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**RESEARCH ARTICLE**

Industrial Economics

## **ANALYSIS OF SOCIAL POLICIES REGARDING CARE IN CHILE BASED ON NEOLIBERALISM**

### **ANÁLISIS DE LAS POLÍTICAS SOCIALES EN MATERIA DE CUIDADO EN CHILE A PARTIR DEL NEOLIBERALISMO**

### **ANÁLISE DAS POLÍTICAS SOCIAIS DE CUIDADO NO CHILE COM BASE NO NEOLIBERALISMO**

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### **Abstract**

Caregiving policies have gained relevance in Latin America due to the socioeconomic context of the region since the 1990s. The evolution of demographic factors has also contributed to the fact that caregivers have modified their number, composition and needs. The objective of this paper is to analyze caregiving social policies in Chile. For this purpose, a descriptive analytical methodology was used in order to understand the operational mechanisms. From secondary sources, it is shown how women in Chile construct part of their identities and histories through the care of others. Likewise, it is convenient to identify the historical context in which these policies have been implemented, mainly in the country where the application of neoliberal economic, political and social reforms began, and how the State has reduced its influence and scope in the design and implementation of these measures aimed at reducing inequality and improving the living conditions of the majority of the population.

**Keywords:** Latin America; development; science; social justice; social policy.

**JEL:** D6; J38; O2; O54; P36.

### **Resumen**

Las políticas de cuidado han ganado relevancia en América Latina debido al contexto socioeconómico de la región desde la década de 1990. La evolución de los factores demográficos también ha contribuido a que los cuidadores hayan modificado tanto su número como su composición y necesidades. El objetivo de este documento es analizar las políticas sociales de cuidado en Chile. Para ello, se utilizó una metodología analítica descriptiva con el fin de comprender los mecanismos operativos. A partir de fuentes secundarias, se muestra cómo las mujeres en Chile construyen parte de sus identidades e historias por medio del cuidado de los demás. Igualmente, es conveniente identificar el contexto histórico en el que se han implementado estas políticas, principalmente en el país donde se inició la aplicación de las reformas económicas, políticas y sociales neoliberales, y cómo el Estado ha reducido su influencia y alcance en el diseño e implementación de estas medidas destinadas a disminuir la desigualdad y mejorar las condiciones de vida de la mayoría de la población.

**Palabras clave:** América Latina; desarrollo; ciencia; justicia social; política social.

**JEL:** D6; J38; O2; O54; P36.

## Resumo

As políticas de cuidados ganharam relevância na América Latina devido ao contexto socioeconômico da região desde a década de 1990. A evolução dos fatores demográficos também contribuiu para uma mudança no número, na composição e nas necessidades dos cuidadores. O objetivo deste artigo é analisar as políticas de assistência social no Chile. Para isso, foi utilizada uma metodologia analítica descritiva a fim de compreender os mecanismos operacionais. Com base em fontes secundárias, ele mostra como as mulheres no Chile constroem parte de suas identidades e histórias por meio do cuidado com os outros. Também é útil identificar o contexto histórico em que essas políticas foram implementadas, principalmente no país em que se iniciou a aplicação de reformas econômicas, políticas e sociais neoliberais, e como o Estado reduziu sua influência e seu alcance na elaboração e implementação dessas medidas destinadas a reduzir a desigualdade e melhorar as condições de vida da maioria da população.

**Palavras-chave:** América Latina; desenvolvimento; ciência; justiça social; política social.

**JEL:** D6., J38., O2., O54., P36

## Introduction

In the 1980s, the transition began from a model based on promoting the internal market to one focused on exports. According to Vera and Poy (2017), "there is consensus regarding the contraction of monetary income inequality in Latin America during the last decade, and agreement that the region continues to be the most unequal on the planet."

According to Patiño (George, 2004):

Inequalities have dramatically increased as a result of neoliberal globalization. The wealthiest 20% of humanity currently owns 86% of all wealth (compared to 70% thirty years ago), while the poorest 20% have seen their already meager share of wealth reduced to just 1.3%... Latin America, Asia, and Sub-Saharan Africa have been excluded from the growth driven by globalization. The gap between the most developed countries and developing countries was 2 to 1 in the 18th century and 30 to 1 in 1965. Currently, it is over 70 to 1 and continues to widen. Inequality is not only between countries but also in

social terms. The 225 largest fortunes in the world total more than one trillion dollars. This sum is approximately equivalent to the annual income of the 2.5 billion poorest people in the world, who represent about 42% of the global population. According to Oxfam International (2022), the richest 1% accumulated nearly twice as much wealth as the rest of the world's population in the last two years.

The application of social policies in some countries has been successful, while in others it has not; in fact, social policy is defined as:

A set of interventions directly aimed at transforming institutions, social relations, and well-being. It considers that social well-being encompasses access to adequate and secure livelihoods and income. Social institutions are the constraints created by society that determine human interaction. Social relations cover class, community, ethnicity, gender, etc., within households (Mkandawire, 2001).

Care is a central concept for social policy because its provision reveals the nature of social models (Yeates, 2005). The analysis of care regimes is linked to gender literature, which helps characterize the relationship between the state and the economy in advanced capitalist countries (Razavi, 2007), where care is a social requirement. The neoliberal and privatization model was implemented by the dictatorship in Chile between 1973 and 1989, and mixed policies were put in place for the recovery of democracy from 1990 to the present (Arriagada, 2010).

From the above, the following questions arise: What are the social care policies in Chile from the perspective of neoliberalism? And what impact have they had on Chilean society? These questions give rise to the objective of this document, which is to analyze Chile's social care policies. Consequently, the document is structured as follows: after the introduction, the first section presents the historical background of neoliberalism and the implementation of the care model in Chile; the second section outlines Chile's care policies; the third section discusses the methodology of this study; the fourth section presents the results of this research, including the programs "Chile Cuida" and "La Asociación Yo Cuido"; the fifth section discusses the care crisis in Chile; and finally, the conclusions are detailed.

The Chilean case is considered particularly relevant in the Latin American context because the government, with the most progressive legislation and a more receptive society regarding the care of vulnerable groups, seems to understand the importance of improving the care conditions for the most sensitive sectors of its society. It is also expected that other regional governments will align with Chile in recognizing the importance of investing in improving the living conditions of these groups in their own countries to foster more harmonious societal development.

### **Historical Background of Neoliberalism and Its Implementation in Chile**

Neoliberalism is a model, system, or set of ideas and actions that, today, suffers from what is referred to as the “Frankenstein Syndrome.” Despite being defended by right-wing politicians, *think tanks*, and both public and private organizations, it is rarely openly endorsed or mentioned in public discourse, and even less so in electoral platforms. The only political party to have temporarily included the term in its name was the Neoliberal Party of Nicaragua, founded in 1986.

The origins of neoliberalism date back to 1898 when Charles Gide, a French economist, used the term *Neoliberalisme* to identify proposals made by Gide & Pantaleoni (1898). In 1938, the Walter Lippmann Colloquium adopted the concept, describing it as a set of ideas that prioritized “the price mechanism, free enterprise, competition, and a strong and impartial state” (Mirowski & Plehwe, 2009). In 1951, Milton Friedman expanded on this in his essay “Neo-liberalism and its Prospects,” highlighting neoliberalism as a countercurrent system offering “real hope for a better future” while ambiguously criticizing laissez-faire policies (Burgin, 2012).

Figures such as Hayek and Rougier, who attended the Walter Lippmann Colloquium, each identified neoliberalism as a model of competition that would eventually establish elite groups of successful individuals who would replace representative democracy as the governing system, acting on behalf of the societies they represented (Hayek, 1976; Rougier, 1949). At that time, neoliberalism was seen as advocating a modern economic policy where the state would intervene to ensure private property rights, competition, and economic growth, leading to the population's acceptance of being represented by wealthy individuals deemed more capable than traditional politicians of managing resources.

In the 1970s, neoliberalism gained traction, primarily among left-wing academics who used it to “criticize efforts by think tanks, policymakers, and businesses aiming to roll back social democratic reforms and impose unrestrained free-market measures”(Shermer, 2014). A decade later, Michel Foucault made a clear distinction between liberalism and neoliberalism, noting that the latter opposed laissez-faire policies and supported artificial competition (Audier, 2015), which often masked monopolistic activity.

Neoliberal policies were first implemented in Chile in 1973 following the military coup led by Augusto Pinochet, which resulted in the death of Salvador Allende. The attack on Allende’s socialist government was supported by the U.S. government (TeleSUR, 2019) and local business groups who feared that Allende’s economic policies threatened to turn the country into a communist dictatorship.

Though Chile was the first country to experience neoliberal reforms, the policies of Margaret Thatcher in the UK and Ronald Reagan in the U.S. during the 1980s are often cited as the most emblematic neoliberal experiments, characterized by reduced state intervention, privatization of public enterprises, deregulation of key economic and financial sectors, weakening of labor unions, and permanent austerity measures.

In Chile, neoliberalism was implemented largely due to the influence of the “Chicago Boys,” a group of Chilean economists educated at the University of Chicago under the guidance of Milton Friedman. These economists convinced Pinochet to adopt neoliberal policies, arguing that they would attract domestic and foreign investment, foster economic growth, and lend some legitimacy to the authoritarian regime (Valdés, 2003). A notable early example of these reforms can be seen in the privatization of higher education and the reorientation of economic and social thought in Chilean universities, particularly in economics departments.

This shift aimed to persuade academics in the first place and later society in general of the necessity of adopting neoliberal policies in Chilean governance while normalizing the lack of democracy under Pinochet. The neoliberal approach in Chile can be understood through a trilogy of elements: economic ideas, political institutions, and business interests, all supported by a philosophy that underpinned the neoliberal system (Madariaga, 2019).

In the 1970s, neoliberal economic ideas spread through economics faculties in universities like Universidad Católica and Universidad de Chile. These institutions reformed their curricula and hired economists trained in Chicago or by professors affiliated with that university (Mönckeberg, 2005). That is, the new profile of professors and students in economics, sociology, and other fields would legitimize the adoption of policies that could hardly be considered defenders of the popular interest. An example of this includes the privatization of higher education and mining.

The creation of political institutions, the second element of the trilogy, was characterized by granting autonomy to the Central Bank, forming a new electoral institution, and reforming the parliamentary representation system in the Chilean Congress. These actions reflected the neoliberal belief that fiscal authorities tended toward excess and abuse in monetary policy, necessitating an independent institution led by recognized experts. Additionally, neoliberals argued that central governments were biased and incapable of organizing elections impartially, hence the need for a non-partisan electoral body. Finally, they held that absolute majorities in congress should not exist, with deputies or senators acting as checks on presidential power.

The trilogy concludes by considering business interests and their influence on the formation of the government, its public policies, and its relationship with various groups in society. In this regard, it can be assumed that the leaders of business groups sought to leverage their influence to maximize, primarily though not exclusively, their economic benefits (Campero, 1993). This can be seen in the composition of the Chilean government, the type of economic laws that have favored the interests of the economic elite through subsidies and tax exemptions, deregulation, and the privatization of activities recommended by the most privileged sectors of the country.

Since the end of Pinochet's dictatorship, Chile has undergone a democratic transition characterized by the continued implementation of neoliberal measures and structures. The various administrations, from Aylwin in 1990 to Piñera's two terms, have differed mainly in the intensity or force with which they operated within a government structure and economic system that barely changes depending on the ideological leaning of the country's leadership. Moreover, left-wing governments, led twice by both Lagos and Bachelet, have failed in their attempts to reverse neoliberal reforms and institutions, choosing to coexist with them rather than challenge them.

As can be seen, neoliberalism must disguise itself as a promoter of freedom and economic progress because its true nature runs counter to popular interests, defending an elite that controls the country's main institutions. The model represents a bitter pill that societies are forced to swallow under the guise of reducing excessive government intervention in the economy, as seen in Britain or the United States, or as a result of a coup, as in Chile. In Latin America, neoliberalism is often presented as the only solution to a perpetual and insurmountable public debt crisis, requiring the majority of the population to tighten their belts today for a future, that is never clearly defined, while business elites are the sole beneficiaries of its implementation.

### Care Policies in Chile

According to Arriagada (2010), care involves the management and generation of resources for the daily maintenance of life and health, as well as the daily provision of physical and emotional well-being that meets people's needs throughout their life cycle. Care policies stem from a set of actions, institutions, and social benefits implemented by governments, primarily in developed countries to restore the importance of the state in creating better conditions that contribute to economic growth. The *New Deal*<sup>1</sup> created by Roosevelt to reverse the effects of the Great Depression, represents the most visible example of the so-called welfare state.

The welfare state, in social matters, focuses its efforts primarily on three areas of social policy: education, health, and social protection (Batthyányi, 2015). In other words, the importance of care policies is reflected in the calculation of costs and benefits for society in investing various resources in caring for social groups that require education, health, and social protection services. As measures of the welfare state, care policies represent an investment in the present to protect vulnerable groups in the future, through the allocation of resources to different areas (education, health, food, housing, and the labor market, among others).

One of the most significant changes that can be observed as a result of the implementation of social programs in various Latin American countries is the shift in thinking among much of Latin

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<sup>1</sup> The *New Deal* al refers to the set of programs and projects created during Roosevelt's administration in 1933, with the aim of enabling the government to generate economic conditions that would allow for the recovery of economic activity in the United States after the Great Depression.



American society regarding the role the state should play in caring for vulnerable groups. This implies that the region is recovering from a lag in comparison to more developed economies, as the state assumes greater responsibility in caring for specific groups that demand special attention.

The first universal treaty on care adopted by Chile was the International Labour Organization (ILO) Convention 156, approved and ratified in 1994. This was followed by paternity leave in several stages between 2005-2009/2011-2013-2014, disability laws in 2010, and finally, legislation for breastfeeding mothers. It is worth noting that all these laws were enacted after the 1990s, during the neoliberal period.

Table 1 shows care-related legislation, the dates of approval and ratification, in 20 Latin American states. It can be observed that the first country to implement maternity leave legislation was Puerto Rico in 1942, followed by Honduras in 1959, and finally Mexico in 1963. Chile introduced its regulations in 2011, almost 70 years after the first one.

Table 2 lists some care programs in Chile. The "4 to 7" program arose from the need of mothers with long work hours, which made it difficult for them to care for their children. After school, between 3 and 4 in the afternoon, children were left alone without making good use of their time. This social program offers educational workshops to help with homework and provide recreational activities.

Another program implemented by the government is "Chile Crece Contigo" [Chile Grows With You], which focuses on developing public and free nurseries and preschools for children up to four years old. These primarily serve families in the lowest three income quintiles, whose mothers either work formally or informally, and are seeking employment, or are studying (Bentancor and De Martini, 2012).

**Table 1***Care Legislation by Type and Date of Approval/Ratification*

Country	Maternity Leave Provisions	Breastfeeding Provisions	Paternity Leave Provisions	Disability Legislation	Domestic Work Legislation	ILO Convention 156	ILO Convention 189
<b>Argentina</b>	1976	2013		1981-1996	1995	1956-1988	2014
<b>Bolivia</b>	1992	2006	2009-2012	1995-2008		1988	2013
<b>Brazil</b>	1988-2007- 2002	1943		1989	2006	1957	
<b>Chile</b>	2011	2007	2005- 2009- 2011- 2013-2014	2010		1994	
<b>Colombia</b>	2010		2009	2002-2007	2010-2014		2014
<b>Costa Rica</b>	1996	1994		2007	2009		
<b>Cuba</b>	1974-1987- 2003	2003					
<b>Ecuador</b>	2009	1995-2012	2008	2001-2012	2008	1957	2013
<b>El Salvador</b>	1972					2000	
<b>Guatemala</b>	1998	1973				1994	
<b>Honduras</b>	1959-2000	1959				1956	
<b>Mexico</b>	1963-1970	1963-1970		2005			
<b>Nicaragua</b>	1996	1999				1967	2013
<b>Panama</b>	1967	1967-1995				1958	
<b>Paraguay</b>	1993	1993				2007	2013
<b>Peru</b>	1996-2001	2001-2006	2009	1999		1986	
<b>Puerto Rico</b>	1942-2011	2004	2002- 2007-2011	2008			
<b>Dominican Republic</b>	1995						
<b>Uruguay</b>	1980-1990- 2005	1991	2001- 2005-2008	2001	2006	1987	2012
<b>Venezuela</b>	2007	2007	2007	2006		1984	

*Source:* Observatorio de Igualdad de género de América Latina y el Caribe [Gender Equality Observatory for Latin America and the Caribbean] (2012).

Another program is the Sistema de Licencias [Licensing System]. Given the massive inclusion of women in the labor market, society faces the need to address pregnancies and allocate time for newborns.

The Plan de Igualdad de Oportunidades [Equal Opportunity Plan] 2011-2020, implemented by the National Women's Service, establishes shared responsibility between men and women. The program aims to redefine the Labor Code in order to eliminate discrimination during women's integration into the labor market.

Finally, the program Derecho a Sala Cuna [Right to Daycare], according to the Labor Code, stipulates that the employer must either pay for an external private daycare service or provide one within the company for the children of female employees. According to Vera et al. (2018, pp.13-38), "this right was implemented at the beginning of the 20th century, provides the service only to the working mother and not to the father, and excludes salaried employees from smaller companies as well as informal or self-employed workers."

Aside from the programs described in Table 2, the government has developed other mechanisms for the provision of care. On one hand, there is the offer of early childhood care and education,

Organized within the national education system. It provides public municipal and state services, private institutions that receive public subsidies, and private institutions without subsidies, for children between four and five years old under Inclusion Law 20.845 (Staab, 2013).

On the other hand, according to Vera et al. (2018, pp. 13-38):

Paid domestic work, predominantly performed by women. In 2014, Law No. 20,786 equalized the working conditions of domestic workers with the rest of the private sector employees regarding wages (minimum wage adjustment), social security, maternity leave, and vacations, among others. These measures came into effect in November 2015 but excluded domestic workers who live in the workplace.

**Table 2***Social Policies Related to Care in Chile*

<b>Program/Action</b>	<b>Description</b>	<b>Population</b>	<b>Dependency</b>
<b>Programa de 4 a 7 [4 to 7 Program]</b>	Facilitates the labor insertion of mothers or women responsible for the care of children aged 6 to 13, through educational and recreational support after the school day ends.	Children	Servicio Nacional de la Mujer (SERNAM) [National Women's Service]
<b>Chile Crece Contigo [Chile Grows with You]</b>	Focuses on comprehensive protection for early childhood by providing services, mainly in health and education, including the creation of free daycare centers for children under two years old, as well as a prenatal family subsidy.	Children aged 2 to 4 in kindergartens, targeting low-income or vulnerable socioeconomic groups. Aimed at the poorest 40% of the population and working mothers.	MIDEPLAN 2010
<b>La reforma al sistema de licencias [Licensing System Reform]</b>	Establishes a prenatal period of six weeks and a postnatal period of three to six months.	Women and Men	INSTRAW-ONU Mujeres. [INSTRAW-UN Women]
<b>Plan de Igualdad de Oportunidades 2011-2020</b>	Establishes shared responsibility and care, as well as equal rights and opportunities between both genders, to be reflected in	Men and Women	SERNAM 2011

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<b>[2011-2020 Equal Opportunity Plan]</b>	legislation, practices, and cultural products.
<b>Derecho a Sala Cuna [Right to Daycare]</b>	Provides care for children under two years old, who are the children of women working in companies with twenty or more employees. Children under two years old Labor Code

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*Source:* Prepared by the authors based on Leiva (2015) and Vera et al. (2018).

### Methodology

This section outlines the approach to achieving the study's objective, which is to analyze care policies in Chile. A document analysis technique is employed. According to Villamarín (2023, pp. 308-344), it is a technique "primarily used by historians, but also by social researchers interested in producing knowledge through the understanding and critique of materials such as newspaper articles, opinion columns, scientific articles, essays, and written dissertations that address current issues."

The study has a descriptive and cross-sectional design, as data from secondary sources such as books, scientific articles, and official websites were used, for example, the Economic Commission for Latin America and the Caribbean (ECLAC). A literature review of recent studies, as mentioned above, was also conducted. The research is built from an interpretative paradigm with a qualitative approach. Finally, the focus of this research is to analyze the evolution of care policies in Chile within a neoliberal context.

### Results

This section presents two care-related social policy programs in Chile since the onset of neoliberalism and how they have impacted society in the Latin American country.

#### **Chile Cuida [Chile Cares]: The Shift in the Care Paradigm for Vulnerable Family Members**

Traditionally, in Chile and other Latin American countries, the demands for special care for children, the elderly, and even people with disabilities were met, even under extremely precarious

conditions, by the direct relatives of those individuals. In contrast, the most advanced societies in the world, particularly during the Welfare State era starting in the 1950s, implemented programs that addressed the needs of specific groups in society, funded by public resources. These included unemployment benefits, food stamps, shelters for the homeless, and programs aimed at the care of the elderly (Kluwer, 2019).

Thus, it can be observed that in the most advanced societies in the world, the concept of subsidiarity developed—with its ups and downs—as an essential feature for the proper functioning of care policies. In this case, it is important to clarify which of the two definitions of this concept should be applied. First, in legal terms, subsidiarity refers to legal situations where at least two alternatives are offered, and one can only be used in the absence of the other (Kluwer, 2019).

The definition that is most relevant for this article is the second, which highlights the following: “Subsidiarity refers to the relationship between the individual, family, intermediate organizations, and society as a whole or the State, in order to delineate areas of competence and assistance” (Groser, 2014).

Thus, it can be identified that the State plays a predominant role in the interaction of individuals within a society, as it decides the allocation of public funds, which are primarily made up of the taxes paid by the population and used to address the problems of the most vulnerable sectors. The adoption of this way of thinking is what should be developed in other countries for care policies to be effective.

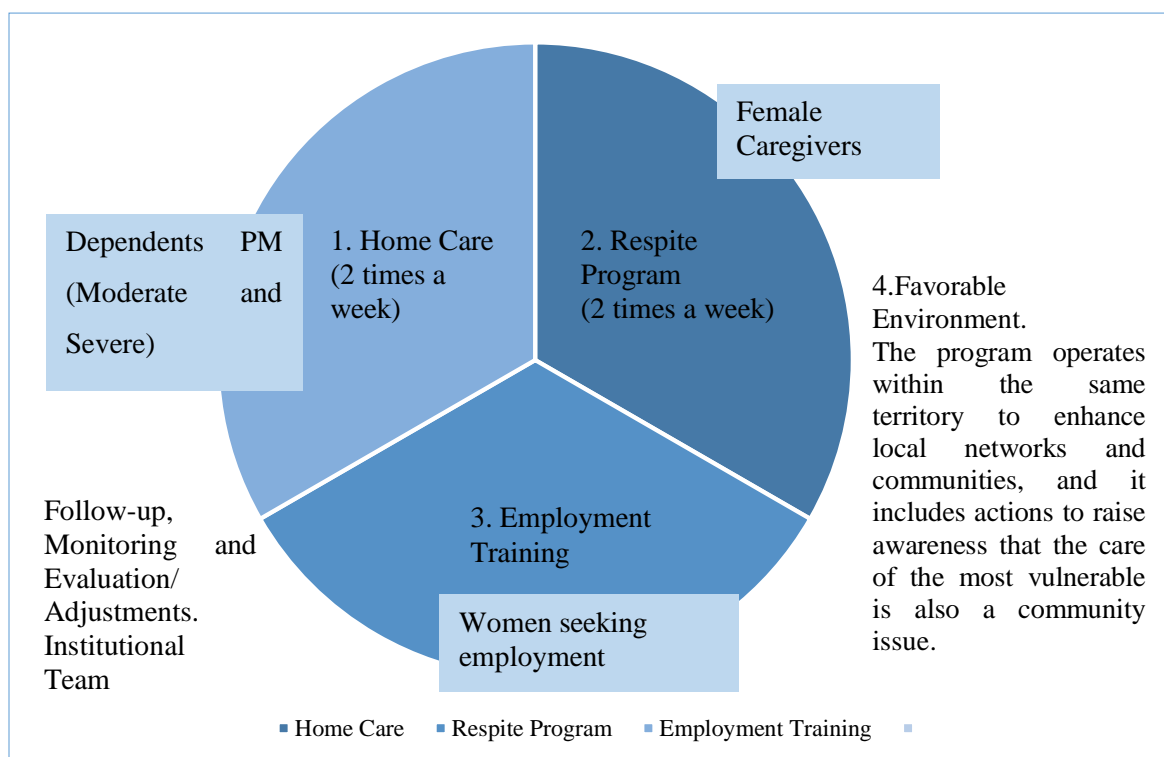
As shown in **Figure 1**, a large portion of the programs integrated into this government initiative are aimed at women due to the following issues:

- 85.6% of the caregiving tasks for a vulnerable individual are performed by a woman (wife, mother, daughter, daughter-in-law, or neighbor).
- Women dedicate more than 12 hours a day to caregiving tasks. Additionally, two out of three women have not taken a vacation in at least the past five years.

- Among the inactive women in the country, 63,832 quit their last jobs to care for an elderly person.

**Figure 1**

*Components of the Chile Cuida [Chile Cares] System*



*Source:* Prepared by the authors, based on the Government of Chile (2016).

In addition to the advantages resulting from these types of initiatives, there is an aspect that is sometimes overlooked: the pleasant feeling that Chilean women have when they feel valued by society. This sense of appreciation generates a positive sentiment, which helps to better bond society, thus creating a virtuous circle that can have very positive implications for the country. This is called optimism and is a product of the solidarity of the population as a whole.

The above means recognizing 'care' as a necessary activity and provision for the well-being of citizens. Furthermore, it identifies care as a service activity and, therefore, one that has

economic and specifically labor impacts. Most importantly, it distinguishes care as a responsibility of society—in this case, the State—and not of families (Pizarro, 2016).

### **The “Yo Cuido” [I Care] Association**

In a study conducted in the United Kingdom by the UK Women’s Budget Group, it is estimated that if that country invested 2% of its GDP in care policies, up to 1.5 million jobs could be created, compared to the 780,000 jobs that would result if that same proportion were allocated to the construction industry (Women’s Budget Group, 2016). Based on this data, Chile could potentially generate up to 300,000 jobs.

As previously indicated, the importance of the Care Economy—a term proposed by Folbre—in economic terms is substantial due to the range of actions to be developed, the individuals benefitted, and the overall strengthening of social relationships in societies that benefit from them. However, it should be considered that when trying to financially measure its impact, there is a significant difficulty due to the fact that various care-related actions are unpaid, as they are often performed by family members of those in need of assistance, provided by relatives or close individuals who do not charge for their services.

In addition to the Chilean government, there are private associations that offer care services either for free or for compensation. One of these is called “Yo Cuido,” a group of informal female caregivers who look after individuals in dependent situations. They consider themselves pioneers in making the “anonymous and silent work of caregivers in Chile” visible (Canales, 2021). However, their members point out that:

They are affected in social, labor, mental, physical, and emotional areas, which decreases the quality of life for the caregiver, impacting their care and environment”. Therefore, “we are not considered as subjects of rights within the impact of permanent caregiving” (Canales, 2021).

This association has conducted a national survey revealing data such as the following: informal caregivers dedicate up to 81.7% of their time to caregiving tasks, and 97% of those performing



these tasks are women (Canales, 2021). Despite this, the association's key representatives have gained national visibility, which has allowed them to become constituent convention members, such as the case of the founder of "Yo Cuido," Mariela Serey.

Despite the aforementioned advancements, it is important to note that Chile is currently not the most advanced country in the Latin American region regarding care policies. In Uruguay, for example, Law No. 19,353 states that care is a social function and a right. Ecuador, on the other hand, in its National Development Plan 2017-2021 (Government of Ecuador, 2017), establishes that "one of its objectives is to strengthen the system of inclusion and social equity, comprehensive protection, special protection, comprehensive care, and the care system throughout the life cycle of individuals."

Finally, Mexico City and its Constitution state in Article 9 (Political Constitution of Mexico City, 2017):

Every person has the right to care that sustains their life and provides the material and symbolic elements to live in society throughout their life. Authorities will establish a care system that provides universal, accessible, relevant, sufficient, and quality public services and develops public policies. The system will prioritize individuals in dependent situations due to illness, disability, life cycle—especially children and the elderly—and those who are in charge of their care without compensation.

### **The Care Crisis in Chile**

Care policies in Latin America highlight an ironic situation; they stem from gender discrimination against women, and this assertion holds true in the Chilean context. The female population is the most affected by labor discrimination, despite representing the majority of the population in Chile, at 51.1% (Economía, 2017). In the case of the salaried work they perform, there is a gender pay gap of 15% (Cassinelli, 2019).

Another reality to consider regarding labor conditions and gender inequality in Chile is the concept of unpaid labor, an important aspect that should be taken into account in the development of care

policies. This phenomenon includes a variety of activities such as childcare, caring for sick individuals at home, and maintaining and caring for the household. When these tasks are performed by a family member, they generally do not represent a cost; however, when carried out by someone external to the household, they do incur a price. In Chile, estimates suggest that the time a woman spends weekly on these activities is between two to three times greater than that spent by a man (Moreno, 2018).

The incorporation of women into the labor market in Chile has been steadily increasing over the last twenty years, and they now represent 50.6% of the country's workforce (Cassinelli, 2019). However, women earn less than men and dedicate more of their free time to unpaid activities.

The situation described above is a key focus of many care policies aimed at reducing inequality and discrimination faced by increasing segments of the Chilean population. The majority of women experience labor discrimination.

Despite this, the main source of funding for care policies in the country is mixed; that is, part is provided by the state and part by citizens. This is similar to how such policies are financed in other Latin American countries. A relevant consideration in the Chilean case is its economic and social bipolarity with the rest of Latin America. The country has the highest GDP per capita and productivity in the region but is also the most unequal country in America according to the Gini coefficient. In fact, Chile is seen as a model for fulfilling fiscal policy objectives regarding indebtedness, and this positive trend is expected to continue beyond 2021.

The level of inequality in Chile is the most concerning factor for the development of care policies. This can be explained as follows: care policies mainly serve the most disadvantaged or unprotected social sectors of society, namely children, the elderly, women in vulnerable conditions, and individuals requiring medical care. These groups are indeed the most severely impacted by the growing inequality in Chile.

The impact of measures proposed by organizations like the International Monetary Fund (IMF), which culminated in the privatization of various public services, explains the average citizen's debt, which reaches 74% of their income; just over 50% of the population earns less than \$550 per

month. The richest 1% of Chileans accumulates 33% of the country's income. Poverty—measured by local criteria—affects 8.6% of the population, and could reach up to 30% if those criteria were adjusted to international standards for measuring this indicator (Heredia, 2021).

This situation is exacerbated when considering the financial management of the Chilean government during the COVID-19 health-economic crisis. The country increased its public debt in 2020 to 32.5% of the nation's GDP, the highest figure in 30 years. Furthermore, public spending, which the contracted debt was directed toward, grew by 10.5% compared to 2019 (República, 2023). The growth of debt is expected to result in a variation of 0.25% in the country's GDP compared to the previous year (Castro, 2023). This figure is lower than predicted by the country's financial authorities and could affect the evolution of social spending, specifically that allocated to public policies aimed at addressing the needs of specific groups in the country.

### **Conclusions**

Since the 1990s, care policies have gained increasing importance in Latin America, in response to the socioeconomic context of the region during the promotion of the neoliberal model. The focus of this research has been to analyze some care programs and their effects on society. The results show, on one hand, that the demographic dynamics of the Latin American region—mostly composed of states with young populations—provides a small window of opportunity, which is rapidly closing, for governments and social groups in each country to design plans and strategies aimed at solving the present and future problems of those groups that require greater care.

To this end, it is essential to consider the multiple benefits that these programs can offer to the societies in the region, along with the positive impact of such policies in building stronger and broader social networks that reduce exclusion, selfishness, and excessive individualism—elements that foster social blindness toward these vulnerable groups who demand the community's collaboration as a whole.

On the other hand, addressing the needs of children requiring childcare, the demands of the elderly for suitable spaces for their ailments, and the insistence of the majority population group—women—to be taken into account in the design of public policies that meet their needs functionally

and efficiently, are matters of national and regional priority, not a concession covered by a marginal part of public budgets. This can only benefit the improvement of living conditions in the region.

Consequently, it is recommended that Latin American governments reconsider the need to tackle this issue, particularly regarding the most vulnerable groups in their societies, with a less utilitarian approach and more focus on the long term. This approach will help reduce the disparities that these nations have compared to developed countries. It is important to remember that social evolution in Latin America demands efficient solutions aimed at allocating the necessary public resources to those inhabitants who require them.

Moreover, the attention needed for newborns, children of working mothers whose labor drives economic growth, in terms of care and support, will result in well-cared-for and well-nourished children who will grow up to be citizens contributing to the country's growth. Likewise, care for individuals with disabilities is an inherent cost of a harmonious society. It should be noted that disability, in almost all cases, does not distinguish between socioeconomic differences. Finally, attention to the elderly is another area that differentiates a developed society from one in development. The quality of life afforded to this population group reflects the importance that the community assigns to those who have labored and paid taxes for many years, and therefore should have a dignified life without the most basic needs for subsistence being unmet.

Additionally, care policies represent a demonstration of how Chilean society, for the purposes of this article, intends to address the needs of its most vulnerable groups. The effectiveness and efficiency of the solutions that the government of this country provides seem to be on the right path, although it will take time to verify that they indeed achieve the objective of providing better care conditions for children in their early years while eliminating labor discrimination against women.

Finally, in terms of care policies, Chile serves as an example for many, if not all, Latin American countries. The country seems to understand better the challenges it currently faces, which will become more complex in the future if passivity dominates governmental actions in social care. However, there is opposition from various local and international actors against the government

allocating increasing and necessary public resources to meet the needs of defenseless groups. Opponents argue that diverting part of public expenditure to such activities could jeopardize state finances. This line of reasoning overlooks something essential: eventually, everyone will find themselves in a vulnerable situation at some point in their lives. Subsidiarity is an element that must be promoted in every current and future society.

### **Ethical Considerations**

This research did not require ethical approval as it was based on documents from government institutions, thus qualifying as a document review.

### **Conflict of Interest**

All authors made significant contributions to the document and declare that there is no conflict of interest related to the article.

### **Author Contribution Statement**

Cesaire Chiatchoua: Conceptualization, Methodology, Software, Validation, Formal Analysis, Supervision. Juan Agustín Tapia Alba: Research, Resources, Data Curation, Writing - Original Draft, Writing - Review and Editing.

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