

Making social care visible: An indispensable resource on social policies implementation

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Enviado: 08/11/2021 / Aceptado: 11/03/2022

Abstract. The aim of this article is to reflect on social care as a central dimension of contemporary social policy. Based on the study of conditional cash transfer programs (CCT) in Argentina, we examine how social care constitutes work, which is incorporated as a resource in State interventions, and which falls on women.

We used in-depth interviews and document analysis, based on a qualitative methodological design, to address this aim. Our approach enabled us to affirm that social care constitutes work, though it is not recorded or recognized as such, and that it is incorporated, though unobserved, as a resource in State interventions. Social care involves sustaining and reproducing the lives of others, and it offers an irreplaceable counterpart to these interventions, as well as being incorporated into their designs and components on an “ever-present” basis as the quintessential destiny of women, mothers and recipients. We conclude that providing social care involves time and emotions, and that it is essential to analyze the conditions in which it is carried out, as well as its implications.

Keywords: social policy; social care; women; conditional cash transfer programs; bodies/emotions.

[es] Visibilizando los cuidados sociales: Un recurso indispensable en la implementación de las políticas sociales

Resumen. El presente escrito tiene por objetivo reflexionar acerca de los cuidados sociales en tanto dimensión central de las políticas sociales en la actualidad. A partir del estudio de los Programas de Transferencias Condicionadas de Ingresos (PTCI) en Argentina, buscamos problematizar de qué modo los cuidados sociales constituyen un trabajo, que es incorporado como un recurso en las intervenciones estatales, y que recae sobre las mujeres.

Para abordar el objetivo propuesto, se trabajó con entrevistas en profundidad y análisis de documentos, a partir de un diseño metodológico cualitativo. El abordaje propuesto, nos habilita a sostener que los cuidados sociales constituyen un trabajo –no contabilizado ni reconocido como tal– y que es incorporado –aunque desapercibidamente– como un recurso en las intervenciones estatales. Aún más, estas prácticas –que implican el sostenimiento y reproducción de la vida de otros–, no sólo constituyen una contraparte insustituible de estas intervenciones, sino que se incorporan en sus diseños y componentes como un “siempre así”, como el destino por antonomasia de las mujeres, madres y receptoras. A su vez, concluimos que su realización implica tiempos y emociones, y que resulta fundamental analizar las condiciones en que se implementa, así como sus implicancias.

Palabras Clave: política social; cuidados sociales; mujeres; programas de transferencia condicionada de ingresos; cuerpos/emociones.

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Como citar: Chahbenderian, F.; Dettano, A.; Cena, R. (2022). Making social care visible: An indispensable resource on social policies implementation. *Cuadernos de trabajo social*, 35(2), 233-242.

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Introduction

Social policies constitute complex and central elements in the social structure of the 21st Century. Given the transformations in the modes of production, distribution, and consumption that have been taking place since the last decades of the 20th Century, these interventions have become their backbone. They have sought to compensate and/or attend to what has been conceptualized as new social risks (Bonoli, 2005); they have been characterized by assuming a massive scope (De Sena, 2011), as well as growing banking support and digitalization.

In this framework of old and new social problems and the multiple current interventions for their attention, we will address an aspect of the well-known Conditional Cash Transfer Programs (CCT) such as the social care involved in its design and implementation. Implemented for almost three decades, these programs have been widely problematized, analysed and monitored due to their wide scope and coverage, not only in Latin America -where they reach 131 million people (Cecchini and Atuesta, 2017)- but also globally. They have been characterized as interventions that transfer income to families living in poverty and/or unemployment with dependent minors, in exchange for the fulfilment of certain conditions by the women mothers.

This last aspect has also concentrated different approaches and criticism (Rodríguez Enríquez, 2011; Pautassi and Zibecchi, 2009; Molyneux, 2009) indicating that its implementation means a greater burden for these women, as well as its positioning from the caregiver place. In view of the above, in this paper we seek to reconstruct - from different documents that address these programs, interviews with public servants who work in them and the recipient women-, the ways in which social care is thematized, conceptualized, attributed and experienced throughout the process of “implementation” of these programs. At this point, it has been made visible that social care means work, occurs within the framework of responsibilities and obligations between the actors involved, and entails financial and emotional costs (Martin Palomo, 2008).

From the study of CCT, we maintain that social care constitutes a job that is incorporated as an irreplaceable resource in State interventions. Although there is extensive literature that has been thematizing social care in discussions on social policies, this study aims to show how they are incorporated into the design and execution of the CCT, subject to conditionality, justifications and naturalizations that occlude it is a job on which these State interventions rest, which implies times and emotions. Thus it is essential to analyse the conditions under which it is implemented, as well as its implications.

1. Rethinking the components of Conditional Cash Transfer Programs: Social care

Social policies are presented as an analytical object of great complexity: in their importance as modulators of the social issue, as well as the plexus of meanings that their design and implementation involve and the ways of feeling that promote or restrict. Regarding them as State responses inclined to suture the contradictions inherent to the way of life in the capitalist accumulation regime (Offe, 1990), we propose some components that contribute to their delimitation to understand their characterization: their object and sphere of interference, their ability to define social problems in a given space and to influence material and cognitive-affective aspects.

In their different conceptualizations, social policies have been understood as a direct link to needs and living conditions; as producers of greater well-being, on the one hand, and as generators of new inequalities and stratifications, on the other; but always in the tension implied by the growing commodification of the reproduction of life in processes understood as an expression of the social issue (Laurell, 2004; Titmuss, 1974; Esping-Andersen, 1990). As State interventions, they aim to influence the conditions for the production and reproduction of life, which means that they operate in different areas: forms of assistance -public and private-; social services or insurance; different types of legal measures, as well as the construction of social facilities and subsidies (Faleiros, 2004).

Secondly, we must consider how, in each historical moment, State practices have the capacity to define “the social” according to their own class categories of classification and division of the world (*sensu* Bourdieu) (Cena, 2014; Scribano, 2002; Novick, 1993; Oszlak, 2011). These practices identify and define the problems that deserve a State approach, their possible solutions, and the available means to intervene, establishing and shaping rules, social roles, positions, functions, and experiences (De Sena, 2016).

In this way, the capacity of these interventions to affect material and cognitive-affective aspects is introduced. By determining problematic situations, objectives, subjects, and the goods and services available, they classify and qualify situations and actors and impose particular conditions for the reproduction of life. In this way, they impact on the bodies/emotions (Scribano, 2013) of the subjects who participate in them (Cena, 2014), by establishing an assessment of them and a criterion of the treatment they should receive (what they do and do not deserve) and how they should feel about it (Tonkens, Grootegoed, & Duyvendak, 2013).

Another central element of this analytical object is its contextual nature, which implies that they are in dialogue and are permeable to the events, processes, and meanings of each time-space. In this line, we will seek to problematize a particular type of social policy: the CCT, widely implemented in the Latin American region and in what has been called the Global South (De Sena, 2018).

This type of program finds its correlation in the processes that began in the 1970s, within the framework of the dismantling of the advances made in terms of social and labour rights during the previous decades. Thus, the 1980s are the setting for the deployment of social policies aimed at addressing poverty (Barrientos, 2012; Grassi, 2003), giving rise to the emergence - in the 1990s- of the first CCT experiences that are consolidated in the region, assuming a global character as from the 2000s, (De Sena, 2018; 2016). These programs grant resources (mainly monetary) to families in poverty with minor children or pregnant women, in exchange for demonstrating compliance with certain conditions – generally related to the education and health of their dependent children (Cecchini and Madariaga, 2011).

A problematization of social policies -in the form of CCT- in its connection with social care, implies revisit the idea that, since the 1960s, women have been presented as relevant agents in development by International Organizations and Agencies. The idea of social capital made it possible to convert family and social resources into an “asset”, promoting self-management or co-management of the life of the poorest populations through their own family and community capacities (Álvarez Leguizamón, 2006).

In Argentina, in the heat of the processes that have been generating -since the end of the 20th Century- the increase in poverty and inequalities, the growing implementation of social programs for their attention, has only reinforced the orientation and willingness of women to care tasks. In many cases they have even been exempted from carrying out labour compensation because their role as caregivers was pre-eminently considered (Pautassi, Arcidiácono, and Straschnoy, 2014). In this context, the CCTs were not an exception and advanced in the same line, despite the fact that gender equality appeared as a central objective in the rhetoric of the World Bank, an organization that mostly finances and promotes this type of politics.

The justifications around female ownership in these programs have given them certain characteristics that make them “knowledgeable” for the use of public funds, linked to a greater disposition towards care, protection, and altruism, among others (Villatoro, 2007). Thus, the growing female participation in these programs, gender considerations, and the allusion to greater female autonomy implied – in practice – nothing other than the feminization of the responsibilities that the programs demand, since women and mothers are responsible for carrying out the admission procedures and the conditionality, implying more work for them (Cena, 2019; Rodríguez Enríquez, 2011; Bedford, 2009; Daeren, 2004). In addition, since their needs are not taken into account, they are only considered in their role as guardians of their children or “social mothers” (Molyneux, 2009; Daeren, 2004).

Thus, in the programs under study, conditionality, female ownership, and the social care that they imply and execute, appear as central elements, which need to be problematized.

1.1. Social care as work

Social care has been the object of a vast production within the Social Sciences. Understanding care as “social” has enabled a prominent discussion field, debate, and research based on the contributions of Daly and Lewis (2000). Within the specific field of social care and social policies in Latin America, it is also worth mentioning the contributions of Arriagada and Moreno (2011) regarding social policies, care, family, and gender, Martínez Franzoni and Voorend (2008) regarding the roles, duties, and obligations differentially assigned to the target populations of social programs based on gender, and Pautassi and Zibecchi (2009) stressed social policies with a gender perspective based on the burdens and obligations placed on women.

In this writing, in order to problematize care as a State resource, it will be addressed as social care – and not simply care (Daly and Lewis, 2000). This makes it possible to make visible and stress those activities, both public and private, formal and informal, paid and unpaid (Martín Palomo, 2008), to account for the various dimensions that show the personal arrangements made by women in interaction with the State.

In this sense, talking about social care means, at least: a) that it is a job, so it becomes interesting to problematize the conditions under which it is carried out; b) the relationships it gives rise are inserted into frameworks of responsibilities and obligations between the actors involved; and c) care, as work, implies financial and emotional costs (Cena, 2019).

Given the growing numbers of people who lack direct participation in the labour market or are positioned in it as dependent care (such as the elderly, children, people with disabilities, etc.), social care constitutes the central element of accumulation regimes (Cena, 2019). However, those who are included in the labour market and with relative economic independence also require care practices, and in many cases, they direct their own demands towards other spheres to obtain them. This perspective on care in interaction with accumulation regimes implies that those people presented as independent –due to their labour market insertion - are necessarily interdependent, insofar as they centralize and embody a series of practices that require resources linked to the provision and distribution of care and, by default, well-being (Martínez Franzoni, 2005).

Social care, according to Martín Palomo (2008), has been stripped of the value and social utility it performs in accumulation regimes from a process of domestication. Therefore, it becomes necessary to revitalize the concept that, added to the previously mentioned interdependence, allows us to notice that it is differentially valued depending on who performs it - based on a dichotomous sexual perspective -, of the spaces where it is carried out – inside/outside the home –, the investment of time, money and the emotions involved (Cena, 2019).

The theories of social care involve all actions related to physical and emotional support, regulatory, economic, and social frameworks, which sheds light on the transversality and multiplicity of practices involved in care, incorporating at an analytical level both the design of social policies and daily practices.

2. Methodology

According to the objectives of the research, we have worked with interviews and documentary analysis. The recovered documents allow us to observe how social care and the place of the person designated as operational owner appear in relation to their different components. The selected documents were the creation decrees, documents from official and multilateral credit organizations, resolutions, circulars, brochures, and websites linked to the social policies analysed.

For the interviews, we selected recipient populations and public servants, with the aim of reconstructing the ways in which social care is thematised. Conducting interviews enabled the problematization of the object under study, access to the frames of reference of interviewed people, and the ways reality is perceived, felt, interpreted, and lived (De Sena et al, 2012; Piovani, 2007).

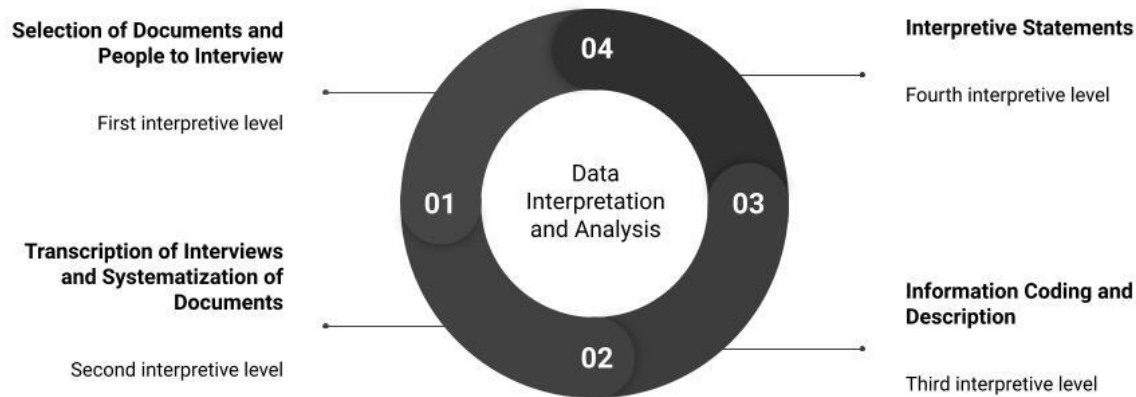
We have worked with a total of 81 interviews conducted between 2012 and 2018 in Buenos Aires City and in the Province of Córdoba with women recipients of CCT between 19 and 51 years old and public servants who participate in its design and management in the territory. The script of the interview, in the first case, inquires about socio-demographic aspects, trajectory in receiving poverty attention programs, administration of household resources, consumption, bureaucratic procedures to access the transfers, perception of their participation in the programs, and the existence and purpose of these, among others. In the case of public servants, the script was oriented to issues related to their perception of social programs, as well as of the recipients, the relationships between different programs, and the logic present in its architecture. For the selection of the people to be interviewed, it was a fundamental requirement -in the first group- to be recipients of one of the programs under analysis. While, for the second group -public servants-, the priority was that they were performing functions in the institutions that manage these programs. The process was carried out, at first, resorting to personal contacts, as well as groups and organizations that had some contact with them. Then, the “snowball” technique was used, where each informant introduced other people to be interviewed (Taylor and Bogdan, 1987). The number of interviews conducted was determined by the theoretical saturation criterion (Glasser and Strauss, 1967).

They were recorded for a later transcription, gridding and coding through the use of Qualitative Data Analysis Atlas Ti software. The interpretation process has involved different levels, beginning with the documents resulting from the aforementioned techniques. The documents that result from the interviews, refer to the “written result temporarily constructed between effective dialogue and second interpretation. The sociological text comes from the reconstruction of the document as a manifestation of dialogue” (Scribano, 2001, p. 5). Incorporating a document or an interview (turning it into research material) implies a movement full of meaning in itself. Thus, the sociological text is from the starting point, an interpretation traversed by the dimensions previously explained.

For the treatment of the information, we have codified the documents and elaborated qualitative matrices (Huberman and Miles, 1994) for its processing and analysis, based on the mentioned objective. The coding system used to identify the narratives of the anonymous interviewees consisted of including their gender, their status as recipient or technician, and then the place and year of the interview. The elaborated codes sought to identify the relationship between Care-emotions; Care-organization of time; and Care-conditionality. In the case of the documents analysed, we have worked with registration units referenced to their sampling unit (Cena, 2021).

Following Scribano (2001), the interpretive process involved stressing the concrete-abstract relationship, based on the observation and second reading of the phenomenon, giving place to descriptive propositions (see Figure I). The interpretive statements have been the result of the analysis of that second reading, with higher levels of abstraction than the other two levels mentioned. The importance of explaining the process involved in the treatment of the data lies in the fact that these appear as a guarantee of the interpretations made, so that the passage from the document to the descriptive propositions and from these to the interpretative propositions can be presented, insofar, as various analysis levels (Scribano, 2001).

Figure I. Data Interpretation and Analysis.



Source: Own elaboration based on Scribano (2001).

3. Results. Conditionality and care in social policies

Maternity, motherhood and the ways in which it has been conceived have been changing historically (Knibiehler, 2001), although its exercise has been associated with the reproduction of social groups and the lives of others. Emotions and practices have been cemented into these constructions, mainly linked to care, with important consequences in the ways in which these tasks have been distributed between genders and the ways in which the State has intervened in their provision through social policies.

With a view to analysing social care, we address the ways in which these –as a practice– have been assumed by women mothers who are CCT recipients and by public servants. As we pointed out, the justification for the female ownership of these programs has been sustained by assigning to this gender greater altruism, an appropriate disposition towards caring for others, a greater knowledge of the needs of the household members, as well as a way to – via income – increase women’s autonomy (Cecchini and Madariaga, 2011; Cohen and Franco, 2010; Fiszbein and Schady, 2009; Villatoro, 2007).

However, female ownership of these programmes must be considered inscribed in “the continuity of a normative horizon of good motherhood” (Castilla, 2014: 39), which appears as a “benign scene” (Hochschild, 2011: 281), both in the narratives of the public servants as well as in the documents of Multilateral Credit Organizations (Cena, 2019). For example, in Argentina, Universal Child Allowance for Social Protection (AUH) –a CCT implemented at the national level since 2009 – was earmarked exclusively for women through Decree No. 614/2013 (art. 7). In that Decree, the following arguments are mentioned:

Women are one of the fundamental pillars on which family and society are supported, having a fundamental role in caring for children.

This condition makes them essential as recipients of such resources granted by Social Security to cover children, adolescents, and people with disabilities.

From the preceding excerpt, it is clearly seen how women are “constructed” from these programs as mothers-caregivers, appealing to a certain “natural” disposition to care for their children. This is a highly controversial point that has been widely discussed in the academic literature (Cena, 2019, 2014; Rodríguez Enríquez, 2011; Pautassi and Zibecchi, 2009; Molyneux, 2009). Although social care has been problematized within the framework of social policies, it is necessary to note that it is incorporated in the CCT design and execution, occluding its main characteristic: that it constitutes a job on which State intervention is based.

In this framework, we will argue that under the modality of conditionality, social care is a resource - in terms of Hochschild (2011) - on which State interventions are based as social policies. This conditionality is linked to what has traditionally been conceptualized as social care (INDEC, 2013), related to the education and health of those under 18 years of age present in households in conditions of poverty and constitute an essential element for these to reach their objective, linked to the intergenerational interruption of poverty through an increase in human capital (Cecchini and Madariaga, 2011). The argumentation offered by Hochschild (2011) on social care as a resource, invites us to identify some central dimensions in relation to conditionality. This implies locating its centrality for the implementation of social policies and delving into three analytical levels: a) women and recipients in relation to care are positioned as “natural” caregivers; b) this is reinforced by the senses and feelings around care as a “good feeling”; and c) involve time management and organization of activities.

3.1. Assumptions about care in social policies

In terms of problematizing social care as resources that involve time and emotions on the part of those who carry them out, it is possible to identify how emotions linked to “giving everything for their children” are structured, to unconditionally guaranteed care – with a strong sense of morality –, where those who carry it out place themselves in the background. In this line, the “utilitarian” vision of the programs, which uses women as “transmission belts” to support the tasks linked to family reproduction (Faure and Morales, 2008, p. 6), shapes emotions that reinforce and deepen their socially expected and accepted role as mothers and caregivers. Thus, from them, it is constructed that, by being mothers, their own desires and aspirations are occluded. In this line, in the interview extract with a recipient, it is clear that the transfer is for her children:

Because I do get a lot out of it...I buy food or things that my children lack. I think they are necessary things, but if there is someone who doesn't use it that way...I don't know, I wouldn't know how to tell you...When I got here, I worked as a salesperson in Once [(Buenos Aires neighbourhood)], and I saw that some mothers used that money for their own benefit and not for their children's, then, in that case, I don't know how I would judge it. It seems to me that an alternative would be to save it for their future...

–So for you, the wrong thing would be to use it for unnecessary things...

–Exactly, you have to use it for things they need or for their future. Because they finish school and suddenly they don't know or they lack something... because they grow up and have other needs, and as a mother or a father you feel bad because they ask you and you can't give them (Female AUH recipient, 2017, Buenos Aires City).

The State interventions we have analysed would not be what they are if it were not for the social care and emotions associated with them, which justifies and motivates their implementation. This means that the social policies analysed have been designed, implemented, and evaluated with *a priori* resource: the social care of women involved. Moreover, from the different extracts recovered, it is possible to account for how its realization is essential to avoid or reduce certain problems through the promotion of certain habits and behaviours that imply, in turn, “obligations” to those who securitize the benefits. In words of a CCT public servant:

I can tell you what I learn from the moment they presented the Program to us; (that) they presented it at a general level, to be aware that it was working. Given the high rate of infant mortality, what was aimed at was to offer the beneficiary households the possibility of not only financial aid, economic support, but of “so that you can collect this, you are going to have to do all this”: interviews, follow the appointments, fill in that little notebook: how to order the whole issue of food in the gestation period that is so fundamental. I have worked in other institutions where I have verified nutrition during a mother's pregnancy because the child can later have autism, psychosis, a disability, millions of issues that are directly related to food (CCT Public Servant, 2015, Buenos Aires City).

The implementation of the programs under study unavoidably requires the “doing” via the social care of women and mothers. Whether they are summoned given their role as pregnant women or as program recipients, their modes of family reproduction and the practices that this involves, are the object of the CCTs intervention.

In this framework, giving resources to women has become synonymous with direct transmission of well-being to the home and the entire community (Anzorena, 2010), undermining gender inequity linked to an unequal distribution of reproductive work and even reinforcing it. Not only is the redistribution of activities linked to domestic and family reproduction not favoured, but also the current order that places social care work on women is strengthened (Daly and Lewis, 2000).

As stated in an influential World Bank report, “...innovative mechanisms are needed that explicitly engage women in the design and implementation of projects that directly affect them” (World Bank, 1997, p. 134). The recommendations in that report did not yield the expected results in Latin America, where the Argentine case is not an exception (Zurbriggen, 2007). In this sense, it becomes necessary to recognize, incorporate and analyse the conditions and contexts in which social care is carried out, as an indispensable resource for the territorialisation of social policies. Social care is in this way an irreplaceable counterpart of social policy that, by not being thematised, accounted for, or problematized, is included in the design as an “it has always been like this”.

The definitions of social policies and the different functions that the State serves – as a developer of ways of seeing and feeling the world – allow the place attributed to women and mothers to be problematized. These narratives make use of a function that appears natural, as an obligation and a duty that is lived in an unnoticed way, and that enjoys moralizing looks towards those who carry it out (adequately) (Dettano, 2020). Thus, the State “rests” on such morality built on the basis of a function socially attributed to women mothers: to assume the responsibility of unconditionally caring for their children, turning social care into private care, privatizing thus its forms of resolution.

3.2. Bodily/emotional dispositions

Social care compromises a bodily/emotional predisposition towards another, in terms of strength and ability to perform a certain job. As a human activity, it involves emotions that, such as love, joy, fatigue, and/or discomfort, chan-

nel, guide and configure the ways in which social care is assumed. In some writings, this has been addressed as filial love (Vergara, 2017; Scribano, 2017) and/or “maternal love” (Chahbenderian, Dettano, & Cena, 2019; Hochschild, 2011; Badinter, 1982), where maternal care (Cena, 2019) is established as a way from which mothers assume care tasks, as well as - in the case under analysis - the management of conditionality and the administration of the programs’ income.

The sociabilities that care entails - that also imply the assumption of multiple tasks-, are crossed by emotions such as happiness, guilt, self-sacrifice, satisfaction, and the sense of duty among others (Cena, 2019; Vergara, 2017; Cena and Dettano, 2020). The feeling of satisfaction from fulfilling obligations to another makes it possible for women, as mothers and recipients, to assume in a naturalized way the responsibility of everything related to the reproduction of their homes and the management of programs. From the interviews carried out, as well as from the documents consulted, both in recipients and public servants, there are no conflicting emotions in relation to this aspect, but rather all the senses and feelings are oriented in the same direction. It is expressed that they are the ones who can do it best, thus guaranteeing the efficiency of the intervention. The following excerpt, from an interview with a public servant, illustrates the above:

People used... especially the mothers, the heads of households, they spent the money on what they had to, which I would never have doubted otherwise either... (Former CCT Director, 2014, Buenos Aires City).

It is possible to show in this quote how women effectively “fulfil their role” as good program administrators and the public servant supports and reinforces said moralizing view that “I would not have doubted it either.”

This is how everything that is done for the children, despite meaning, in many cases, sacrifices, resignation, and time, is experienced as a good feeling or a legitimate way of feeling. It stands as the (correct) emotional place assumed by the recipients to justify all the practices carried out with the transfers under analysis, at the same time that it appears as one of the ways of justifying female ownership.

3.3. The time of the times

The last analytical axis is related to the management and organization of time, given that social care as work implies a disposition of time for the reproduction of life. This management of the temporality of care practices requires a distribution, organization, and hierarchy, which specifically means favouring a series of activities and postponing (or overlapping) others.

This hierarchization occurs between care work and jobs or activities outside the family sphere, where the latter – such as finishing studies or performing temporary and/or hourly jobs – end up being postponed for that moment when the children “are older”, “are in primary school” or “some other family member can replace them in the care”. In this sense, time and its finitude make it possible to demonstrate how care implies a resource that is made available in one context and that is taken from another (Hochschild, 2011). Even paid care work in the market comes into tension with care work within households, implying a hierarchy and alignment of activities with a view to the market. An interviewee highlights this tension in the following excerpt:

Yes, because I had the other boy I took care of; I had to take him to school and he started at half-past one and until I got back here it was two in the afternoon, so sometimes I slept at my mother-in-law’s house or at my mother’s house and then I went to pick him up in the afternoon, on top of that I also worked in the afternoon so it was quite an issue. (...) Yes, and it was quite an issue at the beginning in day-care, because he never cried, not in day-care, or in the kindergarten, nothing, but when I started, I started to bring him, yes, he cried with me (...) Then a one day I grabbed him and sat him there and told him: look, if you’re going to cry every time your mommy takes you to day-care, your mommy won’t be able to take you anymore, because your mommy gets sad because you keep crying, I told him, but the mommy has to work and she can’t take you (Female AUH recipient, 2016, Villa María, Córdoba).

Here, together with Hochschild (2011) and Carrasquer Oto (2009), the time dimension becomes central to problematizing social care. Well, it is not about understanding the activities carried out by the women interviewed as diachronic, exclusive, sequential, and spatially differentiated “shifts”, but rather the logic of the “double presence” points to the accumulation of (at least) two jobs. Even if they have differentiated temporal logics, they are traversed by synchrony, availability, simultaneity (and overlapping), and by their realization throughout the entire life cycle.

For this reason, care is naturalized and moralized, as is the sense of sacrifice that its exclusive dedication implies. But in addition, this role becomes the “destiny of poor women” since they cannot outsource care services (Molyneux, 2007, Esquivel and Flaur, 2011). In other words, the notion of naturalized care results in a double violation for women in poverty (Vascónez Rodríguez, 2015, p. 52).

However, it is necessary to clarify that in those cases in which social care within the family sphere cannot be performed by the women interviewed, these are referred to other members of the family such as grandmothers, sisters, or other close relationships (Cena, 2019), mainly women.

Based on the above, it is clear that the care tasks that conditionality involves are added and overlap with others that (commercialized or not) are experienced as tensions in women, implying emotional and material costs. Next, Figure II condenses the argumentative display carried out, recovering that the proposed division into three distinctive elements is merely analytical.

Figure II. Elements in the conformation of social care as a resource for Social Policies



Source: Own elaboration.

4. Conclusions: Care as a State resource?

Given the line followed in this writing, it is clear that social care is work (although often invisible) that contributes to the daily reproduction of millions of subjects and that, in the case of the CCTs, is essential for its execution and implementation. Since it is based on a structure of conditionality that is sustained and made possible by relying on the multiple care practices carried out by women as mothers and recipients.

In the developments carried out by Hochschild (2008), love and care are established as a “new gold”. However, this does not result in a greater social appreciation or esteem of said activities, where the undermining, generally attributed to the work of Caring for people, implies a low status for the women who do it. For the case under analysis, although the temporary and emotional efforts made in the framework of the CCTs imply income for the households -which allows them to satisfy different needs-, it is possible to ask who bears the costs of care, in terms of time, postponement, abnegation, task overlapping and work overload.

Based on the above, it is clear that women are summoned for a merely instrumental place and role, as the “arms, hands and feet” of the State in the territory (Sordini, 2018), as guarantors of the (private) management of (social) care. This occludes the fact that the CCTs functioning mechanisms are based on social care developed by women and mothers, where their consequences become “personal problems” materialized in feelings such as guilt, abnegation, the sense of responsibility, and sacrifice for others.

From the “texts” (documents and interviews) that gave rise to the different levels of interpretation, we have reconstructed the senses and meanings around a modality of massive State intervention throughout its design and implementation. Thus, conditionality such as social care and its concretization as jobs sheds light on the assumptions it involves, the bodily and emotional costs, and times. In this way, the different forms of bearability, the moral precepts linked to the ways of caring from the maternal role, and the emotions are intertwined and stressed, establishing what is socially possible, desirable, and sensible.

What we must add is that this social care, that involves sacrifices, self-denial, and assumption of responsibilities, occurs in contexts of poverty, where the material conditions of existence are not guaranteed and where numerous strategies are mobilized to “make resources work”, which implies quite a few additional complexities. Finally, although the fieldwork, on which this research is based, was carried out in a context prior to the COVID-19 Pandemic, this paper becomes relevant to study this unexpected scenario. The analysis shows some features of the structure on which the Pandemic was settled: strong social and gender inequalities that could be intensified and reissued in light of the transformations that began in 2020 (Amilpas García, 2020; Ecurra, 2021; Campos Gómez et al., 2020).

5. References

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