## Moving towards responsibility in care: analysis of parental leave in Uruguay

Dra. Karina Batthyány – FCS-UDELAR Madrid, 2016  The purpose of this paper is to present and discuss the results regarding the use made by the Uruguayan population of the subsidies established in the new law on maternity, paternity and parental leave in the context of a new national policy: the national system of care

### The Uruguayan context

- One of the most important change is the increase in female activity rate in Uruguay: 41% in 1986 to 54% in 2013
- There are no majors changes in the sexual division of work: women are still the primarily responsible of domestic work and care (evidence shown by use time surveys)
- In Uruguay the growth in the proportion of women, especially women with children, joining the workforce in recent years has accentuated the social importance of the work-life balance.

#### The national care system

- In the last ten years (2005-2015) in a favorable economic scenario a reorientation of social policies took place.
- The reforms undertaken in the two left governments (tax reform, health care reform, social security reform) are based on a human rights approach that aims to offer "more opportunities for those who have less"
- The National Care System appears as a new pillar of social protection

- Care is a new right and a social function and involves promoting the personal autonomy and care and assistance for dependent persons.
- The State assumes the responsibility to impact the social function of care and to warranty it as a social right through a solidarity and coresponsible model among families, state, community and market, as well as between men and women.

# Conceptual Framework: Care Policies and the necessary complementarity to impact the sexual division of work

- Time policies
- Money transfers
- Care services
- Cultural transformation policies
- Formalization policies and quality working conditions for caregivers

#### Maternity leave (public sector)

- Length of leave (before and after birth): 13
  weeks; up to six weeks can be taken before
  the birth.
- Payment and funding: 100% of earnings with no ceiling on payments.
- Funded from general taxation.
- Eligibility: All public sector employees.

### Maternity leave (private sector)

- Length of leave (before and after birth): 14
  weeks (up to six weeks can be taken before
  the birth).
- Payment and funding: 100% of earnings
- Funded by the Social Security system, which is financed by contributions;
- Eligibility: All employees.

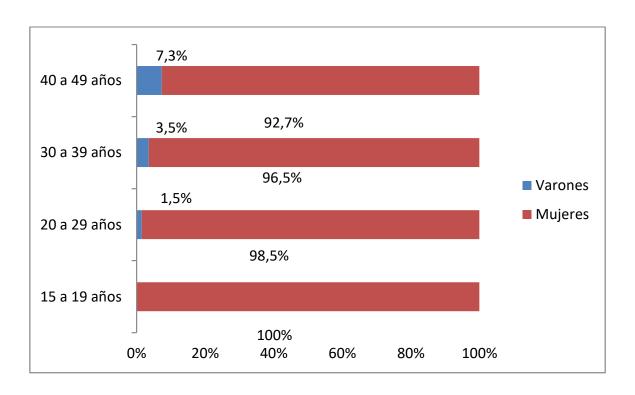
#### Parental leave

- In the context of the National Care System in Uruguay, a modification of the current leave scheme is implemented to guarantee the right to care for workers in the **private sector**.
- The new law extends:
  - 14 weeks maternity leave,
  - paternity leave from 3 to 10 days
  - Six months half time for child care that can be used by either the father or the mother (100% earnings)

- To contextualize the new law in the region:
  - maternity leave in South America are located mostly in 12 weeks, although Brazil, Chile and Venezuela reached 17 and 18 weeks.
- The extension of maternity leave for the private sector in Uruguay, from 13 to 14 weeks, is not a substantial increase in regional or international comparison and responds to the minimum ILO's recommendation of 14 weeks.
- In the case of paternity leave, the Uruguayan law gives 10 days after birth for men, which places Uruguay among the countries that give more days in South America.

- The first data shows that a total of 6700 people applied for the care leave (2013-2014)
  - 97,4% women
  - 2,6% men
- The users of maternity leave duplicate the users of paternity leave. This may be an alert on how men are exercising this right.
- Users of care leave represent 38% of maternity leave, meaning that a significant proportion of parents does not use this right.
- Those who do exercise their right are women.
- Parents who took a half time leave are older and have more job stability (see next graph)

Gráfico 2. Distribución porcentual de los/as usuarios/as del subsidio por cuidados parentales, según sexo y edad (Noviembre 2013-Diciembre 2014)



Fuente: Elaboración propia en base a datos proporcionados por BPS

- Similar as in other international experience, as it is a transferable right between mother or father, most of those who use the care leave are women.
  - Presence of a rigid gender contract in the social representations regarding the care of children
  - Strong promotion (by the State) of exclusive breastfeeding up to six months of life
  - The characteristic of transferability of the half time leave and the promotion of exclusive breastfeeding discourages use by males

- The changes made in parental leaves represent a policy advance for the right to childcare, facilitating the harmonization of productive and reproductive roles and gender equality.
- The innovative possibility (in LAC) that male parents can make use of the half time leave to care for babies in their first months of life, is a fundamental step.
- Although nowadays, men who use this option represent a small number compared with women, they realize practices that challenge the traditional gender mandate.

- The possibility of an impact on care practices with the new legislation is strongly mediated by social representations on the "must be" of men and women regarding care.
- The legislation adopted represents a substantial advance in formal terms for exercising the right to care.
- However, it is important to consider the distance between the approved rights and the real possibilities of exercising them.

- Several studies have shown discriminatory conduct that working women face in exercising the rights related with maternity
- Among the mechanisms that limit the exercise of these rights are the resistances of the employers, not only to hire women of reproductive age, but also to fully respect the existing legislation related to the exercise of maternity.

#### Ongoing research

Interviews with fathers, users of parental leave.

 Study of three generations of women and men to analyze changes and continuities in practices and representations of care