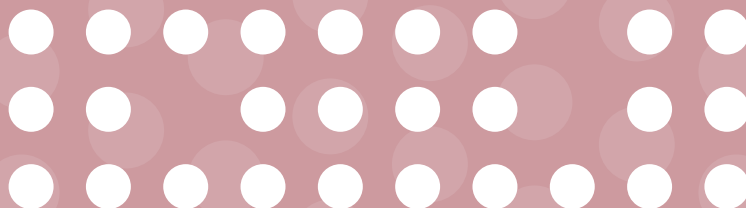




ANNUAL REPORT 2012



A look at grants SUPPORT AND BURDEN FOR WOMEN



Gender Equality Observatory
of Latin America and the Caribbean

ANNUAL REPORT 2012

A look at grants SUPPORT AND BURDEN FOR WOMEN



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Foreword

This third report of the Gender Equality Observatory for Latin America and the Caribbean focuses on indicators of physical, economic and decision-making autonomy as seen against the backdrop of the regional agenda shaped by the consensus reached at the ninth session of the Regional Conference on Women in Latin America and the Caribbean, all of which are in keeping with the Platform for Action of the Fourth World Conference on Women (Beijing, 1995). It also discusses conditional cash transfer (CCT) programmes and their role as a component of social protection systems that can serve as a means of including women as rights holders. A statistical annex compiled by means of a collective effort on the part of various mechanisms for the advancement of women is also included. This annex provides up-to-date official information that will serve as a basis for a deeper analysis of the public policies in place in this area.

There are many different facets to be considered when seeking to assess the degree of autonomy that women have achieved in a physical sense. Maternal mortality rates are not rising, although the reduction in the rate is still far from the level set as the target for the fifth Millennium Development Goal, and the region continues to be in a better position than some of the other regions. The unmet demand for contraceptives is shrinking, but teenage pregnancies are most prevalent among poor women, and gender violence is an ongoing problem.

One of the pieces of good news with regard to autonomy in decision-making is that there have been more women at the helm of government in the region in recent years, more women in the countries' legislatures, especially in the past decade, and more women in the judiciary (although much more recently and in just a few countries). These developments indicate that the glass ceiling that has stopped women from attaining the most senior posts is beginning to break.

Indicators of economic autonomy are posing the greatest public policy challenge. At a time when the region's economies are growing and poverty is declining, the fact that such a large percentage of the poor and indigent population is made up of women should be a wake-up call for economic policymakers about the need to break down the barriers that block women from gaining equitable access to the labour market. Gender equality is a pillar of the economy and of sustainable development; an analysis of the indicators points up the risk posed by the increasing compartmentalization of policies into welfare-based measures targeting the poor and production-based measures that fail to benefit women, despite their higher levels of educational attainment, in large part because of the burden they bear in society as caregivers.

While a great deal of attention has been devoted to the effectiveness of conditional cash transfer programmes in reducing poverty, the fact remains that a broader approach to the overarching social protection systems and to their linkage with the existing development model needs to be adopted so that social policies can be redirected towards initiatives designed to boost employment and, by that means, increase men's and women's economic autonomy.

The Gender Equality Observatory of Latin America and the Caribbean is the result of an inter-agency effort on the part of the United Nations Population Fund (UNFPA), the Pan-American Health Organization (PAHO), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the Ibero-American General Secretariat (SEGIB), the Spanish Agency for International Development Cooperation and the Development Policy Planning and Evaluation Directorate of the Ministry of Foreign Affairs and Cooperation of Spain.

The inputs used for the analysis presented in this report were mainly drawn from the information made available by the Observatory, which attests to the progress made in developing this tool, thanks, above all, to the resolute efforts of the governments of the region to ensure that this type of information is communicated and validated. This commitment to provide updated information is reflected in the increase in the number of reporting countries and in the volume of data provided.

Indicators of physical autonomy, economic autonomy and autonomy in decision-making are analysed in the first part of this report. The status of women in Latin America and the Caribbean is discussed and, in those cases where information is available, the position of women in Andorra, Spain and Portugal is also examined since, although these countries are not part of the Latin American and Caribbean region, they form part of a political community in which women experience similar forms of discrimination and share common interests.

The second part of this report focuses on conditional cash transfer programmes. Here, the focus is on the implications that such programmes may have in terms of gender equality and women's rights and lives. The mainstays of these programmes and their underlying values are explored, as are the impact that these programmes have on women's material conditions and employment. The conclusions drawn from the analysis of these two factors —the slow pace of progress in gaining greater autonomy and the rapid expansion of conditional cash transfer programmes— indicate that there is still a great deal to be done in order to mainstream the advancement of women into the relevant public policies and that, although there are many programmes that heighten women's visibility, afford them recognition and provide them with avenues for policy implementation, most of these policies are not rights-based and tend to be limited to the application of specific mechanisms, especially in the case of poor women.

The aim of this report is to review the progress made in terms of each of the pillars of the Gender Equality Observatory for Latin America and the Caribbean and to discuss the reasons why women's autonomy continues to play a crucial role in development efforts.

Alicia Bárcena

Executive Secretary

Economic Commission for Latin America and the Caribbean (ECLAC)

I. Women's autonomy: a closer look

A. Introduction

Women's autonomy is the overarching concept that frames the compilation of data by the Gender Equality Observatory for Latin America and the Caribbean for use in assessing the progress made towards attaining gender equality in the region, along with the relevant obstacles and sources of opposition. The fundamental belief that informs this initiative is that development is directly related to the advancement of women in public affairs and private life and that, without genuine equality, the democracies and development of the countries of the region will continue to suffer from shortcomings that hinder their efforts to achieve the objectives set out in *The Future We Want*, the outcome document of the United Nations Conference on Sustainable Development (Río+20).

The inequalities that exist in the region are unacceptable and stand in contrast to the material conditions that have been attained. Nor is there any justification for the region's rates of maternal mortality, teenage pregnancy, substandard forms of employment or the disproportionate burden of unpaid domestic work borne by women, to say nothing of gender-based violence. As has been said before (United Nations, 1995; ECLAC, 2010b), inequality and the lack of autonomy that goes along with it are primarily a result of injustice, of an uneven distribution of power, resources and especially income, and of inequality in the way men and women are able to make use of their time, as well as a lack of awareness of women's right to take part in all areas of decision-making.

Women's participation in the labour force over the past 50 years has been a crucial factor in the development process and has contributed to declining fertility rates, which have in turn made it easier for women to enter the workforce. Education has also driven women's empowerment and reductions in poverty. Many women are still living in poverty, however, and even highly educated women continue to earn less than their male peers. Women's participation in politics has altered the democratic landscape, but those who reach the highest levels as political representatives are still running up against glass ceilings or cultural and financial barriers that hinder them from playing their political role as citizens with greater independence and with a greater endowment of resources. Yet it is surely what a number of authors have referred to as "time poverty" that has played the most influential role in highlighting the need for public policies that will play an active part in providing solutions for problems that were once

considered to be in the private domain, such as the care and reproduction of the family – problems that remain one of the chief obstacles to genuine equality.

The Observatory identified a number of critical areas in which indicators needed to be developed, and those indicators were approved by member countries at the tenth session of the Regional Conference on Women in Latin America and the Caribbean. These indicators provide a more complete picture of the status of women in the region and of the implications of gender-based inequalities in terms of poverty, the differential impact of poverty on men and women, and unequal access to monetary, production and political resources. The development of these indicators has been driven by the need to measure and quantify gender-based disparities in various areas and is in keeping with efforts to implement the Platform for Action of the Fourth World Conference on Women (Beijing, 1995) and the Millennium Development Goals.¹ Nearly two decades after the Platform for Action was adopted, all the different international agreements that are in force provide a clear example of the efforts that are being made, but they also attest to the vast challenges that remain.

B. The body: disputed territory

The Observatory's indicators of physical autonomy point up the obstacles that women in the region face in seeking to take their own decisions about their sexuality and reproduction and to exercise their right to a life free of violence.

BOX I.1 INDICATORS OF PHYSICAL AUTONOMY

- Women's deaths at the hands of their intimate partner or former partner.
- Maternal mortality.
- Teenage motherhood (percentage of adolescent women between the ages of 15 and 19 who are mothers).
- Unmet demand for family planning services (percentage of women who are part of a couple and who do not want to have any more children or who want to delay the birth of their next child but are not using a family planning method).

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official sources.

These indicators point to problems that can only be solved by reaching agreement on new policies and strengthening existing policy tools by means of well-timed, sustained, effective policy actions focusing on the family, schools and the community aimed at moving forward in areas where progress has lagged behind. The implementation and delivery of quality services are where more investment appears to be needed.

As noted in earlier reports, inequalities continue to exist in this area within the region. Violence against women, as measured by the indicator of the number of women's deaths occurring at the hands of their intimate partner or former partner, has remained unchanged in recent years and, while, strictly speaking, it cannot be said that gender-based violence in the region has increased, intimate-partner violence *is* on the rise.

¹ See the Declaration and Platform for Action of the Fourth World Conference on Women [online]: <http://www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf> and United Nations, Millennium Development Goals [online] <http://www.un.org/millenniumgoals/>.

There is no sign of any significant decline in teenage pregnancies, and the most recent data on pregnancies of women between the ages of 14 and 19 confirm that, in most of the countries of the region, the rate of such pregnancies is highest in poor sectors of the population. Maternity mortality rates are lower than in some other developing countries and even decreased somewhat in the region in 2005-2010. The extent of unmet demand for family planning services has also declined in most of the countries.

Yet there are few examples of policies for providing greater access to family planning methods or to HIV/AIDS prevention services and, although major strides have been made in national legislation to promote women's physical autonomy and in terms of government responsiveness, the indicators attest to the need for public policies that will address these critical problems and strengthen and expand upon existing ones.

1. Women's deaths at the hands of their intimate partner or former partner

The commitment made by the countries of Latin America and the Caribbean in this respect has led to the conclusion of major international agreements to prevent and eradicate violence against women and to punish the perpetrators of this kind of violence, such as the Convention on the Elimination of All Forms of Discrimination against Women and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (known as the "Convention of Belém do Pará"), and to the framing of general recommendation No. 19 by the Committee on the Elimination of Discrimination against Women (United Nations, 1992). This has opened the way for the introduction of a large number of policy initiatives over the last two decades that have resulted in changes in the countries' judicial systems, new programmes and more accurate means of quantifying violence against women (Almérás and Calderón, 2012).

TABLE I.1
FORMS AND MANIFESTATIONS OF VIOLENCE AGAINST WOMEN IN DIFFERENT
SPHERES OF LIFE AS CLASSIFIED BY THE UNITED NATIONS, 2006

Sphere of life	Area	Description
Violence against women in the home	Violence between intimate partners	Sexual, psychological and/or physical coercion of adult or adolescent women by a current or former partner without the woman's consent
	Harmful traditional practices	Infanticide of girl babies and prenatal sex selection Early marriage Dowry-related violence Female genital excision or mutilation "Honour" crimes and mistreatment of widows
Violence against women in the community	Femicide	Gender-based murder of women
	Sexual violence committed by someone other than an intimate partner	Acts of violence perpetrated by relatives, friends, acquaintances, neighbours, workmates or strangers, including forced sexual initiation and date violence
	Sexual harassment and violence in the workplace, schools or sports activities	Sexual harassment or undesired sexual behaviour Sexual exploitation and harassment by coaches, spectators, representatives, family members or members of the community
	Trafficking of women	Involves many different persons, including family members, local intermediaries, international crime rings and immigration authorities May be undertaken for purposes of sexual exploitation or forced labour

(continued)

Table I.1 (concluded)

Sphere of life	Area	Description
Violence against women committed by the State or committed with its consent	Violence in situations of deprivation of liberty	Acts of sexual violence, sexual harassment or indecent assault in detention centres Inappropriate surveillance that deprives women of their privacy in detention centres Verbal violence that is sexual in nature Torture or cruel, inhuman or degrading treatment or punishment
	Forced sterilization	Sterilization as a means of controlling the reproductive behaviour of the female population of a given subgroup
Violence against women during armed conflicts	Physical, sexual or psychological violence committed by State or non-State agents	Murder, torture or other cruel, inhuman or degrading treatment Abduction, mutilation or disfigurement Forced recruitment of female soldiers Sexual violence, rape, sexual slavery, sexual exploitation Forced disappearance, arbitrary detention Forced marriage, forced prostitution, forced abortion, forced pregnancy or coerced sterilization
Multiple discrimination and violence against women	Factors of multiple discrimination	Race, ethnic origin, caste, class Migrant status, refugee status Age, religion, sexual orientation, matrimonial status, disability HIV positive/negative

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Natalia Gherardi, “La violencia contra las mujeres en la región”, Si no se cuenta, no cuenta. Información sobre la violencia de las mujeres, *Cuadernos de la CEPAL*, No. 99 (LC/G.2510-P), Diane Almeras and Coral Calderón (coords.), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2012. United Nations Publication, Sales No: S.12.II.G.8.

BOX I.2

LAWS ON FEMICIDE OR FEMINICIDE IN LATIN AMERICA

Laws that define femicide (known as “feminicide” in some countries) do not exist in all the countries of the region. In Costa Rica (2007) and Chile (2010), femicide is defined as the violent death of a woman caused by her spouse (in common-law, official or unofficial marriages), partner or former partner. In Peru, feminicide was established as a specific criminal offence in 2011 and is defined as the death of a woman caused by an ascendant, descendant (whether natural or adopted) or person who has been her spouse or live-in partner or who had a similar relationship with her either at the time of her death or previously. In Guatemala (2008) and Nicaragua (2012), the law refers to all cases of violent deaths of women within the framework of unequal power relations, including marriage and cohabitation. Femicide has been a punishable offence in Mexico since 2007 and in El Salvador since 2010 and is defined as extreme forms of gender-based violence against women resulting from the violation of their human rights in either public or private spheres of life and comprising misogynist behaviours that can lead to societal and State impunity and ultimately to femicide (El Salvador), homicide (Mexico) or other forms of violent death for women. The laws of these two countries are similar in scope to the law in Guatemala.

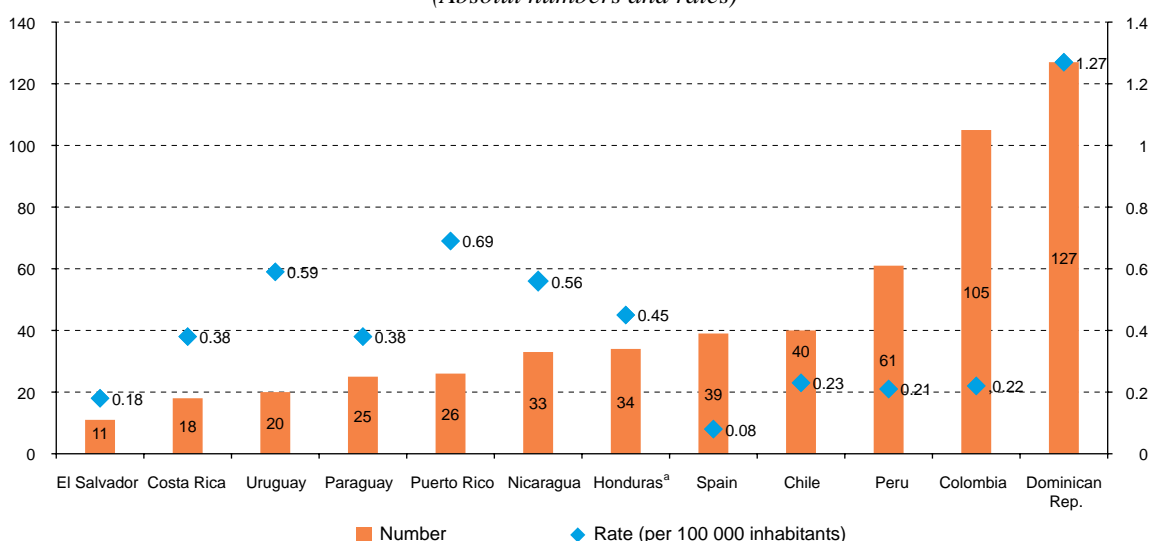
The applicable laws in Argentina (2012) and Colombia (2008) do not use the word “femicide” or “feminicide”, but the murder of women for gender-related reasons is established as an aggravating factor that differentiates the punishment of that type of homicide (Toledo, 2013). Spain has its Special Act No. 1 on Comprehensive Protective Measures against Gender-Based Violence of 2004.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information contained in the legislative files of the Gender Equality Observatory for Latin America and the Caribbean.

Information compiled by the Observatory shows that violence against women continues to be a serious problem in the region. In 2011, 466 women were killed by their intimate partner or former intimate partner in 10 nations of the region (Chile, Costa Rica, Colombia, Dominican Republic, El Salvador, Nicaragua, Paraguay, Puerto Rico, Peru and Uruguay).

During that same year, 1,139 gender-based homicides were committed in eight countries of the region (Chile, Costa Rica, Dominican Republic, El Salvador, Nicaragua, Paraguay, Peru and Uruguay), and 29.4% of all gender-based murders of women in those countries were committed by those women's boyfriends or former boyfriends, husbands or former husbands, or live-in partners or former live-in partners.² This figure is slightly lower than it was in 2010 (30.9%).³ Thus, although gender-based violence cannot be said to have increased in the region because the data are not fully comparable and information is not available for all of the countries, intimate-partner violence is clearly a persistent problem. According to data for 2011, the lowest rate of deaths of women at the hands of intimate partners or former intimate partners was in El Salvador (0.18 per 100,000 inhabitants) and the highest was in the Dominican Republic (1.27 per 100, 000 inhabitants) (see figure I.1).

FIGURE I.1
LATIN AMERICA (11 COUNTRIES) AND SPAIN: DEATHS OF WOMEN AT THE HANDS
OF THEIR INTIMATE PARTNERS OR FORMER INTIMATE PARTNERS, 2011
(Absolute numbers and rates)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of data provided by national machineries for the advancement of women.

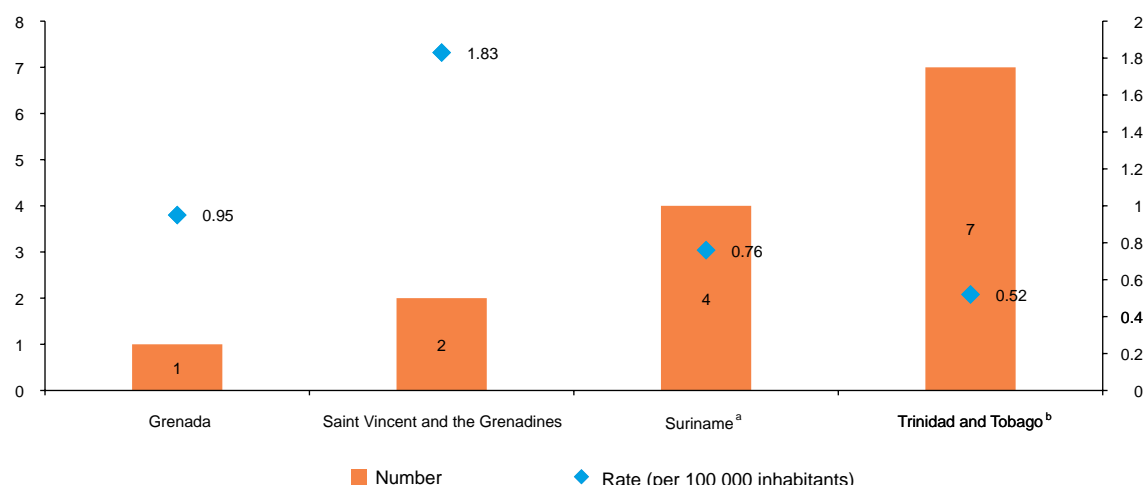
^a Data for 2010.

In the Caribbean, the figures are equally striking. In 2009, 11 women were killed by their intimate partners or former intimate partners in four countries: Grenada (1), Saint Vincent and the Grenadines (2), Suriname (1) and Trinidad and Tobago (7). The most recent data for Grenada and Saint Vincent and the Grenadines indicate that in 2011 there were a total of three cases in which women were killed by their intimate partners or former intimate partners.

² There were 355 murders of women by their intimate partner or former intimate partner in these countries (Chile, Costa Rica, Dominican Republic, El Salvador, Nicaragua, Paraguay, Peru and Uruguay) in 2011.

³ In 2010, 340 of the 1,101 gender-based homicides committed in these eight countries (Chile, Costa Rica, Dominican Republic, El Salvador, Nicaragua, Paraguay, Peru and Uruguay) involved women victims who were killed by their intimate partners or former intimate partners.

FIGURE I.2
THE CARIBBEAN (4 COUNTRIES): DEATHS OF WOMEN AT THE HANDS OF THEIR
INTIMATE PARTNERS OR FORMER INTIMATE PARTNERS,
MOST RECENT DATA AVAILABLE
(Absolut numbers and rates)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official data as of December 2011.

^a Data for 2010.

^b Data for 2009.

Because violence against women is such a complex problem, there is a need not only for laws and programmes that provide psychological and social services but also for strategies designed to alter the culture and conditions surrounding the formation and consolidation of social relationships. Action needs to be taken to bring about changes in the justice system and in the health and education sectors, in the cultural institutional framework and in the media. Access to justice also has to be guaranteed, and social policies are needed that will ensure that women receive support and assistance in the course of judicial proceedings.

The possibility of having incomes of their own and economic autonomy does not automatically mean that women are no longer vulnerable to violence, but it does help to break the cycle of violence to which women are subject, since the combination of a lack of physical and economic autonomy puts women at risk in terms of their development and the exercise of their rights.

2. The statistical weaknesses of administrative records

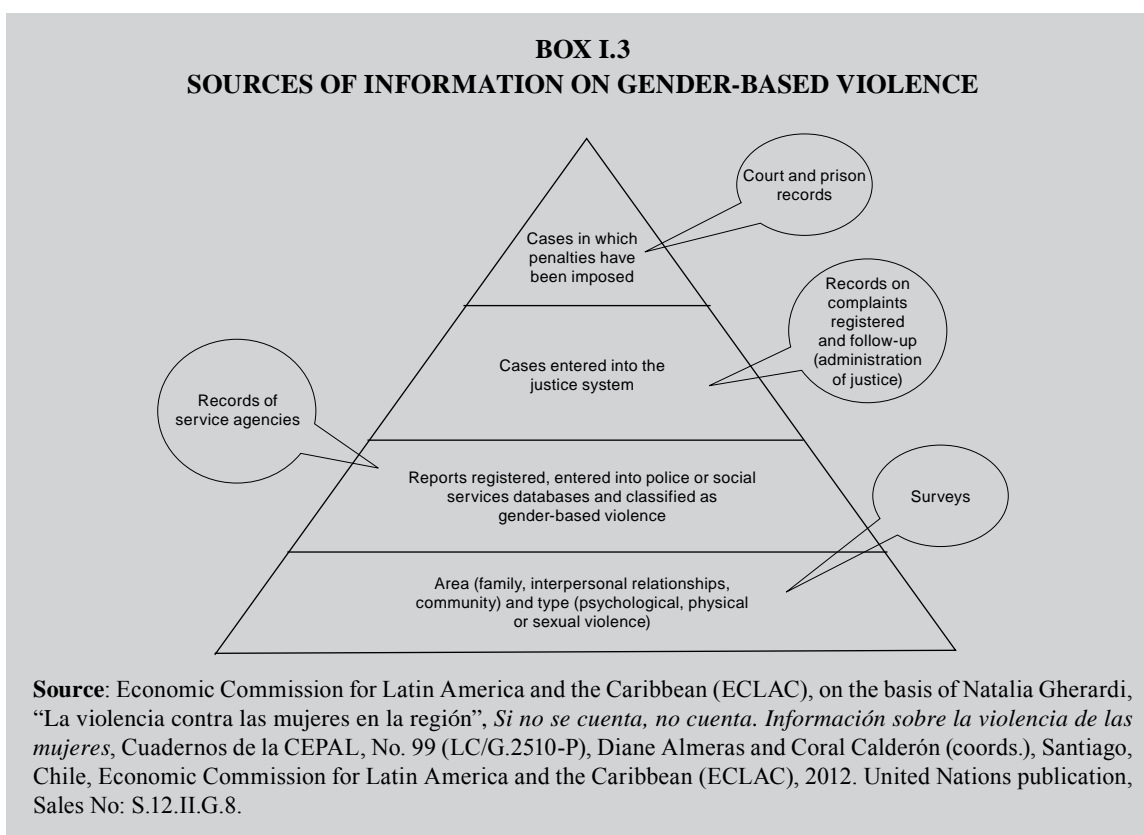
Administrative records and surveys are the two types of tools available for measuring violence against women, and both of these tools, as used in the region, suffer from shortcomings. The regional baseline studies that have been conducted in the region indicate that a considerable amount of headway has been made over the past 10 years, but it is also clear that data compilation varies a great deal across countries, that the records are often not comparable and that there is a lack of inter-agency coordination within each country in the computation of official country statistics.

The various steps involved as women victims of violence navigate the proceedings that begin with their entry into the system and end with the conclusion of the trial are difficult to trace. Administrative records do not provide full or accurate information about the scale of the different types of violence to which women fall victim. What information can be obtained is piecemeal and disaggregated because the different institutions that play a part in the process at the various levels of the pyramid (see box I.3) are

not interconnected or do not coordinate with each other. As a result, It is difficult to gain access to the information, and the data are not comparable across agencies or countries. The most serious problem, however, is that the available information does not tell us when women are able to avail themselves of their rights and gain access to justice and when the public system's responses fall short of what is needed.

The vast majority of the countries compile the information provided by the administrative records of public-sector agencies that deal directly with women. The level of violence can be computed on the basis of information from health, security, judicial and social welfare records as well as records on employment services, housing assistance and economic subsidies.

The documentation process can be depicted as a pyramid whose base is composed of the estimates of the occurrence of the various types of violent acts computed using information on the areas in which such acts occur and the forms that they assume. The next level corresponds to the acts of violence that are reported and recorded in the relevant information systems. The third level is represented by the reports that make their way into the justice system, while the tip of the pyramid corresponds to those reports that lead to a trial which reaches a clear conclusion, with penalties being imposed by the courts, assistance being provided to victims and convictions being handed down (Gherardi, 2012).



Work is now being done in the region to harmonize data on gender-based violence, to determine which statistics on each type of violence are official and to merge the various statistical records into consolidated national registers. Examples include the recently launched consolidated record on violence against women in Argentina, or the work of the same type being done in Colombia, whose results are being published in the Gender Affairs Observatory of the High-Level Presidential Advisory Council on Gender Equity. Nonetheless, in most of the countries, efforts to align the existing information and to produce official statistics are running into problems because the data sources are scattered over large areas, the data are not comparable and records are not kept for sufficiently long periods of time.

3. Surveys on violence

Surveys on violence against women are the only means of gathering information on the violent acts that are committed but that are not reported or have not been detected by public services —the so-called “shadow statistics” on violence against women. This information is essential for any analysis of trends in violence against women and for the development of descriptions of the events, victims and different aspects of each case, the perpetrators and the locations in which such acts have been committed in given periods of time.

Systematic surveys of this type should be conducted on a regular basis so that time series can be constructed that will make it possible to track trends in violence against women.

A number of surveys on violence against women are conducted in the region. Some of them are national or local surveys that focus specifically on violence, while others are more general surveys that are designed to gather information on a wide range of subjects and that include specific sections on violence against women.

BOX I.4 SURVEYS ON VIOLENCE IN MEXICO AND ECUADOR

In order to compile information on the various forms of violence committed against women, Mexico and Ecuador have launched two different initiatives that have made it possible to acquire experience and build technical capacity in the compilation of information on the incidence of violence in those countries.

In Mexico, the National Statistical and Geographical Institute (INEGI) has conducted the Nationwide Survey on Household Relations (the Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares (ENDIREH)) in 2011, 2006 and 2003.

In conjunction with the 2011 survey, a forum was held with specialists from a number of different academic and government institutions (including the Regional Multidisciplinary Research Centre of the National University of Mexico, the College of Mexico, the Chamber of Deputies, the Education Secretariat, the Social Development Secretariat and the National Population Council). The participants in that seminar arrived at the conclusion that the survey should be focused on gender-based violence against women in both the public and private spheres of life as seen from a public policy perspective.

The 2011 survey was designed to provide statistics on the frequency and scale of intimate-partner violence and the violence experienced by women in schools, the workplace and the community. This information was to be channelled into a subsystem of statistical information on violence that is to form part of the National Statistical and Geographic Information System.

The survey was carried out in October and November 2011. Nationwide, rural/urban and state-level samples were included in the total of 128,000 households that were canvassed. The compilation of the data was completed in December 2011, and the information was processed in January-March 2012.

In Ecuador, the country's first National Survey on Family Relations and Gender-Based Violence against Women was conducted in 2011. The survey is designed to collect statistical data on the prevalence, incidence and scale of different types of gender-based violence (physical, psychological and sexual violence) to which women have been subjected in public (school, employment, social) and in private (the home, families, partners) spheres of life. The survey also collects information on people's awareness of

(continued)

Box I.4 (concluded)

judicial services and avenues for dealing with acts of violence, their efforts to make use of those services and avenues, and their perceptions of the institutional response to such efforts.

This nationwide survey was conducted in both rural and urban areas; the sample was composed of 19,104 dwellings (16 dwellings in each of 1,194 sectors).

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the National Statistical and Geographical Institute (INEGI), Nationwide Survey on Household Relations (ENDIREH) [online] <http://www.inegi.org.mx/est/contenidos/proyectos/encuestas/hogares/especiales/endireh/default.aspx> and the National Statistics and Census Institute (INEC) [online] http://www.inec.gob.ec/sitio_violencia/metodologia.pdf.

4. Reproductive health indicators

At the International Conference on Population and Development, held in Cairo in 1994, the world's governments acknowledged that reproductive rights are human rights shared by all people and recognized women's freedom to regulate their fertility safely and effectively, to decide whether or not to have children, when and how often, and to have access to health services that will ensure that pregnancy and childbirth are not life-threatening. The right to reproductive health encompasses not only reproduction and the prevention and treatment of illnesses associated with sexuality and reproduction, but also the ability to enjoy a satisfactory sexual life.

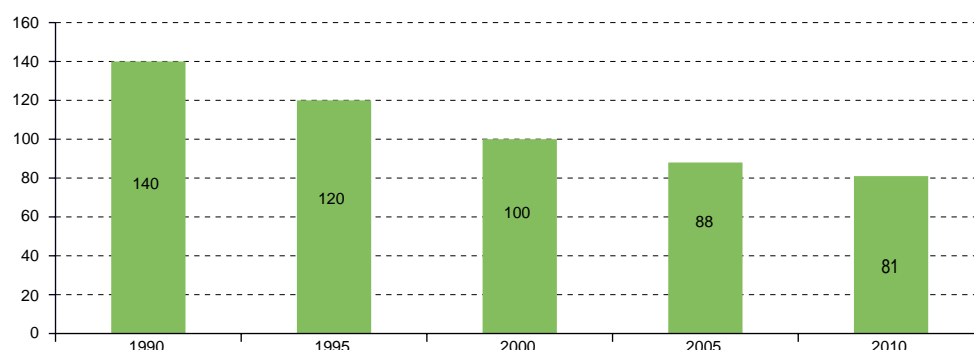
One of the most categorical reproductive health indicators is maternal mortality, which is chiefly associated with poverty and a lack of medical care. The commitments made in Cairo included halving maternal mortality rates between 1990 and 2000 and halving them again between 2000 and 2015. These agreements led to the inclusion of improvements in maternal health as the fifth Goal of the Millennium Development Goals (2000), with some of the specific targets being to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio and to protect the rights of all mothers, without distinction.

The situation in the Latin American and Caribbean countries gives cause for concern, even though their maternal mortality rates are not among the highest in the developing world and have in fact declined slightly, on average, in recent years (from 88 deaths per 100,000 live births in 2005 to 81 per 100,000 live births in 2010).

Of the 28 Latin American and Caribbean countries for which information is available, 15 have a maternal mortality rate that is above the regional mean (81 deaths per 100,000 live births in 2010) and, although the rate decreased, to varying extents, in more than half of the countries, it rose in another six of them. The persistence of high rates in some countries (which do not show up in the regional average) reflects a lack of access to health services and problems in terms of the quality of medical care provided during childbirth, in emergency obstetrical care and in pre- and post-natal monitoring (ECLAC, 2011a).

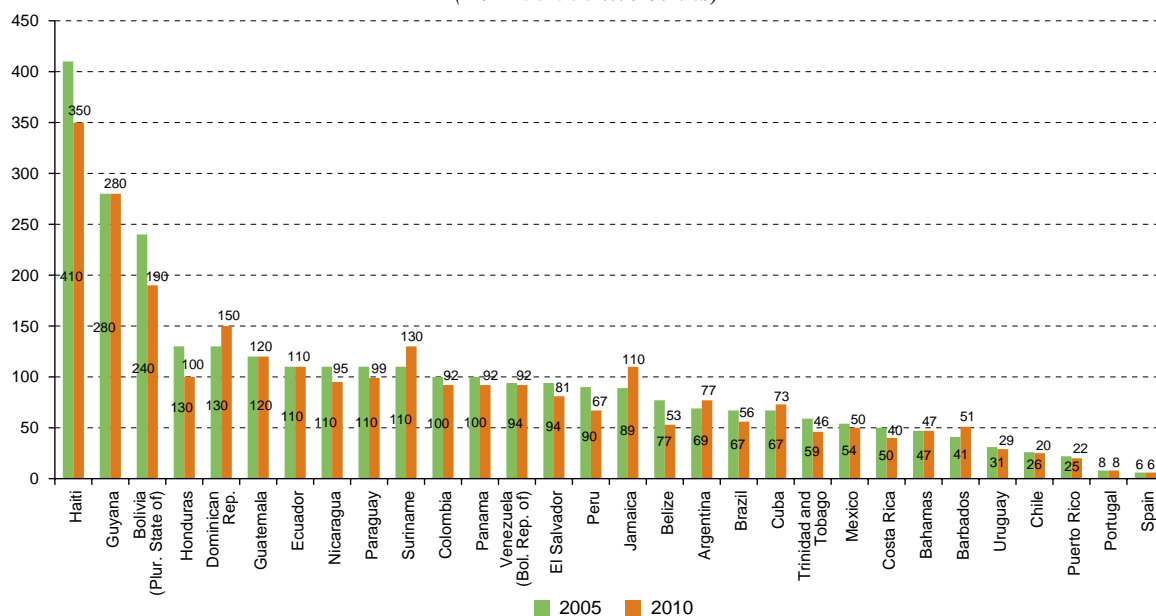
The positive effect of increases in the percentage of deliveries attended by specialized personnel is reflected in maternal mortality rates. Peru, for example, which had an above-average maternal mortality rate in 2005, had reduced that rate to 67 deaths per 100,000 live births by 2010 – 14 points below the regional average. During that same period, the percentage of births attended by specialized personnel rose by 15 points. A similar situation can be found in the Plurinational State of Bolivia, where an increase in the percentage of births attended by specialized personnel has brought about a steep drop in the maternal mortality rate, which —although it is still above the regional average— fell by 50 points in five years (from 240 deaths per 100,000 live births in 2005 to 190 in 2010).

FIGURE I.3
LATIN AMERICA (20 COUNTRIES) AND THE CARIBBEAN (8 COUNTRIES):
MATERNAL MORTALITY RATES, 1990-2010
(Per 100 000 live births)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of World Health Organization (WHO), *Trends in Maternal Mortality: 1990 to 2010. Estimates developed by WHO, UNICEF, UNFPA and The World Bank* [online] [http:// www.childinfo.org/files/Trends_in_Maternal_Mortality_1990_to_2010.pdf](http://www.childinfo.org/files/Trends_in_Maternal_Mortality_1990_to_2010.pdf).

FIGURE I.4
LATIN AMERICA (20 COUNTRIES), THE CARIBBEAN (8 COUNTRIES), PORTUGAL
AND SPAIN: MATERNAL MORTALITY RATES, 2005 AND 2010
(Per 100 000 live births)



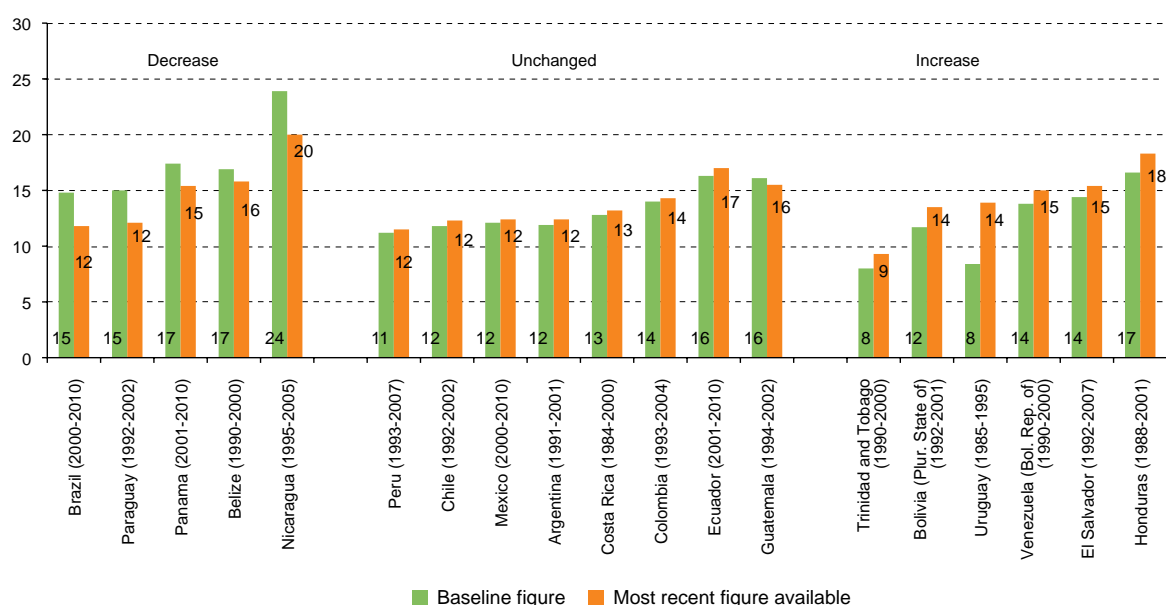
Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of World Health Organization (WHO), *Trends in Maternal Mortality: 1990 to 2010. Estimates developed by WHO, UNICEF, UNFPA and The World Bank* [online] [http:// www.childinfo.org/files/Trends_in_Maternal_Mortality_1990_to_2010.pdf](http://www.childinfo.org/files/Trends_in_Maternal_Mortality_1990_to_2010.pdf).

In the Dominican Republic, on the other hand, 97% of all births are attended by qualified personnel and yet the maternal mortality rate remains fairly high (150 deaths per 100,000 live births in 2010). This can be attributed to improved record-keeping. In general, the countries of the region are making an effort to improve their records and data on maternal mortality.

5. Teenage mothers: dimensions of inequality

The fertility rate among adolescent women points to an area of sexual and reproductive rights in which a great deal remains to be done. This rate attests to the fact that younger women are at a disadvantage in terms of their access and use of sexual and reproductive health resources. And their disadvantageous position in this respect is, in turn, one of the main reasons why fertility rates among adolescents in Latin America and the Caribbean remain so high and have proven so intractable in the face of efforts to lower them.

FIGURE I.5
LATIN AMERICA (17 COUNTRIES) AND THE CARIBBEAN (2 COUNTRIES): WOMEN
BETWEEN THE AGES OF 15 AND 19 WHO ARE MOTHERS, BASELINE AND MOST
RECENT FIGURE AVAILABLE
(Percentages)

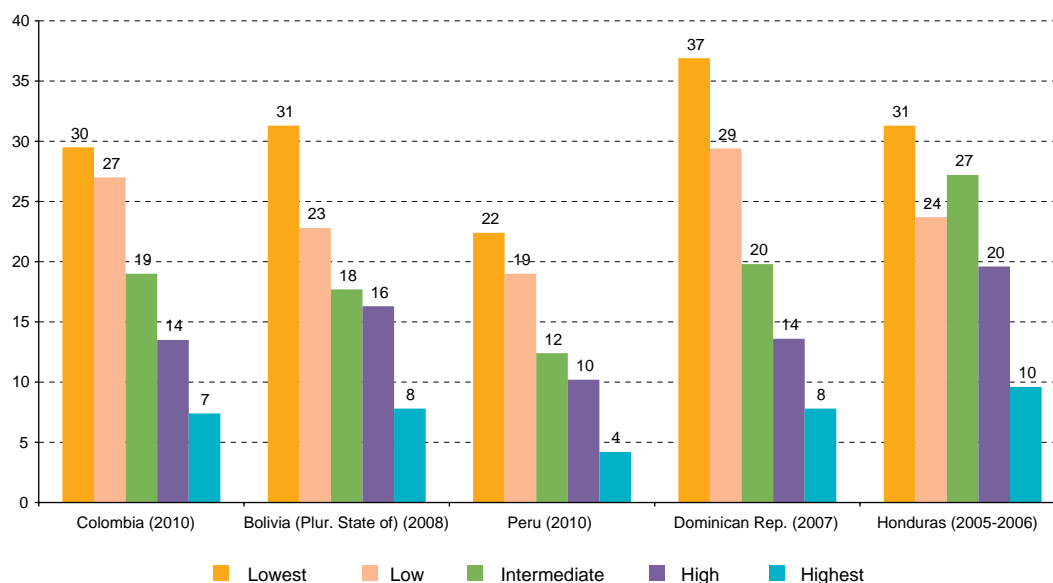


Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official figures.

Nicaragua has the highest figure for this indicator (20% of women between 15 and 19 years of age are mothers). The figure is also high in Honduras (18%), Ecuador (17%) and Belize and Guatemala (16% in both cases). The trend has levelled off somewhat in four countries that had witnessed moderate increases in the preceding decade: Brazil and Panama recorded slight declines (of 3 and 2 percentage points, respectively), Mexico's 12% rate remained unchanged, and Ecuador registered a moderate increase.

These statistics raise two problematic issues. First, they stand in contrast to the decline in fertility rates in all other age groups that has been documented in a number of studies (ECLAC, 2011a). Second, although teenage pregnancies occur in all social strata, they are much more common in the lower socioeconomic segments of the population. This means that the region that has the greatest income inequality in the world also displays a sharp differential between the fertility rates of adolescents in the poorest and richest income quintiles (and between the rates for the least-educated young women and their more educated counterparts).

FIGURE I.6
LATIN AMERICA (5 COUNTRIES): WOMEN BETWEEN THE AGES
OF 15 AND 19 WHO ARE MOTHERS^a OR ARE PREGNANT,^b
BY INCOME QUINTILES, AROUND 2010
(Percentages)



Source: Demographic and Health Surveys [online] <http://www.measuredhs.com/>. Final report for each country.

^a Women who have given birth to a live-born child.

^b Women who are pregnant with their first child.

An analysis of the latest available data on the distribution by income quintile of adolescents between the ages of 15 and 19 who are mothers or pregnant shows that this segment of the population is concentrated in the poorest sectors in most countries. In the Dominican Republic, 37% of the young women in this age group who are mothers or are pregnant belong to the bottom income quintile. In the Plurinational State of Bolivia and Honduras, 31% of them are in that quintile, while the corresponding figures for Colombia and Peru are 30% and 22%, respectively.

This situation poses an enormous challenge in terms of development with social equity because early motherhood is associated with increased poverty rates among adolescents, diminished educational prospects owing to the fact that these women often have to drop out of school, at least for a time, and fewer job opportunities. The level of inequality is thus exacerbated by the intergenerational reproduction of poverty. This undermines women's autonomy, which is one of the central pillars of equality.

The complex web of determinants associated with teenage motherhood need to be explored. Cultural factors, eroticization and strong motivations for premature sexuality are all serious obstacles to a reduction of teenage motherhood, especially in the absence of sex education in the schools and of sexual and reproductive health programmes for adolescents and for adult men and women that would provide them with relevant information and confidential access to safe contraceptives (Pitanguy, Costa and Romani, 2010).

BOX I.5**SEXUAL AND REPRODUCTIVE HEALTH POLICIES IN THE PLURINATIONAL STATE OF BOLIVIA AND IN PERU**

Between 2009 and 2011, an increase was seen in the number of sexual and reproductive health programmes, in the region, and especially in the number of such programmes that offer services relating to birth control and to medical care during pregnancy and childbirth. Sexual and reproductive health programmes were set up in eight countries of the region during that period, including Peru and the Plurinational State of Bolivia; these countries have also registered a sharp reduction in maternal mortality rates.

The National Sexual and Reproductive Health Strategy for 2009-2015 of the Plurinational State of Bolivia includes targets for the reduction of maternal and neonatal mortality (as well as for reductions in the unmet demand for contraceptives and universal coverage of antiretroviral treatment for persons living with HIV) as benchmarks associated with the objective of providing full guarantees for the exercise of sexual and reproductive rights. The country is also implementing its 2009-2015 National Strategy for Improving Maternal, Perinatal and Neonatal Health.

In Peru, there have been a number of different advances in this area in recent years, including those introduced by Ministerial Decisions Nos. 207-2009 and 223-2009 and the launch of the National Strategy for Reducing Maternal and Perinatal Mortality for 2009-2015. The country is also implementing Ministerial Decision No. 242-2009 of the Ministry of Health, which provides for a nationwide programme for the distribution of male condoms to users of the public health system.

Source: Economic Commission for Latin America and the Caribbean (ECLAC).

Demographic and health surveys are one of the most important sources in the region for information on teenage pregnancies, although there are still gaps in the statistics used to compute the fertility rate (i.e., the number of births per 1 000 women of childbearing age (15-49 years) occurring each year). Another informative indicator is the percentage of women between 15 and 19 years of age who are mothers.

For example, the statistics provide no information on the number of pregnancies among women under the age of 15 or the trends in this indicator owing to the absence of administrative records on such cases. Strategies are needed for publishing the existing information on this age group and for identifying the gaps in these statistics.

The fact that the quality and coverage of information on teenage pregnancies vary a great deal across the countries of the region poses a formidable methodological challenge. Efforts to address this problem should be coupled with a reconfiguration of the age group structure and the addition of information on girls between the ages of 10 and 14⁴ in order to make it possible to analyse the growing phenomenon of precocious sexuality and its implications. Such an analysis would compel the countries of the region to work to make greater headway in the implementation of public policies to deal with the causes of maternal mortality, the lack of services to deal with sexual violence against young women and girls, the insufficiency of family planning services, the prevalence of sexually transmitted diseases and the lack of confidential health-care services for young people.

⁴ Some countries' online statistical records do include data on this age group because they register the age of the mother, but it is not yet possible to develop regionwide comparisons.

6. Women's control over their sexual and reproductive lives

Another of the indicators used by the Observatory to gauge women's physical autonomy is the level of unmet demand for family planning services. This demand is estimated by computing the ratio between the number of women in the 15-49 age group who are married or in consensual unions and who do not want any more children or who would like to delay the birth of their next child but are not using a family planning method, on the one hand, and the total number of women in that age group who are married or in consensual unions, on the other.

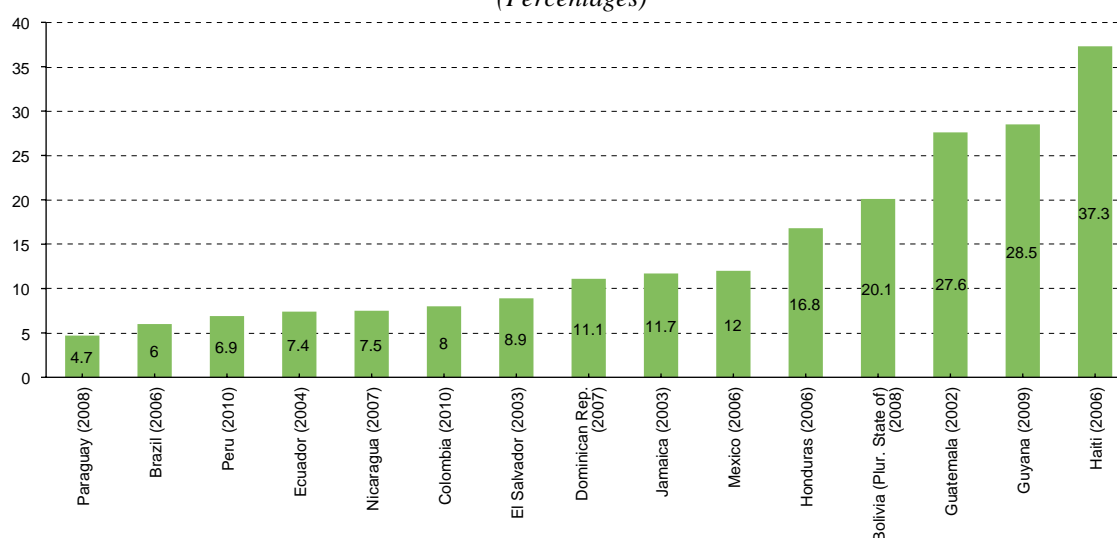
The unmet demand for family planning services is measured using data from special-purpose surveys, such as demographic and health surveys and reproductive health surveys, and national surveys that are conducted using similar methodologies.

The unmet demand for family planning services is an extremely important indicator for measuring progress towards the health-related Millennium Development Goals. Few countries in the region have this information, however, and this is particularly true in the Caribbean, where only three countries compile statistics on this demand.

As shown in figure I.7, Haiti heads up the list of countries with the greatest unmet demand for family planning services, with an indicator of 37.3%, which means that nearly 4 out of every 10 women who would like to use family planning services have no access to them. High levels of unmet demand are also found in Guyana (28.5%), Guatemala (a steady ratio over time of 27.6%), the Plurinational State of Bolivia (20.1%) and Honduras (16.8%).

These figures notwithstanding, the level of unmet demand for family planning services has declined in most of the countries. In both the Plurinational State of Bolivia and Haiti, the indicators of access to family planning methods have improved in recent years; now, one out of every five adult Bolivian women do not have access to family planning methods, whereas one out of every four women who were married or in a consensual union lacked such access in 2004.

FIGURE I.7
LATIN AMERICA (12 COUNTRIES) AND THE CARIBBEAN (3 COUNTRIES): UNMET
DEMAND FOR FAMILY PLANNING SERVICES
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of the United Nations database of indicators for the Millennium Development Goals [online] <http://mdgs.un.org/unsd/mdg/Default.aspx>.

Other countries have witnessed a slight decrease in the level of unmet demand for family planning services but the unmet demand for contraceptives has risen in Honduras and Mexico, while, in Brazil, unmet demand decreased sharply between 1996 and 2006. Unmet demand has been falling steadily in Paraguay, where a steep drop between 1998 and 2004 (20%) was followed by another decrease of nearly 2 points (from 6.6% to 4.7%) in 2008.

The reasons why a portion of the demand for family planning services has not been met include the expansion of the overall demand for such services, supply shortfalls, a lack of support for the use of family planning methods on the part of some spouses, and the cost and difficulty of obtaining contraceptives in some countries.

BOX I.6 TOWARDS CAIRO+20

In 1994, during a decade marked by a number of major United Nations conferences, the International Conference on Population and Development was held in Cairo. This was the first time that reproductive health issues as approached from a rights-based perspective (in other words, as seen from a perspective that was not purely demographic) had figured on the agenda.

The International Conference on Population and Development and the establishment of its Programme of Action sparked growing interest around the world in reproductive health policies and initiatives and led to the institutionalization of national sexual and reproductive health programmes in many countries of the region. The promotion of reproductive health and rights found a place on the public policy agenda, and the commitments assumed first in Cairo and later in Beijing (1995) have been ratified every three years since then by the Regional Conference on Women in Latin America and the Caribbean.

In the Lima Consensus (2000) —which has been reaffirmed by the Conference at subsequent sessions— the governments pledged to “guarantee the protection of women’s human rights, including sexual and reproductive rights, and address violations of these rights with particular attention to all forms of gender-based violence and its root causes, including the reproduction of a culture of violence” and to “formulate and improve programmes designed to safeguard women’s health and uphold their sexual and reproductive rights in accordance with the provisions adopted in Cairo at the International Conference on Population and Development and in Beijing at the Fourth World Conference on Women”.

One of the agreements reached at the eleventh session of the Regional Conference on Women in Latin America and the Caribbean, held in Brasilia in July 2010, focused on promoting the integral health of women and their sexual and reproductive rights and ensuring the allocation of government budget resources for the purpose of expanding high-quality public health services; improving relevant laws and regulations; guaranteeing access to comprehensive sexual and reproductive health services and to sex education; reviewing laws that punish women who have undergone abortions; strengthening programmes to prevent maternal mortality; and ensuring universal access to reproductive health services, especially for indigenous and Afro-descendent adolescents and women, among others.

In the light of the reaffirmation of the agreements reached in Cairo at successive world and regional conferences, the challenge for the region at this point is to fulfil those commitments by continuing to make headway in overcoming gender-based inequalities.

Source: Economic Commission for Latin America and the Caribbean (ECLAC).

C. Parity: a long time coming

The Observatory's indicators of autonomy in decision-making quantify the relative presence or absence of women at senior decision-making levels in the governments of the region.

BOX I.7 INDICATORS OF AUTONOMY IN DECISION-MAKING

- Executive branch: percentage of women cabinet ministers.
- Legislative branch: percentage of women in the country's principal legislative body.
- Judicial branch: percentage of women judges in the country's highest court of justice or supreme court.
- Local government: percentage of elected mayors who are female.
- Local government: percentage of elected city council members who are female.
- States that have signed and ratified the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women.
- Level within governmental hierarchy of national machineries for the advancement of women^a.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean.

^a The governmental hierarchy indicator was dealt with extensively in the 2011 annual report and has not exhibited any significant changes in this reporting period.

Autonomy in decision-making is a concept that refers to the presence of women in decision-making circles at the various levels of the hierarchies of the different branches of government and the measures in place to promote women's full-fledged participation on an equal footing with men.

As noted in other reports (ECLAC, 2011c), women's presence in national legislatures has increased in almost all of the countries of the region over the past two decades thanks, in large part, to affirmative action and, more specifically, quota laws. Yet even though the proportion of women legislators has grown in terms of the regional average, it is, generally speaking, smaller than what is called for in those laws. The percentage of elected women mayors has risen in recent years but it still just slightly above 10%. The percentage of women city council members, in contrast, verges on 22%, which represents an increase of nearly 10% in the space of 10 years.

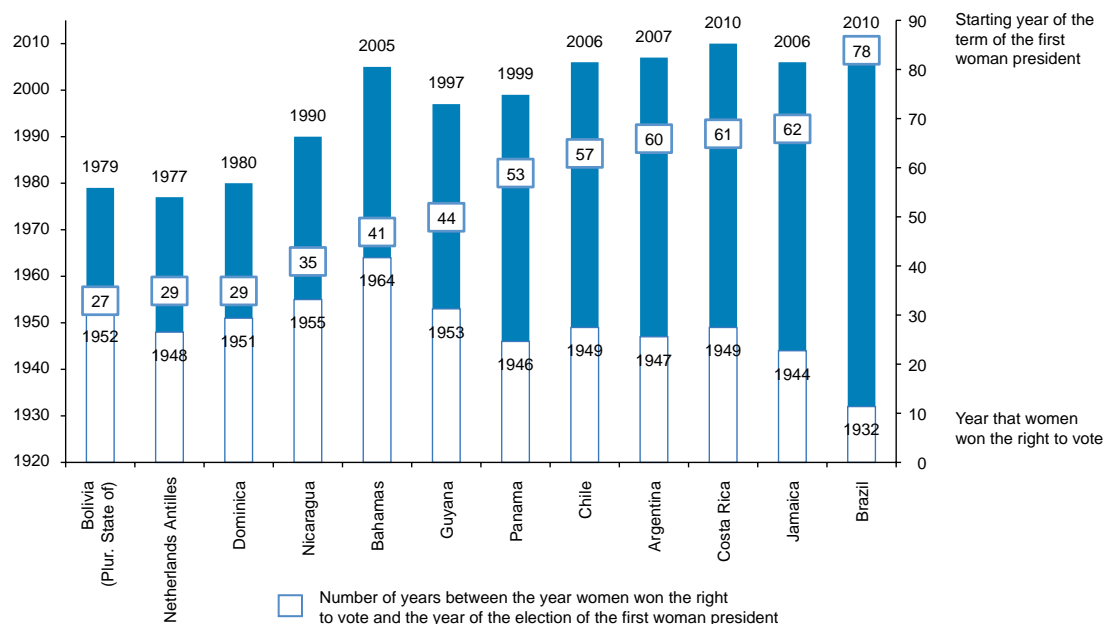
The expanding presence of women at the helm of their countries' governments and in the countries' legislatures, judiciaries and other decision-making levels is one facet of the emerging recognition of a new type of political actor and of the ways in which the region's democracies are changing. This, in turn, has altered the way in which power structures are perceived and the way in which they function. In the last six years, six countries in Latin America and the Caribbean have elected women as their presidents.⁵ This has demonstrated the fallacy of the belief that women are unable to govern or take decisions. Today, the contributions of women in top decision-making posts are greatly valued.

Significant political and cultural changes have had to take place in order for it to become possible for women to be elected to the presidencies of their countries and for there to be an increasing number

⁵ In 2006, Michelle Bachelet was elected President of Chile and Portia Simpson-Miller became the Prime Minister of Jamaica. Cristina Fernández de Kirchner has been President of Argentina since 2007 and, since 2010, another three women have been elected to lead their countries: Laura Chinchilla as President of Costa Rica, Dilma Rousseff as President of Brazil and Kamla Persad-Bissessar as Prime Minister of Trinidad and Tobago.

of women candidates who stand a real chance of being elected. Such changes take time, as is illustrated by the number of years that passed between the time that women won the right to vote and the election of a woman president (see figure I.8).

FIGURE I.8
LATIN AMERICA AND THE CARIBBEAN: A TIMELINE OF THE INTRODUCTION OF
UNIVERSAL SUFFRAGE AND WOMEN'S ACCESS TO NATIONAL PRESIDENCIES



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Gender Equality Observatory for Latin America and the Caribbean, January 2013.

While Ecuadorian women won the right to vote in 1929, Latin Americans had to wait for 61 years to see the first woman elected as president by popular vote in the region: Violeta Barrios de Chamorro of Nicaragua (1990). In the Caribbean, the first event of this sort came in 1977, when Lucinda da Costa Gómez-Matheeus was elected to serve as the Prime Minister of the Netherlands Antilles. In Guyana, more than 40 years passed between the approval of women's right to vote, in 1953, and the election of Janet Rosenberg Jagan to the presidency in 1997. Portia Simpson-Miller became Jamaica's first woman Prime Minister 62 years after Jamaican women first voted in national elections (ECLAC, 2010b).

In Latin America, four women have been elected by popular vote to their countries' presidencies since 2000. In Brazil, for example, 78 years passed between the first time that women were able to vote and the election of a woman to the highest office in the land. In Argentina and Costa Rica, the length of time separating women's right to vote and the election of a woman president was 60 years, while it was 57 years in Chile.

Political communities and leaders now look favourably on the participation of women and the changes that they introduce when they occupy the most senior posts of government. The current growth of Latin American economies has been coupled with the election of women to the highest posts in their governments' executive branches.

Affirmative action measures such as quota laws were high up on the agenda of the women's movement in the 1990s and opened up a new field of political action in the region. Women increased

their presence in the political landscape and came to form the critical mass needed in order to have an impact on public policy and legislation, and in many cases this resulted in a considerable decrease in gender-based inequalities. Alongside women themselves, many men recognize the positive effects of their presence as leaders of political institutions.

The fact that the governments of the region have put gender parity on their political agenda is a sign of the determination of a wide variety of political and social sectors “to achieve equality in the exercise of power, in decision-making, in mechanisms of social and political participation and representation ... constitutes a goal for the eradication of women’s structural exclusion” (ECLAC, 2007). As matters now stand, it is clear that a great deal has been achieved, but there is also a need to analyse the differing situations with regard to women’s participation that exist from one country to the next, identify those in which mechanisms for the promotion of women’s political participation are lacking and continue formulating recommendations concerning ways in which governments can strengthen women’s political rights.

A picture of the situation with respect to women’s political representation is provided by the rounds of consultations on the subject of political parity that ECLAC held with opinion leaders in 2008 and 2011, in which a large majority of them confirmed that they are in favour of affirmative action, including quotas and the corresponding enforcement mechanisms. In the last consultation with Latin American opinion leaders about women’s political participation and parity (ECLAC, 2011d), 64% of the leaders who were consulted said that they supported quota laws as a way of promoting women’s political participation and thought that they should continue to be promoted, along with financing for women candidates.

As for the qualitative aspect of women’s participation, opinion leaders acknowledged that affirmative action has had a positive impact and has strengthened the region’s democracies. They have also recognized the fact that their involvement has had the effect of democratizing decision-making simply by virtue of the fact that a new type of political actor has entered the arena.

1. Ministers

The parity agenda has had a mixed impact on the composition of ministerial cabinets in Latin America and the Caribbean. Being a presidential decision, the appointment of female ministers has yet to become firmly established as common practice. The proportion of women in ministerial cabinets has not held steady as a regional average, but has in fact declined from 26% in 2006 to 18% in 2011.⁶

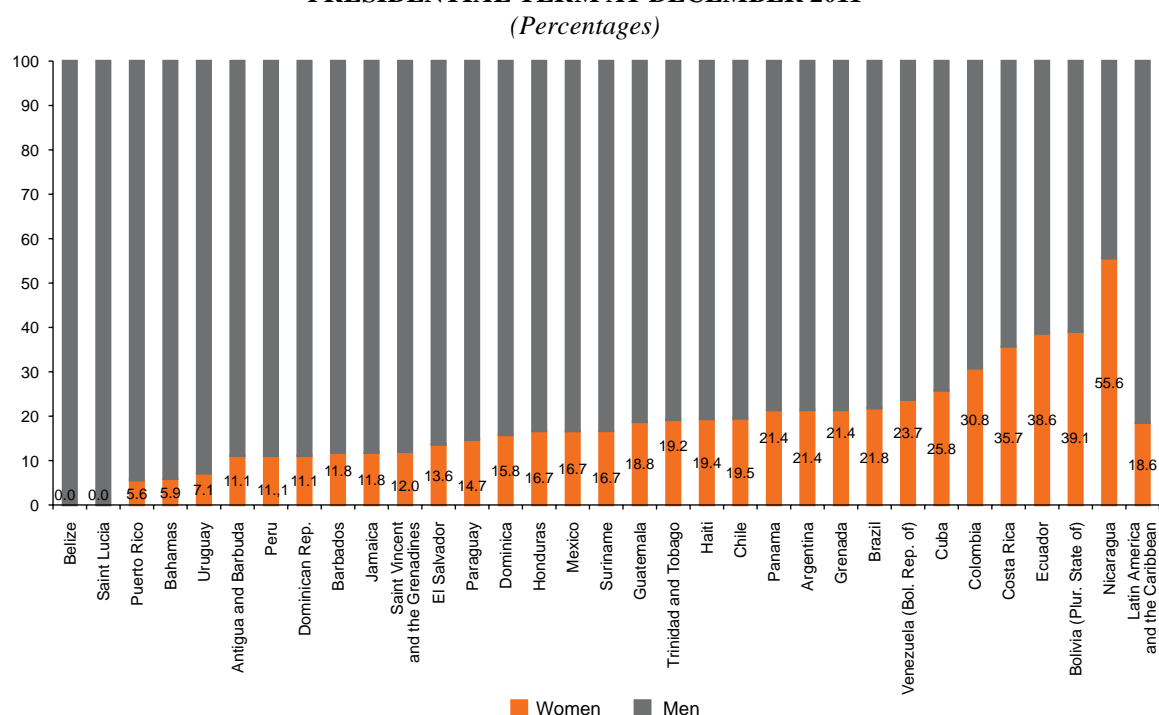
The Observatory indicator referring to the executive branch tracks the evaluation of women’s access to decision-making positions at the highest level of the executive branch of the State. It offers a measure of governments’ political will to have women participating in senior decision-making and an insight into the type of ministries to which women are appointed. The indicator shows how women’s cabinet presence has evolved in the last three presidential terms for which information is available.

In the last presidential period, the information available at December 2011 shows that the countries with the greatest presence of women in ministerial cabinets were: Nicaragua, leading the table with a cabinet composed 55.6% of women; Plurinational State of Bolivia, with 39.1%; Ecuador,

⁶ The governments of Evo Morales (2006-2010) in the Plurinational State of Bolivia, Michelle Bachelet (2006-2010) in Chile, Laura Chinchilla (2010-2014) in Costa Rica, Rafael Correa (2009-2013) in Ecuador, Alan García (2006-2011) in Peru, Hugo Chávez (2007-2013) in the Bolivarian Republic of Venezuela, and José Luis Rodríguez Zapatero (2004-2008 and 2008-2012) in Spain all established gender parity as an explicit objective and maintained it throughout their terms. If parity is understood as a political, rather than an arithmetical, concept, the departure of female ministers following a cabinet reshuffle does not necessarily prevent the cabinet in question from being described as parity-based, so long as a reasonable balance remains (Gender Equality Observatory for Latin America and the Caribbean [online] <http://www.cepal.org/oig/>, 2010).

with 38.6%; Costa Rica, with 35.7%; and Colombia, with 30.8%. In the first three of these countries, gender parity or quality has been written into the constitutional charters as a measure applicable to all levels of government decision-making. By contrast, in Costa Rica where women's cabinet presence has declined from 45% to 36% between the last two presidential periods, the affirmative action legislation which has been applied with positive results for over a decade has not translated into parity at the level of the executive branch.

FIGURE I.9
LATIN AMERICA (20 COUNTRIES) AND THE CARIBBEAN (12 COUNTRIES):
WOMEN'S PARTICIPATION IN MINISTERIAL CABINETS, MOST RECENT
PRESIDENTIAL TERM AT DECEMBER 2011



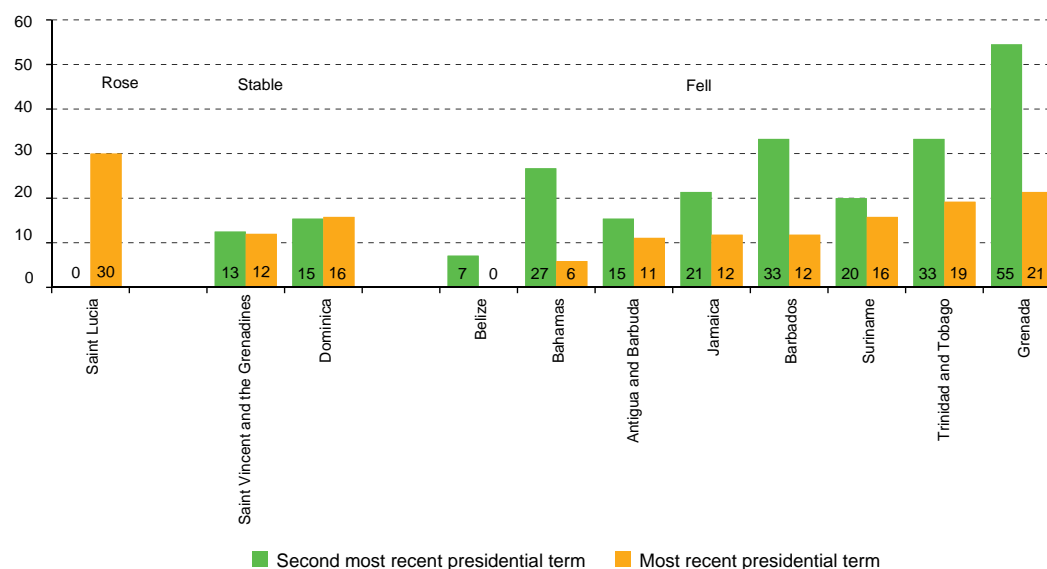
Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official figures.

Turning to the countries of the Iberian Peninsula, the degree of parity seen in the executive branch in 2010 has declined slightly, from an average of 33% to 29%. This figure has been sustained by a steady average of 30% for Andorra and Portugal, since women's cabinet presence in Spain has fallen from 47.8% to 28.6%.

In the Caribbean, the percentage of female ministers has fallen in 8 of the 11 countries between the last two government terms. The number of women ministers has risen only in Saint Lucia, and has remained stable—and below the regional average—in Dominica and Saint Vincent and the Grenadines.

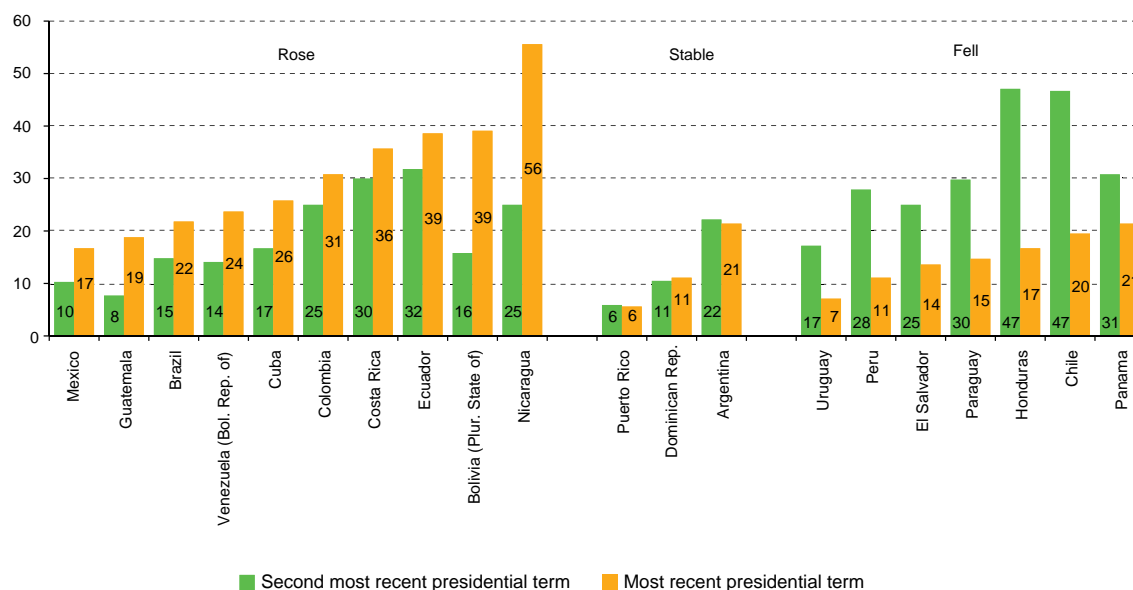
In Latin America, women's presence in ministerial cabinets has risen strongly in 10 countries and fallen in 7. Notable in the second group are Honduras, where women represent only 17% of the cabinet of President Porfirio Lobo (2010-2014), down from 47% in the cabinet of President José Manuel Zelaya (2005-2010), and Chile, where the percentage of women in the cabinet of President Sebastián Piñera (2010-2014) is down by 27 percentage points on the previous administration, from 47% to 20%. The percentage also fell heavily—by 15 percentage points—in Paraguay during the term in office of Fernando Lugo (2008-2012).

FIGURE I.10
THE CARIBBEAN (11 COUNTRIES): WOMEN'S PARTICIPATION IN MINISTERIAL
CABINETS, TWO MOST RECENT PRESIDENTIAL TERMS, DECEMBER 2011
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official figures.

FIGURE I.11
LATIN AMERICA (20 COUNTRIES): WOMEN'S PARTICIPATION IN MINISTERIAL
CABINETS, TWO MOST RECENT PRESIDENTIAL TERMS, DECEMBER 2011
(Percentages)



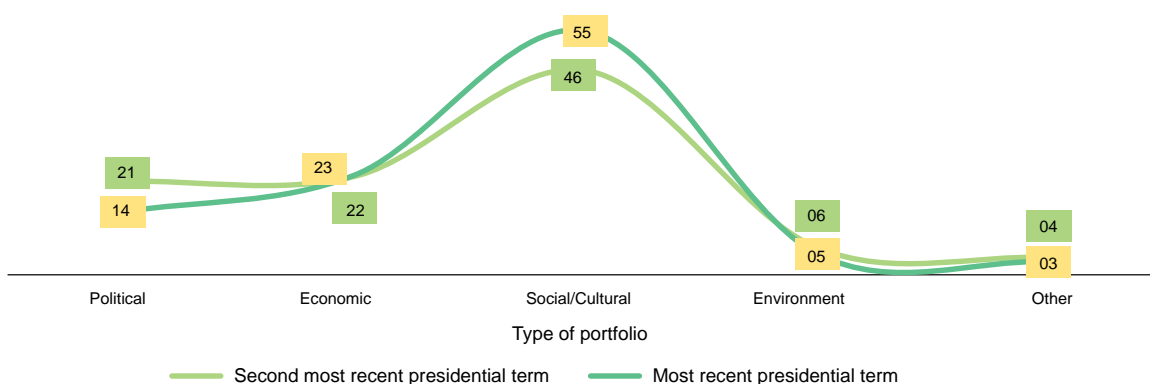
Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official figures.

Figure I.12 shows the distribution of ministers by the type of portfolio to which they are appointed. Both in Latin America and in the Caribbean and the Iberian Peninsula, the majority of female ministers are appointed to social and cultural portfolios (55%) and, to a lesser extent, to political and economic portfolios.

In the Caribbean only four countries have female ministers in political and economic portfolios and many areas have only one female minister in the whole of the subregion. Like in the rest of the region, female ministers in the Caribbean are concentrated in the social and cultural areas.

Far from showing any signs of change in the two most recent presidential periods, women's concentration in the social and cultural areas has tended to increase. During the second-last presidential term 47% of female ministers in Latin America were appointed to these portfolios, rising to 55% in the most recent term (up to December 2011).

FIGURE I.12
LATIN AMERICA (20 COUNTRIES): DISTRIBUTION OF FEMALE MINISTERS BY
TYPE OF PORTFOLIO, TWO MOST RECENT PRESIDENTIAL TERMS,
DECEMBER 2011^{a b}
(Percentages)



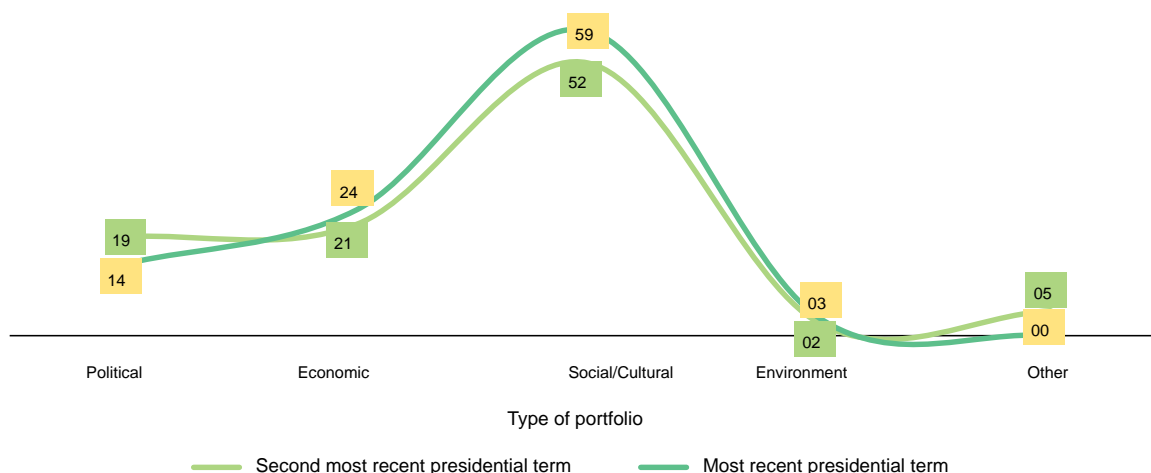
Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official figures.

^a Includes: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Puerto Rico and Uruguay.

^b Political portfolios include ministries of the interior, foreign affairs, justice and security, among others. Economic portfolios include ministries of economic affairs, finance, industry, agriculture, fisheries, public works, tourism and broadcasting media, among others. The social and cultural portfolios include ministries of social development and planning, labour, culture, women's affairs, sport, science and technology. The environment portfolio includes ministries of that area. The category "other" includes ministries and government initiatives which are not comparable from one country to another, such as ministries of transparency or risk management, for example.

The situation is similar in the Caribbean. In the most recent presidential term (to December 2011), 59% of female ministers were assigned social and cultural portfolios, up from 52% in the preceding presidential term. The percentage of women ministers responsible for political portfolios fell from 19% to 14% in the most recent presidential term.

FIGURE I.13
THE CARIBBEAN (11 COUNTRIES): DISTRIBUTION OF FEMALE MINISTERS BY
TYPE OF PORTFOLIO, TWO MOST RECENT PRESIDENTIAL TERMS,
DECEMBER 2011^{a b}
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official figures.

^a Includes: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Puerto Rico and Uruguay.

^b Political portfolios include ministries of the interior, foreign affairs, justice and security, among others. Economic portfolios include ministries of economic affairs, finance, industry, agriculture, fisheries, public works, tourism and broadcasting media, among others. The social and cultural portfolios include ministries of social development and planning, labour, culture, women's affairs, sport, science and technology. The environment portfolio includes ministries of that area. The category "other" includes ministries and government initiatives which are not comparable from one country to another, such as ministries of transparency or risk management, for example.

The concentration of female ministers in social domains has risen in the Iberian Peninsula, too, from 52% to 59%, between the two most recent presidential terms. The proportion of female ministers responsible for economic portfolios has declined the most, from 15% to 8% between the two terms.

2. Legislators

Across the history of parliamentary institutions in Latin America and the Caribbean, the first ever appointment of a woman as speaker of parliament occurred for the first time in Uruguay, in 1963, and most recently almost 50 years later, in Barbados, in 2012. These data show the diversity of situations existing in the region and how recently women have reached the highest echelon of the legislative branch in some countries. Most countries saw the first ever appointment of a women as speaker of parliament in the 1990s.

Today parliamentary institutions exist in 190 countries worldwide, but there are only 39 female speakers. Given that 77 of these institutions are two-house legislatures, it may be said that 14% of the world's parliamentary speakerships are held by women. The Latin American and Caribbean countries which currently have a female speaker of parliament are: Antigua and Barbuda (House of Representatives and Senate), Bahamas (Senate), Barbados (Senate), Dominica (House of Assembly), Plurinational State of Bolivia (Legislative Assembly) and Suriname (National Assembly).

TABLE I.2
DATE OF FIRST APPOINTMENT OF A WOMAN AS PARLIAMENTARY SPEAKER
IN NATIONAL PARLIAMENT

Latin America	Uruguay	1963	Dominica	1980	Spain	1999
	Argentina	1973	Sao Tome and Principe	1980		
	Bolivia (Plurinational State of)	1979	Belize	1984	Portugal	2002
	Costa Rica	1986	Jamaica	1984		
	Nicaragua	1990	Grenada	1990	Iberian Peninsula	
	Guatemala	1991	Trinidad and Tobago	1991		
	El Salvador	1994	Antigua and Barbuda	1994		
	Mexico	1994	Bahamas	1997		
	Panama	1994	Suriname	1997		
	Peru	1995	Saint Kitts and Nevis	2004		
	Venezuela (Bolivarian Republic of)	1998	Saint Lucia	2007		
	Dominican Republic	1999	Barbados	2012		
	Chile	2002				

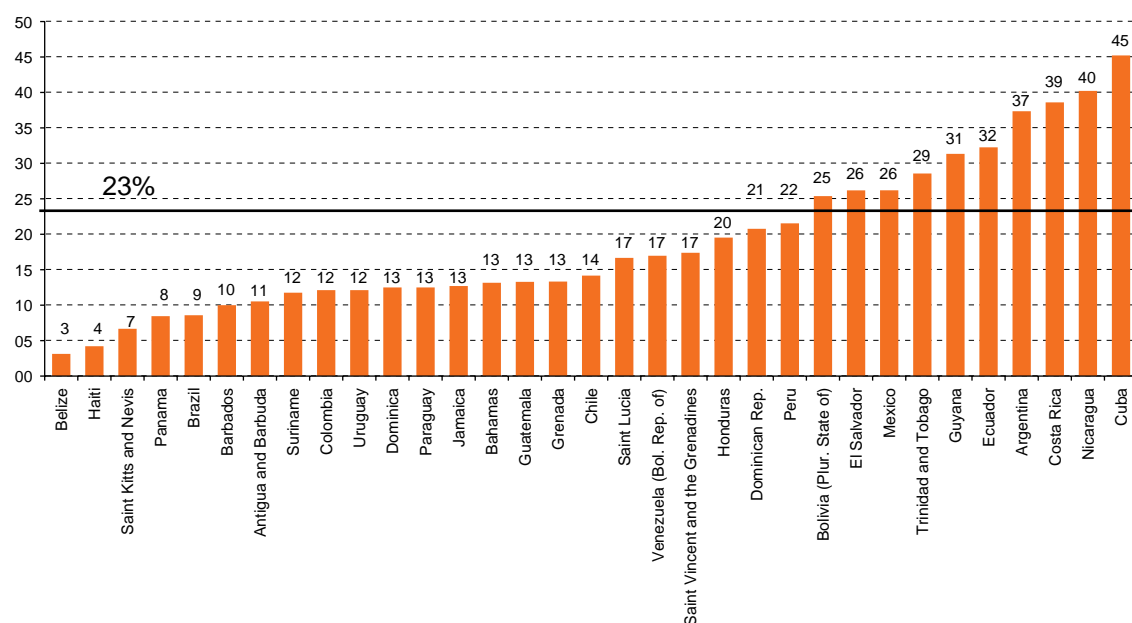
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of data from the Inter-Parliamentary Union [online] <http://www.ipu.org/wmn-f/speakers.htm>.

The representation of women in parliament began to rise in Latin America and the Caribbean in the 2000s, as a result of quota laws. In the region, electoral quotas or parity has been instituted in 14 countries.⁷ To date, 12 countries have implemented it in practice and Uruguay will do so in 2014.

Women represented 23.2% of the representatives in national parliaments in 2012, as a regional average. The figure is higher in 10 of the region's 33 countries, including Argentina (37%), Costa Rica (39%), Ecuador (32%), Mexico (26%) and the Plurinational State of Bolivia (25%), all of which have quota or parity laws in effect. Representation is also high in Cuba (45%) and in Nicaragua, where the proportion of female legislators almost doubled, from 21% to 40%, in the last elections.

⁷ Argentina, Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, Honduras, Mexico, Panama, Paraguay, Peru, Plurinational State of Bolivia and Uruguay.

FIGURE I.14
LATIN AMERICA (19 COUNTRIES) AND THE CARIBBEAN (14 COUNTRIES): WOMEN
ELECTED TO NATIONAL PARLIAMENTS, SINGLE OR LOWER HOUSE, 2012
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of data from the Inter-Parliamentary Union, at December 2012.

There are still many countries in which women's participation in the legislative body is low (in 17 countries, women legislators represent less than 15%), with no significant changes over time.

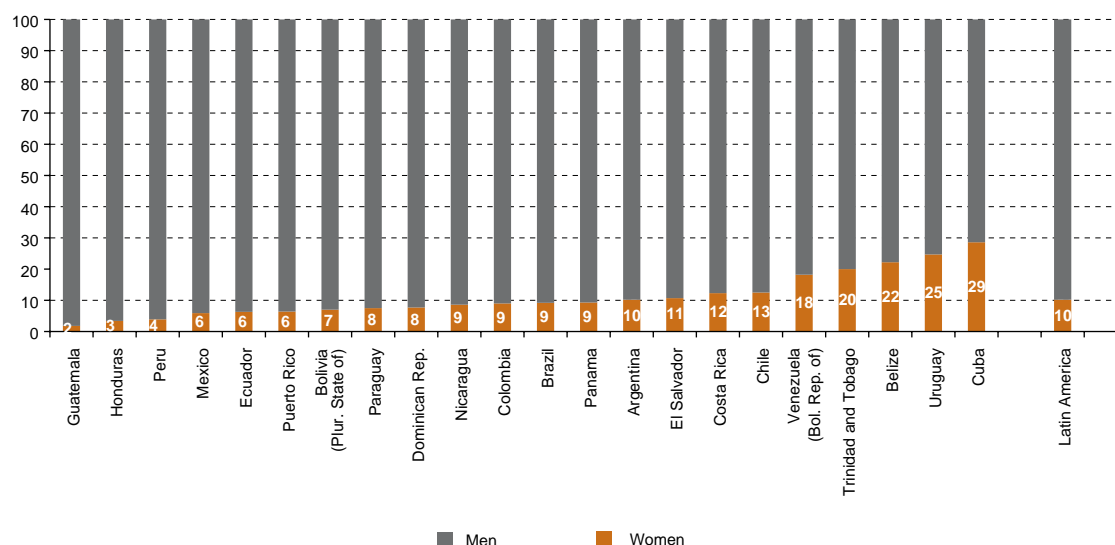
In the Iberian Peninsula, the proportion of female legislators rose from 33% to 38% on average, as a result of the rise in Andorra, where the percentage of women went from 36% to 50% in 2012. In Spain and Portugal the proportion of female legislators has remained stable, at 36% and 29%, respectively.

3. Local authorities

At the level of local government, too, the participation of women in the executive branch is still small. Between 2009 and 2011, the regional average edged up from 8.4% to 10.2%, which may be attributed to the rise in the number of elected women mayors in the most recent local elections held in Argentina, Costa Rica, el Ecuador, Mexico, Paraguay, Peru and the Plurinational State of Bolivia.

These results may be read in two ways. On the one hand, only 2,173 women have been elected mayors out of a total of 18,665 municipalities in the region, which shows how difficult it is to create the conditions to boost women's participation in the areas of government where decisions are made and local resources are managed. On the other, a rise of over 400 in the number of women reaching mayoral office for the first time is tremendously significant in the context of the region and in the countries involved.

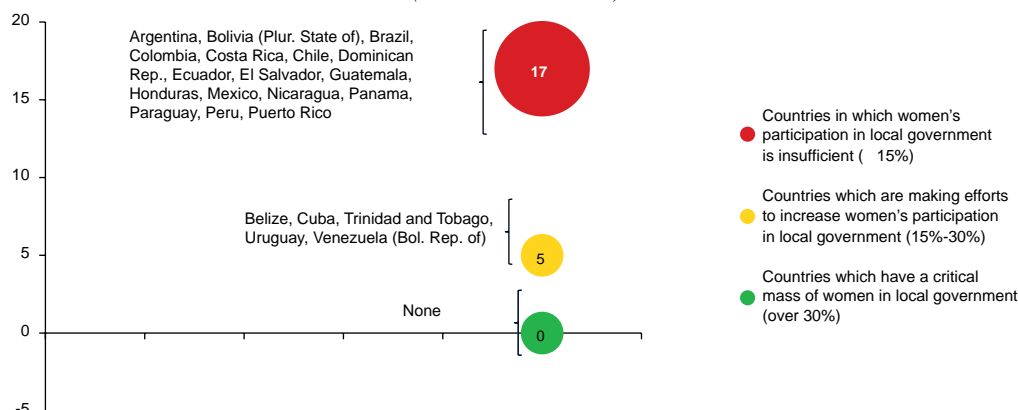
FIGURE I.15
LATIN AMERICA (20 COUNTRIES) AND THE CARIBBEAN (2 COUNTRIES):
WOMEN ELECTED MAYOR, 2011
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official sources.

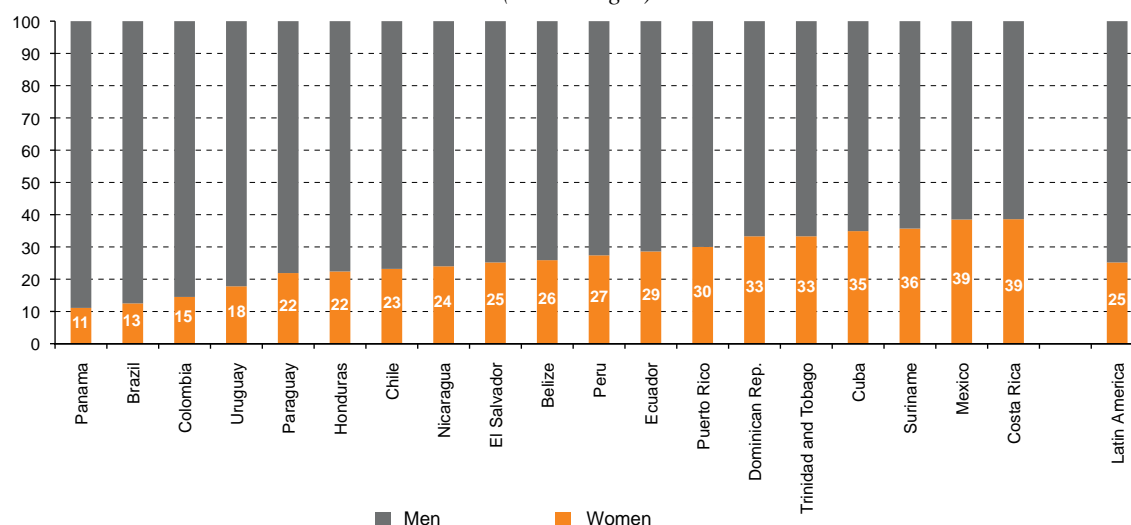
Nevertheless, the figures for this indicator support the general conclusion that most of the region still lacks a critical mass of women at the highest levels of local government, since in 17 of 22 countries less than 15% of elected mayors are women. At the same time, a smaller number of countries are making efforts to increase women's participation in these areas, as shown by the fact that women account for between 15% and 30% of elected mayors in these countries (see figure I.16). But no country has managed to break through the threshold of 30% of local governments headed by women.

FIGURE I.16
LATIN AMERICA AND THE CARIBBEAN (22 COUNTRIES): NUMBER OF COUNTRIES
WITH A CRITICAL MASS OF FEMALE MAYORS ELECTED
IN LOCAL GOVERNMENT
(Absolute numbers)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official sources.

FIGURE I.17
LATIN AMERICA (16 COUNTRIES) AND THE CARIBBEAN (3 COUNTRIES): LOCAL
GOVERNMENT, FEMALE CITY COUNCILLORS, 2011
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean.

At the level of deliberative and consultative councils, this indicator shows important progress, especially in the Latin American countries, owing to compliance with parity legislation. In Latin America, on average, women hold 25.2% of city councillor seats. Of the 19 for which data were available for this indicator, female councillors represented over 30% in seven, including in Costa Rica and Mexico, where the figure reaches a significant 38.5%. The percentage of women in local government is also over 30% in Suriname (35%), Cuba (35%), Trinidad and Tobago (33%), the Dominican Republic (33%) and Puerto Rico (30%).

Unlike the situation in 2010, when only two countries showed percentages of over 30% for this indicator, today seven countries have passed that threshold and only two are below the 15% mark.

Spain shows a very slight 2.4 percentage point rise in the proportion of women at this level of government.

4. Judges

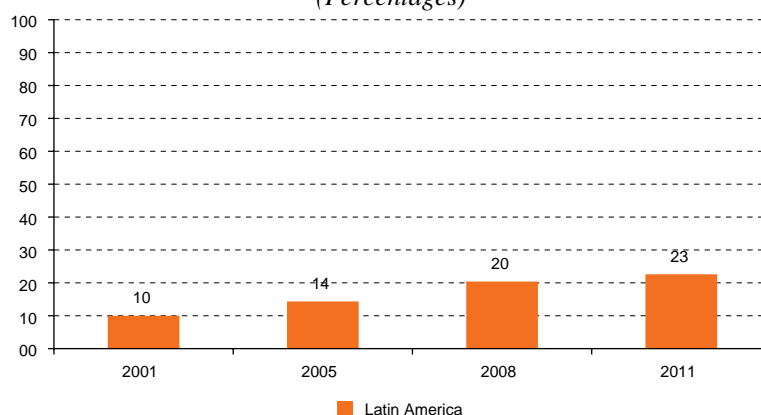
The judicial branch, too, is a predominantly male domain in Latin America. Nevertheless, in the past decade the percentage of women judges in the highest or supreme court has risen considerably, from an average of 10% in 2001 to 22.6% in 2011.

In Latin America, the percentage of female supreme court judges exceeds the regional average of 23% in half the countries. This is the case in Chile (25%), Cuba (27%), the Dominican Republic (27%), Nicaragua (29%) and, with higher percentages, El Salvador (33%), Costa Rica (35%), Puerto Rico (43%) and the Bolivarian Republic of Venezuela, where the gender distribution of judges' seats in the Supreme Court of Justice been approaching parity since 2011, with 44% women. In Colombia, women account for 30% of high court judges, and have thus reached the quota which has been in place since 2010 for "senior positions in the bodies of the three branches and organs of public power".⁸

⁸ Law No. 581 of 2000.

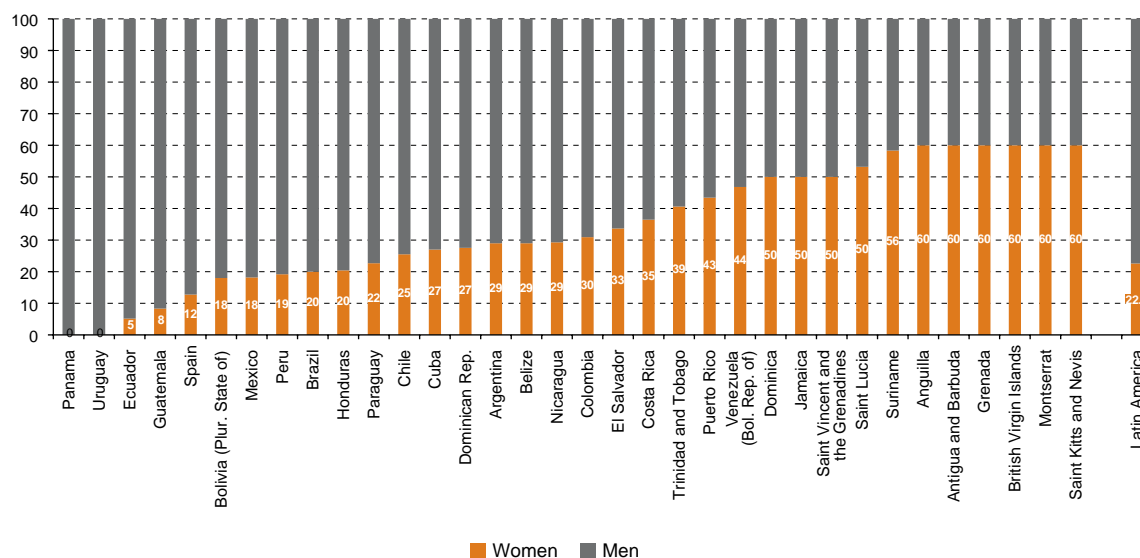
In the Caribbean, parity has been reached and even exceeded in many cases, with percentages of women judges in the supreme court ranging from 30% to 60%.⁹

FIGURE I.18
LATIN AMERICA (SIMPLE AVERAGE FOR 20 COUNTRIES): WOMEN'S PARTICIPATION IN THE HIGHEST OR SUPREME COURT, 2001-2011
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official figures.

FIGURE I.19
LATIN AMERICA (20 COUNTRIES), THE CARIBBEAN (13 COUNTRIES AND TERRITORIES) AND SPAIN: WOMEN'S PARTICIPATION IN THE HIGHEST OR SUPREME COURT, 2011
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official figures.

⁹ In the Caribbean, six independent countries (Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Vincent and the Grenadines, and Saint Lucia) and three British overseas territories (Anguilla, the British Virgin Islands and Montserrat) have as their highest court the Eastern Caribbean Supreme Court (ECSC), which administers justice on the basis of United Kingdom law and statutory law.

The indicator's of women's autonomy in decision-making show the slow, difficult and yet progressive road towards building women's citizenship, and how women have been becoming actively integrated into the region's democratization. The fact is that collective female leadership was one of the most important phenomena of the twentieth century in political culture worldwide, and over time women's presence and senior appointments have increased significantly, although this trend has yet to become evenly consolidated in the region.

The picture painted in the foregoing pages shows women's slow incorporation into decision-making forums in the different State powers, and that the regional averages are either standing still or rising very slowly. Above all, however, none exceeds 25%. Latin American societies have certainly managed to place women at the highest echelons of decision-making and their presence there is increasingly accepted as legitimate. However, these processes are evolving very differently from one country to another, and thus run the risk that the few countries which are achieving successful results may mask the more critical situations in the region.

5. Signature and ratification of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women

This indicator refers to the number of countries in the region which have signed and ratified the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women. States which sign the Optional Protocol, which was adopted by the General Assembly in 1999, are obliged to recognize the competency of the Committee on the Elimination of Discrimination against Women to hear and consider complaints brought by individuals or organized civil society groups. The Committee therefore represents a much more stringent accountability mechanism with regard to discrimination against women than the existing mechanism of regular report submission.

Ratification of the Optional Protocol by countries signatory to the Convention is, without doubt, the clearest indicator of political will on the part of States to fully apply the Convention. The Optional Protocol is the means of practical application of the main international instrument of protection of women's human rights, in relation to which the international community has acknowledged significant discrimination remains, whether implicit or explicit, by action or omission.

All the Latin American and Caribbean countries have signed and ratified the Convention on the Elimination of All Forms of Discrimination against Women, but the same cannot be said of the Optional Protocol adopted in 1999 although—as the name itself indicates—there is no obligation for them to do so. By early 2007, half (17) of the region's 33 countries had signed the Protocol: Antigua and Barbuda, Argentina, Belize, Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, Guatemala, Mexico, Panama, Paraguay, Peru, Plurinational State of Bolivia, Saint Kitts and Nevis, and Uruguay. Chile, Cuba and El Salvador signed the Protocol between 1999 and 2001, but have yet to ratify it. As at January 2013, no other country in the region had signed or ratified the Protocol. This suggests that, in some cases, States recognize the rights of women, but are not willing to adopt the instruments necessary to enforce their fulfilment.

D. Income poverty and time poverty

Economic autonomy indicators offer evidence of women's capacity to generate income and personal financial resources, based on access to paid work under equal conditions with men.

These indicators also take into account the distribution and use of time, and women's contribution to the economy through unpaid work.

BOX I.8
INDICATORS OF ECONOMIC AUTONOMY

- People without incomes of their own, by sex (population aged 15 and above who are not studying and have no monetary income, by activity status).
- Total work time (total number of hours of paid work and unpaid domestic work, disaggregated by sex).

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean.

The own income indicator reflects the barriers and difficulties which women face in securing income through paid work in the labour market, of through ownership of property and access to credit, among others. Traditional poverty measurements are usually based on per capita household income, which assumes an even distribution of income within households. This hides the lack of autonomy of women who are prevented from engaging in paid activities by exclusive devotion to child-rearing and care of other dependent family members.

In general, personal income comes from paid employment (wages and earnings in money or in kind), either as a wage worker or an own-account worker. This income also includes rents from ownership of physical or financial assets. There is also secondary income, such as pensions, retirement benefits, subsidies, family allowances or others, and transfers, whether conditional or between households (alimony and other transfers of income from labour or assets). Remittances are another important source of income (ECLAC, 2010a).

This indicator makes no reference to the quality of life people may be able to secure, since earners of labour income often remain on the threshold of poverty, vulnerable and requiring development and distribution policies. Nevertheless, it is a measurement that reflects the boundary between precariousness and vulnerability, on the one hand, and access to one's own income, on the other.

Conversely, time-use surveys are the most important tool available for measuring the burden of unpaid work carried out every day in the countries. Until very recently, unpaid work—which has been performed for centuries by women—was invisible in the societies and economies of the countries.

The Gender Equality Observatory for Latin America and the Caribbean compiles the results of efforts made by the countries to measure time use and its distribution between men and women. Since 2007, when the Observatory was established, the number of countries measuring time use has risen. Today the Observatory carries information updated to 2010 for nine countries of the region. As well, Mexico now has a survey and Colombia, Ecuador and Peru are moving towards implementing one. Another good sign is that political interest in developing policies and services for the dependent population is increasing, albeit slowly (Vásconez, 2012; Sauma, 2012; Batthyany, Genta and Perrotta, 2012).

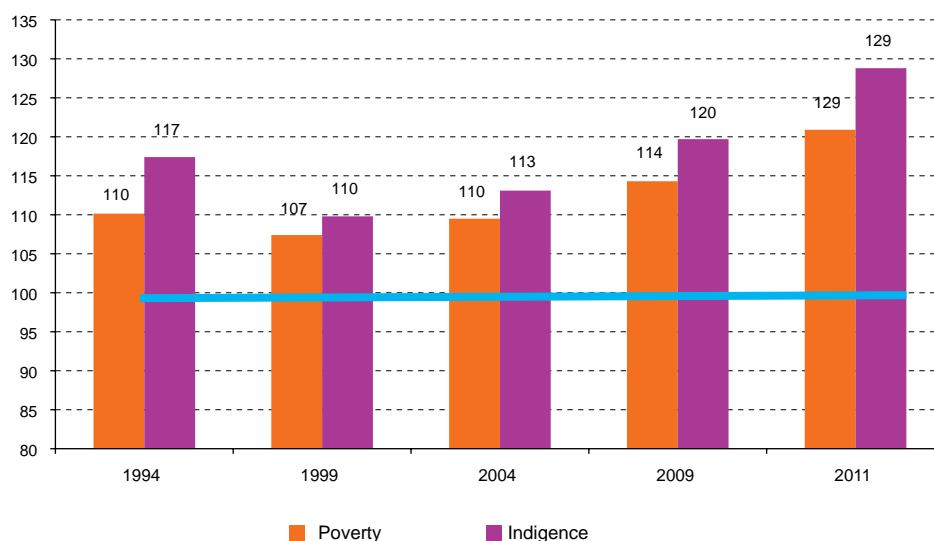
Making unpaid work visible is extremely important, because it is then possible to analyse the redistribution of work in the family and in society, and to begin preparing inputs for attaching value to this work and building satellite accounts on its production (Gómez Luna, 2010). Time-use surveys make socioeconomic analysis more robust and strengthen the analytical capacity of the System of National

Accounts (SNA), insofar as they focus on the difference between the production boundary of SNA and the general production boundary, which includes the unpaid services which are produced and consumed 24 hours a day within and between households (Gómez Luna, 2010).

Women have entered the monetary economy en masse in the past 50 years, owing both to the urgency of meeting basic family needs and to women's own wish for independence, especially in the case of more educated women. The so-called double working day is a hallmark of most women's work, except where socioeconomic status offers the possibility of hiring paid domestic labour, which is, in general, also performed by women.

The analysis of women's economic autonomy spotlights one of the most typical paradoxes of economic and social development in the region. While many studies (ECLAC, 2012a; ECLAC, 2012b) hail the economic growth and poverty reduction achieved in the region, they often disregard the fact that, at the same time, the proportion of women among the poor and indigent has actually risen (see figure I.20). At the same time, poverty reduction is attributable in large measure to the incorporation of women into an unregulated labour market, which pays women lower wages than men. The wage gap persists in Latin America and varies widely: for Peruvian women, wages are lower than those of men by 25.1%; for Venezuelan women, the gap is just 2% (see figure I.21). This is in addition to growing time poverty, as a result of the difficulty in stretching women's work to cover both the need for monetary income and the care and reproductive needs of households.

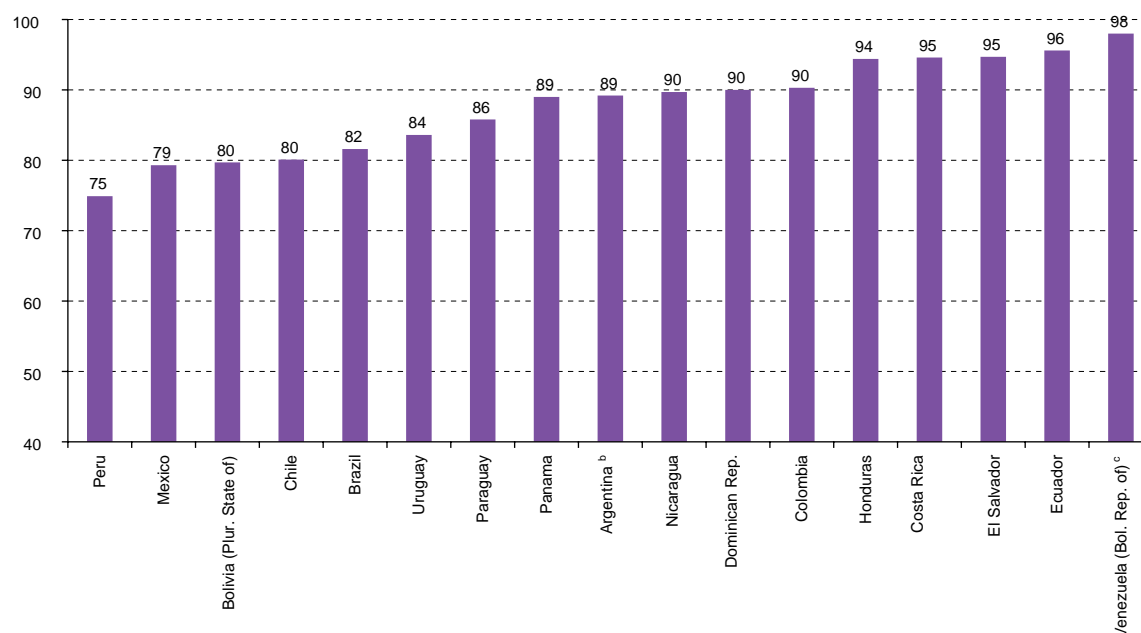
FIGURE I.20
LATIN AMERICA (SIMPLE AVERAGE FOR 16 COUNTRIES):^a FEMININITY INDEX OF
POVERTY AND INDIGENCE, AROUND 1994 TO 2011
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the respective countries.

^a Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia and Uruguay.

FIGURE I.21
LATIN AMERICA (17 COUNTRIES): WOMEN'S WAGES AS A PROPORTION OF MEN'S
WAGES, AROUND 2011 ^a
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the respective countries.

^a Corresponds to the average wage of female urban wage earners aged 20 to 49 years, working 35 hours or more per week, as a proportion of the wages of men in the same situation. The data refer to 2011, except in the cases of El Salvador, Honduras and Mexico, where they refer to 2010, and Nicaragua and the Plurinational State of Bolivia, where they refer to 2009. No recent data are available for Guatemala.

^b Refers to 31 urban conglomerations.

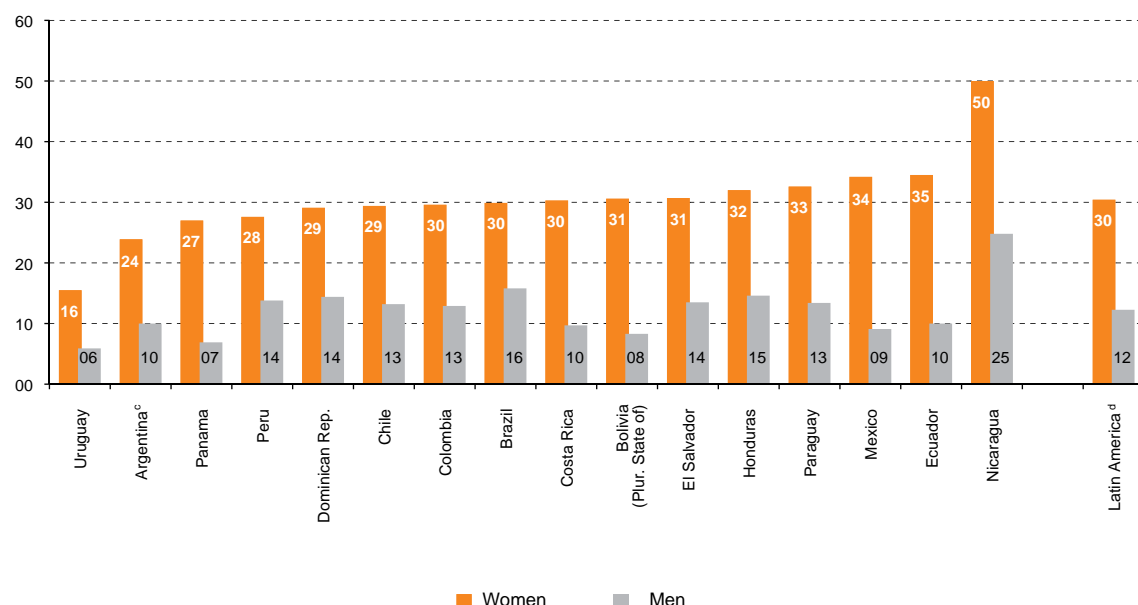
^c National total.

The proportion of urban women lacking independent income has persisted in the region in the past few years. From 31.8% of women without their own incomes in 2008, the proportion has edged down to 30.4%. There are still large differences between countries, as well. Disparities are also evident in the availability of independent income to women by age group: 57% of women aged 15 to 24 had no income of their own, falling to 33% in the 35-44 age group (see figure I.25). One piece of good news, however, is that between 1990 and 2010 the proportion of women without an independent income has fallen faster among the poorest than among the non-poor.

1. Own income

In today's economic framework, receiving income (or not) is important in terms of taking decisions on the use of resources, on life trajectories and, therefore, for having greater autonomy. In this regard, the indicator of people without incomes of their own by sex represents lack of economic autonomy. This indicator draws attention to the huge numbers of women who have no independent income.

FIGURE I.22
LATIN AMERICA (16 COUNTRIES): POPULATION WITHOUT INCOMES OF THEIR OWN, BY SEX,^a URBAN AREAS, AROUND 2010^b
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the respective countries.

^a People aged 15 and above who are not studying and have no monetary income of their own.

^b Census round of 2010. The data correspond to household surveys conducted in 2010, except for Brazil and Chile, where they refer to surveys conducted in 2009.

^c Refers to 31 urban agglomerations.

^d Simple average of the data for the closest year available in each country.

Around 2010, 30.4% of women in Latin American urban areas had no income of their own, whereas only 12.3% of men were in this situation. The disparities between countries are considerable: in Nicaragua 50% of women lack their own income, while the figure is 32% for Honduras, 32.6% for Paraguay, and 30.6% for the Plurinational State of Bolivia, compared with a much lower 15.5% for Uruguay.

In rural areas, in 2010 the proportion of women lacking independent income was 41.4%, compared with 14.9% for men. Here, the differences between countries were even larger. In Nicaragua 72.9% of rural women have no income of their own, and in the Plurinational State of Bolivia the figure is 52.2%. These two critical cases contrast with Uruguay, where the proportion is just 21.2%, which is partly attributable to the fact that Uruguay is the country with the broadest pension system coverage for women aged 65 and over (85.1% in 2007).

One positive aspect is that the percentage of women lacking independent income fell more quickly among the poor than among the non-poor between 1994 and 2010. Throughout this period, the proportion of indigent women without independent income came down from 64% to 45% (i.e. 19 percentage points), contrasting with a drop from 35.7% to 25.7% (i.e. 10 percentage points) among non-poor women.

FIGURE I.23
LATIN AMERICA (15 COUNTRIES): PEOPLE WITHOUT INCOMES OF THEIR OWN, BY SEX,^a RURAL AREAS, AROUND 2010^b
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of special tabulations of data from household surveys conducted in the respective countries.

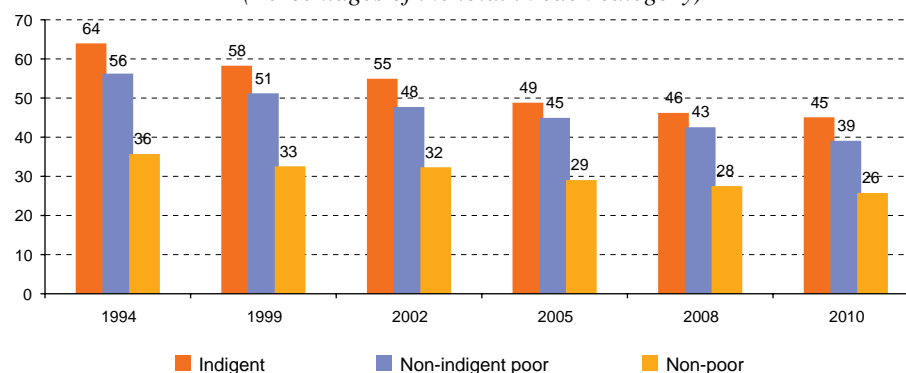
^a People aged 15 and above who are not studying and have no monetary income of their own.

^b Census round of 2010. The data correspond to household surveys conducted in 2010, except for Brazil and Chile, where they refer to surveys conducted in 2009.

^c Simple average of the data for the closest year available in each country.

The decrease in the proportion of women without an independent income between 1994 and 2010 may be attributed to the growing incorporation of women into paid work in both urban and rural areas, and to changes social security systems in some countries, such as Chile, the Plurinational State of Bolivia and Uruguay. In 2008, urban female labour market participation averaged 52%, 10 percentage points higher than the rate in 1990 (ECLAC, 2010a). Labour market participation also increased among rural women between 1990 and 2005 (FAO, 2010).

FIGURE I.24
LATIN AMERICA (SIMPLE AVERAGE FOR 14 COUNTRIES): WOMEN AGED 15 AND OVER WITHOUT INCOMES OF THEIR OWN, BY POVERTY STATUS, URBAN AREAS, 1994-2010^a
(Percentages of the total in each category)

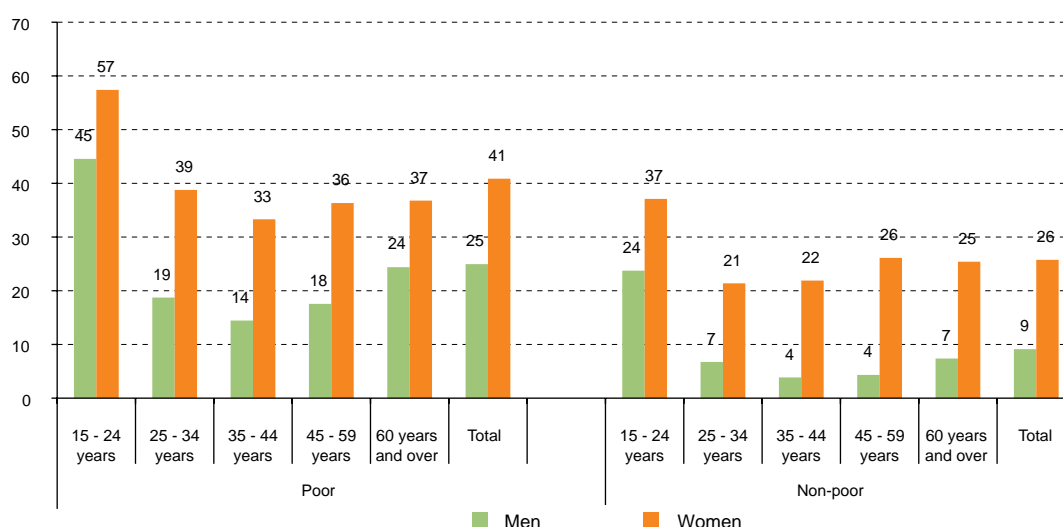


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the respective countries.

^a Not including students. The countries included in the average are: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Panama, Paraguay, Peru and Uruguay.

The own income indicator also expresses the great inequality between younger women and other age groups. Around 2010, the gap between the poor and non-poor women without independent income was 20 percentage points in the 15-24 age group, and 18 percentage points in the 25-34 age group, falling sharply to 10 percentage points, approximately, in the following age groups (see figure I.25). The fact that 57% of women aged 15 to 24 lack their own income shows how hard it is for younger women to enter the labour market and reflects the persistent and growing rate of youth unemployment, which is twice the rate for the rest of the population and is highest among low-income youth (ECLAC, 2012a).

FIGURE I.25
LATIN AMERICA (SIMPLE AVERAGE FOR 14 COUNTRIES): PEOPLE WITHOUT
INCOMES OF THEIR OWN BY SEX, AGE GROUP AND POVERTY STATUS,
URBAN AREAS, AROUND 2010^a
(Percentages of the total in each category)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the respective countries.

^a Not including students. The countries included in the average are: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Panama, Paraguay, Peru and Uruguay.

As noted in the second half of this report, from 2000 onward, fiscal transfers have become increasingly important in the composition of income among the poor. This is the case in Mexico and Brazil, whose transfer programmes have the broadest coverage in the region. Between 1994 and 1998, partly thanks to these schemes, the proportion of women without independent income fell by over 20 percentage points in Mexico and by 10 points in Brazil. Be this as it may, although women are often the named beneficiaries of monetary transfers, this does not mean that this income may be characterized as labour income, which is, strictly speaking, the only kind which may be considered independent income.

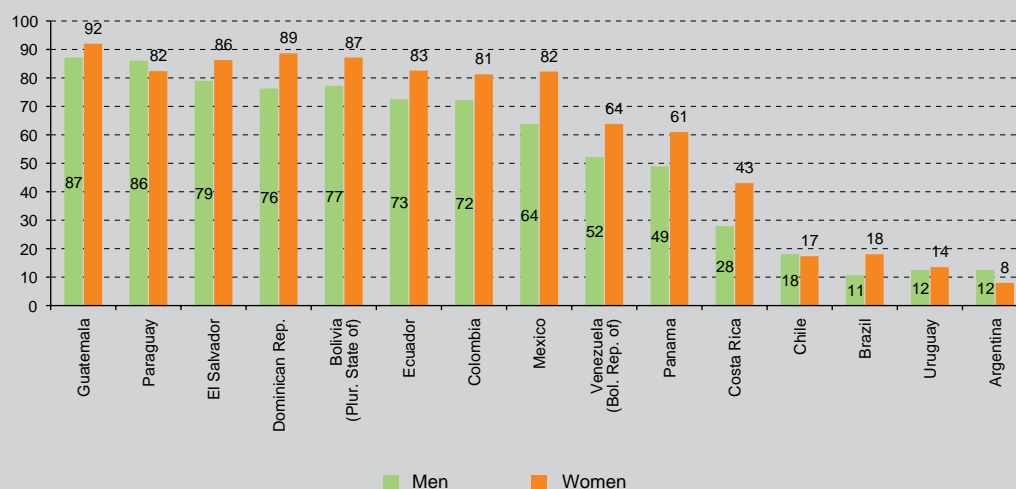
With regard to women aged 65 and over, a closer look at lack of independent income across the region, alongside pension data, shows that a considerable proportion of women are not receiving a pension. The figures exceed 80% of the 65-and-over population in Guatemala, Dominican Republic, the Plurinational State of Bolivia, El Salvador, Ecuador, Paraguay, Mexico and Colombia.

BOX I.9 WOMEN OVER 60 WITHOUT INDEPENDENT INCOMES

A large proportion of women aged over 60 have no independent income. This is because the working trajectory of many women takes place in the sphere of care work or unpaid work, because many women's labour trajectories are associated with non-contributory labour systems, which generate very small pensions or deliver benefits for only a limited period and are not guaranteed throughout old age, or because they have worked in the informal sector and have not contributed to a pension fund.

Around 2010, among women aged over 60, 27% in urban areas, and 30% in rural areas had no income of their own. The crudest situation was in Nicaragua, where 78% of older women in urban areas had no independent income, and a worrisome proportion of older women were in this situation in Paraguay (39%), Mexico (35%), Colombia (34.5%), Ecuador (32.6%), the Dominican Republic (30%), Honduras (26.2%) and Peru (24.3%). In other countries of the region the figures for older women with no independent income are lower, but it is nevertheless necessary to address large gender differences, such as in Chile, (17.9%), Brazil (15.8%), Panama (15.8%), Uruguay (12.1%) and Argentina (7.7%).

LATIN AMERICA (15 COUNTRIES): PERSONS AGED 65 AND OVER WITH NO PENSION OR RETIREMENT BENEFIT, BY SEX, AROUND 2010 ^a
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the respective countries.

^a The data refer to 2010, except for the Plurinational State of Bolivia, where they refer to 2007, and Brazil and Chile, where they refer to 2009.

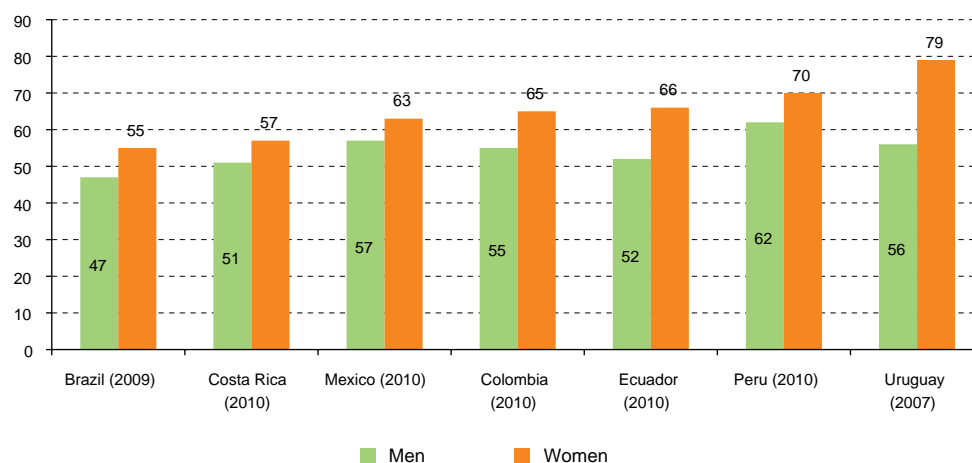
Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, on the basis of official sources.

If the lack of income in this age group is considered alongside the weakness of pension system coverage and the failure of social security systems to take into account the differentiated impacts of ageing on men and women, including women's longer life expectancy, it is clear that rapid responses are needed from the State and the private sector to tackle the difficulties and obstacles arising from lack of autonomy among women aged 65 and over. Such responses must be tied in with the guarantee and fulfilment of basic rights in relation to health and care services, nourishment, housing and other basic services.

2. Total work time¹⁰

The increase in the number of Latin American women working in the labour market, albeit with large differences between countries, has pushed up the number of hours they devote to total work. This is because, as well as their responsibilities as paid workers, women assume care work. In other words, they devote a large part of their time to work which consists of caring for others, keeping a house and activities associated with the day-to-day reproduction of the family. Rural women also often add food production to this burden. Conversely, men devote most of their time to paid work and very little to unpaid work.

FIGURE I.26A
LATIN AMERICA (7 COUNTRIES): TIME SPENT ON TOTAL WORK, PAID AND UNPAID, BY THE EMPLOYED POPULATION AGED 15 AND OVER, BY SEX, AROUND 2010 ^a
(Hours per week)

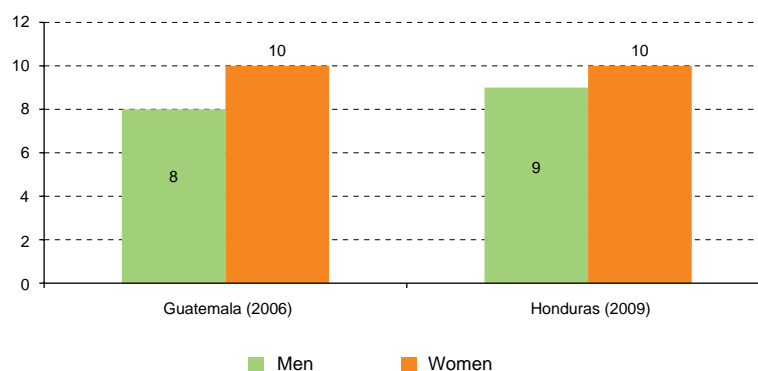


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from time-use surveys or questions on time spent weekly on paid and unpaid activities in seven countries: Brazil (2009), Colombia (2010), Costa Rica (2010), Ecuador (2010), Mexico (2010), Peru (2010) and Uruguay (2007).

^a The countries do not use the same classification of activities to define unpaid work. In addition, the data are not comparable owing to the type of questionnaire used and the methodologies employed to capture information. The data are intended to be illustrative, rather than to compare magnitudes, with a view to portraying similarities in the behaviours of men and women in the variables analysed.

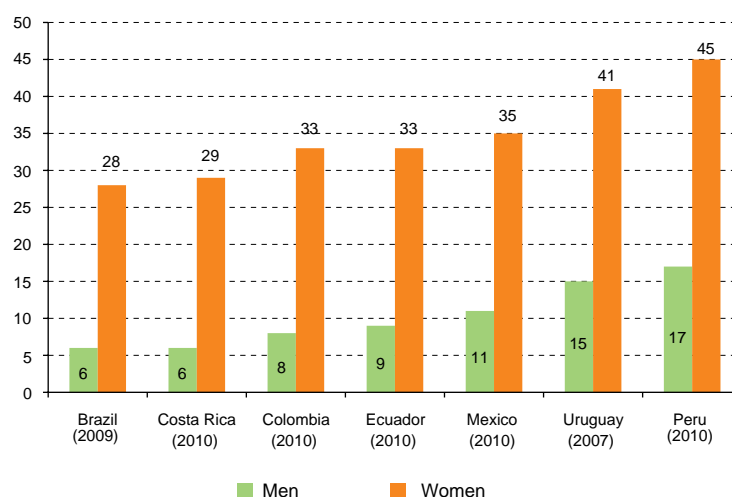
¹⁰ Total work time refers to the sum of hours spent on paid work and unpaid domestic work. It is an indicator produced on the basis of time-use surveys, which are carried out in 18 countries of Latin America. Time-use surveys show that in all cases women's total work time is greater than men's, and that the larger number of hours women spend on reproductive work limits their possibilities for earning income.

FIGURE I.26B
LATIN AMERICA (2 COUNTRIES): TIME SPENT ON TOTAL WORK, PAID AND UNPAID, BY THE EMPLOYED POPULATION AGED 15 AND OVER, BY SEX, LATEST AVAILABLE YEAR ^a
(Average hours per day)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from time-use surveys.

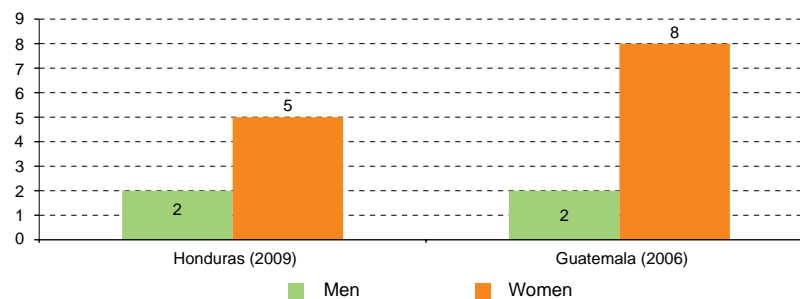
FIGURE I.27A
LATIN AMERICA (7 COUNTRIES): TIME SPENT ON TOTAL WORK, PAID AND UNPAID, BY THE UNEMPLOYED POPULATION AGED 15 AND OVER, BY SEX, AROUND 2010 ^a
(Hours per week)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from time-use surveys or questions on time spent weekly on paid and unpaid activities in seven countries: Brazil (2009), Colombia (2010), Costa Rica (2010), Ecuador (2010), Mexico (2010), Peru (2010) and Uruguay (2007).

^a The countries do not use the same classification of activities to define unpaid work. In addition, the data are not comparable owing to the type of questionnaire used and the methodologies employed to capture information. The data are intended to be illustrative, rather than to compare magnitudes, with a view to portraying similarities in the behaviours of men and women in the variables analysed.

FIGURE I.27B
LATIN AMERICA (2 COUNTRIES): TIME SPENT ON TOTAL WORK, PAID AND UNPAID, BY THE UNEMPLOYED POPULATION AGED 15 AND OVER, BY SEX, LATEST AVAILABLE YEAR
(Average hours per day)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from time-use surveys.

BOX I.10 THE IMPORTANCE OF TIME-USE SURVEYS

The study of time plays a key role in revealing and structuring the activities people carry out and social inequalities. It is important to consider time because it is a limited, inelastic resource for the individual. People face material and cultural restrictions in selecting their activities and choosing how much time to devote to them; they use the time they make of time depends on their place in the social and economic structure and the existing gender order. Although women's devotion in large number to paid work may appear to be a free choice, their decisions are determined by cultural norms and social practice, as well as by available resources. So, time is a key category in the study of gender relations because it yields empirical evidence on hidden aspects of the unequal distribution of work and activities between women and men. The time-use surveys being conducted at the international level can be developed to provide new and innovative instruments that shed light on these issues.

Systematic collection of information on unpaid work and time use helps to track the total work burden of men and women and the state of the sexual division of labour in Latin American households.

The objectives of time-use surveys are to measure and shed light on paid and unpaid work, and to generate inputs for attributing value to unpaid work and compiling satellite accounts on production and consumption of unpaid household services (Gómez Luna, 2010).

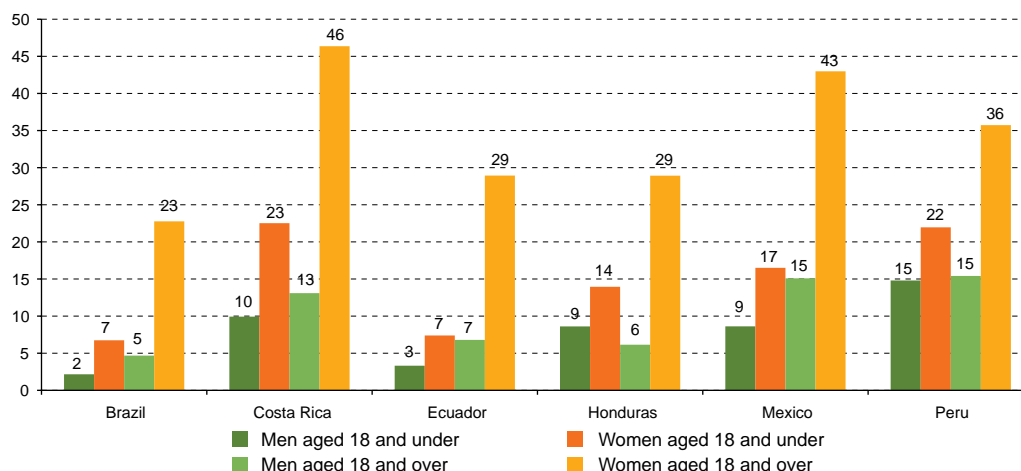
Time-use surveys are important for policymaking because it is in the use of time that inequalities are manifested —life is time— and these inequalities are the cause of various other forms of injustice, because people's opportunities to participate in working, political and community life, as well as their quality of life and even their health, depend on how much time they have.

In order to redistribute unpaid work —through different sectoral policies and integrated care policies— it must first be made visible, and this is something time-use surveys can help to achieve. And, by providing evidence regarding the needs of the population and helping to quantify them, time-use surveys can also be used to make more efficient public budgets and to establish starting points for evaluating the public policy effectiveness.

Source: Flavia Marco, "La utilización de las encuestas de uso del tiempo en las políticas públicas", *Mujer y Desarrollo series*, No. 119 (LC/L.3557), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2012 and National Statistical Institute of Uruguay (INE)/University of the Republic, *Uso del tiempo y trabajo remunerado en el Uruguay. Módulo de la Encuesta Continua de Hogares*, September 2007.

Comparison of the time that men and women of different age groups spend on domestic work shows that in all the countries women aged under 18 carry a heavier burden of domestic work than men of the same age. This shows that the sexual division of labour within the household prevails over age differences and that, regardless of their role or the place they occupy in the family group, women shoulder the burden of unpaid and care work.

FIGURE I.28
LATIN AMERICA (6 COUNTRIES): TIME SPENT ON UNPAID DOMESTIC WORK, BY
SEX AND AGE GROUP
(Hours per week)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from time-use surveys or modules on time use in six countries: Brazil (2009), Costa Rica (2010), Ecuador (2010), Honduras (2009), Mexico (2010) and Peru (2007).

To alleviate the burden of unpaid work that falls to women, consideration must be given to changing the social organization of care.

Care involves the goods and activities that enable people to be fed, educated, kept healthy and live in a suitable environment. It therefore encompasses material care (which entails work), economic care (which entails costs) and psychological care (which entails emotional ties).

In many countries of the region public policies on care are still lacking and the coverage of such policies as there are varies considerably by socioeconomic status, ethnic group, race and geographical residence. Nevertheless, some countries, such as Uruguay—with its national care system—and Chile—where new legislation passed in 2011 lengthened maternity leave to six months—have made progress in expanding fulfilment of the right to care. Even so, the region is far from providing adequate care coverage for the entire population and delivering a comparable quality of care in public and private services, and private services are not yet properly regulated. In this regard, progress must be made towards developing an integrated public policy approach.

II. Cash transfer programmes, social protection, economic autonomy and women's work

A. Introduction

The first decade of the twenty-first century was relatively auspicious for the countries of Latin America. Notwithstanding the usual heterogeneity among countries, the region grew at an average annual rate of 3.5% starting in 2002 (2.3% per capita), consolidating a growth trend that is unprecedented for both its level and, especially, its stability (ECLAC, 2011b). The repercussions of the global crisis caused this indicator to fall to -2.1% in 2009 (equivalent to -3.2% per capita). However, the effects of the global turbulence were short-lived in the region, which recorded growth rates of 5.9% in 2010, 4.3% in 2011 and 3.3% in the first quarter of 2012 (ECLAC, 2012c).

This economic performance was reflected in social indicators. At the end of the period, the employment rate for the region as a whole had risen more than 2 percentage points. The open unemployment rate, in turn, decreased from 11.2 to 7.3%. The poverty rate fell substantially, from 44% at the start of the decade to 31.4% at the end. Extreme poverty also fell, from 19.4% to 12.3% (ECLAC, 2011a).

Despite these improvements, the magnitude of poverty continues to be a concern, considering that over 180 million people live in poverty in the region. This is compounded by the scarce progress in terms of distribution. As reported in ECLAC (2011a), most of the countries in the region have made nascent progress toward reducing the concentration of wealth. Since 2002, the gap between the extreme quintiles of the distribution shrank in 14 out of 18 countries, while the Gini index fell by at least 5% in 11 countries. Nevertheless, the inequality ratio continues to be substantial: the average income of the richest 20% of the population is 20 times greater than that of the poorest 20%.

The share of women living in poverty increased relative to men. In 2002 there were 109 poor women in the region for every 100 poor men, versus 118 in 2010. At the same time, the share of women who do not have their own income (essentially due to their marginalization in the labour market and lack of access to social protection) remained around 30% in the region.

The persistence of inequality, the still-high poverty rates and the limited capacity of productive systems to generate high-quality, well-paid jobs have a strong influence on the public policy response. The response has been fairly homogeneous in the region, particularly with regard to the treatment of the population living in poverty. In the first decade of the twenty-first century, conditional cash transfer (CCT) programmes became “the” public policy response to address this situation. This has strong implications for the lives of women and is thus covered in depth in this section of the report.

Cecchini and Madariaga (2011, p. 11) analyse 19 countries in Latin America and identify 18 conditional cash transfer programmes in operation and another 8 that have ended (some of which were restructured into the current programmes). These programmes cover over 25 million households, comprising 113 million people (almost 20% of the total population in the region). They have resources equal to 0.4% of GDP, on average, although both the magnitude and the coverage of the programmes vary significantly from country to country.

While these programmes differ at the national level, they share a common core characterized by the following elements:

- i) They are conceived as tools to fight poverty in both the short and long terms. In the short term, the programmes transfer basic monetary resources to households in poverty or extreme poverty. In the long term, the objective is to overcome the intergenerational poverty trap by increasing the human capital of children and adolescents in these households.
- ii) The programmes are “feminized” in the sense that the majority of the people receiving monetary benefits are women. This does not reflect a personal right, however, but rather a derived right. In general, the actual holders of the right to receive this benefit are children and adolescents, and women serve as the effective beneficiaries of the programme.¹¹
- iii) They are based on monetary transfers that vary from very minimal amounts to more substantial payments. The benefit can be defined as a fixed amount per household or it can vary based on household composition. The money may be freely available (in the sense that the programme does not stipulate how it can be used), or payment may be conditional on the acquisition of certain goods and services via different mechanisms. In some cases, the monetary transfer is combined with other types of benefits, such as the provision of training services or information on issues that are important for the beneficiary population.
- iv) The programmes are conditional based on school attendance and health check-ups for children and adolescents and, in some cases, pregnant women. Most of the programmes incorporate punitive enforcement measures (that is, if the conditions are not met, then all or part of the benefit is lost).
- v) There are sometimes access conditions tied to non-participation in the labour market, income insufficiency or the demonstration of some other type of need. As with the previous point, some programmes have very strict access requirements (despite the fact that they involve conditions that can be highly variable even in the short term), and non-compliance can result in the total loss of the benefit. Other programmes impose less rigorous access conditions, where the benefit is not totally or even partially lost or where it may temporarily be suspended.

These programmes are clearly important for women, in particular women living in poverty. First, women are the main direct beneficiaries of the transfers. Second, in order to receive the benefits, they must comply with certain conditionalities on their behaviour (for example, with regard to consumption, caregiving responsibilities for children and adolescents and decisions on labour market participation). Third, the programme benefits have become a key component of household survival strategies, especially

¹¹ See Rodríguez Enríquez (2011) for more information.

in households headed by poor women. Fourth, changes may occur in relationships within the household and decision-making on the use of economic resources. Fifth, the programmes affect (or can affect) other areas of women's life, in terms of their physical and political autonomy. Sixth, they establish certain types of relationship between women and the state, between women and public policy and between women and social protection systems. Seventh, they ultimately influence women's economic autonomy, their rights and the quality of their citizenship.

The following sections analyse the consequences of CCTs for gender equality and for the expansion and exercise of women's rights.

First, the report analyses the programme foundations and their underlying values. How do the programmes view women's work? What ideas do they reproduce in terms of household caregiving responsibilities? What is the underlying understanding of poverty and effective ways to overcome it? And what does all of this imply for the construction of female subjectivity, the image that the rest of society and the institutions themselves have of women, and the position women ultimately hold and are allowed to hold (or not)? How do these programmes view their beneficiaries, namely, women living in poverty?

Second, the programmes are reviewed in terms of their impact on the material conditions of women's lives. Is the monetary benefit sufficient for satisfying the basic needs of women and the members of their households? Do the transfers allow them to aspire to a higher standard of living? Do the transfers facilitate women's access to and control of other economic resources?

Third, the effects of CCTs on women's work are analysed. Does the benefit lower the incentive to participate in the labour market? Or does it instead constitute a mechanism that facilitates the development of economic activities? How do CCTs affect the distribution of unpaid caregiving work? What impact can be expected in terms of the work of the other members of the household?

Fourth, the study looks at the impact of these programmes on the individual empowerment of women. To what extent do they strengthen or weaken women's position in household decision-making processes? Do they increase (or decrease) women's options for facing problems of domestic violence? Do they promote women's participation in other spheres (political, community)?

These factors have been explored in a number of specific studies, which further reveal the gaps between the programme objectives and real-world attainments. The conclusions and lessons from this evidence and the related literature are systematically examined below.¹²

To take the analysis deeper, it is necessary to consider the context of the programmes and the situation of women in the framework of social protection systems. Do they expand the coverage of social protection systems in an inclusive sense for women? Or do they instead contribute to the consolidation of a segmented social protection system, which provides extensive benefits to those that are fully included in the labour market and confine the rest of the population —mainly women— to a space of minimal assistance benefits, conditioned on some specific behaviours?

Finally, these programmes need to be evaluated based on their achievements, not only in terms of their specified goals (to reduce the poverty of poor women and households), but also in relation to broader objectives of gender equality and autonomy for women. This assessment aims to contribute to strengthening those elements of CCTs that advance equality and provide tools for forging a path of transformation that allows society to meet the essential requirements for gender equality: a revaluation of women's work; a redistribution of people's time and work; mechanisms for preventing discrimination in all aspects of life; strategies for sharing the responsibility for social reproduction; and a consistent, synergetic link between the development model and the social protection systems that incorporate it.

¹² This analysis is based on Rodríguez Enríquez (2011).

This study is organized into three parts. The first section outlines the current CCT programmes in Latin America and summarizes their main common characteristics. The second section draws on the existing evidence and literature to analyse the ramifications of these programmes for women. Finally, the third section presents the conclusions and identifies areas for transitioning from CCTs toward homogeneous, inclusive social protection systems.

B. CCTs in Latin America: the state of the situation

Conditional cash transfer programmes in Latin America vary in their order of magnitude, coverage, management mechanism, benefit implementation procedure and controls, but they also have shared characteristics and a common logic. This section summarizes these elements.

1. The main characteristics of CCTs¹³

In the 1990s, Latin America underwent a deep transformation of the role and structure of the state, which also implied changes in the way people think about and make policy. In line with the process of administrative decentralization, social policies also went through some important transformations. In general, there was a move away from a universalist social policy model to one focused on target populations in an attempt to give a rapid response to the negative effects of the structural adjustment measures of the time. In a context of economic crisis, poverty, inequality and high unemployment rates, countries pushed the development of new social policies for which there was scarce economic, political and administrative experience, not only in relation to managing benefit coverage, but also with regard to the administration of the designated funds and innovations in fund management.

The new social policies, directed to the poorest segments of the population, broke with the universalist ideal that had inspired the development of the social protection systems. This idea was based on the assumption that the economies tended toward the full employment of male heads of household and that distributing benefits through the labour market would cover these workers and the people who were economically dependent on them (not only children, but also spouses, who did not participate in the labour market and were responsible for household caregiving). In most of the countries in the region, this “old” social policy scheme achieved a limited universalism, especially given the extent of informality in the region’s labour markets. In others, the universalist ideal never developed.

The arrival of CCTs represents a break with this ideal. The goal of these programmes is to support families in order to improve their living standards in the short term, alleviate the effects of the crisis and contribute to ending the cycle of poverty in the long term via monetary transfers. Thus, countries are gradually implementing a new formula that complements the direct delivery of a voucher or cash transfer with objectives tied to improving the human capital of the families involved, by requiring a commitment on the part of the beneficiaries in the form of “obligations” or “conditionalities.”

The first example of this type of programme—that is, with conditionalities—dates to 1990, when the Government of Honduras launched the Family Allowance Programme (PRAF). This programme consisted of three components: a school voucher, a mother-child voucher and an old-age voucher. Since then, many more programmes have been implemented in countries throughout the region. Three cases are particularly emblematic due to their history and size, and they have even served as models for other initiatives.

The first is Mexico’s *Oportunidades*, which has the longest history of the three programmes. It was created in 1997 as the Education, Health and Food Programme (*Progres*a) with the goal of

¹³ This section is based on a more extensive analysis by Jimena Arias.

assisting families in extreme poverty. Beneficiaries receive cash transfers, nutritional supplements and access to a basic package of health services, under the condition that the families must comply with certain commitments in the areas of education and health. Today, the programme (which was renamed *Oportunidades* in 2001 and has been expanded into both urban and rural areas) is a central element of Mexican social policy, assisting 5.6 million households comprising over 27 million people. The program management structure is very complex, with strong impact evaluations and an extensive administrative apparatus that advises other governments in the region on the implementation of this type of programme.

The second emblematic case is the *Bolsa Família* conditional cash transfer programme in Brazil, which currently has the largest coverage in the region. It was created in 2003 through the merger of several existing municipal and federal programmes and currently reaches 12.5 million households (more than 51 million people) in both urban and rural areas. While its central component is a cash transfer (the basic voucher) whose amount varies according to household composition, over time the programme has incorporated other elements for specific population groups within the broader set of households that receive assistance (such as the variable voucher, the variable adolescent voucher, the comprehensive family health-care programme and the *Brasil Carinhoso* plan, which includes money and nutritional supplements).

The third case is Universal Child Allowance for Social Protection (AUH) in Argentina, which was implemented much more recently and represents an interesting attempt to integrate a CCT programme with the social protection system. It was launched in 2010 as an extension of the family allowance programme, which, as a form of social security, provides assistance for the children of registered employed workers. The AUH also covers the children of unemployed workers and unregistered employed workers. Thus, in both legal and practical terms, the scope of the programme covers all children under the age of 18 years living in households whose income is below a certain threshold.¹⁴ The AUH currently reaches 1.8 million households comprising a total of 3.5 million children.

In addition to these examples, there is a variety of programmes in Latin America that nevertheless share common features, which are described below. The following analysis was undertaken using the database of non-contributory social protection programmes in Latin America and the Caribbean,¹⁵ developed by the Social Development Division of ECLAC, which gathers data on 18 countries in the region with active CCT programmes.¹⁶ The list of countries and programmes is actually much more extensive, but the analysis focuses on national conditional cash transfer programmes that currently pay out benefits.¹⁷ In particular, our interest centres on programmes specifically aimed at women, in which funds are transferred in exchange for meeting conditionalities (see table A.14, in the appendix).

(a) Objectives

In all cases, the programmes are welfare initiatives implemented within the social protection approach, which combine monetary support with required family commitments, basically in education and health. The transfer contributes to alleviating the short-term needs of the beneficiary families, while the family obligations represent a medium-term investment in human capital.

¹⁴ The family allowance programme establishes an income threshold above which the household does not qualify for the benefit. The threshold set for the AUH is the adjustable minimum living wage.

¹⁵ Different types of social protection programmes are included: (a) monetary transfers with shared responsibility; (b) non-contributory pensions; (c) disability pensions; (d) consumer subsidies; (e) emergency employment; (f) in-kind transfers; and (g) scholarships.

¹⁶ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago and Uruguay.

¹⁷ The database includes information on 19 countries and 40 programmes, some of which are not national and some of which no longer pay out benefits.

(b) Target population

The various programs use different definitions of the target population. The majority, however, are aimed at families with children under the age of 18 years (whose fathers, mothers or legal guardians are unemployed or employed in the informal sector), people of all ages with a disability and pregnant women. In many cases, there is also an income threshold above which households do not qualify for the benefit.

The assessment of this type of public policy takes on added significance when coverage is analysed in terms of households and people. The two most important examples are two programmes cited earlier: *Bolsa Família* in Brazil and *Oportunidades* in Mexico.

(c) The benefit

The benefit generally consists in a cash transfer. The payment frequency varies, but most of the programmes analysed make monthly transfers. The payments are channelled through a delivery or collection mechanism, or sometimes through the banking system via a debit card that works with automatic teller machines.

The amounts granted by the programmes varies substantially from one country to another. It is difficult to calculate an average since some of the programmes combine different types of benefits (see appendix table A.14).

(d) Duration of the benefit

The duration of the benefit varies by country. For example, the AUH programme in Argentina is granted indefinitely, since it was introduced in recognition of a right of children and adolescents. The *Tekoporá* programme in Paraguay provides a monthly transfer for up to two years and three months. The *Bolsa Família* programme in Brazil does not specify a time limit for receiving the benefit if the families are still living in poverty and continue to comply with the conditionalities.

(e) Conditionalities

The conditionalities established by the programmes are fairly homogeneous and are mostly related to school attendance and health check-ups for children and adolescents. Under the initial schemes, the conditionalities were obligatory and subject to strict monitoring, but over time they have become more lax.

One feature that differentiates the various CCT programmes is how they monitor the conditionalities or obligations. As part of their design, the programmes incorporate a system of sanctions for non-compliance with the commitments, ranging from warnings and either deductions or temporary loss of the transfer to the expulsion of the beneficiary from the programme.

(f) Implementation

The programmes generally have a small central structure relative to the number of beneficiaries. Most are operated out of the country's ministry of social development. The application of the CCT conditionality systems implies coordination with other areas of the executive branch, such as the departments of health and education, which document compliance.

These programmes also generate new demand for schools, health centres, hospitals and other decentralized organizations, which are required to certify the children's school attendance and the periodic health check-ups stipulated in the programmes' operating regulations.

The programmes feature a highly centralized design and structure. Their main definitions and guidelines are delineated in an institutional environment that concentrates decision-making power and allows little room for opinion or influence from the local and decentralized levels. At the same time, these programmes require local support —health and education— for their implementation, especially with regard to families and monitoring their commitments. The implementing agencies for the programmes are central-level public institutions, and there are no procedures for intermediation or outsourcing services to a third party, except in the case of evaluations. All of the programmes have an efficient information and financial technology that facilitates the delivery of the resources. In many cases, the regulatory guidelines, management and budget items are governed by national law or decree, which is key for safeguarding the sustainability of their work, the transparency of resource allocation and programme independence from political shifts or changes.

An important feature of the programmes is that they have generally incorporated complete evaluation systems from the very beginning. This has generated a large set of evaluations from the longest-running programmes, such as *Oportunidades* in Mexico and the Human Development Grant in Ecuador.¹⁸

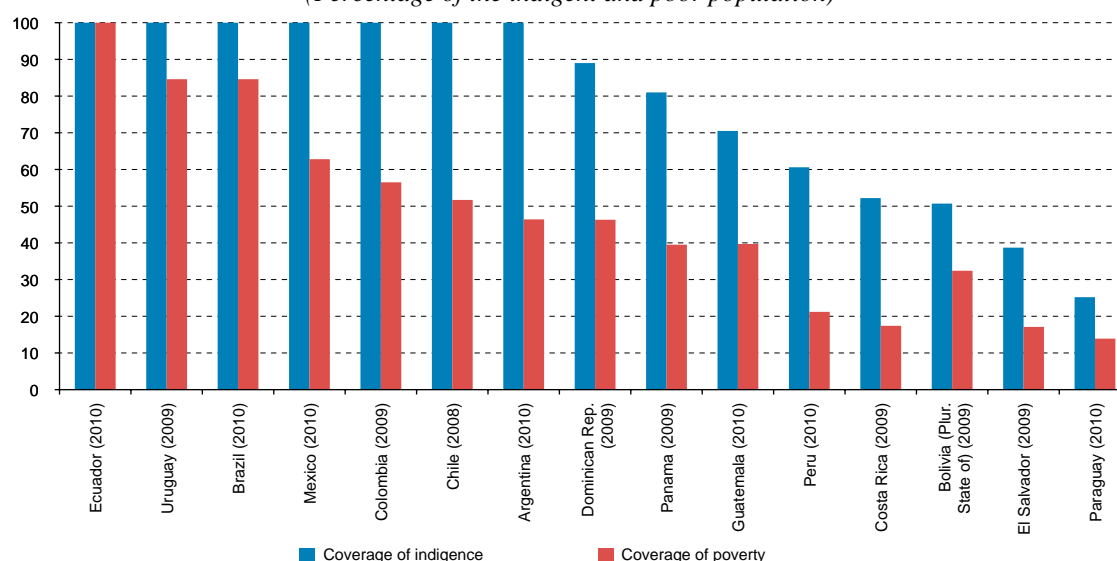
2. Performance of the CCT programmes

Cecchini and others (2009), Cecchini and Madariaga (2011) and Fiszbein and Schady (2009) summarize the main findings of the literature and performance evaluations of the programmes. What stands out is their heterogeneity and variation among countries, which basically stems from existing differences in terms of the programmes' scope, levels of coverage, the amount of the benefits transferred and the mechanisms for implementation. However, some generalizations are useful for assessing the extent to which the programmes achieve (or not) their stated objectives.

First, the CCT programmes have managed to reach a large share of the population living in poverty or extreme poverty. According to the latest available estimates, these programmes benefit 25 million families, comprising a total of 113 million people. This represents 19% of the total population in the region. In terms of coverage of the target population (those living in poverty or extreme poverty), performance varies substantially from one country to the next. In seven countries (Argentina, Brazil, Colombia, Chile, Ecuador, Mexico and Uruguay), the programmes cover nearly all of the indigent population. In the rest, coverage of the indigent population ranges from 89% in the Dominican Republic to barely 25.2% in Paraguay. Taking into account the poor population, coverage is lower in all cases, but it is still significant in some countries (for example, 100% in Ecuador and over 84% in Uruguay and Brazil) and very reduced in others (17.4% in Costa Rica, 17.1% in Salvador and 13.9% in Paraguay) (see figure II.1).

¹⁸ However, the available evaluations emphasize two issues: the impact on poverty measured in terms of income and the impact on education measured through indicators such as school coverage and dropout rates. Some studies examine the impact on gender and family dynamics, but no evaluations to date focus on health issues —and far less on sexual and reproductive issues— although some of the programmes (such as Mexico and Ecuador) have incorporated activities in this area.

FIGURE II.1
LATIN AMERICA (15 COUNTRIES): COVERAGE OF THE CONDITIONAL CASH
TRANSFER (CCT) PROGRAMMES, 2009-2010
(Percentage of the indigent and poor population)



Source: S. Cecchini and A. Madariaga, “Programas de transferencias condicionadas. Balance de la experiencia en América Latina y el Caribe”, *Cuadernos de la CEPAL*, N° 95 (LC/G.2497-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2011, figure IV.4.

Second, the scope and coverage levels assume significant cash transfers that undoubtedly improve the material conditions of the people who receive them, especially when compared against what would presumably be the situation if the programmes did not exist.

If consumption is used as an indicator of this improvement, the available information for some of the countries does, in fact, show an increase, mainly in the consumption of food products (which are also more diversified) and children’s clothing. CCTs also contribute to an increase in the consumption of school supplies, which is further reinforced in some programmes by in-kind transfers in these areas. For Argentina, Goldberg and Rodríguez Enríquez (2011) find that the transfers can contribute to the generation of savings that allow the acquisition of durable household goods or the financing of home repairs. This mostly occurs in households that were already covering their most basic needs before they started receiving the transfer.

But do the CCTs achieve their short-term objective, namely, to assist the poor population and reduce the incidence of poverty and extreme poverty? The variability among the programmes again stands out, such that the answer to this question depends on several factors: (i) the amount of the benefit relative to the poverty and indigence (or extreme poverty) thresholds; (ii) the level of coverage; (iii) the duration of the benefit; and (iv) variability (in both the threshold and the benefit). Cecchini and Madariaga (2011) argue that the achievements are modest in strict terms of the fight against poverty, in that the majority of the benefits do not reach the monetary poverty threshold. In contrast, the impacts can be greater in relation to the severity of poverty and the poverty gap. The greatest achievements in these cases are found in countries where the programme has a greater reach and a larger transfer (Argentina, Brazil, Ecuador and Mexico). In the remainder, where both the coverage and the amount of the benefits are modest, the programmes do not have a strong effect on the incidence of poverty. An extreme example is Honduras, a country with extensive poverty and a modest benefit amount. According to Guerreiro Osório (2008), in 2007 the country’s implementation of the CCT programme reduced poverty by just 0.02 percentage points.

Cecchini and Madariaga (2011, p. 124) compare the programmes in terms of their target protection levels. They indicate that for the 14 countries of the region studied, the data show that “in rural areas, the minimum transfer amount represents, on average, 12% of the indigence line and 7% of the poverty line, while in urban areas it equals 11% and 5%, respectively. A comparison of the maximum amount per capita reveals that, based on the regional average, in rural areas the transfers represent 35% of the indigence line and 20% of the poverty line, while in urban areas they equal 29% and 15%, respectively.”

The cash transfer has an obvious impact on the beneficiaries’ budgets and, therefore, on their ability to gain access to goods and services, especially in the short term. ECLAC (2010a) shows that these transfers represent, on average, around 10.3% of the per capita income of the beneficiary households. In the first quintile of the population (with the lowest income), these resources can even double the income of the poorest households.

An element that raises doubts about the ability of the CCTs to sustain the income of the target population in the future has to do with the absence, in the majority of the cases, of an explicit adjustment mechanism for the transfer amount. In a context of significant inflationary pressure, governments manage the adjustments according to their fiscal capacity and political demands (tied to the electoral cycle). The programmes are thus likely to experience a degree of instability and successive phases of weakening and recovery of the buying power of the transfers.

In addition to these more or less significant impacts of the CCTs on the situation and incidence of poverty (stronger in relation to extreme poverty), the programmes have had an almost imperceptible impact on the income distribution. Cecchini and Madariaga (2011) find that only *Oportunidades* in Mexico and *Bolsa Família* in Brazil have had a positive impact, with an estimated reduction of 2.7 percentage points in the Gini index (an indicator of inequality).

And what about the medium- and long-term objective of the CCTs, which, as defined by the programmes themselves, is to improve the human capital of the poor population, in particular in the case of children and adolescents, in order to break the intergenerational reproduction of poverty?

To answer this question, the CCTs are evaluated on the basis of their effects on the skills and capacities of the beneficiaries. The evidence points to advances in terms of access to services that can improve capacities, but not necessarily in terms of content. Thus, the majority of programmes show an increase in access to school and health services, but there is no clear evidence of improvements in the level of educational learning or the nutritional or health status of children, adolescents and pregnant women.

In education, the greatest achievements are seen in the increase in the school enrolment rate in countries that started from the very lowest rates of school attendance, in school transition rates (where attrition is highest) and in the poorest households. In the area of health care, there has been an increase in preventive health check-ups and growth and development checks for children, but the evidence on improvements in nutritional or health status is heterogeneous and inconclusive (Cecchini and Madariaga, 2011).

Additionally, in some CCT programmes, the cash transfers are combined with other types of services that also contribute to capacity formation. With regard to labour market insertion and income generation, some programmes offer job training, access to microcredit and support for the development of small-scale productive enterprises. Other programmes offer awareness and training in specific areas, such as improving health or strengthening the family. In general, however, actions for increasing the “human capital” of the adult population that participates in the programmes, such as implementing mechanisms to facilitate finishing their studies, are scarce and carry little weight in the set of programmes.

3. Implicit values in the CCTs and some controversies

Conditionalities are one of the most characteristic features of CCTs, and they embody a specific public policy choice. Rodríguez Enríquez (2011) lays out the rationale for conditionalities: (i) state paternalism seeks to correct the “incomplete altruism” of the poor population, thereby improving its investment in children’s human capital; (ii) a political consensus can be reached around a measure that benefits a poor population that demonstrates (by meeting the conditionalities) its predisposition and effort to escape poverty; and (iii) social efficiency is achieved through consumption of the goods in question (education and health).

The punitive application of the conditionalities highlights two axiomatic considerations: the identification of the deserving and undeserving poor for the provision of assistance; and the assignment of shared responsibility for both the situation of poverty itself (people are living in poverty because they failed to invest in human capital) and the possibility of escaping it (correcting this lack of investment creates the possibility of breaking out of the situation).

This approach is problematic from the perspective of rights, because it conflicts with the basic principles of universality and non-discrimination that are intrinsic to the right to social security and access to basic conditions for a decent standard of living. This is due to the distinction between deserving and undeserving poor and the application of a behavioural control on this population that is not required of other social and economic sectors that are targets of public policy (for example, comparable conditionalities are not imposed on the financial institutions that were rescued with vast public resources or on taxpayers subject to the personal income tax who receive fiscal credits).

Moreover, the punitive enforcement of the conditionalities only goes one way. Compliance is enforced for the beneficiary population, but the state is rarely held accountable for its obligation to provide the conditions that make compliance possible. Nevertheless, the conditionalities can function as a mechanism for generating demand for these basic and fundamental social services.

The cost of the bureaucracy necessary to monitor compliance with the conditionalities has also been the subject of controversy, considering that the most sensible solution from a cost-effectiveness perspective would be a system based on unconditional transfers. On the other hand, the application of information technology brings down the cost and increases the efficiency of the monitoring system. For example, Mariscal Avilés, Lepore and Carvalho De Lorenzo (2012) show that in the case of *Oportunidades* in Mexico, the use of mobile devices for information gathering translated into greater transparency in the registration of beneficiaries, which can also help improve targeting.

Another controversial aspect of CCTs is their link to the labour market. The argument is that these programmes provide disincentives for the working-age adults in beneficiary households to enter the labour market, since receiving the cash transfer reduces the pressure to earn an income. Three issues deserve attention here. First, the evidence (which is quite scarce) does not support the conclusion that this effect is generalized among the beneficiary population (although there does appear to be a specific impact on certain groups —namely, women spouses with heavy family responsibilities— as explained in the next section). Second, this argument has to be contextualized in real-world labour markets, where the beneficiary population that participates in these programmes is not usually choosing between work and leisure (using the most orthodox economic terminology), but rather is faced with a variety of highly precarious and informal jobs, unemployment or inactivity. Third, in reality the income from the CCT is most often part of a complex household survival strategy that combines a number of different elements: paid work that is to some degree informal, self-sustenance, transfers between households (cash and in-kind) and a large dose of unpaid work (which is addressed in more detail in the next section).

The need to contextualize the CCTs is further seen in the difficulties of designing exit strategies for the programme beneficiaries. The few existing experiences show that informal employment continues

to be the most common form of economic participation for this social sector, and the programmes sometimes even contribute to this situation by promoting micro-enterprises.

The existence of clientelism and corruption in the social policy of some countries in the region also affects the operation of CCT programmes. Examples include the following: the captive nature of the beneficiary population, the perception of the benefit as “charity” from the president or first lady, the “feudal” management at the local level and the practice of using public resources for private or clientelistic ends.

Several countries, however, are implementing strategies to address these problems, including various mechanisms of electronic governance (which allow for controlling both the beneficiaries—for example, by interlinking social benefit databases—and the administrators), the use of banking services to execute the transfers and the development of citizen participation and social auditing systems. In this regard, Mariscal Avilés, Lepore and Carvalho De Lorenzo (2012) indicate, based on their analysis of Oportunidades in Mexico, that the electronic delivery of the transfers (via a biometric card that works as an electronic wallet) and the possibility of using digital fingerprint scanners has allowed greater transparency and a better distribution of resources and has reduced programme management costs.

Even with all the controversies and leaks, the CCTs have contributed to bringing the state closer to groups that have historically been marginalized from social protection, in a process that contributes to some degree to the construction of citizenship, as expressed, for example, in the provision of documentation. Many women and their children have had access to their personal documentation or have brought it up to date not in recognition of their rights, but in compliance with a basic prerequisite for signing up for the programme. To cite an example, in a 2006 interview, Rosani Cunha, who was then the citizenship secretary of Brazil, stated that the programme brought to light the problem of documentation and that household visits in Rio de Janeiro had shown that 12% of the people had no personal documentation. Access to documentation is a first step toward the full exercise of citizenship and the reclamation of rights.

C. CCTs and women: one step forward, two steps back?¹⁹

Since their launch, CCTs have primarily been aimed at women, for several reasons: (i) in most countries, the programmes award benefits for children through their mothers, that is, the women collect a cash benefit allocated to their children; (ii) in some cases, being a woman (and mother) is one of the requirements for receiving the benefit (that is, the benefit is not given to fathers or male guardians); (iii) if the absence of any other source of personal income is one of the conditions for receiving the benefit, households will often decide that a woman should apply for the assistance, since she has fewer possibilities for obtaining paid work (which would compete with the CCT benefit); and (iv) the conditionalities imposed by the programmes, which are tied to dimensions of childcare (education and health), reflect a social consideration that attributes caregiving responsibilities to the mother, who should therefore be the household member who receives the benefit.

CCTs have thus become a vehicle for the massive transfer of monetary resources from the state

¹⁹ This section is based on Rodríguez Enríquez (2011) and, for specific national cases, on Goldberg and Rodríguez Enríquez (2011) and Bustos and others (2011) for Argentina; Adato (2000), Arriagada and Mathivet (2007), López and Salles (2006) and Mariscal Avilés, Lepore and Carvalho de Lorenzo (2012) for Mexico; Armas Dávila (2004) for Ecuador; Arriagada and Mathivet (2007), Martínez Franzoni and Voorend (2008) and Soares and Silva (2010) for Chile; Cecchini and Madariaga (2011), Martínez Franzoni and Voorend (2008) and Moore (2009) for Central America; Draibe (2006), Evangelista da Cunha and da Câmara Pinto (2008), Suárez and Libardoni (2007), Soares and Silva (2010) and Mariscal Avilés, Lepore and Carvalho de Lorenzo (2012) for Brazil; Rodríguez Mojica (2010) for Panama; Soares and Silva (2010) for Colombia.

to women, which represents a milestone in the history of social policy in the region. The programmes have made women more visible, positioning them in a relationship with a state that has historically ignored them both as citizens and as a subject of public policy. For many women, the CCTs represent their first experience with an institutional relationship.

This raises a number of questions. How is this citizenship expressed in a concrete sense? To what extent does it carry over into the recognition and effective enjoyment of rights? How does it translate (or not) into autonomy for women, an essential factor for the full exercise of citizenship? Does it precipitate a transformation that affects the historically subordinate position of women? These issues are addressed below.

1. Women's programmes, but... for women?

Given the “feminized” nature of the CCT programmes, there could be a temptation to think of them as a public policy for women. If that were the case, they would have an impact on the factors that suppress female autonomy and on the main obstacles to gender equality. However, a closer look at the CCTs raises doubts as to whether they are instead programmes which, like so many others, are aimed at women but lack a gender perspective.

What is the origin of this temptation?

First, women do, in fact, appear to be the main (in some countries, the only) beneficiaries of the CCTs. However, they do not receive the benefit in their own right, but rather in virtue of their parenting relationship with the true holders of the right: their children. Thus, women are not the final beneficiaries of the transfer, but rather the operative beneficiaries who, in their role as mothers, can and should manage the transformation of the benefit into a larger investment in their children's human capital.

Second, the CCTs transfer monetary resources to women. This feature is indisputable. All the considerations of the previous section, regarding the impact of the cash transfers on the material living conditions of the people who receive them, apply to women. These include the following: (i) the transfers improve their material situation and that of the other members of their household (especially children); (ii) they reduce the distance between the women's income and the poverty threshold (in particular, the extreme poverty threshold); and (iii) the additional income can provide the basis for the accumulation of assets (durable household goods or economic resources for small-scale productive activities).

The collection of this income by women has other important considerations, especially if it is put in context. Given that this is a population with an unstable labour pattern, characterized by alternating periods of inactivity, unemployment and precarious work, the CCTs represent the first stable source of income for many women. This improves not only their current situation, but also their medium-term outlook. Moreover, in this context the cash transfer represents an income that they would otherwise not have.

Furthermore, the women consider this stable income to be theirs, and in that sense it consolidates their position in the household decision-making process, especially —but not exclusively— with regard to economic issues²⁰. The women's improved economic position has an impact on their self-esteem, which allows them to position themselves differently in other areas of negotiation.

In sum, the CCT programmes transfer massive monetary resources from the state to a large population of women. However, this dynamic arises not from their condition as women, but rather

²⁰ See Maldonado and others (2006), Espinosa (2006) and Evangelista da Cunha and da Câmara Pinto (2008). With regard to economic decisions, Maldonado and others (2006) indicate that despite the improvement in women's negotiating position, they continue to make decisions on food expenditures, while men decide on the more important expenditures.

from their role as mothers. Consequently, the first generalization —that the main beneficiaries of the programmes are women— needs to be amended, since in reality women, in their role as mothers, are the operative beneficiaries of a benefit aimed at their children.

In addition, these mothers have some distinctive characteristics: they are poor, and their labour histories are unstable, due to a dynamic in which they are structurally excluded from the labour market, which generates few job opportunities and discriminates against them for being women and for having a low education level and a heavy family burden.

Consequently, the massive transfer of resources to women via the CCTs is undeniably positive, because it represents an income that the women would otherwise not have and that allows them to improve their material living conditions for themselves and their children. These resources can also serve to strengthen their negotiating position within the household.

Does this consolidate women's economic autonomy and change their subordinate position (which is what one would expect of a programme aimed at women)? Some specific aspects of the CCT programmes raise doubts in this regard, as argued in the next section.

2. Social maternalism and the organization of caregiving: more of the same

The conditionalities of school attendance and health check-ups for children and adolescents as a distinguishing feature of CCTs constitute a means through which so-called “social maternalism” operates. This term alludes to the fact that social policy considers mothers to share the responsibility of attaining certain social objectives (such as overcoming poverty). Mothers thus become an instrument of social policy, in addition to their historical responsibility of guaranteeing the daily social reproduction of their families.

The debate surrounding these programmes provides support for this argument. The requirement that people receiving the CCT benefit must demonstrate their children's school attendance and health check-ups has evolved from being based on a concept of conditionality to assuming shared responsibility. This implies that compliance with the requirements has ceased to be a condition for receiving the benefit and has instead become a mechanism through which mothers are now responsible for guaranteeing the correct investment in their children's human capital, which will over time evolve into the responsibility for escaping from their own situation of poverty. This is particularly the case in programmes in which non-compliance with the requirements is enforced solely through sanctions —that is, where it assumes the partial or total loss of the benefit.

By making mothers explicitly responsible for these dimensions of caregiving (education and health), the CCTs reinforce women's caregiving role, which is one of the causes of economic gender inequality. Therefore, the capacity of the CCTs for transforming the lives of poor women through the transfer of monetary income (one step forward) is more than neutralized by the consolidation of their caregiver role, which has multiple negative implications (two steps back).

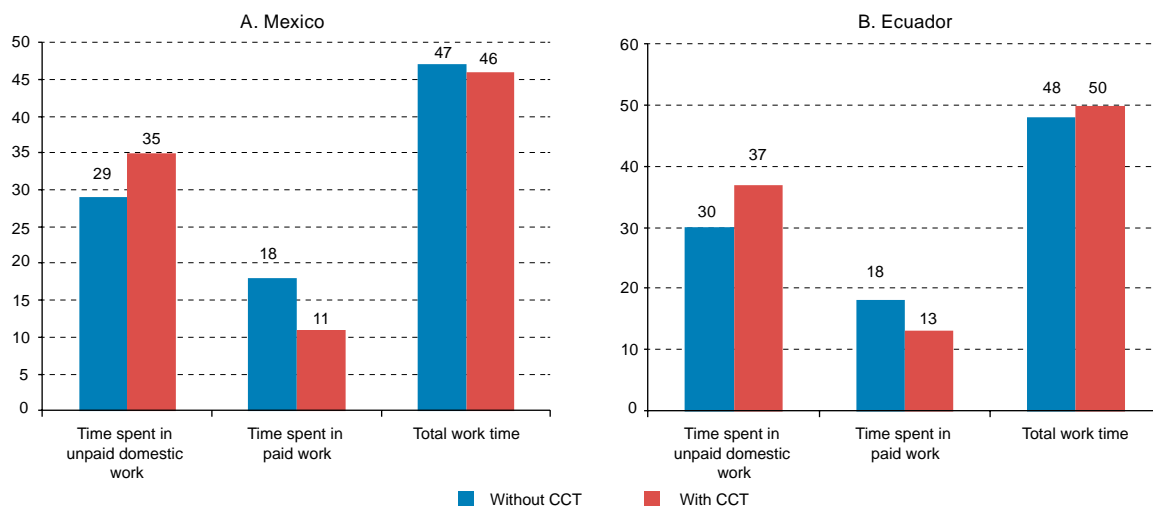
First, this regression occurs in symbolic terms. The act of assigning mothers the responsibility for their children's education and health care is a way of reinforcing the socially constructed idea that caregiving is naturally the responsibility of women —especially when this individual responsibility (to demonstrate school attendance and health check-ups) is put before the state's responsibility to guarantee social services that ensure human rights such as education and health care for children and adolescents.

Second, it is also a regression in practical terms. Compliance with the conditionalities requires women to dedicate more time to filing the certificates of school attendance and health check-ups for their children, which can sometimes involve transportation expenses and long waits (especially where

social services are more deficient). Women also have to spend time in other programme-related tasks (for example, they are required to participate in information sessions or awareness and training activities). Finally, in some cases the school attendance requirement implies that mothers must spend time in unpaid caregiving that was previously carried out by their adolescent daughters. Of course, the fact that adolescent girls are leaving unpaid caregiving work to attend school is positive, but it also puts an additional burden on their mothers.

Data from time-use surveys confirm the hypothesis that participation in CCT programmes increases the time women spend doing unpaid work. Mexico and Ecuador are two examples. As shown in figures II.2a and II.2b, the total time spent working by women who receive a cash transfer and by women who do not diverges only slightly, with the former working more in Mexico and the latter working more in Ecuador.

FIGURE II.2
MEXICO AND ECUADOR: AVERAGE WORK TIME OF WOMEN BENEFICIARIES AND
NON-BENEFICIARIES OF CONDITIONAL CASH TRANSFER (CCT)
PROGRAMMES, 2010
(Hours per week)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of time-use surveys.

When the data are disaggregated by type of work, however, important differences come to light, in line with the discussion above. In both countries, women who receive CCTs spend less time in the labour market and more time doing unpaid domestic work and caregiving than women who do not receive a transfer. In Mexico, women who receive a cash transfer dedicate 11 hours per week to working in the labour market (versus 18 hours of employment for women who do not receive the CCT) and 35 hours in unpaid domestic work (versus 29 hours for women without the CCT). In the case of Ecuador, CCT beneficiaries spend 13 per week in paid employment (versus 18 hours for women who receive no CCT benefits) and 37 hours in unpaid domestic work (versus 30 hours, on average, for non-beneficiaries).

One could argue that these differences do not reflect the presence or absence of the cash transfer, but rather stem from some other source of variation between the two groups of women. For example, it could be that women who receive income from CCTs spend more time at unpaid caregiving simply because they have more children. In fact, as shown in table II.1, there are proportionally more women with children under the age of 15 years in the beneficiary group than in the non-beneficiary group.

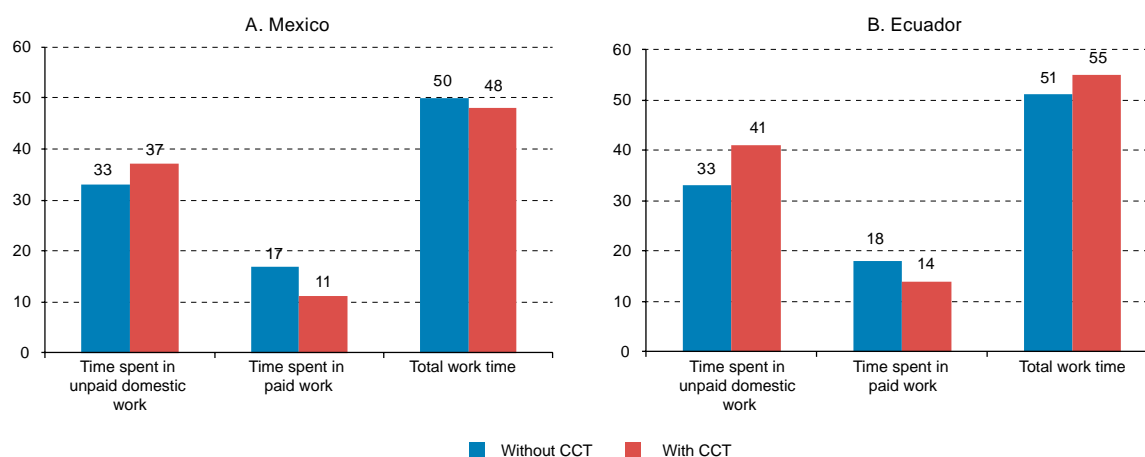
TABLE II.1
MEXICO AND ECUADOR: WOMEN WITH AND WITHOUT CHILDREN UNDER THE
AGE OF 15 YEARS, BY CCT BENEFICIARY STATUS, 2010
(Percentages)

	No children under the age of 15 years		Children under the age of 15 years	
	Without CCT	With CCT	Without CCT	With CCT
Mexico	92.4	7.6	84.9	15.1
Ecuador	83.1	16.9	79.6	20.4

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of time-use surveys.

However, a comparison of women with children under the age of 15 years reveals that the differences in time use persist. As shown in figures II.3a and II.3b, in both countries women who receive transfer income spend less time working in the labour market and more time in caregiving. Mexican women who receive the transfer dedicate approximately 37 hours per week to unpaid caregiving, whereas women who do not participate in the programme spend 33 hours. The difference is even more striking in Ecuador, where women beneficiaries spend 41 hours per week in unpaid caregiving work, on average, versus 33 for non-beneficiaries.

FIGURE II.3
MEXICO AND ECUADOR: AVERAGE WORK TIME OF WOMEN WITH CHILDREN
UNDER THE AGE OF 15 YEARS LIVING AT HOME,
BY CCT BENEFICIARY STATUS, 2010
(Hours per week)



Source: Economic Commission for Latin America and the Caribbean (ECLAC).

Another possible argument is that women who receive transfer income spend more time doing unpaid domestic work because they are not employed in the labour market. There are, in fact, differences in the employment structures of CCT beneficiaries and non-beneficiaries. As shown in table II.2, in Ecuador the share of employed women is larger among non-beneficiaries (46.5%) than among beneficiaries (38.2%). Similarly, the share of women who are statistically considered inactive and who are primarily dedicated to domestic activities and caregiving is significantly greater among beneficiaries (47.9%) than among non-beneficiaries (27.5%).

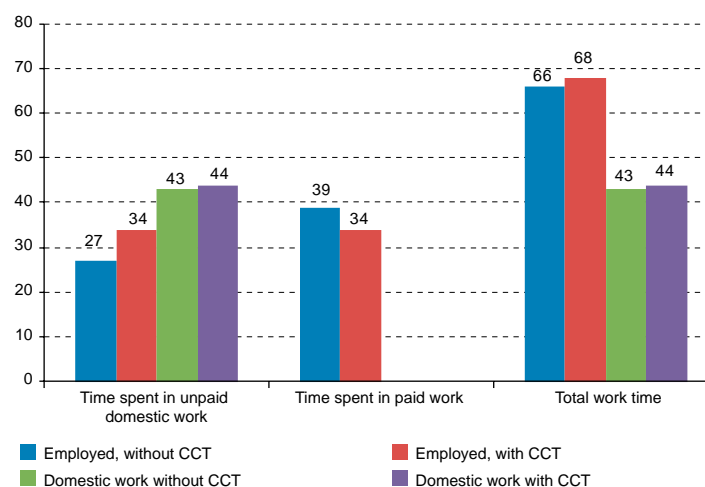
TABLE II.2
ECUADOR: EMPLOYMENT STATUS OF WOMEN BENEFICIARIES AND NON-
BENEFICIARIES, 2010
(Percentages)

	Without CCT	With CCT
Employed	46.5	38.2
Dedicated to domestic work	27.5	47.9
Other form of inactivity	26.0	13.9
Total	100.0	100.0

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of time-use surveys.

The next step, then, is to investigate whether there are differences in time use among beneficiaries and non-beneficiaries with the same employment status. The data are shown in figure II.3. Employed women work more hours than unemployed women, but employed beneficiaries work the most of all. Moreover, among women with the same labour status, CCT beneficiaries spend more time in unpaid domestic work and caregiving.

FIGURE II.4
ECUADOR: AVERAGE WORK TIME OF WOMEN BY EMPLOYMENT AND
BENEFICIARY STATUS, 2010
(Hours per week)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of time-use surveys.

Among employed women, CCT beneficiaries spend 34 hours per week in unpaid caregiving work, versus 27 hours for non-beneficiaries. The differences are smaller among women who are statistically considered inactive and who dedicate their time mainly to unpaid domestic work, with beneficiaries working one hour more per week, on average, than non-beneficiaries (44 and 43 hours, respectively).

One interpretation of this trend is that the women who receive cash transfers primarily live in rural areas, where more time is dedicated to unpaid caregiving. As shown in table II.4, there are relatively more women beneficiaries living in rural areas than in urban zones in the two sample countries.

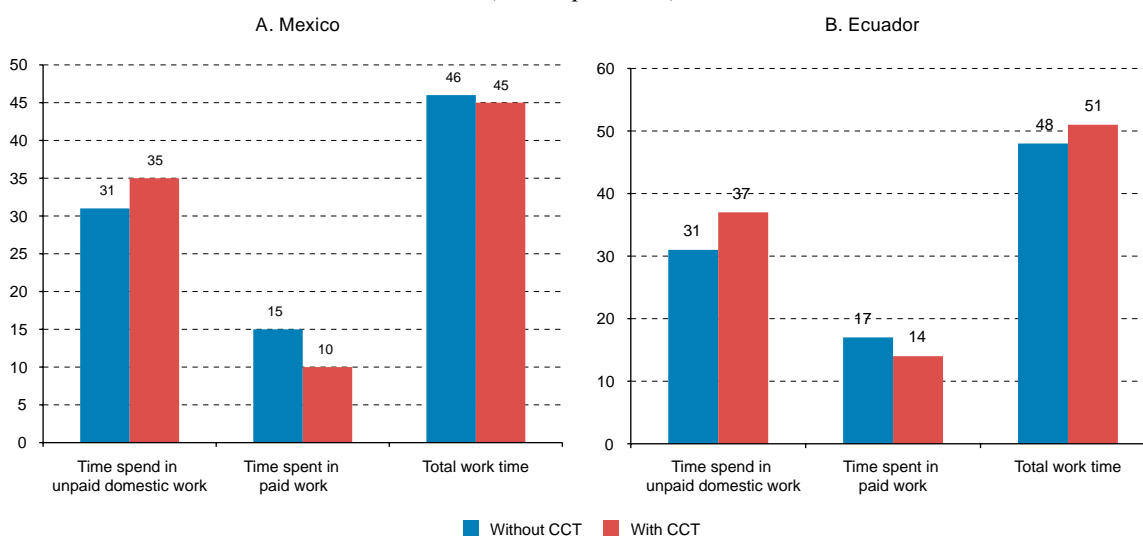
TABLE II.3
MEXICO AND ECUADOR: WOMEN BENEFICIARIES AND NON-BENEFICIARIES,
BY AREA OF RESIDENCE
(Percentages)

	Urban areas		Rural areas	
	Without CCT	With CCT	Without CCT	With CCT
Mexico	96	4	71.8	28.2
Ecuador	90.2	9.8	59.9	40.1

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of time-use surveys.

What happens if we compare time use solely for women who live in rural areas? As shown in figures II.5a and II.5b, in both countries, rural women who receive a cash transfer again spend less time in paid employment and more time in unpaid domestic work. In Mexico beneficiaries record 35 hours per week, versus 31 hours for non-beneficiaries, while in Ecuador beneficiaries average 37 hours per week, versus 31 hours non-beneficiaries.

FIGURE II.5
MEXICO AND ECUADOR: AVERAGE WORK TIME OF WOMEN IN RURAL AREAS,
BY CCT BENEFICIARY STATUS, 2010
(Hours per week)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of time-use surveys.

Finally, one could argue that women who receive cash transfers spend more time doing unpaid domestic work simply because they are poorer. As expected, a larger share of poor women receive conditional cash transfers than non-poor women (see table II.4).

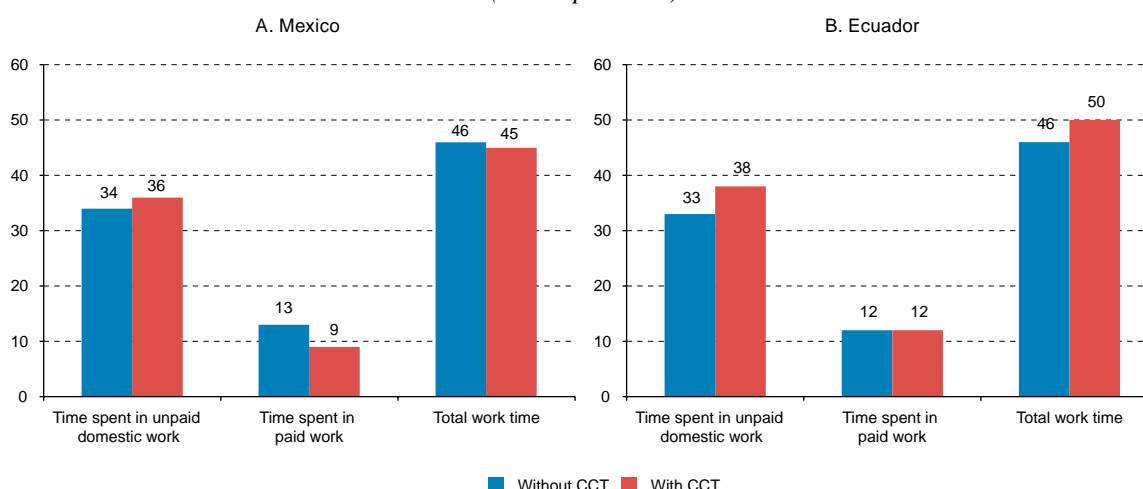
TABLE II.4
MEXICO AND ECUADOR: WOMEN BENEFICIARIES AND NON-BENEFICIARIES, BY
POVERTY STATUS, 2010
(Percentages)

	Poor		Non-poor	
	Without CCT	With CCT	Without CCT	With CCT
Mexico	77.2	22.8	92.3	7.7
Ecuador	72.0	28.0	85.6	14.4

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of time-use surveys.

Here again, however, a comparison of poor women only shows that CCT programme participants spend more time than non-participants in unpaid caregiving work. As shown in figure II.6a, poor women beneficiaries spend an average of 36 hours per week in unpaid domestic work, whereas poor non-beneficiaries dedicate 34 hours per week.

FIGURE II.6
MEXICO AND ECUADOR: AVERAGE WORK TIME OF WOMEN LIVING IN POVERTY,
BY CCT BENEFICIARY STATUS, 2010
(Hours per week)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of time-use surveys.

In Ecuador poor women who receive a cash transfer spend 38 hours per week in unpaid caregiving work, versus 33 hours, on average, for non-beneficiaries (see figure II.6b). Poor women beneficiaries also register the most total work hours.

In sum, the above analysis confirms that the consolidation of the caregiver role of women who receive cash transfers is both symbolic and practical. The existence of conditionalities tied to caregiving imposes additional demands on women in terms of their time use.

The maternalistic approach of social policy simply consolidates an organization of caregiving based on the unpaid labour of women, especially among the poorest segments of the population. This situation is one of the basic causes of persistent economic gender inequality. Public policies cannot contribute to maintaining this situation —quite the opposite— if it is to move forward with no steps back.

3. Women's work: an unresolved question

The flip side of the above discussion is what happens with regard to CCTs and women's paid work. In general, CCTs are not useful mechanisms for promoting the economic participation of women, in particular their insertion in the labour market. That clearly was not an objective of the programmes, but again one could argue that if a public policy intervention does not contribute to a transformation, it at least should not hinder it.

As already mentioned, there is no evidence that the CCT programmes discourage the labour supply of the working-age adults in beneficiary households, except in the case of women spouses. This is the case at least in Argentina, as shown by Bustos, Villafañe and Trujillo (2011), who find that the participation rates of working-age adults in beneficiary households are in all cases lower than the participation rates of households that do not receive the transfer despite meeting some of the requirements. However, these differences cannot, in principle, be attributed to the receipt of income from the programme, so the authors examine the patterns, that is, whether labour market participation varies based on access to CCTs. The authors conclude that the only group that withdraws due to the cash transfer is women spouses. They then look at the type of employment held by these women and find that they had very low paid jobs (about US\$ 50 per month) —the lowest, on average, of all the population groups studied. Moreover, almost 40% of the women that withdrew from the labour market after receiving the transfer were employed in domestic work.

The evidence for Argentina confirms that the programmes must be analysed in context. Generalizing from that case, we could say that in the face of unattractive work opportunities consisting of precarious, unstable, low-paid jobs, the CCT benefit is, in practice, an incentive to not work, since it provides a stable income that does not require a work commitment and that is not much less than the monthly wage the beneficiaries could earn in the jobs available to them. This could result in withdrawal from the labour market (as reflected in Bustos, Villafañe and Trujillo, 2011) or a lack of incentives to enter it²¹.

In this sense, the CCTs can give rise to an “unemployment trap,” understood as analogous to the poverty trap, which occurs when households decide not to earn an income apart from the programme, given the threat of losing the benefit²². The probability of this happening is higher to the extent that the income that could be earned in the labour market is lower and more unstable.

This issue is related to the difficulty that the CCT programmes have thus far had in developing exit mechanisms, especially in the case of women. The few actions that some programmes have implemented to try to address this situation have focused more on improving the beneficiaries' skills (for example, helping them finish school or obtain job training) than on removing the main barrier to women's labour force participation: namely, the organization of childcare. Thus, as a result of the programmes, some women are able to increase their skills and qualifications, which have historically been tied to domestic work, but they cannot translate that into performance in the labour market.

Some examples illustrate how this mechanism operates. In a study of three national cases, Martínez Franzoni and Voorend (2008) find that the Solidarity Chile programme does the most to promote labour market insertion, and it provides access to childcare (albeit insufficient) to facilitate women's participation. The programme does not promote the reorganization of gender roles, but it does

²¹ In a qualitative study of beneficiaries of the Universal Child Allowance for Social Protection (AUH) programme in Argentina, Goldberg and Rodríguez Enríquez (2011) do not find cases of labour market withdrawal among the people interviewed after receiving the basic income from the CCT, although they do observe an extension of unemployment and dismay at the prospect of entering a labour market that offers few opportunities, mostly for low-quality jobs.

²² Specifically, the trap occurs when the problem the programme is trying to solve (lack of income) is actually being promoted (women cannot generate income to supplement the programme transfers).

recognize—at least formally—that women’s labour market insertion raises the need to address the care of other family members, especially children. Second, the Solidarity Network programme in El Salvador includes training for labour market insertion. However, the programme has not managed to achieve any real articulation with productive initiatives once the training is completed, although some efforts have been made in that direction. Within the framework of the programme, childcare and domestic work are never considered separately from the mother (or other maternal figure), the domestic realm and unpaid work. Finally, the Avancemos programme in Costa Rica focuses entirely on education. In the medium term, the economic stimulus for young people to major in areas that are in demand in the labour market could lead to better labour market insertion for the youth population.

Given the programmes’ inability to generate exit mechanisms, households mainly leave the programmes when they no longer meet the conditions for access. The most common reason is that the children have passed the maximum age allowed for programme eligibility. This is especially problematic for women, who might receive the transfer income for several years without being able to generate alternative forms of economic participation. Once the children are past the age limit, the women lose the benefits, but their situation is even worse than before in terms of their options for entering the labour market.

In sum, in their current form, CCTs can discourage the supply of labour, at the same time that they do not provide mechanisms to improve the conditions for labour market insertion in the future. This makes poor women dependent on this type of public intervention, and it is detrimental to the economic autonomy that the CCT income is intended to promote.

D. From CCTs to integrated, homogeneous and inclusive social protection systems

CCT programmes undoubtedly represent a milestone in social policy in Latin America. They constitute the first solid, extensive experience with monetary assistance to a large segment of the poor population, which has historically been excluded from the realm of aid from social protection systems. Women have become key actors in these programmes, as they are the main beneficiaries and also share the “responsibility” of the programmes’ proposed goals: to address current deficiencies and to break the intergenerational transfer of poverty in the medium and long terms.

In this sense, the programmes also represent a turning point for bringing women—in particular poor women—closer to state institutions. Thanks to these programmes, this population has been registered in different areas of public administration (for example, through the provision of identity documents and access to education). These women have thus been able to gain access to the programme benefits and also assert other rights, which has allowed them to improve their living conditions.

The programmes have two key weaknesses, however—one general and one specific (related to gender). In general terms, the CCTs essentially consolidate segmented social protection systems. In the current scenario, social protection systems offer solid, stable benefits as a right to people who are fully incorporated in the labour market through formal employment, while everyone else is granted more modest benefits associated with a paternalistic view of their personal behaviour²³.

²³ According to Cecchini and Martínez (2011, p. 155), “In many cases, the implementation of a CCT programme has allowed the state to reach populations that previously did not receive social benefits, promoting the expansion of supply at the local level and creating a basis for inter-sectoral work (Cecchini and Martínez, 2011). In other cases, however, the dependence on the electoral cycle, the lack of political and financial support and the limited foundation in public institutionality have contributed to increasing the fragmentation of social policy and reinforcing its lack of effectiveness.”

In gender-specific terms, certain features of the CCTs constitute obstacles to the elimination of the basic causes of gender inequality. This deficiency reflects a maternalistic view, in that it consolidates the role of women (especially low-income women) as caregivers and mediators between the state, the family, and the community of women (Provoste and Valdés, 2000), without promoting mechanisms for economic participation independent of the aid.

Consequently, the time has come to consider strategies for moving away from CCT programmes toward integrated, homogeneous and inclusive social protection systems. What features should be included in these strategies so that they will also function as mechanisms for transforming the dynamics that reproduce the economic subordination of women?

First, the maternalistic approach to social policy must be abandoned. Women have the right to social protection, and it cannot derive from their position in the household, let alone from their specific status as mothers. On the one hand, it is not appropriate from the perspective of human rights as an individual attribute of all people. On the other, it reinforces the idea of motherhood as a socially imposed mandate, thereby restricting women's freedom to consider it an option, rather than an obligation.

Second, the conditionalities and how they are implemented need to be revised and overhauled so as to expose the areas where the state falls short (for example, the insufficient, inadequate or inaccessible supply of education, health and childcare services), instead of punitively controlling and directing people's lives (in this case, women).

Third, these programmes should contribute to changing traditional gender roles—in particular, the caregiving role of women—rather than serving as instruments that consolidate them. In this sense, it is imperative to create mechanisms that foster shared responsibility for childcare. For example, the conditionalities currently imposed on women could be transformed into instruments that promote the participation of fathers in their children's care²⁴. At the same time, the shared responsibility of the state in childcare activities could also be expanded if the conditionalities with regard to schooling were extended to early education. This would force the state to guarantee supply in order to enable compliance with the conditionality, which in practice could be an efficient strategy for expanding the availability of childcare services.

Fourth, the programmes have to be restructured so that the transfers contribute to greater autonomy for women, in particular vis-à-vis their partners, but also with regard to the state and the provision of resources conditioned on their being the mothers of children of a certain age. This is essential for achieving the long-term objective of the CCT programmes, because unless “the labour markets and how they relate to social protection systems and families change significantly, the girls who are now undergoing their human capital formation in the framework of the transfer programmes will themselves be mothers in a few years and will face the same conditions and pressures that their mothers are dealing with today” (PNUD, 2011, p. 15).

Fifth, it is necessary to strengthen the mechanisms for women's representation and participation, as an indispensable component for reorienting these programmes toward becoming a liberating and empowering vehicle for enhancing skills and creating real opportunities in the lives of women.

Sixth, the legal frameworks and institutional schemes need to be consolidated for the adequate management of these programmes or, ideally, their improved replacements. These structures should legally establish the integration of the system components and favour accountability and citizen participation, all within a framework of rights.

Seventh, a more realistic institutional interface is needed with the socio-economic environment in which these programmes function. The hope that the CCTs can overcome the reproduction of poverty

²⁴ This could take many forms, from awareness workshops to childcare instruction, to more creative methods that have yet to be developed for changing this intractable dimension of the sexual division of labour.

in the long term by improving children's human capital is based on two controversial assumptions: first, that income is an expression of the marginal productivity of labour (that is, the greater the human capital, the higher the yield); and second, that investment in human capital can be properly carried out in the labour markets with their current dynamics. Neither of these assumptions can be verified in Latin American labour markets.

Therefore, a comprehensive look at the social protection systems requires an analysis of the link between these systems and the development model to which they belong. Organizing social protection around participation in formal employment—in labour markets that are unable to reduce informality to less than 35% of total employment, even during periods of sustained growth—is a guarantee of failure. Promoting the investment in girls' human capital for their future labour force participation without transforming the social organization of childcare, which means that the lion's share of caregiving responsibilities will entail their unpaid work, is a guarantee of failure. Insisting that employment be the axis of organization for people's lives when the development models generate few jobs is a guarantee of social frustration and disillusionment.

In sum, what is needed is a broad perspective for revising and reformulating the CCT programmes, taking into account the development models on which the programmes are founded, with the goal of building tools for eradicating the causes of the reproduction of gender inequality. This requires a reassessment of the concept of work, a redistribution of total work (paid and unpaid), a scheme for shared social responsibility in the organization of childcare and a strengthening of individual autonomy (especially for women) in order to consolidate their agency²⁵ and expand their opportunities for choosing the life they want to live.

²⁵ Agency is defined as the ability to determine and pursue one's own objectives and interests. It is a social agency, as it can be understood in relation to others or in terms of doing or not doing in the context of the society in which one lives. Thus the concept of social agency comprises a broad view of the individual, which includes the appraisal of the many things he or she would want to have happen and the ability to conceive of and achieve those objectives.

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Appendixes

TABLE A.1
LATIN AMERICA (10 COUNTRIES), THE CARIBBEAN (4 COUNTRIES) AND HAITI:
WOMEN KILLED BY INTIMATE PARTNER OR EX-PARTNER, 2006-2011 ^a
(Rate per 100 000 inhabitants and absolute number of deaths)

Country	2006			2007			2008			2009			2010			2011		
	Rate	Absolute number		Rate	Absolute number		Rate	Absolute number		Rate	Absolute number		Rate	Absolute number		Rate	Absolute number	
Chile ^a	0.26	42		0.32	53		0.33	55		0.31	52		0.29	49		0.23	40	
Colombia ^b	0.23	101		0.27	118		0.24	108		0.22	102		0.27	125		0.22	105	
Costa Rica ^c	0.36	16		0.29	13		0.53	24		0.52	24		0.34	16		0.38	18	
Dominican Republic ¹	1.06	99		0.94	89		1.36	131		0.81 ^m	79 ^m		0.98 ^m	97 ^m		1.27	127	
El Salvador ^d	0.25	15		0.31	19		0.24	15		0.32	20		0.06	4		0.18	11	
Grenada ^f	0.97	1		0.97	1		0.96	1		0.96	1		0.00	0		0.95	1	
Honduras ^g	...	...		...	...		...	...		...	...		0.45	34		...	...
Nicaragua ^h	0.22	12		0.34	19		0.21	12		0.30	17		0.43	25		0.56	33	
Paraguay ⁱ	0.52	31		0.36	22		0.26	16		0.47	30		0.39	25		0.38	25	
Peru ^j	...	...		...	...		...	...		0.40	117		0.30	89		0.21	61	
Puerto Rico ^k	0.51	20		0.41	16		0.68	27		0.43	17		0.43	17		0.69	26	
Saint Vincent and the Grenadines ⁿ	0.00	0		3.67	4		1.83	2		1.83	2		0.92	1		1.83	2	
Spain ^e	0.10	45		0.11	47		0.09	40		0.07	35		0.10	46		0.08	39	
Suriname ^o	0.40	2		0.40	2		0.19	1		0.19	1		0.76	4		...	...
Trinidad and Tobago ^p	0.76	10		0.38	5		0.75	10		0.52	7		...	...		...	...
Uruguay ^q	..	...		...	...		0.45	15		0.60	20		1.04	35		0.59	20	

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official national sources.

^a Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of data from the National Women's Service (SERNAM). ^b National Institute of Legal Medicine and Forensic Science. ^c National Women's Institute (INAMU). The data for the period 2006-2011 were modified in February 2013, on the basis of updated official information provided by the Secretary General of the Supreme Court of Justice. ^d Institute of Legal Medicine. Salvadoran Institute for Women's Development (ISDEMU). ^e Ministry of Health, Social Policy and Equality. ^f Criminal Records Office, Royal Grenada Police Force. ^g University Institute for Democracy, Peace and Security (IUDPAS), National Autonomous University of Honduras (UNAH). Observatory of Violent Death of Women and Femicide. ^h Women's Commissary of the National Police of Nicaragua. ⁱ Secretariat for Women, Office of the President of Paraguay, which verified the data provided by the Kuña Aty Foundation (an NGO) for 2006-2007. The data for the period 2008-2010 were provided by the Paraguayan National Police and verified by the Secretariat for Women. ^j 2009: Femicide Registry of the Public Ministry of Peru, in accordance with Resolution 216-MP-FN, Attorney General's Office of Peru, 1 February 2010. 2010: Femicide Registry of the Ministry for Women and Social Development, in accordance with Resolution 110-2009-MIMDES. 2011: Bulletin of the Observatory on Criminality of the Public Ministry of Peru, Attorney General's Office, year 2, numbers 1-12, 2011. ^k Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of data from the Office of Women's Advocacy. ^l General Counsel of the Republic, on the basis of data from the national Police and the National Institute of Forensic Science (INACEF). ^m Total femicides, including both intimate and non-intimate. ⁿ Ministry of National Mobilization, Social Development, Local Government, Gender Affairs, Family Affairs and People with Disabilities. ^o Criminal Information Service (Dienst Criminele Informatie Verzorging) of the Suriname Police Department. ^p Ministry of Information and Gender Affairs Division. ^q Ministry of the Interior, Observatory on Violence and Criminality.

TABLE A.2
LATIN AMERICA, THE CARIBBEAN AND THE IBERIAN PENINSULA:
MATERNAL MORTALITY RATIO, 1990-2010
(Per 100 000 live births)

Country	1990	1995	2000	2005	2010
Andorra	...	...	...	...	...
Anguilla	...	...	...	...	...
Argentina	71	60	63	69	77
Aruba	...	...	...	...	...
Bahamas	52	56	56	47	47
Barbados	120	39	49	41	51
Belize	71	32	100	77	53
Bolivia (Plurinational State of)	450	360	280	240	190
Brazil	120	96	81	67	56
Chile	56	40	29	26	25
Colombia	170	130	130	100	92
Costa Rica	38	45	47	50	40
Cuba	63	61	63	67	73
Dominica	...	...	...	...	...
Dominican Republic	220	170	130	130	150
Ecuador	180	150	130	110	110
El Salvador	150	130	110	94	81
Grenada	...	...	...	...	...
Guatemala	160	160	130	120	120
Guyana	180	170	220	280	280
Haiti	620	550	460	410	350
Honduras	220	180	160	130	100
Jamaica	59	62	83	89	110
Mexico	92	85	82	54	50
Nicaragua	170	150	130	110	95
Panama	100	110	110	100	92
Paraguay	120	120	110	110	99
Peru	200	170	120	90	67
Portugal	15	10	8	8	8
Puerto Rico	33	35	26	22	20
Saint Kitts and Nevis	...	...	...	...	...
Saint Vincent and the Grenadines	...	...	...	...	...
Saint Lucia	...	...	...	...	...
Spain	7	4	5	6	6
Suriname	84	39	130	110	130
Trinidad and Tobago	86	90	59	59	46
Uruguay	39	35	35	31	29
Venezuela (Bolivarian Republic of)	94	98	91	94	92
Latin America and the Caribbean	140	120	100	88	81

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory of Latin America and the Caribbean, on the basis of *Trends in Maternal Mortality: 1990 to 2010* [online] http://www.childinfo.org/maternal_mortality.html and data from the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Bank.

TABLE A.3
LATIN AMERICA (15 COUNTRIES) AND THE CARIBBEAN (4 COUNTRIES):
UNMET DEMAND FOR FAMILY PLANNING, 2000-2010 ^a
(Percentages)

Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Belize
Bolivia (Plurinational State of)	22.8 ^b	...	...	...	20.1	...	...
Brazil	6.0	...	...	...	...
Colombia	10.0	...	...	...	...	8.6 ^c	..	...	...	...	8.0
Costa Rica
Dominican Republic	12.4	...	...	...	...	11.1	...	...	...
Ecuador ^{d e}	7.4	...	...	...	...	...	...
El Salvador ^{d e f g}	8.9	...	...	...	...	...	...	...
Guatemala	27.6	...	...	...	...	...	...	...	...
Guyana	28.5	...
Haiti	39.6	...	...	...	...	...	37.3 ^h	...	...	...	...
Honduras	...	11.2 ^{d e g}	...	...	...	...	16.8 ^h	...	...	...	...
Jamaica ^{e f i}	11.7	...	...	...	...	...	...	...
Mexico ^j	9.9	...	...	12.0	...	...	...	...
Nicaragua	...	14.6	...	...	...	...	...	7.5 ^{d e k}	...	...	...
Paraguay ^{e g}	6.6 ^d	...	...	...	4.7	...	...
Peru	14.4	...	...	...	...	...	...	...	12.4 ^l	7.2	6.9
Puerto Rico
Venezuela (Bolivarian Republic of)

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory of Latin America and the Caribbean, on the basis of the United Nations database of Millennium Development Goals Indicators [online] <http://mdgs.un.org/unsd/mdg/Default.aspx>.

^a Data registered and disclosed by the countries. Country-adjusted data are used in order to align with international standards.

^b Survey years: 2004-2005.

^c Survey years: 2005-2006.

^d Includes married women of reproductive age, who are currently sexually active and exposed to the risk of pregnancy, who do not wish to become pregnant and do not use any method of contraception other than natural methods, including douching, breast feeding or the lactational amenorrhoea method (LAM).

^e Excludes women who are pregnant, who currently wish to become pregnant, who are infertile or who are not sexually active, including women who are practicing post-partum abstinence.

^f Survey years: 2003-2004.

^g Women age 15 to 44 years.

^h Survey years: 2006-2007.

ⁱ Includes pregnant women whose current pregnancy was unplanned or unwanted and a women with post-partum amenorrhoea whose last birth was unplanned or unwanted.

^j Women who are exposed to the risk of pregnancy, who are not using a contraception method and who wish to expand or limit the number of births.

^k Survey years: 2007-2008.

^l Survey years: 2009-2010.

TABLE A.4
LATIN AMERICA (18 COUNTRIES), THE CARIBBEAN (2 COUNTRIES), HAITI AND
PORTUGAL: ADOLESCENT MOTHERS AGE 15 TO 19 YEARS, 1997-2010^a
(Percentages)

Country	1997	2000	2001	2002	2004	2005	2007	2010
Argentina	12.4	...	...	...	...	...
Belize	...	15.8	...	...	...	...	...	...
Bolivia (Plurinational State of)	13.5	...	...	...	...	...
Brazil	...	14.8	...	...	...	...	...	11.8
Chile	12.3	...	...	...	...
Colombia ^b	14.3	...	...	...
Costa Rica	...	13.2	...	...	...	...	...	...
Dominican Republic	16.7	...	...	...	...
Ecuador	16.3	...	...	...	...	17.0
El Salvador	15.4	...
Guatemala	15.5	...	...	...	...
Honduras	18.3	...	...	...	...	...
Mexico	...	12.1	...	...	...	...	...	12.4
Nicaragua	20.0	...	...
Panama	17.4	...	...	...	...	15.4
Paraguay	12.1	...	...	...	...
Peru ^d	11.5	...
Portugal ^e	2.5	...	...	...	...	...	...	...
Spain ^c	2.1	...	...	...
Trinidad and Tobago	...	9.3	...	...	...	...	...	...
Uruguay
Venezuela (Bolivarian Republic of)	15.0	...	...	...	...	...

Source: Centro Latin American and Caribbean Demographic Centre (CELADE)–Population Division of ECLAC, on the basis of special processing of census microdata.

^a Does not know/No answer (DNK/NA) was systematically entered as nulliparity (no live births). Cuba does not include a question on live births in its recent censuses. Microdata from the Haitian censuses are not yet available in the CELADE–Population Division of ECLAC database.

^b Results for 2004-2005 are from online processing of data published on the web page of the National Administrative Department of Statistics (DANE).

^c López A. and others (2005), *Informe Juventud en Haiti 2004*, Madrid, Instituto Nacional de la Juventud (INJUVE), box 1.49 (estimate).

^d The category “out of range” was excluded in 1993. Results for 2007 are from online processing of data published on the web page of the National Institute of Statistics and Informatics (INEI).

^e Economic Commission for Europe (ECE), *Fertility and Family Survey (FFS) 1997*; box 12 and country boxes.

TABLE A.5
LATIN AMERICA, THE CARIBBEAN AND THE IBERIAN PENINSULA: SHARE OF
WOMEN IN MINISTERIAL CABINETS, LAST THREE PRESIDENTIAL PERIODS,
DECEMBER 2011
(Percentages)

Country / Sex	Period		
	I	II	III
Andorra			
Men	...	...	70.0
Women	...	...	30.0
Antigua and Barbuda			
Men	91.7	84.6	88.9
Women	8.3	15.4	11.1
Argentina			
Men	27.9	77.8	78.6
Women	23.1	22.2	21.4
Bahamas			
Men	84.6	73.3	94.1
Women	15.4	26.7	5.9
Barbados			
Men	0.0	66.7	88.2
Women	100.0	33.3	11.8
Belize			
Men	...	92.9	100.0
Women	...	7.1	0.0
Bolivia (Plurinational State of)			
Men	...	84.2	60.9
Women	...	15.8	39.1
Brazil			
Men	89.3	85.2	78.2
Women	10.7	14.8	21.8
Cayman Islands			
Men	83.3	85.7	90.0
Women	16.7	14.3	10.0
Chile			
Men	77.4	53.3	80.5
Women	22.6	46.7	19.5
Colombia			
Men	73.7	75.0	69.2
Women	26.3	25.0	30.8
Costa Rica			
Men	69.2	70.0	64.3
Women	30.8	30.0	35.7
Cuba			
Men	...	83.3	74.2
Women	...	16.7	25.8

(continued)

Table A.5 (continued)

Country / Sex	Period		
	I	II	III
Dominica			
Men	84.6	84.6	84.2
Women	15.4	15.4	15.8
Dominican Republic			
Men	84.2	89.5	88.9
Women	15.8	10.5	11.1
Ecuador			
Men	86.2	68.2	61.4
Women	13.8	31.8	38.6
El Salvador			
Men	78.6	75.0	86.4
Women	21.4	25.0	13.6
Grenada			
Men	72.7	45.5	78.6
Women	27.3	54.5	21.4
Guatemala			
Men	92.3	92.3	81.3
Women	7.7	7.7	18.8
Haiti			
Men	81.3	66.7	80.6
Women	18.8	33.3	19.4
Honduras			
Men	86.4	52.9	83.3
Women	13.6	47.1	16.7
Jamaica			
Men	82.4	78.6	88.2
Women	17.6	21.4	11.8
Mexico			
Men	90.5	89.7	83.3
Women	9.5	10.3	16.7
Nicaragua			
Men	...	75.0	44.4
Women	...	25.0	55.6
Panama			
Men	69.2	69.2	78.6
Women	30.8	30.8	21.4
Paraguay			
Men	88.1	70.2	85.3
Women	11.9	29.8	14.7
Peru			
Men	90.0	72.1	88.9
Women	10.0	27.9	11.1

(continued)

Table A.5 (concluded)

Country / Sex	Period		
	I	II	III
Portugal			
Men	...	...	70.6
Women	...	...	29.4
Puerto Rico			
Men	81.3	94.1	94.4
Women	18.8	5.9	5.6
Saint Vincent and the Grenadines			
Men	100.0	87.5	88.0
Women	0.0	12.5	12.0
Saint Lucia			
Men	100.0	100.0	70.0
Women	0.0	0.0	30.0
Spain			
Men	77.4	54.2	52.2
Women	22.6	45.8	47.8
Suriname			
Men	...	80.0	84.2
Women	...	20.0	15.8
Trinidad and Tobago			
Men	76.7	66.7	80.8
Women	23.3	33.3	19.2
Uruguay			
Men	100.0	82.8	92.9
Women	0.0	17.2	7.1
Venezuela (Bolivarian Republic of)			
Men	...	85.9	76.3
Women	...	14.1	23.7

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory of Latin America and the Caribbean, on the basis of official sources from the respective countries.

TABLE A.6
LATIN AMERICA, THE CARIBBEAN AND THE IBERIAN PENINSULA: WOMEN'S SHARE OF NATIONAL PARLIAMENTARY SEATS,
SINGLE OR LOWER CHAMBER, 1990-2012
(Percentages)

Country	1990	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Andorra	...	7.1	7.1	7.1	7.1	14.3	14.3	14.3	14.3	28.6	28.6	28.6	25.0	35.7	35.7	53.6	50.0
Antigua and Barbuda	0.0	5.3	5.3	...	5.3	5.3	5.3	5.3	10.5	10.5	10.5	10.5	10.5	10.5	10.5	10.53	10.53
Argentina	6.3	27.6	27.6	...	26.5	...	30.7	30.7	33.7	36.2	35.0	40.0	40.0	38.5	38.5	37.35	37.35
Bahamas	4.1	15.0	15.0	15.0	15.0	15.0	...	20.0	20.0	20.0	20.0	12.2	12.2	12.2	12.2	12.2	13.16
Barbados	3.7	10.7	10.7	10.7	10.7	10.7	10.7	13.3	13.3	13.3	13.3	13.3	10.0	10.0	10.0	10.0	10.0
Belize	0.0	3.4	3.4	6.9	6.9	6.9	6.9	3.3	6.7	6.7	6.7	3.3	0.0	0.0	0.0	0.0	3.13
Bolivia (Plurinational State of)	9.2	...	...	11.5	11.5	11.5	18.5	18.5	19.2	16.9	16.9	16.9	16.9	22.3	25.4	25.4	25.38
Brazil	5.3	6.6	6.6	5.7	5.7	6.8	6.2	8.6	8.6	8.6	8.8	9.0	9.0	8.8	8.6	8.6	8.58
Chile	...	7.5	10.8	10.8	10.8	10.8	12.5	12.5	12.5	15.0	15.0	15.0	15.0	14.2	14.2	14.17	14.17
Colombia	4.5	11.7	...	11.8	11.8	11.8	12.0	12.0	12.0	12.1	8.4	8.4	8.4	8.4	12.7	12.12	12.12
Costa Rica	10.5	15.8	19.3	19.3	19.3	19.3	35.1	35.1	35.1	35.1	38.6	36.8	36.8	36.8	38.6	38.6	38.6
Cuba	33.9	22.8	27.6	27.6	27.6	27.6	27.6	36.0	36.0	36.0	36.0	36.0	43.2	43.2	43.2	45.22	45.22
Dominica	10.0	9.4	9.4	9.4	...	18.8	18.8	18.8	19.4	12.9	12.9	16.1	18.8	14.3	12.5	12.5	12.5
Dominican Republic	7.5	11.7	16.1	16.1	16.1	16.1	17.3	17.3	17.3	17.3	19.7	19.7	19.7	19.7	20.8	20.77	20.77
Ecuador	4.5	3.7	17.4	17.4	14.6	14.6	...	16.0	16.0	16.0	25.0	25.0	25.0	32.3	32.3	32.26	32.26
El Salvador	11.7	15.5	16.7	16.7	9.5	9.5	9.5	10.7	10.7	10.7	16.7	16.7	16.7	19.0	19.0	19.05	26.19
Grenada	...	20.0	20.0	...	26.7	26.7	26.7	26.7	26.7	26.7	26.7	26.7	13.3	13.3	13.3	13.33	13.33
Guatemala	7.0	12.5	12.5	7.1	8.8	8.8	8.8	8.2	8.2	8.2	8.2	12.0	12.0	12.0	12.0	13.29	13.29
Guyana	36.9	...	...	18.5	18.5	18.5	20.0	20.0	30.8	30.8	29.0	29.0	30.0	30.0	30.0	31.34	31.34
Haiti	...	3.6	3.6	3.6	...	3.6	3.6	3.6	3.6	3.6	2.0	4.1	4.1	4.1	4.2	4.21	4.21
Honduras	10.2	...	9.4	9.4	9.4	9.4	5.5	5.5	5.5	23.4	23.4	23.4	23.4	18.0	18.0	19.53	19.53

(continued)

Table A.6 (concluded)

Country	1990	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Jamaica	5.0	11.7	13.6	13.3	13.3	13.3	...	...	11.7	11.7	11.7	...	13.3	13.3	13.3	12.7	12.7
Mexico	12.0	14.2	17.4	18.2	16.0	16.0	16.0	22.6	22.6	24.2	22.6	23.2	23.2	27.6	26.2	26.2	26.2
Nicaragua	14.8	10.8	10.8	9.7	9.7	...	20.7	20.7	20.7	20.7	15.2	18.5	18.5	20.7	20.7	40.22	40.22
Panama	7.5	9.7	9.7	...	9.9	9.9	9.9	9.9	16.7	16.7	16.7	16.7	16.7	8.5	8.5	8.45	8.45
Paraguay	5.6	2.5	...	2.5	2.5	2.5	2.5	8.8	10.0	10.0	10.0	10.0	12.5	12.5	12.5	12.5	12.5
Peru	5.6	10.8	10.8	10.8	...	18.3	18.3	18.3	18.3	18.3	29.2	29.2	29.2	27.5	21.5	21.54	21.54
Portugal	7.6	13.0	13.0	18.7	17.4	18.7	19.1	19.1	19.1	21.3	21.3	28.3	28.3	27.4	27.4	26.5	28.7
Saint Kitts and Nevis	6.7	13.3	13.3	13.3	13.3	13.3	13.3	13.3	0.0	0.0	0.0	6.7	6.7	6.7	6.7	6.67	6.67
Saint Vincent and the Grenadines	9.5	9.5	...	4.8	4.8	...	22.7	22.7	22.7	18.2	18.2	18.2	18.2	21.7	17.4	17.39	17.39
Saint Lucia	0.0	11.8	11.8	11.1	11.1	...	11.1	11.1	11.1	11.1	0.0	11.1	11.1	11.1	11.1	16.67	16.67
Spain	14.6	24.7	24.7	21.6	28.3	28.3	28.3	28.3	36.0	36.0	36.0	36.6	36.3	36.6	36.6	36.6	36.0
Suriname	7.8	15.7	15.7	15.7	...	17.6	17.6	17.6	19.6	25.5	25.5	25.5	25.5	25.5	9.8	11.76	11.76
Trinidad and Tobago	16.7	11.1	11.1	11.1	...	11.1	19.4	19.4	19.4	19.4	19.4	26.8	26.8	26.8	28.6	28.57	28.57
Uruguay	6.1	7.1	7.1	12.1	12.1	12.1	12.1	12.1	12.1	11.1	11.1	12.1	12.1	14.1	15.2	12.12	12.12
Venezuela (Bolivarian Republic of)	10.0	5.9	5.9	12.1	...	9.7	9.7	9.7	9.7	17.4	18.0	18.6	18.6	17.5	17.0	16.97	16.97
Latin America and the Caribbean	...	12.1	13.6	13.1	13.3	13.0	15.2	18.6	19.0	20.2	20.1	21.2	22.2	22.7	22.3	23.03	23.22
Iberian Peninsula	11.1	14.9	14.9	15.8	17.6	20.4	20.6	20.6	23.1	28.6	28.6	31.2	29.9	33.2	33.2	38.9	38.2

Source: "Women in National Parliaments" [online database] <http://www.ipu.org/wmn-e/world.htm>; United Nations database of Millennium Development Goals Indicators [online] <http://mdgs.un.org/unsd/mdg/Default.aspx>.

TABLE A.7
LATIN AMERICA, THE CARIBBEAN AND THE IBERIAN PENINSULA: SHARE OF
WOMEN ON THE HIGHEST COURT OF JUSTICE, 1998-2011
(Percentages)

Country	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Andorra	...	...	...	...	...	...	...	22	22	22	22	22	22	...
Anguilla	...	...	...	...	...	...	...	...	...	...	46	44	60	60
Antigua and Barbuda	...	15	22	22	22	40	38	47	44	44	45	45	60	60
Argentina	0	0	0	0	0	0	11	22	29	29	29	29	29	29
Belize	0	0	0	0	0	0	0	17	29	29	33	22	22	29
Bolivia (Plurinational State of)	...	...	...	...	...	...	...	...	...	...	25	20	18	18
Brazil	0	0	9	9	9	9	9	9	18	18	18	18	18	20
British Virgin Islands	...	...	...	...	...	...	...	...	...	...	46	44	60	60
Chile	...	...	...	...	...	5	5	5	5	24	16	25	25	25
Colombia	0	0	0	0	4	9	9	9	9	13	17	17	32	30
Costa Rica	10	9	9	12	13	17	17	20	22	26	26	30	35	35
Cuba	...	...	...	...	...	...	...	...	...	...	9	9	9	27
Dominica	0	0	0	0	0	100	100	100	0	0	0	0	50	50
Dominican Republic	...	...	...	31	31	31	31	31	31	31	31	31	23	27
Ecuador	...	...	...	...	...	...	...	6	6	6	5	5	5	5
El Salvador	13	13	13	13	13	13	13	13	33	33	33	33	33	33
Grenada	...	...	...	...	...	...	...	...	...	...	46	44	60	60
Guatemala	15	15	23	23	23	23	23	15	15	15	15	15	8	8
Honduras	...	...	...	...	...	...	...	...	...	...	53	20	20	20
Jamaica	0	0	0	0	0	0	0	13	25	25	25	25	50	50
Mexico	9	9	9	9	9	9	18	18	18	18	18	18	18	18
Montserrat	...	...	...	...	...	...	...	...	...	...	46	44	60	60
Nicaragua	...	...	...	...	...	...	...	...	...	...	25	27	29	29
Panama	22	22	22	22	11	11	22	22	22	22	11	11	0	0
Paraguay	0	0	0	0	0	0	11	11	11	11	11	11	22	22
Peru	6	6	6	6	6	6	6	6	6	6	6	6	23	19
Portugal	...	...	...	...	...	...	...	...	...	...	2	5	4	...
Puerto Rico	...	...	...	...	...	...	...	...	...	...	29	43	43	43
Saint Kitts and Nevis	...	...	...	...	...	...	...	...	...	...	46	44	60	60
Saint Vincent and the Grenadines	...	...	...	...	0	0	0	50	40	50	50	50	50	50
Saint Lucia	0	0	0	0	0	0	25	25	0	33	25	50	50	50
Spain	...	...	...	...	1	...	1	5	7	8	9	12	12	12
Suriname	9	9	9	8	8	8	8	9	9	9	33	33	53	56
Trinidad and Tobago	...	...	...	...	...	...	...	...	...	...	32	33	39	39
Uruguay	0	0	0	0	0	0	0	0	20	20	0	0	0	0
Venezuela (Bol. Rep. of)	20	7	0	5	5	10	10	28	31	31	31	32	36	44
Latin America	8	7	8	10	10	10	13	14	18	20	20	19	20	23
The Caribbean	...	...	...	...	...	...	...	...	...	...	36.4	36.8	51.8	52.6
Iberian Peninsula	...	...	...	...	...	...	...	...	...	...	12	13	13	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory of Latin America and the Caribbean, on the basis of information provided by official national sources.

TABLE A.8
LATIN AMERICA, THE CARIBBEAN AND THE IBERIAN PENINSULA: LOCAL POWER – WOMEN MAYORS, 1998-2011
(Percentages)

Country	1998		1999		2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Andorra	85.0	15.0	81.7	18.3	81.7	18.3	81.7	18.3	81.7	18.3	73.2	26.8	73.2	26.8	73.2	26.8	73.2	26.8	64.0	36.0	64.0	36.0	64.0	36.0	64.0	36.0	...	...
Argentina	93.6	6.4	92.7	7.3	92.7	7.3	92.7	7.3	92.7	7.3	92.6	7.4	92.6	7.4	92.6	7.4	92.6	7.4	91.4	8.6	90.0	10.0	90.0	10.0	90.0	10.0	89.8	10.2
Belize	...	...	...	...	88.9	11.1	88.9	11.1	88.9	11.1	77.8	22.2	77.8	22.2	77.8	22.2	77.8	22.2	77.8	22.2	77.8	22.2	77.8	22.2	77.8	22.2	77.8	22.2
Bolivia (Plurinational State of)	96.1	3.9	96.1	3.9	93.9	6.1	93.9	6.1	93.9	6.1	93.9	6.1	93.9	6.1	93.9	6.1	93.9	6.1	93.9	6.1	93.9	6.1	93.9	6.1	93.0	7.0	93.0	7.0
Brazil	95.4	4.6	95.4	4.6	95.4	4.6	94.3	5.7	94.3	5.7	94.3	5.7	94.3	5.7	92.7	7.3	92.7	7.3	92.7	7.3	90.8	9.2	90.8	9.2	90.8	9.2	90.8	9.2
Chile	90.6	9.4	90.6	9.4	90.6	9.4	87.7	12.3	87.7	12.3	87.7	12.3	87.7	12.3	87.8	12.2	87.8	12.2	87.8	12.2	87.5	12.5	87.5	12.5	87.5	12.5	87.5	12.5
Colombia	95.5	4.5	...	...	...	...	93.9	6.1	...	...	...	...	92.2	7.8	91.3	8.7	91.3	8.7	100.0	0.0	91.0	9.0	91.0	9.0	91.0	9.0	91.0	9.0
Costa Rica	...	...	...	...	...	...	...	...	91.4	8.6	91.4	8.6	91.4	8.6	91.4	8.6	88.9	11.1	88.9	11.1	88.9	11.1	88.9	11.1	88.9	11.1	87.7	12.3
Cuba	...	...	...	...	...	...	...	...	...	...	...	...	88.8	11.2	85.2	14.8	85.2	14.8	81.1	18.9	80.5	19.5	79.3	20.7	71.0	29.0	71.4	28.6
Dominica	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	...	...	...	...
Ecuador	97.0	3.0	97.0	3.0	97.2	2.8	97.2	2.8	97.2	2.8	97.2	2.8	97.2	2.8	94.1	5.9	94.1	5.9	94.1	5.9	94.1	5.9	94.1	5.9	93.7	6.3	93.7	6.3
El Salvador	91.6	8.4	91.6	8.4	91.6	8.4	91.6	8.4	91.6	8.4	93.5	6.5	93.5	6.5	93.5	6.5	91.6	8.4	91.6	8.4	89.3	10.7	89.3	10.7	89.3	10.7	89.3	10.7
Guatemala	99.4	0.6	99.4	0.6	99.1	0.9	99.1	0.9	99.1	0.9	99.1	0.9	97.3	2.7	97.3	2.7	97.3	2.7	97.3	2.7	98.2	1.8	98.2	1.8	98.2	1.8	98.2	1.8
Honduras	90.5	9.5	90.5	9.5	90.5	9.5	90.5	9.5	90.9	9.1	90.9	9.1	90.9	9.1	90.9	9.1	93.3	6.7	93.3	6.7	96.6	3.4	96.6	3.4	96.6	3.4	96.6	3.4
Jamaica	76.9	23.1	76.9	23.1	76.9	23.1	76.9	23.1	76.9	23.1	92.9	7.1	92.9	7.1	92.9	7.1	92.9	7.1	92.9	7.1	92.9	7.1	92.9	7.1	92.9	7.1	...	...
Mexico	96.7	3.3	96.7	3.3	96.3	3.7	96.2	3.8	96.7	3.3	96.5	3.5	96.4	3.6	96.2	3.8	96.2	3.8	96.1	3.9	95.4	4.6	94.9	5.1	94.5	5.5	94.1	5.9
Nicaragua	93.7	6.3	93.7	6.3	90.1	9.9	90.1	9.9	90.1	9.9	90.1	9.9	89.5	10.5	89.5	10.5	89.5	10.5	89.5	10.5	91.4	8.6	91.4	8.6	91.4	8.6	91.4	8.6
Panama	86.6	13.4	86.5	13.5	86.5	13.5	86.5	13.5	86.5	13.5	86.5	13.5	90.7	9.3	90.7	9.3	90.7	9.3	90.7	9.3	90.7	9.3	90.7	9.3	90.7	9.3	90.7	9.3

(continued)

Table A.8 (concluded)

Country	1998		1999		2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Paraguay	97.3	2.7	97.3	2.7	97.3	2.7	95.0	5.0	95.1	4.9	94.6	5.4	94.6	5.4	95.5	4.5	94.3	5.7	94.4	5.6	94.0	6.0	94.1	5.9	92.5	7.5	92.5	7.5
Peru	97.1	2.9	96.9	3.1	96.9	3.1	96.9	3.1	96.9	3.1	97.1	2.9	97.1	2.9	97.1	2.9	97.1	2.9	97.3	2.7	97.3	2.7	97.3	2.7	96.1	3.9	96.1	3.9
Portugal	96.1	3.9	96.1	3.9	96.1	3.9	96.1	3.9	94.8	5.2	94.8	5.2	94.8	5.2	94.8	5.2	93.8	6.2	93.8	6.2	93.8	6.2	93.8	6.2	...	...	...	...
Puerto Rico	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	76.9	23.1	93.6	6.4	93.6	6.4	93.6	6.4
Dominican Republic	98.3	1.7	98.3	1.7	98.3	1.7	98.3	1.7	92.8	7.2	92.8	7.2	92.8	7.2	92.8	7.2	88.1	11.9	88.1	11.9	88.1	11.9	88.1	11.9	92.3	7.7	92.3	7.7
Spain	93.5	6.5	90.4	9.6	90.4	9.6	90.4	9.6	90.4	9.6	87.4	12.6	87.4	12.6	87.4	12.6	87.4	12.6	85.4	14.6	85.4	14.6	85.4	14.6	85.4	14.6	83.2	16.8
Suriname	...	...	...	...	...	...	...	...	...	...	...	...	81.8	18.2	81.8	18.2	81.8	18.2	81.8	18.2	81.8	18.2	81.8	18.2	69.2	30.8	...	...
Trinidad and Tobago	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	80.0	20.0	80.0	20.0
Uruguay	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	75.3	24.7	75.3	24.7
Venezuela (Bolivarian Republic of)	93.3	6.7	93.3	6.7	93.3	6.7	93.4	6.6	93.4	6.6	93.4	6.6	93.4	6.6	92.8	7.2	92.8	7.2	92.8	7.2	92.8	7.2	81.8	18.2	81.8	18.2	81.8	18.2
Latin America	94.9	5.1	94.8	5.3	94.4	5.6	94.0	6.0	93.5	6.5	93.6	6.4	93.4	6.6	92.9	7.1	92.5	7.5	92.7	7.3	91.4	8.6	91.6	8.4	89.9	10.1	89.8	10.2
Iberian Peninsula	91.5	8.5	89.4	10.6	89.4	10.6	89.4	10.6	89	11	85.1	14.9	85.1	14.9	85.1	14.9	84.8	15.2	81.1	18.9	81.1	18.9	81.1	18.9	74.7	25.3	...	...
The Caribbean	...	...	...	...	...	...	...	...	...	...	...	...	88.1	11.9	88.1	11.9	88.1	11.9	88.1	11.9	88.1	11.9	88.1	11.9	80	20	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory of Latin America and the Caribbean, on the basis of official data from the respective countries.

TABLE A.9
LATIN AMERICA, THE CARIBBEAN AND THE IBERIAN PENINSULA: LOCAL POWER – SHARE OF COUNCILWOMEN, 1998-2011
(Percentages)

Country	1998		1999		2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Antigua and Barbuda	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	...	...
Belize	89.7	10.3	89.7	10.3	75.9	24.1	75.9	24.1	75.9	24.1	89.7	10.3	89.7	10.3	89.7	10.3	72.4	27.6	72.4	27.6	72.4	27.6	74.1	25.9	74.1	25.9	74.1	25.9
Bolivia (Plurinational State of)	91.7	8.3	91.7	8.3	80.1	19.9	80.1	19.9	80.1	19.9	80.1	19.9	80.1	19.9	86.6	13.4	86.6	13.4	86.6	13.4	86.6	13.4	86.6	13.4	...	...	...	...
Brazil	88.9	11.1	88.9	11.1	88.9	11.1	88.4	11.6	88.4	11.6	88.4	11.6	88.4	11.6	87.4	12.6	87.4	12.6	87.4	12.6	87.4	12.6	87.5	12.5	87.5	12.5	87.5	12.5
Chile	85.6	14.4	85.6	14.4	85.6	14.4	82.7	17.3	82.7	17.3	82.7	17.3	82.7	17.3	78.9	21.1	78.9	21.1	78.9	21.1	78.9	21.1	76.8	23.2	76.8	23.2	76.8	23.2
Colombia	89.7	10.3	89.7	10.3	89.7	10.3	87.1	12.9	87.1	12.9	87.1	12.9	86.3	13.7	86.3	13.7	86.3	13.7	86.3	13.7	85.5	14.5	85.5	14.5	85.5	14.5	85.5	14.5
Costa Rica	66.2	33.8	66.2	33.8	66.2	33.8	66.2	33.8	53.7	46.3	53.7	46.3	53.7	46.3	53.7	46.3	59.2	40.8	59.2	40.8	59.2	40.8	59.2	40.8	61.4	38.6	61.4	38.6
Cuba	82.4	17.6	82.4	17.6	79.9	20.1	79.9	20.1	78.2	21.8	78.2	21.8	77.2	22.8	76.0	24.0	73.9	26.1	72.0	28.0	78.2	21.8	71.2	28.8	65.7	34.3	65.1	34.9
Dominica	...	...	...	...	66.3	33.3	78.8	21.2	82.0	18.0	70.8	29.2	81.1	18.9	82.0	18.0	69.8	30.2	62.7	37.3	81.0	19.0	81.0	19.0	...	...	...	...
Dominican Republic	74.5	25.5	74.5	25.5	74.5	25.5	74.5	25.5	70.1	29.9	70.1	29.9	70.1	29.9	70.1	29.9	73.2	26.8	73.2	26.8	73.2	26.8	73.2	26.8	66.7	33.3	66.7	33.3
Ecuador	91.7	8.3	91.7	8.3	70.3	29.7	70.3	29.7	70.3	29.7	70.3	29.7	70.3	29.7	68.3	31.7	68.3	31.7	68.3	31.7	68.3	31.7	71.4	28.6	71.4	28.6	71.4	28.6
El Salvador	...	...	...	...	79.4	20.6	79.4	20.6	79.4	20.6	77.7	22.3	77.7	22.3	77.7	22.3	79.1	20.9	79.1	20.9	79.1	20.9	74.8	25.2	74.8	25.2	74.8	25.2
Guatemala	94.9	5.1	94.9	5.1	95.8	4.2	95.8	4.2	95.8	4.2	95.8	4.2	94.2	5.8	94.2	5.8	94.2	5.8	94.2	5.8	91.2	8.8	91.2	8.8	91.2	8.8	...	...
Honduras	88.5	11.5	88.5	11.5	88.5	11.5	83.4	16.6	83.4	16.6	83.4	16.6	83.4	16.6	83.4	16.6	82.5	17.5	82.5	17.5	82.5	17.5	82.5	17.5	77.6	22.4	77.6	22.4
Jamaica	73.6	26.4	73.6	26.4	73.6	26.4	73.6	26.4	73.6	26.4	83.7	16.3	83.7	16.3	83.7	16.3	83.7	16.3	83.1	16.9	83.1	16.9	83.1	16.9	83.1	16.9	...	...
Mexico	...	...	...	...	...	...	...	...	...	...	...	...	75.9	24.1	70.2	29.8	72.6	27.4	...	...	...	...	...	...	67.1	32.9	61.5	38.5
Nicaragua	...	...	...	...	...	...	...	...	...	...	...	...	...	...	76.0	24.0	76.0	24.0	76.0	24.0	76.0	24.0	76.0	24.0	76.0	24.0	76.0	24.0
Panama	...	...	87.1	12.9	87.1	12.9	87.1	12.9	87.1	12.9	87.1	12.9	90.1	9.9	90.1	9.9	90.1	9.9	90.1	9.9	90.1	9.9	88.9	11.1	88.9	11.1	88.9	11.1

(continued)

Table A.9 (concluded)

Country	1998		1999		2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Paraguay	84.8	15.2	84.8	15.2	84.8	15.2	81.5	18.5	81.5	18.5	81.5	18.5	81.5	18.5	79.3	20.7	79.3	20.7	79.2	20.8	79.2	20.8	79.2	20.8	78.1	21.9	78.1	21.9
Peru	91.5	8.5	91.5	8.5	76.0	24.0	76.0	24.0	76.0	24.0	73.7	26.3	73.7	26.3	73.7	26.3	73.7	26.3	72.2	27.8	71.8	28.2	70.4	29.6	70.4	29.6	72.6	27.4
Puerto Rico	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	70.0	30.0	70.0	30.0	70.0	30.0	70.0	30.0
Spain	83.5	16.5	78.9	21.1	78.9	21.1	78.9	21.1	78.9	21.1	74.5	25.5	74.5	25.5	74.5	25.5	74.5	25.5	69.5	30.5	69.5	30.5	69.5	30.5	69.5	30.5	65.0	35.0
Suriname	81.0	19.0	81.0	19.0	75.3	24.7	75.3	24.7	75.3	24.7	75.3	24.7	75.3	24.7	69.3	30.7	69.3	30.7	69.3	30.7	69.3	30.7	69.3	30.7	64.3	35.7	64.3	35.7
Trinidad and Tobago	...	...	...	...	...	...	...	...	...	...	69.1	30.9	69.1	30.9	69.1	30.9	69.1	30.9	69.1	30.9	69.1	30.9	69.1	30.9	66.7	33.3	66.7	33.3
Uruguay	86.1	13.9	86.1	13.9	84.7	15.3	84.7	15.3	84.7	15.3	84.7	15.3	84.7	15.3	82.9	17.1	82.9	17.1	82.9	17.1	82.9	17.1	82.9	17.1	82.2	17.8	82.2	17.8
Venezuela (Bolivarian Republic of)	82.0	18.0	82.0	18.0	82.0	18.0	82.0	18.0	81.8	18.2	81.8	18.2	81.8	18.2	81.8	18.2	81.8	18.2	...	...	...	...	...	...	...	...	...	...
Latin America	85.4	14.6	85.6	14.4	82.0	18.1	81.4	18.6	79.8	20.2	79.5	20.5	79.3	20.7	78.6	21.4	79.1	20.9	79.1	20.9	78.3	21.7	77.4	22.6	76.9	23.1	74.8	25.2
The Caribbean	86.1	13.9	86.1	13.9	78.2	21.7	80.7	19.3	81.4	18.6	81.4	18.6	83.2	16.9	82.3	17.7	77.4	22.6	76.1	23.9	79.2	20.9	79.4	20.6	77.6	22.4	68.4	31.6

Source: Through December 2008, International Research and Training Institute for the Advancement of Women (INSTRAW); beginning in 2009, Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official information from the respective countries. For Bolivia (Plurinational State of), Honduras and Nicaragua: ECLAC, on the basis of the 2006 questionnaire on unpaid work and political participation; and data on the last election from the web site of the corresponding national electoral organization.

TABLE A.10
LATIN AMERICA: POPULATION WITH NO PERSONAL INCOME, BY SEX AND AREA OF RESIDENCE, 1990-2010 ROUND
(Percentages)

Country	Men: geographic area and round																		
	National									Urban									
	1990	1994	1997	1999	2002	2005	2008	2010	2010 ^g	1990	1994	1997	1999	2002	2005	2008	2010	2010 ^g	2010 ^g
Argentina	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bolivia (Plurinational State of)	...	...	13.6	14.6	15.5	17.4	16.0	16.5	11.1	22.3 ⁿ	8.1 ⁿ	9.5	11.3	11.1	11.7	10.3	8.3	...	...
Brazil	9.4	15.8	18.4	19.2	18.5	17.4	16.0	16.5	8.1	15.0	17.5	18.9	18.1	16.9	15.2	15.8	13.8	18.5	21.9
Chile	10.2	8.8	7.2	10.1	12.3	10.6	10.1	12.9	10.1	9.0	7.1	10.1	12.4	10.7	10.4	13.2	10.9	8.1	8.0
Colombia	11.4	9.7	12.6	16.7	16.2	13.1	14.2	12.6	10.2	8.7	12.8	17.5	16.6 ^o	13.7 ^o	14.2 ^o	12.9 ^o	13.0	11.0	12.2
Costa Rica	11.7	9.5	9.7	9.6	9.8	8.3	7.1	10.5	10.1	8.0	9.1	9.0	9.0	7.9	6.5	9.7	12.8	10.7	10.1
Dominican Republic	...	...	...	...	14.0	15.1	13.9	14.2	...	...	...	...	...	14.4	15.5	13.9	14.4	...	...
Ecuador	...	...	...	...	...	12.0	11.4	11.2	9.8	11.5	11.0	13.4	9.1	10.0	10.1	10.0	...	...	...
El Salvador	...	17.3	17.7	18.3	25.5	25.7	16.3	15.5	...	14.6	15.5	16.9	21.7	23.7	15.3	13.5	...	20.6	20.4
Guatemala	14.0	...	...	10.5	11.2	...	8.9	...	10.3	...	...	9.0	11.0	...	7.4	...	16.0	...	...
Honduras	21.0	17.5	16.5	16.5	18.7	14.1	12.7	16.1	19.1	14.7	14.7	15.5	18.7	13.3	10.5	14.6	22.2	19.6	17.9
Mexico	15.5	14.3	14.6	13.9	11.7	10.3	8.7	9.8	13.0	11.1	12.0	10.6	9.6	9.0	7.7	9.1	19.7	18.8	18.6
Nicaragua	...	32.7	...	27.8	26.4	24.5	...	26.7	...	35.8	...	26.3	24.9	22.7	...	24.8	...	28.9	...
Panama	...	...	...	...	11.0	9.0	7.1	7.4	16.7	11.5	11.6	9.4	11.2	8.9	6.1	6.9	...	...	...
Paraguay	...	...	...	18.8	17.7	16.1	15.3	16.5	9.0 ^p	7.6	10.6	14.4	15.3	12.1	12.3	13.4	...	...	...
Peru	...	...	21.5	21.8	21.2	22.0	16.2 ^q	14.7 ^{qf}	...	...	20.5	22.1	21.8	22.7	15.3 ^q	13.8 ^q	...	...	23.6
Uruguay	...	...	...	...	...	...	5.9	5.8	6.3	7.8	9.1	8.7	9.2	7.1	6.1	5.9	...	...	...
Venezuela (Bolivarian Republic of)	21.9	15.7	13.6	17.9	17.9	14.0	10.6	11.5	22.2	16.2	13.9	...	...	...	...	...	20.6	13.1	10.0
Latin America ^s	...	...	...	...	...	...	...	13.3	...	...	...	...	...	...	...	...	...	...	...
Country	Women: geographic area and round																		
	National									Urban									
	1990	1994	1997	1999	2002	2005	2008	2010	2010 ^g	1990	1994	1997	1999	2002	2005	2008	2010	2010 ^g	2010 ^g
Argentina	...	...	...	...	...	...	...	...	...	44.1 ^b	43.6 ⁱ	41.2 ^j	40.3 ^k	38.1 ^l	35.0 ^k	33.5 ^m	23.9 ^m	...	...
Bolivia (Plurinational State of)	...	...	54.1	47.7	48.6	42.5	45.9	37.8	52.5 ⁿ	40.3 ⁿ	41.8	38.5	35.8	34.7	36.6	30.6	...	...	74.5
Brazil	45.0	47.6	46.4	45.0	39.4	34.8	31.1	30.5	40.6	44.4	43.4	42.4	37.9	33.4	30.2	29.9	62.4	61.6	60.4

(continued)

Table A.10 (concluded)

Country	Women: geographic area and round																		
	National									Urban									
	1990	1994 ^b	1997	1999 ^c	2002 ^d	2005 ^e	2008 ^f	2010 ^g	2010 ^g	1990	1994 ^b	1997	1999 ^c	2002 ^d	2005 ^e	2008 ^f	2010 ^g	2010 ^g	2010 ^g
Chile	46.6	48.8	43.2	42.5	42.2	39.3	35.0	29.7	44.5	46.6	41.7	41.2	41.2	41.0	38.5	34.6	29.4	57.8	61.3
Colombia	54.0	50.6	50.3	49.3	45.2	42.5	40.8	33.1	47.6	43.5	43.0	43.1	40.7	37.8	35.8	29.6	29.6	64.2	62.3
Costa Rica	60.2	55.5	52.4	50.2	45.9	41.3	38.1	35.5	49.5	45.7	43.0	40.8	38.6	34.7	31.6	30.3	30.3	69.5	64.3
Dominican Republic	...	...	...	...	41.8	41.5	38.5	32.6	...	...	...	...	35.9	37.5	35.6	29.1	...	...	...
Ecuador	...	...	...	...	...	36.4	35.5	34.0	53.4	51.1	49.0	40.3	37.8	34.5	34.5	34.5	...	...	...
El Salvador	...	47.2	48.7	44.8	47.7	47.9	35.2	35.3	...	38.8	40.0	36.7	40.2	40.7	30.7	30.7	...	59.2	61.4
Guatemala	70.0	...	...	43.1	43.5	...	41.2	...	52.3	...	...	34.1	34.0	...	31.2	...	81.1	...	...
Honduras	69.0	59.4	50.8	47.7	63.8	44.0	39.9	40.8	56.3	49.3	39.4	36.8	52.2	33.0	30.6	32.0	79.4	68.0	61.4
Mexico	64.0	59.5	55.9	52.7	44.1	42.5	34.9	33.5	59.0	55.9	53.5	49.5	45.7	41.0	35.6	34.2	73.1	65.2	59.8
Nicaragua	...	67.1	...	63.4	61.0	59.9	...	59.0	...	59.2	...	54.7	53.1	51.4	...	50.0	...	78.6	...
Panama	...	...	...	...	31.3	36.8	32.1	29.9	42.1	38.0	35.7	33.7	27.2	31.4	27.2	27.0	...	...	...
Paraguay	...	...	...	43.5	39.1	37.9	39.0	36.9	41.5 ^p	35.7	35.4	36.4	33.8	32.6	33.3	32.6	...	...	...
Peru	...	...	45.5	40.3	41.8	41.5	34.4 ^q	30.4 ^q	...	...	40.7	34.9	36.8	37.1	31.2 ^q	27.6 ^q	...	...	56.5
Uruguay	...	...	...	...	...	...	17.5	15.7	27.5	26.4	26.4	25.4	23.9	19.7	16.8	15.5	...	...	...
Venezuela (Bolivarian Republic of)	64.1	55.8	47.0	46.8 ^r	43.4	39.9 ^r	35.7 ^r	35.8 ^r	61.3	53.6	45.8	...	...	...	...	...	81.9	67.6	70.9
Latin America ^s	...	...	...	...	...	...	...	34.4	...	...	...	...	...	...	...	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the respective countries.

^a Non-student population age 15 years or more that does not earn monetary income. ^b 1994 Round: household surveys carried out by the countries in 1994, except for Brazil and El Salvador, which were carried out in 1995, and Nicaragua, carried out in 1993. ^c 1999 Round: household surveys carried out by the countries in 1999, except for Chile, Guatemala, Mexico and Nicaragua, which were carried out in 1998. ^d 2002 Round: household surveys carried out by the countries in 2002, except for Chile, carried out in 2000, and El Salvador, Nicaragua, Paraguay and Peru, carried out in 2001. ^e 2005 Round: household surveys carried out by the countries in 2005, except for Chile, Honduras and Peru, which were carried out in 2003, and Bolivia (Plurinational State of), El Salvador and Mexico, carried out in 2004. ^f 2008 Round: household surveys carried out by the countries in 2008, except for Argentina, Chile and Guatemala, which were carried out in 2006, Bolivia (Plurinational State of) and Honduras, carried out in 2007, and El Salvador, carried out in 2009. ^g 2010 Round: household surveys carried out by the countries in 2010, except for Brazil and Chile, which were carried out in 2009. ^h Metropolitan area. ⁱ Twenty urban agglomerations. ^j Greater Buenos Aires. ^k Twenty-eight urban agglomerations. ^l Thirty-two urban agglomerations. ^m thirty-one urban agglomerations. ⁿ Cochabamba, El Alto, La Paz, Oruro, Potosí, Santa Cruz, Sucre, Tarija and Trinidad. ^o Starting in 2002, data for urban and rural areas are not strictly comparable with previous years, due to the survey sample design. ^p Asunción Metropolitan Area. ^q Starting in 2004, data are not strictly comparable with previous years, due to methodological changes implemented by the INEI. ^r Starting in 1998, the survey sample design does not support an urban-rural breakdown. Therefore, the figures for the national total simple average corresponds to the closest year with available data for each country.

TABLE A.11
LATIN AMERICA: POPULATION WITH NO PERSONAL INCOME, BY SEX AND AGE
GROUP, 2010 ROUND ^a
(Percentages)

Country	Men						Women					
	Total	15–24 years	25–34 years	35–44 years	45–59 years	60 years and over	Total	15–24 years	25–34 years	35–44 years	45–59 years	60 years and over
Argentina	...	...	...	...	...	...	...	...	...	...	...	...
Bolivia (Plurinational State of)	11.1	34.3	9.2	5.7	3.6	0.3	37.8	54.9	40.6	41.2	39.0	3.7
Brazil	16.5	42.6	11.5	7.6	7.6	4.4	30.5	55.2	25.9	23.8	28.0	14.3
Chile	12.9	38.1	13.4	7.6	7.1	5.2	29.7	46.4	26.2	28.1	34.7	17.8
Colombia	12.6	28.5	8.5	5.6	7.1	15.7	33.1	46.8	27.8	26.8	30.5	36.4
Costa Rica	10.5	25.2	6.6	6.6	6.9	8.0	35.5	45.7	28.6	34.1	38.0	32.6
Ecuador	11.2	28.5	9.2	5.7	4.9	8.9	34.0	49.6	30.6	30.5	33.9	29.3
El Salvador	15.5	33.8	10.6	6.8	6.5	15.9	35.3	56.0	33.1	26.2	28.3	32.6
Guatemala	...	...	...	...	...	...	...	...	...	...	...	...
Honduras	16.1	29.2	12.7	9.2	6.5	12.2	40.8	59.7	41.7	36.1	29.6	28.3
Mexico	9.8	19.4	8.2	4.6	7.1	9.5	33.5	44.3	32.6	29.8	31.8	30.0
Nicaragua	26.7	44.3	18.4	11.1	14.0	40.8	59.0	69.6	53.0	44.3	51.7	81.8
Panama	7.4	20.0	6.2	4.4	3.5	4.6	29.9	48.2	33.2	28.1	27.4	16.9
Paraguay	16.5	35.3	10.5	5.9	6.5	21.2	36.9	50.9	34.1	30.4	30.8	37.7
Peru	14.7	34.9	9.7	4.9	4.8	9.0	30.4	45.9	27.9	23.9	23.1	26.7
Dominican Republic	14.2	29.1	11.1	8.0	7.0	16.0	32.6	48.0	30.2	26.7	27.6	32.7
Uruguay	5.8	20.8	4.0	2.4	3.1	2.4	15.7	27.3	11.8	12.8	19.2	12.2
Venezuela (Bolivarian Republic of)	11.5	23.6	8.9	6.2	8.0	13.6	35.8	53.1	34.2	28.4	31.3	37.0
Latin America	13.3	...	...	...	...	...	34.4	...	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of data from household surveys conducted in the respective countries.

^a Based on household surveys carried out by the countries in 2010, except for Brazil and Chile, which were carried out in 2009.

TABLE A.12
LATIN AMERICA (9 COUNTRIES): AVERAGE WORK TIME OF THE EMPLOYED
POPULATION AGE 15 YEARS OR OLDER, BY SEX, 2006-2010
(Hours per week)

Country and type of work	Men					Women				
	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010
Brazil										
Total work time	...	48	47	47	...	...	55	54	55	...
Paid work time	...	43	43	43	...	...	35	35	35	...
Unpaid domestic work time ^c	...	5	4	4	...	...	20	18	20	...
Colombia										
Total work time	54	53	55	...	...	65	64	65
Paid work time	49	48	49	...	...	40	39	40
Unpaid domestic work time	6	6	6	...	...	24	26	25
Costa Rica										
Total work time	51	...	...	...	...	57
Paid work time	48	...	...	...	...	39
Unpaid domestic work time	4	...	...	...	...	18
Ecuador										
Total work time	52	...	52	...	...	66	...	66
Paid work time	45	...	44	...	...	38	...	38
Unpaid domestic work time	7	...	9	...	...	28	...	28
Guatemala ^a										
Total work time	8	...	...	...	...	10	...	...	...	...
Paid work time	6	...	...	...	...	4	...	...	...	...
Unpaid domestic work time	2	...	...	...	...	6	...	...	...	...
Honduras ^a										
Total work time	9	...	...	...	...	10	...
Paid work time	9	...	...	...	...	7	...
Unpaid domestic work time	1	...	...	...	...	3	...
Mexico ^b										
Total work time	64	57	...	...	...	86	63
Paid work time	48	50	...	...	...	40	40
Unpaid domestic work time	16	7	...	...	...	46	23
Peru										
Total work time	62	...	...	...	...	70
Paid work time	47	...	...	...	...	33
Unpaid domestic work time	15	...	...	...	...	36
Uruguay ^c										
Total work time	...	56	...	...	...	...	79	...	...	...
Paid work time	...	40	...	...	...	...	38	...	...	...
Unpaid domestic work time	...	16	...	...	...	...	41	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of the surveys for the respective countries.

Notes: People with paid work are defined as being employed in an activity with a monetary compensation. Total work time is defined as the sum of paid work time and unpaid domestic work time. Unpaid domestic work time includes time spent in activities related to cooking, housework, sewing, shopping, home maintenance, childcare for infants, children and adolescents in the household, care of sick household members, household management, and the care of dependents and the elderly in the household.

^a Hours per day.

^b The 2009 data are not comparable with 2010, because they are from different surveys.

^c The data for Uruguay do not include a rural-urban breakdown.

TABLE A.13
LATIN AMERICA (9 COUNTRIES): AVERAGE WORK TIME OF THE UNEMPLOYED
POPULATION AGE 15 YEARS OR OLDER, BY SEX, 2006-2010
(Hours per week)

Country and type of work	Men					Women				
	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010
Brazil										
Total work time	...	7	6	6	...	...	29	26	28	...
Paid work time	...	...	0	0	...	...	...	0	0	...
Unpaid domestic work time ^c	...	7	6	6	...	...	29	26	28	...
Colombia										
Total work time	...	...	7	8	8	...	...	33	33	33
Paid work time	...	...	0	0	0	...	...	0	0	0
Unpaid domestic work time	...	...	7	8	8	...	...	33	33	33
Costa Rica										
Total work time	...	...	...	...	6	...	...	...	...	29
Paid work time	...	...	...	...	0	...	...	...	...	0
Unpaid domestic work time	...	...	...	...	6	...	...	...	...	29
Ecuador										
Total work time	...	...	8	...	9	...	...	33	...	33
Paid work time	...	...	0	...	0	...	...	0	...	0
Unpaid domestic work time	...	...	8	...	9	...	...	33	...	33
Guatemala ^a										
Total work time	2	...	...	...	...	8	...	...	...	...
Paid work time	0	...	...	...	...	0	...	...	...	...
Unpaid domestic work time	2	...	...	...	...	8	...	...	...	...
Honduras ^a										
Total work time	...	...	...	2	...	...	...	...	5	...
Paid work time	...	...	...	0	...	...	...	...	0	...
Unpaid domestic work time	...	...	...	2	...	...	...	...	5	...
Mexico ^b										
Total work time	...	...	...	17	11	...	...	...	54	35
Paid work time	...	...	...	0	0	...	...	...	0	0
Unpaid domestic work time	...	...	...	17	11	...	...	...	54	35
Peru										
Total work time	...	...	...	...	17	...	...	...	...	45
Paid work time	...	...	...	...	0	...	...	...	...	0
Unpaid domestic work time	...	...	...	...	17	...	...	...	...	45
Uruguay ^c										
Total work time	...	15	...	...	...	...	41	...	...	...
Paid work time	...	0	...	...	...	...	0	...	...	...
Unpaid domestic work time	...	15	...	...	...	...	41	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of the surveys for the respective countries.

Note: The unemployed population is defined as not having performed any work in exchange for a monetary compensation during the previous week. Total work time is defined as the sum of paid work time and unpaid domestic work time. Unpaid domestic work time includes time spent in activities related to cooking, housework, sewing, shopping, home maintenance, childcare for infants, children and adolescents in the household, care of sick household members, household management, and the care of dependents and the elderly in the household.

^a Hours per day.

^b The 2009 data are not comparable with 2010, because they are from different surveys.

^c The data for Uruguay do not include a rural-urban breakdown.

TABLE A.14
LATIN AMERICA: MAIN CHARACTERISTICS OF CONDITIONAL CASH TRANSFER PROGRAMMES

Country	Programme	Coverage			Budget		Benefit		Amount (in dollars)	Target population	Recipient	Conditionalities
		Year	Households	People		(in dollars)	Type					
Argentina	Families for Social Inclusion	2010	751 697	3 382 637	615 568 287		By number of children. maximum: 6 beneficiaries per family, with a decreasing amount		53.90	Families living in poverty with children under 19 years, pregnant women and people with disabilities	Mother	In effect through 2008. From 2008 to 2009, monitoring of educational, health and social risks. Participation in prevention and promotion activities
	Universal Child Allowance for Social Protection (AUH)	2010	1 867 784	3 516 733	2 583 267 942	Expenditures: 1 903 815	By number of children. maximum: 5 beneficiaries per family. 20% retention until conditionalities are met		57.00	Families with unemployed or in formal workers and children under 18 years, with earnings below the adjustable minimum living wage	Mother	Health check-ups and school attendance
		2011	1 872 173	3 527 527	2 487 079 774				66.60			
		2012		3 540 717	2 883 780 726				73.40			
	Juancito Pinto Grant	2011	392 857	1 925 000	55 225 312		Fixed annual transfer		28.80	Children under 18 years who attend formal primary school or an alternative. Special education students	Father, mother or legal guardian	School attendance
Bolivia (Plurinational State of)	Juana Azurduy de Padilla Mother-and-Child Grant	2011	119 665	586 358	25 548 004		Fixed transfers (1) Monthly: maximum of four grants per family (2) Single payment: maximum of one per family (3) Bimonthly: maximum of 12 grants per family	(1) 7.20 (minimum); 28.78 (maximum) (2) 17.30 (minimum); 17.30 (maximum) (3) 18.00 (minimum); 215.70 (maximum)		Pregnant and breastfeeding mothers (babies up to 2 years) with no health coverage (1) Grant for pre-natal check-ups (2) Grant for institutional delivery and post-natal check-ups (3) Integral health care grant	Mother	Health check-ups and health workshops

(continued)

Table A.14 (continuation)

Country	Programme	Year	Coverage		Budget (in dollars)	Benefit		Target population	Recipient	Conditionalities
			Households	People		Type	Amount (in dollars)			
Brazil	Bolsa Família	2011	13 171 810	54 004 921	Expenditures: 8 805 679 997	(1) Fixed grant: one per family (2) Variable grant by number of children under 15 years: maximum of 3 beneficiaries (3) Variable grant by number of children age 16 to 17 years: maximum of 2 beneficiaries (4) Comprehensive Family Support Programme (PAIF)	(1) 43.60 (2) 19.90 (minimum); 58.90 (maximum) (3) 23.70 (minimum); 47.40 (maximum); 150.80 (maximum per family)	Families living in poverty or extreme poverty	Mother	Health check-ups and school attendance. Socio-educational work in case of non-compliance (case-by-case monitoring)
	Cartão Alimentação food card	2009				Fixed monthly transfer for 6 months (can be extended to 18 months)	25.00	Families living in extreme poverty with children up to 6 years of age and pregnant women	Mother	None
		2010	7 853	32 983	Expenditures: 1 638 373					
Chile	Solidarity Chile	2011	263 995	1 108 779	341 718 309	Fixed transfers (1) Protection grant: monthly; decreasing over time; one per family; maximum of 2 years (2) Exit grant: monthly; one per family; maximum of 3 years (3) Single family subsidy (for families with children under 18 years, pregnant women or people with disabilities): monthly (4) Basic solidarity pension (for people over 65 years of age): monthly (5) Personal identification subsidy: discount on issuance fee (6) Potable water subsidy: monthly; one per family (7) School retention subsidy (for educational establishments): annual (8) Allowance for child health check-ups	(1) 13.40 (minimum); 27.30 (maximum) (2) 13.40 (3) 13.40 (4) 166.60 (5) ... (6) ... (7) 6.40 (minimum); 10.60 (maximum) (8) 6.40 (minimum); 10.60 (maximum)	Vulnerable families and individuals	Mother	(1) and (2) Specific conditionalities established for each family (7) Registration and retention of secondary school students. All the components include psycho-social support programmes that set goals for improving living conditions
										(continued)

Table A.14 (continuation)

Country	Programme	Year	Coverage		Budget (in dollars)	Benefit		Target population	Recipient	Conditionalities
			Households	People		Type	Amount (in dollars)			
Colombia	Families in Action	2011	2 617 274	11 777 733	773 400 799	Transfers according to characteristics of the recipient, household and location (1) Nutrition grant (for children under 7 years): bimonthly (2) Education grant (for children age 11 to 18 years): applies during the 8 months of the school year	(1) 11.00 (minimum); 27.40 (maximum) (2) 8.20 (minimum); 32.90 (maximum)	Families living in extreme poverty, displaced families with and indigenous families with children under 18 years	Mother	Yes, but not specified
	Unidos Network (network for overcoming extreme poverty)	2011	1 464 081	6 588 365	87 417 789			Families living in extreme poverty or displaced families	Mother	Family and community support programme, which sets goals for living improvements for each family
Costa Rica	Avancemos	2009			93 558 560 (0.32% of GDP)	Transfers according to characteristics of the recipient. Monthly	28.00 (minimum); 93.20 (maximum)	Vulnerable families with children age 12 to 25 years	Head of household	Health check-ups and school attendance
		2010	46 403	185 214						
Ecuador	Human Development Grant	2012	1 882 542	9 504 560	775 339 085	Fixed transfers. (1) Human Development Grant (for children under 16 years): monthly; one per family (2) Disability pension: monthly (3) Old-age pension	35.00 in all cases	Families living in poverty with children, adults over 65 years and people with disabilities	Mother (for transfers for children) or the direct beneficiaries	Conditionalities are expected to be added in the future

(continued)

Table A.14 (continuation)

Country	Programme	Year	Coverage		Budget (in dollars)	Benefit		Amount (in dollars)	Target population	Recipient	Conditionalities
			Households	People		Type					
El Salvador	Solidarity in Communities (formerly the Solidarity Network)	2009	105 900	508 320	Expenditures: 40 000 000 (0.18% of GDP)	Fixed transfers (1) Education grant (for children age 6 to 15 years): bimonthly; one per family (2) Health grant (for children up to 5 years and pregnant women): bimonthly; one per family (3) Assistance for adults over 70 years (4) Temporary income support programme (pilot) (for heads of households and youth of both sexes): local		(1) 15.00 (2) 15.00 (3) 50.00	Families living in extreme poverty with children under 15 years and pregnant women	(1) Mother (2) Mother (3) Beneficiary	(1) and (2) Health check-ups and school attendance
		2011		634 315							
Guatemala	Mi Familia Progreso	2011	862 002	4 741 011	132 540 538	Fixed transfers (1) Education grant (for children age 6 to 15 years): bimonthly; one per family (2) Health grant (for children under 6 years and pregnant women): bimonthly; one per family		(1) 19.40 (2) 19.40; 39.70 (maximum per family)	Families living in extreme poverty with children under 15 years and pregnant women	Mother	Health check-ups and school attendance
											(continued)

Table A.14 (continuation)

Country	Programme	Year	Coverage		Budget (in dollars)	Benefit		Target population	Recipient	Conditionalities
			Households	People		Type	Amount (in dollars)			
Honduras	Family Allowance Programme (PRAF)	2009				(1) Mother-child grant: by family composition (children under 5 years with disability or malnutrition): every four months; maximum of 3 beneficiaries per family (2) School grant for first to sixth grade (children 6 to 14 years): fixed half-yearly transfer; one per family (3) Old-age grant (adults over 65 years) (4) Mano Amiga grant (high social risk): weekly for 6 months (5) School Bag (children up to third grade): in-kind transfer (6) DI-Mujer grant: (heads of household living in poverty) (7) Urban-Rural Youth Grant (for unemployed youth age 14 to 24 years)	(1) 4.40 (2) 5.10 (minimum); 15.20 (maximum) (3) 2.60	Families in extreme poverty with children under 14 years, with members with disabilities, risk of malnutrition, pregnant or breastfeeding women and elderly adults	(1), (2), (4) and (5) Mother (3) Beneficiary	(1) and (2) Health check-ups and school attendance (6) Training and education for micro-enterprises (7) Assistance for training and education activities
	Bono 10,000 programme for education, health and nutrition	2010	132 158	660 790	32 129 083	Fixed quarterly transfers No set maximum (1) Health grant (2) Nutrition grant (3) Education grant	(1) 22.00 (2) 22.00 (3) 44.10	Families in extreme poverty	Head of household (preferably women)	Health and nutrition check-ups and school attendance
		2011	375 000	1 875 555						

(continued)

Table A.14 (continuation)

Country	Programme	Year	Coverage		Budget (in dollars)	Benefit		Target population	Recipient	Conditionalities
			Households	People		Type	Amount (in dollars)			
Mexico	Oportunidades (Human Development Programme, formerly Progres)	2012	6 500 000	31 200 000	4 346 735 994	(1) Food support: fixed bimonthly transfer (2) support for school supplies (for school-age children): annual or biannual transfer based on the characteristics of the beneficiary (3) Support for education: bimonthly transfer based on characteristics of the beneficiary (increases with age and for women): no maximum amount (4) Nutritional supplement for children under five years (5) Basic health package (6) Jóvenes con Oportunidades: annual transfer for middle and upper school students (7) Energy support: fixed bimonthly transfer (8) Assistance for adults over 65 years: fixed bimonthly transfer; upper limit (9) Vivir Mejor food support component: fixed bimonthly transfer (10) Vivir Mejor child support component: fixed bimonthly transfer	(1) 24.70 (2) ... (3) 12.50 (minimum); 79.90 (maximum) (6) 34.90 (minimum); 348.70 (maximum) (7) 5.10 (8) 26.6 (9) 10.20 (10) 9.00; 193.50 (maximum per family)	Families living in poverty and extreme poverty. All families receive components (1), (5), (9) and (10)	Mothers (except for components 6 and 8, which are paid to the direct beneficiary)	Health and nutrition check-ups and school attendance
	Opportunidades Network	2011	67 199	288 956	44 500 000	Fixed bimonthly transfer. One per family	50.00			Health and nutrition check-ups, school attendance, participation in training workshops (for adults)
	A programme of grants for families to buy food	2008		40 480	3 455 652 (0.01% of GDP)	Fixed bimonthly transfer. One per family; coupon book for food goods	50.00			Health and nutrition check-ups, school attendance, participation in training workshops (for adults)
		2009	9 200							
										(continued)

Table A.14 (continuation)

Country	Programme	Year	Coverage		Budget (in dollars)	Benefit		Target population	Recipient	Conditionalities
			Households	People		Type	Amount (in dollars)			
Paraguay	Tekoporá	2011	115 960	860 000	46 629 448	Fixed bimonthly transfer. (1) Food support: one transfer per family (2) Education and health support: maximum of 4 beneficiaries per household (3) Support for adults over 65 years: one transfer per household (4) Support for disabled people: maximum of one per family	(1) 19.00 (2) 8.30 (minimum); 33.30 (maximum) (3) 8.30 (4) 8.30; 68.90 (maximum per family)			Yes, but not specified. No sanctions for non-compliance
		2009	397	1 904	2 479 766 (0.02% of GDP)	(1) Fixed solidarity grant: fixed monthly transfer Other components: Open Centre for childcare, health, nutrition and education services	Varies by region 26.20 (minimum); 44.30 (maximum)			Health and nutrition check-ups and school attendance
Peru	Juntos (National programme of direct support to the poorest segment of the population). Mainly operates in rural districts	2011	502 822	2 765 521	229 634 851	Fixed bimonthly transfer. One per family	36.20	Families in extreme poverty with children under 14 years, pregnant women, widowed parents and elderly adults	Participating household representative (mother or father)	Health and nutrition check-ups and school attendance
		2012	3 413 200				77.00			
Dominican Republic	Solidarity programme	2011	755 683	2 947 164	6 756 330	Fixed transfers (1) Eating Comes First: one transfer per family (2) School Attendance Incentive (ILAE): bimonthly (3) Assistance for adults over 65 years: one transfer per household; bimonthly (4) Electricity grant (5) Gas grant	(1) 18.00 (2) 7.90 (minimum); 15.80 (maximum) (3) 10.50 (4) 6.00 (5) 0.70 (minimum); 38.00 (maximum)	Families in extreme and moderate poverty, with children under 16 years, pregnant women and unemployed older adults	Head of household	Health check-ups for children under 5 years and school attendance
		2012								(continued)

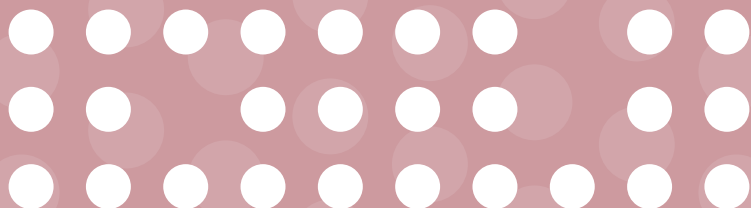
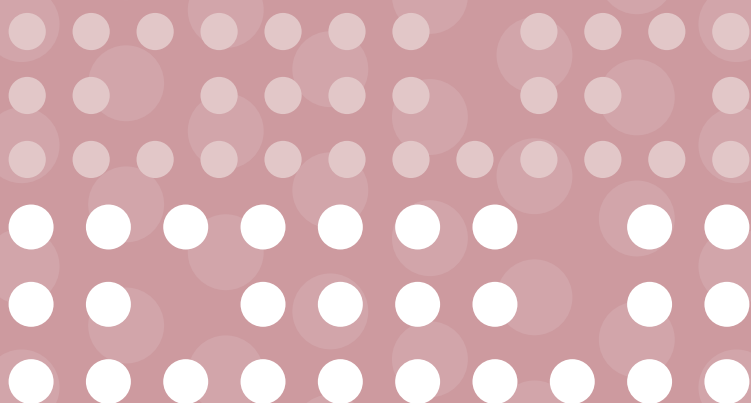
Table A.14 (concluded)

Country	Programme	Year	Coverage		Budget (in dollars)	Benefit		Target population	Recipient	Conditionalities
			Households	People		Type	Amount (in dollars)			
Uruguay	Family allowances	2011	130 785	549 295	215 816 796	Monthly transfer based on family composition (number of children, age and disabilities): Increase in the amount as educational goals are met; maximum of 7 beneficiaries per family	46.70 (minimum); 59.30 (maximum); 289.70 (maximum per family)	Families in extreme poverty with children under 18 years	Head of household (preferably women)	Educational requirements
		2009			30 709 398 (0.09% of GDP)	Monthly transfer based on family composition	27.60 (minimum); 74.20 (maximum)	Vulnerable families (former beneficiaries of the National Social Emergency Response Plan, PANES, with underage children and pregnant women)	Mother	Purchase of stipulated products
	Food card	2010	87 180	348 720						
		2011								

Source: Economic Commission for Latin America and the Caribbean (ECLAC), database of non-contributory social protection programmes, February 2013.

^a GDP estimates were calculated on the bases of data from <http://datos.bancomundial.org/indicador/NY.GDP.MK.TPCD>.

^b Brazil has three additional programmes: the Child Labour Eradication Programme (PETI), the Bolsa Alimentação food grant and the Bolsa Escola school grant.



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