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# **Caring for Caregivers: The landscape of paid care work in Latin America and the Caribbean**

Beatrice Fabiani<sup>i</sup>

## **Abstract<sup>1</sup>**

Paid care work will represent an important source of employment in coming decades, as care dependence becomes more prevalent, care needs evolve, and the structure of households changes. But there is little systematic data on the care economy for paid caregivers in Latin America and the Caribbean. This report aims to fill this knowledge gap by quantifying the paid care workforce in the region and describing its sociodemographic and economic profile in 17 countries. Using the most recent pre-pandemic microdata from labor and household surveys, the report examines the care economy for care workers who serve children and adults. The study concludes that there are approximately 8.9 million paid caregivers in the region, including 5.8 million paid workers who take care of children and 3.1 million who look after older people and people with disabilities. Most professionals in the sector are women in their early forties with a secondary-level education and with limited access to social protection benefits. This paper contributes to the ongoing discussion on paid and unpaid care work by emphasizing the importance of supporting a thriving workforce in the region while redistributing the responsibility of care in all dimensions of human life.

**JEL Codes:** J13, J14, J16, N36, E24, H55

**Keywords:** childcare, long-term care, care workers, gender, population aging, human capital, Latin America and the Caribbean, care economy

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## 1. Introduction

Paid and unpaid care work are a critical component of the global economy, providing a range of essential services that support families, individuals, and communities. Paid care work is care provided for compensation to care-dependent people at a center, at home, or in the provider's own home. In contrast, unpaid caregivers receive no monetary compensation for their work.

Caregiving and housekeeping are interconnected but distinct activities within the realm of domestic work. Under the definition used in this paper, caregiving encompasses early childhood education and assistance with activities of daily living for older people and people with disabilities. Housekeeping, on the other hand, includes cleaning, organizing, and maintaining the physical environment. This study focuses on the former only.<sup>2</sup>

In Latin America and the Caribbean, the supply of paid care remains limited, since a significant portion of care is provided informally by family members and friends. Social and cultural norms often prioritize family care over paid care, leading to challenges like low salaries, job insecurity, limited benefits, and inadequate training opportunities for paid caregivers (Stampini et al., 2020). Another result of paid care's limited scope in the region is a scarcity of data on the size, characteristics, and job conditions of paid care workers. Consequently, there is no systematic set of indicators on paid caregivers.

This paper aims to fill this knowledge gap by estimating the number of paid caregivers in the region and describing their demographic and economic profile in 17 countries. Using microdata from household and labor surveys from 2012 to 2019, the report examines the care economy composed of preschool teachers, childcare workers, and personal care workers. The estimates also include domestic workers who provide care for children and adults within the household. The main finding is that 95% of paid care workers are women and that there are approximately 8.9 million paid caregivers in the region: 5.8 million who take care of children and 3.1 million who look after older people and people with disabilities.

The study is organized as follows: Section 2 summarizes the existing literature on paid caregivers in Latin America and the Caribbean. Section 3 describes the methodology used to identify paid caregivers in household and labor surveys. Section 4 estimates the number of caregivers in the region and presents the main demographic and socioeconomic profiles of care workers for 17 countries. Section 5 discusses the study's limitations and possible avenues to improve the results in future research. Section 6 offers some final remarks.

## 2. Existing literature and contribution of this study

In a recent paper describing the size of the paid care sector in Latin America and the Caribbean based on industry codes, Duffy and Armenia (2021) examine the workforce in education, health

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<sup>2</sup> The literature contains different definitions of paid care. For example, Aguirre (2013) divides paid care work into four categories, based on the tasks performed and the recipients of care: 1) childcare for children who have not yet reached compulsory schooling age; 2) care for people with disabilities; 3) care for dependent older people; 4) care that combines housekeeping activities, like home cleaning, and assisting people with care dependence. The definition from ILO (2018) divides care—both paid and unpaid—into two categories: direct care, which involves assistance with personal care tasks, and indirect care, which encompasses activities not related to directly assisting an individual, such as cleaning or cooking.

and social services, and domestic work in 12 countries in the region.<sup>3</sup> They find variation among countries, as the care workforce (in their definition) ranges from 10% of the total workforce in Peru to over 20% in Uruguay. But their findings encompass education (not just preschool), health, and domestic work, while the current policy debate on care systems in the region primarily revolves around three key groups: children under age five, people with disabilities, and care-dependent older people. This study makes a unique contribution by specifically focusing on paid care services provided to people in these categories. It also uses occupational codes instead of industry codes because this information is available for our groups of interest and covers a broader range of countries in the region.

Other studies focus on specific countries. For example, Quevedo et al. (2021) describe the working conditions of paid caregivers in Colombia in 2019 and 2020. They find that over two million women and 600,000 men are employed in the sector. Of this workforce, 36.5% are teachers, 25.9% work in hospitals, 27.8% are domestic workers, 8.9% do social work activities in non-residential settings for older people and people with disabilities and 0.9% work in residential care facilities. As is the case in Duffy and Armenia (2021), this definition of care is broader than the one adopted in the context of building care systems in the region.

For Uruguay, Aguirre (2013) provides a thorough analysis of employed care workers, including caregiver profiles, the cost of training, and the characteristics of people receiving care. The author estimates that there are approximately 45,315 paid care workers of whom 95% are women; 56% work with children, 18% provide care to sick people, and 25% look after older people. Within childcare, over 60% of caregivers are hired directly by families and work mainly at home. In the case of care for adults, one out of three employees works in a nursing home.

In Chile, Villalobos Dintrans et al. (2022) estimate that there are 24,377 paid caregivers who do not live in their place of work, based on data from the Chile National Socioeconomic Characterization Survey. This is in addition to the 48,459 paid live-in caregiver estimated by Velasco and Gazmuri (2021) (who also estimate that there are 24,639 care-dependent people who do not have a caregiver, 471,956 with an unpaid live-in caregiver, and 179,065 with an unpaid live-out caregiver). In Argentina in 2030, estimates from the ILO (2022) show that the activity of taking care of older people has the potential to generate up to 550,000 jobs.

Another body of literature focuses on paid domestic work in Latin America and the Caribbean. The International Labour Organization (ILO, 2021) estimates that 14.8 million people worked as domestic employees in the region in 2019. Valenzuela et al. (2020) find that in Costa Rica (17.5%), Argentina (17.2%), Paraguay (17%), Brazil (14.3%), and Dominican Republic (13.1%), the proportion of women working as paid domestic workers in relation to the total number of employed women exceeds the regional average (9.6%). Most of the women hired as paid domestic workers are between the ages of 30 and 64 and have low levels of education, with 7.3 years of schooling on average, in contrast to 10.2 years for other employed women. Uruguay has the highest level of formal employment in the sector (70.7%), followed by Chile (50.6%), Ecuador (41.7%) and Brazil (38.9%) (*ibid*).

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<sup>3</sup> The countries analyzed are Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Panama, Paraguay, Peru, Uruguay.

Ethnicity is also significant when examining the characteristics of domestic work. Data from 2010 census for eight countries (Brazil, Bolivia, Colombia, Costa Rica, Ecuador, Honduras, Nicaragua, and Panama) shows that 63% of people employed in domestic services were Afro-descendants (UN Women, 2020). Indigenous women represent 28.4% of domestic workers in Mexico and 27.6% in Guatemala (ILO, 2021). Additionally, paid domestic work is an important source of employment for migrant women who make up 17.2% of all domestic workers in the region (ILO, 2015).

When discussing paid domestic work, it is essential to distinguish between caregiving and housekeeping. The literature on the composition of domestic work is relevant to this study's estimates of paid caregivers. Caregiving typically involves providing personal assistance, while housekeeping entails maintaining the home environment. Although a domestic worker can perform both activities, no household or labor surveys in the region differentiate between these two tasks. In Italy, domestic workers have been classified as caregivers or housekeepers, with a distribution of 47.5% and 52.3%, respectively (Domina National Observatory on Domestic Work, 2021). In the Dominican Republic, it is estimated that female domestic workers provide personal care (2.3%), childcare (6.2%), teaching activities (0.2%), and cleaning and domestic work (85.2%) (Oficina Nacional de Estadística, 2021). In Uruguay in 2020, the composition of domestic work is the following: 68.9% are housekeepers, 17.1% provide childcare, and 14% provide care for older people (Asesoría en Políticas de Seguridad Social, 2021). Further information from the 2013 Longitudinal Social Protection Survey in Uruguay shows that out of the total number of households interviews, 6% had service staff. In 16% of these cases, the service staff performed care work, with over half providing childcare, approximately 35% providing care for older persons, and 4% caring for people with disabilities (Aranco and Sorio, 2019).

One study by Villalobos et al. (2022) estimates that in 2020 the region needed approximately 5 million paid caregivers to meet demand for long-term care services for older persons. This demand is projected to grow to 14 million in 2050 due to a sharp increase in the older population. Expanding this research to include care workers for other care-dependent groups, like children and people with disabilities, would provide valuable information for developing policies and interventions that enhance the quality and sustainability of paid care work.

Finally, time-use surveys shed light on the care economy and the sexual division of labor. Data from Chile, Colombia, and Costa Rica shows that between 63% and 84% of unpaid, long-term, family-member caregivers are women and that their work accounts for 72% to 88% of family-provided hours of long-term care (Stampini et al., 2020). Estimates from Rivas et al. (2023) reveal that unpaid caregivers in Chile, Mexico and Colombia spend about 42 hours per week on childcare. Meanwhile, data from UN-ECLAC quantifies the economic worth of unpaid work in the household, which ranges from 15.2% of the GDP in Ecuador to 22.9% of GDP in Uruguay. Women are responsible for over 70% of this production that is not accurately reflected in national account systems (ECLAC, 2016). This information highlights women's unpaid contribution to the system and raises awareness about the care economy's crucial role. It thus complements this study's analysis of paid care work.

### 3. Methodology<sup>4</sup>

To estimate the number of paid caregivers in the region, this study uses microdata from both household surveys and labor force surveys. Household surveys provide a general overview of living conditions, with information on demographics, education, health, housing, and consumption patterns, while labor surveys focus specifically on the labor market. Various countries in the region conduct labor force surveys on a regular basis to monitor changes in the labor market and provide data to inform policy decisions. In contrast, household surveys are not conducted as frequently. In most cases, household surveys also incorporate information on labor markets (e.g., in Argentina, Colombia, Panama).

For each country, this study uses the most recent pre-pandemic survey that includes care occupational codes. It does not use data collected during the COVID-19 pandemic because it may present a temporarily altered image of the sector. To estimate the number of caregivers, surveys must include occupational codes and a sufficient sample size, as some care occupations appear in the data with low frequency. The study uses labor force surveys whenever possible, since they are a more appropriate tool for analyzing the characteristics of paid care professionals and their working conditions. In other cases, the study uses household surveys because they have higher-quality data on the paid care sector as a whole. The year of the survey ranges from 2012 in Nicaragua to 2019 in Argentina (Table 1).

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<sup>4</sup> This section explains the methodology this study uses to identify paid caregivers. Readers only interested in estimates of the number of paid caregivers can skip to the next section.

**Table 1 Data source**

Country	Source	Year	Type
Argentina	Encuesta Permanente de Hogares	2019q4	LFS
Bolivia	Encuesta Continua de Hogares	2017	HS
Brazil	Pesquisa Nacional por Amostra de Domicílios Contínua	2019q2	HS
Chile	Encuesta de Caracterización Socioeconómica Nacional	2017	HS
Colombia	Gran Encuesta Integrada de Hogares	2019q3	LFS
Costa Rica	Encuesta Continua de Empleo	2019q4	LFS
Ecuador	Encuesta Nacional de Empleo Desempleo y Subempleo	2019m12	LFS
El Salvador	Encuesta de Hogares de Propósitos Múltiples	2019	HS
Guyana	Labour Force Survey	2017	LFS
Honduras	Encuesta Permanente de Hogares de Propósitos Múltiples	2018	HS
Jamaica	Labour Force Survey	2014	LFS
Mexico	Encuesta Nacional de Ocupación y Empleo	2019q4	HS
Nicaragua	Encuesta Continua de Hogares	2012	HS
Panama	Encuesta de Hogares de Propósitos Múltiples	2019m3	HS
Paraguay	Encuesta Permanente de Hogares	2017	HS
Peru	Encuesta Nacional de Hogares	2019q3	HS
Trinidad & Tobago	Continuous Sample Survey of the Population	2013	LFS
Uruguay	Encuesta Continua de Hogares	2019	HS

**Source:** Prepared by the author. Note: HS household survey; LFS labor force survey. M month; Q quarter.

According to ILO (2013), there are different approaches to identifying caregivers:

- The **task-based approach** classifies caregivers and domestic workers using the International Standard Classification of Occupation (ISCO-88 and ISCO-08).
- The **industry-based approach** categorizes employment by industry using the International Standard Industrial Classification of all Economic Activities (ISIC, Revision 3 or 4).

For domestic work only, the approaches include:

- A **status-in-employment approach**, which is typically used in Latin America, where countries have adapted the International Classification by Status in Employment (ICSE-93) to distinguish between domestic workers and other employees;
- A **household-roster approach**, which helps identify live-in domestic workers but has limited utility since it does not capture live-out employees.

This study uses occupational codes (or the task-based approach) because this information is available for 18 countries in the region and allows disaggregated estimates of the number of caregivers serving adults and the number of caregivers who serve children. This approach focuses on the specific tasks performed by professionals rather than looking at the industry. The analysis uses the same approach for domestic workers to ensure consistent data.

Many countries in Latin America and the Caribbean (Brazil, Chile, Ecuador, El Salvador, Guyana, Jamaica, Nicaragua, Uruguay) use the International Standard Classification of Occupation of 1988 and 2008 (ISCO-88 and ISCO-08) to code occupations. Other countries, like Bolivia, Mexico, and Panama, use national classifications, which are often adaptations of ISCO-88 and ISCO-08. For Colombia and Argentina, the study uses the industry-based approach, since it is the only available option. In the case of Argentina, the industry-based approach makes it possible to estimate the number of paid personal care workers only. Annex I presents the classification used for each country.

The best codes to categorize the activities relevant to this analysis were selected from the official classification for all occupations in each country. This study defines care workers as professionals who are paid to do a job in care occupations. The analysis focuses on three main categories: preschool teachers, childcare workers, and personal care workers.<sup>5</sup> It also includes domestic workers, housekeepers, companions, and valets. By broadening the scope to encompass these categories, the analysis aims to capture the caregiving activities that take place in households, excluding housekeeping duties. The study also includes childcare service managers and elderly care service managers in the calculation of the total number of care workers in the region. However, the characteristics of these professionals cannot be investigated due to the low number of observations. Table 2, which is based on ILO (2012), describes specific tasks and occupations for each of these groups.

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<sup>5</sup> In line with OECD (2020), this study defines personal care workers as those who assist with routine personal care at home or institutions other than hospitals, without being qualified or certified as nurses. This excludes nurses from the study.

**Table 2. Care profiles analyzed**

Code	Profession	Definition
2342, 5312	Preschool teachers (and assistants)	People who provide educational and play activities to children younger than primary school age, as well as care and supervision for children at schools and preschools.
5311	Childcare workers	People who provide care and supervision for children at home and at before-school, after-school, vacation, and daycare centers.
5321, 5322 <sup>(a)</sup>	Personal care workers	People who provide personal care and assistance with mobility and activities of daily living to patients and older people, convalescents, and people with disabilities in healthcare and residential settings.
9111, 5152, 5162	Domestic workers, housekeepers, companions, and valets	People who provide direct and indirect <sup>(a)</sup> care services for a private household or households.
1341, 1343	Childcare service managers and elderly care service managers	Plan, direct, coordinate and evaluate care services for children or people who need them due to ageing.

**Source:** Prepared by the author based on ILO (2012). The code “5329 - Personal care workers in health service not classified elsewhere” was not included because most of the activities it covers are part of healthcare and beyond the scope of this analysis.

**Note:** (a) This study’s analysis distinguishes between housekeeping and caregiving by estimating the number of domestic workers who provide care to children and adults.

This study estimates the total number of paid care workers, including childcare and elderly care service managers when available, in 18 countries. It also analyzes the characteristics of paid care workers (preschool teachers, childcare workers, and personal care workers) in 17 countries, since the number of observations was 30 or more for each category.<sup>6</sup> Honduras only had enough data to analyze the characteristics of childcare professionals. The analysis for Bolivia and El Salvador covers childcare professionals and preschool teachers. For Jamaica, it only examines childcare and care workers.

One of this study’s important contributions is its discussion of the overlap between caregiving and domestic work. While caregivers assist with instrumental activities of daily living, such as bathing, dressing, and grooming, housekeepers are responsible for maintaining a good physical environment. Yet, many housekeepers also have care responsibilities. Countries’ occupational classification systems do not have a code within domestic work that distinguishes between these two different tasks. The most recent information for Uruguay suggests that in 2020, 68.9% of domestic workers were housekeepers, 17.1% were childcare workers, and 14% were caregivers for older people (Asesoría en Políticas de Seguridad Social, 2021). This means approximately 31% of domestic workers were caregivers. These figures are relevant to the discussion on care systems in Latin America and the Caribbean and highlight the importance of taking care provided by domestic workers into account.

<sup>6</sup> The sample size is often too small to conduct descriptive statistics. According to the central limit theorem, the distribution of sample means approaches a normal distribution as the sample size increases, regardless of the population’s distribution. A sample size of 30 or more is typically considered sufficient for this theorem to hold true.

Based on this evidence, and in line with Asesoría en Políticas de Seguridad Social (2021), this study assumes that 31% of domestic workers are caregivers. This value was chosen since it is the most recent and is for Uruguay, a Latin American country. This figure may not be accurate for other countries in the region with different demographic and economic characteristics. However, at least until better country data is available, we argue that our assumption represents an improvement over assuming that none or all domestic workers are care workers.

There is also the challenge of allocating domestic workers with care responsibilities between those who take care of children and those who serve older people and people with disabilities. This study follows the distribution observed for care workers (excluding preschool teachers) employed outside the home. More specifically, it estimates that for the 18 countries being analyzed, an average of 34% of total paid care workers are preschool teachers, 37% are childcare workers, and 29% serve adults. Excluding preschool teachers, 56% of care workers look after children (37/66) and 44% take care of older people and people with disabilities (29/66).<sup>7</sup> The study uses these same percentages to assign domestic workers with care responsibilities to the two groups. Annex II presents the estimates of paid domestic workers with care responsibilities.

Based on the explanation above, Table 3 presents the countries of analysis, the variables of interest, and the professional categories. First, the total number of carers in the region is calculated as the sum of the estimates for paid preschool teachers, childcare workers, childcare service managers, domestic workers with childcare responsibility, personal care workers, elderly care service managers, and domestic workers with adult care responsibilities. The analysis estimates this number for 18 countries, divides it by the total population of these countries, and multiplies it by the total population of Latin America and the Caribbean. The assumption is that the countries with no data are on average similar to those that do have data.

Secondly, for descriptive statistics, the study includes the following professional categories: preschool teachers, childcare workers, personal care workers, and domestic workers. In addition, it estimates the sociodemographic and economic characteristics of all paid professionals who provide care for children or adults, including caregivers within domestic work. Lacking better data, the analysis assumes that domestic workers with care responsibilities have similar characteristics to those of domestic workers without care responsibilities.

This means that, for example, the average years of schooling of paid workers who provide care to adults is calculated as the weighted average of the years of schooling of personal care workers and caregivers within domestic work who serve adults. Meanwhile, the average years of schooling of paid care workers who serve children is calculated as the weighted average years of schooling of childcare workers and caregivers within domestic work who provide care to children. This holds for each variable examined.

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<sup>7</sup> These figures are consistent with Aguirre (2013), who estimated that in Uruguay, 56.5% of paid care workers look after children, 18.3% take care of sick individuals, and 25.3% provide care to adults. In our study, the latter two groups are classified as care for adults.

**Table 3 Variables analyzed and professional categories**

Countries	Variable	Professional categories
18 countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago, and Uruguay	Numbers of paid care workers	<ul style="list-style-type: none"> <li>• <u>Care workers who serve children:</u> <ul style="list-style-type: none"> <li>- Preschool teachers</li> <li>- Childcare workers</li> <li>- Childcare service managers</li> <li>- Domestic workers with childcare responsibilities</li> </ul> </li> <li>• <u>Care workers who serve adults:</u> <ul style="list-style-type: none"> <li>- Personal care workers</li> <li>- Elderly care service managers</li> <li>- Domestic workers with adult care responsibilities</li> </ul> </li> </ul>
All countries presented above except Guyana	<p><u>Sociodemographic:</u> proportion of women in care professions, average age, years of schooling, proportion of people of African or indigenous descent, international migrants</p> <p><u>Economic:</u> contributions to social security, average weekly hours, monthly labor income</p>	<ul style="list-style-type: none"> <li>• <u>Serving children</u> <ul style="list-style-type: none"> <li>- Preschool teachers</li> <li>- Childcare workers</li> </ul> </li> <li>• <u>Serving adults</u> <ul style="list-style-type: none"> <li>- Personal care workers</li> </ul> </li> <li>• Domestic workers</li> <li>• <u>Care workers who serve children:</u> weighted average of the variable of interest for childcare workers and caregivers within domestic work who provide care to children</li> <li>• <u>Care workers who serve adults:</u> weighted average of the variable of interest for personal care workers and caregivers within domestic work who provide care to adults</li> </ul>

**Source:** Prepared by author.

#### 4. Landscape of paid caregivers in Latin America and the Caribbean

##### *How many paid caregivers are there in the region?*

**This analysis estimates the total number of paid caregivers in Latin America and the Caribbean to be approximately 8.9 million.** This workforce is divided into two main segments: care workers who serve children and care workers who serve adults. The childcare profession makes up the largest segment.

**More specifically, there are approximately 5.8 million paid care workers who serve children in the region.** This includes 1.8 million paid preschool teachers, 2.1 million childcare workers, and 1.9 million domestic workers with childcare responsibilities (Table 3, Columns 2, 3 and 4). Importantly, the distinction between care for children and care for adults is not uniformly recognized in all countries. Colombia and Mexico, for instance, group childcare workers and personal care workers, and both fall under personal care. For these two countries, for the purpose of estimations in Table 4, we assume that half of personal care workers work with children, and half with adults. This assumption is based on the countries that have data.

**The study also estimates that there are approximately 3.1 million care workers who serve adults in the region.** This includes 1.5 million personal care workers who provide assistance to older people and people with disabilities and 1.6 million domestic workers with adult care responsibilities (Table 3, Column 5 and 6).

**Table 4 Number of paid caregivers in Latin America and the Caribbean, by country (~2019)**

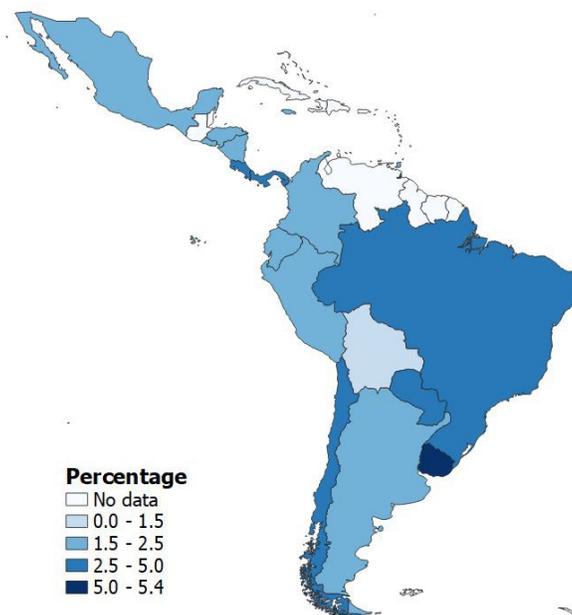
Countries	Care workers who serve children			Care workers who serve adults		Total paid care workers		
	Preschool teachers	Childcare workers	Domestic workers with childcare responsibilities	Personal care workers	Domestic workers with adult care responsibilities	Care workers serving children	Care workers serving adults	Total care workers
Argentina				92,666	126,271		218,937	218,937
Bolivia	15,464	26,047	13,449	3,207	10,464	54,960	13,671	68,632
Brazil	957,019	1,012,550	833,002	765,381	648,111	2,802,571	1,413,492	4,216,063
Chile	77,549	117,117	60,391	73,096	46,987	255,057	120,083	375,140
Colombia	45,495	125,630	123,754	125,630	96,285	294,878	221,915	516,794
Costa Rica	9,073	35,793	18,130	15,799	14,106	62,996	29,905	92,900
Ecuador	24,502	37,777	40,620	22,121	31,604	102,899	53,725	156,623
El Salvador	6,927	9,277	19,803	1,846	15,407	36,007	17,253	53,260
Guyana	1,143	1,233	899	905	700	3,275	1,605	4,880
Honduras	10,378	43,032	17,934	3,469	13,953	71,344	17,422	88,767
Jamaica	370	7,296	5,881	6,680	4,576	13,547	11,256	24,803
Mexico	262,607	170,039	327,076	170,039	254,479	759,722	424,518	1,184,240
Nicaragua	11,176	25,184	16,513	7,192	12,848	52,873	20,041	72,913
Panama	5,342	36,267	9,629	5,325	7,492	51,238	12,817	64,055
Paraguay	6,354	32,095	33,621	7,603	26,158	72,070	33,761	105,831
Peru	135,784	33,859	71,876	9,475	55,923	241,520	65,398	306,917
Trinidad and Tobago	3,577	3,151	1,099	6,984	855	7,827	7,839	15,666
Uruguay	8,158	22,015	12,379	35,100	9,631	42,552	44,731	87,283
<b>Total</b>	<b>1,580,920</b>	<b>1,738,361</b>	<b>1,606,057</b>	<b>1,352,517</b>	<b>1,375,851</b>	<b>4,925,338</b>	<b>2,728,368</b>	<b>7,653,706</b>
<b>LAC (unweighted)</b>	<b>1,832,476</b>	<b>1,817,874</b>	<b>1,861,614</b>	<b>1,567,730</b>	<b>1,594,777</b>	<b>5,709,059</b>	<b>3,162,507</b>	<b>8,871,566</b>

**Source:** Author's calculations using the data described in Table 1.

**Note:** The population used for each country to extrapolate the number of care workers for the region is from the United Nations World Population Prospects (2022) figure for the year of the household survey. Total paid care workers serving children (Column 7) is the sum of preschool teachers, childcare workers, and domestic workers with childcare responsibilities. Total paid care workers serving adults is the sum of personal care workers and domestic workers with adult care responsibilities (Column 8). Childcare service managers were counted in the childcare workers, while elderly care service managers were counted in personal care workers. For Argentina, the industry-based approach is the only available option which allows to estimate the number of paid personal care workers.

**The paid care sector is most developed in Uruguay, Chile, Costa Rica, and Brazil.** Figure 1 presents the size of the care profession as a percentage of total employment. The sector is larger in the Southern Cone, accounting for 5.36% of total employment in Uruguay, 4.76% in Chile, and 4.52% in Brazil. It is smallest in Bolivia and Peru, where it represents 1.26% and 1.77% of total employment, respectively. When the care sector is analyzed as a percentage of female employment, the proportions are twice as large, accounting for 6.60% of total female employment versus an average of 3.18% of all employment for both men and women. This emphasizes the women’s significant role in the care economy across the region. Several factors can explain how the paid care sector has developed, including demographic and economic aspects, labor force participation, policies, and systems. One hypothesis is that countries with a greater proportion of care professions have a correspondingly higher female labor participation rate. This may be due, on one hand, to the fact that developed care services allow a higher female labor force participation; on the other hand, to the fact that the care sector has been shown to create employment opportunities that are most often taken by women. However, the available data does not establish a clear correlation between these variables, indicating that other factors may contribute to the larger size of the care sector in specific countries.

**Figure 1 Paid care workers as a percentage of employed people**

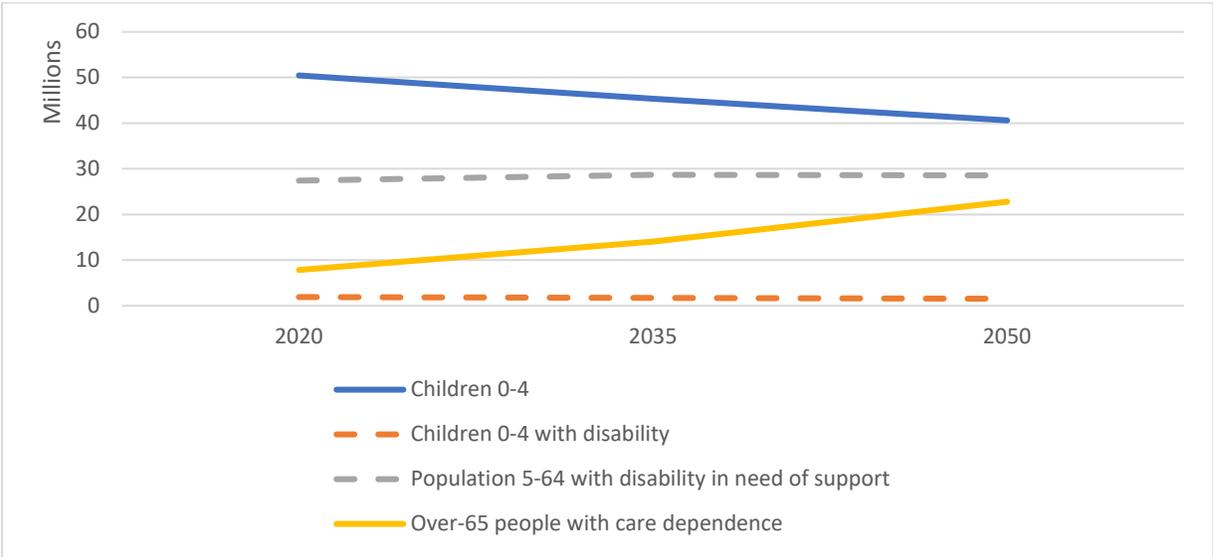


**Source:** Author’s calculations using the data described in Table 1.

**Demographic shifts in the region will transform the composition of the care profession, increasing the relative weight of care for older people.** Figure 2 shows how care dependence will evolve from 2020 to 2050 within four different groups: children ages 0-4, children ages 0-4 with disabilities, people aged 5-64 with disabilities who require personal assistance, and care-dependent people over age 65. The graph highlights significant growth in care-dependent people over age 65, a group estimated to reach 23 million by 2050 (Aranco et al., 2022b). Concurrently, the number of children 0-4 years old is projected to gradually decline from 50 to 40 million between 2020 and 2050 (United Nations, Department of Economic and Social Affairs,

Population Division, 2023). Based on the current prevalence of disability among children aged 0-4 years of 3.8% (UNICEF, 2022), it is estimated that this group will decrease from 1.9 to 1.5 million by 2050. Meanwhile, the prevalence of disability among children aged 5-17 in the region is 12.6% (UNICEF, 2022), while data from Peru suggests that 40% of people with disabilities require personal assistance (IDB, 2021). These figures are used to estimate the number of people aged 5-64 with disabilities who require assistance, with the assumption that 40% of 12.6% of this age group need support.<sup>8</sup> This group is estimated to rise from 27 to 28 million between 2020 and 2050. Overall, the number of people requiring care is expected to grow, and there will be substantial shift in the nature of the demand, with a greater emphasis on caring for older people.

**Figure 2 Shifts in the care-dependent population (millions)**



**Source:** Prepared by the author based on United Nations, Department of Economic and Social Affairs, Population Division (2023), Aranco et al. (2022b), UNICEF (2022), IDB (2021).

<sup>8</sup> In the absence of other estimates, this analysis assumes that the prevalence of disability within this group will remain constant. Therefore, any changes in care needs are primarily driven by the overall increase in population.

## ***Caring for caregivers: who are they?***

**Women make up 95% of paid care workers in the region.** By comparison, women constitute a much smaller share of total employment, at an average of 42.08%. The feminization of the care profession is more pronounced for workers who serve children (97.33%) than for those serving adults (89.51%) (Table 5, Column 6 and 7). Panama and Costa Rica are partial exceptions. In those countries, 35-40% of personal care workers are men (Table 5, Column 4). The unequal gender distribution reflects the fact that women have traditionally shouldered the responsibility of caregiving in their private lives, and this socially accepted role has extended to the labor market.

**A significant portion of paid care workers are in their early forties.** There are no substantial age differences between care workers who serve children and those who assist adults. These workers have average ages of 40.23 and 42.29, respectively (Table 6, Column 6 and 7). These figures align closely with the average age of all employed individuals, which is 39.68. In contrast, unpaid caregivers have a very different age distribution. Estimates from Rivas et al. (2023) reveal significant variations in the age of unpaid caregivers based on time-use surveys. In Chile, for example, caregivers for children under age 5 are 33.62 years old on average, in contrast to caregivers for older people, who have an average age of 57.72. Mexico, Costa Rica, and Colombia show similar patterns.

**Paid caregivers have a secondary level of education, on average, with substantial differences among care professions.** For example, preschool teachers tend to have higher levels of education and have often completed 15 years of schooling (Table 7, Column 2). This reflects their specialized training in early childhood. On the other end of the spectrum, paid domestic workers have 7.87 years of schooling (Table 7, Column 5). The average level of education of care professionals, at 8.97 years of schooling, is similar to that of the whole workforce (9.85 years) (Table 7, Column 8 and 9)<sup>9</sup>.

**In terms of ethnicity, approximately 25% of paid care professionals identify as Afro-descendants, and 8% as indigenous** (Table 8, Column 10). This ethnic profile varies substantially by care profession. For instance, the percentage of Afro-descendant workers is lowest among preschool teachers (21.67%; Table 8, Column 3) and highest among personal care workers (27.58%; Table 8, Column 5). The percentage of indigenous people is lowest among personal care workers (2.94%; Table 8, Column 5) and highest among childcare workers (12.30%; Table 8, Column 4). Additionally, there are significant variations in the ethnic composition of the workforce across the different countries in the region. These differences may be influenced by historical, cultural, and demographic factors specific to each country.

**Overall, our data suggests that professionals who identify as Afro-descendants are overrepresented within the paid care sector compared to the average workforce (24.29% versus 20.92%)** (Table 8, Column 9 and 10). The share of care professionals who identify as Afro-descendants is relatively high in Brazil (62%), Trinidad and Tobago (52%), and

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<sup>9</sup> This confirms the findings of Aguirre (2013), who shows that the educational profile of paid care occupations (not including preschool teachers) in Uruguay does not significantly differ from that of other occupations, although there is a lower percentage of people with a tertiary level of education.

Panama (30%). The results for Brazil align with estimates provided by ECLAC for eight countries in 2010. The data show that 63% of people employed in domestic services were Afro-descendants (UN Women, 2020).<sup>10</sup>

**International migrants make up 7% of paid care workers.** This figure exceeds the percentage of migrants in the total employed population, which stands at 4.44% on average (Table 9, Columns 8 and 9), but the difference is not statistically significant. The percentage of migrants is higher among paid care workers who serve adults (8.81%) than among paid care workers who serve children (5.13%) (Table 9, Columns 6 and 7). Migration patterns in the care sector of Latin America and the Caribbean differ from those observed in OECD countries, where migrants constitute a larger share of the care workforce. For instance, in Israel, personal care workers constitute 71% of the workforce, followed by Ireland (48%), Canada (34%), Switzerland (31%), and Australia (9%) (OECD, 2020). In Italy, 68.8% of domestic workers are foreigners, and 50.3% of them work as caregivers serving older people (Domina National Observatory on Domestic Work, 2021). These figures indicate that unlike in other areas of the world, the supply of national care workers in Latin America and the Caribbean is sufficient to meet the current demand for paid care services, resulting in lower shares of migrant workers in the sector. In contrast, European countries face a higher demand for care services but have a relatively low proportion of personal care workers in their populations, so the demand is mainly met by international migrants.

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<sup>10</sup> Data from ECLAC (2018) also shows that one in five women of African descent is engaged in paid domestic work.

**Table 5 Proportion of women in paid care occupations (%)**

Countries	Serving children		Serving adults	Domestic workers	Total paid care workers			All employed people
	Preschool teachers	Childcare workers	Personal care workers		Care workers serving children	Care workers serving adults	Total care workers	
Argentina			76.87	93.60		87.31	87.31	43.98
Bolivia	90.32	99.13		98.35	98.89		98.89	43.37
Brazil	92.84	96.08	93.60	93.62	95.08	93.61	94.35	44.07
Chile	99.03	92.01	87.28	94.21	92.67	90.32	91.49	43.48
Colombia	92.17		92.66	93.52	93.52	92.94	93.23	41.44
Costa Rica	100.00	93.65	64.22	99.22	95.29	82.46	88.87	38.29
Ecuador	100.00	100.00	93.67	96.71	98.45	95.60	97.03	41.59
El Salvador	94.82	97.80		98.57	98.29		98.29	40.85
Honduras		100.00		95.44	98.83		98.83	38.60
Jamaica		100.00	68.92	98.40	99.36	57.31		43.40
Mexico	94.24		96.64	97.78		97.18	97.18	38.52
Nicaragua	98.70	98.30	90.03	98.94	98.52	96.14	97.33	44.49
Panama	97.85	98.85	60.29	96.86	98.49	83.39	90.94	41.82
Paraguay	93.06	96.68	90.23	99.24	97.87	97.51	97.69	40.00
Peru	94.35	97.99	98.03	96.52				44.13
Trinidad and Tobago	100.00	100.00	97.56	98.14	99.58	97.64	98.61	42.19
Uruguay	98.44	97.32	90.04	98.82	97.80	92.24	95.02	45.13
<b>Average (unweighted)</b>	96.13	97.70	85.72	96.94	97.33	89.51	95.00	42.08

**Source:** Author's calculations using the data described in Table 1.

**Note:** Care workers serving children is the weighted average of childcare workers and domestic workers. Empty cells indicate a lack of data.

**Table 6 Average age of paid care professionals**

Countries	Serving children		Serving adults	Domestic workers	Total paid care workers			All employed people
	Preschool teachers	Childcare workers	Personal care workers		Care workers serving children	Care workers serving adults	Total care workers	
Argentina			41.19	42.90		42.26	42.26	41.41
Bolivia	38.12	29.49		38.36	32.15		32.15	40.01
Brazil	38.08	35.65	44.11	44.31	39.17	44.21	41.69	39.90
Chile	37.09	43.44	43.77	49.21	45.17	46.16	45.66	42.66
Colombia	40.26		41.28	44.09	44.09	42.17	43.13	39.67
Costa Rica	37.58	47.69	42.14	44.07	46.61	43.14	44.88	41.28
Ecuador	38.74	38.69	43.06	43.17	40.80	43.13	41.96	40.36
El Salvador	42.23	37.07		39.21	38.44		38.44	38.97
Honduras		40.36		32.56	38.36		38.36	36.70
Jamaica		45.81	40.44	47.87	46.64	43.82	45.23	40.94
Mexico			37.32	42.49	42.49	39.79	41.14	39.53
Nicaragua	33.94	27.60	41.82	34.14	29.90	36.56	33.23	33.80
Panama	40.28	41.89	41.03	43.26	42.14	42.44	42.29	41.27
Paraguay	35.55	28.37	36.42	35.38	31.63	35.58	33.60	37.34
Peru	37.56	34.89	36.29	41.45	39.07	40.82	39.95	40.16
Trinidad and Tobago	40.27	44.32	44.40	59.11	47.64	46.31	46.97	39.31
Uruguay	37.79	36.26	45.46	46.13	39.40	45.62	42.51	41.34
<b>Average (unweighted)</b>	38.27	37.97	41.34	42.81	40.23	42.29	40.79	39.68

**Source:** Author's calculations using the data described in Table 1.

**Note:** Empty cells indicate a lack of data.

**Table 7 Years of schooling of paid care professionals**

Countries	Serving children		Serving adults	Domestic workers	Total paid care workers			All employed people
	Preschool teachers	Childcare workers	Personal care workers		Care workers serving children	Care workers serving adults	Total care workers	
Argentina			15.36	10.98		12.62	12.62	13.63
Bolivia	14.39	10.85		7.72	9.91		9.91	9.16
Brazil	15.03	9.91	8.85	6.57	8.56	7.69	8.13	10.37
Chile	15.34	11.49	12.20	9.50	10.89	11.01	10.95	12.26
Colombia	13.65		10.64	7.37		9.60	9.60	9.76
Costa Rica	15.17	7.22	9.77	7.04	7.17	8.35	7.76	9.89
Ecuador	15.78	10.64	10.98	7.98	9.39	9.07	9.23	9.44
El Salvador	15.75	8.45		5.99	6.87		6.87	8.15
Honduras		6.79		5.96	6.58		6.58	6.84
Jamaica		9.20	9.89	9.19	9.20	9.57	9.38	10.00
Mexico	15.79		10.02	7.44		8.79	8.79	10.13
Nicaragua	11.11	7.47	10.51	6.06	6.97	7.46	7.22	6.67
Panama	15.70	9.83	10.14	8.83	9.65	9.31	9.48	10.83
Paraguay	15.02	8.69	11.02	8.33	8.53	8.85	8.69	9.82
Peru	14.62	10.57	11.07	9.18	9.68	9.41	9.55	10.13
Uruguay	12.85	9.13	9.31	7.79	8.70	8.93	8.82	10.51
<b>Average (unweighted)</b>	14.63	9.25	10.75	7.87	8.62	9.28	8.97	9.85

**Source:** Author's calculations using the data described in Table 1.

**Note:** Empty cells indicate a lack of data. This information was not available for Trinidad and Tobago.

**Table 8 Proportion of Afro-descendants or indigenous people in paid care occupations (%)**

Countries	Ethnicity	Serving children		Serving adults	Domestic workers	Total paid care workers			All employed people
		Preschool teachers	Childcare workers	Personal care workers		Care workers serving children	Care workers serving adults	Total care workers	
Bolivia	Indigenous	17.58	11.87		20.86	14.56		14.56	43.07
	Other	82.42	88.13		78.95	85.38		85.38	56.68
Brazil	Indigenous	0.53	0.79	0.33	0.42	0.64	0.38	0.51	0.41
	Afro-descendant	51.90	59.64	57.78	66.63	62.48	62.27	62.38	53.79
	Other	47.57	39.57	41.89	32.94	36.88	37.34	37.11	45.80
Chile	Indigenous	9.32	10.85	7.01	10.11	10.63	8.37	9.50	8.48
	Other	90.68	89.15	92.99	89.90	89.37	91.63	90.50	91.53
Colombia	Indigenous	0.95		2.56	3.86		2.97	2.97	2.39
	Afro-descendant	4.90		8.31	8.48		8.36	8.36	7.79
	Other	94.15		89.13	87.66		88.66	88.66	89.81
Ecuador	Indigenous	0.40	0.83	0.00	5.00	2.80	3.17	2.98	13.72
	Afro-descendant	14.08	5.64	1.74	8.83	7.14	6.24	6.69	5.03
	Other	87.82	93.52	98.26	87.80	90.82	91.62	91.22	82.61
Panama	Indigenous	2.74	5.79	2.25	6.77	5.97	5.11	5.54	11.11
	Afro-descendant	26.20	32.09	43.33	23.11	30.47	30.56	30.51	26.86
	Other	71.06	62.12	54.42	70.12	63.56	64.33	63.95	62.02
Peru	Indigenous	19.36	53.65	5.14	20.55	32.54	18.67	25.60	28.74
	Afro-descendant	4.16	5.07	17.37	6.01	5.67	7.40	6.53	7.11
	Other	76.48	41.28	77.49	73.44	61.80	73.93	67.86	64.15
Trinidad and Tobago	Afro-descendant	46.23	46.94	58.13	48.54	47.30	56.89	52.09	41.30
	Indian	38.68	24.49	16.67	31.30	26.02	18.57	22.29	37.59
	Other	15.09	28.57	25.20	20.16	26.68	24.55	25.62	21.12
Uruguay	Indigenous	1.90	2.31	3.29	2.64	2.41	3.12	2.77	1.64
	Afro-descendant	4.20	6.76	6.38	8.44	7.29	6.89	7.09	4.54
	Other	93.90	90.71	90.34	88.93	90.15	89.98	90.06	93.77
<b>Average (unweighted)</b>	Indigenous	6.60	12.30	2.94	8.78	9.94	5.97	8.06	13.69
	Afro-descendant	21.67	26.02	27.58	24.29	26.72	25.52	24.81	20.92
	Other	73.24	66.63	71.22	69.99	68.08	70.26	71.15	67.50

**Source:** Author's calculations using the data described in Table 1.

**Note:** This information was not available for Argentina, Costa Rica, El Salvador, Honduras, Jamaica, Mexico, Nicaragua, and Paraguay. Empty cells indicate a lack of data.

**Table 9 Proportion of international migrants in paid care occupations (%)**

Countries	Serving children		Serving adults	Domestic workers	Total paid care workers			All employed people
	Preschool teachers	Childcare workers	Personal care workers		Care workers serving children	Care workers serving adults	Total care workers	
Argentina			7.21	13.33		11.03	11.03	6.15
Bolivia	0.00	0.74		0.17	0.57		0.57	0.73
Chile	1.55	6.10	14.12	10.35	7.37	12.47	9.92	6.49
Colombia	0.05		2.50	6.32		3.72	3.72	5.17
Costa Rica		5.85	23.62	37.64	15.26	30.92	23.09	12.42
Ecuador	0.69	1.16	0.58	1.80	1.46	1.35	1.41	1.83
Paraguay	0.00	1.51	2.17	1.96	1.72	2.00	1.86	1.50
Trinidad and Tobago	4.72	6.12	5.28	10.88	7.19	6.01	6.60	2.67
Uruguay	1.90	2.18	3.10	2.58	2.31	2.97	2.64	2.98
<b>Average (unweighted)</b>	1.27	3.38	7.32	9.45	5.13	8.81	6.76	4.44

**Source:** Author's calculations using the data described in Table 1.

**Note:** This information was not available for Brazil, El Salvador, Honduras, Jamaica, Mexico, Nicaragua, and Panama. Empty cells indicate a lack of data.

### ***Caring for caregivers: what are their working conditions?***

**Only 27% of paid caregivers are formally employed.** Approximately 23.40% of care workers who serve children and 34.35% of care workers who serve adults pay contributions to social security (Table 10, Column 6 and 7).<sup>11</sup> These values underscore the precarious conditions of paid care professionals, particularly when compared with the overall rate of formal employment of 42.71%. However, this aspect varies among care categories. Preschool teachers have the highest level of formality, at 72.37% on average (Table 10, Column 2). Meanwhile, 43.46% of childcare workers are formally employed compared to 22.90% of personal care workers, which is a statistically significant discrepancy of 20.56 percentage points (Table 10, Column 3 and 4). The informal nature of paid care reflects existing gender disparities and leads to lower access to social security benefits for women.<sup>12</sup>

**Paid professional caregivers work an average of 38 hours per week.** More specifically, professionals who serve children work an average of 38.91 per week, while those who serve adults work 37.28 hours (Table 11, Columns 6 and 7). These values are in line with the average workload of all employed people in the region, which is 40.18 hours per week. However, there is substantial variation within the care profession. Preschool teachers, for example, work 33.20 hours per week on average, in contrast to personal care workers, who work an average of

<sup>11</sup> It is important to make a distinction between affiliation and contribution. Affiliation is the first requirement to be fulfilled in order to belong to a social security system, namely the access to the rights and the obligations that this offers and imposes. Without this step, no one can demand the provision of services, the recognition of economic benefits (incapacity or leave), or pensions. Contribution is the obligation arising from belonging to a social security system, that is the obligation to pay social security contributions once the worker is affiliated. Labor and household surveys of Latin America and the Caribbean present both information in most cases. In this study we focus on contributions to social security paid by care professionals, which will inform us on the level of formality in the sector.

<sup>12</sup> Quevedo et al. (2021) (using a broader definition of the care sector) report that in 2019 only 59% of women working in the care sector in Colombia contributed to social security, in contrast to 83% of men in the same sector.

39.94 weekly hours (Table 11, Columns 2 and 4). The figures suggest that these activities may be part-time in some cases, like in Uruguay, where childcare workers work 25.67 hours per week on average.<sup>13</sup>

**Over 61% of childcare workers and 78% of domestic workers perform their job in private households**, according to information on the workplace of paid care workers in Uruguay. Preschool teachers work in fixed establishments (99%), while care workers who look after older people and people with disabilities work both in establishments (58%) and at home (40%) (Encuesta Continua de Hogares, 2019).<sup>14</sup>

**Paid caregivers often earn less than the minimum wage, averaging 249 US dollars per month.** Paid care workers serving children earn only 222.36 dollars per month, while those serving adults earn 305.24 dollars per month (Table 12, Column 6 and 7). The exception is preschool teachers, who earn an average of 555.61 dollars per month. This income level exceeds the overall workforce's average earnings of 492.41 dollars per month (Table 12, Column 2 and 8) and reflects this group's relatively high level of education. Additionally, Table 13 provides information on monthly labor income as a proportion of the minimum wage. On average, paid care workers earn approximately 74% of the minimum wage (Table 13, Column 8). This pay gap is more pronounced for care workers serving children, whose earnings amount to 62% of the minimum wage, while care workers serving adults receive a salary equivalent to 88% of the minimum wage (Table 13, Column 6 and 7). In contrast, preschool teachers earn an average of 1.59 times the minimum wage, exceeding the average earnings of the total employed population (1.45 times the minimum wage).

These findings reveal discrepancies in the remuneration and working conditions among different paid care professions. For a job to be good quality, it must offer a certain level of protection, including social security benefits and the possibility of promotion as necessary conditions (ILO, 2002; Esquivel, 2010). When care workers are offered formal and quality employment, this improves the quality of the service, which benefits both providers and recipients. The academic literature points out that care professions face an income penalty compared to other non-care occupations with similar characteristics. This is explained by a wage penalty on the demand side, as people need care when they are the least able to pay for it, meaning that it falls to family members or the state to pay for the services (England et al., 2001). This penalty also takes a heavier toll on women because they make up a greater share of workers in the care industry (*ibid*). In addition, the wage penalty is smaller in the public sector (Razavi and Staab, 2008).

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<sup>13</sup> Lopez Boo and de la Paz Ferro (2019) find the following distribution of working hours among staff at early childhood centers in the greater Buenos Aires in 2017: 32.63% are full-time, 29.47% are part-time in the morning, and 37.89% are part-time in the afternoon. Conversely, estimates from Aguirre (2013) show that in Uruguay caring for older people entails a significant workload (45 hours per week) in contrast to caring for children (31.5 hours per week). Women who take care of older people have significantly longer workweeks than women in other occupations (45 hours versus 35 hours).

<sup>14</sup> Data from Aguirre (2013) for Uruguay also reveals that most paid caregivers work in the private sector: only one in ten are part of the public sector, versus an average of 16% in the overall workforce.

**Table 10 Percentage of paid care professionals who contribute to social security**

Countries	Serving children		Serving adults	Domestic workers	Total paid care workers			All employed people
	Preschool teachers	Childcare workers	Personal care workers		Care workers serving children	Care workers serving adults	Total care workers	
Argentina			41.57	23.20		30.11	30.11	46.97
Brazil	85.66	42.27	45.30	39.68	41.22	42.44	41.83	62.77
Chile	96.33	74.62	74.87	63.78	71.37	70.00	70.68	78.37
Colombia	76.63		52.67	20.42		42.40	42.40	38.20
Costa Rica	57.71	20.50	66.26	25.97	22.12	45.26	33.69	63.96
Ecuador	93.26	9.07	21.29	18.20	13.38	19.33	16.35	29.11
El Salvador	25	12.21		1.04	5.07		5.07	26.39
Honduras		2.49		1.33	2.19		2.19	16.02
Mexico	82.30		17.92	1.12		9.91	9.91	36.56
Nicaragua	25.62	1.11	58.28	0.86	1.02	18.94	9.98	15.89
Panama	87.29	35.93	39.19	36.69	36.07	37.61	36.84	58.39
Paraguay	73.21	0.50	17.35	5.50	2.83	7.78	5.31	21.74
Peru	65.68	21.10	17.35	22.06	21.71	21.41	21.56	28
Uruguay	99.61	32.07	70.08	58.20	40.38	67.10	53.74	75.49
<b>Average (unweighted)</b>	<b>72.37</b>	<b>22.90</b>	<b>43.46</b>	<b>22.72</b>	<b>23.40</b>	<b>34.36</b>	<b>27.12</b>	<b>42.71</b>

**Source:** Author's calculations using the data described in Table 1.

**Note:** This information was not available for Bolivia, Jamaica, and Trinidad and Tobago. To ensure the data's accuracy, the overall formal employment rates were checked against information from the System on Labor Markets and Social Security (IDB, 2023). This information is similar to our data and confirms that 43% of workers are formally employed in the countries under consideration. However, this variable may be missing observations in some countries. Empty cells indicate a lack of data.

**Table 11 Hours per week worked by paid care professionals**

Countries	Serving children		Serving adults	Domestic workers	Total paid care workers			All employed people
	Preschool teachers	Childcare workers	Personal care workers		Care workers serving children	Care workers serving adults	Total care workers	
Argentina			27.37	23.08		24.69	24.69	38.25
Bolivia	26.32	40.36		41.80	40.79		40.79	42.39
Brazil	32.35	35.11	41.31	30.74	33.34	35.94	34.64	38.81
Chile	41.81	38.64	46.45	34.63	37.44	41.26	39.35	42.58
Colombia	41.07		39.01	42.06		39.98	39.98	44.33
Costa Rica	34.17	39.74	40.97	23.42	34.91	31.83	33.37	42.23
Ecuador	38.89	36.72	33.29	31.66	34.33	32.26	33.29	37.14
El Salvador	31.21	39.67		46.73	44.18		44.18	42.00
Honduras		46.34		48.36	46.86		46.86	40.78
Jamaica		43.95	44.62	39.93	42.34	42.49	42.41	43.36
Mexico	27.58		36.75	30.79		33.91	33.91	41.80
Nicaragua	28.71	37.81	44.93	46.76	40.96	46.18	43.57	34.23
Panama	39.10	38.39	45.23	35.23	37.82	38.91	38.37	36.93
Paraguay	26.55	42.27	43.15	37.09	39.86	38.26	39.06	42.70
Peru	29.10	29.67	37.60	41.22	37.04	40.78	38.91	39.54
Trinidad and Tobago	34.77	36.11	38.56	35.24	35.91	38.13	37.02	39.08
Uruguay	29.60	25.67	36.14	22.54	24.67	32.73	28.70	36.89
<b>Average (unweighted)</b>	33.20	38.83	39.94	35.96	38.91	37.28	38.15	40.18

**Source:** Author's calculations using the data described in Table 1.

**Note:** Empty cells indicate lack of data.

**Table 12 Monthly labor income of care professionals and all employed people (US\$)**

Countries	Serving children		Serving adults	Domestic workers	Total paid care			All employed people
	Preschool teachers	Childcare workers	Personal care workers		Care workers serving children	Care workers serving adults	Total care workers	
Argentina			351.68	173.65		240.56	240.56	523.80
Bolivia	387.13	205.42		234.86	214.25		214.25	342.26
Brazil	482.04	234.28	299.32	222.66	229.56	260.39	244.98	562.24
Chile	727.06	408.11	524.01	388.10	402.12	464.31	433.21	796.65
Colombia	402.92		238.75	169.87		216.83	216.83	347.40
Costa Rica	1180.76	250.59	578.18	296.91	264.30	431.62	347.96	841.30
Ecuador	624.15	247.35	296.33	254.33	250.64	269.65	260.14	456.89
El Salvador	690.55	147.18		175.54	165.31		165.31	333.51
Honduras		84.95		110.79	91.59		91.59	206.96
Mexico	257.50		159.50	155.43		157.56	157.56	208.47
Nicaragua	90.43	44.25	196.99	91.33	60.84	124.59	92.72	152.76
Panama	993.68	190.87	530.74	322.74	214.68	399.36	307.02	722.55
Paraguay	442.52	169.77	293.82	210.51	188.71	226.55	207.63	385.77
Peru	330.39	158.69	231.97	204.68	188.03	208.01	198.02	339.17
Trinidad and Tobago	489.25	356.46	524.74	343.47	353.55	501.21	427.38	798.63
Uruguay	680.13	263.00	517.85	316.74	280.10	467.45	373.78	860.19
<b>Average (unweighted)</b>	555.61	212.38	364.91	229.47	223.36	305.24	248.68	492.41

**Source:** Prepared by the author based on the sources presented in Table 3 and World Bank Data (2023).

**Note:** Monthly labor income figures were adjusted using the exchange rate during the year of the household and labor surveys and based on World Bank data (2023). The monthly labor income analysis included all employed people, with no exclusion of zero values when encountered. This information was not available for Jamaica. Empty cells indicate a lack of data.

**Table 13 Monthly labor income of care professionals and all employed people, as a proportion of the minimum wage**

Countries	Serving children		Serving adults	Domestic workers	Total paid care workers			All employed people
	Preschool teachers	Childcare workers	Personal care workers		Care workers serving children	Care workers serving adults	Total care workers	
Argentina			1.08	0.54		0.74	0.74	1.61
Bolivia	1.34	0.71		0.81	0.74		0.74	1.18
Brazil	1.91	0.93	1.18	0.88	0.91	1.03	0.97	2.22
Chile	1.75	0.98	1.26	0.93	0.97	1.12	1.04	1.91
Colombia	1.60		0.95	0.67		0.86	0.86	1.38
Costa Rica	1.80	0.38	0.88	0.45	0.40	0.66	0.53	1.28
Ecuador	1.58	0.63	0.75	0.65	0.64	0.68	0.66	1.16
El Salvador	2.48	0.53		0.63	0.59		0.59	1.20
Honduras		0.23		0.30	0.25		0.25	0.56
Mexico	1.87		1.16	1.13		1.14	1.14	1.51
Nicaragua	0.67	0.33	1.47	0.68	0.45	0.93	0.69	1.14
Panama	1.65	0.32	0.88	0.54	0.36	0.66	0.51	1.20
Paraguay	1.22	0.47	0.81	0.00	0.25	0.16	0.20	1.06
Peru	1.19	0.57	0.83	0.73	0.67	0.75	0.71	1.22
Trinidad and Tobago	1.58	1.15	1.69	1.11	1.14	1.61	1.38	2.57
Uruguay	1.60	0.62	1.22	0.74	0.66	1.10	0.88	2.02
<b>Average (unweighted)</b>	1.59	0.60	1.09	0.67	0.62	0.88	0.74	1.45

**Source:** Prepared by the author based on the sources presented in Table 3 and World Bank Data (2023).

**Note:** The minimum wage used is the one in force during the year of the household and labor surveys and is based on the Information System on Labor Markets and Social Security from the IDB (2023). For Trinidad and Tobago, the minimum wage was based on Mahabir et al. (2013), which reports a minimum wage of T\$12.50 per hour for the year 2011. This value was multiplied by 160 hours to compare it with monthly labor income statistics.

## 5. Limitations of the analysis

This study's estimates have some limitations. First, in some instances the number of paid caregivers or their composition cannot be estimated based on the available data. For example, the data from Jamaica appears to underestimate the number of preschool teachers in the country. In Mexico and Colombia, the national classification lumps together caregivers who serve children with those who assist adults, so it is not possible to ascertain the exact number of paid care professionals in each of these categories.

Second, it is not easy to use other studies to validate this study's estimates, since their definitions of the care sector differ. For example, Quevedo et al. (2021) estimate that Colombia has 2.6 million care workers, versus this study's estimate of 516,794. In Quevedo et al. (2021), care includes a broader range of professions, including all educational, health care, and domestic work activities. By contrast, our study includes only preschool education and excludes human health care activities. Despite this difference in definition, some estimates can be compared and provide comfort on the accuracy of the figures presented in this paper. Quevedo et al. (2021) estimate there to be 256,947 paid adult caregivers and 724,244 domestic workers, while this study's estimates are 251,260 and 709,803, respectively. These slight differences arise because the two studies use different versions of the occupational classification. This analysis uses "Clasificación

Industrial Internacional Uniforme de todas las Actividades Económicas (CIIU), Revisión 3,” whereas Quevedo et al. (2021) employ CIIU Revisión 4. Additionally, the Chile National Socioeconomic Characterization Survey reports that there are approximately 54,459 paid caregivers (whether live-in or live-out) who help people perform activities of daily living (Villalobos Dintrans et al., 2019). This is in line with our estimate of 73,096 personal care workers who provide assistance in people’s homes or in institutions.

A third limitation of this study has to do with quantifying caregivers within domestic workers. The value underlying the estimates of caregivers is based on research describing the composition of domestic work, most recently in 2021 in Uruguay (Asesoría en Políticas de Seguridad Social, 2021). However, the composition of domestic work may vary from country to country, and this study’s calculations only provide a rough estimate of how many domestic workers could be classified as caregivers. A more detailed study of the tasks performed by domestic workers would be needed to improve these estimates. More broadly, this research would also better inform the design and implementation of national care systems.

Finally, this study defines personal care workers as those who assist with routine personal care at home or in institutions (other than hospitals) without being qualified or certified as nurses. They generally work to implement preestablished care plans and practices and under the supervision of health personnel. In contrast, our analysis of the total number of long-term care workers differs from the OECD’s. While OECD (2020) takes both health and social components into account (showing that personal care accounts for 70% of the total long-term care workforce, and the health component accounts for the remaining 30%), this study focuses solely on the social dimension. Future work is needed to generate estimates that can be compared with those of the OECD.

## **6. Conclusions and policy recommendations**

This is the first study to quantify paid caregivers in Latin America and the Caribbean and describe the sector’s components in socioeconomic terms. By helping characterize the care workforce, this study enriches the discussion about the region’s care systems and care economy.

The analysis estimates there to be over 8.9 million paid caregivers in the region, including 5.8 million paid workers who serve children and 3.1 million who serve adults. Villalobos et al. (2022) estimate that to meet increasing demand for long-term care services only, a total of 5 million paid caregivers were needed in Latin America and the Caribbean in 2020, which means the region has a gap of approximately 1.2 million paid long-term caregivers.

This analysis confirms that care work is highly feminized and, with the exception of preschool teaching, is marked by widespread informal employment and low pay. Care work is often invisible and undervalued, despite its vital role in supporting families, communities, and the economy. Women continue to bear most of the burden of care within the private dimension of reproduction and family life as well, in relation to both children and older people and people with disabilities (Gasparini and Marchionni, 2015).

Studies on the relationship between care and labor force participation show that caregivers—most of whom are female—work fewer hours and are more likely to leave the labor market if their care burden is very intense (Lilly, Laporte, and Coyte, 2007; Stampini et al., 2022). This has

relevant implications for gender equality and suggests that women are more likely to experience lower labor market participation, and therefore lower salaries and pensions. The consequences of these gendered dynamics extend far beyond their impact on labor market outcomes. They help perpetuate gender inequalities, create barriers to economic empowerment for women, and hinder their potential for career progression.

Advances in the paid care sector can significantly boost women's labor participation within the care sector, as well as across other industries by reducing unpaid care responsibilities. When women can access paid care options, it allows them to pursue employment opportunities and careers, leading to greater economic autonomy, enhanced social security, and improved overall well-being. Higher female participation in labor markets is instrumental to economic autonomy, social welfare, and better health outcomes.

There are opportunities to promote gender equality and strengthen social protection systems for both paid and unpaid care workers in the region. The increasing demand for care work, particularly long-term care services, has the potential to increase rates of formal employment for professionals in the sector and improve their working conditions (Aranco et al. 2022a). Care workers with formal arrangements would also be more likely to have access to education and training opportunities that could help improve their skills, advance their careers, and increase the sector's retention rates.

The precariousness of paid and unpaid care work in the region underscores the importance of investing in human and physical infrastructure. The region needs a system that takes into account the ways in which families, communities, markets, and various levels of government are interconnected and incentivizes people to pursue careers in the care workforce. The quality of care can be increased by acknowledging care work as a profession, developing curricula, encouraging training (Aldaz Arroyo et al., 2023), and strengthening social protection systems. Care professionals also face high levels of stress due to heavy workloads and emotional demands. It is crucial to offer counselling and therapy as resources to support their mental health and mitigate the challenges they experience.

Finally, population aging presents challenges, but also opportunities to drive the silver economy (Okumura et al., 2020, Jimenez et al., 2021). In Latin America and the Caribbean, the number of people over 65 with care dependence is projected to grow from eight million in 2020 to twenty-three million people by 2050 in coming decades (Aranco et al., 2022b). Caregivers' work can be enhanced by using new technologies like telecare to reduce the need for hospital admissions and residential care (Benedetti et al., 2022) and free up resource to focus on those who require more intensive support.

In sum, improving the care workforce requires a multi-faceted and holistic approach that encompasses recruitment, retention, education, and compensation. Different sectors and levels of government will have to coordinate to carry out interventions. By implementing these solutions, governments and policymakers can support a thriving care workforce in the region and foster gender equality in all of life's dimensions.

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## Annex I - Classification of occupations for the countries analyzed

Country	Classification
Chile, Nicaragua	International Standard Classification of Occupation - ISCO-88
Brazil, Ecuador, El Salvador, Guyana, Uruguay	International Standard Classification of Occupation - ISCO-08
Argentina	Clasificación de Actividades Económicas para Encuestas Sociodemográficas del MERCOSUR
Bolivia	Clasificación de Ocupación de Bolivia 2009 - COB-2009
Colombia	Clasificación Internacional Uniforme de todas las Actividades Económicas - Rev. 3 adaptada para Colombia
Costa Rica	Clasificación de Ocupaciones de Costa Rica - COCR 2011
Jamaica	Jamaica Standard Occupational Classification of 1991 - JSOC '91
Honduras	Clasificador Naciones de Ocupaciones Honduras 2018
Mexico	Sistema Nacional De Clasificación De Ocupaciones – SINCO 2011
Panamá	Clasificación Nacional De Ocupaciones – CNO 2010
Paraguay	Clasificación Paraguaya de Ocupaciones - CPO 98
Perú	Clasificador Nacional de Ocupaciones – CNO 2015
Trinidad and Tobago	Dictionary of Occupations in Trinidad & Tobago 1992

**Source:** Prepared by the author.

## Annex II - Number of paid domestic workers with care responsibilities

Countries	Population	Domestic workers with care responsibilities (31%)			Domestic workers with housekeeping responsibilities (69%)	Total domestic workers
		Serving children (53%)	Serving adults (47%)	Total caregivers		
Argentina	44,746		126,271	126,271	804,584	930,855
Bolivia	11,436	13,449	10,464	23,914	53,227	77,141
Brazil	211,783	833,002	648,111	1,481,113	3,296,671	4,777,784
Chile	18,369	60,391	46,987	107,378	239,004	346,382
Colombia	50,187	123,754	96,285	220,039	489,764	709,803
Costa Rica	5,085	18,130	14,106	32,235	71,750	103,985
Ecuador	17,344	40,620	31,604	72,224	160,756	232,980
El Salvador	6,280	19,803	15,407	35,210	78,371	113,582
Guyana	763	899	700	1,599	3,558	5,157
Honduras	9,793	17,934	13,953	31,887	70,975	102,863
Jamaica	2,785	5,881	4,576	10,457	23,275	33,732
Mexico	125,085	327,076	254,479	581,556	1,294,430	1,875,986
Nicaragua	6,031	16,513	12,848	29,361	65,353	94,715
Panama	4,233	9,629	7,492	17,121	38,109	55,230
Paraguay	6,355	33,621	26,158	59,779	133,057	192,836
Peru	32,825	71,876	55,923	127,799	284,457	412,256
Trinidad and Tobago	1,526	1,099	855	1,954	4,349	6,303
Uruguay	3,426	12,379	9,631	22,010	48,990	71,000
<b>Total</b>	<b>558,050</b>	<b>1,606,057</b>	<b>1,375,851</b>	<b>2,981,909</b>	<b>7,160,679</b>	<b>10,142,588</b>
<b>LAC (unweighted)</b>	<b>646,847</b>	<b>1,861,614</b>	<b>1,594,777</b>	<b>3,456,391</b>	<b>8,300,089</b>	<b>11,756,480</b>

**Source:** Author's calculations using the data described in Table 1.

**Note:** The population used for each country to extrapolate the number of domestic workers with care responsibilities for the region is from the United Nations World Population Prospects (2022) figure for the year of the household survey. The value of 31% for caregivers within domestic work is based on Asesoría en Políticas de Seguridad Social (2021). The total number of paid domestic workers (11.8 million) aligns with estimates by UN Women and ECLAC (2020), which calculates the number of paid domestic workers in Latin America and the Caribbean to be between 11 and 18 million.