



UNPAID CAREGIVING

in Latin America and the Caribbean:
Key Numbers and Trends

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UNPAID CAREGIVING in Latin America and the Caribbean: Key Numbers and Trends

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Abstract

We estimate and analyze unpaid care for children, persons with disabilities, and older people in Latin America and the Caribbean using information from ten time-use surveys and imputation and extrapolation methods for countries where no data are available. We estimate that 161 million people devote 2.3 billion hours per week to providing unpaid support with basic or instrumental activities of daily living. The economic value of this work represents between 5 percent and 8 percent of the region's GDP. Women represent 62 percent of caregivers and account for 76 percent of the total hours devoted to care. On average, they spend almost twice as many hours as men on unpaid care—17 hours per week. Women are also more likely to perform the most demanding tasks. Childcare currently accounts for 86 percent of the total hours of unpaid care. However, demographic trends will significantly reshape care needs. If current care arrangements persist, by 2050 the number of unpaid caregivers for children will decline by 34 million, while the number of caregivers for adults with disabilities will increase by 14 million and the number of caregivers for older people by 27 million. Our findings highlight the magnitude of the demand for different types of care services in the region, disaggregated by target population. They also underscore the need to consider demographic trends when planning the future composition of policies and programs that support unpaid caregiving within the context of the region's care systems.

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

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1

The Importance of Unpaid Care Work amid Social and Demographic Changes

Care work, whether paid or unpaid, is an essential component of all societies. It is the foundation that enables individuals to meet their material, emotional, and developmental needs (Alonso et al. 2019; Chopra and Sweetman 2014). Care takes many forms. The International Labour Organization (ILO) divides it into two categories: **(i)** direct care, which involves person-to-person interaction between the caregiver and the care recipient and includes assistance with personal activities, such as feeding, bathing, or transportation; and **(ii)** indirect care, which supports recipients' well-being without requiring direct interaction, such as housecleaning or cooking (Addati 2018, 2021). This report focuses on the former and does not consider time spent on indirect care.

Two broad population groups traditionally receive direct care: children and people with functional dependence. The latter group comprises two subgroups: people with congenital or acquired disabilities resulting from accidents or diseases, and older people with functional limitations arising from the cumulative effects of aging and chronic conditions (WHO 2015).

Care services can be provided by the government, the market—through both for-profit and not-for-profit providers—communities, or families, an arrangement known as the care diamond (Razavi 2007). As countries develop, indirect care activities are increasingly likely to be outsourced to the market; direct care responsibilities, however, remain largely within the family domain (Folbre and Yoon 2008; Grantham 2021). In other words, unpaid care is the backbone of all care work, as families traditionally meet most direct care needs through members who receive no payment in return (Charmes 2019).

In Latin America and the Caribbean, unpaid caregiving remains the main source of support for people with care needs. This pattern is shaped by persistent social and cultural norms, together with the limited availability of affordable, high-quality care services from either the public or private sector. However, at least three intersecting demographic, social, and economic transformations are reshaping the care landscape.

First, women—who have traditionally been and continue to be the primary caregivers within families—are increasingly entering the labor force. In 2024, 60 percent of women ages 15–64 in Latin America and the Caribbean were employed or actively seeking work, an increase of 11 percentage points since 1990.² This is a positive trend for gender equality, productivity, and economic growth; however, it also exposes the fragility of care arrangements that rely on women's unpaid labor.³

Second, families are becoming smaller.⁴ The average household size decreased from 4.3 members in 2000 to 3.3 members in 2023. Declining fertility rates are the primary cause of this trend (Onofri et al. 2026). The number of children per woman in the region decreased from 2.6 in 2000 to 1.8 in 2023, below the replacement rate of 2.1 children per woman. Migration—both international and rural-to-urban—and divorce patterns also contribute to the decrease in average household size. Smaller families have two seemingly opposing effects on the intensity of care responsibilities. On the one hand, fewer children per household reduce the need for childcare. On the other hand, smaller families mean that the network of people available to provide care is contracting, which is particularly relevant to the care of older family members.

2. Data are from the International Labour Organization (ILO) modeled estimates for the labor force participation rate, total (% of the total population ages 15–64), as cited in González-Velosa et al. (2026).

3. It is worth noting that, in recent years—particularly since the COVID-19 pandemic—the pace at which women have entered the labor force has stagnated (González-Velosa et al. 2026).

4. Data are from the Economic Commission for Latin America and the Caribbean (ECLAC) CEPALSTAT Statistical Data Portal and Publications, accessed in August 2025: <https://statistics.cepal.org/portal/cepalstat/dashboard.html?theme=1&lang=en>.

The third trend shaping the demand for care is rapid population aging. In 2000, children younger than age 14 accounted for 32 percent of the population, while people ages 65 and older accounted for 5.5 percent. In 2023, these figures were 23 percent and 9.5 percent, respectively. By 2050, they are projected to reach 16.6 percent and 18.9 percent, respectively, and by 2075, 14 percent and 28 percent (UNPD 2024). This represents a significant shift in the population's demographic structure, which will affect both the size and composition of the demand for care.

Over the coming decades, the overall demand for care will grow, and the demand for long-term care will become relatively more important. The number of older people in need of care is projected to increase from 8 million to 23 million during 2020–2050 (Aranco, Stampini, and Ibararán 2022). This is a conservative estimate, as it considers only the need for support with basic activities of daily living. The estimated number of older people requiring care would be much larger if it also included those who need support with instrumental activities of daily living.

This paper contributes to the literature on unpaid care in Latin America and the Caribbean in three ways. First, it provides harmonized regional estimates of direct unpaid care, distinguishing among care provided to children, persons with disabilities, and older people. This classification is novel compared with the classifications readily available

in time-use surveys and speaks directly to the policy areas of early childhood development and long-term care for older people. Second, it forecasts how the composition of unpaid care will change as the region's population ages. Third, the paper introduces a new, policy-relevant classification of care recipients.

The paper is primarily descriptive and provides key figures for policy planning. The analysis is based on data from ten time-use surveys conducted between 2016 and 2024 and harmonized to enable cross-country comparisons (see **BOX 1** and **ANNEX 1**). To extrapolate the results to countries for which no data are available, we assume that they have the same care arrangements as countries with available data.

Throughout this report, we use the terms “care,” “caregiver,” and “caregiving” for all population groups. We acknowledge that, particularly in relation to persons with disabilities, terms such as “support,” “assistance,” and “personal assistance” may be more appropriate because they better capture the goal of enabling autonomy, participation, and independent living. The terminology used in this report reflects the language most commonly used by governments, surveys, and the general public and should therefore be understood as an analytical simplification rather than a normative statement about how these services and relationships should be framed.

Box 1. Data Sources and Harmonization

We use data from nine time-use surveys: Argentina (2021), Chile (2023), Colombia (2020), Costa Rica (2022), El Salvador (2022), Mexico (2019), Paraguay (2016), Peru (2024), and Uruguay (2021). We also use data from Brazil's Continuous National Household Sample Survey (PNAD 2022). Together, these countries account for nearly 80 percent of the region's population. For countries without available survey data, figures are estimated by extrapolating average care patterns from countries with available information.

Time-use surveys are the best available source for measuring unpaid care. However, cross-country comparability is limited by differences in questionnaire design, reference periods, age thresholds, question wording, recipient categories, and the range of care activities captured. Some surveys identify care recipients in detail, while others use broader categories. Some collect information on care provided outside the household, while others capture only care provided to household members.

We harmonize the available information to construct comparable indicators of direct unpaid care across countries, but this process involves assumptions and imputations. For this reason, the estimates presented in this report should be interpreted as harmonized approximations rather than directly observed, fully comparable measures. The assumptions are documented in [ANNEX 1](#) and in the notes to the tables and figures presented in the report.

We define unpaid caregivers as individuals ages 14 and older who report spending time providing direct care or support to another person during the survey reference period without receiving payment in return. This definition has limitations. On the one hand, it may overestimate regular caregiving by including sporadic or occasional episodes of care reported during the reference period. On the other hand, it may underestimate the full extent of unpaid care because it does not consistently capture all forms of care and support. In particular, it excludes indirect care tasks, supervisory responsibilities, and emotional support that are not reported as direct care.

Most surveys distinguish among care provided to children without disabilities, persons with disabilities of all ages, and older people without disabilities. We propose an adjusted classification that groups care recipients into three categories: children, including those with and without disabilities; persons with disabilities ages 15–64; and older people, including those with and without disabilities. This classification is intended to align the estimates with the main policy domains of early childhood development, disability, and long-term care. However, it cannot be constructed directly for most countries.

Because only the surveys from Chile and Colombia allow us to observe the age and disability status of care recipients, we use these two surveys to estimate the age distribution of persons with disabilities who receive care and apply the estimated parameters to the remaining countries. This approach assumes that the age profile of persons with disabilities receiving care in other countries is similar to that observed in Chile and Colombia, even though disability prevalence and care arrangements may differ across countries.

Only Chile, Colombia, Costa Rica, Mexico, and Uruguay collect information on care provided outside the household. For countries without this information, we impute care provided outside the household using the average ratio of caregivers outside the household to potential care recipients observed in countries with available data. This is another important assumption and may be particularly relevant to the care of older people, who often receive care from adult children living in separate households.

Given these limitations, our results should be interpreted as harmonized estimates based on the best available data and a transparent set of assumptions, rather than as directly observed, fully comparable measures. A more detailed explanation of the methodology, assumptions, and imputation methods is presented in **ANNEX 1**. Sensitivity checks for key assumptions are presented in the [online sensitivity annex](#).

The rest of the paper is organized as follows. **SECTION 2** presents nine key facts about unpaid caregiving in Latin America and the Caribbean, including estimates and projections of the different types of care responsibilities. **SECTION 3** discusses the policy implications of the findings presented in **SECTION 2**. **ANNEX 1** discusses the data and methodology. **ANNEX 2** lists the activities included in the definition of care, while Annex 3 presents profiles for the ten countries with available survey data.

2

Unpaid Caregiving in Latin America and the Caribbean: Key Numbers and Trends

FACT 1

Families Spend an Estimated 2.3 Billion Hours per Week on Direct Unpaid Care Work, with Childcare Accounting for 86 Percent of the Total

Families in Latin America and the Caribbean provide 2.3 billion hours per week of direct unpaid care. Childcare⁵ accounts for the largest share (86 percent), followed by care for older people⁶ (8 percent) and care for persons with disabilities ages 15–64 (6 percent) (**TABLE 1**). Most care is provided to people within the caregiver's household (88 percent).

Women provide 76 percent of all unpaid care. They provide 77 percent of care for children, 74 percent of care for persons with disabilities ages 15–64, and 64 percent of care for older people. This reflects two factors. First, women constitute the majority of caregivers. Second, on average, they spend more time than men on direct care activities.

These gender differences are consistent with previous evidence showing that unpaid care remains strongly shaped by social norms, gender expectations, and intrahousehold decision-making (Batthyany 2010; Batthyany, Genta, and Perrota

2012; López et al. 2015; OECD 2017). Economic factors may reinforce these patterns: women's lower expected wages, limited access to formal employment, and differences in bargaining power can influence how households allocate care responsibilities (Antman 2014; Urquidi and Chalup 2023; Campaña et al. 2024). These factors are particularly relevant to childcare, for which care needs are intensive and the availability and cost of formal services can strongly affect family arrangements (Gobbi 2017; Casarico, Del Rey, and Silva 2023).

The gender distribution of care is somewhat less unequal for older people than for children or persons with disabilities. This may reflect differences in caregivers' stages of life, the availability of adult children or other relatives, and the greater likelihood that care for older people involves tasks or arrangements shared among family members. Nonetheless, women provide the majority of unpaid care hours across all recipient groups.

5. Brazil, Chile, Colombia, El Salvador, Mexico, Paraguay, and Peru define children as those ages 0–14; Argentina defines children as those ages 0–13; Uruguay, as those ages 0–12; and Costa Rica, as those ages 0–11 (see **TABLE A1.1**).

6. Brazil, El Salvador, Mexico, Paraguay, and Peru define older people as those ages 60 and older, while Argentina, Chile, Colombia, Costa Rica, and Uruguay use a threshold of age 65 (see **TABLE A1.1**).

**Table 1. Weekly Hours of Direct Care (Thousands) and Women's Share
(%, in Parentheses), by Country and Type of Recipient**

Country	Type of care recipient			
	Children (Age <15) ^a	Persons with Disabilities (Ages 15–64) ^b	Older People (Age ≥65) ^c	Total
Argentina*	109,169 (74%)	2,485 (77%)	12,120 (66%)	123,774 (73%)
Brazil**	524,771 (77%)	81,173 (74%)	59,335 (62%)	665,280 (75%)
Chile	80,059 (70%)	7,901 (67%)	8,507 (67%)	96,467 (70%)
Colombia	105,580 (82%)	1,580 (84%)	4,320 (80%)	111,480 (82%)
Costa Rica	11,322 (72%)	472 (74%)	1,006 (73%)	12,799 (72%)
El Salvador*	13,265 (79%)	490 (74%)	4,945 (60%)	18,699 (74%)
Mexico	462,908 (78%)	19,482 (73%)	40,565 (64%)	522,956 (77%)
Paraguay*	25,900 (71%)	526 (75%)	1,426 (66%)	27,852 (71%)
Peru*	138,093 (77%)	3,162 (70%)	27,973 (63%)	169,227 (75%)
Uruguay	10,344 (72%)	255 (60%)	1,444 (59%)	12,043 (70%)
Other Countries without Survey Data***	471,069 (77%)	14,790 (77%)	31,955 (74%)	517,815 (66%)
Latin America and the Caribbean (Estimated)	1,952,480 (77%)	132,317 (74%)	193,595 (64%)	2,278,391 (76%)
Distribution of Total Care Hours by Type of Care Recipient	86%	6%	8%	100%

Source: Authors' calculations based on time-use survey data from Argentina (2021), Chile (2023), Colombia (2020), Costa Rica (2022), El Salvador (2022), Mexico (2019), Paraguay (2016), Peru (2024), and Uruguay (2021); data from Brazil's Continuous National Household Sample Survey (PNAD) (2022); and United Nations Population Division data (2024).

Notes: Values are weekly hours of direct unpaid care, in thousands. Percentages in parentheses indicate the share of care hours provided by women for each type of care recipient in each country. Children include those with and without disabilities. Older people include those with and without disabilities. Care provided to persons with disabilities is redistributed among children, persons ages 15–64, and older people using information from Chile and Colombia, the only two surveys that allow the disability status and age of care recipients to be linked (see [ANNEX 1](#)). * Time spent caring for people outside the household is imputed based on data from Chile, Colombia, Costa Rica, Mexico, and Uruguay (see [ANNEX 1](#)). ** Brazil identifies caregivers by type of recipient but does not collect time-use information; therefore, weekly hours are imputed (see [ANNEX 1](#)). *** Includes 15 countries without comparable survey data—The Bahamas, Barbados, Belize, Bolivia, the Dominican Republic, Ecuador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Panama, Suriname, Trinidad and Tobago, and Venezuela—and is estimated by extrapolating average care patterns from countries with available data, as described in [ANNEX 1](#). ^a In Argentina, ages 0–13; in Costa Rica, ages 0–11; and in Uruguay, ages 0–12. ^b In Argentina, ages 14–64; in Brazil, El Salvador, Mexico, Paraguay, and Peru, ages 15–59; in Costa Rica, ages 12–64; and in Uruguay, ages 13–64. ^c In Brazil, El Salvador, Mexico, Paraguay, and Peru, ages 60 and older.

FACT 2

Direct Unpaid Care Work Represents between 5 and 8 Percent of the Region's GDP

The 2.3 billion hours per week spent on direct unpaid care are equivalent to the work of 57 million full-time workers. Estimating the value of this work as a percentage of GDP requires assigning it a monetary value. The literature commonly uses either the replacement cost method or the opportunity cost method. The former assumes that the value of unpaid work corresponds to the wage that would be paid in the market if an external worker were hired to perform the same tasks. By contrast, the opportunity cost method values unpaid work according to the wage that family caregivers could earn if they were employed instead of providing unpaid care (Chadeau 1992; Posnett and Jan 1996). Each approach therefore uses a different reference wage to value care hours. The replacement cost method uses the average wage of paid care workers. Because this segment of the labor market is generally characterized by relatively low wages (Fabiani et al. 2023), the minimum wage is often used as the reference value in empirical applications. By contrast, the opportunity cost method implicitly assumes that family caregivers would participate in the labor market and earn the country's average wage.

We estimate that direct unpaid care work represents between 4.7 percent and 7.9 percent of the region's GDP when valued using the replacement cost and opportunity cost methods, respectively. Women account for 76 percent of this value. We consider the higher estimate more appropriate because we seek to emphasize that ensuring high-quality care requires caregivers to be properly trained and compensated.

These estimates are consistent with findings from the International Labour Organization (ILO), which suggest that unpaid care work—both direct and indirect—would represent 9 percent of global GDP if assigned a monetary value. Most of this value corresponds to work performed by women, estimated at an average of 6.6 percent of GDP, compared with 2.4 percent for men (Addati et al. 2018). For Latin America and the Caribbean, the United Nations Development Programme (UNDP 2024) estimates that total unpaid work—which, unlike our estimates, includes both direct and indirect care—represents 21 percent of GDP. Official estimates for Colombia and Mexico yield similar figures (INEGI 2024; DANE 2024).

FACT 3

There Are 161 Million Unpaid Caregivers

In Latin America and the Caribbean, 161 million people engage in unpaid caregiving.⁷ This represents 30 percent of the population ages 14 and older. Almost 157 million people provide care for children, 27.5 million provide care for older people, and 18.5 million provide care for persons with disabilities ages 15–64 (**TABLE 2**).⁸ The total number of caregivers is lower than the sum of the three groups because many people provide care for more than one type of recipient.

More than 7 million caregivers of children—5 percent of the total—care for a child with disabilities.

Similarly, 4 million caregivers of older people—14 percent of the total—care for an older person with disabilities. Including the 18.5 million people who care for persons with disabilities ages 15–64, a total of 30 million people care for persons with disabilities of all ages.

Women represent 63 percent of caregivers of children, 63 percent of caregivers of persons with disabilities ages 15–64, and 59 percent of caregivers of older people. Colombia has the highest share of women among unpaid caregivers, at 73 percent (**TABLE 2**).

Table 2. Number of Caregivers (Thousands) and Share of Women (% in Parentheses), by Country and Type of Recipient

Country	Type of care recipient			
	Children (Age <15) ^a	Persons with Disabilities (Ages 15–64) ^b	Older People (Age ≥65) ^c	Total ^d
Argentina*	5,500	412	1,173	6,017
	67%	69%	61%	66%
Brazil**	42,879	8,219	9,039	54,544
	62%	62%	62%	61%
Chile	4,527	1,658	1,005	4,814
	62%	64%	60%	61%
Colombia	6,151	152	325	6,575
	73%	82%	76%	73%
Costa Rica	1,131	66	205	1,217
	62%	46%	66%	61%
El Salvador*	882	91	504	863
	73%	71%	58%	69%
Mexico	43,350	3,993	6,825	41,926
	62%	62%	56%	61%

7. They spend more than 0 hours providing direct care to another person, either within or outside the household, during the survey reference period; see **ANNEX 1**. The results are robust to the use of a different threshold. For example, if only those who spend at least 2 hours per week caring for another person are considered, the estimated number of caregivers decreases by less than 1 percent (see sensitivity analysis tables [here](#)).

8. See footnotes 5 and 6.

Country	Type of care recipient			
	Children (Age <15) ^a	Persons with Disabilities (Ages 15–64) ^b	Older People (Age ≥65) ^c	Total ^d
Paraguay*	2,484	99	193	2,560
	59%	66%	61%	59%
Peru*	11,671	767	3,884	14,255
	63%	66%	58%	61%
Uruguay	568	37	119	651
	65%	69%	63%	65%
Other Countries without Survey Data***	37,739	2,934	4,278	39,582
	63%	64%	60%	62%
Latin America and the Caribbean (Estimated)	156,883	18,426	27,549	161,273
	63%	63%	59%	62%
Distribution of Caregivers by Type of Care Recipient	97%	11%	17%	

Source: See **TABLE 1**.

Notes: See **TABLE 1**.^d The total number of caregivers does not equal the sum across types of care recipients because some caregivers provide care for more than one type of recipient.

FACT 4

Unpaid Caregivers Provide an Average of 14 Hours of Care per Week

Unpaid caregivers provide an average of 14 hours of care per week. Care is most intensive for children and persons with disabilities ages 15–64, at 13 and 10 hours per week, respectively. Caregiving for older people averages 7.5 hours per week (**TABLE 3**). Because some caregivers provide care to more than one population group, the average number of hours of unpaid caregiving does not equal the average of the hours of care provided to the three types of recipients.

Women provide almost twice as many hours of unpaid care as men: an average of 17.3 hours per week, compared with 9 hours for men.⁹ Women

are also generally much more likely than men to have highly intensive care workloads. For example, 25 percent of women, compared with only 11 percent of men, spend at least 21 hours per week on direct care work.

Gender differentials are largest for childcare, consistent with the evidence on intrahousehold decision-making models cited in **FACT 1**. They are smaller for care provided to persons with disabilities ages 15–64 and older people. In Uruguay, the pattern for these two groups is reversed, with men providing more hours of care than women.

9. All differences discussed in the text are statistically significant based on two-sample t-tests.

Table 3. Average Weekly Hours of Direct Care and Gender Difference (Women Minus Men, in Parentheses), by Country and Type of Recipient

Country	Type of care recipient			
	Children (Age <15) ^a	Persons with Disabilities (Ages 15–64) ^b	Older People (Age ≥65) ^c	Total
Argentina*	20.3	10.5	10.9	20.6
	(6.1)	(5.4)	(2.4)	(6.7)
Brazil**	12.3	10.4	6.7	12.2
	(7.9)	(5.6)	(0.3)	(7.2)
Chile	17.8	4.9	8.6	20.0
	(5.9)	(0.7)	(2.5)	(7.1)
Colombia	17.2	10.4	13.3	17.0
	(7.6)	(1.4)	(3.1)	(7.3)
Costa Rica	10.0	26.4	5.3	10.5
	(4.2)	(16.9)	(2.7)	(5.0)
El Salvador*	15.7	14.4	10.2	21.7
	(4.6)	(5.5)	(1.4)	(4.6)
Mexico	11.1	11.5	6.7	12.5
	(7.4)	(6.3)	(2.7)	(8.3)
Paraguay*	10.5	9.3	8.0	10.9
	(5.2)	(5.0)	(2.0)	(5.3)
Peru*	12.2	10.1	7.5	11.9
	(7.6)	(4.1)	(1.8)	(7.0)
Uruguay	18.6	13.6	12.8	18.5
	(5.6)	(-5.9)	(-2.1)	(4.6)
Other Countries without Survey Data***	12.8	9.3	8.4	13.1
	(7.7)	(4.7)	(2.4)	(2.4)
Latin America and the Caribbean (Estimated)	12.7	9.8	7.5	14.1
	(7.6)	(4.8)	(1.7)	(8.4)

Source: See **TABLE 1**.

Notes: See **TABLE 1**. Differences between women and men are calculated as the difference between the mean values for the two groups.

FACT 5

By 2050, the Number of Caregivers for Children Will Decrease by 34 Million, while the Number of Caregivers for Older People Will Increase by 27 Million

Most unpaid care is currently devoted to children, and this will continue to be the case in the future. However, low fertility rates, longer life expectancy, and the aging of the baby-boom generation will dramatically increase the demand for long-term care, thereby reshaping the composition of the overall demand for care.

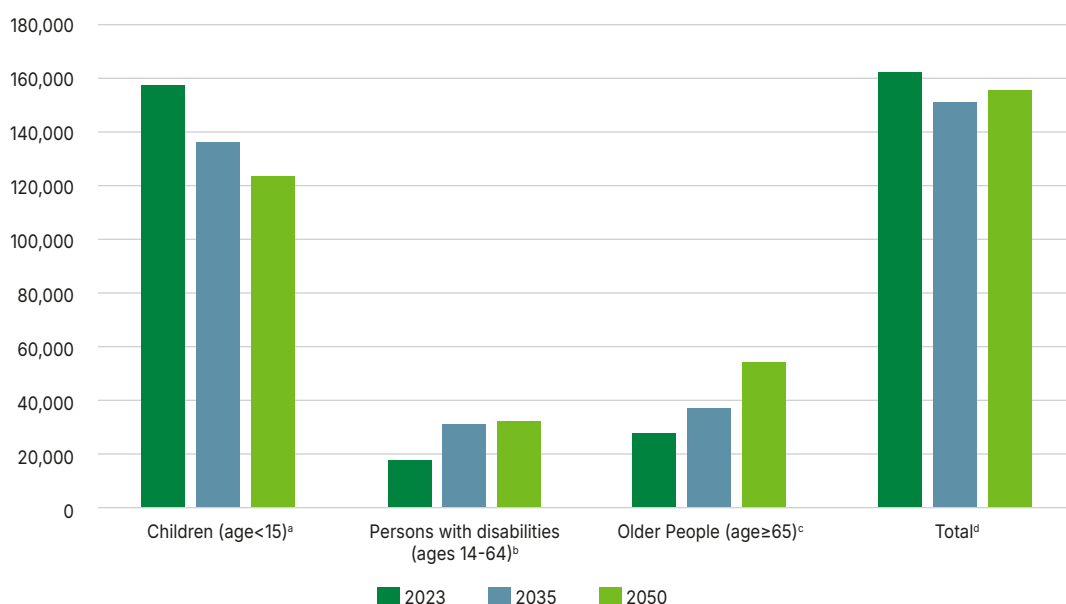
If current care arrangements are maintained (see [ANNEX 1](#)), by 2050 Latin America and the Caribbean will need 122 million caregivers for children—34 million fewer than today—32 million caregivers for persons with disabilities ages 15–64—14 million more than today—and 54 million caregivers for older people—27 million more than today—([FIGURE 1](#)). Assuming that the share of caregivers who care for more than one group remains unchanged, the region will need 155 million unpaid caregivers in 2050, 6 million fewer than

today—but their distribution across care-recipient groups will shift substantially. [ANNEX 3](#) presents these and other results by country.

Currently, there is approximately one caregiver for older people for every six caregivers for children. In less than three decades, this ratio is projected to decline to approximately one caregiver for older people for every 2.2 caregivers for children.

This projection may be conservative because it assumes that the proportion of older people requiring care remains constant. In reality, rising life expectancy is likely to increase the share of the oldest-old population within the older population, a group with a higher prevalence of care needs. This would imply an even more pronounced shift in the overall composition of the demand for care.

**Figure 1. Projected Number of Caregivers (Thousands),
by Year and Type of Care Recipient**



Source: See **TABLE 1**.

Notes: See **TABLE 1**.^d The total number of caregivers does not equal the sum across types of care recipients because some caregivers provide care for more than one type of recipient.

Methodological note: The findings presented thus far have been adjusted to consider the following three types of care recipients: children (age <15), persons with disabilities (ages 15–64), and older people (age ≥65). This classification is intended to align the analysis with the policy areas of early childhood development and long-term care, which include persons with disabilities in the corresponding age groups. Unfortunately, we cannot maintain this classification throughout the remainder of the report because most surveys do not jointly identify the age and disability status of care recipients. To avoid introducing additional assumptions in the remaining analysis, beginning with the next finding, we use the recipient categories most commonly available in time-use surveys: children without disabilities, persons with disabilities of all ages, and older people without disabilities. The disability category therefore includes caregivers of children and older people with disabilities. For reference, the tables report the first three findings using this classification. Data used in figures and tables can be downloaded [here](#).

FACT 6

More than 40 Million People Provide Care for More than One Type of Recipient, Nearly Doubling Their Care Workload

Of the 161 million caregivers currently in the region, 26 percent—approximately 41 million people—provide care for more than one type of recipient. Almost 70 percent of them are women. Caregivers with multiple responsibilities spend 21 hours per week on direct care tasks, 9 hours more than caregivers responsible for only one type of recipient (TABLE 4).

A double burden of care within the household is most common among caregivers of persons with disabilities: 43 percent also provide care for children without disabilities, and 8 percent provide care for older people without disabilities (Table 5). A considerable share of caregivers of older people also have other care responsibilities: 22 percent provide care for children—often referred to as sandwich-generation caregivers—and 10 percent provide care for persons with disabilities.

Table 4. Average Weekly Hours of Direct Care, by Number of Recipient Groups and Caregiver Sex

Number of Recipient Groups	Sex of the Caregiver		
	Men	Women	Total
1	7.4	14.7	11.9
More than 1	14.7	24.4	21.2
Total	8.0	15.6	12.6

Source: Authors' calculations based on time-use survey data from Argentina (2021), Chile (2023), Colombia (2020), Costa Rica (2022), El Salvador (2022), Mexico (2019), Paraguay (2016), Peru (2024), and Uruguay (2021).

Note: Brazil is not included because the PNAD survey does not collect time-use data.

Table 5. Percentage of Caregivers with Multiple Care Responsibilities within the Same Household, by Type of Primary and Secondary Care Recipient

Type of Primary Care Recipient	Type of Secondary Care Recipient			
	Children without Disabilities	Persons with Disabilities of All Ages	Older People without Disabilities	Total
Children without Disabilities	--	7%	3%	10%
Persons with Disabilities of All Ages	43%	--	8%	51%
Older People without Disabilities	22%	10%	--	31%

Source: See TABLE 4.

FACT 7

Unpaid Caregivers Also Spend Five More Hours per Week on Household Chores

In addition to the time spent on direct care, caregivers spend more time on household chores than noncaregivers: 22 hours per week, compared with 17 hours (**TABLE 6**). This five-hour difference is the central finding of this section. It suggests that direct care responsibilities coexist with a heavier burden of unpaid indirect care work, such as cooking, cleaning, and running errands.

This result is driven by women. Women caregivers spend 29 hours per week on household chores,

compared with 24 hours among women without direct care responsibilities (**TABLE 6**). Among men, by contrast, the time spent on household chores is essentially the same for caregivers and non-caregivers, at approximately 11 hours per week (**TABLE 6**). Women spend more time than men on both direct care and other forms of unpaid indirect care, and caregiving status compounds these existing gender differences.

Table 6. Weekly Hours Spent on Household Chores, by Caregiver Status and Sex

Caregiver Status	Men Difference		Women Difference		Total Difference	
Caregivers of Children without Disabilities	10.9	+0.2	30.9	+7.3	23.7	+6.4
Caregivers of Persons with Disabilities of All Ages	14.1	+3.3	31.7	+8.2	25.8	+8.5
Caregivers of Older People without Disabilities	13.3	+2.5	27.1	+3.6	20.8	+3.5
All Caregivers	11.3	+0.5	29.3	+5.8	21.8	+4.6
Noncaregivers	10.8	n.a.	23.5	n.a.	17.2	n.a.

Source: See **TABLE 4**.

Note: Brazil is not included because the PNAD survey does not collect time-use data.

Difference = difference relative to noncaregivers; n.a. = not applicable because noncaregivers are the reference category.

When direct care and household chores are combined, caregivers spend 36 hours per week on unpaid work, 19 hours more than noncaregivers. The difference is particularly large for women: women caregivers spend 46 hours per week on total unpaid work, almost twice as much as women without direct care responsibilities.

When paid and unpaid work are combined, employed women with caregiving responsibilities work an average of 82 hours per week. This is 22 hours more than employed women without ca-

regiving responsibilities and 18 hours more than employed men with caregiving responsibilities.

These results are consistent with international evidence showing that gender differences in unpaid work have narrowed over time for most tasks, except household chores (Bianchi et al. 2012; Samtleben and Müller 2022). They reinforce the importance of analyzing direct care alongside other forms of unpaid work because the total burden faced by caregivers extends beyond direct care activities.

FACT 8

Women Take on the Most Demanding Care Responsibilities

Caregiving tasks vary substantially by type of care recipient. Children and older people without disabilities require relatively more support with instrumental activities of daily living, whereas persons with disabilities require more support with basic activities of daily living (**FIGURE 2**). Caregivers of older people spend approximately two-thirds of their care time on health-related activities, such as administering medication or accompanying them to medical appointments. By contrast, caregivers of children spend almost 20 percent of their care time on education-related activities, such as helping with homework.¹⁰ These results should be interpreted with caution because not all surveys cover the same activities for all recipient groups. For example, the surveys from El Salvador, Mexico, and Paraguay do not ask about the time caregivers spend supporting older people without disabilities with basic activities of daily living (see **ANNEX 2** for details on the activities covered in each survey by type of recipient). Despite these caveats, several consistent patterns emerge.

Women spend more time than men on the most demanding tasks. These include assistance with basic activities of daily living, such as eating, bathing, and dressing. On average, women spend almost 42 percent of their care time—7 hours per week—on these activities. By contrast, men devote a larger share of their care time to instrumental activities, such as managing money, providing companionship, reading, and playing. They spend 34 percent of their care time—3 hours per week—on these activities.

Differences in the distribution of caregiving tasks are more pronounced for children and older people. Women who care for children spend 44 percent of their care time on basic activities, compared with 26 percent among men. For caregivers of older people, the corresponding shares are 17 percent and 2 percent, respectively.¹¹ The proportion of time spent on health-related activities is similar for women and men. The same is true of the proportion of time devoted to education-related activities in the care of children and persons with disabilities. Differences between women and men in the distribution of care tasks for persons with disabilities are less pronounced. As a sensitivity analysis, we replicate **FIGURE 2** for Chile, Colombia, Peru, and Uruguay, the countries with the most comparable coverage of direct care activities across recipient groups (see **TABLES A2.1, A2.2, and A2.3**). The main patterns remain consistent, suggesting that the results are not driven by differences in survey questionnaires (see the sensitivity analysis [here](#)).

Our findings are consistent with the existing literature, which shows that fathers spend more time on interactive and recreational activities, such as playing, reading stories, and participating in sports, while mothers spend more time on routine activities, such as feeding and dressing (McDonnell et al. 2019; Craig 2006; Raley et al. 2012; Sayer 2005). Part of the explanation may lie in social and cultural norms, while another part may reflect differences in how women and men respond to the demands of paid work. For example, Roeters et al. (2009) show that, in the Nether-

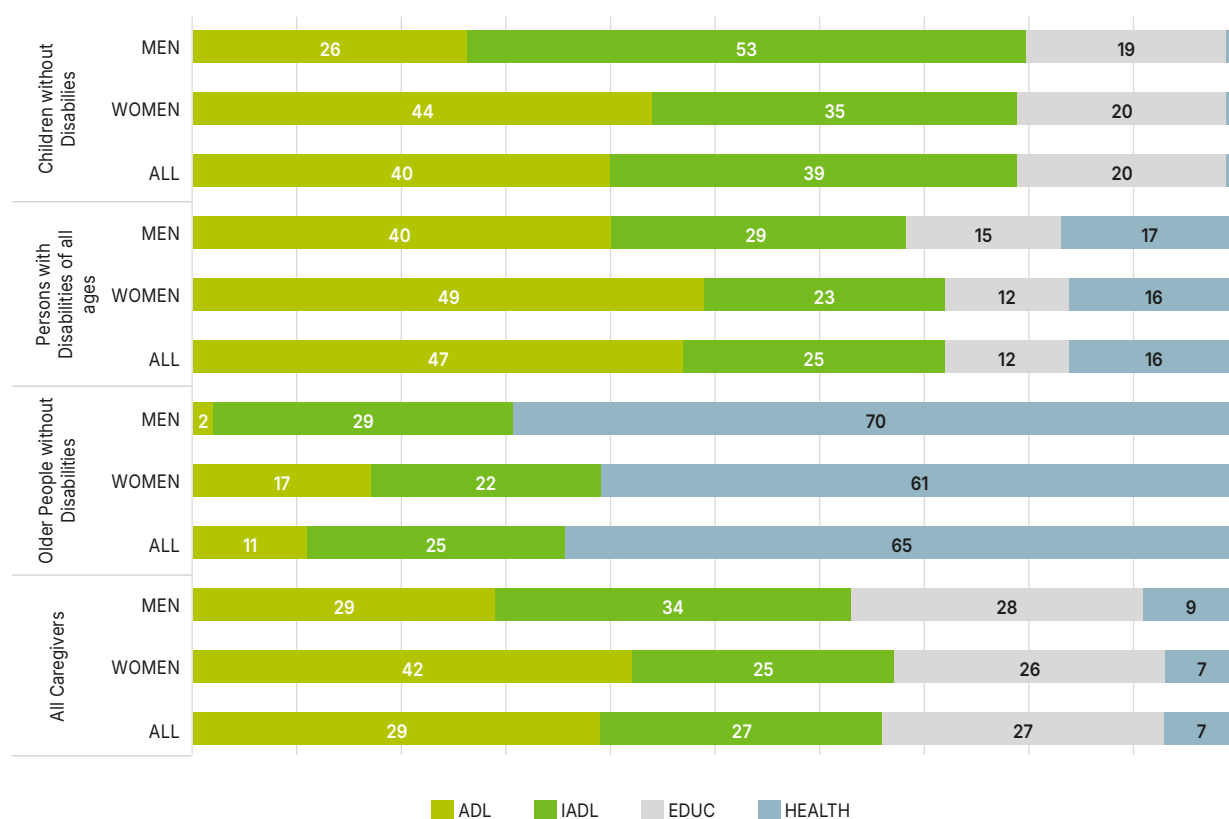
¹⁰ Argentina is not included in these estimates because it groups care-related tasks differently (see **ANNEX 3**).

¹¹ The low share of time devoted to supporting basic activities of daily living reflects both the inclusion of older persons with disabilities in the broader category of “persons with disabilities of all ages” and the fact that three surveys—those for Mexico, Paraguay, and El Salvador—do not capture assistance with basic activities of daily living provided to older persons. Regrettably, most surveys do not collect information on the age of care recipients with disabilities.

lands, fathers reduce the time spent on routine childcare activities as paid work demands increase, while the time spent on interactive activities changes less. Among mothers, the time spent on both routine and interactive caregiving activities is much less responsive to employment status.

The literature on the distribution of eldercare tasks between women and men is more limited. Sharma, Chakrabarti, and Grover (2016) find that, although women continue to shoulder most routine and demanding tasks, gender differences are less pronounced than in childcare.

Figure 2. Distribution of Care Time (%), by Type of Activity, Type of Care Recipient, and Caregiver Sex



Source: See [TABLE 4](#).

Notes: ADL = basic activities of daily living; IADL = instrumental activities of daily living; EDUC = education-related activities, such as helping with homework or assisting with school activities; HEALTH = health-related activities, such as accompanying someone to a medical appointment or administering medication. Argentina is not included because it groups care-related tasks differently (see [ANNEX 2](#)). Brazil is not included because the PNAD survey does not collect time-use data.

FACT 9

Unpaid Care Is Associated with Less Time for Paid Work, Leisure, and Self-Care, Particularly among Women

Care work can be meaningful and fulfilling (Fabiani et al. 2024) and can foster the development of transferable skills—such as organization, empathy, and problem-solving—that are highly valued in the labor market. Nonetheless, it also reduces the time available for other activities. When intensive or inadequately supported, it may also be associated with lower well-being. This is particularly relevant for women, who spend more time on both direct and indirect care and take on the most demanding tasks.

LESS TIME FOR PAID WORK

Caregivers are less likely to have paid employment and, when employed, tend to work fewer hours than noncaregivers (**TABLE 7**). This pattern is driven mainly by women: women caregivers are 1 percentage point less likely to be employed than women noncaregivers and, among those employed, work an average of 2 fewer hours per

week. By contrast, men caregivers are more likely than men noncaregivers to be employed and, on average, work more hours. Among caregivers of children, both women and men are more likely to be employed than their noncaregiver counterparts, with the employment gap reaching 18 percentage points among men. However, conditional on employment, men who care for children work more hours per week, while women who care for children work fewer hours.

The negative association between caregiving and paid work is stronger among caregivers of older people. This may partly reflect differences in age composition, as caregivers of older people are older, on average, than those who do not provide this type of care—46 versus 35 years old. To assess whether age drives this pattern, we repeat the analysis for individuals ages 30–59, restricting the comparison to a group more likely to be attached to the labor market. The results remain consistent (**TABLE 8**).

**Table 7. Paid Work and Weekly Hours of Work (Conditional on Working),
among Persons Ages 18 and Older, by Caregiver's Status and Sex**

Caregiver Status	Men		Women		Total	
	Share Employed	Hours Worked	Share Employed	Hours Worked	Share Employed	Hours Worked
Does Not Provide Care for a Child without Disabilities	67%	44	45%	39	56%	42
Provides Care for a Child without Disabilities	85%	46	50%	37	63%	41
Difference (Care Minus No Care) (p.p.; hours)	(18 p.p.)	(2 h)	(5 p.p.)	(-2 h)	(7 p.p.)	(-1 h)
Does Not Provide Care for a Person with Disabilities of Any Age	72%	45	47%	38	59%	42
Provides Care for a Person with Disabilities of Any Age	75%	45	43%	36	55%	41
Difference (Care Minus No Care) (p.p.; hours)	(3 p.p.)	(0 h)	(-4 p.p.)	(-2 h)	(-4 p.p.)	(-2 h)
Does Not Provide Care for an Older Person without Disabilities	73%	45	48%	38	60%	42
Provides Care for an Older Person without Disabilities	61%	43	41%	36	50%	40
Difference (Care Minus No Care) (p.p.; hours)	(-12 p.p.)	(-2 h)	(-7 p.p.)	(-2 h)	(-10 p.p.)	(-3 h)
Does Not Provide Care to Any Population Group	68%	44	47%	39	58%	42
Provides Care	77%	46	46%	37	59%	42
Difference (Care Minus No Care) (p.p.; hours)	(9 p.p.)	(2 h)	(-1 p.p.)	(-2 h)	(1 p.p.)	(0 h)

Source: see [TABLE 4](#).

Note: Brazil is not included because the PNAD survey does not collect time-use data.

**Table 8. Paid Employment and Weekly Hours Worked (Conditional on Employment)
among Persons Ages 30–59, by Caregiver Status and Sex**

Caregiver Status	Men		Women		Total	
	Share Employed	Hours Worked	Share Employed	Hours Worked	Share Employed	Hours Worked
Does Not Provide Care for Older People without Disabilities	84%	46	57%	39	70%	43
Provides Care for Older People without Disabilities	77%	45	54%	37	63%	41
Difference (Care Minus No Care) (p.p.; hours)	(-7 p.p.)	(-1 h)	(-4 p.p.)	(-2 h)	(-8 p.p.)	(-2 h)

Source: see [TABLE 4](#).

Note: Brazil not included, because the PNAD survey does not collect data on time use.

These results are consistent with an extensive body of literature identifying the burden of unpaid work, including care work, as a key determinant of gender gaps in labor force participation and income. Unpaid work affects the type of paid employment women can access, the time they can devote to it, their access to social security and other employment benefits, and their ability to generate income and savings. This ultimately reduces their decision-making power within the household and society (ILO 2018; UN 2025).

Available data for Latin America and the Caribbean confirm this pattern. Despite increasing over time and now reaching 60 percent at the regional level among people ages 15–64, women's labor force participation remains 20 percentage points below men's.¹² In addition, women generally hold lower-quality, lower-paid, less formal, and less stable jobs (González-Velosa et al. 2026).

In Uruguay, women with children earn wages approximately 40 percent lower than those of women with similar characteristics who do not have children. These effects persist even 10 years after the birth of the first child and are explained by both lower labor force participation and lower hourly wages (Querejeta Rabosto 2021). In Chile, women's wage income falls by 20 percent after the birth of their first child, a result explained by a 20 percent decline in labor force participation, a 4–5 percent reduction in hours worked, and a 40 percent increase in part-time employment (Berniell et al. 2018). In Mexico, these disparities begin as early as pregnancy and intensify over time. Six years after childbirth, mothers earn 24 percent less than they would have earned had they not become mothers, and their likelihood of being formally employed is 16 percent lower. These effects disproportionately affect women from lower-income backgrounds, further widening existing inequalities (Campos et al. 2022). This

phenomenon is known as the “motherhood penalty.” By highlighting the earnings gap between women according to parental status, it shows that care responsibilities represent a significant barrier to women's labor force participation and career progression—an obstacle that cannot be attributed solely to gender.

Evidence on caregivers of persons with disabilities or older people is more limited, but the few existing studies point in the same direction. In Brazil, for example, 25 percent of unpaid caregivers of older people stopped working or studying because of the burden of care (Giacomin et al. 2019). In Chile, Colombia, Costa Rica, and Mexico, women who care for an older person are 10–22 percentage points less likely to have paid employment than women who are not caregivers. Among those employed, caregivers work 4–6 fewer hours per week than noncaregivers (Stampini et al. 2020).

In Mexico, Stampini et al. (2022) find that parents' need for long-term care is associated with both a significant decline of 2.4 percentage points in the likelihood of working among women ages 50–64 and a 7.3 percent reduction in hours worked among employed women in the same age group. The study finds no effect on men's labor supply. In Chile, Brito and Contreras (2025) find that, following a parental health shock, daughters—but not sons—experience reductions in employment and earnings. A parental health shock generates a caregiving penalty—the effect of the shock on daughters relative to sons—of 11 percent of earnings, increasing the overall gender pay gap by 9 percent.

In the case of children with disabilities, Gunnsteinsson and Steingrimsdottir (2019) find that having a child with a disability negatively affects mothers' earnings, with significantly smaller effects on fathers.

12. See International Labour Organization, ILO Modelled Estimates (ILOEST) database, ILOSTAT, https://ilostat ilo.org/data/?cat_mode=subject.

LESS TIME FOR LEISURE AND SELF-CARE

Caregiving is associated with less leisure time, particularly among women. Both men and women caregivers spend 7 fewer hours per week than women without care responsibilities on leisure activities—such as hobbies, physical exercise, meeting friends, and watching television—which are important for mental health (Nielsen et al. 2021).

Caregivers of children and persons with disabilities of all ages are the most affected, with an average of 30 hours of leisure per week, compared with 37 hours among noncaregivers (Table 9). Surprisingly, caregivers of older people report spending more time on leisure activities than non-

caregivers. To assess whether this result is driven by caregivers of older people who may be spouses already outside the labor force, we repeat the analysis for caregivers ages 30–59. The results do not change. This unexpected finding should be interpreted with caution. It may conceal differences in the quality of leisure time and may require further research based on more granular data.

Contrary to expectations, caregivers sleep 1 hour more per week than noncaregivers, a pattern that is consistent among both women and men (TABLE 9). However, caregivers of persons with disabilities sleep less than noncaregivers.

Table 9. Time Spent Sleeping and on Leisure Activities (Hours per Week), by Caregiver Status and Sex

		Type of care recipient				
		Children without Disabilities	Persons with Disabilities of All Ages	Older People without Disabilities	All Caregivers	Noncaregivers
Leisure	Men	32	33	43	31	38
	Women	29	29	41	29	36
	Total	30	30	42	30	37
Sleeping	Men	52	52	53	54	52
	Women	54	52	53	54	53
	Total	53	52	53	54	53

Source: See TABLE 4.

Note: Brazil is not included because the Continuous National Household Sample Survey (PNAD) does not collect time-use data.

Caregiving is also associated with a sense of time poverty (Charmes 2019; Rodgers 2023; Hyde et al. 2020), which occurs when people do not have enough time to do the things they would like to do after accounting for the time spent on paid and unpaid work and basic physiological needs (Goodin et al. 2008).

In Chile, the survey asks respondents how satisfied they are with the way they spend their time. Caregivers are 18 percentage points more likely than noncaregivers to report that they do not have enough personal time and 17 percentage points more likely to report insufficient leisure time. The differences are largest among caregivers of chil-

dren without disabilities and caregivers of persons with disabilities of any age, who are approximately twice as likely as noncaregivers to report insufficient personal or leisure time. The results are consistent for caregivers of older people, although the differences relative to noncaregivers are smaller (**TABLE 10**).

In all cases, women caregivers are more likely than men caregivers to report insufficient time. This result is consistent with the findings presented in previous sections, which show that women spend more time on both direct and indirect care and take on the most demanding tasks.

Table 10. Percentage of People Reporting Insufficient Personal and Leisure Time in Chile, by Caregiver Status and Sex

Type of care recipient						
Insufficient Time	Sex	Children without Disabilities	Persons with Disabilities of All Ages	Older People without Disabilities	All Caregivers	Noncaregivers
Personal Time	Men	21%	20%	15%	21%	13%
	Women	43%	44%	26%	42%	20%
	Total	35%	35%	21%	34%	16%
Leisure Time	Men	35%	32%	31%	34%	25%
	Women	51%	53%	31%	49%	28%
	Total	45%	45%	31%	43%	26%

Source: Authors' calculations based on data from Chile's 2023 Time Use Survey.

3

Conclusions and Implications for Policy

Direct caregiving activities represent an estimated 2.3 billion hours per week—or 120 billion hours per year. If this work were economically compensated, its value would amount to between 5 percent and 8 percent of the region's GDP, depending on the valuation method. This estimate highlights the economic magnitude of care work that is currently provided without pay and often remains outside conventional measures of economic activity. Care work is a foundation of economic development and has substantial value that often remains invisible.

Care systems can generate broad social and economic benefits by improving the quality, continuity, and organization of care while expanding opportunities for care recipients, caregivers, households, and the economy as a whole.

Quality care for children contributes to human capital accumulation, with positive long-term effects on education, employment, earnings, and productivity (Cunha and Heckman 2007; Heckman 2006; World Bank 2022). Adequate support for persons with disabilities can promote autonomy and enable fuller participation in economic and social life (United Nations 2006; OECD 2022). Care for older people can improve well-being—an important objective in itself—while also helping prevent avoidable deterioration in health and potentially reducing pressure on health systems through the more efficient use of health care services (Aranco et al. 2024; Sáenz, Stampini, and Aranco 2025).

Consistent with previous evidence, our results confirm that women provide most unpaid care and are more likely to take on the most time-intensive and demanding tasks. Although the descriptive estimates in this report do not establish causal effects, they are consistent with a broader body of causal evidence showing that caregiving responsibilities reduce women's labor force participation, earnings, and well-being (Berniell et al. 2018, 2021, 2023; Stampini et al. 2022; Martínez and Peticar 2017).

Lower labor force participation, lower income, and poorer working conditions generally have adverse effects on women's well-being and financial autonomy, both in the present and in the future. In this regard, inequalities accumulated throughout working life carry over into old age. Because of differences in the types and amounts of pensions they receive, women face a higher risk of poverty in old age than men. For example, in 2019, 26 percent of women ages 50–80 had no source of personal income, compared with only 10 percent of men (Aranco et al. 2022).

Time poverty—and the subjective experience of being time-poor—can have detrimental effects on caregivers' physical and emotional health relative to noncaregivers. The health consequences of unpaid caregiving responsibilities are well documented, particularly among caregivers of older people and persons with disabilities. Fabiani et al. (2024) and Stampini et al. (2025) find that unpaid caregivers of older people report relatively high levels of depression, stress, and loneliness. These effects are greater among women and intensify when caregiving is perceived as an obligation rather than a choice.

Better care systems that explicitly consider the needs of unpaid caregivers can mitigate these adverse effects by reducing the intensity and unpredictability of unpaid caregiving responsibilities and expanding caregivers' opportunities to work, study, rest, and participate more fully in society. Special consideration should be given to caregivers who support multiple population groups. Addressing their needs requires a comprehensive approach that recognizes compounding responsibilities. For example, expanding childcare services may not be sufficient to free caregivers' time for paid employment if other care needs remain within the household, such as caring for an older person or a family member with a disability. This is particularly relevant for “sandwich-generation” caregivers, who simultaneously support children and older relatives.

An analysis of the policies needed for different categories of unpaid caregivers is beyond the scope of this paper. For more information, readers may consult the following resources: [IDB Cares webpage](#) on comprehensive care systems; the [IDB Early Childhood Development Innovation Fund webpage](#) on care for children in early childhood; and the [IDB Panorama of Aging and Long-Term Care webpage](#) on long-term care. For specific policy recommendations on supporting unpaid caregivers of older people, see “[Who Cares? How to Support and Ensure Recognition for Caregivers for Older People in Latin America and the Caribbean](#)”.

Finally, and most importantly, when designing, strengthening, and implementing care policies, countries must also consider the projected evolution of care needs. Low fertility rates, longer life expectancy, and the aging of the baby-boom generation will reshape the composition of the overall demand for care, disproportionately increasing the demand for long-term care. We estimate that, by 2050, the region will need 27 million additional caregivers for older people and 14 million additional caregivers for persons with disabilities, while the number of caregivers for children is projected to decline by 34 million.

Policies aimed at ensuring the quality of care and the well-being of caregivers will need to adapt to this changing profile of care needs and caregivers. For example, while many countries in the region provide maternity and/or paternity leave, very few offer leave arrangements specifically designed to support workers with long-term care responsibilities for family members. Such provisions are important for helping workers remain attached to the labor market during highly productive stages of their lives, when leaving employment can have long-lasting effects and reentry may be particularly difficult. As population aging progresses, the need for this type of leave is likely to become increasingly important.

Respite care policies will also become increasingly relevant, particularly for caregivers of older people and persons with disabilities, given the substantial mental and emotional burden they often face. Likewise, training and support policies must reflect the evolving characteristics of the populations receiving care. For instance, the growing number of people living with dementia will require caregivers to have specific skills, information, and forms of support.

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Annex 1

Data Sources, Methodology, and Limitations

A1.1. Data Sources

The analysis presented in this study draws on data for 587,743 individuals ages 15 and older from nine time-use surveys—covering Argentina, Chile, Colombia, Costa Rica, El Salvador, Mexico, Paraguay, Peru, and Uruguay—and one household survey from Brazil. Together, these countries account for nearly 80 percent of the population of Latin America and the Caribbean. The surveys provide information on how individuals allocate their time among paid work, unpaid work, learning activities, volunteering, and leisure. **TABLE A1.1** presents the main characteristics of the surveys included in the analysis.

Table A1.1. Main Characteristics of Surveys Included in the Analysis

Country	Number of Respondents Ages 14 and Older	Type of care recipient			Care Provided Outside the Household Included	Time-Use Information Included
		Age of Children Without Disabilities	Age of Persons with Disabilities	Age of Older Persons Without Disabilities		
Argentina	14,350	0–13	All ages combined	65+	No	Yes
Brazil	313,831	0–14	Ages 15–59	60+	No	No
Chile	27,743	0–14*	All ages combined	65+*	Yes	Yes
Colombia	118,463	0–14*	All ages combined	65+*	Yes	Yes
Costa Rica	9,930	0–11	Ages 12+	65+	Yes	Yes
El Salvador	4,764	0–14	All ages combined	60+	No	Yes
Mexico	68,185	0–14	All ages combined	60+	Yes	Yes
Paraguay	10,140	0–14	All ages combined	60+	No	Yes
Peru	14,216	0–14	All ages combined	60+	No	Yes
Uruguay	6,121	0–12	All ages combined	65+	Yes	Yes
Total	587,743	—	—	—	—	—

Source: See **TABLE 1**.

Note: *Threshold set by the authors.

Time-use surveys have become a central instrument for measuring unpaid domestic and care work in Latin America and the Caribbean. By documenting how individuals allocate time across paid and unpaid activities, they make visible forms of work that are largely excluded from conventional labor statistics and national accounts and are disproportionately performed by women. Time-use surveys have thus provided an essential empirical basis for research and policy discussions on gender inequality, care, well-being, and labor force participation.

Their development in the region has been accompanied by important institutional and methodological progress. Over the past two decades, more countries have introduced stand-alone surveys or time-use modules, while regional efforts have promoted greater harmonization of concepts and indicators (ECLAC 2021a, UNDP 2024b). These efforts include the consolidation of regional repositories and methodological guidance aimed at improving the comparability and policy use of time-use data (ECLAC 2021a, ECLAC 2021b, UNDP 2024b).

Time-use surveys have also become a key input for constructing satellite accounts of unpaid household work and the care economy, making it possible to assign an economic value to unpaid household production and estimate its contribution relative to GDP (ECLAC 2021b).

At the same time, cross-country comparability remains constrained by differences in questionnaire design, reference periods, target populations, and the level of detail used to capture unpaid care activities. These limitations are particularly relevant when the objective is to identify specific care recipients or distinguish among different forms and intensities of care.

A1.2. Harmonization Challenges and Assumptions

This section describes the data harmonization challenges and how we addressed them. **TABLE A1.3** summarizes our main assumptions.

CLASSIFICATION OF CARE RECIPIENTS

Surveys typically distinguish among three types of care recipients: children without disabilities, persons with disabilities of all ages, and older people without disabilities. Only Chile and Colombia allow the age and disability status of each recipient to be identified. We used data from these two countries to estimate the share of persons with disabilities who are children (33 percent) or older people (17 percent). We then applied these parameters to all other countries to reclassify recipients into the following categories: children, with or without disabilities; persons with disabilities ages 15–64; and older people, with or without disabilities (see **TABLE A1.2**; for Brazil and Costa Rica, see the next subsection). Hours of care originally attributed to “persons with disabilities of all ages” were redistributed accordingly. We selected this classification because the care needs of children with disabilities are best addressed within an early childhood development framework alongside those of other children, while the needs of older people with disabilities form part of the long-term care agenda.

**Table A1.2. Reallocation of Care Recipients,
from Original Survey Categories to Our Classification**

Original Survey Category	Reallocated to Children	Reallocated to Persons with Disabilities Aged 15–64	Reallocated to Older People
Children Without Disabilities	100%	—	—
Persons with Disabilities of All Ages	33%	50%	17%
Older People Without Disabilities	—	—	100%

Source: Authors' elaboration.

Disability is likely to be underidentified among children because standard survey questions are less suited to capturing child functioning, particularly at younger ages (Loeb et al. 2017; UNICEF 2021). The direction of the resulting bias in our estimates is ambiguous. Hours of care for children with disabilities may be underestimated, while hours of care for children without disabilities may be overestimated if some children with disabilities are misclassified.

AGE THRESHOLDS FOR CARE RECIPIENTS

The age brackets used to define care recipients vary by country. For children, Uruguay covers ages 0–12; Argentina, ages 0–13; and Brazil, El Salvador, Costa Rica, Mexico, Paraguay, and Peru, ages 0–14. For Chile and Colombia—where care recipients can be linked to the household roster—we set the threshold at age 14. By construction, higher age thresholds yield larger estimates of the number of caregivers of children.

For older people, Brazil, El Salvador, Mexico, Paraguay, and Peru set the threshold at age 60, while Argentina, Costa Rica, and Uruguay set it at age 65. In Chile and Colombia, we set the age threshold at 65. The lower the threshold, the larger the estimated number of caregivers of older people.

For persons with disabilities, most countries include all ages. The exceptions are Costa Rica, which includes individuals ages 12 and older, and Brazil, which includes those ages 15–59. Consequently, no reallocation is required for Brazil to produce our selected classification of care recipients: children, persons with disabilities ages 15–59, and older people. In Costa Rica, caregiving for children includes all children, including those with disabilities, by construction. To produce our selected classification, we reallocated only a portion of care provided to persons with disabilities to care provided to older people.

CARE PROVIDED OUTSIDE THE HOUSEHOLD

Only five countries collect data on care provided outside the household: Chile, Colombia, Costa Rica, Mexico, and Uruguay. This limitation is particularly relevant to the care of older people, which is frequently provided by adult children living in separate households, for example, through assistance with errands or medical appointments.

For countries without this information—Argentina, Brazil, El Salvador, Paraguay, and Peru—we imputed care provided outside the household by assuming that the ratio of caregivers outside the household to potential care recipients corresponds to the average shares observed in the five countries with available data. These shares are 12 percent for children, 1 percent for persons with disabilities, and 17 percent for older people.

MINIMUM AGE OF SURVEY RESPONDENTS

The minimum age of respondents who can potentially be classified as unpaid caregivers varies across surveys. For example, it is 10 in Colombia, 12 in Chile, and 14 in Argentina and Uruguay. In our analysis, we include respondents ages 15 and older, consistent with the minimum legal working age in several countries in the region, including Brazil, El Salvador, Paraguay, and Uruguay.

ACTIVITIES COVERED BY EACH SURVEY

We classify individuals as unpaid caregivers if they report providing direct support with activities of daily living to another person during the reference period without receiving payment. We consider time spent providing care to people both within the same household and in other households.

The surveys differ in the types of activities they include within each care category.

For children without disabilities and persons with disabilities of all ages, most surveys cover four types of activities: basic activities, such as feeding or bathing; instrumental activities, such as providing companionship and conversation or running errands; health-related activities, such as accompanying someone to a medical appointment or administering medication; and education-related activities, such as helping with homework, taking children to school, or attending school-related events.

For older people without disabilities, surveys from Argentina, Chile, Colombia, Costa Rica, and Uruguay include basic, instrumental, and health-related activities. By contrast, surveys from Mexico, El Salvador, and Paraguay do not collect information on support with basic activities.

Even within the same activity category—basic, instrumental, health-related, or education-related—the number and type of tasks included vary by country. Surveys that cover fewer activities may produce lower estimates of both the number of caregivers and the hours devoted to care. **TABLES A2.1–A2.3** in Annex 2 summarize the activities included in each survey by type of care recipient.

REFERENCE PERIODS FOR TIME RECALL

The reference period used to recall time spent on care activities differs by country. This limits the comparability of estimates of the number of hours per week spent providing unpaid care to others.

When respondents are asked to recall the total number of hours spent on a specific activity during an entire week, as in Costa Rica and Paraguay, we report that number. When respondents are asked about a particular day, as in Argentina, Colombia, El Salvador, and Uruguay, we multiply the reported number by seven, assuming that the particular day represents the daily weekly average. In Mexico, where respondents are asked about two representative days—a weekday and a weekend day—we calculate the weighted sum of the two figures: hours spent on a weekday multiplied by five, plus hours spent on a weekend day multiplied by two. Finally, in Peru, respondents are asked about one weekday and both weekend days—Saturday and Sunday. We multiply the weekday value by five and add the reported hours for the two weekend days.

SIMULTANEOUS CAREGIVING ACTIVITIES

Some caregivers may perform more than one task simultaneously, for example, providing companionship while feeding someone. Adding the hours spent on simultaneous activities can result in more than 24 hours of care in a single day. In these cases, daily caregiving hours are capped at 24, or 168 hours per week. However, we cannot correct the estimates when the reported number of hours does not exceed 24 per day.

A1.3. Extrapolation to Countries without Available Data

To produce regional estimates for Latin America and the Caribbean in Facts 1-4, we assume that countries without survey data share the care patterns observed in the ten countries in our sample. Specifically, the following indicators are assumed to equal the averages measured in countries with available data:

- a. Ratio of caregivers to the potential population in need of care, by type of care recipient. For care provided within the household, these ratios are 0.91 for children without disabilities, 0.27 for persons with disabilities of all ages, and 0.24 for older people without disabilities. For care provided outside the household, the corresponding ratios are 0.12, 0.01, and 0.17. For persons with disabilities, the ratio is calculated assuming that 14.7 percent of the region's population has a disability (Garcia Mora et al. 2021).
- b. Average weekly hours devoted to each type of care recipient. These averages are 12.5 hours for children without disabilities, 11 hours for persons with disabilities of all ages, and 5.9 hours for older people without disabilities. These averages are based on data from nine countries because the survey used for Brazil identifies caregivers by type of care recipient but does not collect time-use data.
- c. Share of caregivers who are women, by type of care recipient: 63.6 percent for children without disabilities, 65.1 percent for persons with disabilities of all ages, and 62.3 percent for older people without disabilities.

A1.4. Projections of Care Needs

The projections of care needs presented in Fact 5 are driven by demographic trends and assume that current care arrangements remain unchanged through 2050. Specifically, the projections apply current ratios of caregivers to potential care recipients, current average care intensity, current gender shares, and current assumptions regarding multiple caregiving responsibilities to projected population structures. These projections illustrate how population aging and declining fertility will reshape unpaid care responsibilities under existing patterns of care provision.

Table A1.3. Main Assumptions and Harmonization Rules

Dimension	Applies to	Assumption or Harmonization Rule	Sensitivity or Robustness Check
Caregiver definition	Number of caregivers; average hours	Any person ages 14 and older reporting more than zero hours of direct unpaid care	Results using an alternative threshold of at least two hours per week are reported here .
Distribution of caregivers of persons with disabilities by age of care recipient	Argentina, Brazil, Costa Rica, El Salvador, Mexico, Paraguay, Peru, and Uruguay	The age distribution of persons with disabilities is estimated using data from Chile and Colombia.	Results based on the original survey classifications and on alternative shares of care for persons with disabilities assigned to children and older persons are reported here .
Care provided outside the household	Argentina, Brazil, El Salvador, Paraguay, and Peru	Imputed using the average ratios of caregivers to care recipients outside the household observed in Chile, Colombia, Costa Rica, Mexico, and Uruguay	Flagged in Tables 1, 2, and 3.
Countries without survey data	The Bahamas, Barbados, Belize, Bolivia, the Dominican Republic, Ecuador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Panama, Suriname, Trinidad and Tobago, and Venezuela	Extrapolated using average care patterns from countries with available data	Flagged in Tables 1, 2, and 3.
Activities included	Activity composition; care hours	Activities are harmonized into activities of daily living, instrumental activities of daily living, health, and education. The main results use the full list of activities included in each survey.	A sensitivity analysis using the set of activities common to a subset of countries is reported here .
Reference period	Weekly care hours	All reported care time is converted into weekly hours.	Survey reference periods are documented in Annex 1.
Simultaneous activities	Weekly care hours	Daily care hours are capped at 24.	Potential simultaneity is acknowledged as a limitation.
Projections	Estimates for 2035 and 2050	Current care patterns are held constant and applied to projected population structures.	Interpreted as demographic scenarios rather than behavioral forecasts.

Source: Authors' elaboration.



Annex 2

Activities Considered, by Type of Care Recipient

Table A2.1. Activities Considered for the Care of Children

Category of Support	Activity	Argentina	Chile	Colombia	Costa Rica	El Salvador	Mexico	Paraguay	Peru	Uruguay
ADL	Feeding		✓	✓	✓	✓	✓	✓	✓	✓
	Bathing and personal hygiene		✓	✓	✓	✓	✓	✓	✓	✓
	Dressing		✓	✓	✓	✓	✓	✓	✓	✓
IADL	Playing and recreation	Included under "personal care"	✓	✓	✓	✓			✓	✓
EDUC	Taking children to or picking them up from school		✓	✓	✓		✓	✓	✓	✓
	Homework support		✓	✓	✓		✓		✓	✓
HEALTH	Taking care recipients to health services	Included under "companionship and transportation"	✓	✓	✓	✓	✓	✓	✓	✓
	Therapies and exercises	✓	✓	✓	✓		✓		✓	✓
OTHER	Companionship and transportation*	✓								

Source: Authors' elaboration.

Note: *Refers to accompanying or transporting the care recipient to school; to a doctor, hospital, rehabilitation center, or therapy center to receive services; to complete a personal or legal procedure; to participate in social, cultural, sports, or recreational activities; or to travel to any other location.



Table A2.2. Activities Considered for the Care of Persons with Disabilities

Category of Support	Activity	Argentina	Chile	Colombia	Costa Rica	El Salvador	Mexico	Paraguay	Peru	Uruguay
ADL	Feeding	Included under "personal care"	✓	✓	✓	✓	✓		✓	✓
	Bathing and personal hygiene		✓	✓	✓	✓	✓		✓	✓
	Dressing		✓	✓	✓	✓	✓		✓	✓
IADL	Personal errands and paperwork		✓	✓					✓	✓
	Walks and social companionship		✓	✓		✓			✓	✓
EDUC	Technological and learning support		✓	✓			✓		✓	✓
HEALTH	Administering medication	✓	✓	✓	✓	✓	✓		✓	✓
	Therapies and rehabilitation	✓	✓	✓	✓		✓		✓	✓
	Taking care recipients to medical appointments	Included under "companionship and transportation"	✓	✓	✓	✓	✓	✓	✓	✓
OTHER	Companionship and transportation*	✓								

Source: Authors' elaboration.

Note: See **TABLE A2.1**.



Table A2.3. Activities Considered for the Care of Older People

Category of Support	Activity	Argentina	Chile	Colombia	Costa Rica	El Salvador	Mexico	Paraguay	Peru	Uruguay
ADL	Feeding	Included under "personal care"	✓	✓	✓				✓	✓
	Bathing and personal hygiene		✓	✓	✓				✓	✓
	Dressing		✓	✓	✓				✓	✓
IADL	Personal errands and paperwork		✓	✓					✓	✓
	Walks and social companionship		✓	✓					✓	✓
HEALTH	Administering medication	✓	✓	✓		✓			✓	✓
	Therapies and rehabilitation	✓	✓	✓	✓				✓	✓
	Taking care recipients to medical appointments	Included under "companionship and transportation"	✓	✓	✓		✓		✓	✓
OTHER	Companionship and transportation*	✓	✓	✓	✓	✓	✓	✓	✓	✓

Source: Authors' elaboration.

Note: See [TABLE A2.1](#).



Annex 3

Country Profiles

Table A3.1. Country Profile: Argentina

Panel A. Constructed Caregiver Groups												
	Children (Under Age 14) ^a			Persons with Disabilities (Ages 14–64)			Older Persons (Ages 65 and Older) ^b			All Caregivers ^c		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	80,569	28,600	109,169	1,912	573	2,485	7,984	4,136	12,120	90,465	33,309	123,774
Number of caregivers (thousands)	3,702	1,797	5,500	285	126	412	718	455	1,173	3,960	2,057	6,017
Value as a percentage of GDP: opportunity cost method	3.3	1.2	4.5	0.1	0.0	0.1	0.3	0.2	0.5	3.8	1.4	5.1
Value as a percentage of GDP: replacement cost method	1.5	0.5	2.0	0.0	0.0	0.0	0.1	0.1	0.2	1.6	0.6	2.3
Average weekly hours of direct care	22.3	16.2	20.3	12.4	7.0	10.5	11.8	9.4	10.9	22.8	16.2	20.6
Projected number of caregivers in 2050 (thousands)	5,156	2,503	7,659	1,497	662	2,159	2,405	1,523	3,928	7,693	3,982	11,676





Table A3.1. Country Profile: Argentina

Panel B. Original Caregivers Groups															
	Children without Disabilities			Persons with Disabilities of All Ages			Older Persons without Disabilities			All Caregivers ^a			Noncaregivers		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	76,060	27,247	103,307	7,803	2,340	10,143	6,602	3,721	10,323	90,465	33,309	123,774	-	-	-
Number of caregivers (thousands)	3,510	1,712	5,222	574	254	828	622	412	1,034	3,960	2,057	6,017	4,858	5,142	9,999
Value as a percentage of GDP: opportunity cost method	3.3	1.2	4.5	0.1	0.0	0.1	0.3	0.2	0.5	3.8	1.4	5.1	-	-	-
Value as a percentage of GDP: replacement cost method	1.5	0.5	2.0	0.0	0.0	0.0	0.1	0.1	0.2	1.6	0.6	2.3	-	-	-
Average weekly hours of direct care	21.7	15.9	19.8	13.6	9.2	12.2	10.6	9.0	10.0	22.8	16.2	20.6	-	-	-
Projected number of caregivers in 2050	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Share with multiple care responsibilities within the household (%)	1.8	0.6	1.4	29.3	26.0	28.6	14.4	4.5	10.2	0.9	0.2	0.6	-	-	-
Weekly hours spent on household chores	21.9	11.3	18.4	25.1	8.5	21.9	28.8	19.0	24.7	21.9	11.3	17.1	19.0	10.6	14.7
Weekly Hours of Direct Care by Type of Activity															
Personal support	23.5	17.2	21.4	21.6	19.4	21.2	16.0	13.8	15.1	23.5	17.2	21.4	-	-	-
Transportation	0.6	0.3	0.5	0.5	0.1	0.5	1.0	0.1	0.6	0.6	0.3	0.5	-	-	-
Health care	0.4	0.2	0.3	1.5	1.5	1.5	3.8	3.3	3.6	0.6	0.4	0.6	-	-	-
Paid Work and Weekly Hours Worked															
Probability of engaging in paid work (%)	43.7	67.4	51.8	36.9	64.4	42.1	24.4	56.7	36.5	45.5	72.3	57.7	59.3	73.4	66.5
Weekly hours of paid work among those working	33.1	42.6	37.3	32.1	45.4	36.0	41.3	44.2	43.0	35.5	46.9	42.0	38.3	43.7	41.4
Time Spent Sleeping and on Leisure Activities															
Sleep	57.2	54.8	56.4	59.5	55.1	58.7	56.4	61.2	58.4	60.9	58.8	59.9	58.9	57.7	58.3
Total leisure	22.1	26.8	23.7	22.6	30.8	24.2	25.1	29.3	26.8	30.9	35.2	32.8	33.3	35.8	34.6

Source: Authors' calculations based on data from Argentina's 2021 Time Use Survey and the United Nations Population Division (2024).

Notes: (a) Children include children both with and without disabilities. (b) Older persons include those both with and without disabilities. (c) The total number of caregivers does not equal the sum across types of care recipients because some caregivers simultaneously provide care to more than one type of recipient.



Table A3.2. Country Profile: Brazil

Panel A. Constructed Caregiver Groups												
	Children (Under Age 14) ^a			Persons with Disabilities (Ages 14–64)			Older Persons (Ages 65 and Older) ^b			All Caregivers ^c		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	403,714	121,057	524,771	60,459	20,715	81,173	37,043	22,292	59,335	501,215	164,064	665,279
Number of caregivers (thousands)	26,513	16,366	42,879	5,109	3,110	8,219	5,559	3,480	9,039	33,507	21,037	54,544
Value as a percentage of GDP: opportunity cost method	3.1	0.9	4.0	0.5	0.2	0.6	0.3	0.2	0.5	3.8	1.3	5.1
Value as a percentage of GDP: replacement cost method	1.7	0.5	2.2	0.2	0.1	0.3	0.2	0.1	0.2	2.1	0.7	2.7
Average weekly hours of direct care	15.3	7.4	12.3	12.5	6.9	10.4	6.8	6.5	6.7	15.0	7.8	12.2
Projected number of caregivers in 2050 (thousands)	20,192	12,464	32,655	6,043	3,678	9,721	12,270	7,681	19,951	34,923	21,607	56,530

Source: Authors' calculations based on data from the Institute for Applied Economic Research (Instituto de Pesquisa Econômica Aplicada, IPEA) survey for Brazil (2022) and the United Nations Population Division (2024).

Notes: (a) Children include children both with and without disabilities. (b) Older persons include those both with and without disabilities. (c) The total number of caregivers does not equal the sum across types of care recipients because some caregivers simultaneously provide care to more than one type of recipient. Brazil does not collect time-use data.



Table A3.3. Country Profile: Chile

Panel A. Constructed Caregiver Groups												
	Children (Under Age 14) ^a			Persons with Disabilities (Ages 14–64)			Older Persons (Ages 65 and Older) ^b			All Caregivers ^c		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	56,163	23,896	80,059	5,322	2,580	7,901	5,691	2,816	8,507	67,176	29,292	96,467
Number of caregivers (thousands)	2,825	1,702	4,527	1,066	592	1,658	603	402	1,005	2,947	1,867	4,814
Value as a percentage of GDP: opportunity cost method	5.2	2.2	7.4	0.5	0.2	0.7	0.5	0.3	0.8	6.2	2.7	8.9
Value as a percentage of GDP: replacement cost method	3.0	1.3	4.2	0.3	0.1	0.4	0.3	0.1	0.4	3.5	1.5	5.1
Average weekly hours of direct care	20.0	14.1	17.8	5.1	4.4	4.9	9.6	7.1	8.6	22.8	15.7	20.0
Projected number of caregivers in 2050 (thousands)	1,491	898	2,390	584	324	908	1,325	884	2,209	2,277	1,411	3,687





Table A3.3. Country Profile: Chile

Panel B. Original Caregivers Groups															
	Children without Disabilities			Persons with Disabilities of All Ages			Older Persons without Disabilities			All Caregivers ^c			Noncaregivers		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	52,503	21,055	73,558	13,283	5,868	19,151	2,586	1,809	4,396	67,176	29,292	96,467	-	-	-
Number of caregivers (thousands)	2,677	1,617	4,294	1,427	795	2,223	376	272	648	2,947	1,867	4,814	4,195	4,994	9,188
Value as a percentage of GDP: opportunity cost method	5.2	2.2	7.4	0.5	0.2	0.7	0.5	0.3	0.8	6.2	2.7	8.9	-	-	-
Value as a percentage of GDP: replacement cost method	3.0	1.3	4.2	0.3	0.1	0.4	0.3	0.1	0.4	3.5	1.5	5.1	-	-	-
Average weekly hours of direct care	19.6	13.0	17.1	9.3	7.4	8.6	6.9	6.7	6.8	23.2	15.4	20.2	-	-	-
Projected number of caregivers in 2050	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Share with multiple care responsibilities within the household (%)	39.0	31.6	36.2	75.9	68.9	73.4	21.7	11.1	16.9	33.3	26.2	30.5	-	-	-
Weekly hours spent on household chores	20.6	10.7	17.2	23.5	13.2	20.1	24.4	14.7	20.0	21.0	11.5	17.6	17.4	10.1	13.8
Weekly Hours of Direct Care by Type of Activity															
Activities of daily living (ADL)	16.1	6.1	12.3	7.1	6.3	6.8	0.9	0.1	0.5	18.4	9.2	14.8	-	-	-
Instrumental activities of daily living (IADL)	6.0	6.1	6.0	1.7	1.3	1.6	2.0	2.6	2.2	6.1	5.9	6.0	-	-	-
Education	4.3	3.5	4.0	4.2	6.4	5.0	-	-	-	5.7	6.0	5.8	-	-	-
Health care	0.8	0.3	0.6	1.0	0.9	1.0	2.2	6.1	4.0	1.5	1.1	1.3	-	-	-
Paid Work and Weekly Hours Worked															
Probability of engaging in paid work (%)	70.0	91.9	78.8	61.2	89.9	72.0	62.2	82.8	72.1	67.9	90.4	77.1	74.4	88.2	82.1
Weekly hours of paid work among those working	36.1	45.0	40.3	34.2	44.5	39.0	37.5	47.4	42.9	36.2	45.0	40.4	39.8	44.7	42.8
Time Spent Sleeping and on Leisure Activities															
Sleep	50.5	49.2	50.0	49.7	49.6	49.6	50.0	47.4	48.8	50.3	49.2	49.9	51.6	50.7	51.1
Total leisure	43.2	47.8	45.0	40.7	45.1	42.3	41.5	41.5	41.5	42.7	47.0	44.4	48.2	51.0	49.7

Source: Authors' calculations based on data from Chile's 2023 Time Use Survey and the United Nations Population Division (2024).

Notes: (a) Children include children both with and without disabilities. (b) Older persons include those both with and without disabilities. (c) The total number of caregivers does not equal the sum across types of care recipients because some caregivers simultaneously provide care to more than one type of recipient.



Table A3.4. Country Profile: Colombia

Panel A. Constructed Caregiver Groups												
	Children (Under Age 14) ^a			Persons with Disabilities (Ages 14–64)			Older Persons (Ages 65 and Older) ^b			All Caregivers ^c		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	86,206	19,374	105,580	1,321	258	1,580	3,464	856	4,320	90,991	20,489	111,480
Number of caregivers (thousands)	4,485	1,665	6,151	124	28	152	247	78	325	4,809	1,766	6,575
Value as a percentage of GDP: opportunity cost method	3.6	0.8	4.5	0.1	0.0	0.1	0.1	0.0	0.2	3.9	0.9	4.7
Value as a percentage of GDP: replacement cost method	3.5	0.8	4.3	0.1	0.0	0.1	0.1	0.0	0.2	3.7	0.8	4.5
Average weekly hours of direct care	19.2	11.6	17.2	10.7	9.3	10.4	14.0	11.0	13.3	18.9	11.6	17.0
Projected number of caregivers in 2050 (thousands)	6,461	2,399	8,861	2,168	486	2,654	3,784	1,199	4,983	12,315	4,052	16,368





Table A3.4. Country Profile: Colombia

Panel B. Original Caregivers Groups															
	Children without Disabilities			Persons with Disabilities of All Ages			Older Persons without Disabilities			All Caregivers ^c			Noncaregivers		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	73,381	16,795	90,176	16,194	3,350	19,545	1,513	359	1,872	90,991	20,489	111,480	-	-	-
Number of caregivers (thousands)	3,955	1,449	5,404	974	332	1,306	73	25	98	4,809	1,766	6,575	15,394	16,870	32,264
Value as a percentage of GDP: opportunity cost method	3.6	0.8	4.5	0.1	0.0	0.1	0.1	0.0	0.2	3.9	0.9	4.7	-	-	-
Value as a percentage of GDP: replacement cost method	3.5	0.8	4.3	0.1	0.0	0.1	0.1	0.0	0.2	3.7	0.8	4.5	-	-	-
Average weekly hours of direct care	18.6	11.6	16.7	16.6	10.1	15.0	20.7	14.5	19.1	18.9	11.6	17.0	-	-	-
Projected number of caregivers in 2050	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Share with multiple care responsibilities within the household (%)	4.9	2.8	4.3	19.5	11.9	17.6	13.2	7.8	12.0	4.1	2.3	3.6	-	-	-
Weekly hours spent on household chores	29.2	12.2	26.1	30.0	14.7	27.3	32.4	16.0	29.0	29.2	12.8	26.2	25.7	12.4	20.4
Weekly Hours of Direct Care by Type of Activity															
Activities of daily living (ADL)	7.1	1.5	5.6	10.1	2.6	8.2	3.2	0.7	2.6	9.5	2.1	7.5	-	-	-
Instrumental activities of daily living (IADL)	11.7	10.1	11.2	10.8	9.3	10.2	-	-	-	13.6	11.6	12.9	-	-	-
Education	5.1	2.2	4.3	0.9	0.3	0.7	-	-	-	4.6	1.9	3.9	-	-	-
Health care	0.1	0.1	0.1	1.3	1.1	1.3	15.1	6.9	13.2	0.7	0.5	0.6	-	-	-
Paid Work and Weekly Hours Worked															
Probability of engaging in paid work (%)	42.7	86.4	55.6	32.5	79.6	45.7	40.6	53.1	42.6	41.1	85.2	54.1	51.1	84.4	68.3
Weekly hours of paid work among those working	40.4	48.0	43.9	41.9	49.4	45.5	41.9	35.3	40.5	40.7	48.2	44.2	43.4	48.7	46.7
Time Spent Sleeping and on Leisure Activities															
Sleep	55.0	54.7	54.9	54.0	54.0	54.0	50.5	53.4	51.2	54.9	54.5	54.8	55.7	55.5	55.6
Total leisure	31.8	35.0	32.7	30.8	35.5	32.0	33.7	43.4	36.0	31.8	35.2	32.7	39.5	40.8	40.2

Source: Authors' calculations based on data from Colombia's 2020 Time Use Survey and the United Nations Population Division (2024).

Notes: (a) Children include children both with and without disabilities. (b) Older persons include those both with and without disabilities. (c) The total number of caregivers does not equal the sum across types of care recipients because some caregivers simultaneously provide care to more than one type of recipient.



Table A3.5. Country Profile: Costa Rica

Panel A. Constructed Caregiver Groups												
	Children (Under Age 14) ^a			Persons with Disabilities (Ages 14–64)			Older Persons (Ages 65 and Older) ^b			All Caregivers ^c		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	8,124	3,197	11,322	283	77	472	798	320	1,006	9,206	3,593	12,799
Number of caregivers (thousands)	699	432	1,131	30	16	66	135	89	205	738	478	1,217
Value as a percentage of GDP: opportunity cost method	3.1	1.2	4.3	0.1	0.1	0.2	0.3	0.1	0.4	3.5	1.4	4.8
Value as a percentage of GDP: replacement cost method	1.5	0.6	2.1	0.1	0.0	0.1	0.1	0.0	0.2	1.7	0.7	2.3
Average weekly hours of direct care	11.6	7.4	10.0	30.4	13.4	26.4	6.9	4.2	5.3	12.5	7.5	10.5
Projected number of caregivers in 2050 (thousands)	428	264	692	110	57	239	364	241	552	783	488	1,288





Table A3.5. Country Profile: Costa Rica

Panel B. Original Caregivers Groups															
	Children without Disabilities			Persons with Disabilities of All Ages			Older Persons without Disabilities			All Caregivers ^c			Noncaregivers		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	8,077	3,182	11,259	674	201	875	455	210	665	9,206	3,593	12,799	-	-	-
Number of caregivers (thousands)	694	429	1,123	61	36	96	110	72	182	738	478	1,217	905	1,135	2,039
Value as a percentage of GDP: opportunity cost method	3.1	1.2	4.3	0.1	0.1	0.2	0.3	0.1	0.4	3.5	1.4	4.8	-	-	-
Value as a percentage of GDP: replacement cost method	1.5	0.6	2.1	0.1	0.0	0.1	0.1	0.0	0.2	1.7	0.7	2.3	-	-	-
Average weekly hours of direct care	11.6	7.4	10.0	11.1	5.7	9.1	4.1	2.9	3.6	12.5	7.5	10.5	-	-	-
Projected number of caregivers in 2050	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Share with multiple care responsibilities within the household (%)	3.2	3.0	3.1	29.7	28.1	29.1	16.7	10.9	14.1	2.0	1.4	1.7	-	-	-
Weekly hours spent on household chores	30.2	13.0	23.5	30.9	18.8	26.8	31.7	18.4	25.9	29.6	13.9	22.6	26.3	14.1	19.7
Weekly Hours of Direct Care by Type of Activity															
Activities of daily living (ADL)	6.1	2.3	4.6	7.8	3.5	6.1	1.8	0.3	1.2	5.9	2.2	4.5	-	-	-
Instrumental activities of daily living (IADL)	4.3	4.3	4.3	4.6	2.3	3.8	1.2	1.5	1.3	4.2	4.0	4.1	-	-	-
Education	1.5	0.7	1.2	0.1	-	0.1	-	-	-	1.5	0.7	1.2	-	-	-
Health care	0.2	0.1	0.1	1.0	0.6	0.9	0.9	0.7	0.8	0.3	0.2	0.2	-	-	-
Paid Work and Weekly Hours Worked															
Probability of engaging in paid work (%)	49.1	95.1	68.8	28.4	86.6	50.8	36.9	84.1	57.3	49.9	91.3	69.3	61.2	91.6	77.2
Weekly hours of paid work among those working	39.1	55.5	46.8	-	45.0	45.0	35.1	55.7	46.2	42.6	55.1	49.8	44.9	55.7	51.7
Time Spent Sleeping and on Leisure Activities															
Sleep	54.1	53.0	53.7	53.3	54.5	53.8	55.3	54.2	54.8	55.4	55.1	55.3	54.9	54.1	54.5
Total leisure	30.3	31.7	30.9	34.2	41.8	37.1	35.5	40.1	37.6	35.7	39.3	37.4	36.6	37.0	36.8

Source: Authors' calculations based on data from Costa Rica's 2022 Time Use Survey and the United Nations Population Division (2024).

Notes: (a) Children include children both with and without disabilities. (b) Older persons include those both with and without disabilities. (c) The total number of caregivers does not equal the sum across types of care recipients because some caregivers simultaneously provide care to more than one type of recipient.



Table A3.6. Country Profile: El Salvador

Panel A. Constructed Caregiver Groups												
	Children (Under Age 14) ^a			Persons with Disabilities (Ages 14–64)			Older Persons (Ages 65 and Older) ^b			All Caregivers ^c		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	10,493	2,772	13,265	363	127	490	2,985	1,960	4,945	13,841	4,859	18,699
Number of caregivers (thousands)	647	235	882	64	27	91	291	213	504	600	264	863
Value as a percentage of GDP: opportunity cost method	4.7	1.3	6.0	0.2	0.1	0.2	1.3	0.9	2.2	6.3	2.2	8.4
Value as a percentage of GDP: replacement cost method	3.7	1.0	4.7	0.1	0.0	0.2	1.1	0.7	1.8	4.9	1.7	6.6
Average weekly hours of direct care	17.0	12.3	15.7	16.3	10.8	14.4	10.8	9.4	10.2	23.1	18.4	21.7
Projected number of caregivers in 2050 (thousands)	858	311	1,169	210	88	298	230	169	399	759	332	1,091





Table A3.6. Country Profile: El Salvador

Panel B. Original Caregivers Groups															
	Children without Disabilities			Persons with Disabilities of All Ages			Older Persons without Disabilities			All Caregivers ^c			Noncaregivers		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	9,636	2,473	12,109	1,482	517	1,999	2,722	1,869	4,591	13,841	4,859	18,699	-	-	-
Number of caregivers (thousands)	604	217	821	129	54	183	269	204	473	600	264	863	373	382	755
Value as a percentage of GDP: opportunity cost method	4.7	1.3	6.0	0.2	0.1	0.2	1.3	0.9	2.2	6.3	2.2	8.4	-	-	-
Value as a percentage of GDP: replacement cost method	3.7	1.0	4.7	0.1	0.0	0.2	1.1	0.7	1.8	4.9	1.7	6.6	-	-	-
Average weekly hours of direct care	16.0	11.4	14.8	11.5	9.6	10.9	10.1	9.2	9.7	23.1	18.4	21.7	-	-	-
Projected number of caregivers in 2050	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Share with multiple care responsibilities within the household (%)	3.9	4.5	4.0	10.9	12.6	11.3	8.6	4.2	6.7	1.0	0.5	0.8	-	-	-
Weekly hours spent on household chores	18.4	10.9	16.8	20.6	15.7	19.4	17.1	14.4	16.1	18.1	12.5	16.1	18.7	12.2	15.9
Weekly Hours of Direct Care by Type of Activity															
Activities of daily living (ADL)	12.5	6.3	11.7	9.4	5.4	8.5	-	-	-	12.2	6.1	11.2	-	-	-
Instrumental activities of daily living (IADL)	15.5	13.3	14.7	-	-	-	9.5	8.8	9.2	12.4	10.8	11.8	-	-	-
Education	12.5	5.8	10.3	4.7	2.8	4.3	-	-	-	11.1	5.5	9.4	-	-	-
Health care	5.3	4.2	4.8	18.5	20.4	19.2	15.6	6.2	9.4	15.6	9.0	12.0	-	-	-
Paid Work and Weekly Hours Worked															
Probability of engaging in paid work (%)	47.2	93.2	61.7	35.0	58.6	39.4	57.1	80.6	66.0	57.1	85.6	69.2	66.1	90.2	78.1
Weekly hours of paid work among those working	39.9	46.4	43.3	31.5	38.5	33.1	42.5	48.9	45.6	47.6	55.8	51.9	48.9	58.3	54.4
Time Spent Sleeping and on Leisure Activities															
Sleep	50.8	49.3	50.4	53.0	51.9	52.7	55.6	53.7	54.8	56.3	56.9	56.6	54.4	53.4	53.9
Total leisure	25.4	29.4	26.4	25.6	38.0	28.6	32.8	34.6	33.6	32.0	36.5	34.0	33.3	36.8	35.0

Source: Authors' calculations based on data from El Salvador's 2022 Time Use Survey and the United Nations Population Division (2024).

Notes: (a) Children include children both with and without disabilities. (b) Older persons include those both with and without disabilities. (c) The total number of caregivers does not equal the sum across types of care recipients because some caregivers simultaneously provide care to more than one type of recipient.



Table A3.7. Country Profile: Mexico

Panel A. Constructed Caregiver Groups												
	Children (Under Age 14) ^a			Persons with Disabilities (Ages 14–64)			Older Persons (Ages 65 and Older) ^b			All Caregivers ^c		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	360,528	102,381	462,908	14,225	5,257	19,482	26,084	14,481	40,565	400,837	122,119	522,956
Number of caregivers (thousands)	26,936	16,414	43,350	2,492	1501	3,993	3,791	3,034	6,825	25,473	16,452	41,926
Value as a percentage of GDP: opportunity cost method	4.4	1.3	5.7	0.2	0.1	0.2	0.3	0.2	0.5	4.9	1.5	6.4
Value as a percentage of GDP: replacement cost method	3.4	1.0	4.3	0.1	0.0	0.2	0.2	0.1	0.4	3.7	1.1	4.9
Average weekly hours of direct care	13.9	6.5	11.1	14.0	7.7	11.5	7.9	5.3	6.7	15.7	7.4	12.5
Projected number of caregivers in 2050 (thousands)	16,579	10,103	26,682	4,155	2,503	6,657	5,718	4,577	10,295	20,473	13,299	33,772





Table A3.7. Country Profile: Mexico

Panel B. Original Caregivers Groups															
	Children without Disabilities			Persons with Disabilities of All Ages			Older Persons without Disabilities			All Caregivers ^c			Noncaregivers		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	326,980	89,983	416,963	58,057	21,454	79,511	15,801	10,681	26,482	400,837	122,119	522,956	-	-	-
Number of caregivers (thousands)	25,256	15,403	40,659	5,013	3,020	8,033	2,949	2,527	5,476	25,473	16,452	41,926	10,444	13,737	24,181
Value as a percentage of GDP: opportunity cost method	4.4	1.3	5.7	0.2	0.1	0.2	0.3	0.2	0.5	4.9	1.5	6.4	-	-	-
Value as a percentage of GDP: replacement cost method	3.4	1.0	4.3	0.1	0.0	0.2	0.2	0.1	0.4	3.7	1.1	4.9	-	-	-
Average weekly hours of direct care	12.9	5.8	10.3	11.6	7.1	9.9	5.4	4.2	4.8	15.7	7.4	12.5	-	-	-
Projected number of caregivers in 2050	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Share with multiple care responsibilities within the household (%)	6.6	5.6	6.2	37.3	28.8	34.0	30.6	23.5	26.9	3.9	2.7	3.4	-	-	-
Weekly hours spent on household chores	35.5	11.9	26.4	37.2	15.0	28.6	32.5	16.3	24.0	32.6	11.7	23.5	28.8	12.1	19.8
Weekly Hours of Direct Care by Type of Activity															
Activities of daily living (ADL)	8.3	3.1	6.2	8.3	4.6	6.9	-	-	-	8.6	3.4	6.6	-	-	-
Instrumental activities of daily living (IADL)	-	-	-	-	-	-	0.9	1.3	1.1	0.9	1.3	1.1	-	-	-
Education	4.7	2.4	3.8	1.4	0.6	1.1	-	-	-	4.5	2.2	3.6	-	-	-
Health care	0.4	0.2	0.3	3.5	2.1	3.0	1.4	1.3	1.4	0.9	0.6	0.7	-	-	-
Paid Work and Weekly Hours Worked															
Probability of engaging in paid work (%)	59.4	96.8	74.3	56.3	93.6	70.1	69.8	95.3	80.2	60.5	95.1	75.4	66.7	95.3	81.6
Weekly hours of paid work among those working	36.9	50.9	44.2	38.2	50.3	44.2	37.5	48.3	42.7	38.3	50.8	45.1	41.2	51.2	47.3
Time Spent Sleeping and on Leisure Activities															
Sleep	52.7	51.5	52.3	51.5	51.3	51.5	51.1	51.8	51.5	53.2	52.3	52.8	52.0	51.3	51.6
Total leisure	21.3	24.7	22.6	19.7	24.5	21.6	27.8	34.4	31.3	22.1	25.5	23.6	25.9	28.5	27.3

Source: Authors' calculations based on data from Mexico's 2019 Time Use Survey and the United Nations Population Division (2024).

Notes: (a) Children include children both with and without disabilities. (b) Older persons include those both with and without disabilities. (c) The total number of caregivers does not equal the sum across types of care recipients because some caregivers simultaneously provide care to more than one type of recipient.



Table A3.8. Country Profile: Paraguay

Panel A. Constructed Caregiver Groups												
	Children (Under Age 14) ^a			Persons with Disabilities (Ages 14–64)			Older Persons (Ages 65 and Older) ^b			All Caregivers ^c		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	18,419	7,481	25,900	393	133	526	944	482	1,426	19,755	8,097	27,852
Number of caregivers (thousands)	1,477	1008	2,484	65	34	99	118	75	193	1,515	1,045	2,560
Value as a percentage of GDP: opportunity cost method	8.1	3.3	11.4	0.2	0.1	0.2	0.4	0.2	0.6	8.7	3.6	12.3
Value as a percentage of GDP: replacement cost method	5.0	2.0	7.0	0.1	0.0	0.1	0.3	0.1	0.4	5.3	2.2	7.5
Average weekly hours of direct care	12.6	7.5	10.5	11.2	6.2	9.3	8.8	6.8	8.0	13.0	7.7	10.9
Projected number of caregivers in 2050 (thousands)	1,129	770	1,899	255	131	386	267	170	437	1,522	988	2,510





Table A3.8. Country Profile: Paraguay

Panel B. Original Caregivers Groups															
	Children without Disabilities			Persons with Disabilities of All Ages			Older Persons without Disabilities			All Caregivers ^a			Noncaregivers		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	17,491	7,167	24,658	1,605	544	2,149	659	386	1,045	19,755	8,097	27,852	-	-	-
Number of caregivers (thousands)	1,433	985	2,418	131	68	199	96	64	159	1,515	1,045	2,560	924	1,262	2,185
Value as a percentage of GDP: opportunity cost method	8.1	3.3	11.4	0.2	0.1	0.2	0.4	0.2	0.6	8.7	3.6	12.3	-	-	-
Value as a percentage of GDP: replacement cost method	5.0	2.0	7.0	0.1	0.0	0.1	0.3	0.1	0.4	5.3	2.2	7.5	-	-	-
Average weekly hours of direct care	12.2	7.3	10.2	12.2	8.0	10.8	6.9	6.1	6.6	13.0	7.7	10.9	-	-	-
Projected number of caregivers in 2050	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Share with multiple care responsibilities within the household (%)	4.2	2.2	3.4	46.1	37.9	43.4	40.7	20.7	32.7	3.5	1.8	2.8	-	-	-
Weekly hours spent on household chores	19.9	5.2	14.4	19.8	6.7	16.0	22.3	7.9	16.7	19.6	5.7	14.3	15.8	4.9	10.1
Weekly Hours of Direct Care by Type of Activity															
Activities of daily living (ADL)	3.9	0.6	2.5	5.8	1.4	4.4	-	-	-	4.1	0.6	2.6	-	-	-
Instrumental activities of daily living (IADL)	6.0	5.5	5.8	4.4	3.9	4.2	0.7	0.8	0.7	5.9	5.4	5.7	-	-	-
Education	2.0	1.0	1.6	-	-	-	-	-	-	2.0	1.0	1.6	-	-	-
Health care	0.5	0.2	0.4	4.7	3.9	4.4	5.5	5.0	5.3	1.0	0.6	0.8	-	-	-
Paid Work and Weekly Hours Worked															
Probability of engaging in paid work (%)	62.8	94.4	76.8	65.9	92.2	74.0	62.0	79.2	68.1	63.0	93.4	76.5	69.7	92.7	82.7
Weekly hours of paid work among those working	34.2	44.5	40.0	28.4	43.1	33.8	36.5	35.8	36.2	34.3	44.4	39.9	38.4	45.4	42.9
Time Spent Sleeping and on Leisure Activities															
Sleep	56.1	54.8	55.6	53.6	53.9	53.7	55.2	53.6	54.6	56.5	55.3	56.0	56.4	55.6	55.9
Total leisure	19.0	18.8	18.9	11.2	20.1	15.9	28.5	22.5	24.2	19.1	19.8	19.5	19.5	21.2	20.6

Source: Authors' calculations based on data from Paraguay's 2016 Time Use Survey and the United Nations Population Division (2024).

Notes: (a) Children include children both with and without disabilities. (b) Older persons include those both with and without disabilities. (c) The total number of caregivers does not equal the sum across types of care recipients because some caregivers simultaneously provide care to more than one type of recipient.



Table A3.9. Country Profile: Peru

Panel A. Constructed Caregiver Groups												
	Children (Under Age 14) ^a			Persons with Disabilities (Ages 14–64)			Older Persons (Ages 65 and Older) ^b			All Caregivers ^c		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	106,493	31,600	138,093	2,217	945	3,162	17,729	10,243	27,973	126,439	42,788	169,227
Number of caregivers (thousands)	7,316	4,356	11,671	505	261	767	2,252	1,633	3,884	8,640	5,616	14,255
Value as a percentage of GDP: opportunity cost method	8.6	2.5	11.1	0.2	0.1	0.3	1.4	0.8	2.3	10.2	3.4	13.6
Value as a percentage of GDP: replacement cost method	3.6	1.1	4.7	0.1	0.0	0.1	0.6	0.3	1.0	4.3	1.5	5.8
Average weekly hours of direct care	15.0	7.4	12.2	11.8	7.6	10.1	8.3	6.5	7.5	14.6	7.6	11.9
Projected number of caregivers in 2050 (thousands)	4,582	2,728	7,310	1196	618	1,814	1,699	1,232	2,930	6,529	3,998	10,527





Table A3.9. Country Profile: Peru

Panel B. Original Caregivers Groups															
	Children without Disabilities			Persons with Disabilities of All Ages			Older Persons without Disabilities			All Caregivers ^c			Noncaregivers		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	101,265	29,372	130,637	9,047	3,856	12,903	16,127	9,560	25,687	126,439	42,788	169,227	-	-	-
Number of caregivers (thousands)	6,975	4,180	11,155	1,017	526	1,542	2,081	1,544	3,625	8,640	5,616	14,255	7,073	8,325	15,399
Value as a percentage of GDP: opportunity cost method	8.6	2.5	11.1	0.2	0.1	0.3	1.4	0.8	2.3	10.2	3.4	13.6	-	-	-
Value as a percentage of GDP: replacement cost method	3.6	1.1	4.7	0.1	0.0	0.1	0.6	0.3	1.0	4.3	1.5	5.8	-	-	-
Average weekly hours of direct care	14.5	7.0	11.7	8.9	7.3	8.4	7.7	6.2	7.1	14.6	7.6	11.9	-	-	-
Projected number of caregivers in 2050	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Share with multiple care responsibilities within the household (%)	16.1	11.2	14.2	75.5	64.3	71.7	50.6	32.2	42.7	15.7	10.7	13.7	-	-	-
Weekly hours spent on household chores	26.8	8.0	19.7	27.3	11.0	21.8	24.1	9.3	17.7	26.4	8.4	19.2	18.1	7.0	12.1
Weekly Hours of Direct Care by Type of Activity															
Activities of daily living (ADL)	5.0	0.6	3.3	4.1	1.9	3.4	0.4	0.3	0.3	4.6	0.7	3.1	-	-	-
Instrumental activities of daily living (IADL)	3.8	2.9	3.5	2.7	2.9	2.8	6.2	5.2	5.8	4.9	3.9	4.5	-	-	-
Education	5.7	3.4	4.8	-	-	-	-	-	-	4.8	2.6	3.9	-	-	-
Health care	0.3	0.1	0.2	2.1	2.8	2.3	1.2	0.6	0.9	0.7	0.5	0.6	-	-	-
Paid Work and Weekly Hours Worked															
Probability of engaging in paid work (%)	54.1	91.9	68.7	54.7	83.2	64.0	63.7	86.5	73.5	56.1	90.7	70.0	56.5	71.7	64.8
Weekly hours of paid work among those working	34.5	46.0	40.4	32.8	47.5	39.0	36.0	46.3	41.2	35.0	46.2	40.9	41.2	49.5	46.2
Time Spent Sleeping and on Leisure Activities															
Sleep	54.9	54.3	54.7	54.3	55.0	54.6	54.9	54.6	54.7	55.0	54.4	54.7	46.2	44.8	45.4
Total leisure	49.6	52.7	50.8	46.2	51.5	48.0	53.6	54.7	54.1	50.5	53.2	51.6	43.7	43.6	43.7

Source: Authors' calculations based on data from Paraguay's 2016 Time Use Survey and the United Nations Population Division (2024).

Notes: (a) Children include children both with and without disabilities. (b) Older persons include those both with and without disabilities. (c) The total number of caregivers does not equal the sum across types of care recipients because some caregivers simultaneously provide care to more than one type of recipient.



Table A3.10. Country Profile: Uruguay

Panel A. Constructed Caregiver Groups												
	Children (Under Age 14) ^a			Persons with Disabilities (Ages 14–64)			Older Persons (Ages 65 and Older) ^b			All Caregivers ^c		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	7,464	2,880	10,344	154	101	255	852	592	1,444	8,471	3,573	12,043
Number of caregivers (thousands)	372	196	568	25	11	37	75	44	119	421	230	651
Value as a percentage of GDP: opportunity cost method	3.7	1.4	5.2	0.1	0.1	0.1	0.4	0.3	0.7	4.2	1.8	6.0
Value as a percentage of GDP: replacement cost method	2.2	0.8	3.0	0.0	0.0	0.1	0.3	0.2	0.4	2.5	1.1	3.5
Average weekly hours of direct care	20.5	15.0	18.6	11.8	17.7	13.6	12.1	14.1	12.8	20.1	15.5	18.5
Projected number of caregivers in 2050 (thousands)	297	157	454	101	44	145	197	115	312	536	285	821





Table A3.10. Country Profile: Uruguay

Panel B. Original Caregivers Groups															
	Children without Disabilities			Persons with Disabilities of All Ages			Older Persons without Disabilities			All Caregivers ^c			Noncaregivers		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Weekly hours of direct care (thousands)	7,101	2,641	9,743	628	413	1,041	741	519	1,259	8,471	3,573	12,043	-	-	-
Number of caregivers (thousands)	355	189	543	51	23	74	66	40	106	421	230	651	717	833	1,549
Value as a percentage of GDP: opportunity cost method	3.7	1.4	5.2	0.1	0.1	0.1	0.4	0.3	0.7	4.2	1.8	6.0	-	-	-
Value as a percentage of GDP: replacement cost method	2.2	0.8	3.0	0.0	0.0	0.1	0.3	0.2	0.4	2.5	1.1	3.5	-	-	-
Average weekly hours of direct care	20.0	14.0	17.9	12.3	18.4	14.1	11.2	13.0	11.9	20.1	15.5	18.5	-	-	-
Projected number of caregivers in 2050	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Share with multiple care responsibilities within the household (%)	5.1	3.9	4.7	40.1	42.2	40.7	33.4	18.4	27.5	4.5	3.5	4.1	-	-	-
Weekly hours spent on household chores	29.7	17.4	25.6	36.8	22.2	32.3	33.1	21.4	28.6	29.7	18.8	25.9	24.8	15.3	20.1
Weekly Hours of Direct Care by Type of Activity															
Activities of daily living (ADL)	9.5	4.1	7.6	-	-	-	5.1	2.0	3.9	9.2	3.9	7.3	-	-	-
Instrumental activities of daily living (IADL)	7.7	8.2	7.9	-	-	-	8.0	15.0	10.8	8.0	9.2	8.4	-	-	-
Education	3.7	2.0	3.1	-	-	-	-	-	-	3.7	2.0	3.1	-	-	-
Health care	0.3	0.3	0.3	-	-	-	2.7	1.1	2.1	0.6	0.4	0.5	-	-	-
Paid Work and Weekly Hours Worked															
Probability of engaging in paid work (%)	72.0	90.0	78.6	60.7	77.5	66.9	80.7	80.1	80.5	70.4	87.7	77.0	76.6	84.8	81.1
Weekly hours of paid work among those working	33.1	42.9	37.3	37.2	42.5	39.4	36.3	42.7	38.9	33.7	42.4	37.5	37.1	43.1	40.5
Time Spent Sleeping and on Leisure Activities															
Sleep	48.7	47.9	48.4	47.8	50.8	48.7	48.8	52.5	50.2	49.5	49.5	49.5	52.2	51.8	52.0
Total leisure	6.6	7.9	7.0	7.9	7.0	7.6	7.2	8.7	7.8	7.6	7.9	7.7	8.5	8.4	8.5

Source: Authors' calculations based on data from Paraguay's 2016 Time Use Survey and the United Nations Population Division (2024).

Notes: (a) Children include children both with and without disabilities. (b) Older persons include those both with and without disabilities. (c) The total number of caregivers does not equal the sum across types of care recipients because some caregivers simultaneously provide care to more than one type of recipient.

