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The coming of age of a mature welfare regime and the challenge of care:

Labour market transformations, second demographic transition and the future of social protection in Uruguay*

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Introduction

Uruguay has a mature and robust welfare state by Latin American standards. The first Latin American welfare state, as it was termed by Pendle (1954) is also the one that spends more than almost any other welfare state in Latin America in GDP terms, as a proportion of total expenditure and in per-capita terms. Yet this is also an old and rigid welfare state, which has increasingly become less capable of confronting the type, amount and distribution of social risk. This inadequacy of the old welfare state is due in part to its own problems regarding issues of efficacy, efficiency and coordination. It is also linked to a process of increasing demands in a context of limited, though expanded, resources. But the central reason behind the decline of the welfare state is due, as we will argue in this paper, to the fact that both families and labor markets have changed dramatically in Uruguay. These changes have created new social problems, which have not been met by the traditional system of social policies that was structured on the genotype of the continental Bismarckian model with its contributory bias for financing and entitlements, its emphasis on cash transfers and its orientation towards the nuclear male breadwinner family model.

In this sense, Uruguay constitutes a test case scenario for the challenges confronting welfare states regarding three major changes in the social structure: increasing labor market participation of women, changes in family arrangements, and population ageing. These three developments bring to the fore the problem of care and economies of care, as well as the impact of these new challenges on the financial sustainability of welfare expenditures. In addition it adds a whole new arena where opportunity and welfare are redistributed due to the interaction of family transformation, labor participation of women and gender and generational distributional conflicts. Put more simply, where men work for wages, women are responsible for unpaid work in the household and unpaid care for others, ageing is limited and families with two parents tend to last close to a lifetime, the issue of who does what is settled. Men work, women take care of the house and children, and the elderly take care of themselves or are taken care of by women in extended households. Also opportunity and welfare are distributed in relatively settled terms, dependent on male position and marriage patterns. Finally a contributory welfare model built for stable two-parent male-breadwinner families in a labor market close to full formal employment is burst asunder in its efficacy and financial basis when both labor markets and families change.

While Uruguay never adjusted perfectly to the idealized pattern of the stable, male breadwinner two-parent family, it is quite clear from basic evidence that this was a dominant model within the middle classes and quite prevalent in the large urban popular classes (rural population amounts to less that 10% in Uruguay). Especially the long term duration of marriages and close to full formal employment regime for males did constitute a basis for an imperfect yet real consistency between the welfare state, family and labor markets. No matter how much we are to question this idealized version (both on empirical and normative grounds), data indicates that the last thirty years have moved further away from this version of family and labor markets (increased female headed households, a steep increase in divorce rates, more unemployment and informality within male population, and increased rates of female labor force participation in also increasingly informal labor markets).

Among the different and many problems that this decoupling of social structure and social protection creates, the issue of care becomes central. As women enter the labor force, as population ages and as family arrangements change, issues such as who shoulders the burden of care, how policies help reconcile work and family, and how state services and state interventions confront these challenges, become salient topics, and they enter fully and visibly the distributional conflicts and agenda of state, policies and politics.

As welfare regimes confront these problems, four alternatives become possible: market solutions to care, state provided solutions to care, redistribution of care burdens among males and females in families and collective non-state solutions (third sector and community solutions). We focus in this paper on the response of the state to this problem of care and protection, though we will also touch upon the other spheres and arenas where "care burdens" are redefined and redistributed.

In the first part of the paper we will review some conceptual developments and some critical arguments regarding the welfare and social model debate as it relates to the issues of risk, protection and care. Secondly we will argue that changes in the labor market, sexual division of labor and ageing have put new strains on the welfare regime. In order to do that we will present data on labor market evolution with particular emphasis on women's participation, data on age structure and family arrangements of the elderly, and finally data on the transformation of family

arrangements, especially, in this case families with children. We will argue that these transformations have contributed to the development of a three tiered society: a well-off group that deals with these new strains by buying services in the market, a defensive middle-class that has less and less children and relies on an increasingly poor and inadequate social state, and a large proportion of poor people that rely partially on the state and increasingly on families that have neither the strength nor the resources to confront these new challenges. The third section will concentrate on changes in the architecture of care and protection present in the welfare regime. We will provide general basic data on time allocation to care by gender, market access and services related to care and social protection, and welfare state provision of care and social protection.

Finally we will argue that despite serious problems as the ones we will describe throughout the paper, not all hope should be lost. There have been some important improvements regarding education, health care, family allowances and to a lesser extent social security for the elderly that give room for hope. Furthermore we will argue that in the last three years and with some of the more salient reforms of the new government, there is a window of opportunity for radically reshaping the welfare regime, specifically its welfare state, in the right direction. Thus in this section we will concentrate on four reforms that we believe go (or in the case of education went) precisely in the right direction: early childhood education and full time schools, health care reform and its emphasis on primary care and emergency health care, social security reform regarding both retired peoples income and housing and care networks, and finally, family allowances and its impact on children's welfare and access to both health care and education. We will close the paper by pointing out the strengths and possibilities as well as the weaknesses of the reform agenda and will try to identify the political and policy challenges that lay ahead

1. A thesis and some hypotheses

In Uruguay, as the relation between social risk distribution and state response is becoming decoupled, it is inevitable that the welfare regime made up of state, market and families faces multiple tensions and achieves non optimal balances both in terms of present and future welfare of the population.

Markets and families witness two main transformations. On the one hand, structural unemployment and precarious labor relations became stable features of labor markets (UNDP 2003; Kaztman et al 2003, Amarante and Arim, 2005, Amarante and Espino, 2007,). On the other hand, cohabiting and mono parental female headed households are part of the fast changing landscape of family arrangements (Filgueira, C. and Peri 2004, Filgueira, C. 1996, Cabella 2007, Paredes 2003).

These key transformations of family and market are reinforced by other changes both related and derived from them. When families incorporate new members into the labor market to achieve or maintain families' incomes, they blur the outline of the traditional breadwinner model. This blurring of the breadwinner model, as in other demographically advanced countries comes hand-in-hand with massive incorporation of women into the labor market and with an increase in female headed households (Kilkey and Bradshaw, 1999). Likewise, the de-industrialization process affects employment based on specific non transferable skills and raises the level of educational credential and human capital needed.[1] The weight of social inheritance starts to show more crudely condemning people with insufficient social assets to unemployment, poverty and eventually to social exclusion.

A welfare state model or a social state architecture based on formal employment and its occupational categories, oriented to the male breadwinner and the hypotheses of the nuclear bi-parental model is radically dissociated of this new risk structure. This does not mean that the positive legacy of such a model must be underestimated (Filgueira F, 1998, Filgueira and Filgueira, 2002; Huber and Stephens 2004). This model guarantees basic protection for the elderly who receive benefits under the old welfare architecture. But because of this past achievement and the powerful stakeholders it has created in an ageing society young people, children and women, and very specifically young women with children are left bereft of robust state protection for their particular risks. In Uruguay, the state response to the transformation of

[1] In particular the destruction of industries that relied on very specific skills that were largely acquired through on-the-job training in soap factories, rubber and tire factories, glass, industrially finished garments and textile industry among others. The end of the import substitution model destroyed most of these industries. The service economy took on a larger portion of employment, requiring in many cases, high school (lower and upper) as a proxy for basic language, computer and problem solving skills as well as using this filter to recruit young men and women from the middle classes.

the quantity, quality and distribution of social risks has been slow, fragmented, and up until the year 2005 –with the exception of education and shy attempts in family allowances- plainly wrong. After the left wing government took office in 2005, more promising developments can be seen, though this is still an ambiguous landscape.

The Uruguayan social state still honors its past. Its past architecture and its past in terms of generational orientation of social spending reflects the continental welfare genotype in an ageing society. Almost 60% of social expenditure goes to social security and welfare (social security and family cash benefits), and 83% of this expenditure goes to old age cash benefits (BPS 2000). This social expenditure reaches those people who have been in the formal labor market for long and stable periods as well as for non contributory pensions which, actually represent a small share of this expenditure (around 10% according BPS 2008). Given that formal and stable employment is becoming a less frequent phenomenon in the country, the effect on the possibilities of social cohesion and equity are devastating since it widens the gap between those in and those out of the system.

In a context of population aging, expenditure on health shows a strong bias towards the elderly, developing a model of high specialization and technology for expensive treatments of cardiovascular and degenerative diseases. At the same time, in order to access quality services, this system requires formal employment. Between 1970 and 2005, the public health system was sought as residual. The current social vulnerability of mothers and children living with very low incomes, low employment formalization and high health risk did not find an adequate response in the existing welfare architecture. The health care reform of this last period (2006) confronts some of this problematic, but leaves a number of dilemmas unanswered.

The reality of the educational system is somehow different. The welfare architecture seems to meet, at least between 1995 and 2000, the risk structure: full time schools for social vulnerable sectors, quasi universal pre-school system for children who are four and five years of age and a strong attempt to adapt middle secondary school to the new context. The above shows an effort which, even with its ambiguities, recognizes the changes that the Uruguayan society has

undergone in a better way than other sectoral areas[2]. Nevertheless, the inability of the secondary education system to accept, retain and educate youngsters from disadvantaged socioeconomic backgrounds still persists, causing high repetition and drop-out rates, as well as severe efficacy and equity problems in terms of learning achievements[3]. Furthermore, since 2000 the reform has lost its momentum affecting the gains and casting doubt on the robustness of the previous achievements.

We argue, then, that the social state has failed, up to the turn of this century, to perform three of its traditional duties. First, it has been failing to mitigate and stop the increased level of vertical inequality [4] and its intergenerational transmission (socioeconomic stratification). Secondly, the social state has been incapable or too slow to create social protection devices in terms of horizontal equality (social differentiation according to population categories and concurrence of new risk groups in terms of cohort, gender, family types, etc). In the third place, the Uruguayan social state has failed to slow down the superposition of vertical and horizontal inequality. In other words, today there are strong correlations between classifications by cohort, education and family arrangements and levels of inequality and poverty which the state and its social protection systems are not able to untie.

In short, the risk structure and state response to it were dissociated for a long time. An unequal public management of social risks and an inadequate social policy system replaced the formerly not perfect but functional social state. In particular, the Uruguayan welfare state has been, until recently unable to redistribute the responsibilities and provision of care. The transformations taking place since 2005 suggest a more responsive state, but one that by no means is yet on a robust and clear path to reconnect risk and protection. Before getting into the data that supports these statements, we should review the concept of social risk, welfare architecture, economy of care and the idea of spheres which produce and distribute social risk and protection.

[2] See ANEP, Panorama de la Educación 2005.
[3] An impotant decrease in drop out also takes place in a true enrolment revolution experienced in 1999 due to educational reforms. See Panorama de la Educación 2005.
[4] This does not mean that the social state does not mitigate inequality. It still does it and in a very important way. But its capabilities are reduced compared to its past.

2. Revisiting and defining some concepts

All societies distribute social risks between men and women, rich and poor, educated and non-educated, children, adults and old people in a differential way. There is a political economy of social risk. Markets, families and communities distribute wealth, security and opportunities differentially according to fixed and acquired attributes of the population (Esping-Andersen 2002). These three channels of production and distribution of wealth, security and opportunities are based on an essentially de-centralized rationale. Individuals decide whether they use, add and put into good use their assets in terms of physical, human and social capital. In doing so, they are establishing general parameters of supply, demand and prices, family arrangements and territorial distribution of the population. These parameters will determine future possibilities of making use of existing opportunity structure.

But there is another sphere of production of wealth, security and opportunities: the state. This is an essentially centralized sphere. The state plays three basic roles: collecting resources from the community, distribution and allocation of resources in the community and regulation of acceptable and non-acceptable behavior. The state also intervenes with incentives in the working of the three de-centralized spheres, market, families and community. In other words, states determine people's chances because states control the tax systems, the public expenditures and the laws which regulate interactions among people and groups (whether market, families or communities).

The articulation between state and market, families and communities make up for what is known as welfare regime (Esping Andersen 1990, 1999). This definition departs from the one that accounts only for the social policies of the state. A welfare regime is more than a set of social state instruments. It is the intersection of a risk production structure and a state architecture of social protection against risks. It also includes the regulation of the risk produced by de-centralized structures. Given this perspective, states are not to be assessed solely in normative terms, according to their level of expenditure or even in comparative terms. A key feature to assess social policies and social states is how states respond to the risk structures and the distribution of risks. This conceptual road leads to the definition of social risk (Martinez, 2008).

All individuals go through risk situations in terms of material and emotional welfare. Social risk does not refer to the presence or absence of random risk but to the idea of empirical recurrences in which is possible to identify the connection between social vulnerability and certain population categories (according to different criteria such as age, gender, social class, educational level, life course, etc). Young couples face the risks of poverty due to the start of both their productive and reproductive cycle; the elderly face other challenges related to their physical and emotional decline combined with their increased isolation from the market, their families and their communities; children face the risks related to their family dependence and adolescents must solve the challenges of emancipation to adult life. These risk structures are predetermined and exist in the majority of societies.

But, it is clear that societies vary in the type and amount of the production and distribution of the social risks named above. Also, societies vary in the usage of social devices to minimize, moderate, compensate or simply deal with these risk situations (Esping-Andersen 2002, Huber and Stephens 2002, 2004, Martinez, 2008). A country which concentrates its new births in young low income mothers is radically different to one that concentrates its new births in its middle class or older women. Old people living in societies with strong family solidarity networks and with a good pension system will find themselves less isolated and more able to face aging, than those in societies with weak family units in terms of care and resources. Also, a country where women are mostly employed in the formal labor market is different to one where women depend on the earnings of the male head of family.

Now, there are collective responses carried out by the state and its social policies to this "natural" production of social risks. Social risk, its quantity and intensity among different population categories is necessarily a product of de-centralized agents in the market, families and communities and the centralized action of the state. In rigour, rhere is nothing intrinsically "natural" in the way markets, families and communities produce and distribute quantities and qualities of risk. The existing dynamics result from parameters institutionally defined by the state and by cultural beliefs rooted in long term incentives and legal norms. State decisions are not characterized by its artificiality but by being binding and authoritative (Przeworski 2003). Markets and communities generate aggregated parameters which will become structural

constraints for actions and opportunities later. But they do not make decisions related to the collection and distribution of resources and the regulation of behavior which are legally binding. This is, beyond doubt, the role of the state alone.

Therefore, states contribute with differential actions to the risk production structure (Esping-Andersen 2002) and to the distribution of the care-giving responsibilities. When doing so, they affect the risk and care distribution strongly. The unprotected old people of the low solidarity models will be protected in the social states where there exists universal coverage of pensions and social services for the elderly. The children will depend less on their families' fortunes and misfortunes in countries with preschool programmes and full time school. Divorced women who depend economically on their ex-husbands will be more protected if there is state regulation of the economic transfers between ex-partners and if there are support systems for the female-headed households.

This conception of social risk and care-giving is behind the main thesis of this work. As families and markets change, the distribution, type and quantity of social risks and the devices for social protection change as well. Since states are part of the risk production structure and the protection system, they should contribute to answer to emergent risks. When this does not happen, there are two possible outcomes: families, communities and/or markets undertake adaptive processes and absorb such risks, or, non covered risks increase both in quality and quantity for certain social groups.

For families, communities and markets to take certain actions and absorb risks, certain conditions must be fulfilled. Families must have available adult resources, stability and cooperation among members; communities must have basic forms of reciprocity and trust anchored in minimal normative efficiency that might support more complex cooperation dynamics. Finally, market agents must perceive potential profit associated to a given opportunity of risk absorption.

When these conditions are not fulfilled, those risks which the state does not address will not find answers in adaptive modalities of markets, families and communities. Three problems will affect deeply the social health of the nation:

a. Intra generational trap: individuals do not have access to mobility channels from the market, state or family.
b. Intergenerational trap: the descendents of vulnerable groups inherit disadvantages
c. Increase of events potentially catastrophic: sudden processes of descending social mobility generated by non addressed risks (like radical transformation of the labor market situation) which leave individuals out of resources and incapable of mobilizing social assets.

In the last thirty to forty years Uruguay shifted from a closed economy based upon extremely strong regulations of markets (labor, trade, exchange, etc.) to an open economy. This shift from one model of development to new one (without changing the structures of social protection) affected the distribution (according to social categories) of the quantity and quality of social risks as well as the distribution of care giving burdens. Individuals' decisions in the spheres of market, community and family have underlined and fueled this transformation. The way in which people and enterprises buy and sell merchandises (work, goods and services) and the way in which they define and legitimate family and care arrangements have suffered deep transformations. These transformations have had a strong impact on the risk distribution among classes, sexes, cohorts and populations.

The state has been unable to fully recognize these new structures and dynamics of care and risk production and confront them with new policy devices. There are, though, some exceptions. Education reform between 1995 and 2000, family allowances –especially in the last years, health care reform in 2006/7, and some timid transformation of both pensions and elderly housing – which starts to mutate into elderly care networks-suggest that the state is not oblivious to the changing nature of markets and families. But in no way should these encouraging developments lead to too much optimism. Indeed, despite these uneven yet relevant developments Uruguay seems to be getting near a welfare architecture which mixes the key liberal principles of targeting

of the poor and market for the rich and residual forms of the old corporative model of protection and in some cases privileges for certain middle socioeconomic sectors, with private alternatives for the upper classes. Its main social outcomes are poor targeting of the poor; corporatist vulnerability and poorly financed solidarity devices, and private models which monopolize and capture the rent from the "good risks" leaving the "bad risks" to corporations and state.

It is worth pointing out that this last process has been mild in Uruguay when compared to other countries of the region (Filgueira & Papadopulos 1997, Kaztman, Filgueira & Furtado 2000). Although the market has absorved the profit making end of the social policy business in some cases trough institutional reforms (as is the case of the social security system), there are cases in which the old vertical solidarity systems have retained the elites and the middle upper sectors, if not as users at least as financers. But it is clear that this three store building seems to be reshaping and stratifying the notion of social citizenship.

Moreover, and as we will show, this building/architecture reflexes and reinforces a clear and wider breaking of our society. This breaking shapes, and somehow mirrors, social groupings who work with different rationales in terms of accumulation, distribution and generation of risks, care burdens and opportunities:

- A vulnerable Uruguay: where poverty is widespread, informality in the labor market extensive, child poverty prevalent, and exclusion from strong protection systems the norm. This Uruguay relies for care provision and risk protection on a weakened universal part of the social state, and on families and community. On the shoulders of women from this Uruguay rests most of the reproductive basis of the country and most of the burden of care of these children, with little or inadequate help from the state.
- The past, corporatist and public Uruguay: increasingly more vulnerable, with a high percentage of elderly population and organized middle sectors of society, defensive in its nature, with low fertility and late blooming and emancipation patterns[5] from their original

[5] By emancipation patterns we refer to the time and timing of transition from youth to adulthood. Finishing education, entering the labor market, forming a new family, having children and leaving the parental household are typical events in the transition from youth to adulthood. The patterns –time of each event and timing between them- vary across country, gender and social strata. For the original formulation and

households of its younger population. They rely for support on a still robust state that provides cash benefits, education and health care in a traditional stratified welfare regime.

- The private Uruguay: upper middle classes and upper classes, with highly educated population, also late patterns of emancipation to adult life and fertility, relying heavily on market for health care and education.

3. The social crises of Uruguay and the lack of state response

i. A changing landscape of families, markets and age: 1960s to 1990s

The basic principles underpinning the Uruguayan welfare architecture of the sixties were relatively simple and mirrored quite well a Bismarckian/Southern European social model. A pension regime and an insurance system based on formal labor market employment along occupational categories oriented towards the male breadwinner plus residual policies for non-formal workers. A health care system built along similar lines, with residual policies for those outside the formal labor market. A strong reliance on family as the major and central unit of protection, with a family model thought along the traditional patriarchal model: stable, two-parent, with one male breadwinner and one female-carer. Uruguay not only embraced this model, but also showed other features that strongly resemble the southern European social model both in terms of labor market and welfare policy.

In Karamessini (2007) these basic patterns are succinctly yet accurately described:

"…(a) The family is the primary locus of solidarity whose role is both social (provision of care and support) and productive (creation of family businesses); (b) The male breadwinner enjoys high employment protection and job stability while other labour force groups (women, young people, migrants) suffer from high unemployment and are disproportionately involved in irregular forms of work mostly in small businesses and the underground economy; (c) Social security is based on occupational status and work performance and is organised around the male breadwinner/ female carer family model (derived rights for dependants); (d) Social assistance schemes are residual since those without a normal working career must primarily rely for support on the family; (e) Child and elderly care are basically provided by family members and mainly women's unpaid work; (f) Labour market segmentation creates gaps and inequalities in both employment and social protection; (g) The unemployment compensation and vocational training systems are underdeveloped; (h) Jobs in the public sector or cash benefits are selectively distributed through clientelism and patronage networks…" (Karamessini, 2007, pg. 5)

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analyses applied to Uruguay see Filgueira, C. (1998). For a comparative analyses of emancipation patterns in Latin America see Filgueira, Filgueira and Fuentes (2001).

This model can and has been criticized on many counts: its stratified nature, its gendered discriminatory and patriarchal arrangements, its incapacity to integrate the so-called secondary labor force, and even from a more neoclassical perspective, its disruptive nature on labor markets and strains on healthy fiscal policy. Yet, it is one thing to evaluate the shortcomings of this model in Uruguay when the social and economic conditions were closer to its assumptions (formal full employment for adult males, stable two-parent families, family wages for adults, low female participation in the labor market, financially viable social security) than when these conditions are absent. We will discuss three major transformations that strain the old social model: ageing, labor market and family.

In 1967 the open unemployment rate for male adults in Uruguay did not go beyond frictional levels of unemployment.[6] Furthermore in 1970 when we look at the type of employment that dominated in urban areas we can see the strength of formal employment. The extent of state employment and industrial employment witnessed in the 1970s is nowhere to be seen as we approach the end of the century (See Tables 1 and 2)

Table 1
Employment structure by sectors of activity. Montevideo 1970-1999

	Manufacturing	Construction	Commerce	Transportation and Communications	Electricity, Gas and Water	Services	Others	Total
1970	32,3	3,9	16,5	7,9	2,3	35,0	2,1	100
1975	30,6	4,1	17,0	7,8	2,8	35,9	1,8	100
1979	29,7	3,7	16,1	7,3	1,7	40,2	1,4	100
1986	22,2	3,4	18,1	7,4	1,8	45,0	2,0	100
1991	24,0	4,8	17,8	5,8	1,5	44,5	1,7	100
1997	17,6	4,9	20,3	6,7	1,2	47,5	1,8	100
1999	15,9	6,4	19,8	7,1	1,0	48,1	1,7	100

Source: Filgueira et al, 2005

[6] The data from the early household survey in Montevideo shows a 3% rate of unemployment for male heads of households and less than 5% for all male adults (Filgueira and Gelber, 2005)

Table 2
Employment structure by categories of occupation. Montevideo, 1970-1999

	Private Employees	Public Employees	Self Employed	Non Waged Family	Owners	Total
1970	50,5	27,7	13,2	1,9	6,7	100
1975	52,3	26,4	14,9	0,8	5,6	100
1980	56,1	23,8	15,5	0,9	3,7	100
1986	54,2	21,6	17,4	2,1	4,7	100
1991	54,8	19,6	17,4	2,3	5,9	100
1999	59	15,6	19,4	1,7	4,5	100

Source: Filgueira et al 2005

In addition to this increasing unstable and precarious labor market, there is evidence of a major transformation in those joining the ranks of this labor force. The labour force participation rate of women in 1970 was 27%. In the year 2000 it was above 50% (see Table 3). Most women in the 1960s-1970s drew their income from family arrangements in which they worked as unpaid caregivers and males did so as "market breadwinners".

Table 3
Economic Participation rates by Sex

	Total	Men	Women
1970	48,2	72,2	27,6
1980	55,7	75,1	39,5
1990	59,5	74,5	47,4
2000	61,3	72,1	52,5

Source: Filgueira et al 2005

While there is no data available regarding the distribution of care responsibilities for those years, it is quite clear that for many women and men the male bread winner/female care taker arrangement was the one they lived in. This was based not only on a labor market that provided full employment with "family wages", but also on a state that complemented the "family wage" with a social wage anchored in a strong system of family allowances. Yet this system of family allowances, which for lower income families represented up to 20% of total income, was based on formal labor market participation of at least one family member. So once again protection for

women and children was granted as long as the two basic tenets of the model were upheld: formal employment and stable legal family arrangement based on marriage.

It is this other side of the social equation that also drastically changed between the 60s and present-day Uruguay. While traditional stable patriarchal family arrangements are correctly thought of as a form of domination, they constitute also, with all the caveats that want to be put before stating it, a form of protection. Especially in this welfare architecture, for a woman to be legally married was the only way to access income and social protection provided by the state. Survivors pensions, family allowances and health care access depended to a large extent on the fact of being married or at least having been married (in the case of widows) to a formally employed male.

Between 1973 and 1983 the number of marriages per adult population diminishes at a 2% annual rate to stabilize from there up to 1990, and then suffer another important decrease. But what is more important is the evolution of the rate of divorce, as well as the shortened survival rates of marriages. In 1961 the sum of all divorces in one year was 1800. By the 1990s these number had jumped to more than 8.300 (Filgueira, C, 1996). If we consider both marriages and divorces the outcome reflects a true family revolution (Filgueira, C. 1996). While in 1961 for each twelve marriages there was one divorce in 1991 that relation was of 2.8 marriages for one divorce. Also another development would take place: a marked increase of cohabitation ("*uniones libres"* or *concubinato*) reaching in 1994 for the population aged 15 to 29 years 22.7% of all couples in Montevideo, and 24.3% of all couples in the rest of the country, while they represented no more that 13% in the seventies and eighties. Birth out of wedlock also increases dramatically tripling its rate for the age bracket between 15 and 19 years and doubling it for the other age groups between 1961 and 1990. Finally the rising rate of divorce also increases exponentially the number of re-assembled families.

Now, it is important to understand that a large part of these processes took place because the old social model could not be upheld any longer especially in regard to the labor market. The real wage in Uruguay was cut to half of its value between 1960 and 1980, and had only recovered to 60% of its 1960 value by 1994. The entry of women into the labor market was in many ways

inevitable, as the family wage stopped being an adequate family wage. What is also critical to understand is that the pattern of incorporation, especially, of middle and lower income women in the labor market in the 70s and early eighties, was based upon a productive model that maximized the possibility of the "double shift" and of women shouldering both a second wage and the burden of care. As Suzana Prates (1983) showed in her analyses of the textile and leather industries, the new export-oriented model of the seventies and eighties was largely based on the massive incorporation of women into the outsourcing of production, were they would work at home for large export firms in the finishing of clothes and shoes. Other forms of outsourcing dominated both manufacturing and some service economies. At the same time the upper middle classes and the more educated sectors of society underwent a similar process both in terms of women's participation in the labor market and new family arrangements. But they did so based more on secular cultural processes of emancipation which had been incorporated into the political agenda earlier in the sixties. Women from the higher socio-economic strata had both more cultural and material capital to soften the transition. Yet because the welfare model and the labor market also punished non-traditional arrangements and had few devices to reconcile work and family, the final result of these processes has been a major decrease in fertility rates for this sector and a marked postponement of childbearing. This was not the case in lower strata families, where reproductive behavior did not change to the same extent.

No major changes either in pension, health care or education took place during this period. Both the links to formality in employment and marriage and the absence and relative underdevelopment of state solutions for care dominated this era. No preschool system was developed or extended school period implemented, no access to health care based on citizenship, maternal or reproductive status was developed and no system of cash transfers independent from formal labor market participation and marriage was put in place.

In other words the breakdown of the old social model placed women in a dramatic position, as the last resource for family income, as a continuous bearer of care-taking, in an increasingly worsened labor market situation, with less stability in family arrangements and with a frozen landscape in terms of welfare policies, that neither acknowledged nor confronted the new

economic and social conditions. Not surprisingly children, who were the primary recipients of care, also suffered this decoupling of risk, care demands and the state system of social protection.

There is a number of possible explanations for this unresponsive state of affairs. Viewed from a political perspective it is clear that during the authoritarian years (1973-1984) there was no form of political action that could successfully challenge this situation. As a matter of fact the dictatorship's strategy openly tapped into the economic potential of women at the same time that it attempted to maintain women in their traditional roles and diminish the family wage and welfare guarantees for males. The export oriented strategy of the seventies was based on the assumption that males could earn less, women could enter the labor force and social reproduction could remain in the shoulders of women. The putting-out system was not a natural adaptation to capital scarcity and women labor potential, it was a deliberate strategy. The end of the nontraditional export boom in the early eighties left many women unemployed and families very vulnerable.

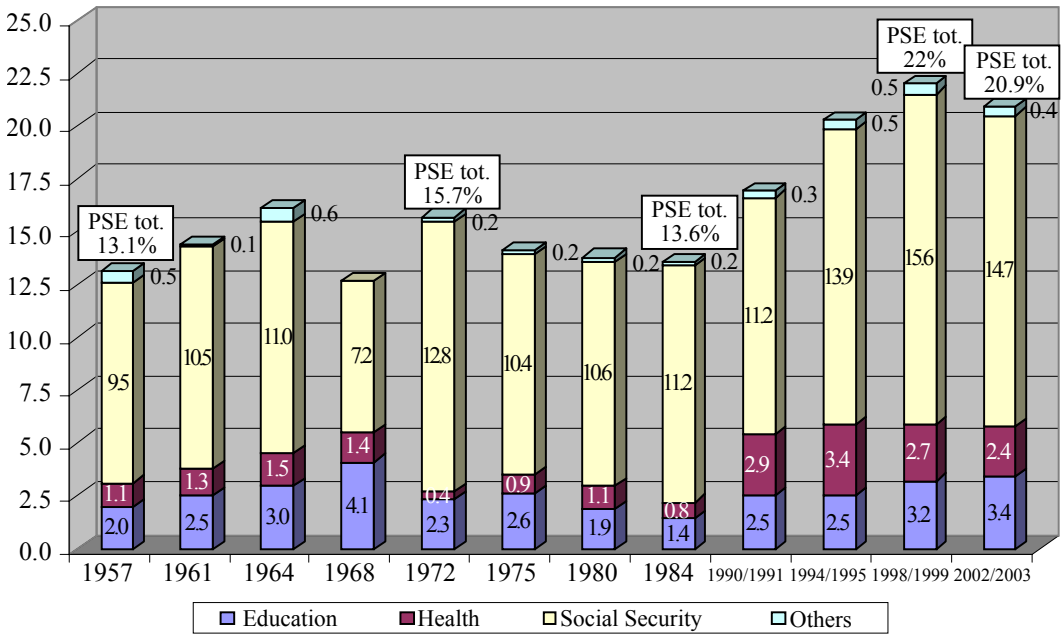
Towards the end of the authoritarian period a number of innovative social movements appeared on scene –the cooperative movement, new forms of trade unionism with a strong presence of women, and the women's movement- knitting a very creative and heterogeneous anti-authoritarian coalition. Yet when democracy returned the traditional political parties and the left and its trade unions restored the old identities and cleavages from before the coup détat. The illusion behind this restoration was that it was possible to return to the formalized, male breadwinner, industrial welfare model of the past. Both the women movements and women in trade unions lost space and presence, and an incipient socialist-feminist agenda was neglected when not buried. The women movement was dormant but did not disappear. Many of the activists from the trade unions movement and from civil society, especially the intellectuals and university student movement entered into political parties with a gender sensitive agenda. As we will see later the overwhelming evidence that it was impossible to roll back time and the seeds that the anti-authoritarian women movement had planted in society and the political system would eventually meet in productive terms to move the welfare regime, though with lights and shadows into a more responsive attitude.

If women, family and markets help us understand some of the problems confronted by Uruguayans and some of the challenges posed to state policy, ageing of the population, is in a country like Uruguay, a source of major challenges for the financial sustainability of the welfare state and for the economies of care. Indeed Uruguay is the first country that in Latin America (together with Cuba) is closing the demographic window of opportunity. This implies that dependency ratios are no longer going down because of the increase in old age. Indeed in 1975 children represented almost 30% of the Uruguayan population while those aged 65 or more amounted to 10%. Compared to the 1960s the combined dependency ratio had gone down from approximately 42% to 39%. In 2004 the combined dependency ratio was similar to 1975, and now the elderly were closer to 14% and children reached almost 25 %. By 2040 the elderly will be larger in proportion than children.

Such a development has placed now, for some time, fiscal, actuarial and financial problems to the social security system. In order to keep honoring a contributory system with defined benefits, Uruguay uses up to 4.5% of its GDP to support a contributory system that no longer supports itself. In other words besides the spending genuinely financed through contributions, the state provides from general revenue a large part of the costs of social security, mostly devoted to "contributory" pensions, since other benefits on charge of the social security system (unemployment insurance, family allowances, etc.) are also contributive but they do need contributions from general revenues to be sustainable. In addition it should be noted that a constitutional reform in 1989 indexed benefits to the average increase of real wages, putting more pressure and requiring more money from government general revenues to comply with such a constitutional mandate. The following diagram shows the steep increase in social security spending, taking it from 11,2% of GDP in 1990, to almost 15% in 2002.

Diagram 1

Public social expenditure (PSE) by type (1957-2003)



Source: De Armas, 2006

There has been a lot written regarding the sustainability of our social security system and the burden it places on the economy as a whole but we will not go into that now. It is sufficient to point out that the perspective in terms of age structure and dependency rates in Uruguay show a steady and in the future marked increase of dependency of the elderly and lessened dependency of children, though taken as a whole a clear trend towards increased overall dependency (see table 4).

Table 4

Age structure and dependency rates in Uruguay 1965-2050

Years	Age			(1+3)/ 2	(1/2)	(3/2)
	0 -13	14 – 59	60 and more			
1965	711.316	1.651.700	330.364	63,07	43,07	20,00
2000	785.488	2.073.886	595.751	66,60	37,88	28,73
2050	787.113	2.504-589	1.070.445	74,17	31,43	42,74

Source: Papadópulos, 2008

There is at least one implication of this reality to keep in mind. Whatever the solution to be found, it will imply that a large part of increased spending will have to go towards cash transfers to old age and survivors benefits as well as high cost health care for terminal and chronic illnesses, making it less likely to count on a large fiscal space for state services geared towards social care for both children and the elderly. But besides this point, in this analysis of old age in Uruguay the implications regarding the issues of care in terms of family time and family effort have been neglected. The end of the demographic bonus not only affects the fiscal and financial sustainability of a cash transfer system, it also squeezes even more time out of an active population and their families that are already strapped for time. Especially in regard to the older population, it is clear that they require attention and care that many times will be provided by their offspring, namely their daughters or the wives of their sons, who are already mothers themselves. It is important to note that the fact that Uruguay has an extended and close to universal coverage in social security for the old age allows a large proportion of the elderly to be financially independent of their sons and daughters. But in many cases low benefits and in others health problems and the normal limits to autonomy that comes with age requires time, effort and money that today can only come from their now adult off-spring. The following table shows the proportion of the elderly that live in single generational arrangements, be it with their partners or alone, and those that live in extended households.

Table 5

Household arrangements of the elderly by household type and pension benefit

Age	Type of Household	Pension		Total
		NO	YES	
61 a 65	Single Person	5,2	9,9	**15,1**
	Nuclear	30,4	29,6	**60,0**
	Extended	10,7	11,9	**22,6**
	Collective	1,1	1,2	**2,3**
	Total	**47,3**	**52,7**	**100,0**
66 a 70	Single Person	3,2	17,7	**20,9**
	Nuclear	15,4	38,6	**54,0**
	Extended	5,6	17,0	**22,6**
	Collective	0,8	1,7	**2,4**
	Total	**25,0**	**75,0**	**100,0**
71 a 75	Single Person	1,2	22,8	**23,9**
	Nuclear	7,1	44,2	**51,3**
	Extended	2,1	20,2	**22,3**
	Collective	0,2	2,2	**2,4**
	Total	**10,6**	**89,4**	**100,0**
76 a 80	Single Person	0,8	27,2	**28,0**
	Nuclear	4,2	40,5	**44,7**
	Extended	1,6	23,2	**24,8**
	Collective	0,1	2,5	**2,6**
	Total	**6,8**	**93,2**	**100,0**
81 and more	Single Person	0,3	29,7	**30,1**
	Nuclear	1,9	32,3	**34,2**
	Extended	1,1	30,8	**31,8**
	Collective	0,1	3,7	**3,8**
	Total	**3,5**	**96,5**	**100,0**

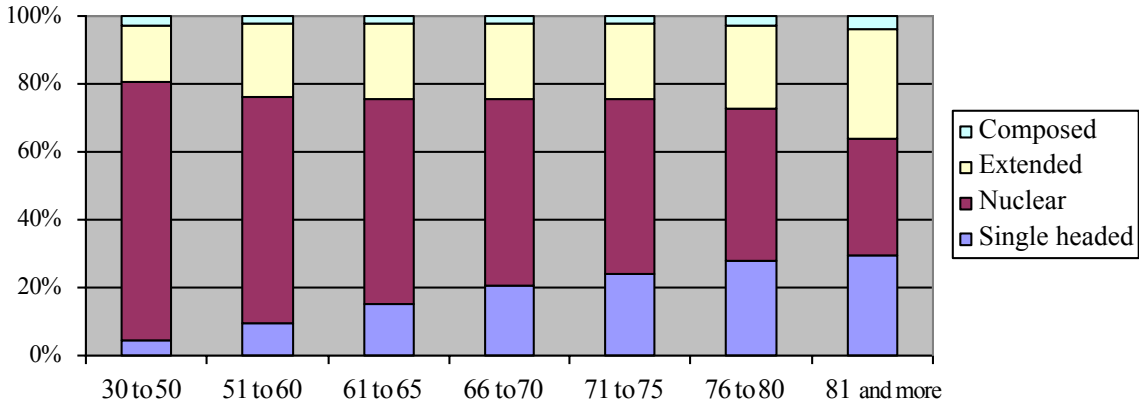
Source: Rodriguez, 2007

The first important piece of information to consider refers to the large proportion of the elderly who receive some form of pension or retirement benefit. After 70 years of age 90% or more of the population is covered. Between 66 and 70, 75% is covered. This is by Latin American standards quite unique. Furthermore, even at earlier ages almost half of the population benefit from the social security system. Secondly, the data shows that an important proportion of the elderly do not live in multigenerational arrangements (extended households), yet it also shows that as age increases the likelihood of old people moving in with their sons or daughters increases. Diagram 2 allows us to illustrate this more clearly.

Diagram 2

Household type by age of head of household

Household type by age. Whole country (2006)



Source: Rodriguez, 2006

If one looks at the last four bars, it is clear that nuclear arrangements go down and that single person households and extended households increase steadily. This does not mean necessarily that such arrangements are an additional burden for active women or for younger members of the family. In many cases this multigenerational arrangements help solve problems of time and care, as well as financial problems, as families pool together economic and time resources and distribute these among parents and grandparents. As a matter of fact these types of family and household modes have been labeled as survival strategies in poor families in Uruguay. Still it seems clear that as grandmothers and grandfathers grow older, they are increasingly unable to provide care and become more and more the recipients of care.

ii. Families and Markets in the nineties and at the turn of the century

Taking 1990 as a reference point households with children where there were two parents legally married dropped by 15% in 2000. If the head of household was below 39 years of age the proportion dropped by 22%, and if this head of household was 39 years or younger and poor, it dropped by almost 30% (Kaztman and Filgueira, 2001). At the same time open unemployment for those with low and medium levels of education went up from 8% to almost 16% in that decade. Social spending in the decade also went up, but such spending was disproportionately focused on pensions for the elderly, leaving relatively fewer resources for families, women and children, especially of the popular sectors of society. Risk, protection, care, and the means to

confront the former and access the latter have in the nineties shown their ugliest face, stratifying Uruguay along gender, generational and class lines. In particular children and women have carried the heaviest burden of the final unraveling of an outdated social protection model. The first year of the 21st century displays not one Uruguay but three, in which care and risk have become increasingly unfairly distributed. Before moving into the consideration of risk and care in Uruguay, we will present some stylized data on family, markets and generations that will provide context for the more detailed analyses to come.

In the Elsevier Encyclopedia for Social Policy this short but insightful description of male breadwinner models is offered:

> "Male breadwinner regimes make women dependent within marriage/cohabitation especially when they have young children. Women's labor market participation has increased widely across many different welfare regimes, but where the breadwinner regime is strong, women are likely to bear high costs in unpaid work, to work part-time and to have broken career patterns. This exposes them to much lower levels of lifetime earnings than men and to insecurity and poverty on relationship breakdown. Exposure to domestic violence through lack of independent resources is another consequence. Lone mothers fit the model awkwardly and have tended to be treated either as mothers or as workers." (Pascale, 2006)

Yet this description requires, in order to be more accurate, a class specification, especially in developing countries. It is especially at the lower end of the income distribution were the slow decay and persistence of the male breadwinner model presents its worst effects. This is so for at least two reasons. In the more educated and well-off segments of society both cultural capital and access to market forms of care allow women and children to renegotiate their place in a post-industrial society. Female-headed households and other forms of less stable two-parent families, which in Uruguay predominate among the poor, confront the worst aspects of this model under this new context. This happens both because societies and states that recognize the male bread winner model as dominant put female headed households at a disadvantage and also because the evidence suggests that it is within the poorer sectors of society where it becomes harder to sustain cooperative stable partnerships between adults with children. Indeed female headed households are more likely to be poor because there is only one earner, and this one earner is female and hence commands a lower money wage than would a male earner given the gender discrimination in labour markets. Secondly poverty itself leads to a higher prevalence of female-headed households and other forms of unstable unions because males who experience insecure

employment situation do not want to get into marriage and when they have children they are more likely to leave the family.

Table 6

Distribution of households with children 14 or less by type of arrangement, 2001

	Poorest 20%	Q2	Q3	Q4	Richest 20%	Total
Single headed households	20,7	17,1	17,2	15,3	8,1	17,8
Two parent households	79,3	82,9	82,8	84,7	91,9	82,2
Total	100	100	100	100	100	100

Source; Author on the basis of the ECH, 2001

Table 7

Percentage of two parent headed households with children 14 or less that are not legally married

	Poorest 20%	Q2	Q3	Q4	Richest 20%	Total
Non married	32,2	16,7	14,7	8,6	7,7	21,3

Source; Author on the basis of the ECH, 2001

The only indicator for couple stability is legal union. This is of course a bad proxy. What it does imply nevertheless is that some guarantees that the law provides to mothers who have been married, are less likely to hold for women in poorer sectors. A recent law of "*union concubinaria*" (legal guarantees for those in cohabitation arrangements) has for the first time confronted this issue, guaranteeing women in any arrangement protection when that arrangement comes to an end and there are children from that previous coupling. Also, while the jury is still out, most data suggest that "*uniones libres*" or cohabitation do tend to last less than legal marriages in Uruguay. Yet this is not the central issue. What we want to insist upon is that these realities of female-headed households and cohabitation are not, as one might expect, a cultural secular pattern that starts in the educated middle and upper classes and then spreads to lower-income groups. This is also happening, but it is not what leads the way. It is among the poor and the less well-off that the higher levels of female-headed households and cohabitation can be found. Now when we look at the marriage patterns and fertility patterns of middle and upper classes, as well as when we look at their participation in the labor market we see a consistent pattern of female emancipation from patriarchal models. This is of course done at a cost for women, but it does show a consistent pattern. On the one hand, they marry or enter into

cohabitation later, secondly they postpone childbearing and tend to have one or two children at most, and they are also well educated and enter the labor market before marrying and having children. This is no guarantee for autonomy and freedom from patriarchal models, but they will most definitely have better chances, than if they marry early with little educational credentials, have children early and do not enter the labor market, or do so in very precarious forms. We repeat, this does not mean that balancing work and care is simple, nor that patriarchal domination is over. They still tend to be the ones with the double shift, especially once they have children to take care of. They also have to confront a discriminatory labor market, and they are the ones putting careers at risk as they frequently withdraw from the labor market, even if temporarily. Also many times couples do break up and women are left quite unprotected and with children. But they do have jobs or at least job experience and usually good educational credentials as well as more social capital than their female counterparts further down the stratification ladder. Freedom from the patriarchal arrangement is never complete and usually comes at a cost, but there is consistency in the labor, reproductive and marriage patterns, suggesting emancipation. When we combine the data on fertility and fertility differentials, with family arrangements, education and labor market participation we will see that this consistent pattern does in effect exist in the more educated and well-off segments of society, while it does not for the urban popular sectors.

Table 8
Selected indicators of fertility, market participation and family arrangements by social strata for women

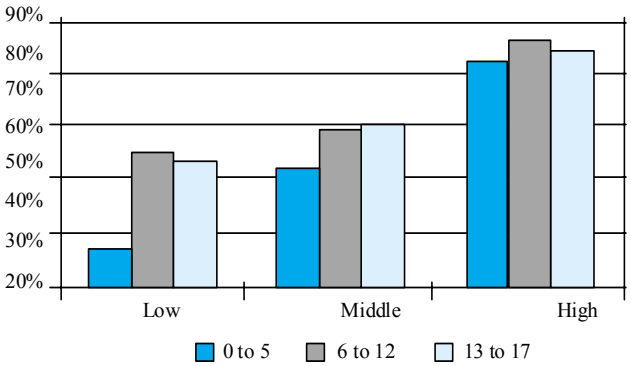
	Lower income and /or education	Medium income and/or education	Higher income and/or education
Rate of economic participation of women with children 5 or less*	**48%**	61%	**82%**
Rate of employment of women with children 5 or less*	**32%**	50%	**79%**
Median age of women at first child**	**20**	23	**29**
Percentage of mothers at 19 year of age**	**37%**	16,2%	**2%**
Women managing households on their own with children 14 or less***	**20,7%**	16,6%	**8,1%**
Women cohabiting with men in bi-parental arrangements with children 14 or less***	**32%**	17%	**7,7%**
Women 24-30 who have formed new households****	**69%**	48,1%	**45%**
Women 24-30 who live with partners****	**66%**	45%	**34%**
Women 24-30 who are mothers****	**81%**	36%	**14,5%**
Women 24-30 who are active in the labor market****	**58%**	85%	**85%**

Sources: Authors from different sources, * Kaztman y Filgueira, 2001; ** Varela, Pollero y Fostik, 2006; *** Authors based on ECH; ****Ciganda, 2006;

The popular urban segments of Uruguayan society present a configuration of still relatively high and early fertility, with women either living on their own with their children or cohabiting with partners, lower rates of economic activity and employment, and early emancipation patterns from youth to adulthood. This constellation poses major challenges for the welfare of women and children. The provisioning of care in these social groups is overwhelmingly based on the family, and on women, as neither access to robust state services nor access to quality services via the market is a possibility. It is particularly interesting to analyze how this burden of care interacts with the capacity and willingness to enter the labor market. The following graph shows how the socioeconomic background and age of children affect women differently in Uruguay.

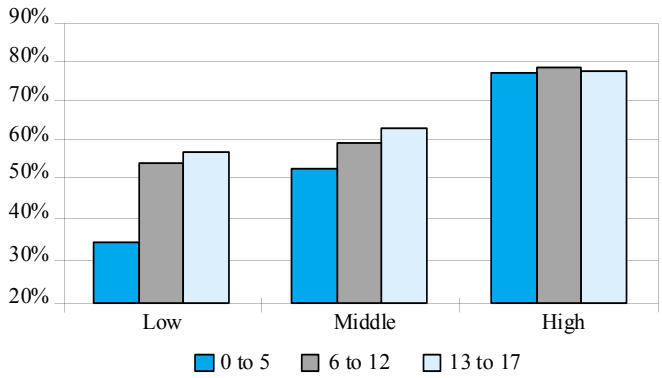
Diagram 3 Diagram 4

Economic activity rates of female heads or spouses of heads of households according to levels of education and age of children, urban population, 1999.



Source: IPES according National Household Survey (2000)

Employment rates of female heads or spouses of heads of households according to levels of education and age of children, urban population, 1999.



Source: IPES according National Household Survey (2000)

Entry into the labor market presents a major challenge for women with low educational credentials when children are aged 0 to 5. When children grow up and enter school the effect of childbearing on economic participation and employment does not disappear but becomes less salient. This reality is also present among women with middle levels of education, but with a less steep curve by age of children; it is nonexistent, however, in the case of highly educated women. This is probably the clearest evidence we have of the difficulties of balancing work and family in the lower income groups and also in the middle income sectors. Yet the adaptive behavior of the middle sectors tends to be through the postponement of childbearing, while among the lower income strata it is not the fertility rates that adjust, but labour market prospects.

Looking at similar data but over time, additional observations can be made. When we compare 1990 with 2005 a clear pattern emerges. First the difference in employment rates and activity

rates between income quintiles has widened among women who have children aged between 0 and 5. Secondly, the gap in terms of unemployment rates has also increased markedly: while unemployment rates in 1990 stood around 7.4% among the lower income strata and 3.2% among the highest income group, in 2005 they had climbed up to 16.6 and 2.2% respectively.

Table 9
Participation and employment of women from bi-parental household with children from 0 to 5 years old, according income (percentages).

	1 9 9 0				
	Q1	**Q2**	**Q3**	**Q4**	**Q5**
Employed	30,7	43,7	61,9	78,1	69,9
Unemployed	7,4	7,2	4,8	4,2	3,2
Active	61,9	49,1	33,3	17,7	26,9
Total	100	100	100	100	100
	2 0 0 5				
	Q1	**Q2**	**Q3**	**Q4**	**Q5**
Employed	33,6	57,8	75,2	83,1	87,4
Unemployed	16,6	8,0	6,5	5,2	2,2
Inactive	49,8	34,1	18,3	11,7	10,4
Total	100	100	100	100	100

Source:by the authors based upon micro data from INE
Note: most inactive women declare being "housewives".

iii. The three worlds of social risk and care in Uruguay

There were and to a large extent still are three worlds or ways of producing and reproducing risk and care in Uruguay. In recent studies it has been common practice to outline "two countries", an integrated one and an increasingly excluded one (PNUD 2000, PNUD 2002, Kaztman & Filgueira 2001, UNICEF 2005). But, the so called integrated country itself is highly heterogeneous in terms of income levels, occupational groups and age structure. We argue that there is one clearly *Vulnerable Uruguay*, another vulnerable but still integrated country which leans on the old welfare architecture which we call *Corporatist Uruguay* and, finally, a third country which even if it partially relies on the welfare architecture, is increasingly inserted into the market both in terms of income and access to social goods and services. This *Private Uruguay* also presents demographic features of its own such as a younger composition than the Corporatist Uruguay.

There is a political economic explanation of how this came to be, and it is important to highlight the differential position of women from different strata in this rather perverse game of privatization, corporatist decay and increased vulnerability of lower income groups. Uruguay came out of the authoritarian regime with and import substitution model and a welfare state injured but not dead. The elderly, women included, pressed in the new democracy for what they considered central: the improvement of pension benefits. Widows from the old welfare and ISI model concentrated on receiving what the patriarchal welfare model had promised all along: protection in old age because of their status as spouses of a former formal worker. Upper middle class and upper class sectors that had benefitted from the authoritarian model of development sought market solutions for reconciling work and care. The women that had the most leverage to take this issues to the agenda were more concerned with other central gender issues, mostly, reproductive rights. Finally the vulnerable sectors remained weak in organizational terms, both for women and males. Weakened trade unions, a predominantly service economy with increased informal and precarious employment, displaced the issue of work and care or of welfare response to this problem from the agenda. This configuration of interests and power led to politics and policies that allowed for patterns of stratification to become patterns of segmentation. From normal inequality, to heightened inequality that shaped worlds of welfare and illfare rather than just income differences.

Cluster analysis was performed to identify the three countries described above[7]. In truth it identifies the clusters as they were in 2001, but much of it remains and holds for present day Uruguay. However, some of the results we present in this section have changed because of the recent health care reform and the family allowance reform. We will return to this subject later. The selected variables in our cluster analysis are socio-demographic and economic: age of individuals, activity of the head of the household, income level of the household and educational achievement of the head of the household. This cluster model identifies a country divided into three tiers with differentiated profiles according to chosen variables (means and standard deviation imply low or null overlapping).

[7] A major contribution to the analyses of welfare regimes and stratification of welfare that uses cluster analyses as we do in this case but with far more methodological rigor and complexity can be seen in Martinez (2008)

Table 10
Clusters identified and population they represent

	Number of Cases	Percentages
Corporatist Cluster	788. 542	32,4
Vulnerable Cluster	973. 033	39,9
Private Cluster	675. 502	27,7
Total	2 .437. 077	100,0

Source: Filgueira et al, 2005

These different social worlds that coexist in Uruguay have contrasting levels of welfare and assets, as well as age structure as Table 11 shows. Our private or privatized Uruguay is the least likely to have households which fall below the poverty line, has the highest per-capita income and has the highest combined educational achievement among adults. It is also a rather young Uruguay, with an average age of 36. Yet it is the vulnerable part of Uruguay that has the youngest population with an average age of 22, 6. This is the group where households are more likely to be poor, have the lowest per capita income and a low, but not the lowest educational achievements among adults. The lowest educational achievement can be found in our older, basically non-poor Uruguay. They are the ones with the lowest educational credentials because they were raised at a time when education did not go much beyond primary school or at the most junior high school.

Table 11

Basic socio-economic profile

	Average age	Probability for non poverty	Per capita income –constant *pesos*	Household educational climate*
Corporative cluster	52,9	83,1	4 610,2	5,1
Vulnerable cluster	22,6	48,3	2 479,3	7,8
Private cluster	36,3	96,4	9 202,7	13,4
Total	36,2	73,9	5 213,3	8,7

Source: Author`s estimates on National Household Survey 2001

The sources of welfare and risk for these three social groups are clearly different. The first data which determines different profiles emerges from the relation of all household members to the labor market and other sources of income. Approximately a 65% of the members of the Private Uruguay generate income, 70% of Corporatist Uruguay receives some type of income and only 44% of vulnerable Uruguay receive any type of income. Unemployment is highest in our vulnerable Uruguay, and lowest in the privatized Uruguay. Another feature which clearly separates the three groupings is what we call *decommodification* of income sources. In this sense, Corporatist Uruguay is different to the rest, 62% of the income receivers get cash transfers from the state, via pensions or salaries through public employment. The decommodification rate is high too in the private Uruguay, mostly due to public sector jobs, rather than pensions. Finally, in vulnerable Uruguay only 26 % of income comes directly from the state. One of the interesting data that comes out of this analysis is how close in terms of informal workers and labor rights are the corporatist and the vulnerable Uruguay (see table 12). One reasonable interpretation is that households in the corporatist Uruguay combine robust protection for some members of the family, with weak and precarious links to the labor market for other members, especially, women and youth.

Table 12
Income sources and labor market links

	Family unemployment rate (unemployed/actives)	Decommodification rate of family members (percentage of members receiving state transfers)	Labor protection rate (family members with labor rights/employed family members)	Informality rate (family members (self employed family members/employed family members)	Rate of family members receiving state cash transfers (Receptors/members in household)
Corporatist Uruguay	.146	.63	.50	.11	.757
Vulnerable Uruguay	.175	.26	.49	.12	.441
Private Uruguay	.094	.43	.65	.04	.656
Total	.142	.43	.54	.09	.605

Source: Authors' estimate based on the household survey, INE.

Another clearly identifiable feature is the differentiated ways in which these groups access social goods and services in 2001. There is a group who has access to educational and health goods and services through the systems of corporatist solidarity sheltered by the state or the systems of universal solidarity as the case of public education. But, there is another group increasingly private and privatized whose basic access to these goods and services relies on their purchasing power.

Table 13
Acces to health benefit according to cluster

	Private emergency and primary health care	Mutual aid or private health care
Corporatist Uruguay	.326	.538
Vulnerable Uruguay	.174	.330
Private Uruguay	.621	.840
Total	.360	.552

Source: Authors' estimate based on the household survey, INE.

Health care is not only a form of care, in and of itself, but managing access to health care is a time-consuming endeavor for individuals and especially for those who care for other members of the family. Thus a simple ordering on the demands that different forms of health care have on individuals and families can be easily identified. Public health is the most time-consuming in terms of access to health care, mutual aid societies (a cooperative form of insurance) come next, and purely private alternatives are the easiest and fastest to access. Furthermore paying a private mobile and primary health care provider is a central strategy for diminishing the time and human cost of health care access and health care at home by members of the family. As can be seen in the table above (see table 13), our privatized Uruguay buys time-saving health care in the market, while corporatist Uruguay falls in the middle and the vulnerable Uruguayans have to rely mostly on the state-provided services.

Table 14 and 15
EDUCATION INDICATORS according TO cluster

Participation Rates. Children from 11 to 17 years	NON ATTENDANCE TO SCHOOL	PRIVATE SCHOOL ATTENDACE
Corporative Uruguay	.26	.05
Vulnerable Uruguay	.26	.04
Private Uruguay	.02	.36
Total	.13	.13

Participation Rates. Children from 4 to 11 years	NON ATTENDANCE TO SCHOOL	PRIVATE SCHOOL ATTENDACE
Corporative Uruguay	.06	.02
Vulnerable Uruguay	.06	.01
Private Uruguay	.02	.45
Total	.05	.12

Source: Authors' estimates based on the household survey, INE.

A similar pattern but with a more clear-cut difference in favor of the private Uruguay can be seen in the sphere of education (table 14 and 15). It is important to note that private education in

Uruguay in most cases provides 6 to 7 hours of schooling, where sports, languages and academic support are provided within the school hours. On the other hand, this extended time in schools only covers 7% of children who attend public primary schools. As can be seen in the tables 14 and 15 the private cluster has 36% and 45% of its children in private secondary and primary school. The other two social worlds rely on public schools. Another important fact is that both corporatist and vulnerable clusters have a high rate of dropout in high school, placing additional burdens and suggesting a failure of care in the teen years.

The difference between these three social worlds are revealed not only by the differences related to income, occupational groups and access to social goods and services but also by the differences in reproductive behavior and emancipation patterns of young people. In other words, these three groups contribute to the biological and social reproduction of the country in a different way. The vulnerable Uruguay is the one that supports the biological and social reproduction of the country. Women tend to begin their reproductive life early and tend to have more children than the other social worlds of the country. In particular those who fall under the corporatist cluster show what can only be termed an emancipation and fertility strike among many of its members, while those in the private cluster postpone fertility and have fewer children (see diagram 5)

Diagram 5

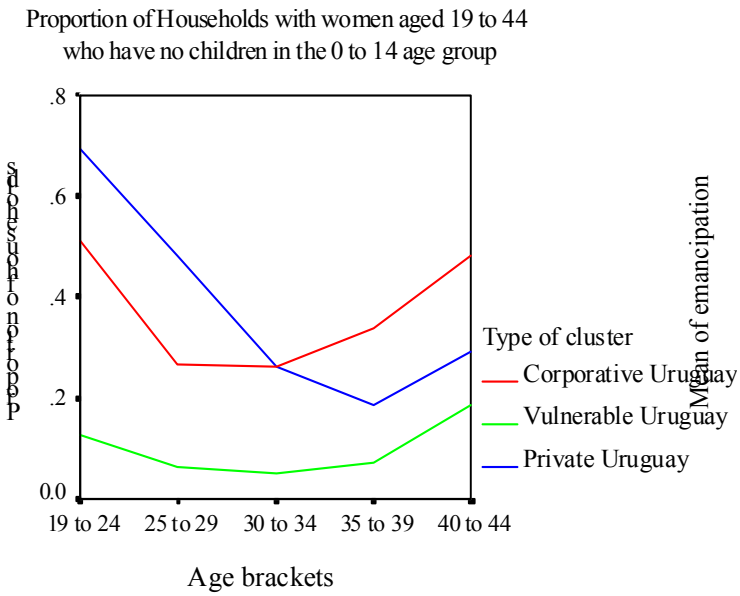
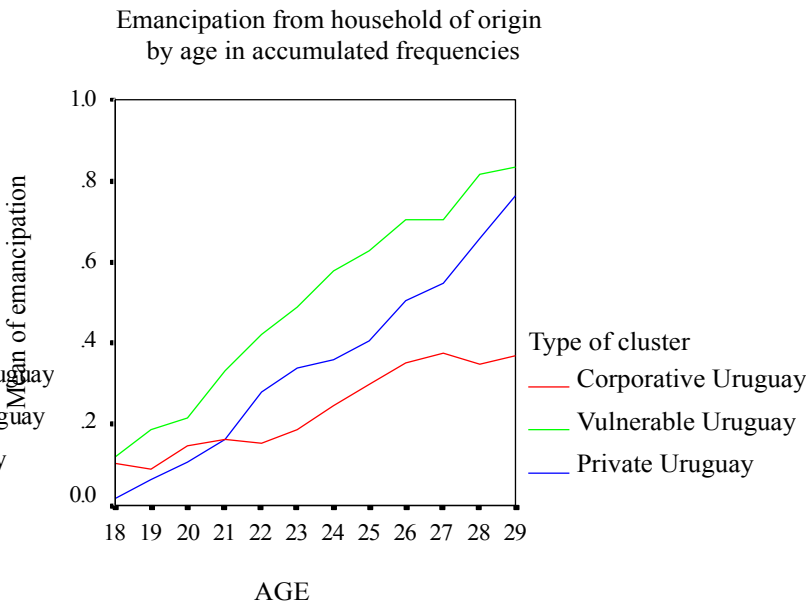


Diagram 6



Source: Filgueira et al 2005

As seen in diagram 5, a very small percentage of households (always less than 20%) in our vulnerable cluster have no children between 0 and 14. Our private cluster shows that this is only the case in households where women are between 35 and 39 years of age. Highlighted is the case of corporatist Uruguay, where children are absent in almost 40% of households with women in their reproductive years. This curve is repeated in the case of emancipation from parental household: too early in the vulnerable population, later but relatively parallel in the privatized Uruguay, and weak, late and ultimately stagnated in corporatist Uruguay This behavior in each cluster is not random or irrational. Late reproductive patterns of those better off and late emancipation patterns are necessary and possible in the private cluster. They are necessary for accumulating human capital and for gaining a strong foothold in the labor market, before everyday survival needs kick in. They are possible because the household of origin has the resources to sustain their sons and daughters beyond youth and well into adult life. The corporatist cluster is also quite clear. Families cling to the member that has state protection and welfare guarantees. Be they from state or protected employment, be they from pensions, these assets are what glues families for long periods of time. With less income and educational achievement than the private cluster, the new generations have a hard time entering the labor

market and tend to remain in the parental household for even longer. In regard to the low and almost stagnant fertility curve there are good reason for it too. In a country were state services have deteriorated and market services are expensive women from the corporatist cluster limit the number of children or even have no children because the opportunity-cost is too high if they want to also work. Finally, as always the most complex explanation relates to the vulnerable cluster. Regarding early emancipation patterns, the rational is simple, families cannot support their children beyond a certain age, education achievement is low, precarious entry into the labor market happens early and emancipation from parental household with the few resources that they have from this early labor market involvement also happens early. But why do we have higher and earlier fertility rates? The correlation between poverty and fertility in developed countries does not need to be demonstrated in this paper. It is one of the most robust findings in the demographic literature. The problem is how we explain it. Part of the explanation is relatively straight forward: access to information and to contraceptive means. In Uruguay the medical profession has resisted until now a policy that requires that all first teen mothers be offered free of charge IUD's. Pills are expensive, condoms they do not control, abortion is illegal and expensive. A second less political correct explanation is that they lack the orientation to plan ahead and postpone motherhood for other life projects. A more politically correct take on that is that in the absence of other adult statuses available to them they choose motherhood. When asked at what age and how many children they would like to have the answers of lower income women do not differ much from middle class women. The question though, might have to be reframed. Conceptually what we would like to measure is how strong is their unwillingness to become pregnant and have a child before a certain age, not the weaker at what age they would like to have a child. If we were to measure that, we believe differences between classes would become more salient. In any case it goes beyond the scope of this paper to disentangle what has been a theoretical en empirical question for many years now. Descriptively there is no doubt. Lower income women have more children and have them at an earlier age than middle class women.

In any case, we believe that we can wrap up an interpretation or at least a sensible and meaningful description of how the different social worlds deal with the issues of reproduction, welfare, care and work. Our private cluster is a clear-cut case of a model leaning towards a dual-

earner family that buys care in the market, invests heavily in education and postpones yet undertakes emancipation, marriage and reproduction. Our vulnerable part of the country neither postpones emancipation, nor marriage or reproduction. It relies mostly on the state for basic services and on family for additional care requirements. It does not invest in education and has the least ratio of income earners to family members. In other words care and work are not reconciled, but rather divorced, with clear consequences in term of mobility and welfare. Finally the corporatist side of society relies heavily on the state, buys a very limited amount of services in the market, since they probably cannot afford much, and adapts by attempting a dual earner strategy that requires pooling together generations and having fewer children. Market, family and state solutions to care are present in Uruguay, and they tend to cluster around these social worlds, making plainly and painfully clear the incapacity of the Uruguayan social model to deal with the new constellation of family, markets and age in the country.

4. The household economy of care and protection in Uruguay

If the state, markets and family arrangements (including marriage, cohabitation and reproductive patterns) stratify how the new and old demands for care in the household are distributed and how new and old vulnerabilities assume new shapes and recipients: How do households themselves define their own use of time and effort geared towards paid work and unpaid care, and how does household allocation of time between these different options interact with the other care spheres? Until recently there was a widespread belief that households place an inordinate amount of burden and responsibility on the shoulders of women, but there was little systematic evidence to support this view. The pioneer works by Aguirre (2003, 2005) and Batthyany (2004, 2007a, 2007b) and their recent efforts together with the National Institute of Statistics (INE) and UNIFEM have provided for the first time an empirical or statistical picture of how households, males and females, young and old, care for children, the elderly and the disabled, as well as how they share responsibility in providing the work that is necessary to reproduce the basic conditions of welfare and care within households.

First it is useful to identify how much of time used by people of 14 years of age and older is distributed between paid and unpaid work. The first relevant but by no means surprising piece of information is the enormous amount of time that is spent on unpaid work. Half of what people

declare they do with their time aside from sleep, entertainment or other non-work activities is not done for a wage or salary. This is consistent with some of the estimates of contribution to real GDP, when work time that is not exchanged for a wage is counted as part of the GDP (table 16).

Table 16

Estimates of contribution to GDP and wealth through different methods of equivalency between time allocated to unpaid work, using different wage rates

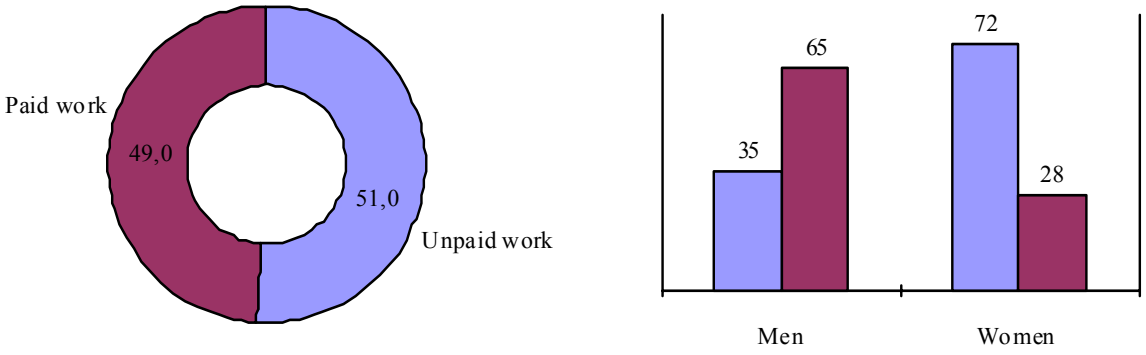
Method	Estimate in Millions of Pesos	Estimate as a proportion of GDP
Basic Domestic Wage*	6156.7	26,6
Specific Care Wage**	6233.1	26.9
Equivalency/Opportunity Cost***	7097.2	30.6

Source: Salvador, 2008, based on INE, 2007 and Central Bank Data on National Accounts. * Time is translated into money by assuming the average wage of domestic service ** Time is translated into money by assuming when possible the average wage of domestic service and specialized care *** Time is translated to money by assuming through data on real wages the opportunity cost using time in non wage labor instead of their real wage labor or the average wage labor they could do given their education, sex and age.

The relative percentages of time allocated to paid and unpaid work show, thus in the first place, the economic importance of unpaid work for society at large. Looking at this same data by sex in turn illustrates the importance of the role of women in the unpaid economy and the diminished time that women are then able to allocate to paid work.

Diagram 8

Time allocated to paid and unpaid work in population 14 years and older (in % of all time). General and specific for men and women.



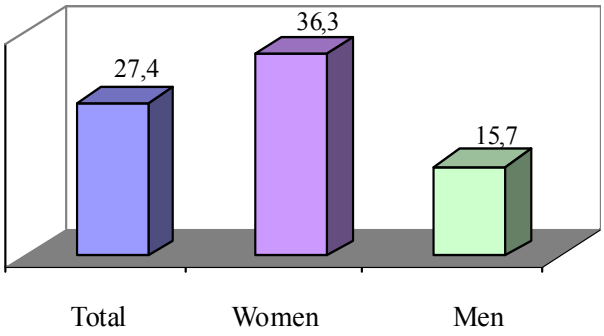
Source: INE-UNIFEM-UDELAR, 2008. Based on the Modulo de Encuesta de Hogares, 2007

Calculated on a weekly basis, time allocated by men and women to unpaid work vary significantly. These differences underscore the real differences in the distribution of the burden

of care since the rates of participation of men and women in unpaid work are also slightly skewed towards women. In any case the average time spent by women on unpaid provision of care and other types of domestic work add up to almost a full time paid position in the labor market (36.3 hours per week).

Diagram 9

Average weekly time allocated to unpaid work by sex



Source: INE-UNIFEM-UDELAR, 2008. Based on the Modulo de Encuesta de Hogares, 2007

As could be expected unpaid work, dominated by provision of tends to be concentrated in households with children, and especially in households with children aged three or less. This cut off point has a simple explanation. Uruguay has advanced towards the universalization of education based on public provision of pre-school services for children aged 4 and above, leaving still an important proportion of the younger children in the care of either family or market based solutions.

Table 17
Population coverage in children 0 to 5 both formal and non/formal education. Years 2006-2007

	0 a 1 year		2 years		3 years		4 years		5 years and more	
	Count	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**
Formal Education										
Public	0	0,0	34	0,2	5.317	21,8	33.699	75,1	42.783	82,6
Private	1.207	15,8	3.677	24,0	5.273	21,6	6.815	15,2	7.831	15,1
Non/formal Education										
Private and other*	3.269	42,9	5.737	37,4	6.395	26,2	3.131	7,0	1.142	2,2
CAIF (daily)	3.142	41,2	5.892	38,4	7.430	30,4	1.245	2,8	33	0,1
TOTAL	**7.618**	**100,0**	**15.340**	**100,0**	**24.415**	**100,0**	**44.890**	**100,0**	**51.789**	**100,0**
Total Population	97.114		48.342		48.886		50.039		51.454	
Coverage (%)	**7,8**		**31,7**		**49,9**		**89,7**		**100,7**	

Source: Cerutti, 2006, based on information provided by the Ministry of Education (Estadísticas Educativas) and INE (Proyecciones de Población).* 92% are private institutions and the rest are services provided by different public institutions like the Montevideo Municipality and others. *Note:* Formal early education is provided by public institutions recognized an regulated by the National Public Education Administration (ANEP) Non formal education is provided by private or third sector institutions (like CAIF) which are under the aegis of the Ministry of Culture (MEC).It is important to point out that ANEP and not MEC is the responsible of the recognition of formality in education.

As can be clearly observed from the data in Table 17, at age four almost 90% of children attend some educational institution. Public –free- services at age four and five cover between 75% and 82% of all children attending school. Yet at age three only half the population is covered, and only 50% of those attending do so through the public system (CAIF plus public formal education). While this is by Latin American standards high, it leaves half of the children aged three without coverage and approximately 75% of the children in situation of poverty with no access.

Consistent with this data we can see that families at their early stages -with children in their first years- allocate a large amount of unpaid work to child care, the burden being disproportionately placed on women. This can be seen both in the participation rates and more so in the average time allocated to unpaid work by women and men as shown in Table 18.

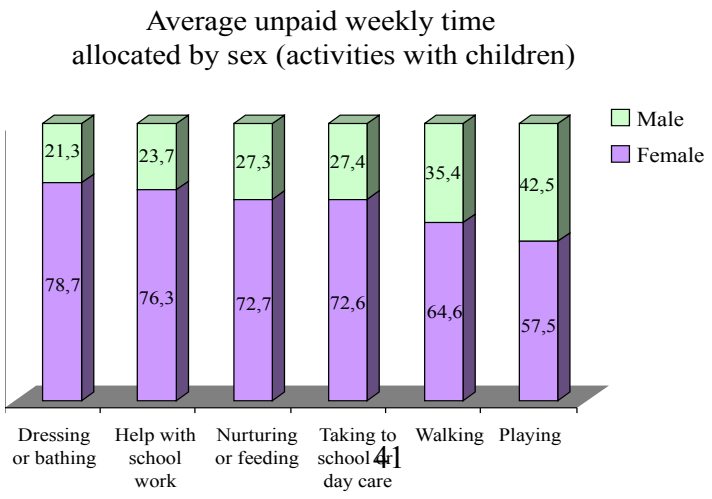
Table 18

Unpaid Work Participation rates and average time allocated to unpaid work per week in different household types, by sex, 2007						
Life cycle	Women		Men		Difference men/women	
	Participation rate	Average time	Participation rate	Average time	Participation rate	Average time
Young couple with no children	96,3	29,1	90,5	12,7	5,8	16,4
Family in initial process	99,1	57,2	96,6	22,3	2,5	34,9
Family in expansible period	97,0	45,8	86,8	15,3	10,2	30,5
Family in consolidation process	94,8	31,0	80,1	13,1	14,7	17,9
Elder couple with no children	96,7	37,0	84,3	16,3	12,4	20,7

Source: INE-UNIFEM-UDELAR, 2008. Based on the Modulo de Encuesta de Hogares, 2007

In terms of time allocated to unpaid work women always -at least, double the average amount of time allocated by men. The gender gap is particularly wide when children are young (6 years or less) and the family is in its early stages; here women dedicate on average 57 hours a week, against 22 hours by men. And even as children grow up, while women diminish their unpaid work to an average of 45.8 hours, men limit their input to 15.3 hours. Of the two highest averages –families at their initial stages with children under 6 and families at their middle stage with children between 6 and 12- almost half of that time is allocated to child care. When we look at the different chores involved in child care (see diagram 8) with the exception of taking children out and playing a third of all time allocated to them, comes from women. In addition, other unpaid work, like cooking, cleaning and laundry, also rests disproportionately on women's work (see diagram 10).

Diagram 10

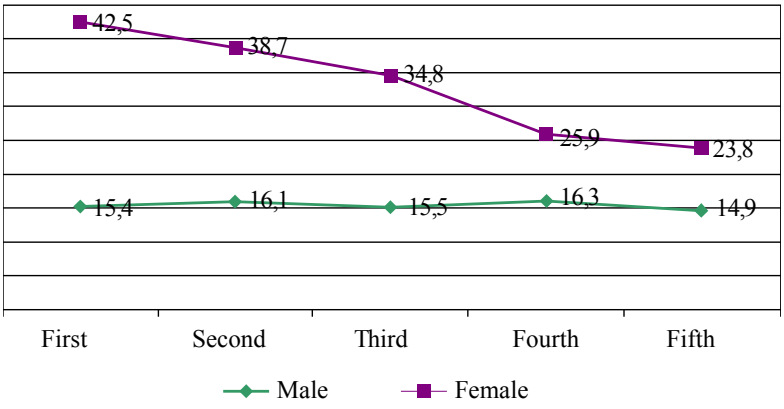


Source: INE-UNIFEM-UDELAR, 2008. Based on the Modulo de Encuesta de Hogares, 2007

The stratification of the burden of care is not just a matter of gender, but one of gender and social class. Women, who live in households of the fourth and fifth quintiles, reduce (see how) their unpaid workload (diminishes) as they access (outdoors and indoors) market solutions, for example, by hiring domestic workers. Diagram 11 illustrates this statement in a plain and simple form.

Diagram 11

Average hours of unpaid labor by income quintiles



Source: INE-UNIFEM-UDELAR, 2008.
Based on the Modulo de Encuesta de Hogares, 2007

Men always put less hours of unpaid work than women into the household chores and provision of care. But the gap in the first income quintile is 25 hours, while in the higher income quintile it goes down to 9 hours.

In a context of increasing female headed households, female entry into the labor market and persisting fertility differentials, the picture we have just shown leaves no room for doubt. Regarding the care of children and unpaid work in household chores women and especially women of lower income carry the bulk of the work. The absence of extended school hours in the public system –it only accounts for 10% of all students- and the marginal development of early free and available childhood care services, leaves as the only alternatives family –meaning women- or market –meaning domestic service and out of household market solutions – as strategies to meet the demands of care and unpaid work. This in turn implies for lower income women, who cannot access market solutions, a strong limitation on their capacity to engage in paid work, thus limiting their financial autonomy and increasing their vulnerability. In a country

that shows a secular trend towards more unstable bi-parental family arrangements and increased divorce rates, the configuration depicted above implies that women –especially lower income women- have ended up receiving injury –from a traditional patriarchal division of labor- and insult –from a decaying model of stable bi-parental families-In addition to that we have to consider the fact that these women who today shoulder households and renounce continuous involvement in paid work will have to leave their already fragile link to the labor market because of old age with a larger chance than before of being alone and with no retirement benefits.

In an ageing population the problem of gendered differentials in labor market histories and protection will become larger in the near future. But in Uruguay, the problem of the elderly is already upon us, not so much –yet- because of lack of cash benefits/pensions in their retirement years, but because of lack of social services and care provision for them. Indeed, while the pension system in Uruguay, covers both men and women almost universally –even though with women receiving far less money than men- the system of elderly care is clearly underdeveloped. This again poses the burden of care onto families. A closer look at what has happened recently and what might happen in the near future sheds light on the challenges that Uruguay confronts if it wants to reshape a more fair and sustainable gender and generational contract.

As we have shown above Uruguay faces an ageing population that will place both fiscal and time strains on the society and the economy. But besides the overall ageing of the population it is important to view how the percentage of the very old who are more prone to disability, is evolving and will evolve in Uruguay (see table 19).

Table 19

Population 75 years of age and above (in absolute numbers and percentage terms)

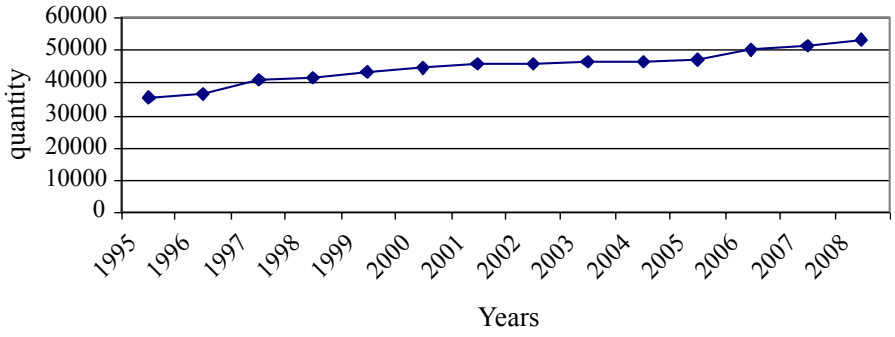
	1975	2005	2025	2050
Population older than 75 as a % of Population above 60	24,3	30,5	34,3	38,5
Population older than 75 as % in total Population	3,4	5,2	6,7	9,8
In thousand of people	97	174	263	412

Source: Papadópulos, 2008 based on CELADE, 2004.

This trend, which will deepen in the near future, is already having effects on the system of social security, increasing the number of disability pensions that are granted each year. The data from the Social Security System in Uruguay is clear. Between 1995 and 2008 as shown in diagram 12 disability pensions have increased by almost 80% reaching today more than 50000 people.

Diagram 12

Number of disability pensions - Evolution by year



Source: Papadópulos, 2008 on the basis of BPS, 2008.

But if the public cash transfer system has felt the impact of this trend, the private spheres of family and markets have also been affected by it. At present almost 170.000 people aged 60 and more have some form of private care service system –company services they are called-. They are not permanent and they are of very uneven quality, but basically they provide a service (of

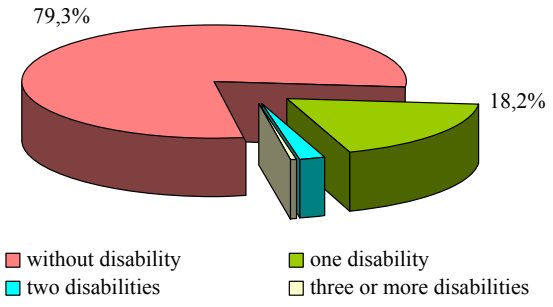
company), focused mainly on the elderly and the disabled. Cleaning, providing medicine, helping the elderly with issues of basic mobility and supporting those with diminished sight and other physical ailments as well as mental disability is their main purpose. The lack of a robust system of public care in this area has allowed for a marked increase in this type of enterprises, which usually at low cost –paid as an insurance, not on and "use and pay" basis- provide some basic company services. Yet so far, this system is working because the rate of insured to active recipients is high. As the very old grow larger this rate will deteriorate.

On the other hand at present only 3% of the population declare that they provide care to elderly members of the household on a continual basis. This of course is largely under-registered and under-declared. Help and care to the elderly, when they are not yet unable to completely care for themselves is a slow process that household members adapt to grudgingly, and that most times is not recognized as care in the way it is with children, until dependence becomes an uncontested issue by both the recipient and the provider of care.

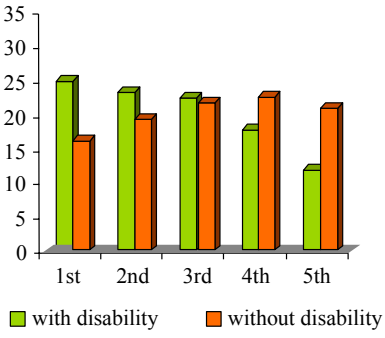
More than 20% of all Uruguayan households have people with at least one disability. Given our unbalanced generational welfare reality the elderly concentrate in relative terms in the upper quintiles of the distribution. If this is true we would not expect disabled people to concentrate proportionately more in the lower quintiles of the distribution. Yet this is precisely the case as can be seen in diagram 13.

Diagram 13

Percentage of households by quantity of persons with disabilities



Percentage of population by group of households by households' income



Source: Papadópulos, 2008

This has one simple explanation and it is that there is a far higher prevalence of elderly with disabilities in lower income groups. Larger to the extent that while they represent a lot less of the population of this quintiles, the prevalence of disability is enough to turn the lower quintiles into the ones with larger proportion of disabled people in all ages. Given the fact that market solutions seem to be increasingly available and used by the elderly, it is clear that not only do poor households have a larger demand for care in terms of disability and the elderly, but also that they are the ones lacking at present any other solutions than those provided by families themselves.

Thus the transformation of labor markets, family arrangements and demographic trends, together with the household economies of care and unpaid work have burst asunder the generational and gender contracts of before. And in that process they have redistributed risk, vulnerability and workload, not only in a biased gender and generational manner, but also in a deeply regressive income or class pattern. Social policies and the reshaping of the Uruguayan welfare regime have not been able to stop this trend, but there are both lights and shadows in the public efforts to redefine these contracts. To them now we turn.

5. Moderate optimism allowed: Recent social reforms

In order to understand how and why the state, though late and many times inconsistently, started to address some of this issue in the 1990s, and more robustly did so after 2005 we have to take into account three convergent political and policy processes that developed in the last fifteen years or so.

First it is important to analyze the role of women and the feminist movement in Uruguay. From its incipient begginings in the 1980s the feminist agenda and institutonality grew at a slow but steady pace. While largely neglected certain inroads were being made. In the trade union movement the women movement was able to push through a “mandatory representation guarantee” by which women had to be present in the Consejo de Salarios (collective bargaining). Women from the popular sectors supported by part of the feminist intelligentsia were able to

place at the center of the agenda the issues of domestic violence, and a "comisaria de las mujeres" was created to receive and treat cases of domestic violence. The PLEMU (Plenario de las Mujeres) survived the restoration of traditional politics in 1985 and started to gain momentum towards the mid nineties. A broader alliance that included women from almost all classes pushed forward a bill on reproductive rights. Political female leaders and intellectuals created a women parliamantary alliance and worked towards the creation of a Women's Institute that is now attempting to become a Ministerio. While the issues of work and care were not central in this feminist agenda, they started to at least become part of that agenda.

The second critical process was the increasing consensus that the political elites, policy makers and the academic community reached regarding both the demographic, labor and generational challenges that Uruguay faced if it wanted to be a viable country. The notion of infantilization of poverty and of welfare generational imbalance became common words in the press and in everyday debate. The repeated data that 50% of all children were born below the poverty line was common knowledge. The appearance of CAIF centers and preschool expansion for 4 and 5 years old, was a policy response to this growing consensus. The need to reinforce the system of family allowances was also a technical, policy, response to a shared diagnostic. Also the importance of women's entry into the labor market to sustain a financially crippled social security system became increasingly understood as a necessary strategy. Mostly, this shift in policy that recognizes the transformed landscape of family and labor markets is more concerned with the welfare of children than with the welfare of women. But this concern spurs some changes that do go in the right direction.

Finally, the triumph of the left in the 2004 national elections is the final ingredient that allows for this more robust push towards addressing the issues of care, gender, inequality and work. The crisis of 2002 left the countries' social fabric destroyed. The left pledged an emergency social plan, and created a Social Development Ministry to launch this program. The Women Institute was reallocated from the presidency to that Ministry. This is a Ministry that has to work with non-formal workers and with women and children, because that is were poverty predominates. There is a true learning process that can be seen in a left that came from the old trade union tradition, that always defended a return to paradise lost , when it is confronted with the reality of poverty in Uruguay. "La pobreza tiene cara de mujer y la pobreza tiene cara de niño" became the

motto of the Ministry. Understanding the survival strategies of lower income women and coming to terms with a transformed family landscape in this sector, made this administration understand as never before that the old welfare architecture of the past is not a solution to be restored, it is part of the problem. This change has had concrete effects on health care and social security policies, that otherwise would have probably gone back to its old ways.

A final but by no means unimportant development that comes out of the left's victory is the presence of women in decision making positions. Health Care, Social Development, Ministry of the Interior (police) and Primary and Secondary education (below the general director of education) are in the hands of women. Why the left has increased the presence of women in powerful positions has no easy answer. At least three factors might help account for it. First the feminist agenda while still resisted (or mocked by a male dominated milieu) has much more legitimacy within the left than in the center and center right parties in Uruguay. Secondly some of these women came from heavily feminized labor segments (education and health) where they had entered politic through trade union activism. This labor market segments were also strongly dominated by the left. Finally the human rights movement that fought against the dictatorship and then kept the struggle trying to bring to justice human rights violators during the dictatorship was both dominated by the left and much more feminized in its leadership than either trade unions or political parties.

While these developments have contributed to placing the issue of care and work closer to the center of the policy agenda, there is still a long way to go. A strategy that combines a feminist agenda with mainstream politics and policy is we believe the best bet to both not loose sight of the central problems and at the same time gain power and agenda setting capacity.

i. The Education reform of 1995 and other relevant undertakings

Education constitutes one of the first historical arenas were the state entered into the "care business" not only in Uruguay but in the world at large. Universal primary education was never simply about education, it was also about care and discipline (which usually come together). And it was a basic change that redefined the distribution of the burden of care between markets, families and state. Around mid 20th century high school, especially lower end high school also

entered fully as a device in the care regime. And in the eighties and nineties preschool became the latest development, fully recognized as a policy geared not just at education but also at care and at reconciling, or helping to reconcile, the spheres of work and family. An additional development took place in Uruguay around the eighties and nineties: the first private expansion and then timid increase in full or extended time primary schooling, and in the case of private offer also in high school. The education reform of 1995 sought not only to reform education, but also to place education as an explicit device in the reshaping of the welfare regime, focusing on increasing time and quality for women (by freeing their time), care and transfers to lower income households (by providing support in school extended time as well as services and in-kind benefits) and to children of lower income groups (by improving engaged time on task and education quality and side benefits). At least four concrete policy initiatives should be considered, three of which that took place since 1995 and one that has been launched in 2005: the creation of full time schools in lower income neighborhoods, the expansion of public supply aiming at universal coverage for children aged four and five, the expansion of breakfast and lunch to cover almost all schools in lower income areas and the creation of "community teachers" that travel to children's low income homes and provide support to both children and families. In addition to these initiatives, starting as early as 1985, but picking up speed later, outside of the formal educational system a number of Early Childhood and Family Care Centers were created (CAIF) where children aged 0 to 4 could attend on a daily or weekly basis.

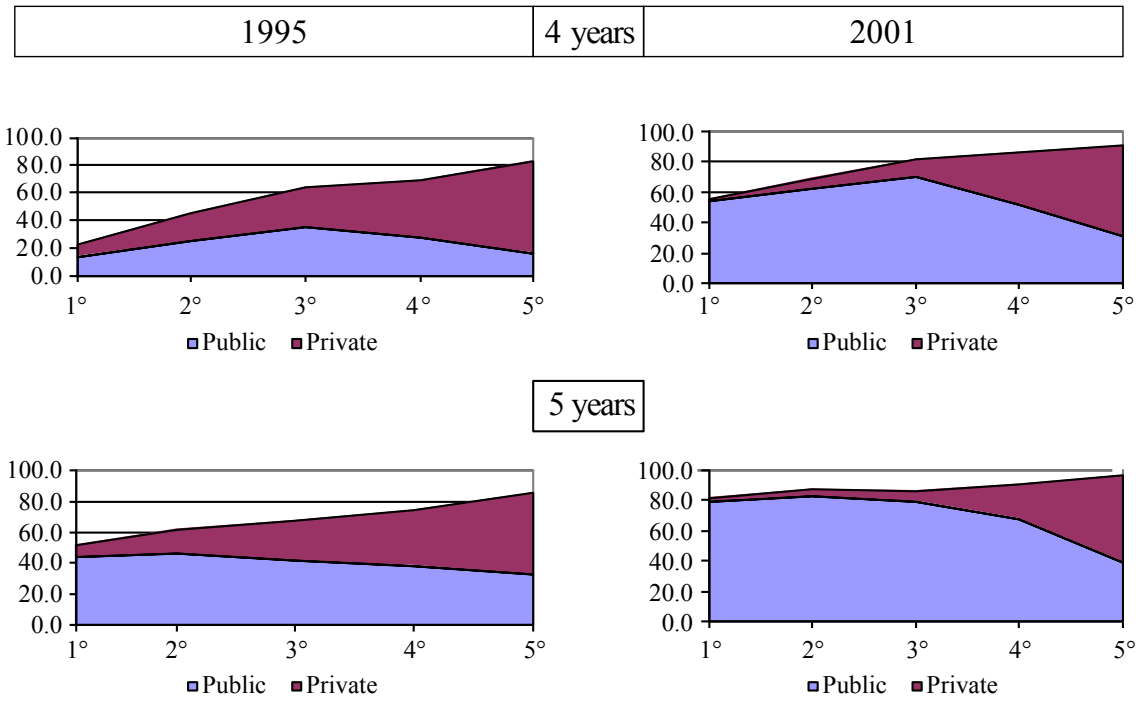
Full time schools[8] were probably the boldest attempt by the education reform to create a robust link between work, family and education. They developed between 1995 and the present and cover today approximately 10% of public matriculation. The educational results have been very good and the correlation between children attending these schools and women working is high, though it is difficult on the basis of existing studies to determine causality. The first impulse was an important one taking students in full time schools from 1.6% to 6.5%, yet after the year 2001, the impulse faltered, and at present 10% only attend these schools.

[8] Standard school daily time in the public primary school system is of four hours or four hours and a half depending on the year being considered. One school facility usually has two turns, from 8 to 12 or 12: 30 and from 1 to 5 or 5:30. Many private schools started to offer in the 80s and 90s extended time covering morning and afternoon and incorporating physical education, TICs learning and lunch services. Full time public schools, which started in 1995 extend school hours using one full day from 9 to 4. Both the curricular and extracurricular activities are extended and breakfast and lunch services are included.

The other more radical transformation was the expansion of school for children aged 4 and 5. As can be seen in the following set of graphics (see diagram 14) coverage increased in all income quintiles between 1995 and 2001, but did so dramatically in the poorest quintiles and most of the expansion was led by the state system. At present, at 4 and 5 years of age coverage in close to 90% and 100% respectively (ANEP, 2007).

Diagram 14

Expansion of schooling ages 4 and 5 by income quintiles and public and private systems. 1995 and 2001.



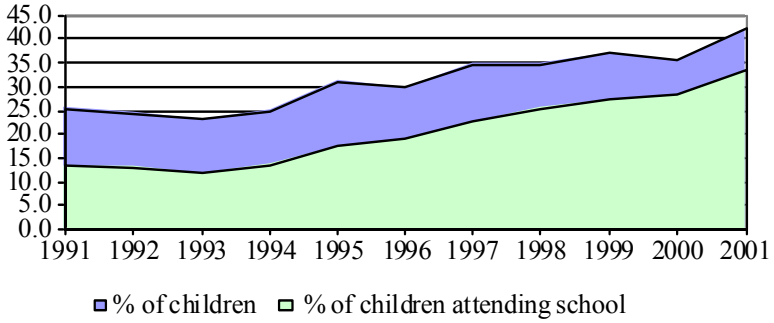
Source: ANEP, 2005

The transformation of the preschool system in Uruguay cannot be overstated. Its impact was not only relevant in regard to educational achievement, but also in how it helped bridge the gap between new vulnerabilities and state protection. Just to mention a salient effect one can look at how the expansion of preschool reached the most vulnerable family arrangements. In Diagram 15, the upper limit traces the expansion of children in single headed and cohabitational family

arrangements in Uruguay in percentage terms –the denominator being all children. The lower line follows the percentage of children from these types of families who are covered by the school system. Two conclusions can be easily reached. First, that the proportion of children living in these new family arrangements has increased significantly. Second, that coverage in the school system not only followed pace but was even able to bridge part of the gap that existed between the proportion of children that came from those household and school enrollment at ages 4 and 5.

Diagram 15

Proportion of children ages 4 and 5 from single headed households (general and attending school) as a percentage of total children



Source: ANEP, 2005

In addition to these achievements, the school system, especially the primary school system revamped its food services, especially, for those with least resources. Between 1995 and 2001 schools doubled their food services covering almost all low income schools and increasing access to many more children. Schools in underprivileged context went from a rate of use of 50 or more percent of children in half the schools to almost seventy percent of schools. Also the "cup of milk" (breakfast and tea service) went from being available in approximately 20% of disadvantaged schools to almost 55%. The other important policy initiative would have to wait until the year 2005: community teachers. This program takes teachers out of the schools and into the families and households. It is targeted to low-income children who are having problems in school and it helps families with homework and pedagogic techniques throughout the year. While many schools from poor neighborhoods count with one or two community teachers, the proportion of children and families covered by this service remains relatively low since it is

highly dependent on intensive labor. At present it represents approximately 4% of children in urban areas.

Maybe the biggest deficit of the education system is not at either primary or pre school level. It is at the level of high school. Uruguay has one of the best rates of completion of primary school in Latin America and one of the worst rates of completion of secondary school in the region. Organizational problems, lack of resources and a model thought for middle and upper middle classes that can complement a very poor offer with market support, as well as, in contrast to primary school, the complete absence of any services (food programs, after school activities, extended time in school, health check ups, etc.) have rendered our secondary system of schooling part of the problem rather than part of the solution to welfare, protection and care.

ii. The Health Care reform of 2006

Health care is of course care. But it is not just care because it provides care for people who are ill. It also increases the likelihood that people will not require other forms of permanent care because of disabilities and incapacities due to health related problems. Also health care is closely related to the issues of unpaid work of families and women, because access to health care requires time. It takes time to make appointments with doctors, to accompany children and the elderly to the health centre, and to purchase and administer medicine. Finally in an ageing society where disabilities increase with age, and where and when lack of good health becomes the norm, health care as permanent oversight and support for the elderly becomes more and more needed.

Uruguay's health care system was until the year 2006 a system defined by marked stratification in access and quality between the public, mutual aid private societies (MAS)[9] and the purely

[9] Mutual Aid Societies were born already at the start of the century as cooperative, voluntary risk pooling systems that charged a private fee and had their own facilities (in some cases for expensive and cutting edge technologies they shared some facilities with other MAS). The state in the 1970s created DISSE (Directorate of State health Services). This was and mandatory health insurance scheme for private formal workers where part of their salary was retained (plus employee and state contributions) and the amount passed along to a MAS of the beneficiaries' choice. This insurance scheme did not include the children or spouse of the beneficiary. People could still join a MAS by paying out of their pocket. State employees had similar systems which in some cases did include some or all dependents (children and spouse)

private system. Outdoor care[10] and house call services had become a rare commodity that prompted the expansion of emergency mobile health care units[11] (EMU) that only provided that service as an additional service apart from public health care or mutual aid societies.

The new National Integrated System of Health Care (SNIS) put in place in 2006 has brought major changes. Before people with no social security coverage and with no private solutions could access public services (between a third and half the population depending on economic cycles did so) of bad quality, preposterous waiting time for medical dates and waiting in line when interviews and dates had already been arranged. Preventive and primary care were understaffed and also of low quality. Those who could either pay or were in formal employment could access the mutual aid societies, who had also long waiting periods, though not as extended as in the public system. Outdoor patient care had become in mutual aid societies extremely flawed and understaffed and as we mentioned most people who again could pay, contracted these services from specific private providers specializing in emergency calls and pediatric house-calls. Those at the upper end of income stratification –less than 5%- contracted fully private HMOs and medical insurance. This state of affairs affected all the population, but especially children and women. The former were only covered beyond the public services if families could pay and women, because of their lower participation in the formal labor market, also lacked coverage in the MAS system (see table 20). Women, children and the poor, were the ones with the least access to relatively good quality health care. And when crisis struck, as can be seen in Table 20 the situation got worse for everybody but especially for women and those in the lowest income quintiles

[10] By outdoor care we refer to mobile primary and emergency care units usually staffed by a doctor and a nurse that responds to house calls.

[11] While they started as emergency services they quickly understood that given the decay of mutal aid societies system of mobile primary care there was a market for additional services.

Table 20

Coverage in MAS and Public System by income quintiles and sex 1991-1999

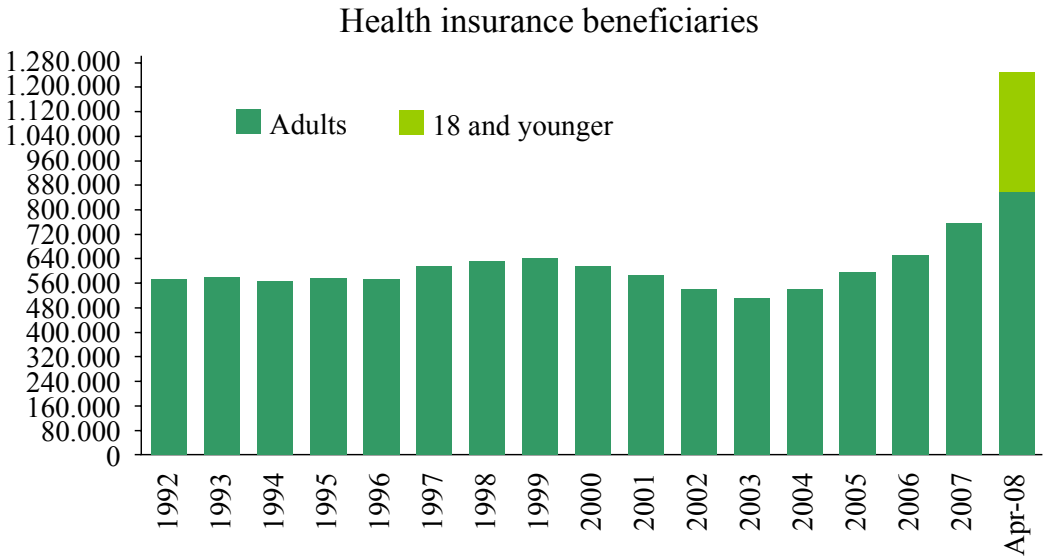
	Quintils 1 and 2	*1991*	*1995*	*1999*
Public health*	Men	38,2	40,2	46,8
	Women	50,2	51,4	57,1
MAS	Men	37,7	34,0	31,6
	Women	36,4	34,5	30,5
	Quintil 3	*1991*	*1995*	*1999*
Public Health	Men	8,3	8,7	9,8
	Women	11,2	12,2	13,0
MAS	Men	31,4	29,3	27,8
	Women	35,0	33,7	31,6
	Quintil 4 and 5	*1991*	*1995*	*1999*
Public Health	Men	5,9	6,2	6,3
	Women	9,6	9,1	9,6
MAS	Men	76,2	69,0	68,8
	Women	89,2	89,0	86,2

Source: Pereira, Gelber and Monteiro, 2005

* This table exclusively includes health coverage by MAS and Ministry of Health (some coverage is provided too by the Military Hospital, the Police Hospital, Public Insurance Bank and the Social Insurance Bank, plus primary health attention by the Municipalities. ** Ministry of Public Health acting as a provider

The recent health care reform has incorporated through new financial contributions of the state, employees and employers all children where at least one of the parents is formally employed (whereas prior to the reform they had to pay if they wanted to have their children in a MAS; otherwise their children were entitled to Public health care facilities and services). The elderly who retire starting with the reform are also eligible and can choose (as children also can) any MAS of their liking. These MAS will also have to incorporate in the short run agreements with the EMUs so that at least they will cover critical emergency house-calls. Waiting time has been regulated and is incorporated as part of the contract agreements with the administration of the system in order to receive the capital that each new member brings with him or her. Spouses are not yet incorporated, unless, of course they themselves are formally employed. Finally those not able to choose in the new system –non employed, informal workers, already retired people, and children where both parents are informally employed or not employed- will remain in the public system. The recent data (in Diagram 16) shows the clear impact of the reform in terms of the incorporation of adults and especially children into the new system.

Diagram 16



Source: Social Security Bank, 2008

It is also important to note that the reform of health/social insurance system has reduced the burden carried by the public system: by reducing demand and making more money available per person. Indeed the reform also increased state transfers to the public system by almost 350 million dollars, from a base budget of less than 200 million dollars. Finally clear orientations towards subsidies and free and guaranteed access to some basic services for women and small children have become part of the menu in the public health system.

The health care system remains mixed and stratified but much less so than before. It also incorporates children into the system to an extent it did not do before. Still female headed households in which women are not formally employed are left out of the new system and can only access public facilities. Yet, maybe the more complicated feature of this reform have to do with financial sustainability and the incorporation of the elderly. At this point the reform does not incorporate the already retired elderly into the elective component –that is the MAS services– unless they are poor- and does incorporate with full benefits those that will start to retire from 2006 onwards, no matter what their income level.

The kind of benefit and services that makes the incorporation of the elderly so expensive is the high complexity and extension of life in intensive care units. Other measures that are far cheaper

and that affect the quality of life of the elderly, rather than the length of life and quality of death have not been discussed as a preferred allocation criteria of universal benefits (mainly preventive, primary health care). This could be an option. The system would guarantee a basic set of services to all, and target the broader set of benefits only for the poor and vulnerable. There is one shining example of what can be done and it merits special attention because of its impact on issues of care and elderly autonomy. At low cost to the state and with an alliance with Cuban ophthalmologists the Social Development Ministry and the Ministry of Public Health created the Eye Hospital performing at present only surgical procedures for treatment of cataracts that make the elderly blind or with strong vision disabilities. This initiative has been a success and has brought the sight back to already 2500 old people. The surgery is free. At present 7500 more people are in line for this surgical intervention and the Eye Hospital is performing approximately 250 a day. This service previously cost about 1500 US Dollars per eye. Of course as the government undertook this initiative the association of Uruguayan ophthalmologists mounted a strong opposition. After some very harsh confrontation the government came to an agreement with the association and at present they have joined their Cuban colleagues in the eye hospital. The main problem regarding relatively cheap, one shot, very effective interventions to give back or protect the physical autonomy of the elderly is not so much a problem of cost, organization or financial basis but one of corporatist resistance to lower costs and the need to suppress monopolistic rents of the medical corporation.

iii. The Family Allowance reform of 2006

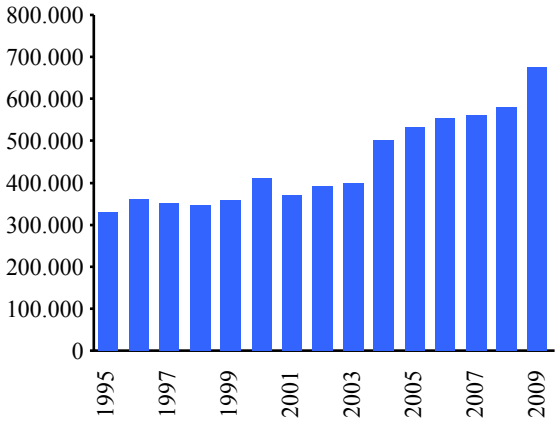
Family allowances were not, at least in countries with a familistic genotype aimed at gender equality. Rather they sought to increase fertility and both reinforce and recognize women's roles as care-givers and as household caretakers in the framework of stable patriarchal arrangements. Yet this type of transfer has become another possible device in the search for both gender equality and the reconciling of work and family. It does so in at least three ways. First it provides a social wage that allows families to purchase services in the market thus deflecting from women part of the burden of care. Secondly it usually de-links eligibility from formal male employment, as it used to be in the past, and makes it conditional on income level –when it is not just flat out universal- and on the school attendance of children and adolescents, (thereby providing an incentive to use other state services that reduce the unpaid care burden of women).

It is true that in many cases it also links these benefits to joint medical check ups of mother and child, thus re-linking gender and role of care-taker strongly. Finally, when the allowance is at a high level it reduces women's financial dependence on others, and provides a fall-back position, especially in cases of divorce and separation, irrespective of women's labour market status and civil situation.

In the 1940s Uruguay became one of the first Latin American countries to propose and undertake a system of family wage complement in the framework of a traditional European continental conservative and familialistic welfare regime. They were universal for formal employees in families with children. Usually the eligibility was based on the formal employment of the male combined with the presence of wife and children. In the eighties the cash benefit had deteriorated so much that a reform narrowly targeted the benefit and sought to improve their value, but left eligibility limited to formal workers. Some specific reforms thereafter sought to improve coverage, the more important being the extension of this entitlement to female headed households with children irrespective of the mother's labour market status. In 2006 the government undertook a broader reform of the system keeping it targeted but in more generous terms (all households below the poverty line), increasing its value and making it open to all adults in households with children irrespective of their link to employment (see diagram 17).

Diagram 17

Family allowances beneficiaries



Source: BPS (2008).

With this reform beneficiaries will have doubled by 2009 and the average benefit will also almost double in value. In addition the new system does not provide the same benefit for each

child. On the one hand it gives a larger benefit for the first child and then lowers the value for each additional child since it is understood that fertility rates at the lower end of the income distribution need not be provided with incentives. On the other hand it does increase the benefit when the child is between ages 12 and 18 and attending high school.

The benefits are still low but by no means irrelevant (30 dollars for one child below 12 and 40 for children above that age and in high school, plus up to a total of close to 60 dollars in a family with two children and slightly more when more children are present). The per-capita income of poor families has a ceiling of 240 dollars and the mean per-capita income of poor households hovers around 180 dollars. The project of the government is that when fiscal space became available, it would increase the benefit's amount as well as the population covered.

iv. Pensions and networks of care for the elderly: recent developments

Uruguay's pension and retirement system covers more than 550.000 in a population of slightly more than 3.200.000. This adds up as we showed at the start of this paper to close to 12% of GDP. General revenue heavily finances the system since contributions from employees, employers and state can no longer pay the bill. Almost 4.5 points of the GDP go from general revenue to cover the deficit in the system. Furthermore the pension system in Uruguay while less unequal than primary income distribution, is the least progressive of all social spending. As ECLAC shows while the progressiveness coefficient of retirements and pensions is 0.01 (measured as a reduction of primary income gini), education is 0.05, health 0.03 and social transfers such as family allowances 0.03 (ECLAC, 2007). Also the progressiveness of the pension system does not come from contribution based benefits, but mostly from means tested non-contributory pensions, which account for a small fraction of spending but are narrowly targeted to the poor.

Despite this enormous fiscal effort Uruguay has an underdeveloped system of elderly care, in part precisely because it has an over-inflated and fiscally voracious pension system. This does not mean that retirement benefits are adequate. Many retirement benefits barely cover a meager poverty wage. But other retirement benefits –especially those of the military, police, bank employees, professionals, and upper level industry and commerce- remain stratified and

generous. The general revenue that goes to cover the deficit also sustains this inequality and does so through contributions from general taxes that everybody pays. But coverage under the contributory system is not universal, especially under the new and sterner rules of eligibility. It is particularly the less well-off who are partially footing the bill in a system from which they will probably not be able to benefit when they are old. They will have to be satisfied with access to lower benefits in means-tested non-contributory pensions.

This strong bias towards pensions also has the implicit conviction bred that the issue of the elderly is not one of public services of care, but one of private capacity to buy them in the market. The large number of pensioners who today cannot access care services--be it health care, social care or community services--suggests that a publicly organized system of supply for these services is needed.

In addition the traditional contributory pay-as-you-go system includes a compulsory private accounts pillar. Yet this pillar only really accommodates the middle classes and those above them, not the lower middle and lower classes. Not only is this a problem of income inequality in access to pension benefits, but it also includes a gender bias. Women who enter and leave the work force and who have a harder time finding formal employment are the ones who will have the most difficulty in reaching the years of contributions needed for retirement benefits be they from the pay-as-you-go system, or from the private capital accounts.

The future of pensions in Uruguay will be a segmented future along class and gender lines. The reform of 2008 has lowered years of contributions needed (from 35 to 30) and has also lowered for those pensions the replacement rates. Still this change does not solve the problem of approximately 30% of the population, who according to most recent estimates based on the data from people's labor market histories, do not have enough stability of contributions to reach old age with retirement benefits. Part of the intelligentsia in government is starting to tinker with the idea of a universal non-contributory flat rate pension. But no matter how the pension system confronts these perfect rising storm of contributions, financial sustainability and future population coverage, the issue of elderly care remains a major gap in the system, since cash transfers will never be enough and the aging of the elderly is a fact that will be upon us sooner

than later. Some timid attempts to grasp this other facet of the problem are underway, though Uruguayan elites and policy makers have not yet placed this issue in the center of the agenda for old age policies.

The social security bank (BPS) and the Ministry of Housing have a program of housing for the elderly. Today this program is administered by the Bank. Today there about 168 housing developments that covers more than 5000 retired people. As the BPS has learned from administering these housing developments it has also learnt about needs and requirements that are specific to this population regarding care and social interaction. Some joint ventures with the Ministry of Social Development and with the Ministry of Tourism and Sports, have allowed for the timid development of recreational services, physical education and rehabilitation services and support on an ad-hoc basis for mobility and care. Yet these are still largely un-institutionalized programs that await a clearer political will.

Another innovation that is interesting to note is a line of support that the BPS has opened for those living in these dwellings that become disabled or have difficulty to perform basic tasks. In those cases the unit opens up for new recipients and the BPS transfers a monthly amount of 400 dollars to an Elderly Care Institution from the private sector. Yet this program has met many problems given the limited supply of affordable providers of full time care.

Finally, the recent parametric reform of 2008, also introduces the premium for mothers, adding years of contributions for the children they gave birth to or raised. This is a blatant "motherhood" as right initiative and while it does recognize a reality it is doubtful it will improve the capacity of these women to reach retirement age with access to benefits.

6. Conclusion

The issue of care, use of time and unpaid work has entered with full force into the academic and policy making agenda in most OECD countries. It has done so to a lesser extent in emerging and developing countries. Yet the case of Uruguay constitutes a natural candidate to enter into this debate, as do other countries in the southern cone –and in other regions of the world- with similar challenges. These challenges can be summed up in very simple terms: family transformation -

mirroring though with inequality specificities what has been called the second demographic transition-, ageing of the population, women's full entry into the labor force, high levels of inequality and labor market deterioration.

When the topic of care is brought to the forefront and the political economy of care is discussed three very salient, related and many times neglected cleavages become integrated into a very productive analytical framework: gender, generation and class inequalities and their interactions can be seen more clearly than when they are considered in isolation. Also disciplines meet in a productive manner: economics, sociology, demography and even political science come naturally into play when trying to unravel the complex systems of causes and conditions that create, recreate or eventually erode a given arrangement, a certain explicit or implicit contract between classes, genders and generations.

But beyond these many good reasons for welcoming this perspective as a new partner in development, stratification and welfare studies, there are also normative reasons, ideological underpinnings, pragmatic concerns and desired outcomes of those engaged in this field of study. This increasingly mainstream field of study is not homogeneous regarding methods, theoretical backgrounds and of course normative emphasis. For some it is a perspective spawn from the womb of gender studies and thus looks essentially at issues of gender equality, women's emancipation and approaches those normative preferences in the mist of feminist debates. Reconciling work and family and redistributing the burden of care within the household and between families, states and markets are thus the central issues.

When the Uruguayan case is seen from this perspective there are a number of very relevant conclusions to be reached. Gender inequality has been a structural feature of our welfare model, but a stable feature with relatively clear effects. Today the reality has changed and new effects that increase vulnerability of women and especially of lower income women and the future elderly women appear as its major consequences. A decoupling of a persistent system of domination with a decaying system of protection that accompanied that form of gender domination leaves women with a larger burden of paid and unpaid work and less protection in either sphere. While education and family allowances reform go in the right direction, they still

have a long way to go to meet the new realities. Pension reform and health care reform do little to improve the situation of women, especially those in single headed households and elderly women. We did not touch upon the issue of sexual and reproductive rights or on the topic of labor legislation that attempts to reconcile work and family for women. The recent presidential veto to a law passed by congress on reproductive rights that included the introduction of legal abortion and the near absence of specific norms that tackle the issue of work, reproduction, gender responsibilities and families suggests that not much has been gained in the last years.

Another normative preference that is less dominant in gender studies but has become central in welfare studies that many times do not coincide fully with feminist perspectives does not place so much attention on gender inequality, patriarchal structures and women emancipation, and rather shifts its focus to child well being. Of course all perspectives do care usually about both women's welfare and children's welfare, but the emphases are quite different. The issue of generational balance of welfare, children's opportunities and social inheritance and child poverty are central to the issue of care, education and family. Esping–Andersen's (1999, 2002) recent work has been focused mostly on this topic and looking at care arrangements and the political economy of care as optimal or suboptimal solutions to the issue of child welfare, inequality of opportunity and poverty.

Here again Uruguay constitutes a particularly interesting case study. A robust welfare state that in a relatively resource-poor and fiscally constrained country has to face the double challenge of an ageing population –which diverts money from needed cash transfers, educational and care services for children and families with children- and a changed family and labor market –that puts increasing strains on families and women to juggle work, family and care. This, which in turn takes place in a welfare state bred in the continental corporatist European genotype, tells a fascinating story. Moving towards a friendlier and at the same time sustainable welfare mix of family, markets and state has proven to be a tough job. It took 20 years of an increasingly irrelevant family allowance system to start changing in the right direction. Health care reform took one step forward, but if it does not find a solution for the sustainable incorporation of the elderly and women it might well take two steps backwards. Pension reform does not seem to come to terms with the fact that the system as it stands is unfair, lacks efficacy and is in the long

term unsustainable. Little yet has been heard of elderly care and all batteries seem to be aimed at maintaining a contributory system with pay-as-you-go and private account pillars. They might survive, but it is our deep conviction that as they stand they are part of the problem rather than part of the solution.

There are no easy fixes for the dilemmas posed throughout this paper. But be it because we care about gender equality, be it because we are concerned with income and generational equality, it seems clear that far more courageous and many times politically painful responses have to be considered. Education, pensions, family allowances and health care reforms show lights and shadows, but given the magnitude of the challenges, the proportions of light and the proportion of shadows, simply does not get us where we need to be in the near future.

Bibliography

Aguirre, Rosario, (2003) *Género, ciudadanía social y trabajo*. Departamento de Sociología. Universidad de la República. Montevideo.

Aguirre, Rosario (2005) *Uso del Tiempo y Trabajo no remunerado*. UNIFEM/Universidad de la República. Montevideo.

Amarante, V.; Arim, R. (2005) "Las políticas sociales de protección a la infancia". En: *Inversión en la infancia en Uruguay. Análisis del gasto público social: tendencias y desafíos*. Montevideo: UNICEF.

Amarante, V.; Espino, A. (2007) "Informalidad y Protección Social en Uruguay. Elementos para una discusión conceptual y metodológica". Serie Documentos de Trabajo 1/07, Instituto de Economía, Facultad de Ciencias Económicas, Universidad de la República. Montevideo, Julio.

ANEP (2005) "Panorama de la educación en el Uruguay: Una década de transformaciones. 1992-2004". Montevideo, Noviembre.

ANEP (2007) "¿Cuán lejos se está de la universalización de la educación inicial?", Dirección Sectorial de Planificación Educativa.

Batthyány, K.; Alesina , L.; Brunet, N. (2007b) "Género y Cuidados Familiares. ¿Quién se hace cargo del cuidado y la atención de los adultos mayores en Montevideo? Proyecto de Investigación I+D CSIC-UDELAR, Facultad de Ciencias Sociales, Departamento de Sociología y UNFPA. Montevideo, Mayo.

Batthyány, K.; Cabrera, M.; Scuro, L. (2007a) "Encuesta Nacional de Hogares Ampliada 2006: Perspectiva de Género", Informe Temático, Instituto Nacional de Estadística, Programa de las Naciones Unidas para el Desarrollo (PNUD) y el Fondo de Población de las Naciones Unidas (UNFPA). Montevideo, Mayo.

Batthyány; K. (2004) *Cuidado infantil y trabajo: ¿un desafío exclusivamente femenino?; una mirada desde el género y la ciudadanía social*. Montevideo: CINTERFOR/OIT.

BPS –Social Security Bank- (2008) Boletín Estadístico. Año XXIX, No 8. Montevideo: BPS

Cabella, W. (2007) "El cambio familiar en Uruguay: una breve reseña de las tendencias recientes", Serie divulgación. Fondo de Población de las Naciones Unidas (UNFPA).

Cerutti, A. (2006) "Centros de Atención Integral a la Primera Infancia y la Familia: Una Primera Mirada al Plan CAIF". Documento preparado para la discusión Red Género y Familia. Montevideo, Octubre.

Ciganda, Daniel (2008) "Jóvenes en transición hacia la Vida Adulta: ¿el orden de los factores no altera el resultado? in *Demografía de una sociedad en transición. La población uruguaya a inicios del siglo XX*. UNFPA/Programa de Población Universidad de la Republica, Montevideo.

De Armas, Gustavo (2004) *Pobreza y Desigualdad en Uruguay. Claves para el diseño de un Programa de Superación de la Pobreza Extrema,* FESUR, Montevideo.

Esping-Andersen, Gøsta, Duncan Gallie, Anton Hemerijck, and John Myles. 2002. *Why We Need a New Welfare State*. New York: Oxford.

Esping-Andersen, Gøsta. 1990. *The Three Worlds of Welfare Capitalism*. Princeton: Princeton University Press.

Esping-Andersen, Gøsta. 1999. *Social Foundations of Postindustrial Economies*. New York: Oxford University Press.

Filgueira, Carlos (1996) *Sobre revoluciones Ocultar: las transformaciones de la familia en el Uruguay.* CEPAL, Montevideo.

Filgueira, Carlos (1998), *Emancipación Juvenil: Trayectorias y destinos*. CEPAL, Montevideo.

Filgueira, C. and Peri , A (2004) América Latina. Los rostros de la poobreza y sus causas determinantes. Serie Población y Desarrollo. CEPAL, Santiago de Chile.

Filgueira, Fernando (1998): "El nuevo modelo de prestaciones sociales en América Latina: residualismo, efciencia y ciudadanía estratificada" en Brian Roberts (ed.) *Ciudadanía y Política Sociales*,. FLACSO/SSRC: San José de Costa Rica

Filgueira, F. y Filgueira, C. (2002): "Models of Welfare and Models of Capitalism: the limits of transferability" en Evelyne Huber (ed.); Welfare Regimes and State Reform in Developing Countries"; Penn University Press,.

Filgueira, C., Filgueira F. & Fuentes, A. Critical Choices at a Critical Age: Youth Emancipation Paths and School Attainment in Latin America. IADB, Workin Paper, R-432, Washington DC.

Filgueira, Fernando, Federico Rodríguez, Claudia Rafaniello, Sergio Lijtenstein y Pablo Alegre *(*2005) "Estructura de riesgo y arquitectura de protección social en el Uruguay actual. Crónica de un divorcio anunciado" in Filgueira and Gelber (eds.) Thematic Number of PRISMA review #21, 2005, *Dilemas sociales y alternativas distributivas en el Uruguay. Montevideo.*

Filgueira, Fernando and Gelber, Denisse (2005): *La informalidad en Uruguay: ¿Un mecanismo de adaptación del trabajo o del capital?,* Montevideo: IPES, Documento de trabajo, serie Monitor social del Uruguay, nº 5 .

Filgueira, F. y Papadópulos, J. (1997): "Putting conservatism to good use? Neoliberal Transformations in Uruguay" en Douglas A. Chalmers, Carlos M. Vilas, Katherine Hite, Scott

B. Martin, Kerianne Piester y Monique Segarra (eds.).;*The New Politics of Inequality in Latin America. Rethinking Representation in Latin America*, Oxford University Press; Oxford.

Folbre, N. (2006) "Beyond de Market: Accounting for Care". International Association for Feminist Economics (IAFFE). Australia, July 7-9.

Giordano, C. (2005) "A 18 años de aprobada la ley No. 16.095, ¿qué políticas a nivel estatal existen en Uruguay para las personas con discapacidad?" Monografía, Universidad de la República, Facultad de Ciencias Sociales. Licenciatura en Trabajo Social.

Huber, Evelyne and John D. Stephens. 2002. *Development and Crisis of the Welfare State: Parties and Policies in Global Markets*. Chicago: University of Chicago Press. Selections.

Huber, Evelyne and. Stephens, John D. 2004 *Combatting Old and New Social Risks,* Paper prepared for delivery at the 14th International Conference of Europeanists, Palmer

INE (2004) *Encuesta Nacional de Personas con Discapacidad.* Informe Final, Montevideo, Uruguay.

INE-UNIFEM-UDELAR 2008

IPES (2000) Documento insumo para proyecto Infancia y Familia en base a procesamiento de microdatos de la encuesta continua de hogares

Karamessini M., (2007), *The Southern European Social Model: Changes and Continuities in Recent Decades*, ILO, Geneva

Kaztman, R.; Filgueira, F. (2001) "Panorama de la infancia y la familia en Uruguay". Programa de Investigación sobre Integración, Pobreza y Exclusión Social (IPES) de la Facultad de Ciencias Sociales y Comunicación, Universidad Católica del Uruguay.

Kaztman, Rúben y Filgueira, Fernando (2001), *Panorama de la Infancia y de la Familia en Uruguay*, IPES, UCUDAL.

Kaztman, Rubén, Corbo Gabriel, Filgueira Fernando, Furtado Magdalena, Gelber Denisse, Retamoso Alejandro, Rodríguez Federico, (2003) *La ciudad fragmentada: Mercado, Territorio y Marginalidad en Montevideo,* Working paper series, Princeton University.

Kaztman, Rubén, Filgueira, Fernando, y Furtado Magdalena,(2000) *Nuevos desafíos para la equidad en Uruguay*, Revista de la CEPAL Nº 72, Santiago.

Kilkey, Majella and Bradshaw, Jonathan (1999) "Lone Mothers, Economic Well-Being and Policies" in Sainsbury, Diane (ed.) *Gender and Welfare State Regimes*. Oxford Scholarship Monograph Series, Oxford University Press, Oxford.

Marco, F. (2007) "El sistema previsional uruguayo desde la perspectiva de la economía del cuidado", ponencia presentada en la Mesa de Trabajo "El aporte del trabajo no remunerado de las mujeres a la economía y la Seguridad Social" en el marco del Diálogo Nacional de Seguridad Social, Montevideo, 3 de Octubre.

Márquez, M. (2005) *"*Uruguay: Negociación Colectiva y Equidad de Género". En: *América Latina: Negociación colectiva y equidad de género.* Santiago de Chile: Oficina Internacional del Trabajo. pág. 255-296.

Martinez, Juliana (2008) *Domesticar la Incertidumbre en América Latina. Mercado laboral, Política Social y Familias.* Editorial UCR, San José de Costa Rica

Midaglia, C. (2000): *Alternativas de protección a a infancia carenciada. La peculiar convivencia de lo público y lo privado en el Uruguay*, CLACSO, Buenos Aires.

Midaglia, Carmen 2005 *"*La izquierda y las políticas sociales", en *La claves del cambio. Ciclo electoral y nuevo gobierno 2004/2005*. Ediciones Banda Oriental-Instituto de Ciencia Política, Montevideo.

Migdal, Joel S. 2001. *State in Society: Studying How States and Societies Transform and Constitute One Another*. New York: Cambridge University Press, pp. 3-38, 231-264.

Mitchell, Timothy. 1991. "The Limits of the State: Beyond Statist Approaches and Their Critics." *American Political Science Review* 85, no. 1: 77-96.

Offe, Claus. 1984. "Theses on the theory of the state." Pp. 119-129 in *Contradictions of the Welfare State*, ed. John Keane. Cambridge: MIT Press.

Orloff, Ann Shola. 1993. "Gender and the Social Rights of Citizenship: The Comparative Analysis of Gender Relations and Welfare States." *American Sociological Review* 58, no. 3: 303-328.

Papadópulos, Jorge. 2008. Por una Política de cuidados en una Nueva Arquitectura del Bienestar. Documento presentado a la Red Género y Familia. Montevideo.

Paredes, Mariana 2003 "Los cambios en la familia en Uruguay: ¿Hacia una segunda transición demográfica?", en *Nuevas formas de Familia,* UDELAR- UNICEF, Montevideo.

Pascale, Gillian (2006) "Male Breadwinner Model" entry for the *Internacional Encyclopedia of Social Policy*. Routledge, New York.

Pautassi, L.; Faur, E.; Gherardi, N. (2005) "Legislación laboral y género en América Latina. Avances y omisiones". En: *Políticas hacia las familias, protección e inclusión sociales*. Santiago de Chile: CEPAL. (Seminarios y conferencias N° 46) pág. 111-130.

Pendle, George (1952) *Uruguay South America's first Welfare State.* Royal Institute of International Affairs, New York.

Pereira, Javier; Lucía Monteiro y Denisse Gelber (2005) "Cambios estructurales y nueva configuración de riesgos: desbalances e inequidades en el sistema de salud uruguayo" in in Filgueira and Gelber (eds.) Thematic Number of PRISMA review #21, 2005, *Dilemas sociales y alternativas distributivas en el Uruguay. Montevideo.*

Pierson, Paul. 1996. "The New Politics of the Welfare State." *World Politics* 48, no. 2: 143-179.

Pierson, Paul. 2001. *The New Politics of the Welfare State*. Oxford University

Polanyi, Karl. 1944. *The Great Transformation: The Political and Economic Origins of Our Time*. Boston: Beacon Press, pp. 3-19, 56-85.

Prates, Suzana, (1983) *Cuando el sector formal organiza el trabajo informal. Las trabajadores del calzado en el Uruguay*. Documento de Trabajo, CIESU, Documento de Trabajo #60, Montevideo.

PNUD (2000): *Desarrollo Humano en Uruguay 1999*, Montevideo: PNUD-CEPAL.

PNUD (2002): *Desarrollo Humano en Uruguay 2001*, Montevideo: PNUD-CEPAL.

Przeworski, Adam (2003): *States and Markets. A Primer in Political Economy*, Cambridge: Cambridge University Press.

Pugliese, L. (2007) "Análisis comparado de una selección de programas de protección a los adultos mayores en Argentina, Brasil, Chile y Uruguay. Segunda parte: Programas Sociales". Banco de Previsión Social, Asesoría General en Seguridad Social, Comentarios de Seguridad Social - Nº16, Julio – Setiembre, pp.137-151.

Rodríguez Enríquez, C. (2005) "Economía del cuidado y política económica: una aproximación a sus interrelaciones", CEPAL Trigésima octava reunión de la Mesa Directiva de la Conferencia Regional sobre la Mujer de América Latina y el Caribe. Mar del Plata, Argentina, 7 y 8 de septiembre.

Salvador, Soledad (2008) "La valorización del Trabajo no Remunerado en el Uruguay". Documento de Trabajo. INE-UNIFEM-CIEDUR. Montevideo.

Spruyt, Hendrik. 1994. *The Sovereign State and Its Competitors*. Princeton: Princeton University Press.

Tilly, Charles. 1990. *Coercion, Capital, and European States, AD 990-1992*. Cambridge: Blackwell, pp. 1-37.

Tilly, Charles. 1998. *Durable Inequality*. Berkeley: University of California Press, pp. 1-40, 229-246.

Varela, Carmen, Raquel Pollero y Ana Fostik, (2008) "La fecundidad: evolución y diferenciales en el comportamiento reproductivo" in *Demografía de una sociedad en transición. La población uruguaya a inicios del siglo XX*. UNFPA/Programa de Población Universidad de la Republica, Montevideo.

Vigorito, A. (2005) "Asignaciones familiares, distribución del ingreso y pobreza en Uruguay. Un análisis para el período 2001-2004". En: *Asignaciones familiares, pensiones alimenticias y bienestar de la infancia en Uruguay*. Montevideo: UNICEF.

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