Uruguay:
Time Use Surveys and Policy Case Study

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"First, I would like to highlight the Integrated National Care System, because the quality of society is reflected in how it takes care of its most vulnerable. [. . .] It is not an expense, not even an investment. It is about meeting an ethical imperative."

President Tabaré Vázquez, Uruguay
March 1, 2015

Identify and Prioritize

International and national feminist advocacy in the 1990s provided the initial impetus for measuring unpaid care work. The UN 1995 Beijing women's conference unleashed a movement to assert women's rights and measure all women's work, both paid and unpaid. UN regional agencies, including the Economic Commission for Latin America and the Caribbean (ECLAC), UNIFEM (now UN Women), and the International Labour Organization (ILO) motivated governments, provided legitimacy, and contributed funding and technical assistance.

In Uruguay, civil society and academia led advocacy efforts to bring national attention to the care deficit, women's care burdens, and their consequences for society.[1] From the start, policy objectives focused on reducing women's care burden, upholding the rights of people to care and be cared for, and confronting the economic challenges posed by the demographic transition in an aging society (the population of 65 and older nearly doubled from 7.6 percent in 1963 to 14.1 percent in 2011) as well as the role of the state in the provision of these care services.[2] Data catalyzed policy change by helping to re-conceptualize "care" as a collective and societal issue. In 2003, the University of the Republic (UdelaR) carried out a standalone TU survey to quantify unpaid work in Montevideo's metropolitan region. The survey found that about 91 percent of women spent almost two-thirds of their time on unpaid care for children aged 13 and younger.[3]

Aided by this data, advocacy efforts led to the incoming Uruguayan coalition government's (Frente Amplio) enacting the National Plan of Equal Opportunities and Rights (2007–2011), which called for the need to further quantify women's unpaid work. Following this, in 2007, Uruguay's national statistics office (INE), which was tasked with collecting this data, launched the first nationally-representative TU module in a household survey. The survey was conducted again in 2011 and 2013, enabling the government to quantify Uruguay's "care deficit" and measure progress over time.

In 2008, the Gender and Family Network, a member-based NGO that advocates for gender equitable public policies, held a series of roundtables with the explicit aim of ensuring care work was part of the public discourse. Influenced by these discussions, four major political parties included care work in their 2009 platform

1 Ministerio de Desarrollo Social and Direccion nacional de Politicas Sociales 2014
2 Sistema Nacional de Cuidados 2015
3 Aguirre 2006

1990s
Various academic studies on the care deficit and care burden for women are produced

2003
Universidad de la Republica conducts first time use (TU) survey in Montevideo

2006
National Plan of Equal Opportunities and Rights (2007–2011) is developed, includes specific actions to produce studies that quantify and make women's unpaid work visible

2007
National Statistics Institute includes time use module in national HH survey for first time

2010
Presidential resolution creates interinstitutional care working group with aim to develop a National Care System

2011
Second TU Module in national HH survey is implemented; National Debate on Care includes multiple dialogues with all sectors of society; National Survey for Social Representations about Care implemented

2013
TU Module in national HH survey is implemented

2015
National Care Plan 2016–2020 approved along with the National Care System (Law 19.353); National Tour on Care to socialize the population and stakeholders on the new system launches

2016
Implementation of National Care Plan 2016–2020 begins

while campaigning. The incoming 2010 government together with the National Institute of Women (INMUJERES), the National Coordinating Council for Gender Equality Policies, the Ministry of Social Development (MIDES), and a series of female advocates who held posts in the executive and legislative branches, created a working group within the National Council for Social Policies to develop a National Care System through Presidential Resolution 863/010. Starting in 2011, the Gender and Family Network brought together academics and policymakers in a series of policy roundtables and events as a way to promote childcare as a human right.

Collect and Analyze

The standalone TU survey in the Montevideo metropolitan area conducted by UdelaR in 2003 is credited with advancing the national conversation. To meet strategy objectives outlined in the National Plan of Equal Opportunities and Rights (2007–2011), the INE began including TU modules in the national household survey starting in 2007. The 2007, 2011, and 2013 TU modules asked participants (the self-identified main person conducting domestic tasks) to note their time spent as well as those of any household members ages 14 or older based on a list of activities using the International Classification of Activities for Time-Use Statistics (ICATUS) methodology.

The data produced is nationally representative with the 2013 survey including 3,391 households (7,447 people). The decision to use modules as opposed to standalone surveys stems mainly from cost considerations, particularly since the TU surveys are expected to be produced regularly.

INE has identified methodological issues related to the use of a pre-determined list of activities (versus other methodologies such as diaries), respondents' recall of time spent on certain activities, and proxy respondents (one person answering for all others in the household).

The implementation of the 2007, 2011, and 2013 TU surveys, led by INE in partnership with UdelaR, has included the following partners and funders: INMUJERES; MIDES; UN Women (financier); Community of Madrid (financier); UNFPA (financier); and Superior Council of Scientific Investigations of Spain.

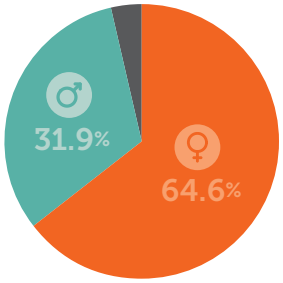
By including a diverse set of policy actors in the development and analysis of TU data, Uruguay ensured that the findings would be not only disseminated, but also used to create a national care policy, which could serve as a best practice model for other countries. With the creation of a childcare working group under the National Council of Social Policy (Presidential Resolution 863/010), which includes line and planning ministries, the policy relevance of the analysis and recommendations was prioritized from the outset.

UdelaR led the analysis of the data; INMUJERES aligned its analysis with the national gender equality strategy; the involvement of the MIDES helped to close the feedback loop with the National Care System; UN Women, UNFPA, Comunidad de Madrid, AECID and Comision Economica Para America Latina (CEPAL) all provided funding to ensure the methodology met global best practices and to ensure Uruguayan lessons learned were shared throughout the region.

The role of UdelaR in collecting and analyzing TU data as well as the development of the National Care System is unique in the region, since no other country has had an academic institution play such a pivotal and central role. Further, the TU survey data were directly used as the justification for creating a National Care System, supporting the national dialogue held by different working groups and consultations with civil society.

Key Findings from Uruguay's 2013 Time Use Survey

Women have a higher total work burden (55.8 hours/week) than men (50.2 hours/week) when paid and unpaid work are combined.



Share of unpaid work in the household by gender in 2013

Men's share of unpaid work in the household increased slightly from 28.0 percent in 2007 to 31.9 percent in 2013, but continues to be half of what women do (64.6 percent in 2013).

35 percent of women spent time caring for adults and children compared to 22.4 percent of men.

Women spent more time caring (22.4 hours/week) than men (16.8 hours/week).

Women's participation in unpaid care work increases as income decreases (60 percent for the poorest quintile vs. 12.5 percent for richest quintile) as does the care deficit (19.1 percent vs 2.3 percent, respectively).

While TU data provided the first inputs for defining the National Care System, the Child Care Working Group also conducted a series of diagnostic surveys and studies to develop the specific policies. Below is a non-exhaustive selection of reports, analyses, and studies implemented as inputs for the development of the National Care System:

- **The National Survey for Social Representations about Care (Encuesta Nacional sobre Representaciones Sociales sobre el Cuidado)**. The survey was developed by UdelaR in 2011. It asked 1,000 people about their perceptions of care for children and senior adults and in parallel interviewed key medical, education, and psychology personnel along with policymakers. One of the main findings was that 79 percent of men and 72 percent of women would opt to have children under two years old cared for in the household vs. at childcare centers during working hours.
- **Government data from the Ministry of Education and Culture (MEC) and the Coordinating Council for the Early Childhood Education, which oversees the different childcare centers (which can be private, public, or some combination of the two) in Uruguay.** The data was used to map the demand and supply of childcare services. One of the main findings was that childcare services in 2014 covered one-third of children between 0–3 while services for children ages 0–1 were almost entirely private.
- **Diagnostic for Dependent Elderly Adults/Seniors. This diagnostic included two parts: 1) An analysis of the 2011 Population and Housing Census data; and 2) 2012 Survey for the Identification of Dependent Senior Adults (NIEVE-MIDES).** The analysis of the census assessed how demographic trends and disabled adults (measured as those with difficulty seeing, hearing, moving, or understanding) would impact demand for adult care services. The main findings were that over 70 percent of seniors do not have any disabilities and only 16.4 percent (a total of 75,925 adults) have disabilities that would entail moderate or severe dependency (requiring care assistance). The census also identified 903 homes for senior adults. The NIEVE-MIDES surveyed a smaller sample of 804 adults of 65 years of age for their capacity to undergo 12 types of tasks. This survey found that 16.3 percent of senior adults had some type of dependency with 6.3 percent representing severe dependency and 10% mild dependency.
- **Analysis of Social Provision Bank (BPS) data.** Analysis of this data found that there are two main types of homes for adults: 1) those administered by NGOs that receive funding from the BPS and departmental governments (90 total) and 2) privately-run residences. This diagnostic also included an analysis of relevant academic and government reports on the quality of senior care services.
- **Diagnostic of Caregiving Population (Personas Ocupadas en el sector cuidados, UN Women, ILO, and Working Group).**[4] A combination of studies linked to the National Care System working group were combined for a diagnostic on paid and unpaid care workers.[5] A study by UdelaR used the 2013 TU survey module to analyze paid (96 percent of which were women) and unpaid care workers. It revealed that 9 percent of total work done in the country was care work. Previous work done by Amarante and Espino (2008) profiled people who work in households covered by the 2006 National Household Survey.
- Other analyses and reports were undertaken to map the coverage and quality of care services in the country in order to inform the development of the National Care System.[6] But no other national household survey data was used. Among the analyses and reports were a study of LAC policies on caregiving (ECLAC) and a report on the methodological design for the identification of informal care services for early childhood.[7]

The spirit of cooperation in the evaluation of policies and data analysis has continued throughout the development of the National Care Plan 2016–2020 and creation of a joint learning agenda, which will be implemented by the National Care System and will include academia and civil society.

Inform and Influence

Collaboration among the different stakeholders mentioned above to identify unpaid care work priorities as well as the National Care System Working Group's production and analysis of TU data were significant factors in the use of the TU data findings for policymaking. Uruguay is unique in the region in that the TU and care work studies conducted were mandated by presidential decree to create a National Care System. Hence, the diagnostic analyses mentioned above combined with unpaid care work data directly fed into the national dialogue. After civil society and academic actors along with INMUJERES placed the issue on the national agenda, they then worked with the Working Group on national dialogues which can be categorized into two main phases: national debate and national care tour.

4 Aguirre 2013
5 Ibid.
6 For a list of all the reports and studies used in the development of the National Care System, see http://www.sistemadecuidados.gub.uy/innovaportal/v/13292/1/innova.front/documentos.
7 Dighierio 2015; Sistema Nacional Integrado de Cuidados and BID

National Debate on the Construction of a National Care System (2011)

After the Presidential decree to establish the National Care System, the Working Group led a series of consultations in each of the department capitals and nine consultations at the national level (three for each priority population: early childhood, people with disabilities, and senior citizens). A total of 1,202 organizations and 1,831 people participated in the regional consultations and 1,205 people and 454 organizations in the national debates. The consultation process allowed different actors in society to come to a collective understanding of "care" and identify solutions that could meet the diverse regional and socioeconomic needs of the population. The discussion confirmed the need for an expanded public care system that could be rolled out in Uruguay, a developing country, and not just limited to developed economies in Europe.[8]

National Care Tour (2015–2016)

In 2015, the National Care System led a national tour in all administrative departments to inform people about the new policy implications, the importance of shared responsibility for care between the state and citizens, and the value of care work.

Both consultations helped to incorporate the wider society's needs into the National Care System, to inform the population of the strategies inherent in the new policy, and to elicit buy-in from civil society and the population at large. The main source of data for these working groups, roundtables, and policies were the 2003 and 2007 TU survey modules.

Policy

The above-mentioned data, advocacy, and policy factors coalesced to bring about the approval and implementation of the first holistic national care policy in Latin America. As early as the 2005–2010 government, INMUJERES created initial strategies that were then taken up by the Ministry of Social Development during the 2010–2015 transition of government. As a consequence, Centers for the Integral Attention of Early Childhood Development and Family (CAIF) and centers for seniors were expanded. During this period, programs with care centers were piloted in parallel with the ongoing national discussions about the National Care System.

National Care Ecosystem's Main Actors

Government administration: Frente Amplio, political coalition that came to power in 2005

Child care working group: Ministry of Social Development (MIDES); Ministry of Work & Social Security (MTSS); Ministry of Public Health (MSP); Ministry of the Economy and Finance (MEF); Ministry of Education and Culture (MEC); Planning and Proposals Office (OPP)

The Gender and Family Network: Asociación Uruguaya de Aldeas Infantiles SOS, Centro interdisciplinario de Estudios sobre el Desarrollo Uruguay (CIEDUR), Ciudadanías en Red (CIRE), CNS Mujeres por Democracia, Equidad y Ciudadanía, Comuna 12, Cooperativa Caminos, Cooperativa Mujer Ahora, Cooperativa Petrona Argüello, Cotidiano Mujer, Cooperativa Infancia, Adolescencia Ciudadana (IACI), Organización Nacional de Asociaciones de Jubilados y Pensionistas (ONAJPU), Red Canarias en Movimiento, Red Género y Familia, Asociación Civil El Paso, Unión de Mujeres del Uruguay (UMU), Comité de Jubilados de la Salud Privada (COJUSAPRI), Facultad Latinoamericana de Ciencias Sociales (FLACSO), El Abrojo, Primera AJUPEN Canelones

Other civil society actors: Children's, senior, and disability organizations; Organizations representing workers (unions); national cooperatives.

University of the Republic (Sociology Department)

International organizations: Economic Commission for Latin America and the Caribbean (ECLAC), UN Women, United Nations Population Fund (UNFPA), International Labour Organization (ILO), United Nations Development Programme (UNDP), UNICEF, European Union, Spanish Agency for International Cooperation (AECID)

Source: Aguirre and Ferrari (2014).

The TU surveys and care studies served as key inputs in the development of various aspects of the National Care System. Data on time spent caring for children, particularly infants, helped prioritize early childhood programs within the national program. Results from the 2007 TU survey showed that women take on double the amount of care for children compared to their male counterparts. This data was compared to that of household surveys on the supply-side of child care, which found a big gap, especially for children ages 0–3. Understanding this gap, the amount of time spent

8 Grupo de Trabajo Interinstitucional 2012

caring for children, and who is doing the caregiving allowed the National Care System to segment the target population and adjust government programs accordingly. As a result, in 2013, the TU module collected information on paid and unpaid child services used by households.[9]
Uruguay's National Care System represents the results of actions and programs targeting people in need of care (the dependent population) and caregivers. Gradually the system will include all care services, both public and private. The system focuses on care for preschool children, elderly people, and people with disabilities. The care policy is framed around gender equality and the human rights of caregivers and care receivers, including measures to improve the working conditions and wages of paid care workers and increasing support for unpaid family caregivers.

The system's principles are explicitly stated as: solidarity in the distribution of care responsibilities between all actors in Uruguayan society; universality in a system that seeks to expand access to the whole national population; promotion of autonomy for men and women to realize their life plans; and joint responsibility for care work between the state and citizens and between men and women. The system has five components each with several programmatic activities. A summary is outlined below:

1. **Services:** Increase access to and quality of early childhood and senior care services

- Expand coverage from 5,880 in 2016 to 28,000 children in 2020.
- Increase number of early childhood education centers through public-private partnerships and create 50 new community care homes and pilot union and firm care centers.
- Expand personal caretaker system for seniors with "severe dependency" including economic subsidies based on household income.
- Create new system that certifies and expands the number of senior caretakers to include companies, cooperatives, and individuals.

2. **Regulation**

- Establish new law of National Care System that creates a legal "right to care and be cared for" in national legislation.
- Remove social security/pension requirements so that seniors with severe dependency can access care.
- Include fiscal reforms to ensure sustainability of the system and universality.

3. **Capacity Building**

- Expand supply of early childhood development courses and increase the number of students.
- Expand and improve quality of senior care courses. This includes creating new certification for caretakers.

4. **Information and knowledge management**

- Increase the capacity of the national statistics offices and ministries to regularly measure the dependent population (in need of care) and those providing care as well as the expenses related to these activities.
- Identify clearer definitions and measures of the different scales of dependency needed to target programs.

5. **Communication**

- Disseminate new regulations, policies, and services to the population.
- Develop a communications strategy to create behavioral change regarding cultural attitudes towards care, particularly looking to create a more gender equitable distribution of work. A more equal sharing of care responsibilities between women and men is pursued through awareness-raising campaigns and incentives for hiring male care service staff.

Acknowledgements

This case study was prepared with input from the following experts:

- Soledad Salvador, economist, Centro interdisciplinario de Estudios sobre el Desarrollo Uruguay
- Karina Batthyany, professor, Universidad de la República (Uruguay)
- Patricia Cossani, social policies coordinator, Ministry of Social Development

9 Respondents were asked to measure time dedicated to care activities for children ages 0–3, 4–5, and 6–12 years of age; for persons with disabilities; and adults older than 65. Care includes feeding, transportation, supervision of activities, etc.

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