to women's integration into the labour market. Undoubtedly, this is based on a very weak and unfounded assumption regarding the behaviour of economic agents. It is not only senseless, but also naive, to believe that women do not participate in the labour force because they receive social assistance income. For one thing, such income rarely suffices to meet the needs of a household. Structural factors such as cultural representations of gender, on the one hand, and the social norms and conventions derived from the former, on the other —both of which are extremely coercive factors— explain women's lower rate of labour-market participation more accurately than does the not very credible thesis of economic motivation. What comes into play here is not the rational calculation of benefits, but the inflexibility of social conventions and symbolic categories. Indeed, the hypothesis set forth by Shirley and Spiegler (also discernible in Cox, 2000a) mistakenly and fallaciously reverses the correct attribution of causality: social assistance exists because certain segments of society (primarily women), for cultural and other strictly social reasons, tend not to become integrated into the labour market, and not vice versa.

²² Care should be taken in interpreting the significance of Chile's experience because Chile is one of the countries with pioneering or "high" social security development, and many of the social rights and benefits it provides may be directly related to its degree of institutional development. In terms of civil and family legislation, it is somewhat behind its fellows in the region, since, among other things, it is the only country in the region where the dissolution of marriage through divorce is not legally permitted. It is also one of the countries that has made the least progress in eliminating discrimination against women in its various bodies of law. All these factors, plus others that may be important for case-by-case studies, should be taken into account, and suggest that the analysis offered below must be viewed with caution, and not as a representative sample of the entire region.

performance of traditional gender roles. Symbolically, this can be interpreted as a substitutive mechanism. The State, with its gamut of benefits, compensates for the absence of the individual who plays the traditional role of provider, allowing the woman to remain in the home performing unpaid work even though she has not managed to create a nuclear family as morals and customs demand.

Symptomatically, though not causally, this translated into a certain pattern of female participation in social security systems. For example, few women were eligible for pension benefits through participation in the labour market. Women represented only 20% of the contributing beneficiaries (category (a)) of the Servicio de Seguro Social programme, which covered almost 62% of those enrolled in the social security system nationwide. All other women received non-contributory benefits (category (b)) or widows' pensions (category (c)). In 1980, one year before the structural reform, only 14% of women of retirement age received pensions, while 67% of men did (Arenas and Montecinos, 1999, pp. 16 ff.). Thus, despite the lack of an institutional structure devoted to the provision of welfare benefits, the gender duality seen in OECD countries can indeed be seen in Chile. There is a further, important aggravating factor: non-contributory benefits were only available to women. This not only reproduced, but intensified gender stratification in social security.

Even the analytical frameworks developed in the feminist literature are insufficient to deal with all aspects of women's social citizenship. Although they reveal very significant hidden inequality in the universalistic semantics in which citizens' rights are expressed,³³ they have not finished unearthing all the gender implications of social benefits. Specifically, they have not delved deeply into the nature of category (c) benefits. While it is true that these benefits were provided by Chile's pension institutions, they are present in various forms in all modern social security systems.

In fact, widows' pension benefits create a third category of "citizens" —identified, but insufficiently analysed, by Arenas de Mesa and Montecinos— with a strong symbolic gender significance: women become the beneficiaries of their husbands' contributions. Although this category includes women still considered primarily as full holders of entitlements rather than "needing" social assistance, and their status is more positively perceived by society, they nonetheless receive pensions because they are regarded as economically "dependent" individuals (Orloff, 1993, p. 315). Women receive these benefits because they have had legal ties with a worker and have, at some time in their life cycle, played the role of wife and direct performer of unpaid work. In other words, they are viewed more as dependants on their husbands and as interdependent members of a family group than as autonomous citizens with full rights. While the logic is the same, this category clearly differs from the category of social assistance beneficiaries.

Hence, in terms of gender, pension systems create a threefold, rather than twofold, format of female citizenship: full citizens at one extreme, needy quasi-non-citizens at the other, and dependent semi-citizens in the middle. Unlike men, whose form of citizenship was absolutely onedimensional (see figure 5), women were divided into three groups, the quantitatively and symbolically predominant of which was the one most closely linked to the family and other traditional gender roles. In this case in particular, as in many others, social citizenship, rather than creating social equality, produces gender inequality. Obviously, and contrary to what those nostalgic for the old pension system believe, this inequality did not favour women, since very few were categorized in the hierarchy as recipients of contributory benefits who were therefore on an equal footing with men. On the contrary, the majority enjoyed much lesser status as citizens.

³³ For an interesting but inconsistent critique of the universality of citizenship from the gender perspective, see the work of Young (1990 and 1995).

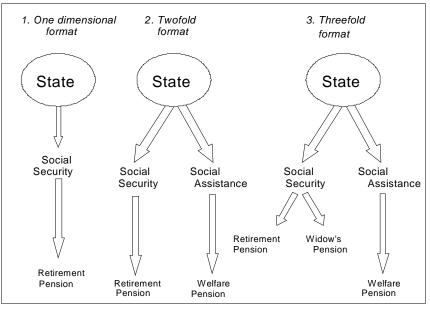


Figure 5 PATTERNS OF SOCIAL CITIZENSHIP AS A FUNCTION OF THE SOURCE OF BENEFITS

In the specific case of Chile, widows' dependency was made absolutely clear by a provision that at first sight appears insignificant. Women were required to choose between a retirement pension based on their participation in the labour market and a widow's pension based on their husband's contributions. They could not receive both at the same time. To put it more simply, they were required to define themselves, implicitly, as full holders of social rights or as being in a subordinate position defined by the husband's entitlements. The figures cited earlier —as of 1980, 17% of women received retirement pensions as a result of their participation in the labour market—seems to indicate that the majority opted for the husbands' benefits; i.e., to give up their own benefits in exchange for their spouse's benefits.³⁴

E. Gender implications: what type of social citizenship?

As long as the structure of care that followed the fall of oligarchic society was in place, only a few women —those who had joined the labour market— had access to contributory pension benefits on the basis of full social rights. Most women either obtained benefits exclusively by virtue of their position as dependent spouses or simply received non-contributory benefits granted as a function of a special social situation (single mother or mother not legally married to her partner). Thus, socio-economic dependency on a husband was replaced by socio-economic dependency on the State's social services.

Any relationship of marital dependency required that the wife should have no income of her own, in most cases owing to absence from the labour market. Similarly, dependency on the State requires that the beneficiary not take part in the paid economy. Any dependency relationship in turn

Source: Own elaboration.

³⁴ Obviously, this is not an established fact. The figure on the proportion of women who received pension benefits in 1980 must be contrasted with women's rate of participation in the labour market when these beneficiaries were economically active. Only by carrying out this operation could it be determined whether most women opted for their husband's benefits rather than their own. Without this information, only highly speculative assessments are possible.

creates a subordinate relationship. Hence, in a certain sense, it may be said that the majority of women in Chile had a subordinate type of social citizenship.

In this way, pension benefits became the main factor behind the institutionalization of a type of citizenship that put women in a subordinate position. Rights were extended to them not because they participated in the labour market and enjoyed the rights associated with full social citizenship, but, quite the contrary, because they did not so participate. The vast majority of the benefits available to women required clear forms of subordination. Almost all benefits were provided because they were mothers and/or dependent spouses, because of their family ties, because they were disabled or because they faced obstacles in attempting to enter the labour market, and for this very reason they lacked socio-economic autonomy.

As a result, the family became the arena where women acquired social citizenship, while the labour market was the arena for men (see figure 6).³⁵ In other words, while a large proportion of men acquired full (autonomous) social citizenship, women only had access to a subordinate form of social citizenship linked to family dependency. Thus, the family became the hub that determined the relationship between women, social citizenship and pension benefits.

To determine whether this pattern of social citizenship was present in all the region's traditional pension systems, detailed research on the features of social security and social benefits in each country must be carried out. Until this is done, the Chilean case can only be taken as a model, and with great caution.

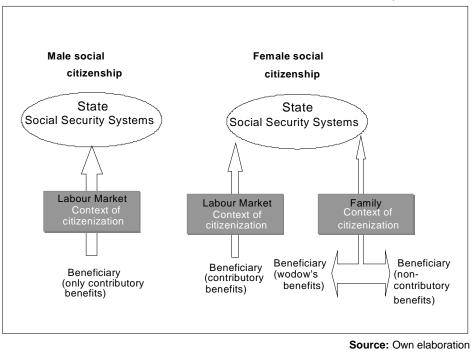


Figure 6 CHILE: SOCIAL CITIZENSHIP BEFORE THE 1981 PENSION REFORM, BY GENDER

³⁵ The concepts of citizenization and of the context for this process are taken from Menéndez-Carrión (1999).

IV. Pension reforms and their impact on women's social citizenship

A. Crisis and reform of traditional pension systems

Initially, traditional pay-as-you-go defined benefits (PAYG-DB) social security systems were financially viable and sustainable, since when they were set up the ratio of active workers to retired workers was generally advantageous, as was the demographic dependency rate. Crisis was inevitable, however, given the demographic and socioeconomic changes that the region's countries experienced and the peculiarities of their socio-political structures and institutions. Phenomena such as demographic transition, small contributions and generous benefits, low coverage, evasion, influence trafficking and changes in the structure of the labour market generated increasing fiscal costs and led to a situation where the systems created an economic burden that could not be financed with their own resources. Moreover, bad investment management decisions led to lost liquidity and gradually turned the systems into simple distribution schemes. The revenue provided by active workers was turned over for the immediate payment of retirees' pensions ---and sometimes for government spending completely unrelated to pensions (ECLAC, 2000a). For this reason, the technical reserves of the different funds were often scarce,

and at times nil or negative. High administrative cost was a further factor, as was periodic indebtedness to the State, which, when paid, was rarely indexed. Generally speaking, the risks of insolvency were absorbed by cohorts of active workers and future contributors (James, 1997).

When the debt crisis erupted, most of the traditional systems found themselves in this sort of situation. Strictly speaking, the crisis was the coup de grâce, not the cause of the problems. The corporatist and clientlist nature of social benefits forced States to use pension funds for political and electoral ends, which made the funds' deficits even worse. The recessionary situation created high unemployment rates and the informal sector expanded explosively. This drastically reduced the system's coverage, and hence its revenue. High inflation rates, the concomitantly weakened purchasing power of national currencies and declines in real wages had drastic effects on the size of pensions. Similarly, both public-sector downsizing and the privatization or closing of State enterprises had a negative impact on the system's coverage and revenue. In the midst of the crisis, governments delayed their employer's contributions and renegotiated debt with the funds. As a result, the systems' deficits in some of the pioneering countries were almost 20% of GDP at the end of the 1980s (Mesa-Lago, 2000, pp. 20-21).

After the crisis, social welfare was identified as one of the principal causes of the fiscal deficit, as well as a possible funding source for the region's emerging capital markets —indeed, the strongest source and one of the most expansionary (Mesa-Lago, 2000, p. 21). In Chile, pension fund portfolios enlarged progressively so that pension funds could be used to buy public enterprises, which, around 1986, were at the peak of a wide-ranging process of privatization. In this way, the dismantling of the social State became an important instrument for also dismantling the entire institutional structure of the development State (Marchán, 2000, pp. 40 ff.). For this and other reasons, many policy makers and ideologues considered pension reform one of the most important strategies for downsizing the State.³⁶

Over the last decade, many international financial institutions have strongly pressured the region's governments to reform their pension systems. They have even made structural reform of the system (among other things) a condition for loans to implement adjustments, usually recommending the Chilean (substitutive) model as if it were the only one, or as if it were the best choice for the entire region (Mesa-Lago, 1999, p. 134).³⁷ However, not all countries that have implemented pension reform have followed these "recommendations", since many of the substitutive system's problems have become evident (Mesa-Lago, 2000; ILO, 2000; Ruiz-Tagle, 2000a).

The Chilean model was instituted in 1981, before the worst consequences of the external debt crisis took effect. It included structural reform and introduced a novel, experimental FF-DC system of individual capitalization.³⁸ The system seemed to deal successfully with the budget deficits created by social security spending and to remove from the State one of the many functions

³⁶ See, for example, Novak's (1999, p. 25) praise for the new Chilean system.

³⁷ The fetishism surrounding the Chilean model is due not only to its pioneering status, but also to the fact that it is the most liberalized of the models. People rarely consider the fact that it was instituted under conditions of extreme political repression and that this facilitated its implementation. Mesa-Lago (1999 and 2000) has persuasively demonstrated that the degree of general economic liberalization and the degree of pension privatization are directly proportional, whereas both are inversely proportional to the degree of democratization and political liberalization. Indeed, in other countries, the decision to undertake reform had to go through a phase of creating public willingness among the citizenry. Where democratic culture was well developed (Uruguay, Costa Rica), the system's coverage and adequate social protection took precedence over financial efficiency. Obviously, the importance of a reform of such scope is not only, or even primarily, budgetary or financial, but fundamentally social. Pension systems exist to guarantee certain social rights. It is not by chance that they serve to create what we today call social security.

³⁸ A structural reform is one that either replaces or supplements (competitively or not) the public system with an individual capitalization system that is managed, with some exceptions, by private for-profit entities. Non-structural reforms merely maintain the public system, modifying it to extend coverage, create uniform eligibility standards, eliminate or reduce the deficit, increase efficiency or guarantee more adequate pensions (Mesa-Lago, 2000; ECLAC, 2000a). Non-structural reforms were applied with some regularity in traditional systems.

Although the Chilean model enjoyed very little popularity in the 1980s —primarily because of the political conditions under which it was instituted— many of the region's legislators and international institutions began to take a more benign view of the system when the Chilean regime changed. The system gained legitimacy as the succession of democratic governments chose to retain it substantially unchanged (Mesa-Lago, 1999). Thus, the option of reform and the Chilean example rapidly spread through the region. Many people of orthodox views believed that placing social security entirely under private management was the solution to all of the system's problems. As noted above, however, political conditions in each country heavily influenced the type of reform adopted. The substitutive model —generally in a form very similar to the Chilean one— was chosen only where democratic regimes were either fragile or inexperienced. In countries where democratic traditions had deeper roots (Costa Rica) or political institutions were more solidly established and operationally stronger (Argentina, Uruguay), an alternative reform model was implemented.³⁹

Three reform models are currently in effect in Latin America: substitutive, mixed and parallel. Chile (1981), Bolivia (1997), Mexico (1997) and El Salvador (1998) instituted substitutive models. In these cases, the old PAYG-DB system is almost entirely liquidated (i.e., new members are not enrolled) and is replaced by a FF-DC individual capitalization scheme. A fixed percentage of salary is deposited in an individual retirement account that belongs to the worker, plus a commission (also a percentage) that varies according to the country. These accounts are managed by private for-profit organizations or other types of entities (mutual associations, unions, cooperatives) that compete for subscribers. Managers' capital is independent of the contributors' funds. Managers are required to invest the funds and to meet certain profitability standards that vary according to the legislation in force in each country. The new systems permit individual accounts not only for employees with contracts, but also for "own-account" workers, who may join on a voluntary basis. The amount of the retirement pension (or disability pension, as the case may be) depends on the funds accumulated by the beneficiary, life expectancy on retirement and the survivors' pension for the pensioner's beneficiary. In Bolivia all individuals above a certain age also receive a fixed benefit, the "Bonosol".⁴⁰

Argentina (1994), Uruguay (1996) and Costa Rica (1998-2000) have a mixed model in which the public PAYG-DB component, though reformed, remains in place, but is supplemented by a FF-DC regime of individual accounts, which accommodate both mandatory and voluntary savings. The public component is based on the principles of collective saving and intergenerational solidarity and is managed almost entirely by government entities. The principles and operation of the private regime are essentially identical to the individual capitalization scheme in the substitutive model. Mixed models also have a welfare regime that provides basic pensions for low-income individuals. This regime is handled by public social assistance institutions.

Finally, Peru (1993) and Colombia (1994) have parallel models. Here, the traditional PAYG-DB system is reformed through the unification of the various existing funds, stricter conditions governing eligibility for benefits and stricter enforcement of contribution and eligibility

³⁹ A useful summary of the political context in which pension reforms took place can be found in Mesa-Lago (1999). Torre (1998) offers a detailed analysis of the political situation in certain countries (Argentina, Bolivia, Colombia and Mexico) that implemented general reforms, including pension reform.

⁴⁰ The Bonosol (solidarity bonus) has had a chequered history. It was instituted in 1996, along with a structural reform package that was implemented by the authorities in office at the time. In 1997, shortly after a new government took power, it was replaced by the "Bolivida", which had a lower value. In August 2002, however, the party that had implemented the benefit took power, and one of its first measures was to replace the Bolivida with the old Bonosol.

requirements. However, the parallel model also includes a supplementary and privately managed FF-DC and individual capitalization scheme. Two factors distinguish parallel models from mixed ones. First, only the public-sector monopoly is eliminated in the parallel model, since the public system continues to exist not only for pre-existing contributors and low-income individuals, but also for new voluntary members. Thus, the public component competes with private managers for members. In mixed systems, on the other hand, contributors belong to either the public or the private system and cannot choose to move from one to the other. Second, the three countries that have instituted mixed systems also have social assistance systems, which is not the case in Colombia or Peru.

B. Towards a new social care structure

The combined effects of the debt crisis and reforms radically transformed the societal care structure that had been instituted with the post-war modernization model. This is clear not only in the case of pension reform, but in all areas of care and welfare.⁴¹

Thus, for example, Colombia chose to dismantle a large part of the public childcare system. In its place, the "Hogares de Bienestar" programme was established, which essentially consists of civil-society organizations partially dedicated to providing childcare. The programme is supported by public funds and located in geographical areas where children have nutritional deficiencies (De Suremain, 1996, pp. 215 ff.). In most countries, however, childcare institutions were privatized. As a result, childcare became a family responsibility (Benería, 1995, p. 1845; Arriagada, 1997a, p. 10) or, as occurred in Colombia, the responsibility of local communities. In either case, the most visible (though not always the most noted) change was an increase in the unpaid work done by women.⁴²

The privatization of these and other social services has made the market one of the primary loci of responsibility for care. However, given that 214 million individuals in Latin America —43% of the region's population— live below the poverty line, according to official figures for 2001 (ECLAC, 2002, chap. 1), there is a strong tendency not to seek these services in the marketplace, but to produce them in the family. Thus, the family system is forced to increase its traditional specialization in providing care. One of the many consequences of this is, again, an increase in the amount of unpaid work performed by women.

With structural reform, the State's responsibility for care has been drastically reduced. The new social function of the State is limited to countering the social exclusion produced by the dynamics of the market in this area. This, of course, obliges the State to continue performing some care functions. In some countries, the State retains responsibility for certain childcare institutions

⁴¹ One of the areas most affected was pre-school education. In Chile, for example, some estimates indicate that towards the end of the 1980s and in the early 1990s, fewer than 20% of low-income children under the age of six had access to some type of childcare. The most notable lack was among children under two, whose rate of enrollment in JUNJI day nurseries was barely 2% (Venegas, 1996, p. 337).

⁴² Because of the recession, women had to increase unpaid work in the home in order to ensure their family's survival by producing goods for consumption and certain services that were previously purchased on the market but were no longer affordable as a result of the crisis. In addition, many of them developed community survival strategies. They were not only majority participants, but also leaders, in what are known as "popular economic organizations". As a result, women's reproductive activities and responsibilities increased exponentially (Raczynski and Serrano, 1992). In fact, each structural adjustment had a correlate without which it would have been unsustainable: the family adjustment, carried out by intensifying women's unpaid work. This, precisely, is the paradox of women's role in the adjustments: the latter successful, despite the extremely high social costs, only because of the increase in the work carried out by women (Arriagada, 1997a). Similarly, crisis and reform forced women to enter the labour market. Although this increased their rate of participation in economic activity, it also produced an increase in the female unemployment rate, principally among younger groups. In addition, as invariably occurs in times of crisis, women's participation in the labour market was quite precarious, not only because they had to juggle the roles of provider and housewife, but also because, in many cases, the employment they found was in low-productivity, unstructured and informal sectors (Arriagada, 1995 and 1997a). Thus, for women, the net outcome of the crisis was a sharp increase in their paid and unpaid work.

serving low-income groups. Where the substitutive pension reform model has been instituted, the State supplements insufficient funds for minimum pensions if beneficiaries have contributed to the system for a certain number of years.⁴³ In the mixed and parallel models, the State has an even more important role. Many countries also have a public social assistance system, which, given its minimal or zero profitability, naturally runs no risk of being privatized.

No broadly homogeneous societal care structure has emerged in the region's countries, in contrast to the post-war period, when the models in effect were generally similar, apart from some negligible national differences. To a large extent, the characteristics of emerging structures depend on the depth of the economic, institutional and social reforms that the country has undertaken (see table 4). Where reform has been radical, the market has become the principal service provider, although it shares responsibility with the family and, to a lesser extent, civil society. The emerging care structure in these countries is of a privatized nature. Given its features and consequences, it could even be called neoconservative. Where the State retains a more important role in some areas, a more balanced distribution of responsibilities results. This is the "multiple responsibility welfare model", which some analysts consider to be the only one in the region (León, 1998, pp. 34 ff.). In those countries that are farthest behind in terms of reform, the post-war structure (or, for ease of reference, "traditional" structure) remains in place almost unchanged. Some countries have not yet completed their reform packages or have only addressed certain areas. In the former case, the emerging structure is still in transition, and only the completion of the process will determine to what category the reform belongs. In the latter case, the structure is mixed, with some features of privatized systems and some features of multiple responsibility.

Today, a major process of social restructuring in the area of caregiving is evidently in progress. As clearly shown by table 4, however, it would be a serious analytical mistake to consider that the same processes are taking place in all the countries. Variations in the degree, depth and extensiveness of reform require that caution be applied in analysing the region as a whole. It would be wrong to suggest that the countries share a common social care structure (or "welfare model"). Shared responsibility, as noted earlier, is only present where the State both takes responsibility for reducing the effects of the social exclusion produced by the market and continues to provide direct or indirect services in parallel with the market. There is, nonetheless, a general trend among the region's governments to transfer many care functions to the market, regardless of the degree to which these functions have been concentrated in the State. In the emerging structure, the market is therefore gradually becoming the fundamental component. Thus, regardless of the differences between general modalities or specific types of structures, a general emerging prototype for the region can be discerned (figure 7).

⁴³ Among the countries that have reformed their pension systems, the only one that does not guarantee a minimum pension is Bolivia.

Country	Economic reforms (a)	Pension reform	Health-care reform (b)	Other deregulation in care services	Emerging societal structure
Argentina	Radical	Mixed	Multiple-option	✓	Multiple
					response
Bolivia	Radical	Substitutive		\checkmark	Privatized
Brazil	Partial			\checkmark	Traditional
Chile	Radical	Substitutive	Dual-option	\checkmark	Privatized
Colombia	Partial	Parallel	Multiple-option	\checkmark	Multiple
Costa Rica	Partial	Mixed		~	response Multiple response
Cuba	None				Traditional
Dominican Rep.	Sporadic			~	Traditional
Ecuador El Salvador	Sporadic Sporadic	Substitutive		~	Traditional In transition
Guatemala	Sporadic	Gubsilialive			Traditional
Mexico Nicaragua	Radical Sporadic	Substitutive		✓	Privatized
Panama	Sporadic			Partial	Traditional
Paraguay	Sporadic			Partial	Traditional
Peru	Radical	Parallel	Dual-option	Partial	Mixed
Uruguay	Partial	Mixed		\checkmark	Multiple
Venezuela	Partial			Partial	Traditional

LATIN AMERICA: REFORMS AND TYPES OF EMERGING CARE STRUCTURES

Table 4

Source: Prepared by the author on the basis of Sottoli (1999, p. 92) and Mesa-Lago (1999, p. 136 and 2000, p. 53). **Notes:** (a) Radical economic reforms are wide-ranging, extensive, highly orthodox reforms implemented over a short period of time. Partial reforms combine orthodox and heterodox policy and are implemented progressively. Finally, sporadic reform consists of measures taken by countries seeking only macroeconomic stabilization and enhanced State supervision. (b) There are two types of health-care reform. Dual-option systems allow insured individuals to choose between two service providers: the public system (or social security system proper) and the private system, which offers prepaid plans. Multiple-option systems, on the other hand, offer more choices, and the services need not be managed and provided by the same entity.

C. Pension reform, social citizenship and gender

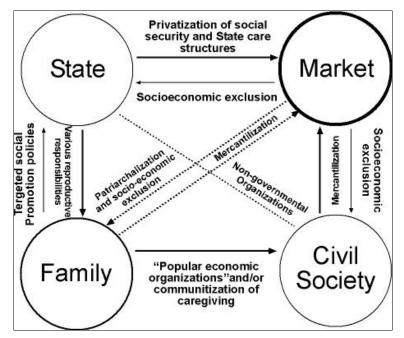
In most of the world's countries, the crisis of the welfare State has led all sectors of society to think about and debate the nature of social citizenship. Major controversies have emerged from this process. There are profound differences of opinion as to whether social rights are inalienable components of citizenship.⁴⁴ While neither neoconservative nor extreme left-wing critiques of social rights and welfare regimes are new in the first world,⁴⁵ they have spread to all political fronts and even to the citizenry in the last two or three decades. Today, both social democrats⁴⁶ and liberals,⁴⁷ though for different reasons, have misgivings about the institutions of the welfare State and the type of citizenship that it institutionalizes.

[&]quot;…one has good reasons to doubt whether the benefits [associated with social rights] whose exercise does not depend primarily on the free activity of the beneficiaries are rights at all. The structure of [social] benefits, unlike that of political rights to participation, has an elective affinity with bureaucratic implementation... social rights of the entitlement type achieve the benefits of membership for individuals as clients rather than as citizens.... Social 'rights' in the sense of entitlements are possible and do actually exist in societies without a structure of rights at all" (Cohen and Arato, 1992, p. 446).

⁴⁵ They date from the time when most of the European welfare States originated; i.e., starting in the 1930s. For a summary review of all the critiques of social rights and welfare regimes, see Friedman (1981, introduction).

⁴⁶ Such as Jürgen Habermas (1998, p. 633). Subsequently (Habermas, 2000, pp. 71 ff.; 89ff.; 103ff.), however, Habermas's position became more flexible; he wrote that "equality of social rights is the armature of democratic citizenship".

⁴⁷ For some contemporary liberals, such as Rawls and Dworkin, social rights are only the precondition that makes the emergence and development of true rights or freedoms possible (Cohen and Arato, 1992, p. 706).





Source: Own elaboration.

Much of the thinking in this area derives from the analysis of the effects of structural reform on social rights and benefits. Some analysts believe that adjustment and reform have produced a progressive "de-citizenization" of the population, an erosion of the entitlement to social rights. Indeed, they point to this as one of the causes of the growing "new poverty" (Reilly, 1998, pp. 406-407). However, this assertion is somewhat inaccurate. According to Laurence Whitehead (1997, p. 69), one of the features of the post-war modernization model was an affinity between inward development, national integration and the populist style of collective mobilization. For this very reason, in his view, reforms have not only dismantled the institutions of the old development model, but are leading to a more individualistic and privatized image of citizenship. Strictly speaking, this does not mean that social rights are no longer considered a part of citizenship, but rather that they are no longer seen as a collective responsibility. This contrasts with the view that predominated when the Latin American social State was in place. It is essential not to confuse different types of benefits with rights themselves: the former derive from the latter, rather than being identical to them.

In concrete terms, social citizenship in Latin America today is undergoing four changes. First, new social security systems have changed the way in which social rights are guaranteed. Benefits depend on individual earnings rather than on redistribution mechanisms based on collective earnings. Second, the regulation of social benefits, which was previously established through a process of collective negotiation, is now subject to decision-making by government entities, principally the legislature and the executive branch (Cheresky, 1999, p. 82). The third trend, only apparently opposed to the foregoing, is one of the most important. In the new institutional structure of social security —primarily where the subsitutive pension model is in place— citizens are no longer such by virtue of their relation with the State. Finally, social representations of the social citizen are changing. Whereas the social citizen was once regarded as a bearer of rights, he or she is now seen primarily as a consumer of services (Powell and Edwards,

2002). Given all this, social rights no longer take precedence over civil and political rights (Vieira, 1998, p. 216; Cheresky, 1999).

Despite the sweeping changes in the societal care structure and the transformations affecting social citizenship, the nature of women's pension benefits has remained substantially unchanged. The context for this is an increase in pension inequality between the sexes, since, according to some studies and projections, most of the reformed pension systems create wide differences between men's and women's pensions due to both eligibility requirements and gender differences in the demographic profile and in patterns of participation in the labour market (for the case of Chile, see Arenas and Montecinos, 1999; Barrientos, 1998; Cox, 1999, 2000a, 2000b and 2001; Arenas and Gana, 2001; Gana, 2002; for Uruguay, see Hernández, 2001; for Colombia, see Uribe, 2002, chap. II).⁴⁸

Nevertheless, those entitled to contributory benefits may still be considered individuals whose rights are guaranteed as a function of their own individual earnings, which are formally separate from their family role or marital status. This is not the case, however, with most women's benefits. Women continue to be entitled to social rights only as a function of their dependency and/or performance of subordinate family roles (mother/wife), rather than in their own right. All of the region's reformed legal structures include survivor's benefits for widows or "dependent children" (the latter up to a certain age) (see table 5).

In Argentina, Uruguay and Chile, widows' pensions are granted a priori only to women. For male survivors to be entitled to such pensions in Argentina or Uruguay, they must prove that they were economically dependent on their spouse. In Chile, they must demonstrate that they are disabled. In El Salvador, contributions to an individual account are limited to 13% of wages. While 10% goes to the individual pension savings account (6.75% contributed by the employer and 3.25% by the worker), the other 3% is used to purchase disability and survivor's insurance; the beneficiaries of the latter can be survivors of either sex. However, in the public system, which remains in place to manage the funds of certain occupational groups and workers who retired prior to the reform, the conditions are the same as in the Chilean system. Male survivors are only entitled to benefits if they are disabled, while women are entitled in all circumstances. These criteria establish a strict distinction between dependent and independent individuals. Women, by definition, are dependent, while men, unless they prove otherwise, are independent. Thus, pension systems not only guarantee benefits, but symbolically transmit a doctrine of gender-based subordination.

In more than one sense, surviving women are beneficiaries first as wives, and only second as autonomous citizens. In the Chilean and Salvadoran systems, female widowhood is equivalent to being disabled. Funds accumulated in the individual account or, if there are none, public-system benefits (if these exceptions do not apply) are part of the estate of any beneficiary, regardless of hierarchical position in the family structure. However, they have become a reward or compensation for marital dependency and subordination.

In the other countries, dependent beneficiaries who survive the pensioner can be either men or women. In FF-DC individual capitalization systems, the individual (mandatorily in some cases, voluntarily in others) acquires insurance to cover disability, death and survivors' benefits, should

⁴⁸ According to an alternative interpretation, the reforms have given women in Argentina, Chile and Mexico better net benefits than men. This is allegedly a result of the fact that they are direct recipients of transfers of public and private resources. One of the gender peculiarities of pension reform, then, has allegedly been the inclusion of a larger number of so-called "cross-subsidies", which make it possible to compensate women for the inequalities of the labour market (James, Cox and Wong, 2002, chap. IV). What this interpretation, ostensibly sensitive to gender problems, has not been able to identify is the patriarchal nature of many of these cross-subsidies. Nor has it shown, other than in mathematical simulation models, that women have benefited from the reforms in empirical and practical terms.

the funds accumulated in the individual account be insufficient. Only in Costa Rica, however, are pensioners free to choose their beneficiaries. In other countries, the remaining balance after death is used to pay the survivor's pension, and only if there are no survivors does it become part of the general estate. In this case, Costa Rica assigns the pension according to the rules of the Costa Rican Social Security Fund (the public component), which designate the widow, common-law spouse of at least the 2 years immediately preceding the death and unmarried children up to the age of 18 as beneficiaries. Hence, only in the case of Costa Rica is the survivor's pension primarily a part of the heritable assets, rather than a reward for the wife's marital dependency. The freedom to designate beneficiaries formally disconnects the benefit from family roles.

		LATIN AMERICA: WC	LATIN AMERICA: WOMEN'S PENSION BENEFITS IN REFORMED SYSTEMS
Country	Reform model	Survivors' benefits	Other benefits
Argentina	Mixed	Beneficiaries include the widow(er), common-law Vo spouse, unmarried sons and daughters, or widowed pa daughters (if they have no retirement pension, inc government-mandated pension or welfare benefits, rec unless they opt for this pension, and only up to the pa age of 18). Widowers and common-law spouses must show that sy they were dependent on the deceased. Widows are beneficiaries in all circumstances. For the common- law spouse to receive the pension, the deceased must have been legally separated or separated in fact, single, widowed or divorced, and have "lived publicly in apparent matrimony" for a period of 5 years prior to death. The period for living in "apparent matrimony" is reduced to 2 years when there are children recognized by both partners.	Voluntary participation in the pension system on the part of housewives. Pensions are financed with individual contributions and from a solidarity fund that receives public and private contributions. Benefits are paid only by the private component; such beneficiaries are not eligible for benefits from the public pension system. Women receive a universal basic benefit at the age of 60 if they have 30 years of qualifying contributions on record. The age for men is 65.
Bolivia	Substitutive	Beneficiaries include the surviving spouse or common-law spouse, as long as that person is not remarried or living with someone.	Bonosol, a lifetime benefit granted to citizens who have turned 65.
Chile	Substitutive	Beneficiaries include the surviving spouse. The spouse must have married the deceased at least six months prior to the date of death, or three years prior if the deceased received a pension. If the wife is pregnant or there are children in common, these restrictions do not apply. The male spouse is a beneficiary only if disabled or if there are dependent children in common. Mothers of biological children of the deceased receive the benefit if they are single or widowed and lived "at the expense of" the deceased.	

Table 5

		LATIN AMERICA: WC	LATIN AMERICA: WOMEN'S PENSION BENEFITS IN REFORMED SYSTEMS
Country	Reform model	Survivors' benefits	Other benefits
Colombia	Parallel	Beneficiaries include the family of a deceased pensioner receiving a pension as a result of old age or disability incurred in the course of non-work activity. Also included is the common-law spouse if he/she lived with the deceased for at least two years immediately prior to the death, this requirement being waived when they have children in common.	"Community mothers" are beneficiaries of the Pension Solidarity Fund, which finances the pensions of sectors that do not have sufficient economic resources. The Fund also finances domestic workers' pensions.
Costa Rica	Mixed	Under the individual capitalization regime, the member may opt to acquire death and disability insurance. The selection of beneficiaries is the insured's choice. If no beneficiaries are registered, the payment goes to the heirs. According to the legislation governing the Costa Rican Social Security Fund, beneficiaries include the widow, common-law spouse of at least two years immediately prior to death and unmarried children up to the age of 18, provided that they were economically dependent on the deceased.	
El Salvador	Substitutive	Beneficiaries include the family of an individual who dies owing to illness or non-work-related accident, the spouse, common-law spouse, children within or outside marriage, adopted children and biological or adoptive parents who were dependent on the deceased. The spouse must have been married to the deceased for at least six months prior to the death. The common-law spouse must demonstrate at least three years of living together. If the spouse or common-law spouse is pregnant or there are children in common, or if the widow(er) or common- law spouse is disabled, the time requirement does not apply.	

Table 5 (cont.)

Country	Reform model	Survivors' benefits	Other benefits
Mexico	Substitutive	The widow of an insured or of a recipient of some type of benefit receives 90% of the deceased's pension. The widower or male common-law spouse is a beneficiary only if economically dependent on the insured. The female common-law spouse has the right to a pension only if the deceased was not married and if they lived as if in marriage for the five years prior to death, or if she has children.	
		The insured can take out a family annuity for the monthly payment of his or her pension or the pensions of his or her beneficiaries. The law does not designate the beneficiaries	
Peru	Parallel		
Uruguay	Mixed	Widows are beneficiaries if their monthly income does not exceed 15,000 Uruguayan pesos. Widowers, totally disabled fathers and divorced persons must demonstrate either economic dependency on the deceased or lack of sufficient income. Divorced persons must show that they received alimony from the former spouse.	
ource: Prepar lational Law Nc 993. Costa Ric vstem, Decree	ed by the author on the b. . 24828 of March 1997. E ca: Workers' Protection A No. 927. Mexico: Retiren	Source: Prepared by the author on the basis of current pension legislation. Argentina: National Law on the Integrated Retirement and Pension System (SJJP) No. 24241; National Law No. 24828 of March 1997. Bolivia: Law No. 1732 of 29 November 1996 governing pensions. Chile: Decree-Law No. 3500 of 1980. Colombia: Law No. 100 of 1993. Costa Rica: Workers' Protection Act, No. 7983; Old Age, Disability and Death Insurance Regulation of February 1995. El Salvador: Law on the Pension Savings System, Decree No. 927. Mexico: Retirement Saving Systems Act of 1996. Peru: consolidated text of the Private Pension Fund Management System Act, Decree No. 54-	t and Pension System (SIJP) No. 24241; 3500 of 1980. Colombia: Law No. 100 of I Salvador: Law on the Pension Savings flanagement System Act. Decree No. 54-

Oluguay		
Source: Prepared by the National Law No. 24828	e author on the bind March 1997 B	Source: Prepared by the author on the basis of current pension legislation. Argentina: National Law on the Integrated Retirement and Pension System (SJJP) No. 24241; National I aw No. 24828 of March 1997 Bolivia: I aw No. 1732 of 29 November 1996 coverning pensions. Chile: Decree-I aw No. 3500 of 1980. Colombia: I aw No. 400 of
1993. Costa Rica: Work	ers' Protection Ac	1993. Costa Rica: Workers' Protection Act, No. 7983; Old Age, Disability and Death Insurance Regulation of February 1995. El Salvador: Law on the Pension Savings
System, Decree No. 927	7. Mexico: Retirem	System, Decree No. 927. Mexico: Retirement Saving Systems Act of 1996. Peru: consolidated text of the Private Pension Fund Management System Act, Decree No. 54-
97. Uruguay: Creation of	f the Pension Syst	97. Uruguay: Creation of the Pension System, Law No. 16,713 of 3 September 1995. For more details, see OISS (2000, table XI).

In all the FF-DC individual capitalization schemes, once members meet the pension eligibility requirements they have the option of choosing among three ways of receiving the accumulated funds: scheduled withdrawal (the funds continue to be managed by the fund manager and the pensioner makes monthly withdrawals against the account balance), life annuity (the member contracts with a fund manager or insurance company, pursuant to legislation, for a fixed monthly sum until death) or scheduled withdrawal with deferred earnings (the mixed form). The Peruvian system also includes family annuities. Here, the member contracts with an insurance company for a monthly sum until death and the payment of survivors' pensions to dependants. Benefits in this system are based on total familial dependence and interdependence, in opposition to the principle of individual citizens' rights.

In all nine countries, survivors' eligibility to receive widow(er)s' pensions requires a certain minimum time as a couple prior to the death. The time period varies according to legislation. This right is lost if the survivor contracts a new union. Generally, the amount of time required is longer for common-law spouses than for spouses. However, this requirement is cancelled or reduced if the survivor is pregnant with the child of the deceased, or if the couple has children in common. In these situations, the mother immediately becomes a beneficiary. Women who are not mothers or mothers-to-be are not eligible for the benefit unless the couple meets the time period requirements.

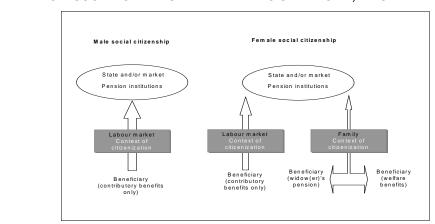
The Chilean case has other peculiarities as well. Biological mothers are eligible for a survivor's pension if they are single or widowed and lived "at the expense of" (sic) the deceased. Thus, they are full beneficiaries by virtue of being dependent mothers. There is no divorce in this country, and individuals who, following the break-up of a marriage, wish to legally marry again must dissolve the prior marriage, as in any monogamous culture. In Chile, this is done by the artificial device of annulment. This involves considerable costs, however, and is not affordable for the general population. Hence, living together out of wedlock is very common. In this case, women are not even beneficiaries of a survivor's pension unless the couple has children in common. Eligibility, in other words, is only by virtue of motherhood. Even so, the percentage of the pension for which these women are eligible is only between 30% and 36%. The first wife, who is often the only legally recognized spouse, is the beneficiary of 60% to 70% (depending on whether there are children also entitled to the pension) of the deceased's total pension. Thus, this system explicitly punishes relationships that do not fit the model of the legally instituted nuclear family.

In summary, reformed survivors' benefits systems continue to be tied to reproductive roles. They place special emphasis on protecting the "dependent" children and wife of the insured, whom the law seems to regard as the only one with the skills and ability to earn money to sustain the family group. In addition, in certain situations, motherhood confers rights that would not apply if the women concerned were not mothers. The very semantics of the legislation is far from innocent in this regard: children are entitled to benefits up to the age at which they cease to be dependent, but widows are invariably beneficiaries. To draw a parallel with the case of children, does this mean that widows are invariably "dependent"? Contributory benefits continue to be the exclusive preserve of participants in the labour market, who, by virtue of this fact, are economically independent. They, and only they, are treated as individuals with full rights. Non-contributory benefits are for those who qualify for rights by virtue of their economic —as well as, in more than a few cases, civil— dependency and subordination. The implicit, and sometimes even explicit, reference to women is clear. In addition, in some countries, the gender nature of the activity of public social assistance institutions has been maintained or reinforced (for the case of Chile, see Weinstein, 1996, p. 24, and Provoste, 1997, pp. 59 ff.).

As a result, despite the profound change in the structure of care and some less-than-radical changes in social rights, for women the same triadic form of social citizenship that was instituted with the traditional mode of social security still exists. Full citizens are at one end of the spectrum,

needy almost non-citizens at the other and dependent semi-citizens in between (see figure 8). As a result of this and of its increasing responsibility for care, the family continues to be the main context in which women qualify for citizenship. For this and other reasons, it must be asked whether pension reforms have really introduced a revolutionary process of modernization, as some advocates of the reform still proclaim, or whether, on the contrary, reform has yet to penetrate the hard shell of the cultural legacy —a legacy with traditionalist elements that persist despite profound structural change.

Figure 8



LATIN AMERICA: SOCIAL CITIZENSHIP AFTER PENSION REFORM, BY GENDER

D. Conservatism of the new pension systems

It can hardly be deined that most pension reforms have eliminated the former structure of privileges extended to special interest groups in the old PAYG-DB schemes or that they have introduced many innovative elements into administration and financial management, capital investment, promotion of competitiveness and efficiency. However, it is equally clear that despite their bombastic pretensions ("pension modernization"), they have left traditional patterns of gender subordination untouched. Women continue to be beneficiaries thanks to family interdependence and reproductive roles, not as individual bearers of rights, just as occurred in pre-reform regimes. Of course, this situation is not a function of the new systems' design. On the contrary, it is the product of certain cultural representations regarding women's role in society —representations that are hard to change, at least in the short term, simply by political fiat, despite the best of intentions.

However, the existence of such intentions must be questioned at this point. Current pension benefits for women not only preserve the rights that are characteristic of traditional systems (of which, however, very few benefits are retained), but also amply reflect aspects of civil law relating to estates and inheritance, family law and, quite simply, the ideology and prejudices of those who make the laws. This is true across the various systems and does not vary as a function of the reform model.

All the features described clearly demonstrate that the reforms have put special emphasis on protecting the family. If these policies operate as intended, the immediate consequence could be the intensification of unpaid reproductive work, generating further gender-based dependency and subordination. Hence, the protection of the family and the symbolic strengthening of gender roles are the traditionalist side of pension system "modernization".

Source: Own elaboration.

A superficial analysis of what most attracts foreign observers about the reformed systems points to two essential features: first, the suppression of the State as a protagonist in social protection, and second, the intense focus on protecting the family. It is not coincidental that the main European advocates of pension-fund privatization and the great admirers of the Chilean reform are also the most stubborn advocates of the traditional family and the ones who most vociferously protest the deterioration it has suffered in the twentieth century on account, among other things, of women's entering the paid labour market:

"Chile has shown that it is possible harmoniously and rapidly to change the traditional method of paying old age pensions... An entire bureaucracy was made to disappear; state intervention in pensions was simplified; persons and families achieved an unprecedented degree of independence and wealth; and Chile's national savings rate has become one of the highest in the world... What I most like about the new Chilean system is that the pension fund resources that the head of family does not consume pass to his heirs. In this way, pensions become capital for the entire family, and cease to be an income maintenance system that only applies during the life of the retiree." (Novak, 1999, p. 25).

Comments like this one only confirm that Chilean pension reform is markedly conservative rather than neoliberal. The Chilean reform carefully maintains certain traditional aspects of society, primarily by protecting the family and attaching value to its most classic functions, which are the least equitable in terms of gender. Given the strength of the traditional conception of women's social benefits in the rest of the region's countries (benefits associated with marital dependency and gender-based subordination), the most emblematic representatives of worldwide conservatism will probably point to Latin America as a whole as a model to be followed in proposing pension reform in other regions.

V. Public policy dilemmas

A. The problem of women's access to full social citizenship

Broadly speaking, the gender features of benefits structures in traditional and reformed pension systems, along with the strength of the traditional sexual division of labour, exclude a major segment of the female population from full social citizenship, which is only available through participation in the labour market. The return of caregiving responsibility to the family has reinforced women's social specialization in reproductive work. This has added a functional difficulty to the entrenched cultural factors that impede women's integration into the paid economy. And although, owing to a variety of factors such as economic recession, a large increase in women's participation in paid work has been registered over the last two decades —larger, even, than the increases in men's participation and in overall participation (see table 6)— unpaid reproductive work in the home still represents one of women's principal occupations in all of the region's countries, including eight of the nine whose pensionsystem reforms were described earlier (see table 7).

		Both s	sexes			M	en			Woi	men	
Country	1985	1990	1995	2000 (b)	1985	1990	1995	2000 (b)	1985	1990	1995	2000 (b)
Argentina	49.0	50.5	51.4	52.6	69.0	66.5	66.8	67.7	30.0	35.4	36.7	38.4
Bolivia	47.0	48.9	50.1	51.3	69.0	68.1	67.8	67.7	26.0	30.5	32.9	35.4
Chile	43.2	44.9	47.0	48.3	64.2	65.1	66.0	65.8	23.0	25.4	28.7	31.4
Colombia	46.5	48.4	50.1	51.7	64.1	65.3	66.3	67.0	29.4	32.1	34.6	37.1
Costa Rica	47.6	48.8	49.9	51.1	74.0	73.7	73.2	72.9	20.8	23.6	26.2	28.9
El Salvador	46.9	46.2	48.4	51.0	71.6	69.2	70.3	71.6	23.6	24.7	28.0	31.5
Mexico	47.9	48.9	51.1	52.9	70.7	71.3	72.5	73.1	25.7	27.1	30.4	33.5
Peru	50.0	51.0	52.3	54.0	68.4	68.7	69.3	70.3	31.6	33.5	35.7	38.3
Uruguay	52.2	52.7	54.3	55.2	66.9	66.3	67.3	67.2	38.5	40.0	42.4	44.1

Table 6
LATIN AMERICA (9 COUNTRIES): CHANGE IN ECONOMIC ACTIVITY RATE, BY SEX

Source: ECLAC (2002b), pp. 20-21.

Notes: (a) Calculated on the basis of refined rates: percentage of the economically active population at least 10 years of age over the total population at least 10 years of age.

(b) CELADE estimates.

Except in Uruguay, the proportion of women having entered the paid economy is not over 40% in any of the countries that have reformed their pension systems. Thus, 60% of women are automatically excluded from contributory benefits and from individual rights based on full social citizenship. In terms of social rights, this is the fundamental problem that faces most women. If they do not join the labour market, they are generally excluded from any form of social citizenship. At best, they may become recipients of social benefits, but only on a dependent and subordinate basis. Hence, women's social citizenship is restrictive and/or limited to marital ties or the performance of roles outside the labour market, rather than being a matter of full citizenship.

Also of concern is the fact that women are more subject to "de-citizenization" than men. For example, in low-income sectors, teenagers and young men and women are kept at home –in other words, they drop out of school and postpone or give up their incorporation into the labour force, almost never by their own choice– in order to care for children and enable one or both parents to perform paid work. This frequently occurs in families headed by women, which are the poorest and most vulnerable ones. Although this phenomenon is not as pronounced as it was in the late 1980s (the most critical period of the crisis for some countries), the proportion of young people in this situation was close to 15% in the late 1990s in some cases; in most cases it was close to 10%. This phenomenon was apparent five years ago in three of the countries that have reformed their pension systems (see table 8).

						4	vge gr-	Age group (in years)	rs)				
Country		15 – .	19		20-24			25-49		50-64		65 and over	j
	Study	EAP	Domestic work	EAP	Study	Domestic work	EAP	Domestic work	EAP	Domestic work	EAP	Domestic work	Retired
Argentina ^a													
Women	66.8	17.7	10.8	54.5	24.1	17.7	61.5	34.6	43.2	41.1	7.8	23.9	67.1
Men	62.5	30.3	0.3	76.1	19.1	0.1	95.7	0.1	82.2	0.1	23.4	0.3	70.0
Bolivia													
Women	48.3	43.0	6.4	54.7	24.0	18.3	71.2	25.4	68.4	26.8	45.6	33.9	6.1
Men	43.9	52.8	0.2	67.6	28.7	:	96.6	:	89.7	0.2	68.5	0.3	16.8
Chile ^b													
Women	69.4	13.6	8.8	45.7	21.8	20.3	51.9	38.6	34.0	49.5	7.8	34.2	40.6
Men	69.8	21.7	:	72.1	21.7	:	94.6	:	83.5	:	31.1	:	50.4
Colombia													
Women	50.0	30.3	17.3	59.7	11.7	26.8	64.3	33.4	35.2	57.8	11.3	66.3	5.5
Men	46.6	47.5	0.8	84.3	12.8	0.4	96.7	0.3	84.9	1.2	46.6	3.2	18.5
Costa Rica													
Women	47.1	25.3	25.0	50.5	12.8	35.2	48.2	47.4	26.6	54.6	7.0	43.4	20.1
Men	39.7	53.5	1.5	85.7	10.8	0.3	96.1	0.1	83.5	0.2	37.4	1.0	35.4
El Salvador			_										
Women	43.5	22.3	28.0	45.9	12.2	35.0	58.8	35.7	42.0	45.0	17.6	33.7	5.7
Men	42.0	50.6	0.8	82.6	11.5	0.3	93.3	0.1	85.2	0.7	47.0	0.6	15.5
Mexico ^b													
Women	39.6	29.5	29.7	47.0	10.1	41.9	48.4	49.6	38.0	54.9	18.1	57.8	10.3
Men	38.0	56.6	0.9	83.1	13.3	0.3	97.1	0.1	86.0	0.1	56.0	0.5	19.4
Uruguay ^a													
Women	45.6	30.9	8.3	69.5	8.9	10.9	74.4	15.9	46.7	19.8	6.3	8.7	33.5
Men	36.9	47.2	2.0	87.8	5.6	0.5	90.6	0.2	80.0	0.4	15.6	0.6	75.1

Table 7

ECLAC - SERIE Mujer y desarrollo

Source: ECLAC, Women and Development Unit, based on special tabulations of data from household surveys conducted in the countries www.cepal.cl/mujer Notes: (a) Urban population. (b) 1998.

Country	Year	Proportion (percentage of the entire population segment)
Argentina	1990	13
-	1997	10
Chile	1990	7
	1997	8
Uruguay	1990	9
	1997	8

Table 8 LATIN AMERICA (3 COUNTRIES): ADOLESCENT WOMEN AGED 15 TO 19 WHO WORK ONLY IN THE HOUSEHOLD, URBAN AREAS

Source: Adapted from Ruiz-Tagle (2000b), p. 50.

For young women, working full-time on domestic tasks means dropping out of school. This compromises their potential to subsequently join the paid economy and hold jobs that afford them enough income to rise above the poverty line. Thus, their ability to attain full social citizenship is severely curtailed. In fact, this is one of the most common mechanisms for the intergenerational reproduction and transmission of female poverty. This conjunction of poverty and traditional gender roles creates a feedback loop that reinforces both phenomena (Provoste, 1995, p. 56). Together, they lead to the social "de-citizenization" of women.⁴⁹

In many of the region's countries, the poorest and least educated women participate least in the labour market. For these women, paid work has a high opportunity cost, given the low income to which they can aspire and the barriers they face in combining paid work with reproductive tasks (Ruiz-Tagle, 2000b, pp. 46 ff.). It is known, in fact, that poverty and household responsibilities are associated with labour precariousness (Provoste, 1995, p. 50). This is one of the reasons why labour market participation is noticeably lower among women in the bottom two income quartiles than in the top two quartiles. A circle of cause and effect results, reproducing poverty. The poorest women join the labour market in lower porportions than the more advantaged because they lack the material resources needed to do so (income to finance private care), as well as the symbolic resources (education). Meanwhile, failure to participate in the labour market produces greater poverty and need. As a result, exclusion from the paid economy, which is closely tied to poverty and inequality, is the principal cause of women's social "de-citizenization". Thus, there is a strong link between poverty, on the one hand, and exclusion from the labour market and social citizenship, on the other (Ruiz-Tagle, 2000b).

This phenomenon creates one of the major dilemmas faced in designing and implementing pension policy to create greater gender equality. In order to extend social citizenship to all women, the definition of work and social security must be broadened to include unpaid work in the home. However, if this broadening is to achieve real equality of citizenship, it must eschew patriarchal conceptions of the sexual division of labour and social citizenship.

⁴⁹ Among young men of similar age, motives for leaving the educational system are either early entry into the paid labour market or failure in school (Ruiz-Tagle, 2000b, p. 51). Since men are less likely to be occupied with reproductive work and have easier access to the labour market, they are less likely than women to reproduce poverty in their family group (the feminization of poverty). For the same reason, the male population is less vulnerable than the female to social "de-citizenization".

B. The nature of pension protection for work in the home

Some of the region's countries, such as Argentina, have implemented an innovative mechanism to extend social citizenship to women who are responsible for reproductive work in the home: a retirement pension for housewives.⁵⁰ In addition to recognizing that reproductive work, like any paid activity, is one of many forms of work, this mechanism is a way of addressing the foregoing dilemma. First of all, social rights, by definition, must be guaranteed for workers. Now, based on the recognition that the unpaid work done by women is work, even though it is not transacted in the labour market, this mechanism aims to guarantee autonomous social citizenship for all women, based on the fact that they are workers. Second, it aims to eliminate female dependency on spouses' benefits, thus preventing the institutionalization of a subordinate pension relationship. Finally, it aims to transfer resources to a segment of the population that, as will be shown, has a high rate of poverty.

Other countries in the region, either before or after Argentina's effort, have tried similar solutions without first having implemented pension reform. In Ecuador's social security system, for instance, housewives have been entitled to pensions since 1964 (Servicio de Información sobre Mujeres, 1999). Moreover, article 88 of the new Venezuelan constitution establishes that "The State shall guarantee equality and equity for men and women in relation to the right to work. The State shall recognize work in the home as an economic activity that creates value added and produces wealth and social well-being. Housewives are entitled to social security under the law".

Despite first appearances, this mechanism does not solve any of the problems of women's dependent and subordinate citizenship. Housewives' pensions are mostly non-contributory. They are financed only in a small proportion by contributions to an individual capitalization account. They are largely financed by a solidarity fund created for this purpose, which is maintained by private donations and public funding. So in the final analysis, as a welfare mechanism, the benefit is no different from social assistance benefits. Its only result is to replace marital dependency with dependence on public agencies. It brings women no closer to becoming autonomous social citizens.

In addition to this serious problem, such solutions run the risk of establishing a legal equality that disregards —deliberately and with possibly unhealthy consequences— a de facto inequality: reproductive work in the home, unlike jobs in the labour market, is unpaid. Hence, the person performing it is not economically independent. As a result, establishing a pension entitlement simply for being a housewife is nothing but a valiant attempt to recognize the economic value and social importance of household work; it is not a solution to women's lack of economic autonomy, their pension dependency or their gender-based subordination.

The ultimate consequence of this mechanism is to reproduce the traditional model by which gender roles are distributed. It provides entitlement to contributory benefits for participants in the labour market —the male population— while demanding full-time work in the home from women in exchange for mere non-contributory benefits, compelling them to sacrifice the possibility of achieving autonomy, both economically and in terms of citizenship.⁵¹ These measures ignore the fact that there is no retirement age for household workers. Unlike any paid job, housework continues after the worker has reached the age of 60 or 65, which are the average retirement ages in the region. Indeed, as table 7 reflects, women continue to do domestic work up to a considerably

⁵⁰ Argentina's new pension legislation regulates housewives' voluntary participation in the pension system, both in the general pension law (art. 3, para. b, No. 5) and in a special law written specifically for this purpose (Law No. 24,828 of March 1997).

⁵¹ I am indebted for this statement to Virginia Guzmán, who, a couple of years ago, at a presentation of a paper on this subject, commented to me simply that we should seriously evaluate whether, in the interest of achieving spurious equality, it is worth reproducing traditional gender roles. In other words, do we want women to stay home and receive a non-contributory pension, or to integrate themselves fully in so-called "public" life?

more advanced age, when men's productive cycle has already formally ended. These consequences are clearly not provided for in pension benefits, which, given their scope, are more perverse than beneficial. Hence, the dilemma of how to extend full social citizenship to all women remains open.

C. Towards a change in the context of women's social citizenship

To achieve greater gender equality and equity with respect to social citizenship, more targeted public policy and symbolic recognition of the value of reproductive labour are not enough. Women must have greater access to and control over resources. A basic and essential, though not necessarily sufficient, condition for this is women's labour-market participation (Orloff, 1993; O'Connor, 1996, p. 78).⁵² More specifically, to create equal social rights, pension systems must eliminate the gender-based stratification of citizenship, both in public PAYG-DB schemes and in FF-DC schemes. It is indispensable that the family first be replaced as the context of women's citizenization and that more female participation in the paid economy be encouraged. This can generate socio-economic autonomy and lower levels of citizen dependency.

In practice, all policies that directly or indirectly encourage the incorporation of women into the labour market will have significant medium- or long-term effects. If they succeed, they not only will lead to more socio-economic autonomy for women, but also will facilitate women's access to full, independent social citizenship, since the benefits women receive will be based on individual social rights —contributory benefits— and not on a status derived from marital dependency or traditional gender roles.

All of this, of course, requires that the labour market replace the family as the context of women's citizenization and that the triadic patriarchal form of social citizenship be eliminated. Only if both of these changes occur will women be able to gain social citizenship by a route other than marital or State dependency. In particular cases, this progress requires that legislators and policy makers become aware that in respect of social citizenship, as elsewhere, current pension systems are not gender-neutral but are full of traditional notions of the family and female roles. To promote this awareness, national organizations for women's rights and welfare must use all available channels, formal and informal, to ensure that those who have the last word in law-making include gender-sensitive pension schemes in their agendas. In short, a political awareness-raising campaign is needed.

There must also be a campaign to build awareness of the nature of social citizenship and pension systems. Each society must become aware that social security is a basic condition for the optimal development of full social citizenship and, as a corollary, that the main function of a pension system is not to generate a greater flow of financial assets for capital markets, but rather to guarantee a social right. Today's doctrine of economic growth and efficiency, on which most

⁵² I am enormously grateful to Emilio Morgado for remarking to me that under current conditions of gender inequality (precariousness of women's jobs, wage gaps between men and women, etc.), which is very evident in all of the region's labour markets, access to the paying economy does not automatically guarantee greater equality of social citizenship between men and women. While this insight is correct, it should be considered alongside two other equally evident phenomena. On the one hand, women's incorporation into paid labour automatically produces a change in their citizenship status. On the other, once they have joined the labour market, the inequalities that must be combated are principally quantitative, although this does not mean that they are not caused principally by cultural factors. If, however, women remain excluded from the labour market, the problems that public policy must confront are qualitative and structural, and therefore much harder to correct with State measures. Hence, women's incorporation into the paying economy should be considered a step forward —perhaps a precondition— on the road to greater gender equality in social citizenship, but not as the final objective. Thus, incorporation into the labour market is not the defining or optimal condition of social citizenship for women, but it is, at least, a much less negative condition than exclusion.

pension reforms to date have been based, must be replaced by a social and legal doctrine.⁵³ This statement, of course, is not a call for fiscal irresponsibility or for heedlessly spending public resources to help the elderly, nor does it deny the benefits of thriving capital markets. The point is

resources to help the elderly, nor does it deny the benefits of thriving capital markets. The point is simply that principles must be made clear. A pension system that encourages the growth of a nation's financial systems is useless if it does not first and foremost establish a minimum level of social well-being for the citizenry and create greater equality and equity.

Finally, there must be a gender awareness-raising campaign to point out that the current state of women's social citizenship, which is the legacy of a body of civil and family law that most of the region's countries are in the process of thoroughly reformulating, springs from a hidden but very powerful patriarchal conception of the family and gender roles. The review offered here points to the traditionalist cultural logic that persists in the Weltanschauung underlying both old and new pension legislation. Any awareness-raising campaign will have to highlight the fact that today's concept of social citizenship is, in at least two ways, not gender-neutral. First, it bases full entitlement to rights on work, in the traditional sense of paid activity exchanged on the labour market. This construction fails to recognize the unpaid work that women perform within and outside the home. Second, benefits aimed specifically or indirectly at women either demand a priori or generate a posteriori some form of gender-based dependency and subordination.

D. The need to adapt to contemporary labour conditions

A second policy dilemma emerges from the need to extend pension coverage to the new precarious and non-traditional jobs created by changes in production patterns in recent decades, by the increased flexibility of labour markets and by the seasonal nature of certain major agricultural activities in the region. Many of the reformed pension systems operate on the assumption that the labour market creates stable jobs of indefinite duration that pay constant or rising remuneration; in other words, jobs that enable people to accumulate sustained pension savings on a regular, ongoing basis for their entire productive life (for the Chilean case, see López, 2002).

However, a significant proportion of the new jobs created from year to year by the region's economies are unstable, informal and precarious, and are generally either left out of or only beginning to be covered by the new pension systems. What is especially noteworthy about this is that more women than men work in these jobs (see table 9). In fact, women's labour-market participation today is marked by the stigma of precariousness and informality (León, 2000; Pautassi, 2001).

⁵³ I owe this observation to Flavia Marco, who, in a personal conversation, commented on the profound change in the legal Weltanschauung brought about by the introduction of a FF-DC individual capitalization scheme. For more detail, see Marco (2002), pp. 12 ff.

Table 9

LATIN AMERICA (9 COUNTRIES): URBAN POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS OF THE LABOUR MARKET, BY SEX, CIRCA 2000

Country	Men					Women				
				Micr	oenterprises (a	l)		Uns	killed own-	account
	Total	Total	Employers		Employe	es	Domest ic		workers (b)-
				Total	Professional and technical	Non- professional non- technical	Workers	Total (c)	Industry and construct -ion	Commerce and services
Argentina (Greater Buenos Aires)	40.8	44.1	2.2	13.2	1.2	12.0	13.0	15.7	2.0	13.7
Bolivia	56.2	71.9	1.1	5.2	0.3	4.9	9.4	56.2	8.1	45.7
Chile (d)	27.9	39.8	1.6	8.9	1.1	7.8	16.0	13.3	2.8	10.2
Colombia (e) (f)							11.5	33.4	6.3	26.8
Costa Rica (f)	37.4	41.7	2.3	12.3	1.4	10.9	11.4	15.7	3.2	12.4
El Salvador	47.1	61.1	3.1	8.3	0.6	7.7	8.2	41.5	9.3	32.0
Mexico (g)	40.7	45.7	1.8	10.6	1.0	9.6	6.5	26.8	3.7	22.4
Peru (f)	56.5	71.5	2.5	10.9	1.8	9.1	12.4	45.7	4.8	38.8
Uruguay	38.3	48.2	1.4	11.4	0.8	10.6	19.5	15.9	4.2	11.3

Source: ECLAC (2002a), pp. 197-200.

Notes: (a) refers to establishments employing up to 5 people or, in the cases of Chile, El Salvador and Uruguay, up to 4 people.

(b) Refers to own-account workers without professional or technical qualifications.

(c) Includes those employed in agriculture, forestry, hunting and fishing.

(d) Data from national socio-economic surveys (CASEN).

(e) Starting in 1993, the survey's geographic coverage was extended to include virtually the entire urban population of the country. Until 1992, it covered approximately half the population, except in 1991, when a nationwide survey was conducted.
 (f) 1990 data.

(g) Data from national household income and expenditure surveys (ENIGH). Information on the size of the establishments in which the workers were employed was not available for the 1994 survey.

This concentration of women in precarious, low-productivity jobs is due, among other things, to two important facts. First, a significant proportion of domestic jobs, commonly involving caregiving and reproductive labour —which, according to social norms, are women's work— are informal. Second, the ongoing changes in technology and in the organization of work have transformed production patterns. The most important manifestation of this in the labour market is widespread vertical disintegration and the formation of production chains that generate a variety of atypical jobs, including jobs that can be performed at home. This makes it possible for women to reconcile childcare with earning money for their families. Although these jobs were once categorized as "own-account" work, they, too, are often informal.

Since these are precarious, informal, low-productivity jobs, they are usually not covered by social security systems. Indeed, most traditional PAYG-DB social security legislation explicitly excludes informal-sector workers from the system. Individual capitalization systems remedy this lack of protection somewhat by allowing individuals considered in the national accounts as "independent" or "own-account" workers to join on a voluntary basis, although the ones who do are most commonly informal-sector workers who have no formal contract with an employer. In any

case, these regimes do not protect the worker from the precariousness of the sector itself. Long periods of unemployment, high turnover and generally poor conditions that sometimes jeopardize workers' health and physical integrity are risks not covered by the new social security systems. For women, there is the additional need to reconcile household work with paid labour obligations. The problem of adapting schedules to cover both areas and the sometimes long distances between work, home and, in many cases, childcare facilities are among the factors that make women's working conditions poorer than men's.

Some countries that have reformed their pension systems, such as Colombia and Mexico, extend pension benefits to domestic workers. The benefit is usually financed by non-contributory mechanisms such as solidarity funds or other arrangements. In other countries, the opposite is true. The Argentine system, for instance, does not provide pensions for domestic employees or rural workers. These two groups are excluded from unemployment benefits, and in the case of female domestic workers, also from family benefits.

According to some studies, the precarious and unstable nature of these jobs discourages workers from voluntarily enrolling in or contributing to pension systems. In most of the new systems, if workers have a certain period of contributions on record but their accumulated funds are not sufficient to finance a minimum pension, the State covers the difference. However, if they have not completed the minimum period, they often lose all of their pension savings. Thus, the process of continuing turnover, leaving jobs and later re-entering the labour market, which is characteristic of low-productivity sectors in general but is especially common in women's jobs, makes it difficult to contribute enough money for a sufficient period of time to qualify for a minimum pension. To encourage contributions to the reformed system, it has been suggested that eligibility requirements for a minimum pension should be modified to fit today's varying occupational conditions (López, 2002). It is thought that these measures may directly or indirectly improve coverage for women employed in precarious, seasonal and/or low-productivity economic sectors.

E. Potential perverse consequences for widows

While the elimination of the patriarchal form of social citizenship would formally give men and women equal social rights, other forms of inequality are very likely to emerge. For example, the retirement or widow's pension represents the sole source of income for a very significant proportion of older adults in countries that have reformed their pension systems (see table 10). Pension coverage often spells the difference between a certain level of well-being and absolute poverty. Although the average pension is, in most cases, less than twice the national poverty line (Viveros, 2001, p. 30), it continues to be a major source of income for most of the older population in the pioneering reform countries. In the intermediate- and late-reform countries, most older people either receive income from paid work or have no income at all. This explains to some extent why, among the nine countries analysed, these two groups of countries have the highest incidence of poverty in the older population.

Table 10 LATIN AMERICA (8 COUNTRIES): DISTRIBUTION OF THE POPULATION AGED 60 AND OVER BY TYPE OF INCOME, URBAN AREAS, 1997

		(1)		(2)	(3	s)	(4)
	Re	ceives income		Receives no	Average reti pension ir		Percentage of 60+ population below
Country	Only retirement or pension income	Retirement or pension income plus income from work	Only income from work	income of any kind	Urban areas	Rural areas	the poverty line
Argentina	63.9	3.5	10.5	22.1	2.3		11.7
Bolivia	21.9	4.4	34.3	39.4	2.6	2.5	39.4
Chile	56.7	8.6	14.4	24.4	3.5	2.8	9.8
Colombia	16.2	4.1	20.9	58.8	3.5	3.1	36.9
Costa Rica	39.4		22.2	38.4	3.5	3.1	18.2
EI	10.2	8.2	30.6	51.0	2.2	1.7	41.9
Salvador							
Mexico	19.6	3.6	24.8	52.0	1.3	1.6	36.4
Uruguay	75.3	6.0	9.7	9.0	3.3		2.4

Source: Columns 1 and 2: Viveros (2001), p. 53; column 3: Viveros (2001), p. 55; column 4: adapted from Del Popolo (2001), p. 66. All of this information is available in ECLAC (2000b), chap. IV, pp. 129 ff.

Notes: (a) Average retirement and pension income is expressed in multiples of each country's per capita poverty line.

In half the countries that have reformed their pension systems (Bolivia, Colombia, Costa Rica and Mexico), more women than men aged 60 or over live below the poverty line (see table 11). Significantly, the percentage of women who receive retirement or pension income is lower than the percentage of men in all the countries except Uruguay. Thus, there is an indirect, though weak, correlation between receipt of a pension and living in poverty. Available data do not distinguish between individuals who receive a retirement pension (or retirement income, to use the standard terminology of sociodemographic studies) and those who receive a survivor's or widow's pension (pension income), since, among other reasons, the data come from national household surveys (ECLAC, 2000b, p. 120, table IV.3). However, all indications are that most of women's pension income is from this latter type of pension. This hypothesis finds strong support in the fact that the population group consisting of women now over 60 who receive pension benefits had a low rate of labour-market participation in their economically productive years. Thus, most of them are unlikely to have contributed to traditional social security systems as primary members (i.e., participants in the paid economy). It is thus highly probable that most of them currently receive survivor's and widow's pensions, while a very small proportion have retirement pensions.

26

61

20

39

18

23

81

Bolivia

Mexico

Uruguay

Colombia (a) Costa Rica (a)

El Salvador

Chile

Table 11

41.6

9.7

38.8

19.2

40.6

36.7

2.2

	•	,			PENSION INC	
Country	Total po	pulation	Male po	pulation	Female po	pulation
	Percentage of	Percentage of	Percentage of	Percentage of	Percentage of	Percentage
	60+ persons	60+ persons	60+ men who	60+ men below	60+ women	of 60+
	who receive	below the	receive pension	the poverty line	who receive	women below
	pension income	poverty line	income		pension income	the poverty
						line
Argentina	67	11.7	73	12.7	64	11.0

39

66

33

45

28

32

79

36.9

9.9

34.6

16.9

43.7

35.9

2.6

15

58

10

35

12

16

83

LATIN AMERICA (8 COUNTRIES): BOVERTY LEVEL AND REPORTAGE OF THE BORILLATION AGED

Source: Prepared by the author on the basis of ECLAC (2000b), p. 132, and Del Popolo (2001), p. 66.

39.4

9.8

36.9

18.2

41.9

36.4

2.4

Note: (a) Retirement and pension income refers to total income from transfers to those persons who, under the variable "activity status", describe themselves as "retirees and pensioners".

The segment of the female population receiving widow's pensions would be the most negatively impacted if the patriarchal form of social citizenship were eliminated, since these women would then have no source of income. Indeed, eliminating the patriarchal form would mean eliminating the three categories of female beneficiaries (full citizens, widows and beneficiaries of social assistance) and replacing them with a single category that includes all of them. Hence, widow's pensions would be eliminated or their gender-specific nature would be removed. Obviously, the result would be that many widows would swell the ranks of those living below the poverty line. A crisis would also occur if, in order to avoid stratification, dualities and triadic gender structures, social assistance benefits were eliminated, since, as of approximately 1997, between 8% (in Argentina) and 50% (in Costa Rica) of all pensioners received income from public social assistance systems (Mesa-Lago, 2000, p. 61).

Thus, everything seems to indicate that in order to avoid reproducing female poverty, which has reached critical levels at various times in the recent past, current gender hierarchies and differences in social benefits must be maintained. This poses the third dilemma of pension policy: to seek either the reduction of poverty among older women or the enjoyment by women of full social citizenship. It seems impossible to achieve both goals at the same time, since eliminating gender distinctions in pension benefits is incompatible with reducing poverty in a highly vulnerable segment of the female population.⁵⁴

According to a recent United Nations report, poverty is the principal source of vulnerability among widowed women throughout the world. Following it are armed conflict, lack of education, ill-health, violence and exclusion from the paying economy (United Nations, 2001, pp. 11 ff.).

VI. Concluding comments: the challenge of the future

In all social areas, and thus in regard to social security, policy makers can take two types of measures to overcome inequity in general and gender inequity in particular. In social security, specifically, one type of measure attempts to correct the inequitable consequences of pension systems by reforming or changing those elements responsible for inequality, whether or not the inequality is attributable to the design of the systems per se. These are palliative measures that may have major short-term effects. Putting them into effect usually takes only one or two successive government administrations. However, while these measures may reduce inequity, they do not necessarily address its causes or nature. This often means that the original conditions of inequality remain intact. Moreover, success will depend heavily on contingencies that may be beyond the control of policy makers, and the effectiveness of reforms will be limited by the uncertainty associated with the awareness that undesired consequences may ensue. Recommendations for policies of this type abound in the specialized literature. One example is the increasingly popular proposal to loosen the eligibility requirements for minimum pensions for women in order to reduce the pension effects of some of the inequalities originating in the labour market.

There is another type of measure which has been neither recommended nor applied in social security policy to date. Such measures are structural and aim to address the causes of inequality rather than the inequities that result from the design of the systems or from inequalities generated elsewhere. Although the results are commonly more effective, they become visible only in the medium or long term. In general, these are State policies, not policies of particular administrations. Their principal disadvantage is that they are open to many risks, including lack of continuity due to changes of government; they may even be definitively dropped. Moreover, given their structural nature, they may be opposed by special interest groups or certain social sectors. Thus, while it may be possible in certain cases to keep them in place as State policies and to implement them on a regular, ongoing basis, their medium- or long-term orientation means that they usually benefit only future generations. This sometimes requires some sort of sacrifice on the part of the generations implementing them. Nor are they exempt from undesired consequences, such as structural imbalances or functional deficiencies. One policy of this type would seek to eliminate gender inequalities in the labour market, instead of altering particular aspects of pension systems to reduce gender-based inequalities in women's benefits.

The causes of gender inequality in social citizenship are principally, though not exclusively, of a structural and cultural nature. Hence, most of them can be tackled only with measures of the second type. Many policies of the first type can successfully reduce the most immediate effects of inequality, however. Thus, the main future challenge for achieving gender equality in pension rights is to implement a policy package that combines the two types of measures. To complement the short-term recommendations that abound, below are some basic premises for steering public action on structural issues in the future.

First, the development of a societal care structure that is progressively less dependent on the family system must be encouraged. When care is part and parcel of the family's responsibilities, the obstacles to women's entry into the paid economy are intensified and diversified, and this also makes it harder for women to gain full social citizenship. Both exclusion from the paid economy and lack of access to social rights reproduce poverty in general and female poverty in particular. Ten years ago, Durston and Lo Voulo (1992, p. 352) suggested that modern societies had no excuse for shirking their responsibility for ensuring the well-being of older people by leaving this task to the family. Taking this further, it might be added that in truly modern societies there is no excuse for making the family bear most or all caregiving tasks, thereby reproducing poverty and intensifying gender inequality.

The principal obstacles to women's access to full social citizenship —which is acquired through participation in the paid economy— are still cultural representations regarding the sexual division of labour and the excessive burden of reproductive responsibilities in the family system, which generally results from these representations. Together, they limit women's opportunities to enter the paid economy, for when the family is responsible for care, women are the ones who give up the idea of entering the labour market —as can be seen in the case of adolescents who take responsibility only for reproductive work. Because of this exclusion from the labour market, "decitizenization" is accentuated or, in the best of cases, access to social citizenship is limited to subordinate and dependent forms.

Obviously, a care structure that includes a major component of State participation can create more gender equity than one that depends entirely on the market. The dynamics of exclusion from the market, which are present not only in Latin America but in all regions where the private sector plays a major role, almost spontaneously produce an overload of caregiving responsibilities in the family system and civil society. Exclusion thus indirectly multiplies the obstacles to women's entry into the labour market and/or makes them more intractable. In this connection, two measures are important for generating a societal care structure that is more equitable in terms of gender. On the one hand, public childcare systems that particularly target low-income sectors must be created, and on the other, the coverage of State care services, where they exist, must be broadened.

Second, to boost the effects of reducing obstacles to women's integration into the paid economy, inequalities in the labour market must be eliminated. The current conditions of unequal pay for work of the same value, job turnover due to reproductive contingencies, vertical segmentation of the labour market, patterns of participation in the precarious economy and many other factors lead to a situation where women have much smaller retirement pensions than men. This, in effect, guarantees the precarious form of social citizenship for women, since it fails to generate equity, which is essential to full citizenship.

Finally, to increase women's integration into the labour market, and thus to increase and improve their access to full social citizenship, a substantial practical and symbolic redistribution of reproductive responsibilities within the family is essential. As long as the State and the law continue to view women as exclusively or ultimately responsible for unpaid household work, public policy will not be able to create effective incentives for women's incorporation into the paid economy. Instead, cultural representations regarding the family and its traditional roles will persist and will continue to transmit to society a particular, highly patriarchal doctrine regarding the sexual division of labour. If this is not changed, the region's societies will only continue to generate a profound "de-citizenization" of women.

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