

Who Cares?

Caregiving Subjectivity and Redistribution in Bogotá's District Care System

By

Maria Juliana Marín Rodríguez

Submitted to

Central European University

Department of Gender Studies

*In partial fulfilment of the requirements for the Erasmus Mundus Master's Degree in
Women's and Gender Studies (GEMMA)*

Main Supervisor: Julia Carolin Sachseder (Central European University)

Second Supervisor: Alina Danet (Universidad de Granada)

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Approval signed by the main Supervisor

Declaration

I, the undersigned, Maria Juliana Marín Rodríguez, candidate for the MA degree in Women's and Gender Studies (GEMMA). Declare herewith that the present thesis titled “Who Cares? Caregiving Subjectivity and Redistribution in Bogotá’s District Care System” is exclusively my own work, based on my research and only such external information as properly credited in notes and bibliography. I declare that no unidentified and illegitimate use was made of the work of others, and no part of the thesis infringes on any person’s or institution’s copyright. I also declare that no part of the thesis has been submitted in this form to any other institution of higher education for an academic degree, except as part of the co-tutelle agreement between Central European University Private University and Universidad de Granada.

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Abstract

This research analyzes how Bogotá's District Care System addresses the redistribution of unpaid care work, focusing on understanding its strategies to transform perceptions and gender norms around care. Following the debates around the construction of certain subjectivities as regulatory mechanisms under capitalism, the category of caregiving subjectivity will be developed to understand the challenges of redistributing unpaid care work in Bogotá. To ponder upon this connection, I will address the following research question: What are the links between the construction of caregiving subjectivity and redistribution in the political economy of care, and how do those links make them interdependent? In order to approach this question, semi-structured interviews with caregivers and staff of the Care Blocks and with members of the local and national government were conducted, as well as participant observation at the Care Blocks of Suba, Mártires, and the city Center. From this, it is concluded that caregiving subjectivity is predominantly embodied by women, emerging as a collateral and co-constitutive effect of their disciplining into domesticity. Although it is a product of capitalism's sexual division of labor, it is labeled natural, shrouding women's socially imposed caregiving duties in a mystical veil. This caregiving subjectivity hinders the redistribution of care work by convincing those who embody it that they possess an innate obligation, while absolving those privileged under the pretext of lacking either ability or duty. In that regard, the existence of a caregiving subjectivity and the possibility of redistributing care work are shown to be interdependent.

Resumen

Esta investigación analiza cómo el Sistema Distrital de Cuidado de Bogotá aborda la redistribución del trabajo de cuidado no remunerado, centrándose en comprender sus estrategias para transformar las percepciones y normas de género en torno al cuidado. A partir de los debates sobre la construcción de ciertas subjetividades como mecanismos regulatorios del capitalismo, se desarrolla la categoría de subjetividad cuidadora para entender los desafíos de redistribuir el cuidado no remunerado en Bogotá. Con miras a explorar esta conexión, se responde a la siguiente pregunta de investigación: ¿Cuáles son los vínculos entre la construcción de la subjetividad cuidadora y la redistribución en la economía política del cuidado, y cómo estos vínculos las hacen interdependientes? Para abordar la pregunta se realizaron entrevistas semiestructuradas con cuidadoras, personal de las Manzanas del Cuidado, y miembros del gobierno local y nacional, además de

observación participante en las Manzanas del Cuidado de Suba, Mártires y el Centro. A partir de allí, se concluye que la subjetividad cuidadora es encarnada predominantemente por mujeres, surgiendo como un efecto colateral y coconstitutivo de su disciplinamiento en la domesticidad. Aunque es producto de la división sexual del trabajo en el capitalismo, se naturaliza, revistiendo de un velo místico los deberes de cuidado socialmente impuestos a las mujeres. Esta subjetividad obstaculiza la redistribución al convencer a quienes la encarnan de que poseen una obligación innata, mientras exime a los que se privilegian bajo el pretexto de su falta de habilidad o deber. Así, se evidencia que la existencia de una subjetividad cuidadora y la posibilidad de redistribuir el trabajo de cuidado son interdependientes.

*A la memoria de mis abuelas Marta y Alejandra,
quienes como tantas mujeres en el mundo sostuvieron
mi historia y la de mis familias con su amor,
pero sobre todo con su trabajo.*

Madres solteras de todos los sitios colombianos.
Co-esposas que comparten el pan y el marido transeúnte.
Mujeres que viven el periódico abandono de su hombre,
(...) Madres que conciben, gestan y paren en tugurios
(...) Madres todas que ganan el pan, que lo
multiplican en la boca de sus hijos hambreados y lo mezquinan en la propia.
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Virginia Gutiérrez de Pineda, 1986

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List of Abbreviations

DCS - District Care System

NCS - National Care System

ICS - Integral Care System

SRT - Social Reproduction Theory

SNA - System of National Accounts

PCCS - Pedagogical and Cultural Change Strategy

IPTS - Integrated Public Transportation System

GBV - Gender-Based Violence

Introduction

A political economy that allows benefiting from women's unpaid work is an essential condition for the capitalist social order to exist. Within it, the establishment of an artificial division between a productive and a reproductive sphere serves as the basis for the organization of life. This split, far from neutral, intersects with and reinforces the sexual division of labor under capitalism. Here, the family plays a central role, disciplining individuals not only through the imposition of figures like the male breadwinner and the female caregiver but also through the exploitation and precarization of marginalized subjects excluded from the ideal white middle-class nuclear family. In this respect, one of the most important demands of Marxist feminists in recent decades has been the recognition of reproductive and care work as labor. Not only the work of cleaning and preparing food in the household, but also the contribution to emotional support, the care of children, the disabled, the sick, and the elderly, and the satisfaction of sexual needs. Capitalism has appropriated women's work by relegating it to the private sphere and establishing it as a destiny. As Federici states, "The fact that housework is unwaged has given this socially imposed labor a natural appearance ('femininity') that affects us wherever we go and whatever we do" (Federici, 2021, p. 15).

According to Colombia's National Administrative Department of Statistics (DANE), in 2021, women in Colombia contributed 77.7% of the total annual hours dedicated to unpaid care and domestic work, while men contributed the remaining 22.3%. Strikingly, this invisible labor represents approximately 20% of Colombia's GDP, making it the largest economic sector if it were financially remunerated. Recognizing this disparity, Colombia's National Accounts System has incorporated a Satellite Account for the care economy, marking a critical first step in quantifying and addressing women's unpaid work through targeted policy measures. Building on these efforts, Bogotá's

District Care System (DCS)¹ has been implemented, being one of the most important gender-focused policies in Colombia, and the first policy of its kind in Latin America². Among other strategies, the DCS has created the *Manzanas del Cuidado* [Care Blocks]³, which intends to recognize, redistribute, and reduce unpaid care work for women. The Care Blocks are part of a spatial strategy that bets on the creation of a city of care supported by the idea of proximity, thus, their offer is designed to be found “within 30 minutes walking distance” (Alcaldía Mayor de Bogotá, 2023). In this space, women can “study, work, rest, exercise, receive legal and psychological orientation and counseling, and have their laundry done in community laundries” (Alcaldía Mayor de Bogotá, 2023). While they do all these activities, the people they care for are assisted by the Care Blocks’ staff.

This research project will explore how the DCS has addressed the problem of the redistribution of unpaid care work in Bogotá. To do so, it will explore how caregiving subjectivity operates within people in Bogotá, and the possibilities of transforming that subjectivity linked to gender norms and stereotypes, evidencing its material, existential, and emotional impact on women and feminized bodies. I will thus, more precisely, explore the interdependency between the construction of a caregiving subjectivity and the redistribution of unpaid care work. Regarding methodology, I interviewed beneficiaries and staff from the Care Blocks, as well as members of the Women's Secretariat, Culture Secretariat, and Ministry of Equality. I also conducted participant observation at Care Blocks in three different parts of the city: Suba, Mártires, and the city Center. The findings show that in Bogotá, caregiving is still seen as a natural role for women, shaped by

¹ SIDICU in Spanish abbreviations.

² The first country to regulate a National Care System in the region was Uruguay.

³ “Manzanas” in Spanish can be both apple and block. All the Care Blocks' symbology plays with this ambivalence, using an apple in their logos.

societal expectations that tie them to domestic duties. Even though this idea comes from capitalism's sexual division of labor, it's often treated as something innate, masking the fact that women's caregiving roles are imposed and strongly regulated. This belief makes it harder to redistribute care work because it convinces women they have a built-in responsibility, freeing up the rest of society from these tasks. Ultimately, the existence of a strongly rooted caregiving subjectivity and the possibility of sharing care work more equally are deeply connected. This research is timely and relevant because it aims to contribute to the unpacking of gender imaginaries and to promote dignified living conditions for women in Colombia. Considering that the DCS of Bogotá is a pioneer in the region to place care at the center of public policies, the analysis of the ongoing experience becomes fundamental not only for its improvement but also to provide theoretical insights seeking the National Care System (NCS) in the country, as well as other care systems in Latin America.

Chapter 1: Framing the Debate

Whenever one writes, there is always a starting point. When the writing is academic, as in this case, that premise becomes even more pronounced. Academic texts are neither homogeneous, neutral, nor detached from a particular subjectivity. In that regard, this section aims to articulate my starting points within feminist theory and academia: Where do I situate myself amid the torrent of schools, trends, and traditions? Rather than give an account of every author or reading that has influenced me, I want to make explicit my assumptions, biases, and foundations, those that have convinced me and on which I have relied. Guided by the need to avoid a tabula rasa of intellectual history, I seek to engage critically with the efforts of thinkers, scholars, and feminists to provide structures for explaining the world, and to move or add a brick when the existing ones could be relocated to better answer the questions that have emerged.

1.1. What kind of feminist theory?

Most feminists come to theory because we are hurting. For bell hooks, this is the starting point of feminist theory's liberatory potential. If we turn to theory seeking healing, it is because understanding our pain offers a way to overcome it. The idea of "explaining the hurt and making it go away" (hooks, 1991, p.2) entails the possibility of challenging the reality that produced the pain through finding the contradictions hidden in that reality as "common sense". Once we name gender as a power relation, a human-made structure, not fate, we can better understand our experiences as women and marginalized subjects and see the need to transform them. If according to hooks, "Theory is not inherently healing, liberatory, or revolutionary", and "It fulfills this function only when we ask that it do so and direct our theorizing towards this end" (hooks, 1991, p.2), the uses of a coherent feminist theory inside and outside academia are conditioned by the commitment to explaining the problems that afflict the majorities, and to making those

explanations as clear as possible for all concerned. In that sense, using inaccessible academic language in feminist theory, especially without questioning its elitism, reproduces the structures of oppression that are supposed to be faced and confronted in the first place. Alongside this, when trying to make clear what is recognized as feminist theory and what is not, one usually thinks in those big Western European and Anglo-American referents that one learned were authorities to allude to. However, for women in the global south —the so-called “third world” women—, there is always a feeling of not fitting into their conceptualizations of the world. Thus, as a response to that “gap”, a claim that cannot be ignored has emerged in feminist theory to encompass the realities of women in different contexts.

Feminist academia is a complex universe of knowledge production and political praxis. Part of its complexity is precisely the fact that, being in its very first conception a theoretical activity, it cannot be detached from its practical, material consequences. Everything that is said, prioritized, and developed, but also that is erased, minimized, and reduced, is shaping the way feminists build their agendas all around the world. In that regard, Mohanty (1988) asserts that two projects need to be undertaken simultaneously. On the one hand, the critique that intends to exhibit that which is not immediately known, which is not given, which needs some sort of excavation or spin, being thus a “negative” movement. On the other hand, the creation of new ways to be and to exist with others, the moment of imagining other possible worlds, and thus the “positive” movement. In the care work discussion, while it becomes necessary to point out the hidden abodes of capital (Fraser, 2017) in order to unravel that which has been intentionally hidden, it requires, in turn, an openness to think social reproduction in other ways, proposing non-capitalist conceptions of care and life.

Considering that “[feminism] like other forms of critical theorizing, is about disputing those ‘theories’ which are hegemonic, that is, those theories which are not recognized as theories as they are assumed to be common sense or necessary” (Ahmed, 2000, p.99), the negative moment of critique seems to be inherent to feminism. However, it cannot be taken for granted that feminism itself does not assume preconceptions. What is needed to examine in detail within feminist academy is the impossibility of universalizing women’s experience in a way that something like the abstract “Woman” can be defined. That is why the projects of deconstruction and construction are not only about analyzing and transforming the patriarchal structure outside feminism but also about unveiling how feminist academics reproduce colonial practices and discourses themselves.

White feminism has identified and categorized one specific structure of patriarchy that needs to be overthrown to allow women access to some liberal/democratic principles that would make them equal to men. However, feminism cannot be an abstract theory of equality, and neither can it champion the pretension of accommodating all women in a static white Western mold. The essence of this “liberation” does not challenge the logic of domination where a woman needs to transfer her oppression to other women to succeed, “what communitarian, racialized women want is to end with gender as a system of power and oppression, not equalize men and women in domination” (Félix de Souza, N., & Rodrigues Selis, L, 2023, p.9). Therefore, it is urgent to frame that liberation in the broader struggle for an anticapitalist, antiracist, ecologist, anticapacitist, antitransphobic agenda (Arruzza, C., Fraser, N., and Bhattacharya, T., 2019), that does not rely on the oppressor-oppressed dynamic to reach small liberation corners.

As noted, feminist theory happens in the broader context of Western academia and universities, where, as described by Mohanty in her work, certain “normative referents”

exist that establish hierarchies when conceptualizing the world and social relations. In the case of the debate on the division between two spheres, the productive and the reproductive, the public and the private, Mohanty will not only say that it is necessary to go beyond the dualism that this presupposes, but to challenge the established “preference” when defining domestic work as something subordinate to production, that which happens in the market and from which we can establish categories such as “reproductive work” as opposition to “productive work”. In a similar vein, authors like Angela Davis (1981) have invoked other possible developments of the domestic as a space of resistance in the context of slavery or apartheid, therefore problematizing the totalizing idea of domestic life as a space exclusively for confinement. Likewise, there is Luciana Cadahia's proposal for a public coming-to-be of the domestic, as a space where the oppressed have historically organized themselves against the device that wants to domesticate them:

That which, from the patriarchal point of view, has been called the domestic, in reality, from the point of view of the oppressed subject who seeks to transform their situation of oppression, has been configured, through a fraternal bond, as a popular camp. The domestic, therefore, is nothing other than the obturated reverse of the republic, that *res publica* whose deciphering concerns us all⁴. (Cadahia, 2024, p.39).

In this sense, I start from an idea of the domestic as a non-static field, opening options for reconfiguration and enunciation based on the social plasticity that the domestic has shown to have. For this thesis, I will draw upon the idea that by asking the right questions and directing theorization towards liberating ends, it is possible to take on the task of unveiling the contradictions that are constitutive of oppressive structures in order to explore other ways of inhabiting and being in the world. I will also start from the standpoint that a gaze that concentrates on unveiling the “given”, the “positive”, the

⁴ Personal translation to English..

“natural”, is fundamental to the extent that it allows to go beyond the first impression of concepts imbricated in binary molds, such as production and reproduction, so that the discussion becomes more complex and wide-ranging, and therefore, larger the repertoires of resistance.

1.2. Social reproduction theory and subjectivation

According to Aruzza and Bhattacharya (2020), two major trends within Social Reproduction Theory (SRT) are mainly differentiated by their conception of domestic work as producing or not producing [exchange] value. On the one hand, the postulate of autonomist feminists such as Dalla Costa, James, Fortunati, and Federici, considers that domestic work creates [exchange] value. In their argumentation, if the product of domestic work is the commodity labor-power, and the labor that results from that commodity labor-power is what imprints value on the other commodities, there is an indirect production of value in domestic work. On the other hand, authors from the Anglo-American context, such as Margaret Benston, argue that domestic work produces only the conditions for value production through the regeneration of the labor force. Therefore it does not produce [exchange] value strictly speaking.

From the first approach, by remunerating women's domestic work, the creation of [exchange] value would be formalized by compensating it with the universal equivalent money. However, according to Aruzza and Bhattacharya (2020), this conceptualization needs to be taken a step further, given that a) the remuneration of domestic work symbolically transfers it to the productive sphere, but it remains reproductive work as it is not organized in an industrial or capitalist way, and, in that sense, the operation by which it becomes abstract work does not take place (Arruzza and Bhattacharya, 2020, p.47), b) it is essential to consider all those tasks that are part of reproductive work and that will necessarily remain unpaid, such as those linked to the generation of emotional

well-being and the transmission of shared frameworks of meaning through upbringing. In this respect, it is worth stating that SRT is also a theory of subjectivation in the sense that “it makes it possible to understand the shaping, the molding of a certain type of subjectivity, because the worker who is exploited is not an ‘abstract worker’” (Arruza, 2020, p.43).

In this respect, the regeneration of workers under capitalism involves several moments, including a first moment of biological reproduction —literally giving birth, producing life—, another moment of reproduction and replenishment of forces through rest, food, leisure, etc., but also an important moment of disciplining, of molding people:

To put it simply: we are not born with a natural propensity to work 8 or 9 hours a day or to pay attention in a class for 3 hours in a classroom (...) We must be disciplined, we must be trained to endure sitting for three hours in a classroom.... and even enjoy it! (Arruza, 2020, p.39).

Starting from these initial notions of reproduction as a subjectivation process, and aiming to shed light on the research question, let us review some conceptualizations of the crises of social reproduction and care, as well as some feminist responses aimed at demystifying the subjectivities that sustain the sexual division of labor under capitalism.

Social reproduction crisis

According to Fraser (2015), capitalism’s inner contradictions consist of proclaiming unlimited production, consumption, and accumulation on the one hand and depending on external conditions without which it could not possibly persist on the other. Women’s unpaid work, the extraction and appropriation of natural resources, and a capitalist political economy are *sine qua non* conditions for that capitalist social order to exist (Fraser, 2015, p.160). The first one relates to all the activities required to produce and reproduce human subjects and social bonds. The second one refers to the broad category of nature in its material expression, which includes raw materials for commodity

production but also for life itself. The last one concerns all the elements of public power that became preconditions of capitalism insofar as they legitimize and build the common sense around capitalism's foundational categories.

Because capitalism needs these external providers, states have carried out different strategies “including provision and maintenance of infrastructure, compensation for market failures, proactive steering of economic development, support for social reproduction, mitigation of economic crises, and management of the associated political fallout” (Fraser, 2015, p.161). However, among the three main conditions introduced, one can find a structure of hierarchy when it is about cushioning damage and preventing the foreseen next crisis. As stated by the author, it is easier to focus on the remedies for political, economic, or ecological crises than for social reproduction crises. This prioritization of capitalism's wound healing is not necessarily the product of a premeditated classification, but rather the effect of visibility.

Economic or ecological damages are easier to notice, and their consequences seem to be more brutal or threatening than the lack of time to cook or do the laundry. However, the depletion of care resources, mainly expressed in the impossibility of finding time to take care of oneself and others, is increasingly visible every day, to the extent that it is established as an obstacle for people to accomplish their waged activities. The tendency to uncontrolled production, consumption, and accumulation is causing a crisis not only in care but also in the wider field of social reproduction. Despite this crisis mutating depends on the specific form of capitalism, it is systematic to the extent that it shows how “they have remunerated ‘reproductive’ activities in the coin of ‘love’ and ‘virtue’, while compensating ‘productive work’ in that of money” (Fraser, 2016, p.102).

To cope with this social reproduction crisis, every regime of accumulation has developed a particular strategy. First, liberal capitalism of the 19th century created the

nuclear heterosexual family and made effective the split into two separate spheres, public and private, presupposing the autonomy of workers to reproduce themselves within the households. Second, state-managed capitalism established a mixture of social protection and marketization by setting up the social and material infrastructure for consumerism, with the 'family wage' on the one hand and the State taking charge of social reproduction and recognizing the importance of social welfare conversely. Finally, financialized neoliberal capitalism has established the two-earner households in which there is no other option than externalizing care work. In this case, the precarization of both family members and care service providers (although at different levels) reinforces the crisis, revealing oppressions of class, gender, race, nationality, age, etc.

The care crisis under neoliberal financialized capitalism

In her broader understanding of capitalism as more than an economic system, Fraser highlights that social reproduction is not just about the reproduction of the labor force in a biological sense, but also about forming “capitalism’s human subjects, sustaining them as embodied natural beings, while also constituting them as social beings, forming their habitus and the cultural ethos in which they move” (2016, p.101). This habitus is, at the same time, the one that allows capitalism to continue making a profit from women’s unpaid work insofar as the caregiving subjectivity is first taught in the family.

As explained by Yayo Herrero (2016), the fundamental characteristic of the care crisis is the tension between the amount of time needed for care and the growing difficulty in making this time available. In Sandra Ezquerro’s words, this crisis is nothing more than "the highlighting and exacerbation of the difficulties faced by large sectors of the

population in caring for themselves, caring for others, or being cared for"⁵ (2012, p. 176).

In addition to the intensification of the double burden with the establishment of the two-earner households and the consequent exit of women into the labor market, another element that exacerbates the crisis is that although women have entered the world of wages, men, in a generalized manner but without ignoring the exceptions, have not taken the opposite path, entering the sphere of reproduction. To deal with this problem, women, who are the main caregivers, have resorted to at least three forms of transfer of reproductive work:

1. Generational transfer: grandmother slave syndrome (Guijarro).
2. Outsourcing by hiring racialized and migrant women (Glenn).
3. Transfer via commons, and solidarity chains (Widding et al.).

According to Guijarro (2001), the grandmother slave syndrome is a condition in which women experience a wide range of manifestations ranging from sadness, general malaise, weakness, and sudden falls to hypertension and diabetes. The author starts from the Spanish case and identifies possible triggers of the syndrome having a large family or household, having sick or elder dependents, adult children returning home with kids and/or partner, but also more specific situations such as unexpected guests at home, deteriorating economic situation, emotional trauma or “loss of domestic help”, referring to both domestic workers and children who become independent. Guijarro situates his work at the turn of the century, “predicting” a new pandemic of slave grandmothers. As stated by the author, one of the important reasons for grandmothers at the turn of the century increasingly suffering this syndrome is the entrance of women into the waged

⁵ Personal English translation.

world, which implies a prolonged absence of mothers in the home and a reliance on grandmothers.

Although it turns out to be a cornerstone for stating the phenomenon, this analysis takes for granted class elements such as the possibility of externalizing care and the fact that many women have had a double presence in waged and unwaged activities for years. Furthermore, it does not identify structural explanations of the syndrome, such as the sexual division of labor. Even though it starts identifying this syndrome as eminently gendered, it does not deal with a feminist approach that allows us to unveil why this has been established in this way historically. The conceptualization of the slave grandmother syndrome is important because it shows the structural component of the effects of overburdening on women's health. Nonetheless, it is essential to critically use the concept, to put it in conversation with other components of class and race, so a transnationally shared reality can be named without intending to homogenize grandmother's experiences.

The second form, outsourcing, partially transforms reproductive work into paid domestic labor. While wages provide some recognition, this marginalized and feminized work often falls to women, particularly racialized and migrant women. Middle-class women transferred the dirty work of domestic work to black women without questioning this transposition of oppression. As recounted by a domestic worker, "My mother used to say that the black woman is the white man's mule and the white woman is his dog. (...) But the white woman is closer to the master and he pats them on the head and lets them sleep in the house, but he ain' gon' treat neither one like he was dealing with a person". (Gwaltney, 1980, cited in Glenn, 2009, p.17). In other words, while some women try to liberate themselves from men's oppression by way of the transference of oppression, they must always oppress other women, but they can never escape being oppressed by men.

This is the lean-in⁶ trap of liberal feminism in capitalism. In this vein, it becomes clear that transfer is not a solution insofar as it is not about a fair exchange within the framework of an agreement, but what is transferred is also oppression.

For the third form of transferring, the work of Widding, Uma Devi, and Hochschild (2010), analyzes the phenomenon of the care chains as the flow of women from the global south to the global north to provide care in exchange for decent wages, having to transfer the care of their families through their social capital, from which capitalism benefits. The care chains could not exist without the socio-emotional commons that migrant women have built and maintained, and that appeared as private costs of migration. Not only do these women need to take care of their homes from afar, but the damage to the stability of their families and the psychological well-being of their children becomes unavoidable. The children of absent mothers are torn between understanding the reasons why they are not present, and the frustration, sadness, and discomfort that comes from feeling that they are a burden to the surrogate caregivers. They find themselves before the mother figure who can be a heroine because she sacrifices herself for them, or a thoughtless one because she abandons them. When the economies of the global North benefit from the establishment of care transfers as a private matter, a systematic extractivist system of the community's ties and bonds is established: "The market of the North is indirectly eroding the social solidarities of the South" (Widding et al., 2010, p. 419). In this regard, care chains and north-south expropriation of social bonds are the strategies to which neoliberal financialized capitalism is resorting to face the crisis.

⁶ Lean In is a term coined by Sheryl Sandberg in her book *Lean In: Women, Work and the Will to Lead*, which refers to the voluntarism of certain women to advance in the social hierarchy ignoring the logic of oppression at the structural level, and, therefore, assuming having to pass over other women under the promotion pursued.

Feminist answers towards demystification

Engels already denounced, more than 140 years ago, how capitalism excludes reproductive work from production enabling the exploitation of women's unpaid labor: "Household management lost its public character. It no longer concerned society. It became a private service; the wife became the head servant, excluded from all participation in social production" (Engels, 1884, p. 110). More recently, Marxist feminists' demand for the recognition of reproductive and care work as labor has gained strength. Federici's work is consolidated as one of the most significant efforts to demystify the idea of reproductive work as women's nature. Following this line, this section will explore some efforts and strategies developed to denaturalize caregiving as an imposition.

1) Wages for and against housework

Social reproduction in capitalism is simultaneously fundamental and marginalized; it has been historically unpaid and invisible, although it sustains capitalist production and profit generation. Capitalism has appropriated women's work by establishing a social order that makes it logical for housework to be unwaged, relegating it to the private sphere. Hence, housework, taking place in the heart of the family, is not considered within the necessary moments to production and therefore is not recognized as work. In Federici's *Wages Against Housework*, the claim for a wage is a claim for making visible women's work by using the language of capitalism. The absence of wages reinforces the idea of housework as a destiny because it appears to have no value. Wages for housework directly attack the female role established by capitalism. In this case, wages have a demystifying power insofar as they make it clear that housework is nothing but work, then is accomplished through the presence of wages, and not through the presence of femininity.

According to Federici, by claiming a wage, women show that their work is essential in the production process, since in capitalism only what is exchangeable for money is recognized as value. Paradoxically, the labor force that the worker sells to the capitalist in the market needs to be produced as well. Still, that reproduction of the worker itself is exactly what is invisible to the world of wages. Marxist feminists' demand for wages is not, however, a naive step that pretends to enter capitalist relations and undermines any revolutionary possibilities. Federici's argument is that as women we have always been into capitalist relations since it is in capitalism's nature to count on women's unwaged housework for its functioning (1975, p.2). The project of the author is, to this extent, revolutionary because it does not pretend to establish wages as the aim of the feminist critique of capitalism, but rather intends to destroy them. As the main source of exploitation, wages have the power to make human work appear and disappear, and that is why *wages for housework* is a necessary step to *wages against housework*. One important feminist answer toward the demystification of caregiving subjectivity has been, therefore, the claim of remunerating women's work with money so it can be endowed with social legibility.

2) *"What we don't count, counts for nothing": feminist economics and the national accounts*

From the perspective of feminist economics, an important effort for demystifying women's unpaid work appears in the claim for its inclusion in national accounts. In 1980, Marilyn Waring, one of the founders of the feminist economy, using her role as leader of the Public Expenditure Committee in the Australian Parliament, inquired Treasury the reasons why women's unpaid work was excluded from GDP. Waring realized that the System of National Accounts (SNA), the document by Richard Stone establishing the functioning of the data in public reports around the world, was impossible to access, as

no copy was available in Australia or New Zealand. Years later, she reviewed the 1953 edition⁷ in New York and found that women's unpaid labor was excluded from the accounts for being considered "of little or no importance" (Manne, 2018).

Waring was concerned that national accounts were failing to include the most crucial activities for life-sustaining, and from then on, she started deep research that aimed to develop a "woman's reckoning". Her research was also influenced by her hard-hitting reflections, linked strongly not only to her feminist spirit but to her environmental consciousness, as stated in the following questions: "why a tree has a measurable value when chopped down and sold, but not while it is growing and giving us oxygen?" or "why water carried through pipes has a value, but water carried daily and a long distance by women does not?" (Waring, 1988, p. xi). From these reflections, Waring stated as a fundamental principle for feminist economics that "what we don't count, counts for nothing".

In the revised version of 1993, more considerations on reproductive work were included in the SNA, as well as in the 2008 version. Satellite Accounts were established as a separate but still constitutive tool of the national statistics, measuring data in fields such as environment, culture, agroindustry, tourism, and care economy. Thanks to these accounts, for example, it was stated in 2021 that unpaid care work in Colombia would be 20% of the GDP if it were remunerated. However, Waring would reflect later that they could lack the possibility to make visible the gendered components of this "life-sustaining" unpaid labor. In an interview with Anne Manne, Waring expressed that she started considering time-use surveys as a more suitable resource to specify the unequal load that exists in unpaid household labor. When comparing the time use of men and

⁷ Revised versions have been published in 1968, 1993, and 2008.

women, it became evident who cares, and whose work is recognized as such. According to Manne, "by getting men and women to fill out time use diaries (...) the women gained self-respect, while the need to redistribute care more fairly between men, women, and government services was better understood" (2018).

3) Boundary struggles and redistribution

When thinking in the political economy of care, i.e., the capitalist organization of social reproduction, one could dip into the idea of "boundary struggles" that Fraser develops to describe the possibility of redrawing the boundaries between production and reproduction for its transformation. The establishment of reproductive work as a destiny for women does not disappear with the new configurations of the world of wages. Even if women are supposed to have waged jobs, they are also expected to accomplish care work or to manage the outsourcing of a big part of it while still extending their working day to take care of themselves and their family members. A critical reorientation requires recognizing that individuals exist as participants in both the wage economy and the sphere of care. This dual positioning challenges assumed hierarchies of value, demanding a redefinition of gendered roles within reproductive and productive work.

The case of migrant women is a good portrait of how this struggle needs to address the crisis of the two-earner family in the financialized capitalism that particularly disadvantages women. Not only do middle-class women who cannot resort to outsourcing end up assuming the costs of the care crisis as private costs, but also women in marginalized positions cushion the crisis for ruling families at the cost of the wellness of their own families. By reconceptualizing the supposed limits between family life and work—which only seem to apply to men—, new strategies could be formulated to deal with the crisis of social reproduction under the precariousness of neoliberalism. Building

on the category of boundary struggle, redistribution as a path toward women's economic emancipation could be explored.

1.3. The ethics of ambiguity: subjectivities under existentialism

In order to broaden the spectrum of approaches to the problem of subjectivity's constitution, let us explore Simone de Beauvoir's existential standpoint regarding women's subjectivation processes. In her book *The Ethics of Ambiguity* (1947), the author establishes as the starting point for her existentialist ethics the incessant struggle of being at the same time Subject —individual, in possession of subjectivity—, and Object —for others, in a world with others—. According to the author, human beings cannot escape their presence in the world, just as they cannot escape the anguish posed by a life with others. When they realize what is given is not necessarily what is real, they identify in that reality an absurdity. This absurdity allows them to reveal the irrational aspect of reality. By understanding that the human being is ambiguity; Subject and Object simultaneously, the possibility of transforming what is given is displayed. The absurd needs to disappear, but it must first be identified as such. The Subject exists within a formal world shaped by the historical projection of human subjectivity. Since this world is a product of human labor and history, it can be transformed. Women's oppression is sustained by a constructed reality that justifies their existential immanence. Yet, if this reality is absurd, and if human ambiguity reveals the potential for radically different social configurations, then dismantling this oppressive world becomes imperative.

Children attend to a world that has not been built by or with them. There, they assume a passive attitude that exempts them from all guilt. They have not been part of the uprising of that strange reality presented to them as natural, therefore, they must only obey. "In his eyes, human inventions, words, customs, and values are given facts, as inevitable as the sky and the trees". (Beauvoir, 1947, p.18) According to Beauvoir, this

infantile state is rarely maintained over time, because “with astonishment, revolt and disrespect the child little by little asks himself, ‘Why must I act that way? What good is it? And what will happen if I act in another way?’” (Beauvoir, 1947, p.20) Within this context, there are those who, out of obligation or bad faith, live in an eternal childish position before the world. They do not know or do not want to see their presence in a formal world, and this incapacity makes them consume their existence as pure Objects. As stated by Beauvoir, women find themselves in such a situation, strange presences in a place that has not been designed for them, with them, or by them; they face the burden of a duty that does not correspond with the unveiling of their being in freedom.

Part of the process of essentialization of women as caregivers begins at a very early age when *popular wisdom* establishes social expectations regarding infancy e.g. that girls are tidier and more aware of otherness, whereas boys of the same age require a certain level of condescension or permissiveness justified in not having reached their self-consciousness yet and needing to be helped. This point raises an apparent existential contradiction, for while women are usually considered only Objects from the point of view of consciousness, here, the Subject’s responsibility is demanded of them, and thus, their freedom is affirmed. There is an element of this process that is fundamentally linked to play as a rehearsal space of that upcoming reality, but also as a promise that shapes desire and establishes boundaries. Toys “for” girls and boys will not be deeply discussed here, although these are some of the first economic classifiers of human beings as producers and reproducers. However, it is worth highlighting how “girls’ toys” especially draw on gender stereotypes linked to care (babies, strollers, kitchens). Having played “the kitchen” makes the girl feel prepared for the moment of *having to* learn how to cook, not having played it makes the boy feel alienated from that way of inhabiting the world: “The child does not contain the man he will become. Yet, it is always on the basis of what he

has been that a man decides upon what he wants to be” (Beauvoir, 1947, p.21). This is even more dramatic with adults, in which a specific way of having existed and experienced the world as gendered beings becomes practical knowledge but is presented as nature. There, the burden of a whole upbringing as a caregiver makes it impossible for women to escape from certain social expectations and mandates.

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I have now presented the various departure points I am drawing on as theoretical assumptions for the subsequent empirical analysis, to summarize:

- The need to steer, consciously and intentionally, questions and research in feminist theory to collective liberation and transformative ends. That is, the impossibility of doing feminist theory without contemplating the consequences, the silences, and the pre-existing mandates in the academic world.
- The standpoint that geopolitical relations contextualize any research, and that these power relations must be acknowledged and critically interrogated within academia.
- The need to question and critically examine binary perspectives of production and reproduction under capitalism, evidencing not only the historical moments where they have expanded and their thresholds have been displaced, but also the conditions of possibility for new and better futures.
- The idea that social reproduction, beyond being exclusively a process of biological reproduction or energy renewal, implies a process of subjectivation through which we receive the norms and expectations necessary to interact and survive in diverse social scenarios.

- The existence of a political economy of care that is nurtured by the sexual division of labor under capitalism, and that organizes and administers life in such a way that it is possible to appropriate women's unpaid care work through the normalization of its “naturalness” as a feminine affair, and a duty to be fulfilled.
- The statement that the human being is both Subject and Object simultaneously. That we [human beings] are thrown into a world we did not help construct, yet through our agency as subjectivity, we can unravel that world’s contradictions, seeking its transformation. In the same vein, the argument that women’s situation has been configured towards their petrification as passivity, as the abject, as pure Object. However, from the ambiguous condition of her existence, the possibilities of affirming her subjectivity and her agency emerge.

Chapter 2: Methodology

Employing ethnographic methods, this study engages with Bogotá's District Care System (DCS) as a case study to analyze the interdependence between the construction of a caregiving subjectivity and the redistribution of unpaid care work. I selected this case because it represents a pioneering approach to gendered reparations in Colombia, one that recognizes women's reproductive labor while materially addressing historical economic and sociopolitical injustices. In this regard, it serves as a significant space inhabited by women who identify as caregivers or are in the process of naming that way the realities they have faced throughout their lives. As a public policy space for transforming perceptions of unpaid care work, the DCS grounds analysis in lived experiences, particularly within Colombia's complex sociopolitical context. By examining concrete attempts to redistribute care work, this case study facilitates the identification of key challenges, complexities, and achievements. The methodological framework proceeds in three parts. First, I will present my case study in context. Next, I will develop a literature review of the case study to situate my research within the existing literature. Finally, I will discuss methods and methodological approaches for collecting and analyzing the data.

2.1. Case study: Bogotá's District Care System

Bogotá's District Care System (DCS) represents a policy intervention designed to redress the historical gendered imbalance in unpaid care work. This co-responsibility model inaugurates what has been the most important milestone in the gender-based approach to public policy in both the city and the country. The system is based on the

framework established by the International Labour Organization (ILO) of the 3Rs⁸: recognize, reduce, and redistribute women's unpaid care work. Considering the current state of legislation on public policy for care in the region, the DCS of Bogota is a pioneer at the local government level. However, regarding care systems at the national level, the experience of Uruguay's Integral Care System (ICS) should be highlighted.

Created in 2015 based on Law 19353, “for the promotion of the development of the autonomy of people in a situation of dependency” (Galián C, Rubio M, Escaroz G, Alejandro F., 2023, p.119), Uruguay’s ICS is State-led but decentralized, as several ministries participate in its functioning. Likewise, it combines public funds with private operators. While it has concrete initiatives to provide services to caregivers, Uruguay’s ICS is centered on care-dependent populations: Children (0–3 years), the elderly (dependent adults), and people with disabilities. In the same vein, Chile’s programs *Chile Crece Contigo* [Chile Grows with You] and *Chile Cuida* [Chile Cares] focused on children and the elderly, respectively. Although it recognizes women’s unpaid work, it lacks redistributive policies. In that sense, “it does not identify changing the social organization of care or reducing the burden of care on families and women as an objective, but rather focuses on comprehensive child development” (Galián C, Rubio M, Escaroz G, Alejandro F., 2023, p.129). Other relevant initiatives are the National Care Law (2023) in Argentina and the National Care Network (2021) in Costa Rica. Within this broad picture, the DCS in Bogotá stands out for its focus on women caregivers,

⁸ Even though the ILO has proposed a new 5rs model, the system focuses on the 3rs former model as it applies in the context of unpaid care work. The 5rs model proposes “Recognize, Reduce, and Redistribute unpaid care work, and Reward and Represent paid care work by promoting decent work for care workers and guaranteeing their representation, social dialogue and collective bargaining” *A Toolkit On Paid And Unpaid Care Work: From 3rs To 5rs*, UN Women, 2022.

placing at the center of its services the recognition of their unpaid work and the transformation of social norms that perpetuate structural inequalities around caregiving.

Bogotá's DCS is led by the Women's Secretariat, however, in order to achieve a significant impact, it articulates multiple services from various sectors of the district administration (Health, Education, Culture, Recreation and Sports, Environment, Mobility, etc.). Both the State and the private and community sectors participate in the provision of the DCS's services⁹. One of its objectives is to create a wide range of care services aimed at both caregivers and people requiring care. In addition, its services are based on a commitment to give new meaning and social recognition to care work, as essential for maintaining society. Finally, the DCS counts on a cultural change strategy that advocates: a) the transformation of perceptions around the feminization of care, b) the acquisition of skills that allow all members of a family or society to do care work, and c) the redistribution of care work based on a model of co-responsible, peaceful and emotionally close masculinity.

The DCS most comprehensive strategy is the Care Blocks, physical spaces where the services offered by the system are brought together, such as flexible education to complete high school, psycho-legal orientation, recreation and sports, entrepreneurship workshops, technological literacy workshops, cultural transformation workshops, libraries, gyms, vaccination services and STI rapid tests, etc. In addition, addressing the access barrier that may exist for many women who have people depending on them, the Care Blocks have two programs: NIDOS, which offers artistic experiences to children from 0 to 5 years of age, and *El Arte de Cuidarte* [the art of taking care of you], which offers care to children and adolescents under 18 years of age.

⁹ <https://manzanasdelcuidado.gov.co/como-nace-el-sistema/>

The great innovation of the Care Blocks lies there, in the way they work: while we offer services to women, we care for those they care for, so that they have time to overcome the constant barrier that prevents them from accessing services and exercising their full rights. (Alcaldía Mayor de Bogotá, 2023, p.14).



Figure 1: Suba Care Block¹⁰.

¹⁰ Source: personal archive, fieldwork 2024.



Figure 2: City center Care Block¹¹.

The DCS is also a territorial commitment to a caring city, in that sense it is linked in terms of public policy with the territorial ordering plan (POT)¹², and it is thus considered a “pioneering land-use planning model that integrates a gender approach and tactical urban planning” (Alcaldía Mayor de Bogotá, 2023, p.13). As of 2025, there are 25 Care Blocks in Bogotá, distributed in 19 of the 20 localities of the district. They are

¹¹ Source: personal archive, fieldwork 2024.

¹² The POT, for its acronym in Spanish, is a “technical and normative instrument of territorial planning and management; formed by a set of actions and policies, administrative and physical planning, which guide the development of the municipal territory in the short, medium and long term, regulating the use, occupation and transformation of urban and rural physical space”. Ministry of Housing, City and Territory of Colombia. The DCS is included in Bogotá’s POT for 2022–2035 (Decree 555 of 2021), which gives the system a permanent vocation, ensuring that the creation of the 45 projected Care Blocks is regulated by law.

designed to provide access to the different services in a reduced geographical area that does not require more than a 20-minute walk.

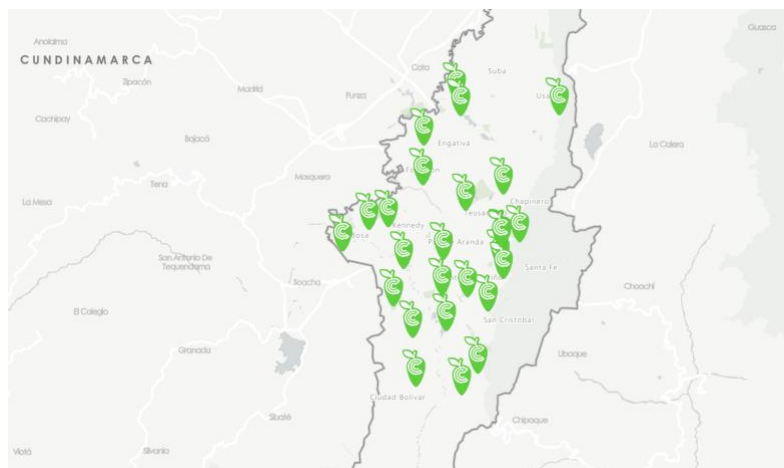


Figure 3: Care Blocks presence in Bogotá¹³

In addition to the Care Blocks, the System has developed a strategy to impact rural and peripheral urban areas, so that there are no barriers to access for these populations. The Care Buses are the mobile version of the Care Blocks. They are fully equipped vehicles that bring care services to the most remote rural and urban areas of Bogotá.



Figure 4: Care bus DCS¹⁴.

¹³ Source: <https://sig.catastrobogota.gov.co/portal/home/>

¹⁴ Source: <https://www.linkedin.com/pulse/unidades-m%C3%B3viles-como-herramienta-para-nuevos-modelos-de-/>



Figure 5: Care bus arriving in Sumapaz, a rural area of Bogotá¹⁵.

Finally, the System has also considered those caregivers who have difficulty moving to the Care Blocks because they have dependents in their homes. In this sense, the Home Assistance Program was created, in which professionals go to the caregivers' homes. The goal is to reduce the time caregivers spend caring for their loved ones by promoting the independence and well-being of people with disabilities over 18 years old.

2.2. Case study literature review

One of the approaches that stands out when reviewing the literature related to the Care Blocks and care in Bogotá is that concerning urban, geography, and spatial studies. These studies show how the infrastructure and distribution of the city respond to a gendered form of social organization, emphasizing the situation of caregivers. Murillo-Munar, Gómez-Varo, and Marquet (2023) focus on the concept of mobility of care, to describe the itineraries and the use of the city of people who move because of care reasons, “being related to the activities carried out by adults for the care of minors and

¹⁵ Source: Secretaría Distrital de la Mujer
https://www.youtube.com/watch?v=W3OWBcysQks&list=PLow2j5_BdwWHzvCszyKVR4ptmSmJXOaNf

other dependent people, including home maintenance” (p.2). The work of Montoya-Robledo and Escovar-Álvarez (2020), on their behalf, analyzes domestic workers’ daily commutes, revealing the financial and time-use implications directly related to social class and the organization of the city.

In the same line of argumentation, Marín and Fleischer (2019) explore the subjective experience of domestic workers in the frame of a stratified city, by concentrating on how they produce the space through their social and spatial interactions. The authors show that domestic workers in Bogotá belong to socioeconomic levels 1 and 2, and work for families in levels 4 to 6, which means they must travel long distances from the south to the north of the city to reach their workplaces. This movement and the configuration of space into marginalized and elite neighborhoods shape their subjective experience by making them feel like the "other", like someone who does not belong to the places they work in (Marín and Fleischer, 2019, p.28).

These studies are relevant to understanding the situation of domestic workers in the city; however, to talk about the Care Blocks, it is necessary to think specifically about the situation of unpaid caregivers. Among some case studies in the Care Blocks from the perspective of feminist urbanism, we can find the work of Guevara (2023), who analyzes material and social infrastructure factors influencing caregivers' access to the Ciudad Bolívar Care Block. The author argues that it is necessary to think about the social infrastructure for access to the Care Block. On the one hand, it is needed to go beyond the individualization of care; on the other hand, the division between public and private spaces associated with care must be problematized (Guevara, 2023, p.19). In this sense, community processes, solidarity among neighbors, and the collectivization of care are fundamental axes to improve the services offered by the Care Block and to nurture the redistributive approach to care. Another case study that is relevant in the field is that of

Fernández-Gallego (2023), which investigates the impact of the Bosa Care Block on the caregivers' mobility from a mobility gender perspective. Her work argues that even though the Care Blocks "are not necessarily relieving users from their care responsibilities, but instead encouraging a different organization of time and space, where mobility plays a central role" (Fernández-Gallego, 2023, p.69), this access to a "mobility of proximity" allows caregivers to claim their right to the city by making them visible as agents that use, inhabit, and transform the space.

It is also worth highlighting the contribution of Jaramillo, Guzmán and Cortés (2023) to the debate around the DCS in Bogotá from an intersectional perspective, based on the approach of gender and disability. Their article *Encounters and Misencounters. Analysis of the Debates Surrounding Bogotá's District Care System from a Disability and Gender Perspective* calls into question the idea of care as a burden, arguing that this reduces the issue to the view of the caregiver while contesting the idea that people with disabilities cannot take care of themselves. From the educational approach, a systematization of experiences analyzing caregivers' participation in the process of completing high school offered by the Care Blocks has been found. This work shows the importance of this specific educational offer for the improvement of caregivers' autonomy. It is worth noting that these formative processes correspond to Colombian secondary education standards, and therefore are not focused on gender or care work.

Another remarkable approach to the analysis of Care Blocks is its reading through public policy categories, and in that regard, the effectiveness of its implementation. From there, the case studies of Movil, Ruiz, Martínez, and Cabrejo (2023), Téllez and Murcia (2022), and Gonzalez (2023), who carry out their research through surveys, econometric tools, and social impact assessment instruments to evaluate the construction and implementation of the strategy with criteria such as the reduction of care work, social

value created and intersectoral articulation. While Téllez and Murcia argue that despite all the effort behind the strategy no significant changes have been generated in the reduction of hours dedicated to care work (Téllez and Murcia, 2022, p.3), Gonzalez affirms that based on the TRL (Technology Readiness Levels) indicator, the Care Blocks are a competitive, innovative, and replicable project (Gonzalez, 2023, p.20).

On another note, Pérez, Quintero, and Ruiz (2023) state in their ethnographic evaluation that the participants of the program express a favorable reception, but they also identify room for improvement based on the observation and discussion with the caregivers. According to the authors:

Some of the beneficiaries indicated that the communication strategy of the policy and the exclusivity of some services to women replicates a logic of care tied to the feminine (...) not only do they expect a better supply of services, but also the deployment of a component of awareness and culture around the redistribution of care (Pérez, Quintero, and Ruiz, 2023, p. 53).

Other than the demand for accuracy in the use of concepts like sex and gender that one could make in their analysis, it is necessary to emphasize this point as an essential issue that has not been addressed so far in the literature. This demand from caregivers shows that although the Care Blocks are based on the feminist vindication of care work as work and the need to free up time for women, their design and application may be reproducing stereotypes linked to the idea of a feminine caregiving subjectivity. This possible reproduction of the feminization of care would contradict the aim of redistributing care, which is one of the principles of the Care Blocks.

Although the recognition of unpaid care work is a fundamental step towards ensuring dignified living conditions for women, it is a first step that ultimately fails to be sufficient. On the one hand, talking about care in its meaning of labor assigns women a relevant social role, which names them in their contribution to sustaining the society they inhabit. However, recognizing that women sustain the world is not enough to de-confine

them from the domestic sphere. Naming their work and demanding that it be considered as such is a major first task that could, however, lead to scenarios that are not necessarily liberating. Suppose the importance of the activities necessary to sustain life is recognized, but they are labeled “feminine”. In that case, it does not open possibilities to relieve women of their “duty” towards these activities. Likewise, suppose this work is romanticized by assuming that it is difficult and that it is sufficient to “honor” those who perform it or reward them with “love”. In that case, the recognition of care work is no more than nominal and becomes sterile as a transformative tool.

To address this need to go beyond recognition, the Pedagogical and Cultural Change Strategy (PCCS) *A cuidar se aprende* [Caring is learned] was developed as part of the Care Blocks offer to meet the redistribution objective. The program implements training spaces and awareness-raising workshops not just to teach men how to care, but also to “transform beliefs, dispositions, emotions, behaviors, knowledge, skills, social expectations and emotional ties that hinder the recognition and redistribution of unpaid care work” (Alcaldía Mayor de Bogotá, 2023, p.36). To understand the development of this program as well as other strategies, I will inquire into the ways in which redistribution has been approached and implemented in the Care Blocks, considering that this redistribution has material effects for women. Among many others, more time for generating income, which translates into financial autonomy and can, in turn, prevent violence.

2.3. Ethnography as a method

This thesis is based on ethnographic research I conducted during July 2024 in the city of Bogotá, Colombia. I visited the Care Blocks of 3 localities in the city: Suba, Mártires, and the city Center (Centro - Santa Fe). I visited each of them three times. However, I do not locate my “field” only in these geographic spaces, but in all the places

I inhabited during that month, as well as the spaces in which I prepared the interviews before. This includes the places where I met my interviewees, the public transportation routes I used to move around, and other spaces I inhabited “outside” the research framework, but that necessarily ended up being part of it.



Figure 6: Map of Bogotá's localities¹⁶.



Figure 7: Care Block locations¹⁷.

I conducted semi-structured interviews and participant observation. For the interviews, I designed an interview for every group in the categories: caregivers, care block leader, care block staff, and experts. In the last group, the experts, some questions changed depending on the role and field of the interviewee. I conducted two online

¹⁶ Source: toppng.com

¹⁷ Source: <https://manzanasdelcuidado.gov.co/donde-encontrarlas/>

interviews and 19 in-person interviews. All the interviews were semi-structured, and therefore, several emergent questions appeared. The interaction with the interviewees was always role-playing, and it was visibly influenced by my position as “researcher” and theirs as possessors of some knowledge, experience, information, or opinion deemed valuable to me. It was also influenced by a variable power dynamic in which they were “listened”, “observed” or “studied” subjects, and my topic, that which was “important” to me, was determinant for the dialogue. I felt this predisposition not only in the interaction but in the form and content of the interviewees’ answers. As stated by Duneier, “the researcher trades on the difference between what a subject thinks is significant to the sociologist and what turns out, in fact, from the dense stream of utterances and activity, to be of analytic use.” (Duneier, 1999, p. 340). Except for one of my interviewees, who explicitly requested it, I did not share the questions with them beforehand. However, I encountered a situation where one interviewee saw the question sheet and asked to read it immediately before starting the conversation. This situation influenced the whole interview, as the interviewee mixed up the questions by anticipating the ones they had already read.

It often happened that, after the general presentation and contextualization of my research, the interviewees directed or forced their answers to the topic I presented to them as the one I had an interest in. Likewise, when interviewing people benefiting from the Care Blocks, caregivers or workers, their focus was on emphasizing the positive aspects of the DCS, experiences that impacted them, or people they were thankful for. I conducted all the interviews in Spanish and transcribed them in Spanish as well. The recordings were transcribed using *GoodTape* and *TurboScribe* software and then edited afterwards. The coding was made by hand in the printed version of both the interviews and the fieldnotes.

	City center Care Block	Suba Care Block	Mártires Care Block	Total
Caregivers	3	4	1	8
Care Block leader	1	1	1	3
Community laundry operator		1	1	2
Care Block staff (teacher, lawyer, psychologist, secretary)	3	2		5
Experts				
Ministry of equality				1
Women's secretariat				3
Culture secretariat				2
<i>Total</i>				6
<i>Total interviews</i>				21
<i>People interviewee</i>				24

Figure 8: Fieldwork Interviews.

In my visits to the Care Blocks, I attended, sometimes participated, and sometimes witnessed: two cultural transformation workshops, a mental health workshop, a domestic workers rights workshop, two rumba class, a session of “the bike school”, a talk on suicide prevention, an awareness-raising session with the psycho-legal team, a day of vaccinations and rapid STI testing, a workshop in commemoration of domestic workers' day, *El Arte de Cuidarte* [the art of taking care of you] nurseries, Self-Care International Day¹⁸ commemoration in the three Care Blocks, among others. Guided by the premise that “ethnographic immersion precludes conducting field research as a detached, passive observer; the field researcher can only get close to the lives of those studied by actively participating in their day-to-day affairs” (Emerson, Fretz, and Shaw, 1995, p.3), I directly

¹⁸ According to the WHO, the Self-Care Day is commemorated on 24 July.

sought participation in all these spaces, however, it was not always feasible. There were situations in which it happened spontaneously, like when I asked for permission to participate in a workshop as part of the audience, or when people invited me to take part in some activity:

Since not many people had arrived, Sandra (Care Block leader) asked me and some of the women who had already arrived to decorate the place for the commemoration. We put up purple and green balloons and a sign that read “Commemoration of International Self-Care Day”. That previous moment was a good way to share with some of the caregivers and to generate some recognition. (Fieldnotes, 2024, p. 18).

However, some other times it was more difficult to find a place, and it became a tricky task to find something to do:

As a response to the accidental absence of light, it was decided to take some awnings out into the street and set up the event on the sidewalks of the *Arts Castle*. “I have to take part and help out”, I thought. “If I stand by and watch, I raise suspicions, generate discomfort, and transmit my own”. In that sense, setting up a decoration, taking out a table, or transporting a material is an excellent camouflage technique; although my strange presence is noticed, it is not so uncomfortable in the end. (Fieldnotes, 2024, p. 24).

Participating in certain situations made me feel more at ease, which also eased the caregivers, who were curious about my presence. On a few occasions, some of them thought I was part of the Care Blocks staff and asked me for instructions. My age may have played a role in this, since the beneficiaries were typically adult women over 45-50 years old; in contrast, workers were primarily young people.

I wrote 12 entries in my fieldnotes from the 4th of July to the 26th. I tried to write my fieldnotes no later than the day before the visit to the Care Block. However, as I had a busy schedule with the interviews and visits, sometimes I could not write it immediately, so I recorded myself narrating the day not to forget what had happened, transcribed and included those recordings in my fieldnotes, following the idea that “It is critical to document closely these subtle processes of learning and resocialization as they occur. In

part, such documentation limits distortions of memory loss in recalling more distant events”. (Emerson, Fretz, and Shaw, 1995, p.17) In addition, some of my perceptions changed or were influenced as the events developed and I met new people. In this regard, it was important to have a close, accurate, and event-specific documentation that would make it possible to seek rupture rather than continuity in the analysis. Attending to the field as a living and changing space, I wrote my diaries with the premise that the aim was not to prove a past point but to qualify the emerging ones. That is to say, I did not try to avoid contradictions or significant changes in how I perceived a context or a person, but I gave a primordial place to immediate responses and reactions, which I would later place in the framework of a changing process.

Lastly, it is essential to consider my positionality during both the fieldwork, analysis, and writing processes. In principle, being Colombian allowed me to share cultural codes with the people I interacted with. However, being from another city also conditioned the way I was perceived. Additionally, having an institutional filiation with international universities, certain logics were deployed, both in terms of legitimacy and prevention. I felt embarrassed every time I had to explain to a caregiver, when we were discussing informed consent, that this thesis would be written in English. This embarrassment was given, to a large extent, by the certainty that it would be complex to return the outcome of the research immediately, since the participants do not speak or read English. However, this embarrassment also mobilized me to find alternative ways to present, in the future, the content of this thesis in Spanish to the people who participated in it.

Based on Connell’s category of “global economy of knowledge” (Connell, 2014), academic knowledge production has been organized through the division of labor between the center-periphery, south-north, and west-east. Because of the internalized idea

that there is a place where thinking is supposed to be and happens, and there are some other local realities that serve to illustrate those theories via specificity, we (Latin Americans) end up building a conception of ourselves as unable to theorize and obligated to refer to the “real sources” to be considered serious. I do not start from the belief that the way to confront this power dynamic is to deny the knowledge production of the global North; I quote and reference sources from the global North all over my thesis. However, in the interest of actively rejecting extractivist logics, I start from the premise that the people I interviewed are experts whose knowledge and life experiences have value in themselves, and do not need to undergo any type of mediation to acquire it. Moreover, I understand these people are generously sharing this knowledge with me to allow me to approach and understand a topic a step better; in that sense, I adopt an attitude of respectful, active, and interested listening. This topic is represented in a research question, nonetheless, this research question is not disconnected from my life experience. This “problem”, in academic terms, is also a problem that crosses my flesh and with which I am committed in my daily life. In that regard, I also write, think, and categorize these conversations from the conviction that there is no other way to think about the redistribution of unpaid care work than with those who have suffered firsthand the consequences of this overload, as well as with those who have embarked on projects to transform this long-standing pattern of inequality.

2.4. Politics of translation

The entirety of the fieldwork for this research was conducted in Spanish: interviews, participant observation, preparations, interaction with the different actors, and the systematization process, which includes transcription, coding, and my fieldnotes, were written in my native language. This thesis as a whole can be considered a translation. My experience of the world happens in Spanish, I think my thoughts in Spanish, and the

words used by my interviewees for describing the experience I am seeking to understand are in Spanish. Therefore, it would be a lie to affirm that this thesis is in English. Even if it is written in English, it has been developed, thought, experienced, suffered, and worked in Spanish. Following this positionality, I decided to keep certain words or expressions in the original language they were expressed, offering nevertheless an explanation or description that could approach the reader to their meaning, sense, or use. I acknowledge that translation is a means for sharing knowledge and experiences in a plural and heterogeneous world. However, I am also convinced that something is always lost when translating, as well as something is always won. Inhabiting this contradiction has been part of the whole experience of doing this master's program. This decision is therefore political, it comes from the determinate negation of Hegelian philosophy, following the idea that one must find that which is true in falsehood, and that which is false in truth.

I am not claiming that my language is so unique that it cannot be translated. On the contrary, I am happy to count on translations of the work of Latin American authors and thinkers to think with in this thesis. Nonetheless, I want to keep that which I considered would be irremediably lost in translation, keeping in mind the fact that the way people use language is crossed by class, race, gender, nationality, etc., that sometimes their words or expressions do not even exist in Spanish dictionaries, and that, as stated by Molano (2009) "people don't talk in concepts unless they want to hide". I have been accommodating myself to Anglophone literature during these last two years, and so, building on Anzaldúa, I invite non-Spanish speakers who would read this thesis to accommodate to my language for a while, to make the effort to approach its terms in its complexity.

Until I am free to write bilingually and to switch codes without having always to translate, while I still have to speak English or Spanish when I would rather speak Spanglish, and as long as I have to accommodate the English speakers rather than

having them accommodate me, my tongue will be illegitimate. I will no longer be made to feel ashamed of existing. (Anzaldúa, 1987, p.59)

Chapter 3: Empirical Analysis: The Caregiving Subjectivity

*In minimal light I see her, over and over, her inner clock pushing her out of bed
with her heavy and maybe painful limbs, her breath breathing life into her stove,
her house, her family, taking the last cold swatch of night on her body, meeting
the sudden leap of the rising sun.*

Adrienne Rich, 1986

In this chapter, I will use the category of caregiving subjectivity to refer to a specific way of inhabiting the world and certain interpersonal relationships based on a role to which women have been confined. I will explore some elements of caregiving subjectivity, its expressions in caregivers' daily lives, identification processes, and its consequences in both mental and physical health. I will also reflect on how the community laundries in the Care Blocks become a space for sharing and blowing off steam, highlighting the political potential of the caregiving subjectivity within it. To do so, I will analyze the conversations I had with caregivers (beneficiaries and workers) from the Care Blocks in three localities (Suba, city Center, and Mártires) within Bogotá.

Among the different perspectives on care, the approach developed by Gilligan (1993) proposes a moral development paradigm that gives greater value to empathy, sensitivity, and emotionality in human decision-making and interaction. In order to develop her ethics of care, the author undertakes a critique of Kohlberg's definition of the stages and sequence of moral development, which has reported having found signs of "moral immaturity" in women after interviewing and comparing an 11-year-old boy and a girl. According to the author, Kohlberg's analysis fails to understand how the girl proceeds differently because she prioritizes communication, conflict resolution in context, aid, and solidarity. In this sense, she proposes a characterization of the ethics of care based on "feminine" behaviors and emotional skills, highlighting the importance of these values compared to Kohlberg and Piaget's justice and rights approach.

Diller (1988) points out that many criticisms have emerged from feminism, pointing out the dangers of such ethics. On the one hand, an ethics of care does not pay enough attention to the exploitation condition under which care happens. On the other hand, labeling care as “feminine” risks fostering essentialization.

One danger here is that unless we consider what is actually happening, in our present economic, social, and political contexts, to those who do these caring labors, we fail to talk seriously about the costs of women's caring labors. It is easy, then, to perpetuate inequality and subordination by default or by not challenging the facile inference that caring is naturally "feminine" work. (Diller, p.333, 1988)

In her critique of Gilligan's Ethics of Care, Cadahia (2024) argues that, in principle, it is extremely important to make this affective dimension explicit to thoroughly consider the problem of caregiving subjectivity insofar as it makes it possible to characterize the construction of a “way of being” based on the care of life. However, proposing an ethics of care based on the affirmation of a feminine identity, i.e., an identity-based approach, could spawn a great danger of essentialization. Moreover, it could also facilitate a political sterility that limits the action and margins of resistance of those identified as caregivers. In a scenario of dispossession, the author insists, what are the democratizing possibilities of this finding? (Cadahia, p. 60, 2024)

Being a caregiver has been configured as a destiny and a prison, but this does not mean that it is not possible to get out of it. In the work of de-essentializing and de-naturalizing care as feminine, a critique of Gilligan's ethics of care appears to be of utmost importance insofar as it operates with assumptions that enable women to be confined once again to their role as caregivers. The use of the category of caregiving subjectivity does not exclusively refer to women, nor does it mean it is desirable in terms of identity. The characterization of caregiving subjectivity is done for the sake of de-mythologizing it. It is then a matter of describing and analyzing, at first, these key features of the caregiving

subjectivity in order to understand how this identity is constituted, and how/why it is configured as innate or natural.

However, it is not enough to use the category of caregiving subjectivity in descriptive terms; it is necessary to unveil the process of violent subjectivation that takes place until its consolidation as a non-negotiable part of identity. In this process, moreover, there could be clues to understanding what the obstacles for this subjectivity are to be assumed by other bodies, in principle by male bodies. While caregiving subjectivity would be those specific forms of self as a caregiver, it would also be necessary to include care work in the discourse as the main activity of caregivers. Naming it as work is fundamental because it is there that the possibility of enunciating themselves as political subjects is at stake. By recognizing both its exteriority as an economic activity and its creative capacity within a broad framework, it becomes possible to separate care from women's "nature".

3.1. Caregiving as identity

In memoriam of Zunny Yaneth Quinto Mosquera¹⁹

Many women in Colombia do not call themselves caregivers. This category has gradually become part of the shared discourse, but it is certainly not a widely used identifier. By contrast, many call themselves mothers, wives, aunts, grandmothers, or daughters. When filling out forms for any type of government-related procedure, one can find the category "housewife" to designate the occupation of a person, but it is widely understood as a synonym for unemployment. Beyond a kinship relationship or a "marital status", these categories strongly determine women's existence in the world. Without

¹⁹ I learned the news of Zunny's death on the 25th of April present day, while writing this thesis. As this subchapter was already written I did not modify any of it. However, I want to honor Zunny's memory by letting her words and experiences speak.

using the word “caregiver”, a direct link between motherhood or marriage with caregiving is assumed. But how does this difference between embodying this subjectivity and naming oneself in one way or another come about? This question is particularly relevant when it comes to accessing the Care Block services since this is the first classifying filter for people approaching this space.

The Care Blocks are one of the models of operation of the DCS, consisting of public spaces located in the different localities of the city. In these spaces, caregivers can “study, engage in entrepreneurship, work, rest, exercise, receive orientation and legal and psychological counseling, wash their own and their family's clothes in community laundries” at no cost. While they do all these activities, their dependents are assisted by the Care Block staff “in spaces in which we develop their abilities and promote their autonomy”²⁰. Enrollment in courses or program benefits is restricted to caregivers only, as one of the principles of the DCS is to advocate for the recognition of women’s work in their role as caregivers. Therefore, recognizing oneself as a caregiver is required to be considered a beneficiary of the Care Block.

However, as stated by the psychologist of the city Center Care Block: “We [also] try to get them to stop normalizing the fact that they are caregivers because that also implies normalizing violence” (psychologist, personal communication, July 20, 2024). Why call them caregivers and not something else, then? This is what they have been their entire life, but is intended to be transformed. Therefore, it is essential to recognize that most women are caregivers, but being a caregiver is something that must be recognized in order to be de-essentialized. The category is useful to recognize their work, and once

²⁰“*Qué son las Manzanas del Cuidado*” via <https://manzanasdelcuidado.gov.co/>

labeled as work and not as an inherent gift and responsibility, women can also state that they are not that work, that it is not an expression of their nature (Federici, 1975, p.4). The category “caregiver” also opens the possibilities to go beyond women and talk about feminized bodies; specifically, how other gender identities also embody this subjectivity, or are considered feminized and/or vulnerable because they embody the caregiving subjectivity.

“What do you do in here?”, “I was told that you provide jobs”, “I came to inquire about the rumba classes”, “I was told that I can finish secondary school here”. Questions and comments like these interrupted the interview with Zunny every 3 or 4 minutes, and to almost all of them, Zunny's first response was a question: “Are you a caregiver?” (Fieldnotes, 2024, p. 10).

To the question “Are you a caregiver?” most of the women’s answer was a hesitant and slow “yes”. One of them said “no”, so Zunny, the first person they talk to when looking for information, asked her if she had children. She replied that she had two: one 18-year-old and one 1-year-old. Zunny smilingly told her, “So you are a caregiver”. A pretty similar situation describes Sandra, leader of the city center Care Block:

When I talk to a woman and ask her what she does for a living, she says “nothing”, and I say, “Well, what do you mean, nothing?” And they tell me, “I mean, I wash, I iron, I cook”. And from then on, we started to do that reflection, “no *sumercé*, you do unpaid care work, which is work” (S. Ausique, personal communication, July 10, 2024).

Zunny is a black, lower-middle-class woman and has been an administrative assistant in the Suba Care Block since 2023. She relates being the head of her household; she has no children but lives with her 82-year-old dependent mother. Zunny’s experience is complex and revelatory of intertwined care dynamics. She has the perspective of both a caregiver and a member of the Care Block staff. We discussed the care work situation at her home, and she explained to me that her mother’s abilities are reduced because of her age and health situation, but she insists on participating in care.

Let's say having to cook, I need to make sure she doesn't leave the stove on, she doesn't burn herself, she mixes the food properly, etc. She likes to fold, so she says, "I fold the clothes", but she doesn't put them in the right place. Or she says, "I'm going to help", but helping is just messing up more. So I have to be patient with her, but I can't tell her not to do it either because she feels like a burden. (Z. Quinto, personal communication, July 17, 2024).

In this case, the need to feel purpose is not due to being a woman or a mother. It is common to feel the need to demonstrate functionality during eldership and to have difficulty peacefully delegating tasks or allowing oneself to be helped. Far from simply being a stubborn attitude, this could be interpreted as an expected expression of a deep-rooted sense of autonomy. However, the way one reveals oneself to be useful to a given world varies according to elements linked to gender norms and the sexual division of labor. In this incessant effort to keep cooking or folding laundry, she might as well be holding back a feeling of losing her purpose in life. Thus, caregiving is unveiled as a constitution of the self. Being a caregiver is, presumably, one of the most significant ways she has resorted to deploying her subjectivity in the world. Miguel, the coordinator of the Cultural Transformation Strategy *A cuidar se aprende* [Caring is Learned] of the Women's Secretariat, explains:

But what happens now when we free up caregivers' time? They use it to take care of other things. They don't take care of themselves. And of course, it is understandable, their identity is often configured through care. They don't imagine themselves alive if they are not taking care of someone else. And they can't imagine dying because they don't know who is going to take care of this person. (M. Gómez, personal communication, July 4, 2024).

This existential and identitarian component makes it difficult to abandon caregiving, because this practice is not understood as alienating or occasional but as fulfilling and cross-cutting to life. For many of them, caregiving is not associated with an obligation, but with their identity and goal in life. In that regard, in addition to being a socially unrecognized work, caregiving is a job from which women never retire. Although

the average age of caregivers who have accessed the system's services is 49 years old²¹, many of them are older women who have never stopped caring, even when they start to require special care because of their health conditions. The caregivers I encountered in the three Care Blocks were women (and one man) between 50 and 72 years old, and this age component was an element that captured my attention throughout the fieldwork; who are the caregivers who have time to attend the Care Blocks? How might these ages provide answers in that realm?

It is Wednesday, and the activities at the Suba Care Block start early in the morning. Jessica, the Care Block leader, walked me to the sports center, where the rumba class is taking place. About 80 women are dancing energetically, following the voice and movements of a young male instructor. Few appear to be younger than 50. Among them, only two men. Jessica is watchful and efficient; she serves as a mediator with the caregivers, summoning them to meet me, a strange presence interrupting their routine. Three of them agreed to talk to me, and I decided to do a group interview as they were not told in advance to prepare themselves and reserve their time. Erika, Daniel, and Maria Teresa listen to each other's answers, nod, disagree, and make gestures of indignation or identification.

Maria Teresa is a 70-year-old caregiver who recounts getting up every day at 5 am to make breakfast for her 50-year-old son so he can go to work. When asked to calculate an approximate percentage that reflects the division of household chores in her home, Maria Teresa asserts that she does 80% of the housework while her son does 20%. They have a cat at home, and she explains his son is responsible for its expenses and "loves him very much," but "she is actually the one in charge of" (M.T. Alzate, personal

²¹ "Evaluación del Sistema Distrital de Cuidado. Producto 4 - Informe de Resultados". DCS

communication, July 17, 2024), referring to being the one who feeds him and keeps him clean and healthy. Money is used to represent her son's contribution to their cat's care, while work is used to represent hers.

Although she portrays an unbalanced division of care work, Maria Teresa is convinced that since attending the Care Block, “she has become more self-empowered”, and exemplifies this by stating: “I must be in the house, and I have to keep it tidy, yes, I have to keep it clean, yes. But I give myself my space” (M.T. Alzate, personal communication, July 17, 2024). In her discourse coexists the need to earn her own space by claiming it on the one hand and the conviction that she “has to” keep her house clean on the other, and within the balance between both things, would be her empowerment ideal. She frequently attends the sports programs offered by the Care Block and reports many benefits for her health, highlighting that it also helps her “not to be so much at home.” However, this understanding of empowerment allocates all the responsibility to her time management and ability to find a way to allow herself some free time.

On her behalf, Erika, a 50-year-old caregiver, describes a routine where her 9, 10, and 13-year-old grandchildren are protagonists:

I get up early, at 4:30 am, I make breakfast and get my grandchildren ready to take them to school, from there I go back, come to Fontanar Park to exercise (what I really like and love), after exercising I go back to the house, have to do the household chores, go to medical appointments, I have to make lunch and go pick up my grandchildren in the afternoon, help them do homework. Then the night comes, I need to get their uniforms ready... and I go to bed at almost 10:00 pm. (E. González, personal communication, July 17, 2024)

While answering one of my questions after having heard this from Erika, Maria Teresa stops looking at me to talk to her directly. She tells her she has seven grandchildren and adores them, but she has already had to raise her six children alone. “It was not easy”, and she would now tell her children: “Don't make me raise them [the grandchildren]

because I already raised you”, emphasizing that “one cannot be a slave to one's grandchildren”. However, in a country where many women are single mothers and have full-time jobs, the caregiver-grandmother is not an uncommon character. According to the 2023 DANE²² Life Quality Survey, 45,4% of households in Colombia recognize a female headship. Within this percentage, 69% are single mothers, and the remaining 31% live with a partner but are the main source of income.

In Erika's case, she mentions she receives economic remuneration from her son and daughter-in-law for taking care of her grandchildren, but she also acknowledges boundaries are not clear while having a contractual relationship with a relative. Grandmothers, indeed, play an essential role in the development of the free subject under neoliberalism. While it has been shown that the glass ceiling feminists²³ end up outsourcing domestic work through hiring and poorly paying racialized and migrant women to advance in their careers (Glenn, 2009), attention should also be directed towards those grandmothers who, under a strong mandate of love and often without any remuneration, end up overburdened with the care of their grandchildren so that their sons and daughters can go out to work. Women's massive entrance into wage labor has intensified the grandmother slave syndrome (Guijarro, 2001), as working mothers' absence from the household creates greater reliance on grandmothers.

Care work has never been contemplated as part of the family “expenses” because it has always been assumed to be free of charge and provided by the wives, or by “the family” in a broader and even more mystifying conception. However, in the context of

²²National Statistics Administrative Department.

²³ In 1978, Marilyn Loden first used the term “glass ceiling” to describe, in principle, the multiple obstacles women face in occupying top positions in the corporate world. The idea of breaking the glass ceiling, which later became a slogan of liberal feminism, has been widely criticized for ignoring multiple structural elements of class, race, north-south power relations, etc.

the two-earner household, care is completely left out of the picture as wives are now participating in the waged world as well. In this context of a care crisis, outsourcing and generational transfer of domestic work have become ways of managing the reproduction of a family that is increasingly far from the “self-sufficient” nuclear family model. In fact, Colombian society has never had such a family as a standard. On the contrary, most of the population has grown up in what is known as a “dysfunctional family”. In that regard, the experience of someone being raised by a grandmother is not uncommon in the region, as many women in Latin America have been involved in both paid and unpaid activities for years. Just as the invisible work of the housewife has been assumed in middle-class contexts in the global north, so has the invisible work of grandmothers in the global south. It is therefore relevant to situate the debate on the distribution of care work within households that do not fulfill the familialist expectation. As explained by Lewis (2022), most human beings do not really live in a family, for although the mandate for the organization of life under capitalism imposes the privatization of care, many people live in affluent, forced, rare, extended families, or simply live alone. In this sense, “family as a lived experience remains a bit of a fiction”), and yet, it continues to be the departure assumption of our economic existence, “at the same time as seeming chosen and optional, the family consigns those outside its frame to social illegibility” (Lewis, p.12, 2022).

The generational transfer of care work raises the need for a more comprehensive analysis that no longer has to do solely with gender but also with age. The free time of grandmothers is assumed, and sometimes their desire to care as well. According to Miguel, leader of the Pedagogical and Cultural Change Strategy (PCCS) *A cuidar se aprende* [Caring is learned]: “It cannot continue to happen that we rely on the oldest woman in our household, because if a household is composed of only two women, it is usually the oldest one who does the caregiving” (M. Gómez, personal communication,

July 4, 2024). Thus, there is a process of hierarchization of household members based on productivity criteria. Care work will be assigned to the person who is considered the least productive, or who does not “contribute” economically.

What is the redistribution scenario when it comes to grandmothers? Erika asserts that the only way redistribution would be real for her would be by “going out of the house”. Thus, being absent appears as the only possibility for some awareness of the value of her work to be developed. Only if she enrolls in a class or has a previously acquired obligation to use as an excuse would her children and grandchildren take on certain household chores. Erika suggests that in general, “they *could* take on responsibilities to ease her burden”, and the conjugation of this verb in the conditional offers several possibilities for how this potential could develop. Could they do it, but they simply choose not to? Does she hesitate to ask? Is she inclined to take care of everything, even if redistribution is a possibility? She mentions she “gives her grandchildren a task they are responsible for”, as “they are grown up and already understand” (E. González, personal communication, July 17, 2024). However, she also seems resigned, acknowledging that this eventual support will not relieve her of being the one with the primary caregiving obligation in her household. As a sort of auto-diagnosis, she recognizes that it could be a lack of self-esteem and self-valorization that prevents her from demanding free time with more conviction.

The case of Daniel, a 62-year-old male caregiver, is considerably different. His caregiver role has not always existed and is more the product of a contingent and unfortunate health situation of his wife. One of the points he constantly highlights when responding to my answers is the fact that care work is an obstacle for him to find a job and, therefore, to get financial resources. To cope with this situation, he proposes recognition of the caregiver role as an essential step. However, he goes further,

mentioning remuneration and state aid: “It would be nice for the role of caregiver to be recognized, that one was remunerated because one was a very productive person, and people don't really believe it, but this takes all the time away from one” (D. Vargas, personal communication, July 17, 2024). It somehow seems easier for Daniel to state he is working for free, as he has transitioned from a productive-read environment to a reproductive-read one. This non-naturalization of caregiving allows him to value his work as a caregiver in monetary terms, and he does so by measuring it against the time it “takes away” from him, time he could be devoting to a waged job.

If Maria Teresa already mentioned the importance of not being a slave grandmother, Daniel now mentions the importance of not being “a slave to the self”, referring to the levels of self-demand of the caregivers. He recalls the times in which it was his wife who did all the domestic work, and he would question her about the amount of cleaning she was doing every day. He also mentions the amount of work invested in thinking about what to cook every single day, and how, according to him, all these processes could be simplified through sharing knowledge and experiences. For him, the goal is not only to learn how to care but to care more efficiently and less “enslavingly”. This relates directly to several standards imposed around e.g. what is considered a clean house or a proper way to wear some clothes. In that regard, this transformation would require confronting not only basic beliefs about who should care, but also broader hygienist and aesthetic conceptions that reinforce gender stereotypes.

Regarding this same issue, Miguel mentions how cleaning standards and exigencies become an obstacle to reducing care work. When he talks to caregivers, he mentions he tries to generate a discussion about the consequences of giving up intensive caregiving: “What happens when we stop ironing? Some things get wrinkles, the end. What happens if we stop washing the bathroom three times a week and wash it once a

week?” (M. Gómez, personal communication, July 4, 2024). Addressing the question of the possibility of reducing caregiving, allows women to question the ways in which they care, and how much is “enough” when it comes to caregiving. To generate these and other questions, the cultural transformation strategy periodically schedules awareness-raising spaces in the Care Blocks.

The cultural transformation cine-forum was programmed at Suba’s Care Block on one of the days of my visit. However, due to an electricity outage, we ended up listening to a member of the cultural transformation team reading “Piggybook” by Anthony Browne as a way of starting a conversation around redistribution. The story is about a family in which the mother is overburdened with domestic work since her husband and children are busy with “very” important things. One day, she decides to go away, leaving a note that says, “You are pigs”. They are not able to care for themselves, and their house becomes “a pigsty”. Finally, the mother returns, and because they understood what her absence implies, they all take a place in the housework so that she will never leave again. The caregivers reacted by saying things like “conchudos”²⁴, “it was fair”, “see how you could do it”, “they had to be taught a lesson”, “they have to value her work”, “sometimes we fail in setting limits”, “it is everyone's house, we all have a responsibility”, “we are the ones to blame for our children being macho because we raised them that way”, “what a lack of gratitude”.

It is easy for most of these women to identify with the story because they have firsthand knowledge of what it is about. While each has different points to ponder, they can be grouped into two major categories: the ones who put the responsibility in

²⁴Some who take advantage of people or the situation.

themselves, for “not setting limits”, or “raising macho sons”, and the ones who make other household members accountable for the situation, with phrases such as “they had to be taught a lesson” or “what a lack of gratitude”. The issue of dual responsibility could be further discussed, but let us focus on the following question momentarily: if these women are aware of the necessity to redistribute care work, why are there no effective actions undertaken towards this end?

One of the most representative obstacles to delegating tasks within the household is the deep-rooted belief in many women that no one will perform these tasks as well as they do. A related reason that prevents them from handing over tasks to other household members is the assumption that they “do not know” or “are not capable” of doing them. Sandra remembers conversations with the caregivers in which she has listened to comments like: “I don't make my husband cook because he burns himself,” or “my husband doesn't wash the toilet because he doesn't wash it as well as I do” (S. Ausique, personal communication, July 10, 2024). To challenge this collective imagery, posters like these could be found on the Care Block walls:



#Caringislearned

“I would like to do the domestic work, but I don't know how.”

There are no excuses

#CareSystem

Figure 9: Poster in Mártires' Care Block

Knowing how to care is like any other practical *know-how*, a process of acquiring skills that are improved through repetition. Vanessa, a trainer of the course “Tools for caregivers in the recognition of their care work” in the city center Care Block, recounts

that one of the ways she has found to denaturalize women's caregiving knowledge is to resort to an example from biology:

Do a DNA test and bring it to me to see if it shows something that says "care." If it does, it is because only you can do it. Or make an MRI in your head to see if a neuron appears that says "care work." No... we had to learn as we went through life. (V. Rojas, personal communication, July 22, 2024).

In addition to the naturalization of care work as a skilled feminine work, the desire to avoid conflict with other household members also appears as an obstacle for redistribution:

Juliana: Have you ever tried, or is it tough? **Maria Bella:** Sure, yes, but in striving, there have been clashes, and we come out fighting. **J:** So you prefer it better... **M. B.:** So, as they say, it's up to me to keep the party in peace. So I prefer not to, I know I have to sweep; I do it. And I know I have to wash the bathroom, so I do it. Because even if I tell them, since they are men the three of them, well, I'm going to have problems with them. So I know that I can't count on them to help me do anything at home. So I prefer to do it and not have problems with them. (M.B. Marroquín, personal communication, July 24, 2024).

Maria Bella starts from the experience of having attempted to discuss the division of care work in her household and having been unsuccessful. She also mentions the fact that they are all men as an obstacle to active listening or negotiation in terms of redistributing care work.

Caregiving is not imprinted in genetics, nor is it found in a setting in the brain, but the effects of caregiving burdens on the body can be traced. Let us bring the example of fibromyalgia, but other illnesses and conditions could be subject to the same scrutiny. Although it is not possible to state categorically that fibromyalgia is associated with caregiving, a majority of those diagnosed are women, and it is known that one of the most important causes of this condition is large amounts of stress and emotional trauma. Further research into the implications of sociocultural factors in fibromyalgia would perhaps reveal the influence of the overload of care work, the double and triple work

burden, the difficulty of asking for help, or the self-demand linked to love and family pressure on many sufferers (Briones Vozmediano, 2009). Likewise, the effects of caregiving overload on mental health should also be considered. Pondering mental illness as related to social inequalities, we can question the structural circumstances of oppression and politicize mental suffering in that way. Therefore, exploring the connections between gender and mental suffering provides a way of studying the physical effects of patriarchal capitalism. According to Brandt (2001, p.3), depression for women exists in the framework of social structures that relegated them to “powerlessness, degradation, and inequality,” expressed in “unemployment, underemployment, sexual harassment, sexual violence, marital problems, and divorce”, situations that trigger anxiety, loneliness, frustration, sadness, among others.

Caregiving subjectivity appears as systematically producing subjects submerged in sadness, however, it does not provide the necessary means to cope with this feeling: “When one asks for a [medical] appointment, stating that the reason is *sadness*, they don't take care of you.” (Caregiver participating in the mental health workshop in the Suba Care Block). Thus, the existential component of the establishment of caregiving as a destiny is reflected in the consequences it has on women's mental health. That is the case of Inés, a 60-year-old caregiver from Suba, who remembers how she lost her job and intensively cleaned her house because she felt bad otherwise. “My house was shining, I used to clean and tidy up and came back again to clean and tidy up, (...) I thought it was the right thing to do because I had lost my job” (I. Romero, personal communication, July 23, 2024). Her state of constant guilt led her to depression, which later led to suicidal thoughts.

Now, where does this guilt come from? Inés reflects on this moment in her life, identifying the source of her depression in the belief that she had to fulfill her destiny as

a woman. If Inés felt satisfied when she had a waged job, what prevented her from feeling satisfied when her contribution to the household was given by domestic work? Even if she felt that it was her duty as a woman to engage in this unpaid work, she was probably assigning a lower value to these activities, since they did not generate monetary income. In that sense, even though she was working at home and contributing significantly to her family's well-being, she still felt incomplete.

In summary, it was argued that being a caregiver is for many women a fundamental part of their identity, as it allows them to have a social function, is configured as a form of expression of their emotionality and grants them a certain authority in this area. However, few women call themselves caregivers, since being a caregiver is often contained in being mothers, sisters, daughters, grandmothers, etc. Although many feel overburdened, they find it difficult to take action to delegate some tasks and thus reduce their caregiving time. Among others, the idea that caring is in their nature and that no one can do things better than they do are obstacles to changing this situation. They also avoid conflict with their family members, or simply argue that they enjoy caregiving, and their achievement in the world lies in caring for their loved ones. In this scenario in which caregiving constitutes their identity, many women are unable to explain why they suffer from constant depressive episodes, why they feel sad or lonely, or what they lack in order to feel fulfilled. However, it is possible to find structural causes of the mental health illnesses suffered by caregivers by analyzing the role to which they have been confined. Many caregivers also lack spaces where they can blow off steam, and therefore, they may feel they are the only ones going through this situation. This being one of the greatest needs of caregivers, the Care Blocks open the possibility of finding spaces for support and listening, although not always in the conventional way or in spaces specifically designed for this purpose, as will be further discussed in the following section.

3.2. The psycho-laundries: laundresses and listeners

It's like in the old days when they used to say "vamos a echar lavadero" [let's do laundry]. They used to gather in the community laundries, but what did they do in the meantime? They would "echar rulo", or "chisme" [gossip]. Because at the end, gossip gives life. Gossip gives you that little spark of relief, of encouragement that makes you say: "I released everything that I can't release at home"

Dasha, community laundry operator

As a figure in Colombian political history, Jorge Eliecer Gaitán is best remembered for *El Bogotazo*²⁵ and the intensification of the period of *La Violencia* that preceded his assassination. However, his name is also relevant if one would embark on the task of writing a history of care in the country. In 1936, as mayor of Bogotá, Gaitán inaugurated 32 community washhouses supplied with water coming directly from the mountain to dignify the lives of the women laundresses of Santa Fe²⁶. According to Gallego (2011), the construction of public washing places "from the mid-19th century is a reflection of Enlightenment ideas, oriented towards better hygiene and sanitation conditions of the population" (para. 2). However, as Barberá and Pardo (2018) point out, its existence is still striking "at a time when villages had almost no endowments or infrastructure for the common good" (p.37). In this sense, although the washhouses reproduce the essentialization of women as caregivers, a concern to improve their conditions is evident, as well as the perhaps unintentional opening of a fundamental space for socialization and exchange.

With the construction of the washhouse, the water gets closer to the hands and the standing position of the woman improving the conditions for the washing of clothes; where the stone arranged according to the body will make it possible, by remaining

²⁵ On April 9, 1948, presidential candidate Jorge Eliécer Gaitán was assassinated, causing a series of revolts that would inaugurate a bloody period of disputes between liberals and conservatives in the country.

²⁶ *De los lavaderos de Jorge Eliécer Gaitán a las 16 lavanderías de las Manzanas del Cuidado.* <https://manzanasdelcuidado.gov.co/de-los-lavaderos-de-jorge-eliecer-gaitan-a-las-16-lavanderias-de-las-manzanas-del-cuidado/>

upright to accompany the ritual of washing with conversations, confidences, gossip, and laughter. (Barberá y Pardo, 2018, p.37)²⁷

In October 2020, 84 years after the construction of the community washhouses, the first Care Block would be inaugurated, and with it, its community laundry. Changing the stone sinks for electric washing machines, the community laundries complement rather than replace Gaitan's washhouses, which are still used by the community. One of the most popular services of the Care Blocks, community laundries consist of a place where caregivers can leave their clothes and pick them up 2 hours later, dry and folded. In order to access this service, they must register because there are limited places that are renewed every certain period. They can bring a maximum of 20 outer clothes per person (no underwear, towels, or bed sheets), and they must also bring their own soap.

Omaira, a 37-year-old former sex worker, mother of a 20-year-old daughter and an 11-year-old son, and Dasha, a 29-year-old trans woman living with her boyfriend and a dog, are the two persons in charge of the laundry service in the Mártires and Suba Care Blocks, respectively. While their life stories and the districts where they work are considerably different, both coincide in having a role that, so to speak, was not included in their employment contract. While Omaira calls her workplace the “psycho-laundry,” Dasha calls herself “la chismosa mayor” [the main gossip]. Whatever name they use, they are referring to the constant act of listening to the caregivers, who not only go to have their clothes washed but also their sorrows.

When I asked Dasha about her daily routine her answer was brief, in the form of a list. In that list, in addition to mentioning daily activities such as bathing, breakfast, or work, she mentioned “talking to people”. Dasha oversees the laundry at the Suba Care

²⁷ Personal English translation.

Block, but it is not because she does their laundry that the caregivers are most grateful to her. The caregivers like going to the laundry because they can talk to Dasha, tell her their problems, and blow off steam. “As one woman told me today, ‘I come here and thank you because you listen to us.’ Another said, ‘I come here, and if I’m crying, you listen to us, you don’t criticize us, you pay attention to us’” (D. Astafieva, personal communication, July 17, 2024).



Figure 10: Suba community laundry²⁸.

She told me she used to have a coffee pot and would bring *tinto* [coffee] to the caregivers. People would bring bread, cheese, and crackers, which they would share. She also emphasizes the possibility of sharing experiences as a strategy to overcome those problems that caregivers tend to individualize, but which are almost always shared.

Many people have many similar problems and think they are the only ones. And since they don't have a space where they can talk, they don't talk. Here, however, it has happened that many women get together and start to talk and say, -hey, but it happens to me, -hey, but I handled it this way. -Oh, but this worked for me. They look for solutions among themselves; it becomes like a support and communication network. Because they start... -well, give me your number, and we can look at this,

²⁸ Source: personal archive, fieldwork 2024.

we can look at that, we can exchange ideas. (D. Astafieva, personal communication, July 17, 2024)

The idea of conversation as a space for collective encounter and sustenance runs throughout her discourse. Dasha has witnessed firsthand the effect of listening to the caregivers, but a certain frustration is also evident in their responses. There are some rules that Dasha sees as limiting the organic space created in the community laundry. She explained how her employment contract says people should not stay in the laundry and how she is constantly reminded that caregivers attending the Care Block should be in the workshops.

And as I tell my boss, what's the use of having an entrepreneurship workshop here, and you have a thousand ideas for entrepreneurship if, in the end, your mind is in chaos? And you can't do anything with your mind like that. (D. Astafieva, personal communication, July 17, 2024)

Dasha expresses having fragile mental health herself. Even though she does not connect it with her work at the Care Blocks, she mentioned suffering from depression while we were discussing the Care Blocks services she had accessed.

J: And would you like to participate in something else? **D:** Maybe the gym, the swimming pool. Because they say it is good for depression, and I tend to suffer a lot from depression, so sometimes I would like to do something that releases dopamine. (D. Astafieva, personal communication, July 17, 2024)

Although multiple services in the Care Block directly address the need for emotional restraint and attention to mental health situations, some spaces are configured spontaneously. In this case, it is around an activity that has historically become a gathering place. A widespread saying in Colombian and several other societies²⁹ is that “dirty clothes should be washed at home”. Thus, it is learned from popular wisdom that all kinds

²⁹ I asked some classmates about the existence of similar sayings in their countries and these are their answers: “I panni sporchi si lavano in famiglia” in Italian, “je vuile was niet buiten hangen” in Dutch, “In der Öffentlichkeit schmutzige Wäsche waschen” in German from Austria, “ghara ra gumara katha padaa re pakeiba katha nuhe” in Odia, “los trapitos sucios se lavan en casa” in Spanish from Mexico.

of conflicts within interpersonal relationships need to be enclosed in the private sphere. As a consequence, the causes of feelings of sadness, anger, or anxiety seem to be isolated from structural situations experienced by many women. Worse still, this configuration of the private sphere establishes a breeding ground for violence, abuse, and manipulation. However, in the case of community laundries of the Care Block, the emotional labor needed to handle all the possible distressing situations that caregivers experience is a task that requires skills and, therefore, must be learned.

Some people are specifically trained to be therapists, psychoanalysts, grief counselors, etc. It is very troublesome to unload all the emotional weight before a person who, although doing it in a genuine and empathic way, is not trained with the necessary tools to handle traumatic situations. Relying upon the denaturalization of femininity, “we can also begin to consider emotion not as a merely spontaneous or natural state but as a type of skillful work (Gotby, 2023, p.xv). When asking Omaira how she feels listening to the caregivers’ stories, she answered that she constantly cries:

At one point in my life, I thought I had a very sad story, but I've allowed myself to compare sad stories here, and gee, it's tremendous stuff. (...) My daughter told me “Mommy, you don't have to bring your problems from the laundry to the house because you will get sick and you will be affected”. So I do listen, but I have set limits on how much I will listen because there are things that are really very serious. And obviously, I cannot lend my ears to listen to all those things. (O. Rodríguez, personal communication, July 24, 2024)

The Mártires Care Block, where Omaira works, has as its anchor point a place called *El Castillo de las Artes* [The Arts Castle], located more specifically in the Santa Fe neighborhood. Until 2017, when it was raided, it used to be a nightclub, a place of expedition and consumption of substances, a *rumbeadero* of those in which there is no law. In 2020, the place was given as a bailment and started to function as a cultural center on December 16. On June 15, 2021, the Care Block was officially inaugurated, emphasizing that its focus population was the caregivers of the LGTBIQ+ community.

When I entered the place, it caught my attention that the first thing I saw in front of me was a catwalk with pole dance tubes, and a banner with the prices of drinks was still attached to the wall.



Figure 11: Mártires Care Block³⁰.

The surroundings of the Care Block are inhabited by what local institutions call the “floating population,” people who, because of their condition as migrants, street

³⁰ Source: personal archive, fieldwork 2024.

vendors, sex workers, etc., live in the *paga-diarios* [daily rent], temporary rooms that are paid daily and do not require contracts, implying that their domicile is not fixed since it depends on many factors such as whether they managed to collect enough money to pay for the room that night, or if they found a cheaper room in another neighborhood. Within that context are located the life stories of the caregivers that Omaira listens to every day:

Especially many migrant women who say: I don't have any money, so I rent my son for a little while so that they can go begging with my child, for a little while, and bring him back to me the next day. (O. Rodríguez, personal communication, July 24, 2024)

Omaira listens to stories of sexual violence, commercial exploitation of children, domestic violence, economic misery, abandonment, and much, much despair every day. The emotional investment involved in her work is not contemplated in her duties, much less in her remuneration.

O: I come to work, yes, to listen, listen, listen, do laundry, fold it, and give it back; I normally don't leave this place [at lunch], because people come at any moment. I try as much as possible to have lunch here, so I don't go out. And then, at 4 pm, I pick up my son, help him with homework, make food, tidy up, and do laundry. **O/J:** To continue doing laundry... (simultaneously) (laugh) **O:** As if that wasn't enough, to continue doing it... (O. Rodríguez, personal communication, July 24, 2024)

The limitations of wages to clearly classify what is and what is not work are evident in Omaira's experience; she does paid care work in her role as a laundry operator, she does unpaid care work in her home, but she also invests large amounts of time and sacrifices her well-being by creating conditions of emotional sustenance for the caregivers who come to be listened to. The wage has allowed her financial security; however, like many other women, she is subjected to a triple working day, “work outside the home, work within the home, and the affective work of producing relations and networks of care”. (Gago, 2020, p. 36) In a context of tense coexistence between waged

work for women and a sexual division of labor that remains in force, this triple shift has costs for her family and herself. As expressed by hooks:

Domestic households certainly suffer when sexism decrees that all emotional care and love should come from women, in the face of the reality that working women, like their male counterparts, often come home too tired to deliver the emotional goods. (hooks, 2004, p. 96).

The constitution of caregiving subjectivity is framed in the idea of complementarity of the gender binary system more globally. In this sense, caregiving subjectivity finds the reason for its existence in the fact that there is someone unable or unwilling to care for themselves. According to Gotby (2023), the hegemonic subjectivity in capitalism is that of possessive individualism, “an understanding of the self that posits that the subject is the sovereign proprietor of its own capacities, owing nothing to society for them.” (p. xix) This “sovereign subject” is typically a man, even though an increased number of women embody this subjectivity today. This hegemonic subjectivity “simultaneously disavows and depends on a feminised subjectivity of care” (p.xix), creating then a discourse of complementarity that reinforces heteronormative, binaries visions of social organization. In Gotby’s words, “Capitalist society produces a lot of suffering, but many people work hard to alleviate one another’s pain, stress, and boredom” (p.ix). Emotional labor is particularly difficult to identify because it is doubly invisible. On the one hand, it is invisible as care work in its most general conception, since it assumes the capacity of individuals to produce their own well-being “an aspect of the personality of the worker” (p.xv). On the other hand, it is invisible because it has no clear materiality, although its materiality may be given in the consequences for the health of both those who provide it and those who do not receive it.

To conclude, the Care Blocks' community laundries have proved to be a *sui generis* space for exchange and active listening. This does not happen arbitrarily but rather

responds to the need of many caregivers to blow off steam. However, it is still striking that although there are spaces specifically designed for this purpose, caregivers feel more at ease sharing their experiences in informal, spontaneously generated spaces. However, the fact that it is the laundry operators and not the psychological professionals who end up listening to these women has its problems. On the one hand, this emotional labor is not contemplated in the operators' remuneration. On the other hand, as they do not have the professional tools to carry out this containment, they end up suffering the effects on their own mental health and well-being.

Chapter 4: Redistribution with whom?

The economic assumption that behind every “breadwinner” there is a private someone (or someones) worth being exploited for, notably some kind of wife—that is, a person who is likely a breadwinner too—“freely” making sandwiches with the hard-won bread, or hiring someone else to do so, vacuuming up the crumbs, and refrigerating leftovers, such that more bread can be won tomorrow: this feels to many of us like a description of “human nature”.

Sophie Lewis, 2022

When one person in a family or a shared household is overburdened with care work, it means another member is either neglecting their share of responsibilities or in a care-dependent³¹ situation. In either case, these other household members benefit from the unpaid work of the person doing the extra. Assuming, in principle, a heteronormative and monogamous family, but also a binary conception of the world as we experience it, that person is often a woman. In that “conventional” or hegemonic family, the main beneficiaries of women's unpaid care work would be their husbands, children, or relatives in general. In this sense, redistribution would have to occur, in the realm of the immediate, with their family nucleus. However, as will be seen below, not only should it be considered that families in Colombia and much of the region are neither conventional nor hegemonic —although they strive energetically to fulfill that imposition—, but that redistribution involves many actors, both within and outside the families.

In this chapter, I will discuss the different ways in which the redistribution of unpaid care work is addressed in the framework of the DCS. I will reflect on the heterogeneity of the actors, the limitations encountered by the strategies, but also their progress and milestones. I will also ponder the question of how to approach men

³¹ I use this term critically, including children and the elderly who need assistance, but also understanding the impossibility for many people with disabilities to carry out daily activities as a result of a society that has not been designed for them.

regarding care in a country like Colombia. To do so, I will critically analyze the conversations I had with Paula Morales, leader of the cultural transformation strategy for the promotion of co-responsible and non-violent masculinities (Culture Secretariat), Maria Fernanda Cepeda, expert in cultural and behavioral change, Miguel Gómez, leader of the PCCS (Women's Secretariat), Hugo Zambrano, facilitator of the PCCS (Women's Secretariat), Natalia Moreno, director of the NCS (Ministry of Equality), Juan David Cortés, cultural transformation advisor (Women's Secretariat), the leaders of the Suba, Mártires and the City Center Care Blocks, and with the caregivers.

4.1. Redistribution with men

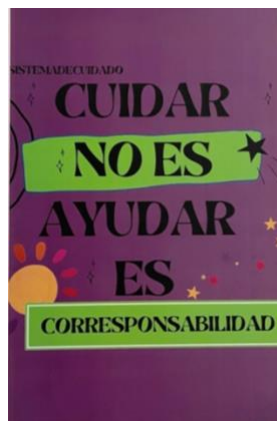
To better contextualize the discussion of men and masculinities in Colombia, this analysis builds on the conceptual foundation that patriarchal masculinity in Latin-American countries is not solely a colonial imposition, as argued by Lugones (2008) through her notion of the colonality of gender, but rather a product of its interplay with racial and gender hierarchies (Connell, 2014), or what Lorena Cabnal has come to call *entronque de patriarcados* [patriarchal entrenchment] between the ancestral and the western (2010). In this sense, Colombian masculinity manifests in multiple forms: some rooted in colonial legacies (e.g., the breadwinner model), while others emerge from ethnic, ancestral, rural, and regional traditions such as *cacicazgo* [chiefly authority], large-family structures, or urban sexual division of public/private spheres. The analysis also acknowledges Colombia's discursive appeal to a "traditional family" that demands a highly specific male and father prototype, even as this ideal fractures in practice: "Fatherhood has meanings and is experienced in very different ways by men of different ages, social classes, and regional origins, throughout their life cycle and that of their children" (Viveros, 2000, p. 120).

Colombian anthropologist Mara Viveros Vigoya (2000) conceptualizes fatherhood in Colombia as a domain marked by significant transformations, such as women's entry into wage labor, increased access to education for women, and a decline in the average number of children (p. 92). Amid this context of changes in gender social representations, as well as in the current discourses on masculinity, "the demand of many young men to participate more in raising and educating their children and having a closer affective relationship with them" (Viveros, 2000, p.92) appears. The author argues that young men are developing a new model of fatherhood, one characterized by greater involvement in birth control, increased openness to affectionate expressions toward their children, and their desire to assume a different relationship between work and family. However, men's participation in early childhood care remains substantially limited compared to women's, specifically in direct care work. Conversely, they focus on norms and values transmission, in addition to the provision of material means of existence.

In that regard, it is relevant to consider the obstacles to the realization of a new imaginary of fatherhood in the Colombian context, such as long working hours, economic precariousness, and social de-legitimacy for those who wish to assume it. In Vivero's words, "the contradiction between an increasingly widespread appreciation of close and participatory fatherhood and the difficulties in putting it into practice, not only because of the material obstacles encountered but also because of the identity questions it implies" (Viveros, 2002, p.375). In this context of collective calls for different masculinities, including "caregiving masculinities", but where structural barriers to the realization of these transformations persist, how can men be approached aiming for their active participation in care work?

Natalia Moreno, former DCS director and current NCS director, explains that different barriers to redistribution with men have been identified:

- a) The belief that caring is a duty of women, and that it is a gift that comes with the mere fact of being women, is still widespread.
- b) The belief that care work does not require as much effort as paid work.
- c) That men “help”, they do not assume care as a duty or responsibility but are ruled by the model of *ayudismo* [“helpism”] (N. Moreno, personal communication, July 10, 2024).



“Caring is not helping, it is co-responsibility”.

Figure 12: Poster in Mártires’ Care Block

Caring is learned

As a vehicle for addressing the various obstacles to redistribution, the PCCS seeks to transform the way people in Bogotá think and act around care work. In the broader framework of the DCS, the strategy seeks to foster the change in men's and women's perceptions of ideas related to care work, more specifically, the idea that women are naturally better at doing care work than men. The objective pursued with this change is that 1) men start caring more, and 2) women can delegate care work and thus reduce the time they devote to it in order to be able to spend it on other activities, including rest. The *A cuidar se aprende* [Caring is Learned] strategy is aimed primarily at men and non-caregivers, and its main objective is to convey the idea that all caregiving can be learned. The strategy consists of three parts: 1. *Awareness component*: it seeks to raise awareness and generate changes in perceptions, these are 1 to 2-hour sessions and have a maximum audience of 20 people. 2. *Training component*: it seeks to generate changes in people's

behavior and involves continuity; these are processes of 40 or more hours, and fewer participants, 15 or 10 people. 3. *Amplification component*: seeks to generate new narratives that promote the idea that men and women must care equally. (M. Gómez, personal communication, July 4, 2024).

Although the strategy seeks to focus mainly on a male audience to generate a greater impact on the reflection on redistribution, there is also a line of work called *Cuidamos a las que nos cuidan* [We take care of those who take care of us], which is designed for women caregivers to reflect over the need to delegate tasks and prioritize rest and self-care. However, as argued by Hugo Zambrano, the cultural transformation spaces for caregivers often serve as more than just workshops; they become spaces of emotional containment. While the content is still developed, these gatherings primarily allow caregivers to express themselves and find solidarity with others in similar situations. In this way, they play a significant role in supporting caregivers' mental health (H. Zambrano, personal communication, July 25, 2024).

One way to address the belief that care work is part of women's "nature" has been through awareness-raising. However, "it is not enough to raise awareness, surveys show us that in men with a macho culture [*hombres machistas*] versus men with a non-macho culture, who have already transformed their beliefs, the behavior is the same", clarifies Natalia (N. Moreno, personal communication, July 10, 2024). In addition, Maria Fernanda explains, "from the point of view of behavioral sciences, it is not enough for men to be aware. You can generate tremendous awareness of this and still not participate in caregiving, and still perpetrate violence" (M.F. Cepeda, personal communication, July 26, 2024). Still, this scenario does not mean raising awareness efforts should be abandoned simply because they have proven insufficient. This diagnostic should make it possible to strengthen strategies to accompany awareness-raising with the acquisition of

practical skills, as well as with incentives to confront men with the real consequences of their absence in caregiving.

Another widespread situation is for men to say they agree that caregiving is work, but not to put it on the same level as paid work; “they believe it is one thing to work, to earn money, and that domestic work is something else, which is not equally stressful” (M.F. Cepeda, personal communication, July 26, 2024). Likewise, other beliefs that could be hindering the redistribution of unpaid care work with men are that they should just “help” with care work when they want or can, or that women have a natural talent for housework that they lack.

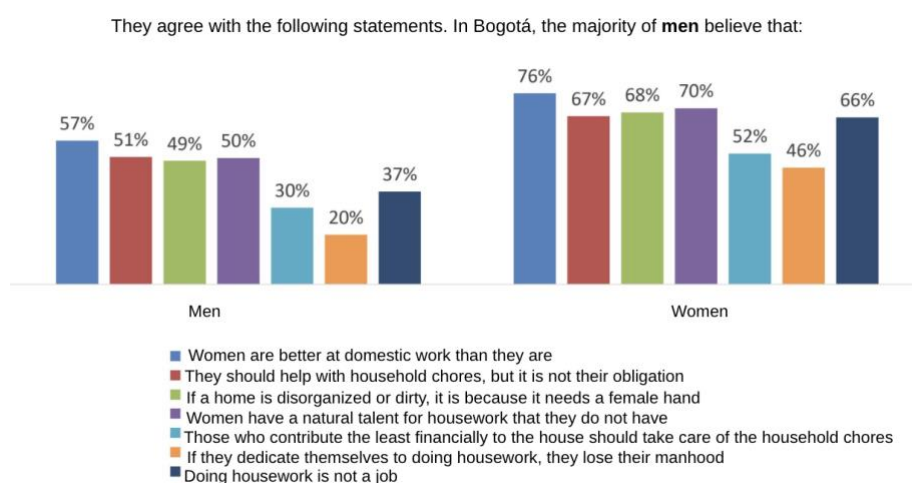


Figure 13: Men's beliefs about caregiving in Bogotá³².

When a habit or behavior is pointed out as problematic, the first reaction to that pointing out is likely a defensive attitude. In a broad sense, it is too difficult to establish value systems and principles to voluntarily assume a critical review of them. However, Miguel points out, not only many men but also many women do not consider it necessary to rethink the way they act and interact in the world (M. Gómez, personal communication, July 4, 2024). In that sense, it is worth asking, what would happen if we first analyzed the

³² Personal English translation of figures from “Informe Escuela de Cuidado Bogotá”, 2021.

action of pointing out, before looking at the hermetic and defensive reaction? Even though the ultimate aim of this problematization is the demand for men's participation in care, it is necessary to look for approaches that are not inaugurated by the action of pointing out when looking for strategies to interpellate men.

Women approach Care Blocks because they benefit from them, but when men are invited to participate in spaces of cultural transformation, it is not so obvious how they will benefit or be rewarded. This being the scenario, how can men be approached, knowing beforehand that they are going to be asked to give up their privilege? How can they be invited to question the way they relate to care, so that there is a transformation first in their perceptions, and then in their actions? As Miguel expresses it, “this is not an invitation in which many men feel welcome”, and in that sense, “it is up to us to go and look for them” (M. Gómez, personal communication, July 4, 2024).

Among the many strategies that have been developed, the most efficient has been the closed call, where men are “practically obligated to be in the space”. Examples of these closed calls are given in companies, gardens, or schools, where men are scheduled instead of simply being invited, which implies an institutional commitment. For his part, Hugo recalls working with male drivers of the public transport system in Bogotá. As pedagogical strategy, they are also called upon by different sectors, Miguel continues, such as the army, to have conversations about masculinities and non-violence, and, he states, “each space is a different challenge and has to be prepared in a different manner” (M. Gómez, personal communication, July 4, 2024).

The limitations of this strategy, nonetheless, lie in the fact that it does not guarantee permanence over time, which prevents the generation of processes. Likewise, even if there is an approach to these men, there is no guarantee that this will affect their family life, or even more, that it has generated any impact on them as individuals

Although it is impossible to follow up on these awareness-raising activities to know what is happening in these men's households, the strategy seeks to ensure that men leave the spaces with concrete commitments.

We tell them like, today's commitment is that you are going to write to your partner, to the woman in your family, to the person who is more burdened in your house, that from now on you are going to take care of a chore, that she is not going to worry about that chore anymore, washing the bathroom, always doing the groceries, some of those chores. (M. Gómez, personal communication, July 4, 2024)

The reaction to this demand is not always positive, although some men take on the responsibility of committing to a task, many refuse, arguing that this commitment could lead to fights with the women at home in the event that, for some reason, they do not carry out the task. “Sure, that's the idea, that if you go home with that commitment, you will do it”, Miguel explains, is the answer they usually give when faced with this refusal. In this counter-response, there is already little willingness to give up the privilege, since it is easier to think of assuming care tasks sporadically, whenever they want to do so, than to assume the commitment to continuously perform a task that is essential for the maintenance of life, and that if they are not doing, someone else has to assume. Miguel explains that “an example of division of labor that we like very much is that if someone is resting, everyone is resting, if someone is doing care work, everyone is doing care work”, and he continues:

Cooking and dishwashing are split. So many say, yes, of course, we split equally. No, the cooking has triple the time of dedication and has a constant and different dedication than the dishwashing, which many take as “I reflect, think, meditate, while washing the dishes” (M. Gómez, personal communication, July 4, 2024).

What could synchronized caregiving reveal about the dynamics of a household? Would it be easier to see who cares the most and how much time they spend on these tasks in reality? Perhaps these “experiments” would also help to confront ideas about what should be an equitable division of unpaid care work.

Incentives and referents

According to Maria Fernanda Cepeda, expert in cultural and behavioral change, talking about calling for participation in the context of working with men is always a very complicated issue: “It is very unlikely that men will be interested out of the blue and even less so in the DCS than in a fully feminized and feminist scenario” (M.F. Cepeda, personal communication, July 26, 2024). However, one of the insights she identifies from her experience over the years is the need to create incentives, “and incentives are not money, far from it”. Maria Fernanda explains that it is possible to create narrative incentives of interest, which generate motivations for men in their involvement with care.

First-time fathers or young fathers are a population that the strategy has identified as essential to work with. Since they are usually interested in the question of how to care for their children, the starting point is a voluntary approach and an unsuspecting attitude towards a novel experience. Rather than being faced with the obligation to unlearn some already ingrained logics, they encounter the possibility of acquiring skills and relationships that provide wellness for both them and their family networks. As stated by Henao (1997, cited in Viveros, 2000, p.103), there are new demands on the male-father that arise from the feminist movements that consolidated prominently in the 90s in Colombia; like the need to interact more with family members. In this sense, young fathers “censure authoritarian attitudes, the physical and affective absence in the relationship with children and parenthood understood only in its economic dimension” (Viveros, 2000, p.116).

Let us take the example of child raising. There, it is easier to carry out an awareness-raising process if these men are confronted with the question of what they are missing out on by not caring for their children. In this way, the consequences of not caring

regarding damage to bonds and emotional well-being become more directly evident. As stated by hooks:

It is simply assumed in patriarchal culture that men should be willing to sacrifice meaningful emotional connections to get the job done. No one has really tried to examine what men feel about the loss of time with children, partners, loved ones, and the loss of time for self-development. (Hooks, 2004, p. 95)

Along the same lines, Paula Morales, leader of the cultural transformation strategy for the promotion of co-responsible and non-violent masculinities from the Culture Secretariat, explains:

It is not a punitive scenario for masculinity, but rather a scenario of conversation: of how also the patriarchal structure that consolidates this form of masculinity affects cisgender and straight men—which is the majority of men we have in the conversation or who recognize themselves as such—for example, in terms of the management of emotions; or how they construct their affective bonds with the people around them—talking about family or partners—or with themselves—talking about self-care—. (P. Morales, personal communication, July 27, 2024)

In principle, getting the discourse of caring masculinity to catch on with men is a challenge in itself. But after achieving this first approach and establishing changes, it is necessary to face the problem that those changes are difficult to sustain over time in men's social circles. Indeed, as explained by hooks, the social response to one isolated man challenging the patriarchal norm is not usually a very receptive one:

When individual men stay home to do the work of homemaking and child rearing, the arrangement is still viewed as “unnatural” by most observers. Rather than being viewed as doing what they should do as people in relationships, homemaking men are seen as especially chivalrous, as sacrificing the power and privileges they could have as privileged male workers outside the home in order to do woman’s work inside the home. (hooks, 2004, p. 97)

However, having a reference of a man who cares and who also makes public the benefits of this care before his socialization networks, is an essential moment for the establishment of guidelines based on example. Assuming thus that getting men involved in caregiving requires visible role models, then public displays of men doing care work become essential. But if many of the caregiving tasks take place behind closed doors,

how can we make visible and normalize the image of men participating in care? One of the channels proving more effective is media, by establishing narratives of caregiving masculinities that can appear either in the form of characters in television shows, advertisements, reports, or news stories that exalt their participation in these tasks (M. Gómez, personal communication, July 4, 2024). However, “the idea is not to applaud them,” Miguel clarifies. The idea is not to exalt those men who care as heroes, but, on the contrary, to normalize them to the point that we understand that it will not be possible to sustain a society without redistributing the tasks that for centuries have overburdened women.

The commitment to generating references guided the creation of the Culture Secretariat miniseries [Calma](#), which consists of 6 chapters in which a group of friends begin to question and problematize some sexist practices within their daily lives, so that they end up reflecting on their emotions, violence, domestic work, etc. According to Maria Fernanda,

You need references that allow you to imagine what it would be like, but if the references that exist are constant mockery of the men who perform care work, all the fears related to gender roles, this whole universe of patriarchy, what are your tools to fight that? (M.F. Cepeda, personal communication, July 26, 2024)

According to Hugo, one of the most important achievements of the DCS has been to place the issue of care work on the public agenda, and in this sense, the recognition component has had visible effects. However, he identifies a need to go further. On the one hand, it is necessary to reach more men and more masculinized spaces with the reflection on care. On the other hand, it is not enough with awareness-raising spaces; it is also essential to generate processes that allow training through a practical component (H. Zambrano, personal communication, July 25, 2024).

Men are already doing care work?

Now, in one way or another, men cannot escape participating in caregiving. The critical questions are: to what extent they engage, which specific tasks they assume versus avoid, and what rationale guides these choices. Indeed, men not only participate in caregiving but usually consider themselves active participants in their household's care work. However,

Within men, one of the strongest biases that is recognized in the interviews is self-reporting: they will always say that they do [caregiving tasks] and that they do them well. But when we ask the families, the answer is completely the opposite: “you don't do it so well”, “you don't do it so much”. (P. Morales, personal communication, July 27, 2024)

Considering this “optimism bias”, explains Juan David, the Culture Secretariat has designed a survey to ask men about their participation and, to contrast, ask women about their perception of men's participation (J.D. Cortés, personal communication, July 18, 2024).

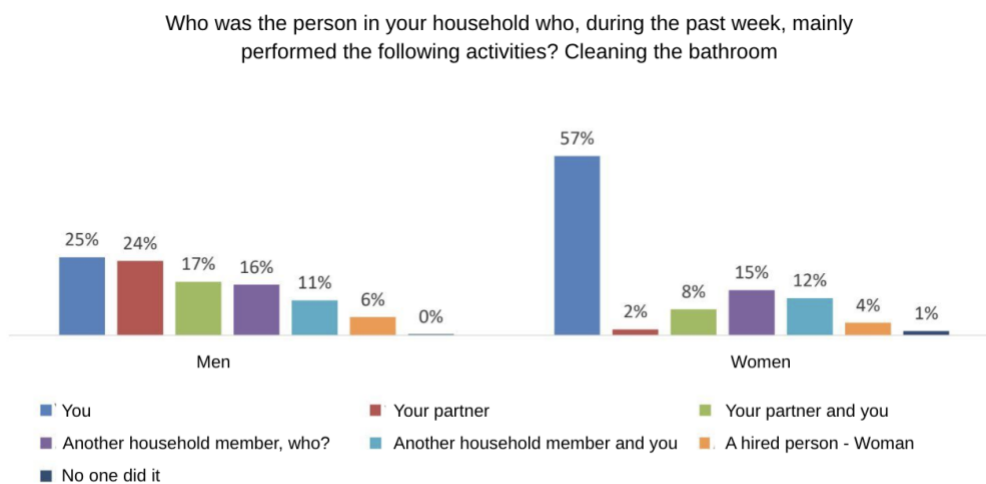


Figure 14: Household activities distribution. Cleaning the bathroom³³.

³³ Personal English translation of figures from “Informe Escuela de Cuidado Bogotá”, 2021.

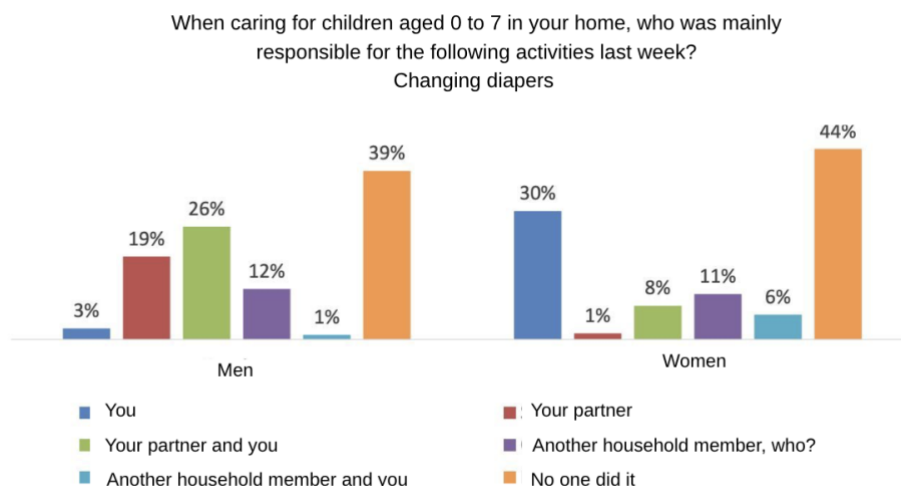


Figure 15: Household activities distribution. Changing diapers³⁴.

In that regard, it could not be affirmed that men are not involved in any way in caregiving; the question is in what tasks specifically they decide or are willing to engage.

According to Paula,

men are not involved in *direct care* practices, within *indirect care*, the practices in which they are involved to a lesser extent are washing the bathroom, changing diapers, and in *emotional care* they prefer not to have uncomfortable conversations with the people, boys, girls, children they care for. (P. Morales, personal communication, July 27, 2024)

In that sense, the question arises of whether there is an equitable distribution of care work when men systematically take on the tasks that “enjoy greater recognition, related for example to money management, and which generally take place outside the home” (Moreno, 2017, p.107), like playing with the children in the park or taking them to sports classes. Likewise, the study by Moreno-Colom et al. (2024) reveals a male privilege in choice regarding domestic work. On the one hand, caregiving responsibilities for men are occasional and task-specific, dictated by criteria of “professionalism and expertise”—such as cleaning areas their partner cannot reach because of the altitude. On

³⁴ Personal English translation of figures from “Informe Escuela de Cuidado Bogotá”, 2021.

the other hand, these responsibilities are based on flexible time choices, as there is no daily obligation but rather voluntary participation that entails "being able to choose which type of task to perform, as well as deciding where and when to carry it out" (Moreno-Colom et al., 2024, p. 8).

Beyond the privilege of male flexibility, the authors invoke the idea of women as gatekeepers as an additional obstacle to equitable redistribution. On the one hand, women assume supervisory roles over men based on assumptions of male irresponsibility and perceived inadequacy. This monitoring becomes problematic as it leads women to conclude it is preferable to handle tasks from the outset, since they anticipate needing to redo work they view as half-completed by men. Conversely, men experience this supervision with resentment, claiming they cannot meet what they characterize as women's "perfectionist" standards or the demands for multitasking and efficiency. (Moreno-Colom et al., 2024, p. 12).

Finally, Paula highlights the fact that the strategies have a very "heteronormative and cisgender" component, as she recognizes that there is a focus on heterosexual couples and a discourse far removed from single parenthood. However, once we look at the context in which men are less involved in caregiving practices, "we realize that it is mostly in heterosexual relationships". Considering, for instance, trans-masculine life experiences and care in detail does not necessarily involve redistribution as a key point, as different priorities emerged. In Paula's words: "In the rights approach, for example, on care with trans identities, the conversation is different: It is the conversation about a State that has historically denied them care practices such as access to health care" (P. Morales, personal communication, July 27, 2024).

The *Calm* Program

“Calm” of the Culture Secretariat is a behavioral change program for men that consists of two strategies: the *Línea Calma* [Calm Line] and the *Escuela Hombres al Cuidado* [Men in Care School]. The Calm Line is a telephone helpline for men, where psychologists provide confidential attention and support in situations of emotional crisis, as well as domestic violence, motivated by sexism, jealousy, and control. The line has two main axes of work: 1) Emotional containment and priority attention for the management of emotions, and 2) Individual psycho-educational accompaniment for cultural and behavioral change³⁵. The helpline was initially created as a way to prevent violence in couples, with an important question about jealousy. In this sense, it is based on the line for jealous men created in 2010 in Barrancabermeja, Colombia. However, “here we are also taking a gender perspective that the helpline [in Barrancabermeja] did not have before, as well as a legal perspective” (M.F. Cepeda, personal communication, July 26, 2024).

The launch of the pilot of the line also coincides with the outbreak of the Covid-19 pandemic, when “all the alarm bells went off about Gender-Based Violence (GBV) in Bogotá”, explains Maria Fernanda. Although the helpline seeks to reach men who are potential aggressors to prevent violence, it is a delicate issue because “if we were to capture a name, and that man later perpetrated GBV, and it was proven that the man had called the helpline, we could have a very serious legal situation” (M.F. Cepeda, personal communication, July 26, 2024). In this sense, it was essential to create strict follow-up and evaluation protocols. In addition, Maria Fernanda explains, both the helpline and the

³⁵ Fredy Torrejano, Ana Cristina Lesmes. Memoria Estrategias de Cultura Ciudadana 2022. Subsecretaría de Cultura Ciudadana y Gestión del Conocimiento.

school were conceived before the Care System, which does not mean that a link between the two projects was found once they were both launched.



Figure 16: Calm Line advertisement.

“When you want to talk but feel afraid”

“When you feel you can't take it anymore”

“When you need to blow off steam”

“When you feel jealous or heartbroken”

“When you feel alone”

“Take it easy. There is now a listening line for men”³⁶

Within the monitoring processes of the cultural transformation strategies, the Cultural Knowledge Observatory and Management found that 76% of men agree with the affirmation that “Most men would like to handle their emotions better, but do not know how”³⁷. Likewise, 75% agree that “It is normal for men to be more reserved than women with their emotions”, and 60% agree that “Men do not know how to recognize when they need help”³⁸. When talking about the social networks of men in Bogotá, they were asked about the activities or topics they usually share with other men:

³⁶ Source: Dirección del Observatorio y Gestión del Conocimiento Cultural. Subsecretaría de Cultura Ciudadana. SCR.D.

³⁷ *Encuesta Percepciones Ciudadanas sobre VIF-VP. 2020.* [Citizen Perceptions Survey on VIF-VP.2020] Dirección del Observatorio y de la Gestión del Conocimiento Cultural, SCR.D.

³⁸ *Encuesta Seguimiento Línea Calma.* [Calm Line Follow-up Survey] 2021. Dirección del Observatorio y de la Gestión del Conocimiento Cultural, SCR.D.

Think about your relationship with your friends. What do you mainly do when you meet face-to-face or virtually?

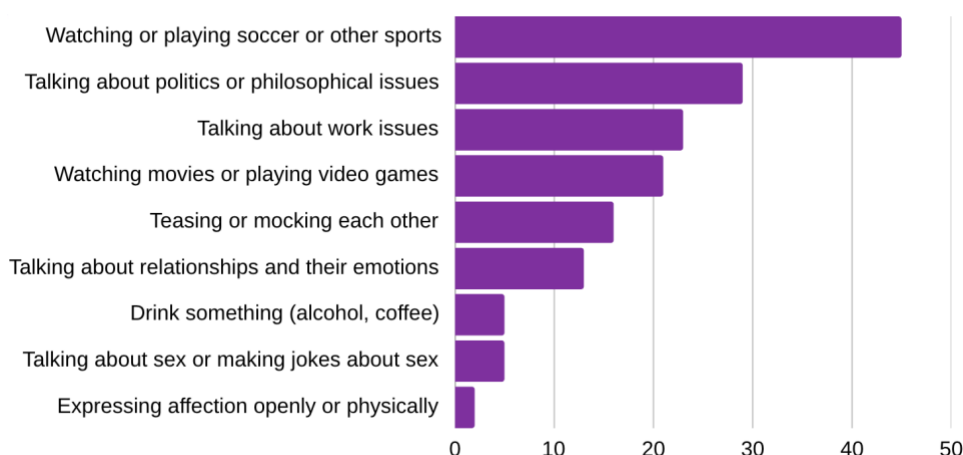


Figure 17: Things men do with other men in Bogotá.³⁹

These activities are relevant to men's life experience and their relationships and interactions with women. First, they make evident the little time men in Bogotá dedicate to talking about their emotions, and how that prevents them from expressing themselves. The problem of not expressing one's emotions becomes dangerous when that suppression irretrievably seeks a way to blow up. In hooks words, "Boys feel the pain. And they have no place to lay it down; they carry it within. They take it to the place where it is converted into rage" (hooks, 2004, p. 130). This suppression of emotionality becomes dangerous insofar as men's socialization is always towards violence, and only this violence allows them to be socially legitimized as men, especially by other men. In addition, it is troubling that men identify mocking their friends as a usual activity, because by resorting to shame and the sanction of the masculinity mandate, they hinder the transformation processes.

³⁹ Source: reelaboration from "Encuesta Percepciones Ciudadanas sobre VIF-VP. 2020". [Citizen Perceptions Survey on VIF-VP.2020] Dirección del Observatorio y de la Gestión del Conocimiento Cultural, SCR.D.

Furthermore, this emotional repression becomes dangerous in expressions that do not necessarily correspond to direct violence. During the conversation about ways to approach men to reflect on care, Paula states that they try to reach masculinized spaces, “where men are already together”. One such space is the IPTS (Integrated Public Transportation System)⁴⁰ courtyards. On one occasion, she recalls, “human resources approached us saying that they were monitoring the high level of accidents on the road, and they identified it was related to emotional situations that men (the drivers) were experiencing in their personal lives” (P. Morales, personal communication, July 27, 2024). From this situation, Paula explains, it was possible to address the issue of care and emotions with these men, as the social impact of their disregard for emotional management was clearly visible. The approach to emotional management as a service provided by state entities is thus part of the redistribution of unpaid care work, since this emotional management usually falls on female couples, due to the taboo surrounding the sharing of emotions in male circles.

The reference of masculinity advocated by the DCS is a co-responsible, emotionally close, and peaceful masculinity. According to Miguel, it is necessary to establish possibilities for dialogue that confront the fact that men are socialized in violence, called to exercise it, or always to be a latent threat of that violence (M. Gómez, personal communication, July 4, 2024). This dialogue should not only aim to critique this violent socialization, i.e., to talk about how violence is an imposition and why it should not be. In addition to this first negative moment, dialogue appears as a transforming possibility, since it allows the construction of alternatives to violence based on the

⁴⁰ SITP, abbreviations in Spanish.

exchange of shared experiences, serving as a bridge to decant emotions through words and thus avoid violent expressions of them.

The second strategy of the Calm Program was perhaps the most media-friendly initiative, yet also the one requiring the most adaptations to fit the contextual reality of working with men in Bogotá. The *Escuela Hombres al Cuidado* [Men in Care School] was initially structured almost like a university, where each man would identify his learning challenges and develop a personalized curriculum, explains Juan David. The training program is organized around four modules: environmental care, emotional care, direct care, and indirect care. Each area functions as a 4-6 session module, with sessions lasting approximately two hours. “But this model was designed assuming men would participate voluntarily, which did not happen”, he notes. Consequently, the School has gradually adapted its approach, with public/private companies and organizations now inviting their male employees to participate (J.D. Cortés, personal communication, July 18, 2024).

In the same vein, Paula Morales explains that although it is very complex to complete all four modules, they can easily invite men to complete at least one.

A module can be as long as 10 hours. Well, it is easier to negotiate 10 hours than to negotiate 40 hours. That is why we leave it to the wishes and needs of the groups of men we work with (...) And the module they are most interested in is the emotional care module, followed by the indirect care module, then the direct care module, and finally the environmental care module. (P. Morales, personal communication, July 27, 2024)

Paula notes how challenging it is to ground abstract discussions, like connecting environmental care with practical masculinities, in tangible terms. Approaches developed through the program have revealed that these factors are indeed interconnected, reflecting power dynamics that are both patriarchal and anthropocentric. That said, they have identified entry points for reflection, such as reflecting on water usage while washing

dishes to reveal what power relationships are constructed with the environment (P. Morales, personal communication, July 27, 2024).

In addition to being designed as an on-site school, the Men in Care School has an online version where men can learn how to “wash toilets, controll their emotions, (...) separate waste or handle children's tantrums”⁴¹ trough YouTube videos; as well as a mobile version, composed of a van, in which itinerant activities are articulated in the neighborhoods. Those two have become very relevant considering the limited impact of the first university-like version of the School. Maria Fernanda recalls that for the school's launch, they created a staged installation in the *Plaza de Bolívar*, setting up a house in the public space. The concept aimed to bring private domestic life into the public sphere through scenography, demonstrating how “what happens behind closed doors should matter to everyone” (M.F. Cepeda, personal communication, July 26, 2024). In this mobile version, the performative and game component are essential to attract the attention of the passerby and to invite them to reflect on care. “How do you break that gaze detached from care work, that resistant gaze in the face of feminisms? So you invite them to an activity, and you generate a hook from that activity so they come and want to learn more”. (M.F. Cepeda, personal communication, July 26, 2024).

⁴¹ “Escuela virtual Hombres al cuidado, el espacio para aprender sobre las tareas del hogar” <https://www.culturarecreacionydeporte.gov.co/es/cultura-ciudadana/noticias/escuela-virtual-hombres-al-cuidado>



Figure 18: School session in IPTS' *patiotaller* [parking space].⁴²



Figure 19: Van of the mobile version of the School.⁴³

For Maria Fernanda, the fundamental aspect of the Calm Program is the combination of approaches. It is not enough to have a gender and masculinities approach, she argues, but it becomes crucial to consider the contributions of the behavioral approach⁴⁴ as well. In addition, it is also relevant to ask which gender approach and which

⁴² Source: Secretaría de Cultura, Recreación y Deporte de Bogotá

⁴³ Source: Secretaría de Cultura, Recreación y Deporte de Bogotá.

⁴⁴ Behavioral sciences include several disciplinary views seeking to understand human behavior and decision-making. They intend to apply scientific tools to social events, differentiating themselves from classical social sciences. According to Pooley (2021), behavioral sciences “were a social and intellectual formation with a mission—a movement, in other words. (...) U.S. sociologists, political scientists, psychologists, and anthropologists, joined by a small number of like-minded economists. (...) They defined themselves against what they saw as a pre-scientific, speculative, meliorist social science, and—to a significant if lesser extent—against the emerging mainstream of postwar economics. Their aim was to promote an alternative vision for social science, one characterized by scientific rigor, nomothetic theory-building, and a broadly empiricist picture of knowledge accumulation. They aspired to fold mathematics

masculinities approach are being used as reference. On the one hand, a white or separatist feminist approach will not even allow the question of working with men. On the other hand, some extremely problematic approaches to masculinities, such as mytho-poetics, essentialize being a man and reproduce patriarchal values that prevent the transformation of gender norms (M.F. Cepeda, personal communication, July 26, 2024).

Moreover, Maria Fernanda explains, there is also difficulty in the encounter of approaches because, in principle, it seems that the critical view of gender and masculinities contradicts the commitment to behavioral change focused on the individual. In this sense, she wonders “How to reconcile a structuralist view of the world with a historically more individualistic view? How to respond to the criticism claiming the behavioral approach is neoliberal behaviorism?” (M.F. Cepeda, personal communication, July 26, 2024). This question implies thoughtfully taking on board the existing criticisms of the applied behavioral approach, such as its limited impact, its failure to reach scale, and its mechanistic thinking (Hallsworth, 2023, p.312). However, particularly relevant for the feminist analysis is the criticism that points out the neglect of the social context within this approach, arguing that it “has a limited, overly cognitive and individualistic view of behaviour that neglects the reality that humans are embedded in established societies and practices” (Hallsworth, 2023, p.312).

When starting from the analysis of the sexual division of labor, as well as power relations based on gender, class, and race, the notion that individual behavioral change alone can improve the living conditions of women and feminized bodies becomes deeply insufficient. However, if the possibility of transformations at the individual level is set

into their methodological toolkits. They embraced the view that team-based interdisciplinary projects centered on applied problems could contribute to theoretical progress” (p.41).

aside in favor of prioritizing a project of radical social reconfiguration, women will continue to suffer the consequences of the overburden of care in their households in the present, and men will continue to benefit from the free labor of these women. On that note, cultural change strategies that aim at the realm of the immediate, does not imply abandoning or postponing the radical critique of the structural conditions of oppression based on the unpaid work to which women have been confined, but rather broadening the spectrum of strategies by which we approach the elimination of oppressions, in the process of moving closer to attack their base, which is certainly structural. That said, to the extent that these strategies prove fruitful, their replication, reinvention, or replacement will become desirable.

4.2. Redistribution with the public and private sectors

Family (...) is, at root, the name we use for the fact that care is privatized in our society.

Sophie Lewis, 2022

For Natalia Moreno, redistribution should be understood in two dimensions. First, gender co-responsibility, which implies redistributing with men. Second, social co-responsibility, which directly involves the State in its obligation to guarantee care as a right⁴⁵ (N. Moreno, personal communication, July 10, 2024). Although it may sound logical to think of redistribution in terms of gender when it is accepted that care work has been feminized, it is also needed to consider an actor that has benefited from women's unpaid work, and which operates at a structural level: the State. In that sense, beyond that first demand to men to take responsibility in care work, “redistribution is also about

⁴⁵ See the case of sentence T-583 of 2023, in which the Colombian Constitutional Court recognizes care as a right. This sentence reviews a tutela action filed by a mother who asked her health entity for a caregiver for 12 hours (while she works to maintain her home) for her 3-year-old son with down syndrome. The entity denied her the caregiver, but the tutela recognized her and her son's rights through the sentence.

defamiliarizing care, putting it at the center of public policy and having the State be responsible for it” (N. Moreno, personal communication, July 10, 2024). In Laura Díaz words:

There are two distinct redistributions needed: First, within households, a reallocation of responsibilities among members. Second, at the state level, public services must be restructured to redistribute care provision in a city where caregiving overwhelmingly falls on women in domestic spaces. (L. Díaz, personal communication, October 25, 2024)

Natalia also emphasizes that, from a public policy perspective, the recognition of care work is not only symbolic. Rather, it must allow caregivers to have access to a differentiated institutional response. In other words, caregivers’ care rights must be guaranteed by creating the conditions to, for example, complete unfinished educational cycles due to caregiving overload, or to generate income that could not be generated due to that same overload, among others. Such an approach would constitute meaningful recognition of caregiving work, transcending mere symbolic acknowledgment.

Miguel, leader of the PCCS, points out that a fundamental question we must address is what men are doing with the time that women are freeing up for them. And in the same vein, what are women failing to do with that time in which they are overburdened (M. Gómez, personal communication, July 4, 2024). Perhaps, important answers can be found there, not only about postponed or frustrated life projects, but also about non-developed skills, because of the lack of material conditions for their existence. In this sense, redistributing care work becomes a possibility of freeing up time that is fundamental to exist and inhabit the world in ways that are different from those imposed by the simple fact of being women. Some skills are often assumed but represent both obstacles and privileges for many women. On one of my visits to the city center Care Block, a group of caregivers were having a digital literacy class, where they were learning how to add a contact to WhatsApp with a QR code. Sandra, Care Block leader, recounts:

“There are women who tell me, 'I don't know how to use a cell phone and I can't leave my house’” (S. Ausique, personal communication, July 10, 2024).

In this connection, redistributing care work with the public sector means, in principle, that the State should free up the burdens of women caregivers by providing care services and taking responsibility for the care needs of all individuals. Furthermore, redistributing care work with the State means ensuring welfare as a right, more precisely, providing the means for women to carry out their often frustrated projects, to acquire postponed learning, or simply to experience other forms of leisure and recreation. In order to redistribute care work with the public sector at a local level, the DCS offers a wide range of respite, training, psycho-legal, and sports services, so that in the Care Blocks, caregivers can:

finish high school regardless of age, receive training with the National Apprenticeship Service SENA, learn to start their own businesses, make vegetable gardens or circular economy products, connect with formal job offers, have basic health care, or be assisted by lawyers and psychologists if they are victims of violence. They can also learn to swim, ride a bicycle, do yoga or dance, and have their laundry done at the community laundry. (Alcaldía Mayor de Bogotá, 2023, p.15).

Maria Bella, a caregiver attending the Mártires Care Block, recounts her new apprenticeship experience:

And I also learned to ride a bicycle, which is something that makes me very happy, because imagine at 56 years old learning to ride a bicycle.... So, I already have my bike, I learned (...), and I go on my own rides. (...) There were 70, 75-year-old women learning to ride a bicycle. It was shocking, and I say, “See? If they can do it, why can't we?” (M. B. Marroquín, personal communication, July 24, 2024).

In this dimension, the System has proven to be very well received by caregivers and has become a fundamental space for many of them to exercise, acquire skills, make friends, blow off steam, leave their homes, or devote time to self-care. However, an important criticism, both inside and outside the system, is the danger of Care Blocks end up being assistance-based. One of the System's commitments has been and must be to

condition access to services to participation in spaces of cultural transformation, explains Natalia; “The whole commitment to cultural change is what really makes a system transformative, otherwise, it is just more social assistance, and that's it” (N. Moreno, personal communication, July 10, 2024).

When the Care Blocks leaders were asked which services were most in demand in their locality, Jessica answered that in Suba it was physical activity, Sandra said that in the Center it was also physical activity, “rumba yoga, aerobeat, etc.” because many caregivers seek “to unload their emotional burden a little, or to take a break” (S. Ausique, personal communication, July 10, 2024). For her part, Lebeb explains that at Mártires it is flexible education, emphasizing that because it is a process and has continuity, it allows the caregivers to form friendships and get to know each other (L. Infante, personal communication, July 11, 2024). Considering that these are the services most sought after by caregivers when they attend Care Blocks, Jessica explains that the commitment to a reflection on caregiving must try to creep into every corner, while highlighting how the Care Block becomes an encounter point where women “weave spaces for care” (J. Rodríguez, personal communication, July 17, 2024).

Among the strategies used to include reflection on caregiving, Sandra mentions the processes of “Bibliored”, the network of libraries that operates within the Care Block, by creating playful and participatory spaces to pose stimulating questions to the caregivers. She also mentions the training processes for the staff who run the sports classes, on topics such as inclusive language or gender stereotypes (S. Ausique, personal communication, July 10, 2024). In one of my observations during the rumba class at the Suba Care Block, I could hear the teacher close her class by saying “remember that exercise is also part of mental health”. These little reminders try to address the disconnection that sometimes appears between the institutional offer and the reflection

on care. However, the leaders insist it is necessary to seek strategies of greater impact, so that it is not only a matter of offering social assistance, but that this goes hand in hand with a cultural transformation that makes it possible to modify sexist beliefs and practices regarding care work.

Regarding participation of the private sector in the redistribution objective of the DCS, we find the Care Alliances Network, “a space for companies, academia, and social and community organizations to join in as amplifiers of pedagogy around the redistribution of unpaid care work”⁴⁶. Miguel brings the example of *Dersa*, a soap company that belongs to the network. As a contribution, *Dersa* released a commercial where men are seen taking care of a family. Miguel reflects on the matter:

Why can't we put a man to change a diaper in an advertisement? That is what we have to start achieving with communication campaigns, and that is a complex, strong dialogue that has to be carried out with the companies. (M. Gómez, personal communication, July 4, 2024)

With this company, they are also seeking to generate a sponsorship to provide the soap used in the Care Block community laundries, since up to now, every caregiver must bring their own soap. However, in many cases, “If there's soap, there's no breakfast, that's how the situation is here in this sector,” explains Omaira (O. Rodríguez, personal communication, July 24, 2024). Although women have found strategies to overcome this situation, such as diluting solid soap in water bottles to make it yield more, this situation constitutes a structural barrier to access that contradicts the mission of the DCS. In that regard, achieving this sponsorship will be crucial.

Along the same lines, Hugo Zambrano, cultural transformation workshop leader, explains they had an experience with some of the city's *cajas de compensación*

⁴⁶ “Red de Alianzas del Cuidado” via <https://manzanasdelcuidado.gov.co/red-alianzas-del-cuidado/>

[Compensation Funds]⁴⁷, which are private entities that offer cultural and educational programs to their contributors. “They offered some of their services to the caregivers who come to the Care Blocks, and we, as the Care System, would go to their facilities and provide our services” (H. Zambrano, personal communication, July 25, 2024). Hugo describes this experience as an exchange of services between the public sector and the private sector for the benefit of caregivers, and emphasizes that it is a reference for possible future collaborations that promote co-responsibility.

4.3. Redistribution with society, or collectivizing care

As far as I know, there are already public kitchens for the rich: they are called restaurants. (...) What I need are public kitchens on my street, where I can work together with my neighbors, friends, colleagues, and we share the task of cooking the meal. That is much more efficient than the current organization of domestic work and our lives.

Tithi Bhattacharya, 2020

At this juncture, we cannot ignore that all these efforts toward redistributing care work remain constrained by political actors and wills that are not always aligned with women and feminized bodies’ rights. Moreover, every state-led initiative marks the beginning of a process that, despite its intentions, rarely guarantees permanence. Within this context, we must envision alternative forms of care. Forms that reject both familialism and reliance on the welfare state. This is not to dismiss activating family solidarity networks in contexts where individualism and precarity dominate, nor to absolve the State of its obligation to recognize care as a right. Yet an additional effort is necessary, one that propels us toward non-capitalist realities, a collective exercise “to

⁴⁷ Private entities that provide family allowance and social services to Colombian workers. Although it is understood as a subvention, its access is restricted to affiliation that can be covered by the employer or individually in case of being listed as independent in the social security system.

discover in what forms, and in which experiences, social reproduction be can organized in non-extractivist and non-exploitative terms (which implies (...) fighting against its naturalization)” (Gago, 2020, p.108).

A critical gender-based approach to redistributing care work requires critically engaging with the binary assumptions underlying the sexual division of labor, as well as the consideration of other logics of oppression beyond gender. This entails acknowledging that women’s unpaid and invisibilized labor subsidizes not just households but the very functioning of capitalist, colonial, and patriarchal systems. Redistribution strategies have primarily focused on men and the State, the key beneficiaries of the current care economy. However, as Hugo highlights, it is essential to examine how the redistribution of care work would unfold when analyzed through a broader societal lens, one that frames society as a collective entity and acknowledges the inevitability of care work in everyday interactions (H. Zambrano, personal communication, July 25, 2024).

It often happens that caregiving is reduced to one’s closest ties, and it is expected that, under the principle of familiar responsibility, care needs will be met through pre-existing kinship ties. In that sense, caregivers often have beliefs such as they cannot trust people outside their families (H. Zambrano, personal communication, July 25, 2024). This mistrust, rooted among others in the awareness of a deeply violent, sexist, and individualistic Colombian society, becomes an obstacle to the construction of non-family support networks. However, despite the initial distrust of many caregivers, their need for others, evidenced at times when they require assistance or feel alone, implies emergent and creative forms of care that fall outside the “social legibility” (Lewis, p.12, 2022) given by the family.

Several different, dysfunctional, or semi-functional forms of housing/shared living exist. These existing “families” —and not the ideal ones— occupy an essential place in the redistribution process, since they determine the material possibilities for such a transformation and reorganization of care work within private spaces. The same applies to people who live alone but inhabit the world with others.

Three of us are constantly on the lookout for each other. There is also a grandmother in the neighborhood, and I am the one who accompanies her to medical appointments. She doesn't go by herself, she doesn't know how to read, so I take her. If she has an exam, I take her, I go in, and so on. And she always asks if I am at home, how I woke up (...), she comes for lunch, and so on. (M.B. Marroquín, personal communication, July 24, 2024)

That is also the case with Rosa and Mercedes, two caregivers I met in the city Center Care Block. “They had similar life histories, both lived alone, and in that sense, the question of redistributing unpaid care work at home was somewhat obsolete” (Fieldnotes, 2024, p. 19). Rosa reflects:

In the past, housework was more enslaving, because there were small children, and we had to work and take care of them. (...) Nowadays, I am alone, sometimes I meet a friend, she invites me to her house, and we have lunch there, or I buy lunch, and we share” (R. González, personal communication, July 24, 2024).

In those cases, support networks are built from individual bonds and usually benefit all involved parties. Still, they also need to be thought beyond individuals, betting on collective care in the struggle to reproduce life outside exploitative logics.

Evidence of this ability to collectively support each other is seen in daily conversations and time caregivers share when they meet in the Care Blocks. Many of them particularly appreciate having someone to talk to, someone to listen to them, rather than the education, entrepreneurship, or sports offer. Therefore, in the pursuit of collective care, it is worth asking: How can new ways of care and life-sustaining be cultivated? How can that subjective predisposition to care only for one's family members be challenged?

Furthermore, how might caregiving subjectivity be transformed and reinvented to highlight its collective political potential, moving beyond the notion that care is inherently "natural" and "feminine"?

When thinking in feminist economics that entails experimental present ways of reproducing life, Gago (2020) highlights the reflections of feminist theorists J.K. Gibson-Graham, who have called for “a subjectivity that is still to come but that is made with the materiality of the desire for another life in the present” (p.111). To think about diverse feminist economies, the author explains, involves embracing “becoming” as a compass for action. However, this does not mean merely envisioning promises of a possible future but rather uncovering how that desire to become something else manifests in the present, through concrete ways of reproducing life outside capitalist relations. The caregiving subjectivity, which until now has been shown as what confines women and feminized bodies to the domestic sphere, could nonetheless shed light on where to begin imagining that other way of reproducing life.

Rather than making a tabula rasa of conceptions of care and life-sustaining, the accumulated experience of those caregivers who have historically assumed the role of sustaining the world (and capital) from their hidden abodes might mark a new departure point. This caregiving subjectivity, initially a tool for confinement, can and must be transformed into a collective subjectivity of life-sustaining, so that it can be embodied by society as a whole. This means denaturalizing it at the time that recognizing it as a necessary condition of existence, an existence that becomes lighter when upheld collectively. Moreover, this affective and caring dimension should be considered as transversal to all human activity, so as not to reproduce an ethics of care in identity terms,

but rather to highlight the political dimension of care as transgressive of capitalist relations (Cadahia, 2024, p.60).

To conclude, it was argued it is necessary, in order to redistribute care work, to question care as something innate, natural, covered by a mystical halo, etc., to replace this conception with the critical idea that care is composed of social, emotional, practical skills that must and can be learned, since no one comes into the world predisposed to them. However, it is necessary to move beyond this reflection and invest the necessary time and effort in learning these skills, which in turn must be accompanied by incentives and references that motivate action and encourage co-responsibility. In that sense, the Calm program and the PCCS “Caring is learned”, have implemented awareness-raising and behavioral change strategies to address these needs, although not always with optimal results. One form of redistribution that has proven effective has been the DCS's commitment to recognizing care as a right, offering concrete material redress to caregivers. Likewise, organic and spontaneous forms of collective care have emerged from the creativity and resolution of caregivers, inaugurating possible ways of socially redistributing care and transforming the caregiving subjectivity so that it becomes a collective subjectivity to reproduce life outside the logic of capitalist exploitation.

Conclusions

In this thesis, I argued that there is an interdependency between the existence of a caregiving subjectivity and the possibilities of redistribution of unpaid care work in the political economy of care. From ethnographic research that included semi-structured interviews and participant observation in the framework of the DCS of Bogotá, it was explored how caregiving subjectivity appears in women beneficiaries of the Care Blocks, how it configured their participation or access to the services, its consequences on women's health and wellness, and its importance in the aim of redistributing care work with different actors. From this, it is concluded that the caregiving subjectivity is mostly embodied by women, and that this subjectivity appears as a collateral and co-constitutive effect of the disciplining and confinement of women in the domestic sphere.

It was found that being a caregiver is for many women in Bogotá an identity, which gives meaning to their lives and is therefore set as a means to find personal fulfillment. In this sense, there is a relationship of dependency that implies that, if they do not care, the meaning of life is lost, establishing caregiving as an uninterrupted daily activity by extension. In consequence, this caregiving identity becomes a defining element that significantly influences the way women inhabit and interact in Bogotá. Being caregivers becomes their place of enunciation, from which they derive their authority and recognition. The research also found that caregivers attend the Care Blocks primarily as a space to exercise and de-stress. They also view it as a meeting place and an excuse to avoid remaining "confined" in their homes for extended periods. In this regard, the services they use most frequently are recreational and sports activities, as well as training programs designed as longer-term processes, which allow them to regularly see their friends. This perception of the Care Block as a space primarily for recreation raises questions about the extent to which a reflection on care is being incorporated. While

caregivers have deeply internalized a discourse recognizing the value of their care work, they remain hesitant to actively delegate caregiving responsibilities at home. Some report small but meaningful shifts; “Ever since I started coming to the Care Block, I’ve become more empowered, and now my son makes his own bed”. Yet they still largely frame care as something that “naturally falls to them”, placing the burden on themselves to manage both domestic labor and finding spaces for respite and self-care.

Both men and women in Bogota believe, for the most part, that women have an innate ability, a gift, or an instinct for caregiving, and this essentialist assumption is used as a starting point to demand from them the fulfillment of certain tasks assigned to their feminine being. They are expected to be caregivers and are assigned value and prestige to the extent they fulfill this expectation. By establishing social demands and expectations, this subjectivity lays the groundwork for the exploitation and domination of women, denying them entry into the wage-earning world and thus rendering them dispossessed subjects. This dispossession consequently generates dependency, ushering in scenarios of violence, manipulation, and humiliation. In Virginia Gutiérrez’s words, “From there emanates its power, because the one who covers the household requirements by satisfying its vital needs receives a gratification that turns into dependence, it translates into submission, respect, and obedience, towards the source of material retribution” (1968, p.90). Combined with the physical and emotional burden of sustaining their families and taking on double or triple work shifts, this merge of factors has evident consequences for caregivers’ physical and mental health. In this sense, the caregiving subjectivity systematically generates sadness, loneliness, and depression.

When asked what it would take to have their care work recognized at home, the caregivers mentioned absence as one of the most effective strategies. According to them, their work is only noticed in their absence. Caregivers know that they could delegate

some household tasks, but they avoid doing so because they prefer to prevent conflicts, or they consider that no one does things the way they do, and they will end up correcting what others do wrong at their discretion. An important finding has to do with the age of the caregivers attending the Care Blocks. Although the average age of caregivers who have accessed the system's services is 49 years old, most caregivers I encountered were older women with no waged jobs. In that sense, many of them are grandmother caregivers, which reveals a structural phenomenon in a country in which 45,4% of households recognize a female headship and often turn to grandmothers to transfer care work. At the same time, it raises the question of how effective Care Blocks are in providing care services to those who, in principle, do not even have the time to approach these spaces. Among these would be a younger population that is, in turn, considered “productive”.

Now, in terms of redistribution, the most persistent barriers are beliefs about care, such as that men "do not know how" to care, that care is women's duty, or that women are naturally gifted with an instinct for care. Other barriers to redistribution are the levels of intensive caregiving among female caregivers, which are revealed in their standards in indirect care work, and in this sense, the vigilant attitude they adopt when tasks are delegated. Likewise, it was found that although men participate in caregiving tasks, they are ruled by the model of helping and not of co-responsibility. In this sense, the male privilege of choice allows them to participate partially and comfortably in caregiving. Some of the strategies developed for the DCS to confront or mitigate these barriers include promoting shared responsibility and teaching practical caregiving skills, like the Men in Care School or the PCCS Caring is learned. However, approaching men to ask them to abandon a privilege they have held their entire lives is no simple task. In this sense, non-punitive discourses have been explored, and discursive incentives have been

constructed to show men what they lose by not engaging in care, in terms of relationships, support networks, and emotional and mental well-being.

In coexistence with the caregiving subjectivity, there is a provider and possessor subjectivity, which, in an eminently binary world, is embodied by men. Like the caregiving subjectivity, this one comes with social demands and expectations that prohibit emotionality and promote violence, as it was shown in Bogotá's men's emotional management. This way of being and existing in the world has direct implications for women in their relationships with others and specifically in their interactions within the framework of heteronormativity. In this regard, the existence of a caregiving subjectivity and a provider subjectivity is directly linked to the possibility of redistributing unpaid care work. For this reason, it is necessary to dismantle and rethink these subjectivities to envision a society that cares equitably. Moreover, it is vitally important to recognize cases in which these subjectivities are not embodied by the "expected" gender, or cases in which they coexist in a single individual.

While it is important to consider redistribution with men, they are not the only actors in this puzzle. In the context of neoliberal capitalism, care takes the form of a private service, and the family becomes the primary ally in the State's process of relinquishing responsibility for guaranteeing care as a right. Given the State's extensive reliance on women's unpaid labor, it is imperative to demand universal access to public care services as a matter of justice and economic equity. In this regard, the DCS has shown to be an initiative aimed at guaranteeing care as a right, ensuring, in addition, a gender lens insofar as it focuses primarily on caregivers to address the historical debt society owes them for their unrecognized labor.

Finally, it is worth highlighting the spaces that have been spontaneously generated by caregivers to support each other based on the principle of collective care. Heeding the

calls for a radical reimagining of life-sustaining practices rooted in present-day desires for alternative futures, collective care practices such as active listening show how non-capitalist ways of living emerge concretely in the here and now. Caregiving subjectivity, often seen as a mechanism of gendered confinement, needs to be reframed as a potential foundation for collective, life-centered social reproduction. Rather than abstractly denying caregiving, transforming its historically marginalized subjectivity into a shared social responsibility appears as a vanishing point towards new and better futures. This requires both denaturalizing care as "women's nature" and politicizing it as a universal, disruptive force against capitalist logic.

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