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RESEARCH REPORT 3

The Political and Social Economy of Care in Nicaragua:

Familiarism under an Exclusionary Social Policy Regime

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¹ This chapter was drafted by Juliana Martínez, drawing on input from Carmen Largaespada for the description of social policy, and from Karime Ulloa for the reconstruction of social practices. As study coordinator, Martínez wrote the chapter. Largaespada and Ulloa reviewed the chapter extensively and made invaluable contributions on both form and substance.

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Table of Contents

Introduction	3
1. Social policy regime.....	4
1.1 General features of the social policy regime.....	4
1.2 Changes in social expenditure.....	6
1.3 Institutional changes as a means of shaping social policy	9
2. Principal components of the social policy regime	13
2.1 Educational and care services	14
2.2 Health services	26
2.3 Conditional Monetary Transfers	31
2.4 Analytic threads.....	35
3 Social practices: How evident is social policy?	35
3.1 Profile of people interviewed	37
3.2 Care practices	38
3.3 Representations of care	40
3.4 Delegation of care: concerns and requirements	41
3.5 What States and business should do regarding care.....	42
3.6 Self Expectations.....	43
3.7 How should care be defined?	44
3.8 Care practices and the care diamond.....	45
3.9 Triangulation with time-use statistics	49
3.10 Analytical threads.....	51
Conclusions: The Care Diamond	51
References	55

Introduction

Nicaragua is the second poorest country in the Western Hemisphere. 70% of the population lives below the poverty line and two out of every 10 individuals is illiterate. A high percentage of households (45%) are headed by women and the gross domestic product is exceptionally low (U.S. \$958 per capita) with the main source of income as remittances sent from family members who emigrated to the United States or Costa Rica. Furthermore, it is highly sensitive to social disasters such as hurricanes and earthquakes. Within this complicated and difficult context, how do the social practices of families, State, business, and community combine and interact to provide care services, particularly those of children, in Nicaragua?

Historically, Nicaragua has been ruled by social States with inadequate public investment, social services or coverage (Filgueira, 1998). Even under import substitution and State expansion of social protection, the Nicaraguan State barely protected one quarter of its population. Currently, survival largely depends on family-oriented strategies to generate income and build social safety nets. Emigration and remittances; self-employment through the transformation of families into productive units, and social networks for coping with illness and unforeseen difficulties; demonstrate the lack of clear boundaries between labour markets, social policy and families. The result is a familialist (due to its high dependence on family deployed strategies) welfare regime with highly informal resource allocation practices (Martinez Franzoni, 2008)².

During the previous three decades, the country underwent several radical changes in its social and political organization. In the first half of the 1980s the country was benefiting from the results of the Sandinista revolution. The second half of that decade was marked by the United States' embargo, the contra revolution, the war, and the beginning of structural adjustment programmes. In the 1990s, reconstruction, a transition to democratic elections, and economic liberalization took over. These three distinct transitions have shaped the transformations and changes of the political and social care regimes in Nicaragua.

For individuals and their families, care in Nicaragua is currently at a crossroads of various social and economic changes, none of which would improve the quality of life for women, children and adolescents. Women's large assimilation into the labour market has been through self-employment, underemployment and acute conditions of informality, both within and outside of the country. While it is often essential that women generate income, the "tradition" of women heads of households and of absent or only partially present fathers, continues to worsen. Additionally, as a survival mechanism, there has been an increase in the number and type of family members that are forced to find paid work (including children, younger and older adults). As well, grandmothers are often responsible for the care and upbringing of their

² This expanded role of family relationships with respect to commercial and public-state represents a family very different from the Mediterranean countries of Europe. While in those countries the State makes demands on the families as caretaker, in Nicaragua, on the other hand, families are the "catch-all" entities that must generate self-employment both inside and outside of the country in order to offset the weakness or absence of public social services, as well as meet the demands of support and affection that is usually attributed to families. All inclusive social policy regimes are family-based. However, not all family-based regimes are necessarily exclusionary. On the contrary, they can be inclusive in their distinct way of understanding the sexual division of labour and the role of families. Generally starting from a clear division of labour whereby the care of children at early ages is the responsibility of women, which makes gender equality difficult.

grandchildren while their daughters are working outside of the country in order to send remittances.

While structural adjustment policies have had a negative impact on the lives of individual women, women's organizations and the women's movement were considerably strengthened during the 1990s. For example, the numbers and types of organizations increased, strengthening their ability to impact politics and public policy (Metoyer 2000). However, the relationships between family and work life, and care in general, have yet to be a "strong" focus for these organizations, or for any other actor in Nicaragua. For women's organizations and the women's movement, this is likely due to the priority that these organizations give to issues such as political participation and the eradication of violence rather than issues directly related to motherhood as a role traditionally assigned to women. In fact, involving a wide range of social and economic actors seems to be a major challenge for building a care system that does not leave care as a responsibility solely for women, families and the private sphere.

In order to rebuild the care diamond, we need to combine two approaches: a social-policy-oriented approach that is state-centric (as in the tradition of social policy research on welfare states and under state Socialism) with a more diversified or society-centric understanding of how social reproduction takes place (more appropriate for most developing countries) where other social institutions often work independently of, or in conjunction with, state action. The social policy regime focuses exclusively on the interventions of public policy. The care regime in contrast, goes beyond solely public policy and rests largely on practices that are not directly related to the State, although this, as much by action as omission, largely mould those same practices.

In this chapter we first present the general features of the Nicaraguan social policy regime, including changes in social spending, primarily drawing from statistical data. Second, utilizing available institutional documentation and secondary sources, we address the main components of the social policy regime that relate to care, namely, education, healthcare, social protection, and care services themselves. Third, based on focus groups, we examine the social practices involved in infant care, and relate them to the care diamond by triangulating the qualitative study with the institutional analysis and statistical data on time use presented in Chapter 2. Finally, based on these findings, we discuss the nature of the care diamond in Nicaragua.

1. Social policy regime

This section discusses the general features of the social policy regime – examining social expenditure and describing the various policy sectors involved at an institutional level in order to later analyze principal components. Four pillars of the social policy regime are considered: education, health, monetary transfers (including pensions) and care.

1.1 General features of the social policy regime

During the last two decades, implementation of the economic and social reforms in Latin America was based on the so-called "Washington Consensus". In terms of social policy, the reforms encouraged privatization, decentralisation, targeting of the social investment, and participation by the private sector. Central to this approach were the concepts of limiting the State's social responsibilities to those of compensating for "failures" in the market, promoting individual risk management and encouraging market allocation of resources to the greatest extent possible (Molyneux 2007). Since the reforms took place in very different national

contexts, the countries' current public policies are the result of combining that paradigm with the power relationships and "domestic filters" that mediated their adoption, in conjunction with the particular historical background of the particular country involved. During the 1980s, the Sandinista revolution had significantly expanded services in education, health, and care. Expansion was carried out with a vision of social services that were offered to the general population by a strong, centralized State. It was carried-out - in large measure - by organizing and mobilizing volunteers. Contrary to this Sandinista vision, the liberal governments of the 1990s promoted decentralization and the targeting of services, along with higher degrees of privatization through co-payment plans for access. Interestingly, during the 1990s when there was both the war affecting the implementation of the State's vision, as well as a liberal political regime that tended to see the State as a subsidiary to the market, there was an increase in public social spending.

In the current familialistic welfare regime, the role of the State is, in various ways, a residual one. Not only is funding extremely limited, with only basic services provided (such as primary care, as opposed to other, more complex forms of care), but the division of responsibility between the State, on one hand, and the family and community on the other, places a great deal of responsibility on the latter. This is demonstrated in data showing unpaid care work as an estimated percentage of public social expenditure (see Chapter 2).

In fact, participation by families and community organisations is mandatory for the disbursement of public funds. "Citizen participation" is, in effect, an obligation for families and communities to carry-out unpaid work. Most of the current programmes require the beneficiary populations to contribute via volunteer work, and in some instances, to make co-payments. Moreover, even those programmes that are theoretically universal in coverage (e.g., education) are a form of social policy that targets the low-income population. Overall, the relationship between the labour regime and the social policy regime is very weak: few people have access to social policy based on their access to the labour market. Finally, Nicaragua's social policy is residual in terms of the coverage it provides to the population in need of service. Consequently, the funding, the services provided, the division of responsibilities between the State and the rest of the society, the ratio of public resources to other resources, and the scope and coverage of the services constitute a welfare regime that is neither State-based nor highly defined by the social policy regime, but rather is familialistic in nature.

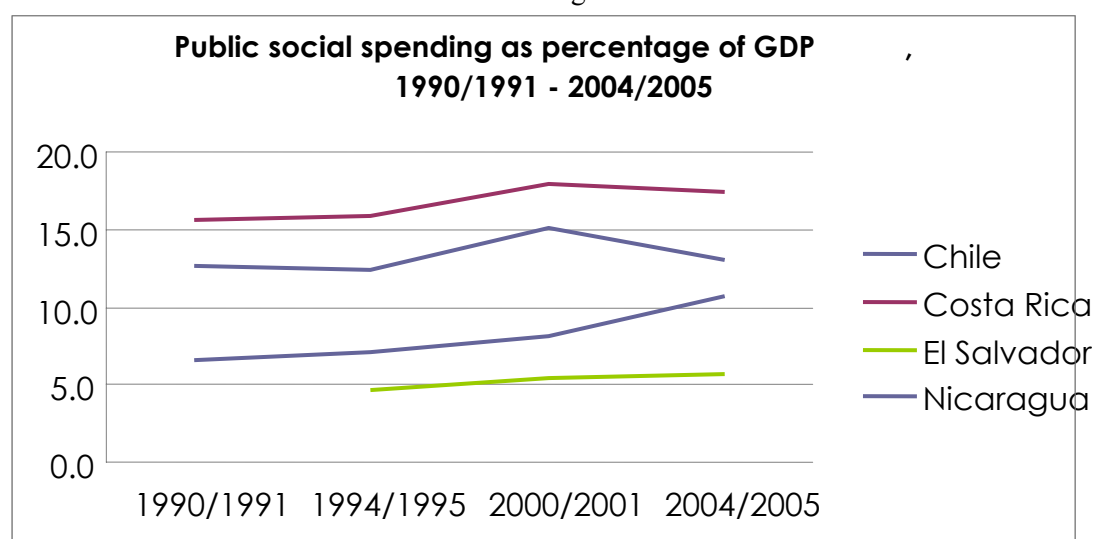
As will be demonstrated in this report, a social policy regime as mentioned above has little influence on the care system, which is heavily defined by social practices that have little to do with the State. Nevertheless, it is important to understand the role and relative importance of State institutions, including not only those with clear missions for care (such as childcare centres), but also institutions which, while designed for other purposes, nevertheless play a role in care (such as primary schools).

1.2 Changes in social expenditure³

If for Latin America the 1980s are considered the “lost decade” in social terms, the 1990s were, for Nicaragua the “lost decade” in terms of public social spending. Below, we examine changes in spending for three indicators: the fiscal priority (i.e., social spending as a percentage of GDP), the public priority (social spending as a percentage of total public spending) and the effective magnitude of the expenditure (resource allocation per inhabitant). In order to ensure that figures are comparable with those of other countries in the region, data from ECLAC, which is available until 2004 or 2005, are utilized. To assess the Nicaraguan situation, its expenditure is compared with expenditure in other Latin American countries that have State-oriented social policy regimes and the below tables therefore, show figures for Chile and Costa Rica as well as for Nicaragua. Including El Salvador, with a familialistic welfare regime similar to Nicaragua’s, this permits evaluation of Nicaragua’s performance not only in absolute terms, but also in relation to the realities and margin for action available in countries with a similar profile.

The fiscal priority placed on social spending by Nicaragua’s social policy increased through the period, from 6.6% at the beginning of the 1990s to 10.8% 15 years later (2005), with the increase becoming sharper in 2001 (see figure). As a percentage of GDP, Nicaragua’s entire investment in social policy is comparable to what Costa Rica, for example, spends in specific sectors such as education or health.

Figure 3.1



Internal comparison of the country’s fiscal effort over the period, however, shows a doubling of per capita social spending – from US\$ 45 to US\$ 90. Expenditure dropped during the first half of the 1990s (under the Barrios de Chamorro government), remained constant during the second half of the decade (the Alemán government) and then increased more sharply starting in 2001 (with the Bolaños government). Equal resources were allocated to education and health, with less devoted to housing (see figure). Note the absence of data on social security.⁴

³ Except for the last year of each government, in which social spending increased (1994; 1999).

⁴ As a general caveat, note that the effective composition of social spending in the country should be regarded with some caution. The preparatory work for the writing of the Enhanced Economic Growth and Poverty Reduction Strategy (Estrategia Reforzada de Crecimiento y Reducción de Pobreza, or ERCERP) and the National Development Plan (PND) included a review of the entire public investment portfolio, and involved a

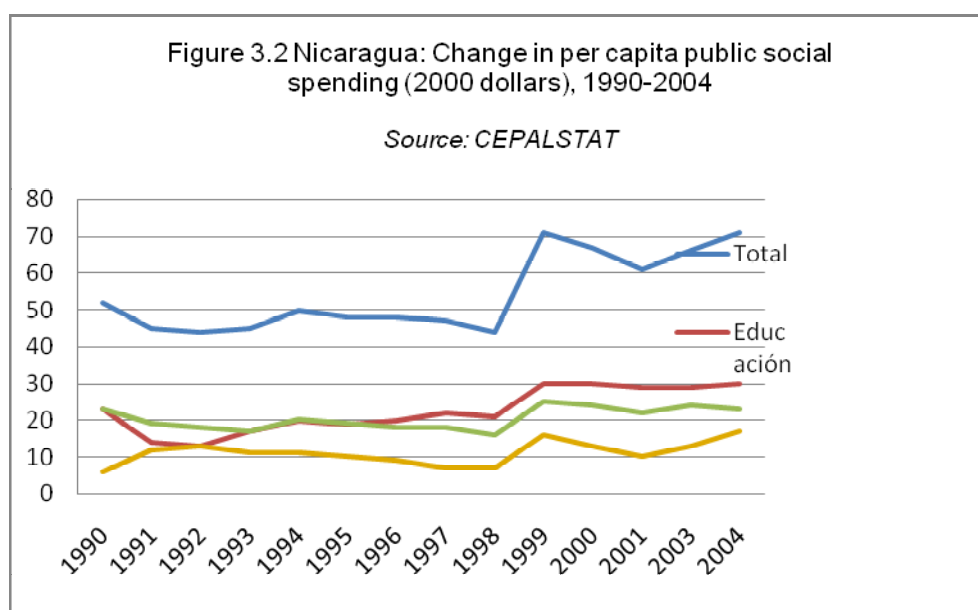


Table 3.1 Change in per capital social expenditure, 1990-2004

	Years													
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2003	2004
Total	52	45	44	45	50	48	48	47	44	71	67	61	66	71
Education	23	14	13	17	20	19	20	22	21	30	30	29	29	30
Health	23	19	18	17	20	19	18	18	16	25	24	22	24	23
Housing	6	12	13	11	11	10	9	7	7	16	13	10	13	17

Source: CEPALSTAT.

In terms of per capita social spending on health, the country spends the same today as it did in 1990. As well, the increase in per capita educational spending between 1990 and 2004 (US\$ 7) was so small that it might more appropriately be considered stagnation. The greatest change is in housing, where per capita spending rose from US\$ 6 to US\$ 17. Both overall per capita social spending and the disaggregated figures are central to assessing the effectiveness of the large number of programmes described in the following section. Nicaragua's educational spending, for example, is among the lowest in Latin America. The gap between Nicaragua

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