SPECIAL ISSUE • The care ethics moment: International innovations

article

Towards a situated ethics of care: some moral dilemmas around aspects of care in an unequal society

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This article analyses moral dilemmas around aspects of care from gender and class perspectives. Based on quantitative data and qualitative research for the surrounding area of Buenos Aires, we probe how contemporary women and men in Argentina organise, experience and perceive the relationship between working life and their responsibilities for caring for family members. A situated ethics of care, as explored in the article, reinforces the notion that care is always contextual – it can only be understood within a social and political milieu – and presents distinctions among subjects that hold unequal positions in class and gender hierarchies.

key words Argentina • childcare • labour market • gender inequalities

Introduction

There is an extensive literature describing the persistent gender inequalities in the labour market in most Latin American countries. Mainly, this literature highlights the disadvantages that women face when entering paid work (in terms of working conditions, salary levels, access to hierarchical positions, etc). These disadvantages intensify for those from underprivileged social groups and whose educational levels are lower (UNDP, 2014; Cerrutti and Almeijeiras, 2016). Most of these studies emphasise that one of the core elements in the configuration of these inequality patterns is the weight of the care responsibilities that women bear as part of their reproductive labour, which limits both their opportunities for performing paid labour outside the home and the types of jobs that they have access to (CEPAL, 2014; Faur and Tizziani, 2017). This configuration expresses economic, social and cultural tenets that are built on the notion that predisposal to care for others is an intrinsically female quality, not merely the result of social and political dynamics that

operate by simultaneously undervaluing care work and assigning it to subordinate groups (Tronto, 1987; Arango Gaviria, 2011).

In Argentina, as in many other countries, women have increased their labour force participation rate, taking on new tasks and responsibilities, without relinquishing their historic obligation for looking after the members of their family, as is argued in the specialist literature (Wainerman, 2002; Razavi and Staab, 2012; UNRISD, 2016). The overlap between reproductive and productive labour in women's life paths affects both employment decisions and family dynamics (see, eg, Barrancos and Goren, 2002; Wainerman, 2002). These cross-responsibilities confront them with continuous moral dilemmas in managing the interrelation between care and paid work. From our perspective, this particular interrelation between paid work, care and gender is one of the most persistent aspects of the inequality dynamics that characterise the societies of the Latin American region.

The aim of this article is to analyse such moral dilemmas from gender and class perspectives. We explore the social criterion that deems it fair and natural for a disproportionate share of the domestic and care burden to be placed on women's shoulders, even though they are also workers outside the home and provide economically for a substantial number of households. Specifically, we examine how this criterion is reproduced and updated. We are particularly interested in identifying the moral positions associated with practices for making paid workplace responsibilities and family care compatible in contemporary Argentina, which will be analysed through the concept of a 'situated ethics of care'. To approach this question, we probe how contemporary women and men from both wealthier and poorer households organise, experience and perceive the (often conflict-ridden) relationship between working life and their responsibilities for caring for family members. The analysis that we present in this text is mainly focused on childcare. However, some studies, which we discuss in the following sections, suggest that these inequality dynamics are also expressed through the organisation of eldercare.

The study draws on quantitative and qualitative information for the city of Buenos Aires and Greater Buenos Aires. The statistical data come from the National Survey on Social Structure (*Encuesta Nacional sobre la Estructura Social* [ENES]),[1] which was conducted in Argentina during 2014–15. These data allow us to fine-tune our perspective on participation in the labour market and the domestic sphere, as well as the availability of care services and access to these, and also help us to compare the situations of men and women from different socio-economic backgrounds.[2] Second, we look in detail at qualitative research studies that have been carried out since 2008 as part of different projects that we have taken part in. We draw on a range of materials, with a focus on in-depth interviews with, and life stories from, men and women from different social sectors who participate in the labour market and have school-aged children.[3]

In the following sections, after presenting a brief theoretical framework, we begin by looking at some contextual data that allow us to describe the political and social organisation of childcare in Argentina so as to understand the institutional and socio-economic conditions within which moral criteria are constructed. The following section analyses the family and career paths of men and women from different social sectors. We examine the daily practices through which subjects seek to make their responsibilities at home and in the workplace compatible, the resources that they draw on to do so, and the tension and conflicts caused by these overlapping responsibilities.

We pay particular attention to the arguments that justify, naturalise and legitimise these practices. This allows us to examine how an ethics of care is constructed in a situated fashion, which tends to crystallise the gender and class inequalities that characterise Argentine society.

A situated ethics of care

Care is a central element of human well-being. Although no one survives without receiving care, the time and disposition devoted to the attention of others varies (Esquivel et al, 2012). One recurring contemporary pattern is that women invest more time in care work than men, and poor women invest more time than affluent women, even when these women participate in the labour market (UNRISD, 2016). Such evidence has been understood as a particular 'gift' that women have, which shapes their 'natural' inclination to others' well-being. The historical social construction of women as mothers rather than as independent subjects contributed to this belief. On the one hand, women's reproductive capacity operated to justify their position as the main – and the best – 'carers', not only of their own children, but also of the elderly and the sick. On the other hand, social policies were based upon a model that considered men to be the main breadwinners and women as housewives and carers, both on a full-time basis (Creighton, 1999; Lewis, 1997). This configuration responds to a maternalist pattern that not only permeated individual practices and perceptions, but also defined the orientation of policies in Argentina (Nari, 2004; Faur, 2011, 2014; Esquivel and Faur, 2012).

Against the essentialist argument, in this text, we understand care to be both tangible work and a moral attitude that does not arise from an 'innate' female capacity, but is instead a specialisation that is developed through the habit of carrying out such work (Molinier, 2011; Tronto, 2015; Molinier and Lagarreta, 2016). The continual performance of caring configures not only our practices, but also the way in which we think and relate to the world around us, that is, it prompts a specific moral position towards others (Tronto, 2015). The way in which care practices shape moral positions is conditioned by context and history (Tronto, 2009, cited in Paperman, 2011; Hamington, 2017). Thus, moral problems are not based on an abstract and universal conception, but rather develop through the way that people live, relate to others, weigh up the elements at stake in each particular situation and make moral decisions to cope with their daily lives in certain contexts. Moral problems are also influenced by the particular positions that subjects hold within a structure of inequalities.

At a macro-level, the context in which the construction of moral criteria regarding care takes place is associated with the architecture of care policies and their limited coverage. We define this relation between context and practice as the political and social organisation of care, that is, 'the dynamic configuration of care services provided by different institutions, and the way in which households and their members benefit from them' (Faur, 2011: 969). This context is made up of the available benefits and services provided by public institutions, household resources, opportunities in the labour market (and the factors that condition these), and the culturally shaped gender values that permeate social representations.

At a micro-level, understanding this dynamic process and its inequalities from an ethics perspective poses a particular question in the analysis of the unequal distribution of care workloads: how do men and women from different social classes justify

and legitimise these unequal burdens with regard to their childcare? How is it that different subjects living in the 'same' context shape particular moralities around the care of their children?

The concept of 'situated knowledge' is useful to explore such particularities among subjects. María Luisa Femenías (Femenías and Rossi, 2011) states that feminist objectivism:

> is related to circumscribed locations and situated knowledge, which allows us to learn to see and respond to what we learn to see, in connection with a place, a positioning, a placement where bias is precisely the condition so that our propositions of rational knowledge can be posed, understood, solved.

Understanding the ethics of care as part of a situated knowledge that individuals have led us to explore how different subjects from different genders and classes shape moral arguments around their care practices. For instance: what are the main differences among men's and women's ways of understanding and solving their moral dilemmas around 'good care'? How do women from upper and lower classes who work outside the household cope with the responsibility of care? How do they interpret their position as 'multitaskers' who have assumed roles in the labour market without resigning responsibility for childcare? Do women from different social strata resolve moral dilemmas in the same way? Is the 'irresponsibility of the privileged' (Tronto, 2015) equally produced among men, independently of their socio–economic environment?

The ethics of care starts from a trivial question: 'Who does what and how?' (Paperman, 2011). We will see how, in the accounts of our male and female interviewees, these practices make reference to (and are contrasted with) ideal criteria on what 'good' care for their children should be like. We will analyse the conflicts that arise from the distances that often exist between parents' actual care practices and these ideal criteria through the notion of moral negotiations (in line with Ibos, 2012). A situated ethics of care, which we explore in this article, reinforces the notion that care is always contextual: it can only be understood within a social and political milieu. In addition, it allows us to distinguish the way in which subjects who hold unequal positions in class and gender hierarchies shape different moral positions towards care.

Some contextual features

In the realm of public policy, care implies arrangements that provide time to care for people, money to guarantee the provision of this care and services that redistribute it among different institutions (Ellingsaeter, 1999). Argentina's approach to care policies lags significantly behind that of other countries in Latin America, such as Uruguay, which have made care a core part of the social protection that the state provides (Blofield and Martínez Franzoni, 2014; Batthyány, 2015). Indeed, research has demonstrated a relative absence of state policies that facilitate the redistribution of family care (Faur, 2011, 2014; Rodríguez Enríquez and Marzonetto, 2016).

Focusing on childcare, we see that parental leave remains very limited for women and almost non-existent for men, which establishes a pattern that assumes that care is not men's responsibility (Faur, 2006). In the private sector, it covers 90 days for mothers and just two days for fathers. In the public sector, it ranges between 90 and

210 days for mothers and one and 15 days for fathers, depending on the type of work and the jurisdiction (Aulicino et al, 2013; Faur, 2014). However, only those employed in the formal labour market (around 50% of economically active women) enjoy maternity leave and not even all of these women have access to the limited care services available once their children are born. The gender images that shape social representations of maternity and paternity are expressed in the allocation of tasks and responsibilities within households and in the architecture of parental leaves.

There is a lack of care policies to facilitate the redistribution of childcare, not just between men and women, but also between the home and state-run services. With regard to care services, although labour legislation stipulates that 'company daycare centres' should be provided in establishments employing more than 50 workers, this has never been regulated; therefore, such services have been provided at the employer's discretion and/or as a result of collective bargaining. In addition, the care capacity of the early education system is limited. Kindergarten education is compulsory throughout the country from the age of four, while the stages before this age depend on the decisions of each provincial government. Coverage for children up to three years old is scarce, and very few institutions provide all-day care. There are also 'community' kindergartens in informal settlements and working-class neighbourhoods, some of which were established after the Law for the Promotion of Childhood Development Centres (Law 27.233, *Centros de Desarrollo Infantil* [CeDIs]) was passed in 2007.

Attendance rates for boys and girls below the age of four at different educational institutions (be they public, private or community-run) vary significantly between the different social sectors. Approximately 75% of children under the age of four who live in homes from a low socio-economic background do not attend any such institution. At the other end of the spectrum, 67% of those who live in homes whose main breadwinner has a high level of education take up an educational place of one sort or another, and only 30% do not (Faur and Tizziani, 2017).

When the state provision of such services falls short, the availability of financial resources plays a decisive role in outsourcing care within families who are able to commodify care provision. The care of older people tends to show similar obstacles (Gascón, 2016). However, access to income for the poorest women is restricted as the jobs available to women with low levels of education tend to be precarious, salaries are low and informal conditions persist (Cerrutti and Almejeiras, 2016).

In the city of Buenos Aires and in Greater Buenos Aires, we can see that participation in the labour force and working hours per week are high among men, regardless of their social status. However, not only are these factors lower among women, as compared with men, but there are also significant differences among women depending on their socio-economic backgrounds. The data show that more than 95% of adult men who live with their children (up to 14 years of age) are employed. These patterns are similar for all men, regardless of their socio-economic status. Women are less active in the labour force and the differences between them by socio-economic class are extremely significant. While 69% of women from higher socio-economic backgrounds are employed, this share drops to 50% among women with lower socio-economic statuses. Furthermore, while men spend an average of 42 hours per week performing paid work, women with high socio-economic statuses spend an average of 31 hours on this, while the remainder spend 27 hours (Faur and Tizziani, 2017).

Finally, in addition to structured inequalities in the labour market and in access to care policies, there are inequalities in the distribution of unpaid domestic tasks and care within households. Some 95% of all women take part in cleaning and household organisation tasks, while around 76% of those from higher socio-economic backgrounds, and 85% of those from lower-class positions, are involved in childcare. Among men, involvement in domestic chores drops to 47% and is somewhat higher for childcare (around 56% of those from higher socio-economic backgrounds and 75% of those from lower ones). However, there are significant differences in the amount of time that they spend on these: while men invest just over 10 hours per week on these tasks, women spend 22 hours (18 hours per week for those from higher socio-economic groups, while more disadvantaged women spend 27 hours). In other words, women spend two to three times as much time on domestic chores as men (Faur and Tizziani, 2017).

Significant differences still remain between men's and women's contributions to the labour market and non-remunerated domestic and care work in Argentina. In this context, what are the arguments and moral criteria that justify, explain or legitimise these? What costs, negotiations and compromises do these decisions entail for men and women from different social sectors? The qualitative exploration that follows contributes to addressing these questions and thus brings us closer to understanding how situated ethical criteria around care are configured.

Women's experiences

Gabriela is 38 years old and lives in a spacious apartment in the city of Buenos Aires with her partner and her three children: an 11-year-old and five-year-old twins. She is a lawyer and has been working in the same company for nearly 20 years. Her professional position is something that she values very highly. However, it is also an inevitable source of tension in the organisation of her daily life due to the difficulties that she experiences in making her job compatible with her care responsibilities.

In her account, these are unresolved tensions: they entail organisational factors that are defined each day and involve a balancing act that is never more than partly successful. This is the case despite the numerous resources that Gabriela can call upon and that make her experience very different from that of working-class women. All of her children go to school and all of them went to daycare. Gabriela also has occasional help from her mother and she has employed a domestic worker since her first son was born. This worker's presence is expressed in her account as a 'need':

"I need her to be there.… If she misses work, it's a real disaster. It's happened before, and I had to call my mum, who lives far away. I can't miss work, I have to clock in at half past eight, I have to *be there*. If my kids are at home because they're sick, I give them their medicine and my mum stays with them. In other words, someone has to be there because I'm not; I have to go to work."

Gabriela says that she and her current partner, the father of her two younger children, are 'a team' and share many household chores. However, whenever she goes into detail about the organisation of her daily life, her partner's presence is hazy: ultimately, it is she who is 'not there', who 'has to leave' her children, even when they are sick,

and who has to call her mother when the employee she has hired does not come to work. She is the one who manages the logistics of care, even in her absence. She says, "it's like a musical performance, everything has to be orchestrated".

This female presence, which functions as a basic, primary moral demand in care, comes up repeatedly in the accounts of many of the women that we interviewed. The tension implicit in making care responsibilities compatible with those of the workplace can only be resolved temporarily and such solutions are unstable; it is a question of presence and absence that is rooted in the impossibility of being in two places at the same time.

Women's work outside the home creates an absence that needs to be 'filled' with other presences, which are also female. Like many other women, Gabriela turns to her network of family and other close connections, and also to paid care services. These services make a significant impact on family finances: they are calculated, compared and weighed up based on economic criteria, as well as what is considered to be 'good' care. Gabriela, for example, says that hiring a domestic worker makes sense to her because it is "cheaper than paying for meals at the school canteen and for dry cleaning", while kindergartens are better than staying at home because "the children are with other children, looked after by professionals, and not just watching TV or playing on the Playstation all day long".

In Gabriela's daily experience, paid work and care are inseparable: the two form part of a mutual relationship that is forged from adaptation, compromises and negotiations. Managing the overlapping responsibilities that arise in these two spaces, and that are often mutually exclusive (due to the need to be in two different places at the same time), implies the ability to solve unexpected problems, make up for absences, weigh up options and alternatives, call in available resources, and redefine, on a daily basis, on the run, what constitutes 'good' care for children. These redefinitions are costly because they come up against gender ideals that, in Gabriela's account, continue to make the female presence, specifically her own presence, a fundamental requirement for 'good' care. In her view, this entails an ethical criterion whose roots in female responsibility would seem to be beyond question, and that has not led to her demanding that her partner become more involved in caring for their children.

Gabriela's account thus allows us to examine the establishment of an ethics of care as a situated construction that is shaped by gender and class experiences and conditioning factors, which are heightened in the experience of working-class women, as we shall now see. Ultimately, these are conflicts that unfold in a national and regional context that privatises solutions to these responsibilities within homes and families, and that, in an unequal social context, provides few collective or community services that respond to these needs. At the same time, the labour market rigidly functions as though both female and male workers are free of care-related responsibilities. Pre-existing inequalities in the social organisation of care are reinforced at the point where these two dynamics intersect. Gabriela's socio-economic position and her training as a lawyer mean that she manages to get around these problems by paying for care services. How do women from working-class sectors manage?

Amalia is a chambermaid in a hotel in the centre of the city of Buenos Aires. She was born in Jujuy, a province in the north of Argentina, and she got her first job in domestic service when she was 14. When we interviewed her, she had separated from her partner and was living with her three children. She was the sole breadwinner and her older children often had to look after her youngest daughter. Amalia left them

food, locked the door and established certain safety rules. She said that she "found it very hard" to get used to leaving them without an adult looking after them, even though nothing serious had ever happened to them (such as a break-in or child abuse). The entire household depends exclusively on Amalia; the rest of her family lives in Jujuy and she does not earn enough to hire other services to make up for this absence at the end of the school day.

When we interviewed her, Amalia was living in the outskirts of Florencio Varela, in the south of Greater Buenos Aires. She gets up at four o'clock in the morning, leaves home at five and clocks in at the hotel at seven. It takes her another two hours to get home at the end of the day. Her youngest daughter, who still goes to primary school, reproaches Amalia for almost never picking her up from school and only ever being able to go to any school events when they happen to fall on her day off. At the age of 37, this is the first time that Amalia has ever been formally employed, rather than just paid cash-in-hand. She has gone back to secondary school at night because she "doesn't want to be a chambermaid" for the rest of her life. Her ex-husband 'helps out' with money only when he can, and his role in caring for the children is no more than marginal – at the most, it involves a short visit at the weekend. Looking after her family, going to school and working is a real juggling act for Amalia, as it is for thousands of women. She is often worn out and feels guilty. However, she experiences these responsibilities (and the costs that they imply) as something 'normal' that she will only be able to move beyond when she gets her secondary school certificate and can find a better job.

Through these women's experiences and the arrangements that they build from one day to the next, we can identify the configurations of a certain ethics of care that cannot be dissociated from the context in which they unfold. Among working-class women, the organisation of everyday life is planned in a context where the margins of choice are very narrow given the limited resources that they can draw on to coordinate family and paid work, and the scarcity of collective, public or community services. In all of these cases, these arrangements depend on these women's networks of family, friends and acquaintances, as well as on the possibility of passing some of their care responsibilities on to other members of their family (generally women, such as older daughters, mothers and mothers-in-law, sisters, and aunts). These networks are built on solidarity, support and mutual aid but they are also riddled with conflict and dependence.

Through the experiences of Amalia and Gabriela, it is possible to identify a common criterion that makes the feminine presence a basic, primary moral demand in care. In both cases, and in the accounts of other women that we interviewed, much of the tension that arises from attempts to juggle paid work and family is related to compromises and negotiations around gender-related values and ideals. There are, however, obvious contrasts in Amalia's and Gabriela's experiences, which are anchored in their class positions and in the structure of their homes. Unlike Gabriela, Amalia does not have the possibility of accessing paid care services, nor does she have the help of her mother. She is also the only breadwinner in her home. For the first time, she has stable and formal employment, which is extremely demanding in terms of work schedules and transfer times. The analysis of her care practices, and the arguments that legitimise them, cannot be disconnected from that specific framework. Locking the door, leaving the food ready and delegating the care of her youngest daughter to her elder children are practices that are defined (and intensely negotiated) around

ideals of what she considers to be 'good' care for her children. The ethical position that validates this option is built according to the context in which it is deployed and the resources that Amalia can draw upon to organise her daily life.

In keeping with Caroline Ibos's (2012) analysis, these day-to-day negotiations can be thought of as moral conflicts. Like many other women, Gabriela and Amalia describe their actions using ordinary categories that are social and cultural constructs, such as 'good' and 'bad', or 'fair' and 'unfair'. When Gabriela says that she has to 'leave' her children at home, even when they are sick, to be able to go to work, or when Amalia says that she "found it very hard" to get used to leaving her children by themselves, what both of them are referring to is a moral contradiction that is rooted in a confrontation with female ideals and ideals around what is 'good' care, which are loaded with definitions of what is good and what is bad. In Ibos's view, uncertainty and moral compromise can be thought of as criteria through which it is possible to measure social domination: the more social power a person has, the less they experience moral contradictions. In Molinier's (2011: 45) words, 'more than a sexual moral, care is a social moral, an ethical arrangement that is connected to the position of being dominated and service activities in relation to care for others, beginning with domestic work'. The examination of men's perspectives in the following section will further this hypothesis.

Men's experiences

Luis is a 45-year-old graphic designer who had always worked freelance until a few years ago when he joined an advertising agency, where he now directs the art department. He did not trade in freelancing for stable employment until he had weighed up the conditions of this new job vis-a-vis his own wants. Unlike the female experiences described earlier, the relative flexibility that he enjoys in managing his time is not related to a strategy for fitting paid work around care tasks, but instead strictly related to his subjective well-being. Luis says that he 'enjoys' what he does so much that he keeps on working when he gets home, often until three in the morning, because he also has some private clients on top of his job.

Luis is married to an art teacher; they have an eight-month-old baby. This situation barely affects the way in which he organises his paid work and his day-to-day life: "You delegate care for your child to your wife. But it does take up some of your time, time for work, time you could be spending with other people". Unlike Gabriela, for whom the rigid schedule of her law firm operates in such a way that she "has to leave" her children when they are ill, Luis describes the equation in different terms: being with children "takes up time for work" and for socialising.

Luis relies on the supposedly 'unconditional' availability that mothers have for their children, which is described in his narrative as being part of the natural order of sexual difference rather than socially constructed gender hierarchies: "The thing is, when you have a child, it's as if the mother's presence is unconditional, she's with the baby 24 hours a day". Although he recognises that this state of affairs "might be a setback" in his partner's career path, he does not think of it as a source of inequality or injustice, or even as creating tension for her, as "she can put everything else on hold because her child comes first". This unquestioning acceptance of the ways in which (supposedly female) priorities are established adds to the categorical assertion of his

own personal independence, two factors that converge to create the ethical framework of principles and representations that exempts him from care-related responsibilities.

Luis tells how when his daughter was born, his partner quit one of her jobs as a teacher and extended her maternity leave at another of the schools that she worked at. He, in contrast, made very few changes to his daily life and actually reduced his share of the domestic activities that he used to share with his partner: "she has a bit more time now to do things that I used to do, like going to the supermarket". His own contribution as a father is limited to one morning per week, when she leaves early for her job outside the home and he looks after their daughter until 10 o'clock in the morning, when his mother (his daughter's grandmother) takes over. Women's domestic 'wisdom', which has been forged over centuries as an essential part of social relations, is not perceived in Luis's account as being the result (and object) of a possible negotiation within the couple, but instead seen as being biologically assigned.

How do things unfold for fathers who play a particularly intense role in care work? This is clearly not true for the majority of fathers. However, our interviews included some interesting examples. Eduardo is 46 years old, is a systems engineer, works at a software design company and has six children: the eldest is 20 and the youngest is two. His wife is a qualified psychologist but she has never worked as one. Instead, for several years, she has run a handmade toy company. Eduardo has always put his family first: "if you have six children, you can't be a dedicated father and a successful professional", he says. Several years ago, he cut his office hours down from eight to six hours a day. This decrease implied 'lengthy negotiations' with his employers and is, in practice, hard to keep up as he does not always manage to leave the office at three in the afternoon, when all his colleagues are still at work.

Eduardo's decision brought him up against obstacles that were hard to overcome: neither labour legislation nor the corporate logic contemplate the possibility of men taking on care roles. At home, his working hours are often a source of conflict with his partner: "she has to wait for me to come home so that she can start work". Despite reducing his working hours, Eduardo's job is still a priority for the family: it is the only stable, guaranteed income and it gives them access to health-care coverage. Ultimately, as Eduardo's account and those of many of the other men (and women) that we interviewed show, negotiations, compromises and conflicts around the distribution of care tasks within homes are strongly influenced by the more advantageous conditions that men (particularly those with high levels of education) enjoy within the labour market. They have more stable and better-protected jobs, with higher salaries, all of which contribute to an unequal social and political organisation of care that rests largely on women's shoulders.

Generally speaking, in the narratives of the men that we interviewed, the relationship between paid work and family life is much more harmonious than in women's accounts. In the few cases in which coordinating the two is described as being problematic, the conflict is not expressed as being an incompatibility between paid work and family responsibilities. Eduardo's complaints are not about "having to leave the children by themselves", but rather his conflicts 'with' his partner. In this way, within male practices and experiences, the relationship between the world of work and domestic life is mediated by a female presence, the 'unconditional' nature of which absorbs these overlapping experiences and absorbs the impact that changes in career paths might have on life at home (and vice versa). It is also the female figure who takes on most of the costs associated with the moral contradiction that may

arise when the organisation of domestic life somehow differs from the ideal values that are associated with 'good' care.

Within male experiences, the importance of this female figure who mediates between paid work and family life becomes more evident when it is absent. One working-class man that we interviewed, Omar, reveals the flip side of the sexual division of work when he describes how he was forced to take sole responsibility for his three children when he split up with his partner. For Omar, this new way of organising things broke with the established patterns given that his ex-partner had been the one who looked after the children:

> "Things got really out of hand.… My wife was the one who looked after all
> that while I was at work. When she walked out, she left me in the lurch.…
> I became a house husband but I have a job, too. It's really tough."

The children, who are six, four and two years old, are left alone for hours, with the older sister looking after them. Omar's limited finances mean that he cannot afford to pay someone to look after his children and he has not been able to get a place for his youngest child in a public daycare facility. Every now and again, he asks a neighbour to "check in on them", but he says that he cannot ask her to do so very often because he does not pay her.

Juggling his paid work and family responsibilities is a permanent source of tension in his account. Like many of the women that we interviewed, Omar operates within very narrow margins and deploys unstable strategies that he redefines from one day to the next in order to deal with the overlapping demands of being a worker (and fulfilling his role as the sole breadwinner) while being a "house husband" at the same time. As he cannot afford paid care services for his children, the only option open to him is public services, but he is unable to access these. Given this context, Omar's account differs from most male narratives and is organised around the same problems that we highlighted in the accounts of the women that we interviewed: the daily difficulties in ensuring that his small children are looked after while also holding down a stable, full-time job; the importance of networks of family, neighbours and friends in strategies for making paid work and care compatible; and the lack of public or community care services that are accessible to lower-income sectors that cannot afford paid alternatives to these services. Another factor is the uncertainty and moral compromises that emerge as part of a way of organising day-to-day life that does not respond to his ideals of what 'good' care is. For Omar, as was the case with Gabriela and Amalia, these compromises are associated with the distance between his actual daily practices and what he considers to be 'good' care, which is based, at its best, on the full-time caring of a mother and, at the very least, on the presence of a woman who can "keep an eye on them". Omar's experience suggests that these moral contradictions are inherent to the activity of caring and being responsible for doing so, regardless of the gender of the carer. However, unlike Amalia's experience, the conflict in Omar's case arose due to the absence of a woman that he could delegate care tasks to. In his account, he does not leave his three children "alone". Instead, he says that the eldest, his six-year-old daughter, "looks after" her younger siblings. He describes her as being "like a mother" to them, as though being female was essential to caring regardless of the age of the carer and their role in the family. This situation is not referred to as a moral contradiction. For him, the conflict resides in the shift

of his position – from being the careless male breadwinner to being compelled to assume childcare responsibilities and management.

These problems in Omar's path (which gender models define as being 'typically' female) show the significance of class inequalities and structural conditioning (the rigidity of the labour market and 'maternalistic' patterns for organising care) in the way in which subjects organise the relationship between their paid work and domestic lives and the ethical positions that they take in relation to these. In spite of the differences found in the experiences of Luis, Eduardo and Omar, the ethical pattern that converges in all of them expresses what Tronto (2015) calls the 'irresponsibility of the privileged'. This can be seen even in the case of Eduardo, who intends to share care responsibilities with his wife, although, at the end of the day, the unequal power position among them allows him to prioritise paid labour.

Final considerations

In this text, we explored the way in which a certain ethical criterion naturalises the placing of a disproportionate share of the domestic and care burden on women's shoulders in Argentina. The analysis has shown that care practices are conditioned by employment and the limited availability of public services to which care tasks can be delegated. In addition, the moral positions that are associated with these practices are strongly permeated by gender representations.

The accounts of both the women and men that we interviewed show that even when women are actively involved in the labour market, or when men spend part of their time caring for or looking after their children, the moral responsibility for care remains female. The social construction of gender makes feminine presence a basic, moral demand in care. Men could do this work, but they do not. Society does not support men doing care activities. Thus, it shapes a situated ethics of care that justifies women's moral and social responsibility for childcare and, at the same time, intensifies class inequalities.

In women's accounts, the overlapping demands associated with paid work and family-related responsibilities are a source of permanent tension and imply a complex organisation of daily life in which they draw on very specific knowledge to solve unexpected situations, make up for absences, weigh up options and alternatives, and mobilise resources. They also use this situated knowledge to redefine, from each day to the next, what they believe to be 'good' care for their children in the specific contexts that they operate in (and within the framework of the conditioning factors that shape their daily practices). These redefinitions imply major costs and compromises, and bring women up against a moral contradiction that arises when their real-life care practices are confronted with ideal models of what 'good' care is. Moral negotiations can be thought of as one of the most conflict-ridden aspects of the relationship between family life and work life in women's experiences. There are significant differences between the ways in which women experience these tensions depending on their social class, but, regardless, they are never exempted from taking on these overlapping responsibilities.

Male accounts tend to confirm this 'unconditional' female availability vis-a-vis childcare and their perceptions shape the ethical framework of principles and representations that exempt men from these responsibilities. However, this is not always the case. We also examined the experiences of some fathers who are intensely involved

in care activities. In their accounts, we also uncovered difficulties in making care and paid work compatible with one another, and observed dilemmas and contradictions around the overlapping of these responsibilities. These experiences show that the moral conflicts that are connected to these activities are inherent to the act of caring and the subject who performs care tasks, regardless of their gender.

Male experiences also speak of a social organisation of care within an unequal society, which limits the possibilities of an equitable distribution of these responsibilities. There are different sorts of limits. The first limit concerns a labour market, labour legislation and corporate logic that are organised around a profile of workers who are supposedly exempt from care duties. Furthermore, the limited arrangements available to make family and paid work compatible focus largely on women and do not provide a framework for care on the part of men. The second limit is the absence of collective services (be they private, public or community-run) that all social sectors can access. This absence is connected to historical patterns that privatise solutions to these needs within the home. The third limit is a profoundly maternalistic understanding of family life that continues to shape care work as being a specifically female task.

However, the context and moral positions referred to differ from the maternalistic logic of the past century. Then, the assumption was that families were based on the 'male-breadwinner model', formed by long-lasting couples of men and women living with their children, with men acting as income providers, whereas women should solely perform household and care work. At present, this model has been transformed, giving rise to a new type of maternalism, one that naturalises women's participation in the labour market, but still assumes that they will act as the main family carers. In doing so, both practices and ethical positions held by men and women create a new social subject: multitasking women who juggle their different responsibilities (Faur, 2014). These women, especially those from disadvantaged groups, are overwhelmed by moral contradictions that confront their ideal of good care with their daily practices.

These social dynamics and representations lead to significant differences in the ways in which households in different socio-economic sectors organise and solve their childcare responsibilities. They also intervene in the construction of a situated ethics of care. The establishment of a political and social framework that would help foster more egalitarian practices will imply the development of a morality for care in which there are no gender, race or class hierarchies. This would entail moving beyond the hierarchical logic that assigns the role of caring to the least powerful social subjects.

Acknowledgements

Notes

[1.] The ENES is a representative survey that is part of the Research Program on Contemporary Argentine Society (*Programa de Investigación sobre la Sociedad Argentina Contemporánea* [PISAC]), a joint initiative coordinated by the Argentine Council of Deans of Schools of Social and Human Sciences and the Ministry of Science, Technology and Productive Innovation of Argentina. The survey gathered information on 8,265 households in different parts of the country.

[2.] The data refer to adults over the age of 18 who live with sons and daughters of up to 14 years of age. As a proxy variable for socio-economic class, we use the educational level of the household's primary breadwinner. We have divided respondents into three socio-economic groups: low (when the primary breadwinner has not finished secondary school); medium (when they have completed secondary or tertiary education, or have started but not completed a university degree); and high (when they have at least one university degree).

[3.] This information was gathered through the following projects: 'Procesos de construcción y legitimación de las jerarquías sociales en la Argentina actual: empleadas y empleadoras del servicio doméstico' ('Processes that construct and legitimise social hierarchies in today's Argentina: employers and workers in domestic service') (Conicet/UNGS) and the collective projects 'Decisiones, estrategias y experiencias laborales de mujeres de sectores populares: un estudio exploratorio en el AMBA' (Decisions, strategies and work-related experiences of working-class women: an exploratory study in the Buenos Aires Metropolitan Area') (Agencia, Foncyt/UNGS), 'La economía social y política del cuidado infantil en Argentina' ('The social and political economy of childcare in Argentina') Instituto de Desarrollo Económico y Social (IDES) United Nations Population Fund (UNFPA) United Nations international Emergency Funds (UNICEF) and 'Género y mercado de trabajo en la post-convertibilidad' ('Gender and the labour market in Argentina after the peso/dollar convertibility regime') (Ministry of Work, Employment and Social Security and ECLAC), among others.

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