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Paid Care Workers in Nicaragua: All Undervalued, Different Worlds

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1. Introduction

This chapter aims to contribute to our understanding of the care diamond in Nicaragua, on the basis of an analysis of those people occupied in paid care work. Although there are various types of care work, they share the common feature that it is a “face to face” service that facilitates the development of the care recipient’s capacities – such as physical and mental health, knowledge, self discipline, empathy and the capacity to *provide* care. Examples of care work performed by women include that of teachers, nannies and nurses (England, Budig and Folbre, 2002: 455). These occupations imply some degree of delegation, from unpaid care in the household sphere to public and private services, both within and outside the household. They therefore involve some degree of “defamilialisation” of care, although this does not necessarily mean “defeminisation” of care as we will see. What are the main socio-demographic characteristics of the people working in care? Under which conditions do they do this work? What features do they have in common, and how are they different? And, what are the main changes that these occupations have undergone over the last ten years?

To answer these questions, we draw from two different statistical sources, the Population Census and the Household Survey to Measure Urban/Rural Employment, both from 2005. The table summarizes the occupations we focus on from both sources, based on occupational codes¹. Specifically, we focus on five occupations, which heterogeneity allows us to model the different conditions shaped by the socioeconomic differences of those who provide care. In this way, the research design allows us to compare differences and separate similarities. We are dealing with domestic workers, nannies, teachers of Child Development Centres inherited from 1980s under the Sandinista Revolution (CDI) and preschools, nurses and auxiliary nurses. Thus, we are dealing with two occupations that principally take place in the domestic sphere (domestic work and nannies), and four that principally take place in public or private institutions, two related to education (teachers of CDIs and of preschools) and two related to healthcare (nurses and auxiliary nurses).

Below we present some important methodological considerations and characterise care workers in socio-demographic terms, and the conditions under which they work. Second, we describe the major changes in this line of work between 1995 and 2005 after which, third, we detail the principal types of “worlds” of paid care in Nicaragua. Fourth, we explore how care workers deal with the care demands in their own personal lives, and how their strategies are similar to or different from those employed by women in other occupations. Finally, we consider major factors in promoting the defamilialisation of care in Nicaragua in general, and, more specifically, the conditions necessary for “decent” (as defined by the ILO) care-related jobs.

¹ The census used the Nicaraguan Standard Classification of Occupations (Clasificador Uniforme de las Ocupaciones de Nicaragua, CUONIC-2006), which is based on the International Standard Classification of Occupations (ISCO-88). The 2005 Employment Survey used a classification of its own. In addition to the occupation code and name, CUONIC-2006 includes a description of the work performed. The Employment Survey classification system, on the other hand, is essentially no more than a list of occupation codes and names.

2. Methodological considerations

The following table summarizes the sources of information for this study and the occupations considered.

Table 1
Care occupations considered, by statistical sources

Occupations	Population Census (2005)	Employment Survey (2005)
Domestic workers	Domestic workers	Domestic employees
Nannies	Nannies and other childcare workers	Nannies
Preschool teachers Preschool and CDI teachers	Senior preschool teachers; mid-level preschool teachers	CDI (child development centre) and preschool teachers
Nursing	Senior nursing staff Mid-level nursing staff	Nurses
Aides	auxiliary nurses in institutions auxiliary nurses working in homes	auxiliary nurses

Note: CUONIC-2006 includes the occupation “CDI teacher” under code number 2332, *Senior preschool teachers* (see Annex 1). In this table, we use the same nomenclature used in the code.

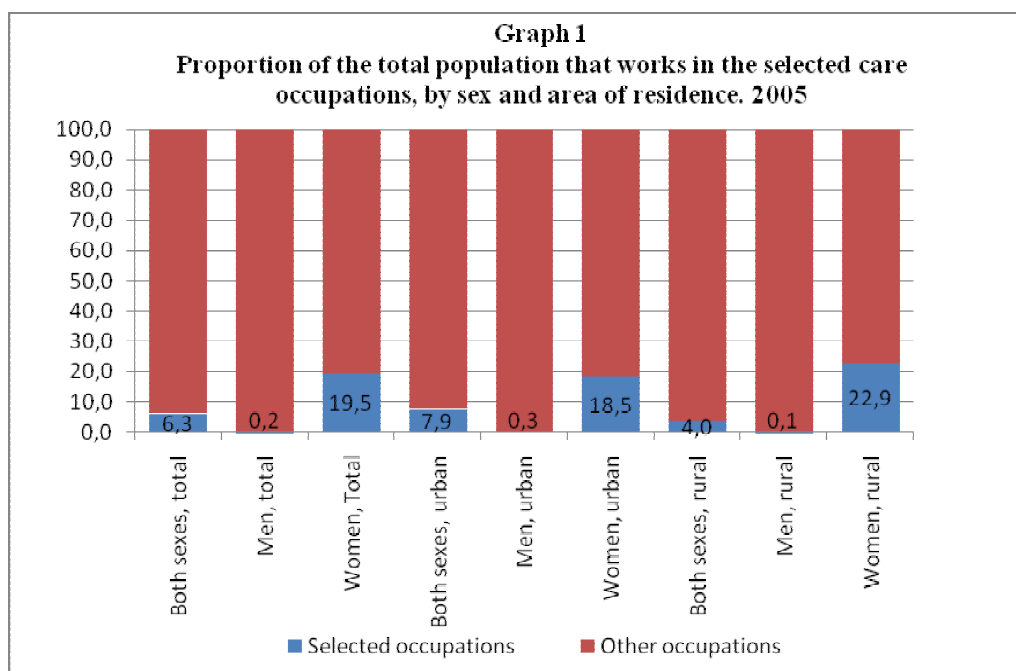
Source: 2005 Population Census; 2005 Employment Survey to Measure Urban/Rural Employment

Throughout, we complement our analysis with information from three secondary sources that provide qualitative information on female domestic workers.² A study by Guerrero, Terán and Tijerino (1993), which provides valuable information based on an intentional sample of 376 female domestic workers, despite the fact that it is almost 15 years old. The study deals with legal conditions, social and labour characteristics, benefits, work relationships and organisational factors. Another study, by Meléndez (2003), is based on 18 interviews and uses an interesting research design drawing on in-depth interviews with five female domestic employees, their employers and the individuals who provide care for their children. It also includes two interviews at employment agencies and one at the María Elena Cuadra Working and Unemployed Women’s Movement (Movimiento de Mujeres Trabajadoras y Desempleadas María Elena Cuadra). Third, there is a study by Valerio (2006) which revises mainly legislative documents on the issue of domestic work. A fourth study is the monograph *Derecho laboral de las trabajadoras domésticas nicaragüenses en San José, Costa Rica* (2005), which deals with violations of the labour rights of domestic workers, comparing the respective legal provisions regulating domestic work in Nicaragua and Costa Rica. However, since our work focuses on labour conditions affecting domestic workers in Nicaragua, it does not use the comparative data from this study.

² There is a notable lack of research on care-related occupations, though the authors’ search covered documentation centres at the Universidad Centroamericana, Universidad Nacional Autónoma de Nicaragua, Ministry of Labour and Sandinista Workers’ Centre, as well as undergraduate theses.

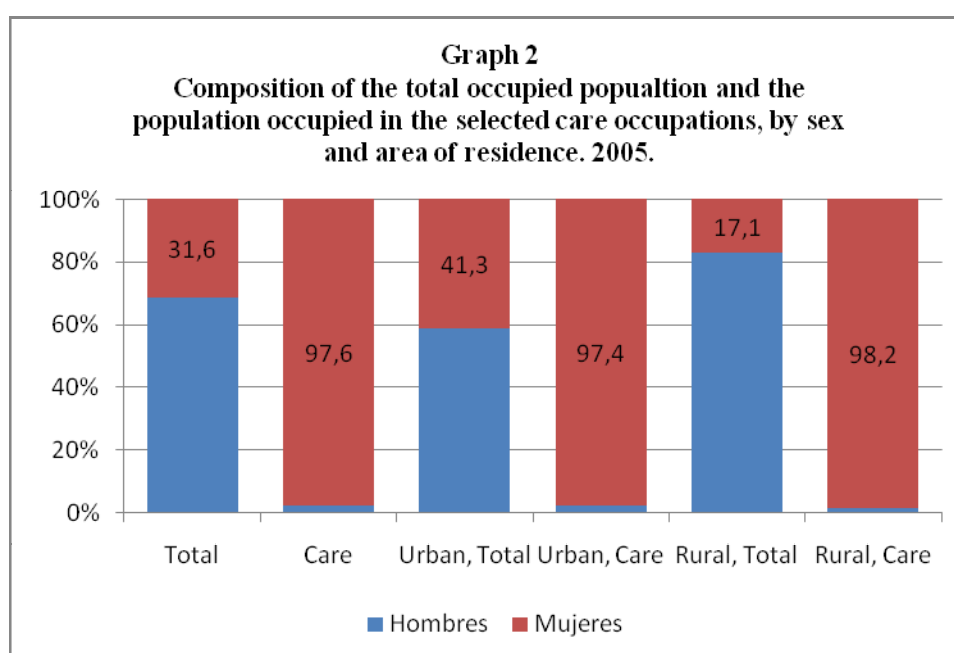
3. Care workers and the rest of the active population: similarities and differences

Paid caregivers represent a small proportion of the employed population. In 2005, there were 1,675,550 employed workers in Nicaragua, of whom 100,746, or 6%, provided paid care.



Source: Own elaboration based on data from the 2005 Population Census.

Almost all caregivers are women. While women constitute one third (32%) of the employed population, they represent the vast majority in the selected care occupations (81% of auxiliary nurses and 99% of domestic employees). In absolute terms, according to the 2005 census, 105,522 persons performed care work in the selected occupations, and 103,008 of these were women. Thus, the occupations studied are highly feminised, reflecting a high degree of segregation in the labour market for these occupations, which are considered “typically female” (see graph 2).



Source: Own elaboration based on data from the 2005 Population Census.

There is no difference in the age structure of the active population in general and the population occupied in care work in particular. In both cases the group between 18 and 49 years predominates, although it has a slightly higher weight among the care workers (81.9% and 76.8%). This lower weight among care workers is true for all age groups, except for the age group 15-17. The average age of care workers is 33 years, while this is 34.1 years for the general active population.

While the education level of the whole active population is low, it is even lower in the population of care workers. The proportion of care workers with primary and secondary education is higher, but the proportion of workers with technical and superior education is lower. The average number of years of education in the total population is 6.2, as compared to 5.8 for the care workers.

The proportion of people married or in consensual union is smaller among care workers than for the total occupied population, while the proportion of single people is larger. In the entire employed population, 60% of workers are married or in a consensual union. This percentage is considerably lower among care workers: 30% among nannies and other childcare workers, and 41% among domestic workers. Only 40% of the entire employed population is neither married nor in a consensual union. This proportion is greater among care workers: 43% for nurses, 59% for domestic workers (including, in both instances, a significant number of separated, widowed and divorced women, as well as single women) and 69% for nannies and other childcare workers (largely single women). The high proportion of nannies and other childcare workers who are not part of a stable couple can partly be explained by the fact that 23% of these workers are under 18 years of age.

The people that work in care almost always do so as salaried workers (92.0%). The predominance of this working arrangement contrast sharply with the total populations, where the salaried workers make up for 53.6%. Under the care workers, the lowest proportion of salaried workers is amongst nannies and other childcare workers (87%) and highest among nursing staff and domestic workers (over 90%). However, the lower proportion of salaried nannies could be due to a classification error. In the surveys the informant is asked to classify him or herself in one of the occupational categories, without knowing or sharing the involved concepts. In the last couple of years, this classification of the population in occupational categories has become more complex because of new work modalities generated by the flexibilization and deregulation of labour relations.

In the total occupied population, 38.3% is classified as independent worker, while for the care occupations this is only 8%. Independent workers refers to people with their own business, enterprise, farm etc., or those that exercise their function/occupation on their own account. Own-account workers do not have salaried workers, although they may have unpaid family workers (INEC, 2006). Among independent workers, the proportion of men and women that work as home auxiliary nurse stands out (23.4% and 12.8%, respectively). The registry of people that declare themselves to be employers or businessmen or women, although a very small percentage, also shows the problems of self classification and the confusion that exists between what one studied (profession) and what one actually does (occupation).

In the care occupations, the proportion of people working more than 48 hours a week is bigger than in the total population: 36.9% and 28.0%, respectively. Nicaragua's current Labour Code (Law No.185), established an ordinary working day of 8 hours a day, a maximum of 9 hours of extra hours a week and 6 consecutive working days a week. The exception is domestic work, for which the Labour Code establishes a special norm. In this case, there is no limit to the working day, the trial period is shorter, extra hours are not recognized and there is no maternity or professional risk protection (Hurtado, 2006: 57). Given that in most public or private institutions a normal working week consists of 5 days,

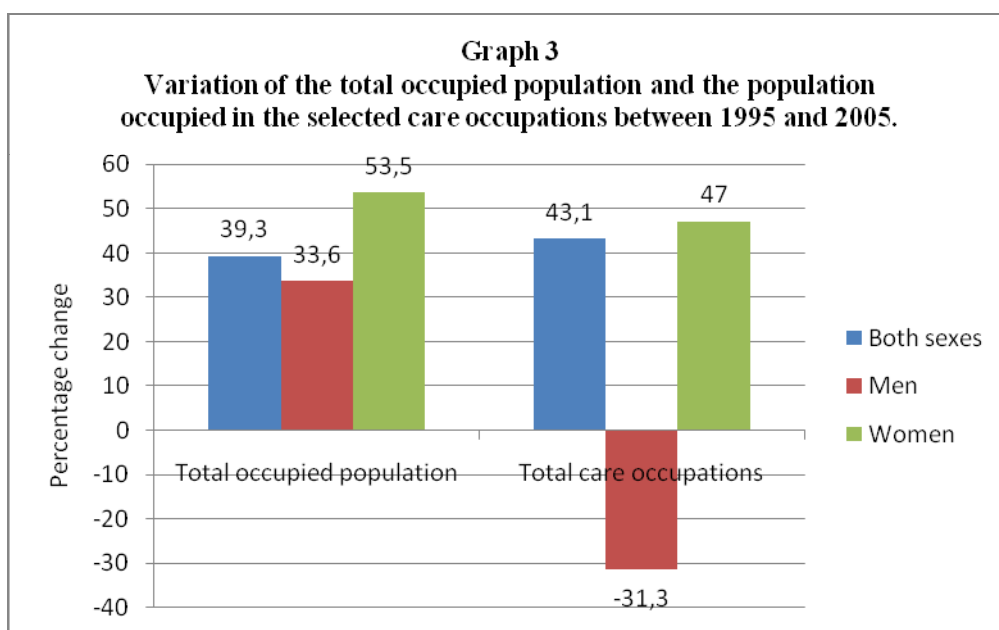
this means that it varies between 40 and 48 hours a week. However, the proportion of people that work within this range of hours a week is higher among the total population than among the care workers: 46.6 and 40.9%, respectively. In other words, the proportion of care workers that works either shorter or longer weeks is bigger than in the total population.

Finally, among the people that work in care, the level of union organization is extremely low, although quite similar to the general population. Only 2.7% of the care workers and 3.4% of the total population belongs to a trade union of some sort.

4. The most important changes over the last ten years

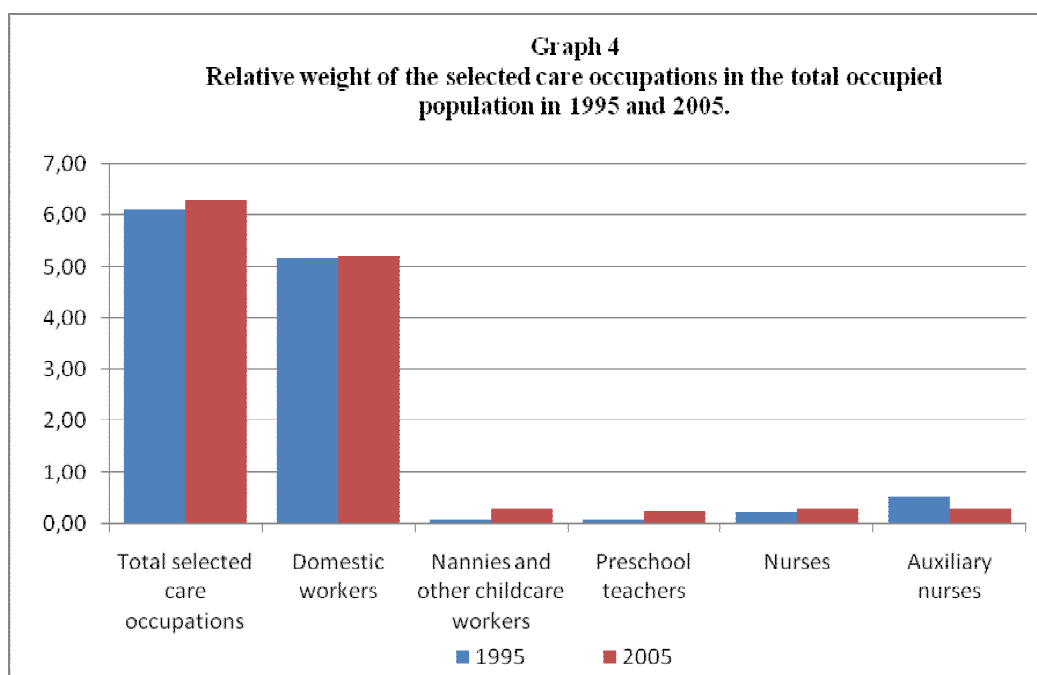
Between 1995 and 2005, the economically active population increased (by 39.3%), although the increase was much greater among women (53.5%) than among men (33.6%). This increase of the female EAP is consistent with trends across Latin America. Besides reflecting the economic necessity of these women entering the labour market and the loss of salaries' purchasing power, in Nicaragua it also reflects the increase in foreign investment that took place after the opening-up the economy at the beginning of the 1990s. Like in other Central American countries, this investment has been concentrated in highly feminised economic activities, like the textile *maquila* production.

The degree of feminisation of care work remained unchanged. In the same period, the proportion of women that work in care related occupations increased by 47.0%, although somewhat less than the 53.5% increase of the general female participation (see Graph 3). In contrast, the weight of men in care work reduced by 31.3% while in the total occupied population it increased by 33.6%.



Source: Own elaboration based on data from the 2005 Population Census.

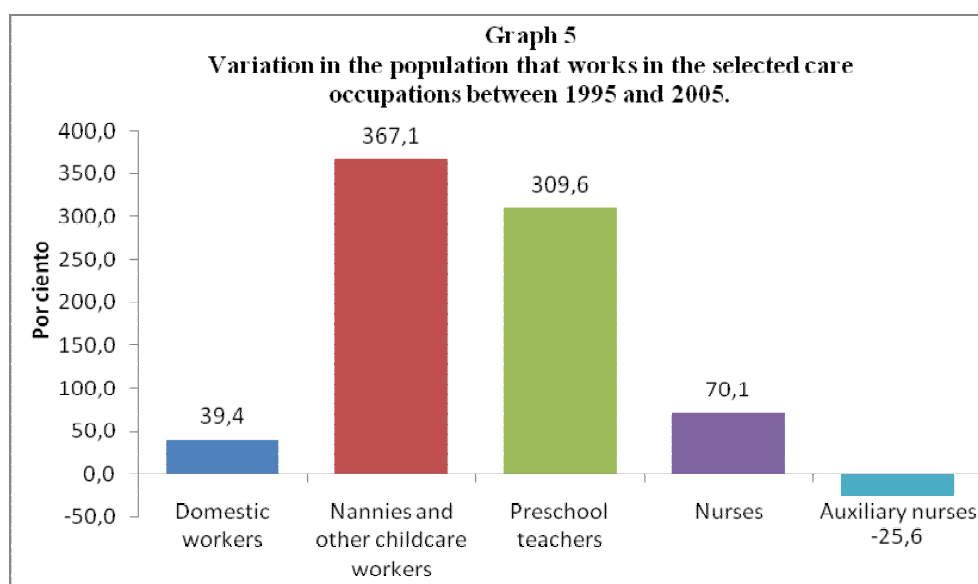
At the same time, *Care jobs increased as a proportion of total employment.* This increase also occurred in each of the specific care occupations under consideration, except with regard to auxiliary nurses, where the proportion declined, and domestic service, where it remained unchanged (Graph 4).



Source: Own elaboration based on data from the 2005 Population Census.

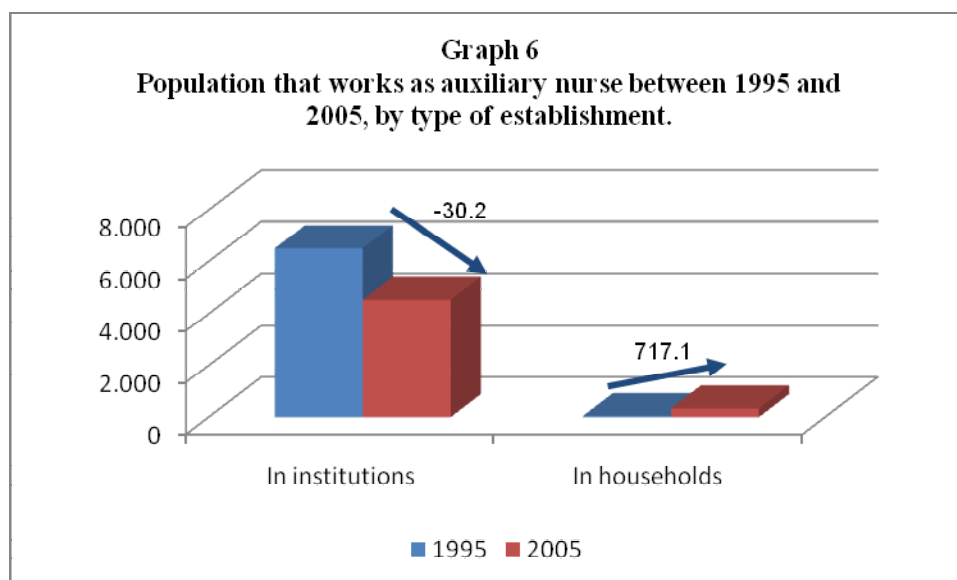
Two trends take place simultaneously: one involving a shift of care towards the domestic sphere, and one from the domestic sphere towards institutional venues for care. Between 1995 and 2005, the number of nannies increased by 367%, indicating a greater prevalence of in-home care (Graph 5). But also the number of preschool teachers increased by over 300%. This is good news in that it indicates a shift of the responsibility for care from the domestic sphere to the extra-domestic (whether public or private – a distinction we unfortunately are unable to make on the basis of available information).

These trends see themselves expressed in the fact that *the number of live-in nannies and other childcare workers increased*. In 1995, there was no record of persons in these occupations living where they worked. Thus, as of 2005, there was extraordinary growth among both sexes – more sharply among women than among men (369% vs. 292% for nannies and childcare workers, and 311% vs. 286.8% for preschool teachers).



Source: Own elaboration based on data from the 2005 Population Census.

At the same time, *the labour market incorporated a higher proportion of nurses and fewer auxiliary nurses*. The number of male and female nurses increased by 83.7% and 69.1%, respectively. Given that most of these workers are salaried, this may be viewed as indicating an expanded role for institutions (though not necessarily *public* institutions). However, *there was a shift among auxiliary nurses from working in institutions towards working in households*. The number of men and women working as auxiliary nurses in institutions declined (34.3% and 29.2%, respectively), while the number working in households increased (291.7% and 893.1%, respectively). That said, the total number of auxiliary nurses declined among both men and women (31% and 24%, respectively).



Source: Own elaboration based on data from the 2005 Population Census.

In the 1995-2005 period, *paid domestic work feminized even more*. The total number of people working in domestic work increased by 39.4%, but the number of men declined by 55.5% while the number of women increased by 42.6%. However, an important change was the *reduction in the proportion of live-in domestic workers*. This reduction for women was 29.8%, while the non live-in domestic workers increased by 66.2%.

However, *within the care occupations, domestic service declined in relative terms*. In 1995, the major care occupations were domestic work and auxiliary nurses, both among men and women. In 2005, while they are still very important, these were the only occupations that had declined in relative terms as of 2005.

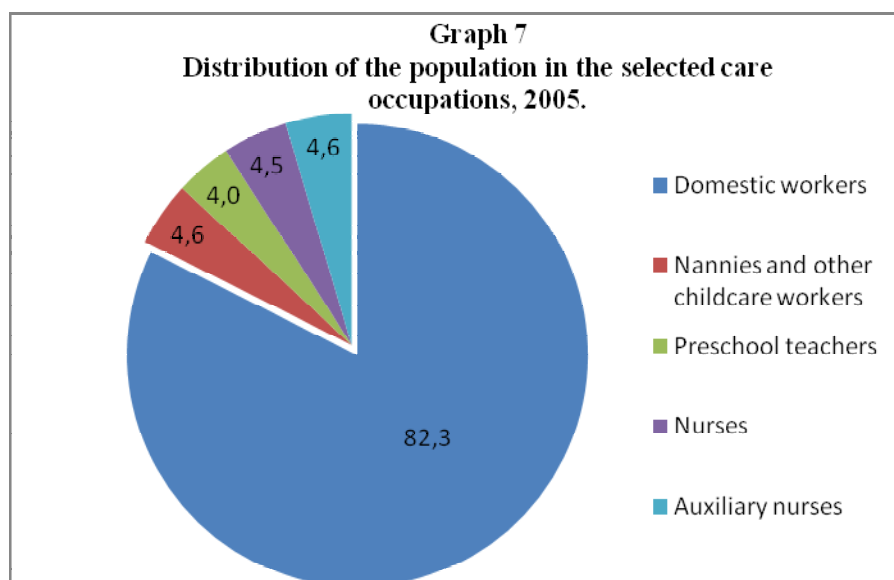
The average age of care workers increased slightly. The average age among care workers increased by nearly one year. Disaggregating by occupation, it decreased among preschool teachers (by nearly 2 years, from 30 to 28, especially among *women*), remained stable among nannies and other childcare workers (27), increased among domestic workers (from 30.5 to 32.9 years) and increased to an even greater extent among nurses and auxiliary nurses (by 3 and 6 years, respectively, and more so among women than among men).

On average, the people in paid care work increased the period destined to formal education by one year (from 4.8 to 5.8 years). This is explained by an increase in the proportion of care workers with secondary and superior education, and a decrease in the proportion of those without any formal education or with only primary education. This is not only a modest result by itself, but especially if compared to the 1.6 years increase in the years dedicated to formal education by the total occupied population.

Nannies and other childcare workers, and auxiliary nurses saw the highest increases in the number of formal schooling years. Among the first the increase was 1.7 years, and among the second 1.5 years. In contrast, average years of schooling barely increased for preschool teachers (0.2 years). However, the greatest increases in the proportion of the population with tertiary education were among men and women working as nurses and auxiliary nurses: 27.5 y 14.3 percentage points, respectively. In the ten year period, the big loser has been technical education, declining among all care occupations, but particularly among nurses, preschool teachers and auxiliary nurses: 23.3, 8.7 and 5.9 percentage points, respectively. The only exception were nannies and other childcare workers, amongst whom technical education remained stable.

5. Main socio-demographic features of care workers

The majority of individuals working in paid care are female domestic workers (see Graph 7). In all, 86,893 persons (5.2% of the entire employed population) work in domestic service. As was mentioned above, 8 of every 10 individuals in this group are women. Disaggregated by occupation, there are 4,802 nannies and other childcare workers (0.3%), 4,178 preschool teachers (0.25%), 4,776 nurses and 4,873 auxiliary nurses or nursing assistants (0.3%).



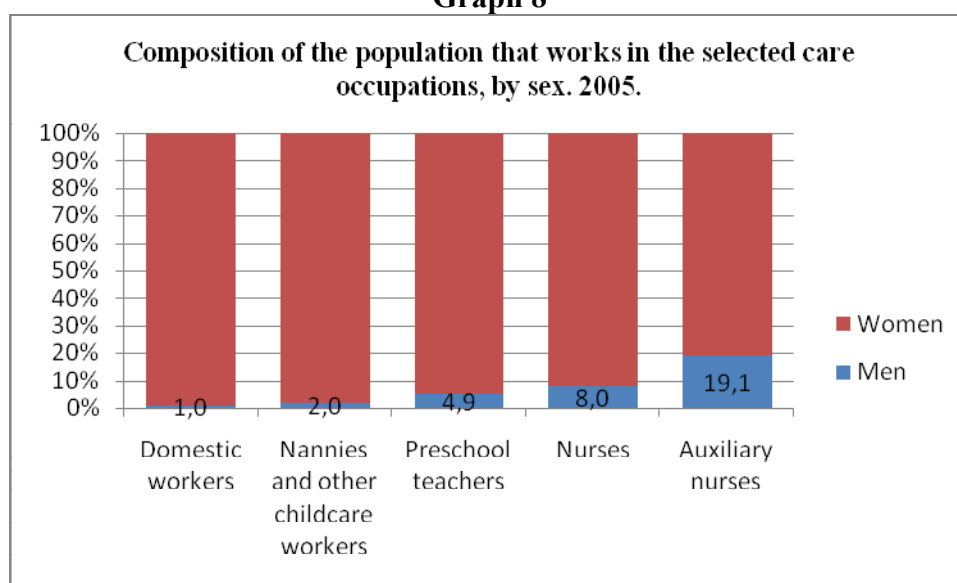
Source: Own elaboration based on data from the 2005 Population Census.

Over half of the population in care occupations worked in households in which there was at least one child under the age of 6. A small fraction (under 3%) worked in households with only disabled persons unable to care for themselves. A slightly larger group (5%) worked in households with at least one child under 6 plus at least one disabled person.

As has been extensively documented for the economically active population in Latin America, the presence of persons in the household with care needs (also called “care-dependents”) has different effects on the way this population behaves, depending on whether we are dealing with men or women. *The presence of care-dependent individuals is greater in the households headed by men than those headed by women working as nannies, other care workers and preschool teachers.* The presence of care-dependent individuals appears to impel men to perform paid work, even in occupations that are “typically female” (e.g., nannies). For women, on the other hand, the absence of care-dependent individuals in the household increases the likelihood that they will work in the selected occupations. This finding coincides with one of the findings in Report 2.

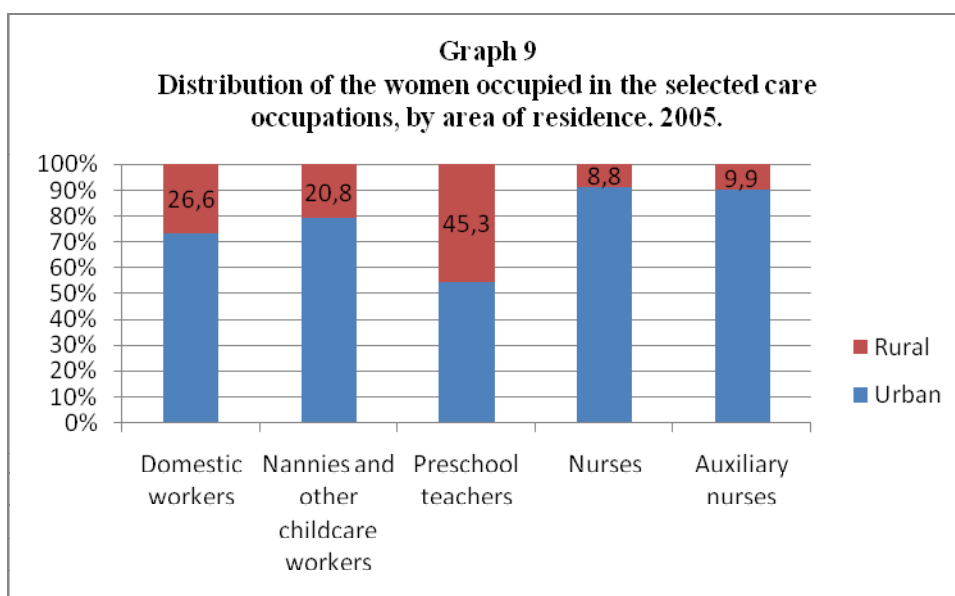
The most feminized care occupations are domestic work and nannies. In these occupations, women make up for at least 98% of the total. Surprisingly, the least feminized care occupation is that of auxiliary nurses, with “only” 80.9% women (Graph 8).

Graph 8



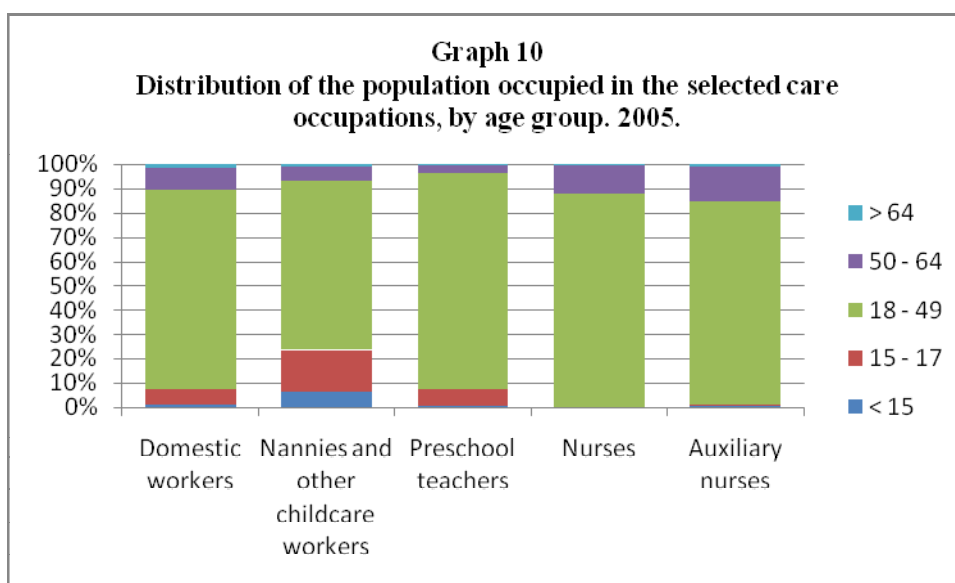
Source: Own elaboration based on data from the 2005 Population Census.

The population of paid female care workers is more urban than rural in composition. The proportion of urban women varies between 91.2% amongst nurses and 54.7% among preschool teachers. *In the rural areas, after domestic service, the major care occupation is preschool teaching.* This occupation accounts for over 40% of all rural paid care workers, and reflects the country’s numerous public policy initiatives, many of which have been implemented in coordination with civil society organisations (see Chapter 3). It includes community educators and itinerant teachers who receive “economic aid” for their labour. These individuals are volunteers, but receive a set amount of money periodically from the government to finance a portion of their work expenses (transportation and food). Although the amount of “aid” is low (less than the minimum wage), it is a significant source of income, given the levels of poverty in Nicaragua, especially in rural areas.



Source: Own elaboration based on data from the 2005 Population Census.

In the selected care occupations, as for the total occupied population, the majority of the population is in the stage of life where the highest paid activity coincides with biological reproduction and raising children. However, the age range varies considerably: the average age ranges between 38.3 years among auxiliary nurses and 26.7 years among nannies and other childcare workers. The population between 18 and 49 years has the highest relative importance among preschool teachers (88.5%) and nurses (87.5%), but the age group is slightly less importance amongst nannies and other childcare workers (69.5%) (see Graph 10).



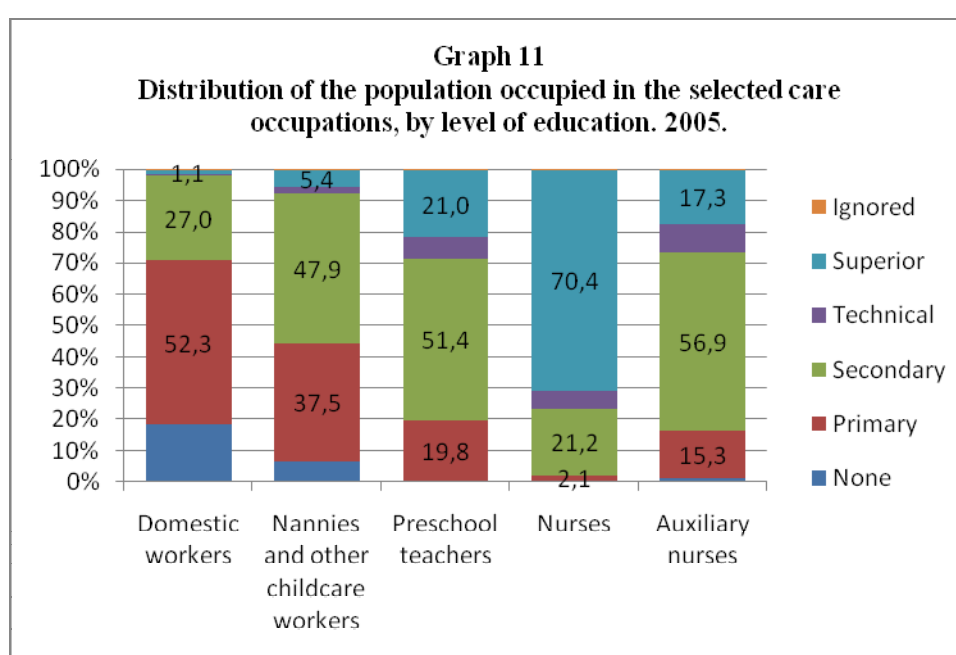
Source: Own elaboration based on data from the 2005 Population Census.

It is a problem that young girls are taking care of children. Although the law establishes that the minimum age for working in Nicaragua is 14 years, 6.4% of the nannies and other childcare workers is less than 15 years old.

*Caregivers are an ethnically homogeneous group. According to the 2005 census, 92% of the population considered themselves to be *mestizo* or did not associate itself with any ethnic community (INEC, 2006). The same proportion holds for the employed population (92%) and*

for those employed in care (89% of nurses, and 95% of nannies and other childcare workers). The remainder of the population of paid care workers belongs to other ethnic categories.³

Care workers have relatively heterogeneous levels of educations. However, those in more direct and frequent contact with children under 6 years old have the lowest levels of education. Domestic workers register the lowest average of years of study (4.9) and nurses the highest (13.5). In between we find nannies and other childcare workers (7.1), auxiliary nurses (9.7) and preschool teachers (10.0). Among domestic workers, nannies and other childcare workers, as well as preschool teachers, the proportion of women without formal education, primary and secondary education, is slightly bigger than that of men. However, among higher degree nurses the proportion of women with education is significantly higher than that of men. This education profile shows two very different worlds of care, one much more prepared in terms of formal education than the other. Also, it appears that the most educated care workers provide care for the elderly, while the least educated provide care for children (see Graph 11).



Source: Own elaboration based on data from the 2005 Population Census.

What positively stands out is the fact that in domestic work 46.9% of the men and 47.9% of the women have secondary education. However, in nursing only 33.9% of the men and 20.1% of the women has a secondary education. Similarly, in preschool teaching, only 6.3% of the men and 7.3% of the women has a technical education, while for superior education these figures are 27.8% for men, and 20.6% for women. In both cases, these data show that many of the people that are hired do not meet the formally established education requisites as set by the respective public ministries.

The marital status of the population in care work is coherent with the age structure. The proportion of single people is higher among nannies and other childcare workers (53.4%), followed by preschool teachers (36.2%), domestic workers (31.7%), nurses (22.1%) and auxiliary nurses (21.3%). Compared to the total occupied population, however, there is a high

³ Especially Miskitos, although they represent only 1% of the total population of care workers and 2% of the total employed population.

proportion of separated, divorced or widowed, which is highest among domestic workers (27.2%), followed by nurses (21.2%) and auxiliary nurses (19.9%).

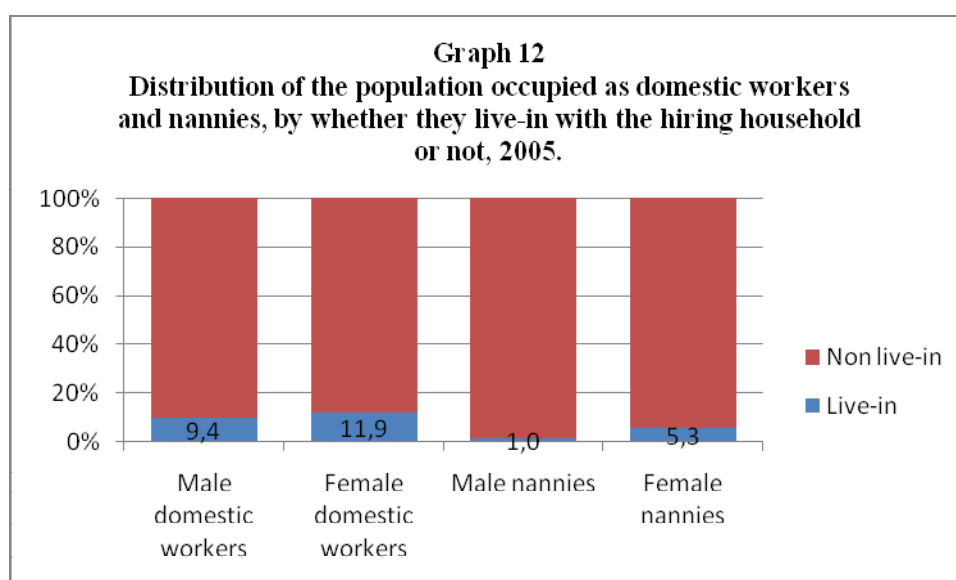
6. The labour conditions of care work

The available statistical sources present us with some limitations for the characterization of the labour conditions of care workers. The main indicators available for the care occupations under consideration refer to the public or private working environment, institutional or familial, and whether it is full-time or part-time.

There are many different modalities of care work. The domestic workers and nannies either live in the household that contracts their services or work on hourly base, while auxiliary nurses work in households, or public and/or private institutions. Although we cannot estimate their number, within the group of domestic workers there is an extreme situation: that of the so-called “daughters of the house”. These domestic workers are in an even more disadvantaged position than those considered domestic employees, since they “perform the same or similar work, but in place of wages receive ‘gifts’ such as shoes, clothes, etc., for which they have need” (Meléndez, 2003: 79). Those most vulnerable to this situation are girls or adolescents in rural areas, who accept these conditions because it at least ensures them food.

Living in the contracting household may present certain opportunities for the care worker, in terms of accommodation, water and electricity services, and meals. At the same time, it may represent a threat to the human and labour rights of the contracted person, as it limits the possibilities to have a life and a household of one’s own, a normal working day of 8 hours a day and a day off after six consecutive days of work, as established by Nicaragua’s Labour Code (National Assembly, 1996). It also has major implications for the way these people, the vast majority women, resolve their own domestic work and care demands.

The overwhelming majority of domestic workers do not live-in. Only 12% of domestic employees and 5% of nannies live-in (Graph 13). These proportions are slightly higher among urban workers (14% and 6%, respectively) and lower among rural workers (6% and 2%). The proportion of men, almost negligibly small in both of these occupations, is close to the zero for the live-in population. The reduction of the number of domestic workers that live in the household where they work is good news, if we consider that that situation brings with it serious restrictions concerning personal and family life of the workers. Among those who live-in, many have neither a bedroom (17%) nor a private bath (36%), and many share a room with the children in the family. The constraints imposed by such living conditions almost always prevent live-in workers from developing their own relationships and social lives. Moreover, they must live with explicit prohibitions, the most common of which involve receiving visitors and talking on the telephone. It should be noted that the majority of workers interviewed stated that they “know how to be respectful”, which might be interpreted as an acceptance of having no private space of their own (Guerrero, Terán and Tijerino, 1993).



Source: Own elaboration based on data from the 2005 Population Census.

On the same note, among nurses and auxiliary nurses, working in public or private institutions increases the probability of having social protection and a higher degree of formality of labour conditions compared to those that are directly contracted by households. *The overwhelming majority of nurses work in institutions rather than in homes.* In the country overall, 93% of these workers are employed by institutions, and only 7% by households. Disaggregated by sex, the situation is similar, although the proportion of workers in institutions is slightly greater among men (95%). The greatest difference between men and women is seen in rural areas, where the proportion of male auxiliary nurses who work in institutions is 98%, while the figure for women is 90%. It is worth noting that between 1995 and 2005, the proportion of men and women that worked as auxiliary nurses in a household increased (291.7% and 893.1%, respectively), but the proportion of auxiliary nurses in institutions declined.

In terms of juridical security of labour relations, there are three work worlds – one totally informal, one highly informal, and one highly formal. In 2005, nearly all domestic workers and nannies were without any written contract (Table 15), as was the situation for slightly over half of the CDIs (child development centres) and preschool teachers – all, by definition, working in either public or private institutions. In contrast, over 70% of women working as nurses or auxiliary nurses had written contracts, whether permanent or temporary, and this proportion was even higher among men.⁴

The situation for domestic workers in this regard is singular, in that the Labour Code (Chapter II, Article 24) explicitly allows for verbal contracts. In fact, a 2002 study by the María Elena Cuadra Movement showed that 98.24% of female domestic workers were working without written contracts. Thus, nearly all female domestic workers had no contracts to establish the starting date of the work relationship, the work to be performed, or the wages to be paid. Receipts for payment were similarly rare. The result is that there are no “witnesses to rebut the employer’s word or facilitate an in-depth analysis of labour conflicts” (Huerta, 2006: 58). The situation with regard to social security is similar. Social security in Nicaragua covers healthcare, occupational risk, maternity, disability, old age and death. The benefit relevant to the present discussion is healthcare, since pensions depend on meeting the requirements of a minimum number of contributions (equivalent to 15 years of payments). Although insurance

⁴ We speak here of CDI teachers, since our source for information on labour conditions (the Employment Survey) uses this set of codes (see Table 1).

is mandatory under the Labour Code, there is an exclusion for domestic service, where it is provided only upon an employer's request; when it is provided, medical services are included but occupational risk is not. *Nearly 100% of domestic workers lack social security coverage. The same is true of 72% of CDI and preschool teachers. Among nurses, on the other hand, 100% of men and 88% of women are covered, while among auxiliary nurses 89% of men and 94% of women have coverage.* Without social security, there are no medical services for maternity, no maternity pay and no access to the free medications provided by INSS.

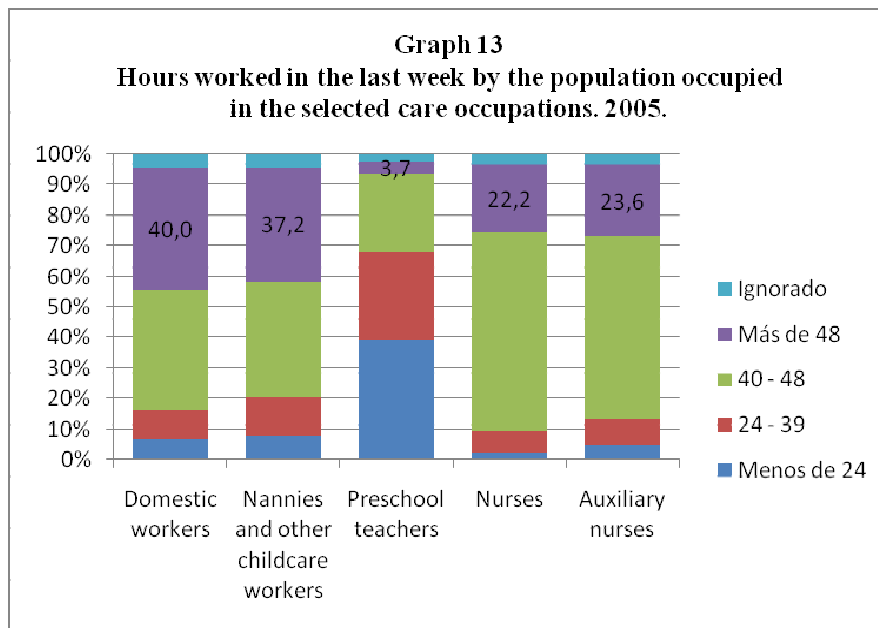
Table 1
Distribution of the population in selected occupations by type of contract and social security. Both sexes, in percentages, 2005.

Occupation	Total	Written contract		Without written contract	Social security	Without social security
		Permanent	Other			
Total occupied population	100	17.5	1.9	80.6	19.5	80.5
Total care occupations	100	9.2	1.2	89.6	8.6	91.4
Domestic workers	100	2.6	0.4	96.9	1.0	99.0
Nannies (without live-in)	100	1.1	0.0	98.9	1.1	98.9
CDI and preschool teachers	100	33.4	14.1	52.5	27.8	72.2
Nurses	100	74.3	3.0	22.8	89.1	10.9
Auxiliary nurses	100	80.4	2.5	17.2	92.6	7.4

Source: XXI household survey for measuring urban-rural employment, November 2005.

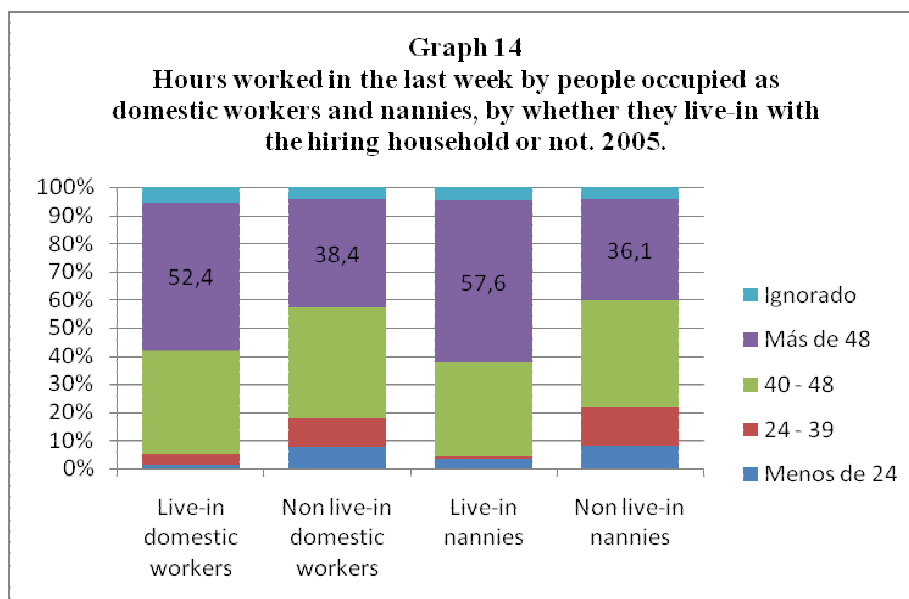
Auxiliary nurses and nurses receive the highest proportion of work benefits established by law: holidays and “thirteenth month” bonus. On the other extreme are the nannies. It is striking that, with regard to nannies, the enforcement of mandates are not only low, but even worse than the situation facing domestic workers and CDI/preschool teachers (the latter group excluding men), while they are subject to a degree of informality comparable to that of domestic workers. Generally, workers with social security are also entitled to paid vacations and a “thirteenth month” bonus. Domestic workers, while not covered by social security, are nonetheless frequently paid this bonus and granted paid vacation time.

The worlds also differ in terms of hours worked per week (overtime, full-time and part-time). In the more informal occupations – domestic workers and nannies – one third or more works more than 48 hours per week. Preschool teachers are distributed fairly evenly throughout the first three brackets in Graph 13, with a slight concentration in the under-24 hours per week bracket. This is not surprising, given that the centres where they work generally operate from 7:30 a.m. to 11:00 a.m., and thus provide only part-time work. In the more formal occupations such as nurses and auxiliary nurses, on the other hand, half or more of those employed work between 40 and 48 hours weekly. The figure for auxiliary nurses working in homes, however, is only slightly over one third (see graph 13).



Source: Own elaboration based on data from the 2005 Population Census.

Live-in domestic workers and nannies work the greatest number of hours per week. Over half work more than 48 hours per week, 52.4% and 57.6% respectively (Graph 14). The Labour Code is written in such a way that it permits extended hours, mandating 12 hours of non-work time each day, but with no stipulation as to the length of the work day, thus implicitly making it possible for the work day to extend into the twelve hours of “rest” (Huerta, 2006: 62). Our data agree with those of Guerrero et al. (2003), who found that while 76% of the domestic workers surveyed had work days of 8 to 10 hours, 23% worked between 12 and 13 hours per day without extra pay. In addition, the live-in workers stated that, in order to attend to the needs of their employers, they were the first to get up in the morning (5:00 a.m.), and that they frequently went to bed after the family for which they worked, thus creating a work day extending from 7 a.m. to 10 p.m. “They have no set work schedule. Their workday is approximately 17 hours long, with 7 hours of rest unless it should occur to the employer or another member of the family to ask for ‘something’ after the employee has gone to bed” (2003: 77).



Source: Own elaboration based on data from the 2005 Population Census.

There is little organisation of workers in the care occupations. Very few workers (3.2% of men and 3.8% of women) are affiliated to workers' organisations. This rate is even lower among domestic workers and nannies, and the number of live-in domestic workers belonging to workers' organisations is practically zero. Among both men and women, nurses and auxiliary nurses are most organised (24% of men and 11% of women). Except among nannies and nurses, men are more likely to belong to workers' organisations. These low levels of organisation are indisputably associated (as both cause and consequence) with the precarious labour conditions in the majority of the occupations studied.

For domestic workers, there is an Association of Domestic Women Employees, organised by the women's division of the Sandinista Workers' Organisation (*Secretaría de la Mujer de la Central Sandinista de Trabajadores*, or CST). With the drastic reduction in the number of salaried workers in the 1990s, the CST started initiatives to organize informal workers, amongst which the domestic workers. However, Guerrero, Terán and Tijerino (1993) found a reluctance to organise among domestic workers, mainly explained by a lack of knowledge on the side of the domestic workers and the low value that society places on domestic service. Notably, 66% of those surveyed expressed interest in organising, which indicates that, besides problems of perception, there are practical difficulties in organising domestic workers, directly related to the isolated character of their work and the vulnerable conditions under which they work.

However, even unorganised domestic workers do have access to a legal services office operated by the María Elena Cuadra Working and Unemployed Women's Movement, which fields complaints of rights violations. The most common complaints from domestic workers concern employers' failure to pay benefits and wages, followed by employer mistreatment (Meléndez, 2003). Ten years earlier, the study by Guerrero, Terán and Tijerino (1993) also documented failure to pay wages as the most common complaint of domestic workers. It is striking, given the frequency with which domestic workers state that they have experienced sexual harassment or abuse, that this office did not receive any such complaints in 2003 – underlining the impunity associated with human rights violations of this type.

Some data are available regarding the extent to which these workers are informed on rights issues. The survey on which the Guerrero, Terán and Tijerino (2003) study was based, inquired about the knowledge workers had regarding their rights as workers. Only slightly over one half (57%) stated that they knew their rights – in particular as concerns the way in which social benefits are calculated. They were less familiar with other rights, such as the December 10th National Domestic Workers' Day holiday. The authors attribute this scant knowledge of rights to the "low level of social training that they receive, the social isolation affecting them [and] the double exploitation to which they are subject"⁵ (2003: 79). Of even more concern is the fact that 87% of those surveyed stated that they did not demand their rights even when they were aware of them, since the invocation of rights is strongly associated with loss of employment. For example, pregnancy is viewed as a reason to change jobs, since domestic workers frequently lose their jobs when they have a child.

Guerrero, Terán and Tijerino (2003) document that domestic workers are mistreated by employment agencies, among others. None of the placement agencies where interviews were conducted educated workers on their labour rights. On the contrary, the orientation emphasised submission and allowing employers to search them without complaint. Worse yet, in some cases, the agencies keep their identity cards and give them to the future employers as

⁵ The reference here is to gender-related exploitation and to social class and/or socioeconomic condition.

a guarantee. The employers then give the cards to the workers when they leave the home, and take them back when the workers return.

In conclusion, there are three degrees of formality that clearly distinguish the labour conditions of the selected care occupations: a) domestic workers, b) nannies and CDI and preschool teachers, and c) nurses and auxiliary nurses.

The poor conditions surrounding domestic work come as no surprise, given the standards that prevail throughout Latin America. However, the contrast between CDI/preschool teachers and nursing employees is striking. The dominant conception is that a CDI teacher (or, to a lesser extent, a preschool teacher) is effectively a nanny with additional training. While these workers do receive some training, it does not constitute actual specialised job training, and the previous work experience of these individuals has often been in domestic service. The situation among primary school teachers is similar: the background of approximately 50% of these workers consists of little more than personal experience, reflecting the fact that there is less regulation in teaching than in healthcare, at least in the public sector.

7. Remunerations: gender and care penalty

“...[T]hose who work in occupations involving care face a relative wage penalty. When we say that doing care work entails a “wage penalty”, we mean that those in these occupations receive, on average, lower hourly pay than we would predict them to have based on the other characteristics of the jobs, their skill demands, and the qualifications of those holding the jobs.” (England, Buding and Folbre, 2002: 455).

Nicaragua’s labour legislation defines official minimum salaries according to the type of economic activity. Personal, social and community services are among the lowest paid forms of work, second only to agriculture and central government work. The selected care occupations would be classified as personal, social and community services, or as central government, according to whether the work is performed for a private or public institution. In 2005, the minimum wage for personal, social and community services was C\$ 1,114.00/month, while the minimum for central government work was C\$ 1,013.00/month. The average wage actually paid, however, was much higher: C\$ 4,700.00 (mean) or C\$ 4,094.00 (median). Therefore, as a methodological criterion for this chapter, we use the mean and median figures, rather than the minimum wage. As an alternative, second criteria, hourly remuneration serves as a better indicator than monthly remuneration (though not better than work hours per week)⁶. This is because in an environment where informal work is widespread, the extension of the working day is a major survival strategy. Hourly income is also a better tool for analysing gender discrepancies, since women tend to work fewer paid hours than men. As a third criterion, the median proves a better indicator than the mean. As shown in Table 2, the mean is higher than the median, which indicates that the biggest part of the population is to be found among the lowest incomes.

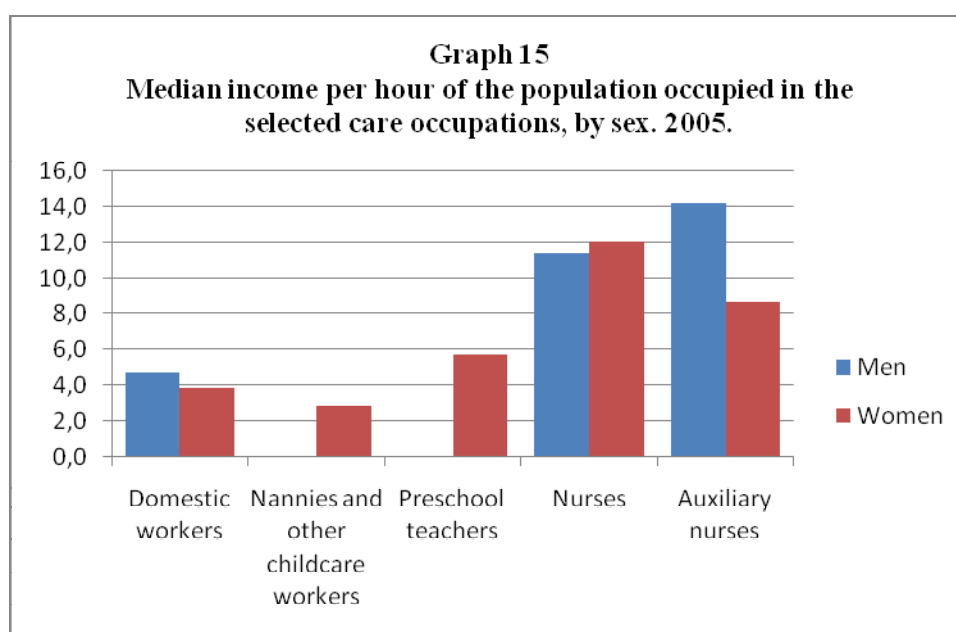
⁶ Although in Nicaragua it is not customary to establish per hour wages.

Table 2
Per hour wage in current Córdoba of the people in selected
care occupations. 2005.

Occupation	Hourly wage		
	Mean	Median	CV
Total occupied population	12.3	7.2	2.4375
Domestic workers	4.5	3.8	0.7441
Nannies (without live-in)	4.0	2.9	0.8314
CDI and preschool teachers	6.8	5.8	0.6572
Nurses	14.5	12.0	0.7539
Auxiliary nurses	10.5	9.9	0.5716

Source: XXI household survey for measuring urban-rural employment, November 2005.

The majority of care occupations are remunerated at a level below the average for the employed population. The median hourly income for the employed population is 7.2 córdobas. Only nurses and auxiliary nurses earn more than this. The rest of the care occupations are considerably below the median. Teachers receive slightly over half of the average figure, while domestic workers receive half and nannies one third of the average. The apparent justification for this low pay for nannies is that they are generally younger, and that they are paid to “play with” children.



Source: Own elaboration based on data from the XXI household survey for measuring urban-rural employment, November 2005.

When we disaggregate the income from care work by sex, the data referring to men cannot be considered trustworthy given the small number of cases in the survey (only slightly more than 900). For this reason, some inconsistencies in the data can be observed, for example that male auxiliary nurses seem to earn more than male nurses (Graph 13). Luckily, for women the data is trustworthy and their hourly income data behaves as we expect it to: it is highest among nurses, followed by auxiliary nurses, CDI and preschool teachers, domestic workers and

finally, nannies⁷. In other words, there is a positive relation between the pay and education level.

Minimum wages are set according to the category of economic activity, and are applicable to all occupations within the category. This unit of comparison is therefore inadequate to assess income gaps associated with care work. Our solution here is to compare the income of the selected occupations with income in occupations that involve similar requirements.

Table 3
Proportion of the total occupied population and of care occupations by working benefits. Both sexes, in percentages, 2005.

Occupation	Working benefits received				
	Holidays	13 th month	Uniforms	Meals	Transport
Total occupied population	20.1	23.4	6.7	13.3	3.1
Domestic workers	23.9	37.1	7.3	67.2	2.5
Nannies (without live-in)	9.6	18.8	4.2	48.6	2.3
CDI and preschool teachers	25.7	31.3	2.1	6.2	0.0
Nurses	83.1	92.0	58.3	41.4	5.9
Auxiliary nurses	88.5	95.1	50.0	34.3	16.4

Source: XXI household survey for measuring urban-rural employment, November 2005.

The principal forms of in-kind pay are uniforms and food. The former benefits nurses in particular, while the latter benefits domestic workers, nannies and nurses. However, note that only 67% of domestic workers state that they receive food. Given the nature of this occupation, one would expect the employment survey to show more provision of meals – particularly since the survey question is simply whether or not the benefit was received, and does not capture the number of times per day meals were provided. In other words, the measurement's bias is on the upside rather than the downside.⁸ This suggests that either the contracts for these services do not, for the most part, include food, or that the informants' answers related only to food that was meant to be consumed outside the workplace. Guerrero, Terán and Tijerino (1993) documented that, in addition, 42% of domestic workers were given second-hand clothing. Interestingly, only 33% of this study's respondents reported receiving food.

The relation between male and female hourly wage in the non-selected occupations shows that men systematically earn more than women and that the difference tends to increase with education level. Table 4 shows the mean and median hourly wage of the other non-care occupations by education level. Just as for the selected care occupations, the mean is higher than the median but in this case the difference between them is larger. In other words, hourly wage in the other occupations also has an asymmetric positive distribution.

⁷ In 2005, the annual exchange rate was C\$16.70 for US\$1.00.

⁸ The survey asked whether food was received or not. If a worker at least received lunch, this should appear as an affirmative answer to the question, even if she did not receive the other two meals. Therefore, one would expect all or at least a vast majority of domestic employees and nannies to state that they received food, but this is not what the data indicate.

Table 4
Men's hourly wage over women's hourly wage.
2005.

Education level	Relation M/W	
	Mean	Median
None	1.03	1.04
Primary	1.28	1.27
Secondary	1.46	1.08
Technical	1.48	1.23
University	1.35	1.33

Source: Own elaboration based on data from the XXI household survey for measuring urban-rural employment, November 2005.

The Employment Survey asks informants to define the level of education required for their jobs. Clearly, there is a risk that informants will state the level of education that they have, rather than the level that the job requires. To minimise this possible bias, we consider the level of education required for each of the occupations studied as that on which the majority of the men and women interviewed agreed (i.e., the mode). The data show that formal education is not required for domestic service or to work as a nanny. CDI and preschool teaching requires secondary education. The same is true for those working as auxiliary nurses. Nursing, on the other hand, requires technical education.

If we compare the hourly income in the selected occupations with the income level of occupations for which the same education level is required, the analysis shows that income for men and women together is systematically lower among domestic workers, nannies and CDI/preschool teachers. This is true regardless of whether means or medians are used for comparison purposes (Table 5). In nursing, the situation is somewhat different. Nurses' incomes are on the same level as other occupations in their educational bracket, while the incomes of auxiliary nurses are lower than others in their educational bracket. The medians, however, are the same. If we focus on *women's incomes* only, we see that, with the exception of nursing, hourly income for the occupations studied is substantially less than the average income within the educational bracket. This points to the need to address the so-called "care penalty".

Table 5
Comparison of incomes in current Córdoba of the care occupations with incomes of occupations which require similar education levels. 2005.

Occupation	Hourly income of care occupation		Hourly income of occupations which require similar education level		Ratio (%)	
	Mean	Median	Mean	Median	Mean	Median
<i>Both sexes</i>						
Domestic workers	4.5	3.8	9.9	6.4	0.5	0.6
Nannies	4.0	2.9	9.9	6.4	0.4	0.5
CDI and preschool teachers	6.8	5.8	15.9	9.8	0.4	0.6
Nurses	14.5	12.0	15.0	11.5	1.0	1.0
Auxiliary nurses	10.5	9.9	15.9	9.8	0.7	1.0
<i>Men</i>						
Domestic workers	5.0	4.7	10.0	6.4	0.5	0.7
Nannies	-	-	10.0	6.4	-	-
CDI and preschool teachers	-	-	18.3	10.4	-	-
Nurses	11.4	11.4	18.0	13.5	0.6	0.8
Auxiliary nurses	16.2	14.2	18.3	10.4	0.9	1.4
<i>Women</i>						
Domestic workers	4.5	3.8	9.7	6.2	0.5	0.6
Nannies	3.8	2.9	9.7	6.2	0.4	0.5
CDI and preschool teachers	6.8	5.8	12.5	9.6	0.5	0.6
Nurses	14.7	12.0	12.2	11.0	1.2	1.1
Auxiliary nurses	8.7	8.7	12.5	9.6	0.7	0.9

Source: Own elaboration based on data from the XXI household survey for measuring urban-rural employment, November 2005.

Modelling the care penalty is beyond the scope of the present paper. This would require, first of all, that one possessed (as England, Budig and Folbre did) wage data for a number of years preceding a panel survey, thus making it possible to measure the “fixed effect” and to minimise the bias associated with the variables omitted. Second, it would require a compendium of occupations in the country – an exhaustive inventory of existing occupations, with descriptions. Based on the description of each of the occupations, specialists – ideally from the Ministry of Labour – would need to create codes reflecting the levels of knowledge, skills and experience required, and then establish a correspondence between the requirements of the occupations in the compendium and those coded in the survey. The principal obstacle to such modelling in Nicaragua is that the country lacks an up-to-date compendium of this type. The only experiment in this regard was in the mid-1980s, when a classifier of public sector jobs was developed as a part of the National Labour and Wages Organisation System (Sistema Nacional de Organización del Trabajo y los Salarios, or SNOTS).

In order to explore the reasons workers in the selected care occupations receive lower incomes than those in other occupations requiring similar education levels, we analysed the incomes of a set of occupations in which women play a major role: business manager, sales assistant, seamstress, shopkeeper, street vendor and store sales clerk. In the opinion of most interviewees, none of the selected occupations requires any education, except for business manager, which requires university study.

As Tables 5 and 6 show, incomes are greater in occupations that are feminised but not care-related than in the care occupations. The gap ranges from 61.5% (male sales clerks) to 140.0% (business manager) and 341.4% (shopkeeper). Among seamstresses and female street vendors, remunerations are also greater than the overall averages associated with the educational levels required for those jobs.

Table 6
Comparison of incomes in current Córdoba of female non-care and care occupations that require similar levels of education. 2005.

Occupation	Hourly income of occupation		Hourly income of occupations which require similar education level		Ratio (%)	
	Mean	Median	Mean	Median	Mean	Median
Business manager	32.9	14.4	31.2	19.2	105.5	75.0
Sales assistant	6.7	4.6	9.9	6.4	67.6	72.7
Seamstress	9.9	6.9	9.9	6.4	99.9	109.1
Shopkeeper	12.5	4.9	9.9	6.4	126.5	77.9
Street merchant	10.8	7.4	9.9	6.4	109.4	116.4
Sales clerk	7.2	5.5	9.9	6.4	72.7	87.3

Source: Own elaboration based on data from the XXI household survey for measuring urban-rural employment, November 2005.

These data indicate that the low income level typical for domestic employees, nannies and CDI or preschool teachers is not attributable solely to the low educational level required for the jobs. The findings suggest that even in light of the educational level needed for these occupations (where formal and secondary schooling is not required) their pay scales undervalue the work performed. In accordance with the hypothesis put forward by England, Buding and Folbre (2002) for the United States, this situation is not only explained by the degree of feminization of these jobs, but also by the low social valuation they carry with them. This devaluation is due to the fact that care is considered a “natural” extension of work that historically is performed in the home by women without pay and requires relatively minor skills – work regarded as meriting lower remuneration. Definitely, there is a penalty associated with performing care work. In principle, the penalty is a sort of “net effect associated with care” and, thus, is independent both of the degree of formalisation in the existing labour market and the degree of prevailing social and labour protections.

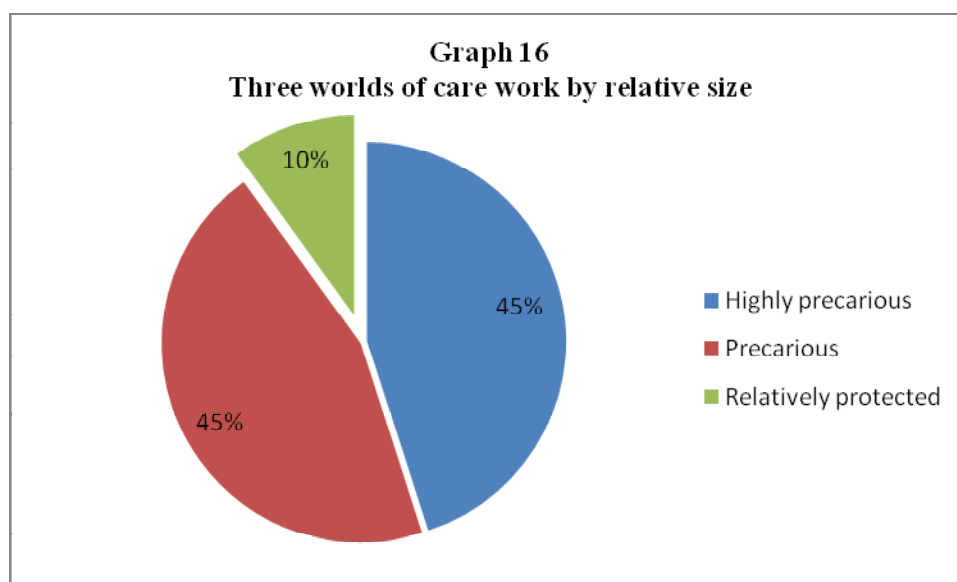
8. What sets them apart: three worlds of paid care in Nicaragua

Although all the considered care occupations share the care penalty, they are also stratified in terms of the level of recognition and social and labour protection. To show this, we use cluster analysis, an exploratory statistical technique that makes it possible to group units based on the degree of homogeneity within a group and the degree of heterogeneity between groups, according to selected variables. The grouping is inductive, and thus one can construct profiles without (explicit) a priori constraints in the form of statistical models – profiles, in this case, of the workers in the selected care occupations. This type of analysis does not distinguish between dependent and independent variables, but calculates interdependent relationships for the entire set of variables.

There are various statistical procedures for identifying clusters. The present study uses a two-phase process to analyse the clusters, thus making it possible to automatically select the optimum number of clusters based on the variables chosen. The method also makes it possible to use categorical variables (such as gender) as well as continuous variables (e.g., income). The procedure sorts the observations into groups based on the criterion of closeness. The individual cases are combined successively to form groups whose centres are very distant from each other.

Here, the analysis focuses on the care occupations we have been examining. The data used come from the 2005 Employment Survey, and we used ten variables for the grouping: sex, age, area of residence, occupation, educational level required for the job, being or not being part of the social security system, presence/absence of a written contract, hours worked in the previous week, union membership and hourly income.

Graph 16 shows the relative size of each of the worlds identified. Cluster 1 is entirely composed of non-live-in domestic workers. Cluster 2 comprises the totality of live-in domestic workers plus non-live-in nannies, slightly less than half of the CDI and preschool teachers, and just over one third of domestic workers not living in, who, nevertheless, predominate in the overall group. Cluster 3 is composed of 100% of nurses and auxiliary nurses, and slightly over half of the CDI and preschool teachers.



Below we describe the characteristics of the three worlds of care in more detail:

The unskilled, highly precarious world: This is the most homogeneous group. It is composed entirely of women employed as non-live-in domestic workers – a job requiring no education. None of the members of this group belong to a union or have a written contract. All are in the 18-49 age bracket. The vast majority of the women in this cluster are not part of the social security system, work over 48 hours per week and live in urban areas, although this group is the least urban. The average hourly income for the group is the lowest (C\$ 3.90) of the three, and this cluster shows the least variation.

The unskilled, precarious world: This group is composed of the totality of live-in domestic employees and non-live-in nannies, nearly half of the CDI/preschool teachers and over one third of non-live-in domestic employees. It should be emphasised that live-in domestic workers have more precarious working conditions than their non-live-in counterparts. In this

case, the lower degree of precariousness is attributable solely to the variables used to construct the clusters.

The education required for these occupations ranges from none to primary schooling. Most of the individuals in this group are non-organised women who have no written contract, do not participate in the social security system, work over 48 hours per week and live in urban areas. Ages in this group range from 15 to over 64, with the 18-49 age bracket predominating. The average hourly income for the group is C\$ 4.90 (intermediate).

The skilled, relatively protected world: This world includes all the nurses and auxiliary nurses, and over half of the CDI and preschool teachers. Although women predominate here, this group is less feminised than the groups described above. The occupations characteristic of this group are those that require the most education (secondary, mid-level technical or university). This cluster comprises over half of individuals who are organised, although union members constitute a minority both overall and in the group. The majority of those in this group have written contracts and social security, and work between 40 and 48 hours per week. The members of this cluster are concentrated in the 18-49 and 50-64 age brackets, with the former predominating. This group is the most highly urban, and has the highest average hourly income (C\$ 12.14). However, it is also the group with the highest variation in hourly income, much higher than the other groups.

Care strategies of the care takers: What happens with care in each of these worlds? Although it is impossible to answer this question on the basis of the statistical sources, we do have information from focal groups that we realized with domestic workers and teachers in Managua and Estelí, respectively. This selection of occupations allows us to analyse the tasks related to paid care work. What stood out primarily is that the interviewees showed us that there are large differences between their care diamonds of each of them and their families. While it is important to understand that the results are not conclusive, given the exploratory nature of the instrument, the results do show some very important things (Table 7).

First, in both cases care is a principally female affair. Second, the paid work of the teachers is inserted in a context of more resources and different types of strategies than that of domestic workers. Third, the work conditions to a large extent explain these differences, but so does the organization of the family, and therefore the interrelation between both spheres. It seems that the teachers succeed in employing each of the strategies that Mariángeles Durán (2004) speaks of: they switch between paid and non-paid work, delegate care (to other people, generally women, in the family; to private services, mainly domestic work; or to husbands and partners); and in some cases accomplish a reorganization of roles within the household. Contrastingly, domestic workers find it harder to employ multiple strategies. These care workers basically depend much more on non-paid work, increasing the length of their working day, than on complementary strategies, as is the case for the teachers.

Table 7
Care strategies among the care takers

Dimensions	Domestic workers	Teachers
Working days	Extensive: are outside the home for an average of 10 hours a day	Variable (depending on whether they work on or two shifts)
Care demands	High, especially from children	High, from children but also high presence of other family members
Strategies to confront unexpected risks, like illness of a child	Have had to get out of work, and even resign during care demand	Higher diversity of strategies, but basically familial and feminine (mothers and sisters)
Market support	No	Generally yes; turn to domestic work
Delegation to public services	Tend to use them more where they are available; positive valuation of CIDs	Higher reluctance to use them because of family support in care (grandparents), despite a positive valuation of CDIs
Delegation to family networks	Not mentioned a lot	Mentioned a lot
Delegation to non-family social networks	Tend to delegate care to neighbours, although in isolated cases only	Is not mentioned
Reorganization of roles	No	At times yes; “support” of the husband/partner. Sometimes division of tasks between different family members, including children
Support of children in care is mentioned, including in situations of high demand like illnesses	Yes	Yes, although in the context of reorganization of roles of other people in the family. Not specifically associated with exceptional care demand.
Can take their children to work if there is no other option	When the employers are “good”, but generally no.	Only in exceptional cases

Source: Focal groups in Managua (2008) and Estelí; Meléndez (2003).

9. Implications for public policy

How can Nicaragua’s current care diamond be changed so as to increase the relative role of extra-familial care – independent of the availability of unpaid female labour – while at the same time emphasising well-paid care jobs that incorporate protections? And how can this be done in a country where the welfare regime is highly informalized and familialized, and where the “critical route” for intervention in the care diamond is hampered by singular, and more adverse, conditions than are present in countries with greater capacity for public spending and/or greater social protections, as found in the more formalised labour markets (e.g., Argentina)?

From the above analysis, two important priorities for policy stand out. One is heavily influenced by the socioeconomic stratification associated with education and the labour market. The second is strongly related to gender and care. While the first sets apart agendas

and interests, the second could possibly bring together and unite them around the objective of social legitimization of care as a social necessity and responsibility.

The results offer valuable inputs for understanding and transforming both aspects. In terms of labour conditions, it is clear that the bad conditions of high informality and low social protection that characterize care work in Nicaragua partially overlap with the generalized problems that trouble the whole of the economically active population related to the care penalty. Therefore, for this aspect, the differentiation between worlds could override their homogeneity.

In contrast, promoting a higher social valuation of paid care work would demand a combination of common strategies among care worlds and differentiated strategies according to care worlds in which the considered occupations group. On one end of the spectrum we find, we find the domestic workers, while on the other we find professionals with higher qualification like a the nurses and a part of the teachers. In between are the nannies and a part of the CDI and preschool teachers. A significant difference between these three worlds of paid care, is that the importance of institutions (public or private) compared to the domestic sphere increases going from the domestic workers to the professionals. This is where the biggest prospects lie for improving the degrees of social protection and remuneration and, more general, to create conditions for the demand of and compliance with human and labour rights.

Thus, one of the major care challenges facing Nicaragua is to shift care from the familial sphere towards the public and institutional one – a task that is easier said than done. Given the limited resources that the Nicaraguan State allocates to public spending in general, and social policy in particular, reducing the role of family strategies and private-sector care requires not only that the State adopt a more important role, but also that “decent” care jobs (which, as defined by the ILO, means adequate pay and social protections) be created. Thus, not only the redistributive function of care, but also its productive function must be highlighted.

This approach to care occupations is even more relevant in the context of the economic crisis that is currently sweeping across the world and the region, and from which Nicaragua will not escape. The creation of work is a key component to confront and overcome the crisis. Social infrastructure in general, and care work in particular, should be “mainstreamed” in government strategies, even more so if it can be done in a decentralized way, with a swift execution and capacity to show results.

The task of creating decent care jobs could draw on State resources and efforts, on business, and even on the women and families themselves who use care services. While some of these jobs, and the services that they provide, could be in the public-State sector, some should involve other actors. What is important is that they be organised as collective services. In such a scenario, both international cooperation and community organisation could and should have major roles.

Women themselves play a leading role, but how can women remain allies, as care responsibilities are shifted from certain vertices of the care diamond to others? Along with creating decent jobs and care services, there must be continued efforts to profoundly change the country’s perception of care, which centres on the family and the private sector. This is a complex challenge, given the importance that motherhood traditionally has in the life plans of thousands of women who consider work primarily (or exclusively) as a minimal source of income, instead of finding gratification in paid work. At the same time, the steps taken during the Sandinista revolution of the 1980s and the value placed on the CDIs even today indicate that the combination of resources and political will can produce major changes.

Finally, reflecting on the above, one may ask whether it is possible to realise women's electoral potential for promoting political platforms that emphasise care, without calling for more family and more female homemakers – an image out of line with the realities of Nicaragua. Given the existing political platforms of the left and right, does Nicaragua have genuine electoral choices on these issues? What is the role of the Church in tilting the balance in favour of more familialization and feminization of care? And finally, in a society where the majority of women confront serious limitations to “be somebody” in society, is it possible to change the contuse centrality of maternity? It would seem that any change to the current social and political economy of care, would require, in addition to actual changes in social investment, a strong focus on the cultural dimension that, together with the material conditions of the population, make so hard to change the current care diamond.

10. References

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