ADOLESCENT GIRLS:

unpaid domestic and care work in Latin America and the Caribbean

Evidence and a framework for action

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ADOLESCENT GIRLS: UNPAID DOMESTIC AND CARE WORK IN LATIN AMERICA AND THE CARIBBEAN. EVIDENCE AND A FRAMEWORK FOR ACTION

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INTRODUCTION

Care work encompasses all the activities that ensure human reproduction and sustain life in an adequate environment. This includes safeguarding people's dignity and bodily integrity, providing education and training, psychological and emotional support, and maintaining social ties (CEPAL, 2022a). It also covers work to maintain domestic spaces and goods and to care for the planet. It has a material dimension, as it involves tasks. It is also an economic activity, with a cost attached. Finally, it has a psychological dimension, because the caregiver must build or maintain an affective bond (Batthyány, 2004).

The "right to care" refers to a person's rights in three areas: the right to provide care, to be cared for and to care for oneself. The concept also encompasses recognizing the value of care work and guaranteeing the rights of caregivers. It means questioning the stereotype of care as a woman's responsibility and developing institutional co-responsibility among care providers (the State, market, private sector and families).

This document uses the definition of care developed by UN Women and the Economic Commission for Latin America and the Caribbean (ECLAC), according to which care is a set of activities that contribute to people's physical and emotional well-being, daily and across generations. These include the daily tasks that must be carried out to sustain and manage life, such as household chores, personal care, education and training, maintenance of social ties and provision of psychological support for family members. The definition is broad, therefore, covering health care, home care, care for dependents and caregivers, and self-care (CEPAL and ONU Mujeres, 2021). This document uses the term "unpaid domestic and care work" to refer to the time that children, and especially adolescent girls, devote to directly caring for other household members and to household chores. This work may constitute child labour when the number of hours spent on it exceeds certain thresholds, or when certain types of work are carried out under certain conditions. In such cases, this work represents a serious violation of the rights of children and adolescents and must therefore be eradicated. This document presents evidence that specifically concerns this phenomenon, summarizing information obtained from UNICEF for 16 countries in Latin America and the Caribbean.

Currently, in the Latin American region, the social organization of care is marked by profound gender inequalities, regarding its provision, by severe barriers to access for those who require it and by an almost complete lack of social protection for caregivers, most of whom are women. Public care policies are therefore a priority for those countries and a cross-cutting issue for social protection systems.[1]

It is often assumed that caregiving is a responsibility of adults. Still, evidence shows that boys and girls, and especially adolescent girls, commonly carry out unpaid domestic and care work, which impacts their educational trajectories and life projects. Adolescence is an important stage in a person's development and has significant consequences for societies. Young people going through adolescence encounter a series of milestones, the sequence, timing and nature of which can shape their trajectories, with consequences for their integration into society and thus for their future and well-being.

1 See: https://comunidades.cepal.org/desarrollosocial/es/grupos/discusion/proteccion-social-y-politicas-de-cuidado.

This document's main objective is to provide insights to help design public policy measures on care that recognize, reduce, and redistribute the burden of unpaid care, while raising awareness of the impact that care work has on adolescent girls. To this end, it summarizes the available evidence on time use among children and adolescents, highlighting factors associated with the burden of care that falls disproportionately on adolescent girls. It also presents new data from 11 Latin American and Caribbean countries on children and adolescents' participation in unpaid care work. Taking a novel approach over the following sections, it offers a framework for analysis and action. This includes a (non-exhaustive) mapping of the public policy measures with a direct or indirect focus on adolescents already implemented by various countries in the region.

1. THE IMPORTANCE OF RAISING AWARENESS OF CHILD AND ADOLESCENT CAREGIVERS

Participating in housework and caregiving activities during adolescence can have positive aspects, such as developing skills, self-discipline and a sense of responsibility.[2] However, dedicating too much time to these activities can negatively impact various areas of adolescents' lives at this key stage, creating obstacles to an adequate and successful transition to adulthood. To ensure their present and future well-being, adolescents must be able to exercise their rights in this transitional phase, including the right to education, rest, recreation, and participation.[3] Conversely, adolescents who assume caregiving responsibilities for other members of their household that are inappropriate at their age – for example for younger children, older persons or persons with disabilities – take on an emotional and physical burden that affects their development. This burden also affects the quality of care they can provide to these household members.

This phenomenon is more common in households living in poverty, deprived regions, migrant communities, and households subject to ethnic or racial discrimination. In these situations, adolescent caregiving is often normalized and goes unnoticed. Low-income households, especially those in rural areas and on the outskirts of urban areas, are among the groups with the least access to care services. In many cases, therefore, adolescent girls in these households take on significant responsibility for caregiving, without recognition or support.

In rural and indigenous communities, adolescent girls assume caregiving responsibilities from an early age. They usually combine caregiving with productive work, especially in agriculture. These responsibilities are deeply rooted in community values and an attachment to the land. By taking them on, adolescent girls make an essential contribution to sustaining community life and the environment in which they live. However, devoting excessive time to these roles or carrying them out without adequate support can limit their opportunities for personal, educational and social development, reproducing intergenerational and gender inequalities (CLACSO and ONU Mujeres, 2022). Statistical studies, assessments and public policies continue to pay little attention to this phenomenon, despite its relevance. There is therefore a lack of active listening mechanisms and of disaggregated data on the subject. This limits the visibility of caregivers' experience and their ability to influence decisions that affect them.

2 White, Elizabeth M.,Mark D. DeBoer, and Rebecca J. Scharf, 'Associations between household chores and childhood self-competency', *Journal of Developmental & Behavioral Pediatrics,* vol. 40, no. 3, April 2019, pp. 176–182, DOI: 10.1097/DBP.0000000000000637.

3 UNICEF, *Uso del tiempo y trabajo de cuidados no remunerado en niñas, niños y adolescentes en América Latina y el Caribe*, 2024, p. 5.

There is a need for public policy measures on care for adolescents that take the following aspects into account:

Educational trajectories. Dedicating too much time to domestic and care work can have detrimental effects on adolescents' educational outcomes. It may limit their ability to attend school regularly, complete assignments, and fully benefit from learning opportunities. As a result, adolescents who are overburdened with domestic and care work may experience poor academic performance, fall behind in their studies, or even drop out of school.

Recreation and leisure (social activities and time spent with peers). When adolescents, particularly girls, are burdened with domestic and care responsibilities, they have less time available to engage in social activities and enjoy the company of their peers. These social interactions and leisure experiences are crucial for the development of healthy and well-rounded personalities.

Transition to the labour market and economic autonomy. Educational setbacks can have long-lasting consequences, affecting young people's future labour market trajectories, limiting their economic opportunities and perpetuating situations of poverty.

Perpetuation of discriminatory social norms. The gendered division of unpaid work during adolescence can perpetuate traditional gender roles as young people move into adulthood, solidifying discriminatory social norms.

Emotional burden and mental health. Adolescents who take on caregiving responsibilities without adequate support may experience high levels of stress, anxiety, guilt or frustration, and, moreover, and have no one to talk to about these emotions. Any response to this issue must therefore make adolescent mental health a priority.

Territorial inequality and multiple exclusion. Cases of adolescent caregivers overburdened by their responsibilities tend to be concentrated in rural areas, the outskirts of urban areas or marginalized urban neighbourhoods, where public and community support networks are more fragile. In these locations, adolescent girls face multiple, overlapping barriers – economic, territorial, and cultural – that increase the burden of care and limit their ability to exercise their rights.

2. ADOLESCENT GIRLS PROVIDING CARE: AN OVERVIEW OF EVIDENCE FROM THE REGION

2.1. Literature reviewed

This section presents an overview of the primary recent studies available in Latin America and the Caribbean on the burden of unpaid domestic and care work assumed by girls and adolescents and the impact of this phenomenon. The selected papers study children and adolescents' participation in caregiving activities and the underlying factors, the effects of this participation on their well-being and educational trajectories, and the associated gender and sociodemographic inequalities. Some of these studies offer consolidated evidence from time-use surveys, while others explore comparable data through Multiple Indicator Cluster Surveys (MICS). The studies are:

Galián, Carlos, Mónica Rubio, Gerado Escaroz and Florencia Alejandre, *Los sistemas de cuidado y apoyo en América Latina y el Caribe: Un marco para la acción de UNICEF* [Care and support systems in Latin America and the Caribbean: A framework for UNICEF action], UNICEF, Regional Office for Latin America and the Caribbean, 2023.

Objective: to examine the origins of the care debate and a recent institutional and political development in this area: comprehensive care systems. It also offers a critical analysis of the opportunities and challenges arising from care reforms, for UNICEF as an organization and for the children's agenda in Latin America and the Caribbean.
Methodology: documentary review and secondary data analysis.

Amarante, Verónica, Gerardo Escaroz, Carlos Galián and Mónica Rubio, '*Children do care: Novel findings from Colombia and Mexico*', *Child Indicators Research,* Springer and The International Society of Child Indicators (ISCI), vol. 17, no. 5, December 2024, pp. 2599–2628.

Objective: to shed light on the extent to which children and adolescents provide care, analyse the underlying factors of this participation, and gather evidence of its effects on educational outcomes.
Methodology: econometric analysis to investigate the factors that influence adolescent girls' participation in caregiving. The analysis uses data from the *Encuestas Nacionales de Uso del Tiempo* (National Time Use Surveys) of Colombia (2012 and 2016–2017) and Mexico (2014 and 2019).

UNICEF, *Uso del tiempo entre los y las adolescentes en América Latina*, 2024. (The report is also available in English: UNICEF, *Time use among adolescents in Latin America*, 2024).

Objective: to study time use among adolescents in five Latin American countries and to identify gender patterns. It also studies how socio-economic conditions affect time use and explores the role of intergenerational links and gender norms.
Methodology: econometric analysis to understand the factors that contribute to children and adolescents devoting time to unpaid domestic and care work. The analysis is based on five National Time Use Surveys from Argentina, Chile, Colombia, Mexico, and Uruguay.

UNICEF, *Cargas invisibles: inequidades en el trabajo de cuidados no remunerado realizado por niños, niñas y adolescentes en América Latina y el Caribe* [Invisible burdens: Inequities in unpaid care work performed by children and adolescents in Latin America and the Caribbean], forthcoming in 2025. The main findings of this forthcoming study are published here for the first time.

Objective: to examine participation in domestic and care work among children and adolescents aged 5–17 years, and identify the main sociodemographic inequities in this group.
Methodology: analysis of microdata from 11 MICS (rounds 5 and 6), carried out 11 countries of the region: Costa Rica, Dominican Republic, El Salvador, Guyana, Honduras, Jamaica, Mexico, Paraguay, Suriname, Trinidad and Tobago, and Turks and Caicos Islands.

The 2024 UNICEF study examines time use in five countries (Argentina, Chile, Colombia, Mexico, and Uruguay), drawing on their National Time Use Surveys. It is important to note that there are significant methodological differences between these time-use surveys, including in relation to levels of aggregation, time frames, and ways of measuring the socio-economic situation. Another issue is that only a few countries collected data on gender norms or data that allow intergenerational comparisons. Moreover, both the National Time Use Survey and the MICS (used by the 2025 UNICEF study) are based on self-reported data. Their results may therefore be affected by social acceptability or recall biases. Finally, the level of detail and classification of activities also varies among the surveys, hindering comparative analyses. Despite these limitations, the surveys remain a valuable tool for highlighting patterns of gender inequality in time use among children and adolescents.

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2.2. Presentation of evidence

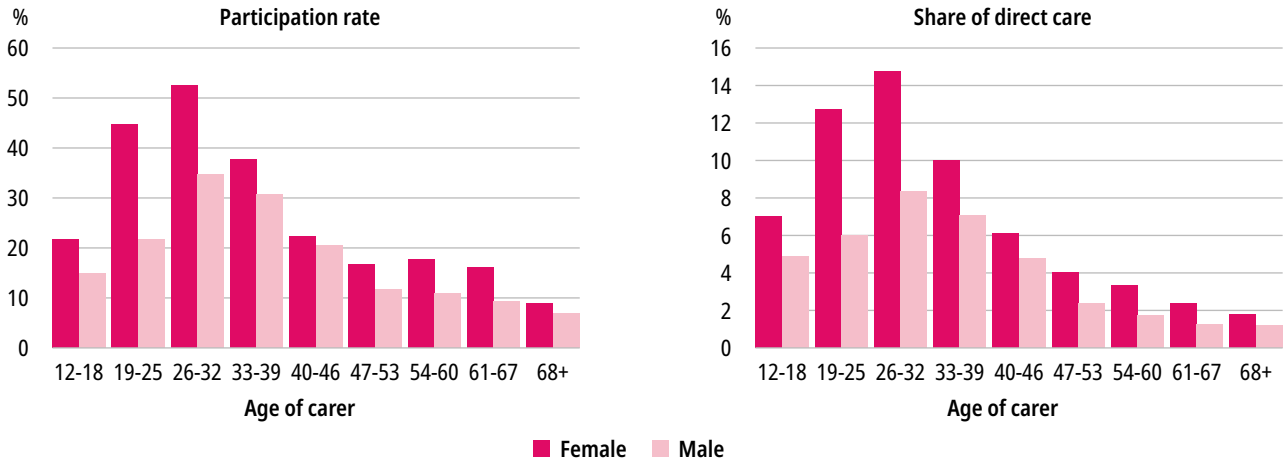
2.2.1. Children and adolescents' participation in care work

1 Main finding 1: (to be highlighted at the layout stage): Girls spend more time on care work than boys and more than some adults in their households.

Analysis of the National Time Use Surveys from Mexico and Colombia shows that children and adolescents do more care work in the home than grandparents (UNICEF, 2022).[4] Moreover, the gender gap in caregiving emerges early on, with girls taking on a much larger share of the work than their brothers.[5] In fact, girls aged 12–18 years provide more direct care to young children, older persons, and persons with disabilities who require care than fathers do.

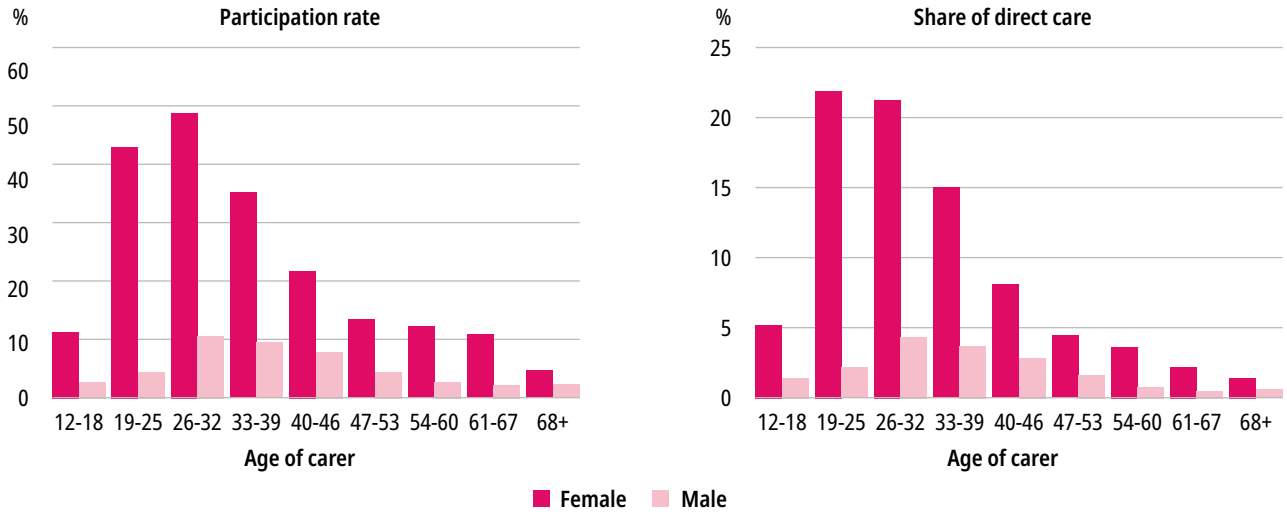
4 UNICEF, *Los niños como cuidadores.* ¿A que costo? *Evidencia de México y Colombia*, 2022.
5 Idem.

Figure 1. Participation in unpaid domestic and care work (all types combined and direct care only) in Mexico, as percentages.



Source: Amarante, Verónica, et al. (2024).

Figure 2. Participation in unpaid domestic and care work (all types combined and direct care only) in Colombia, as percentages.

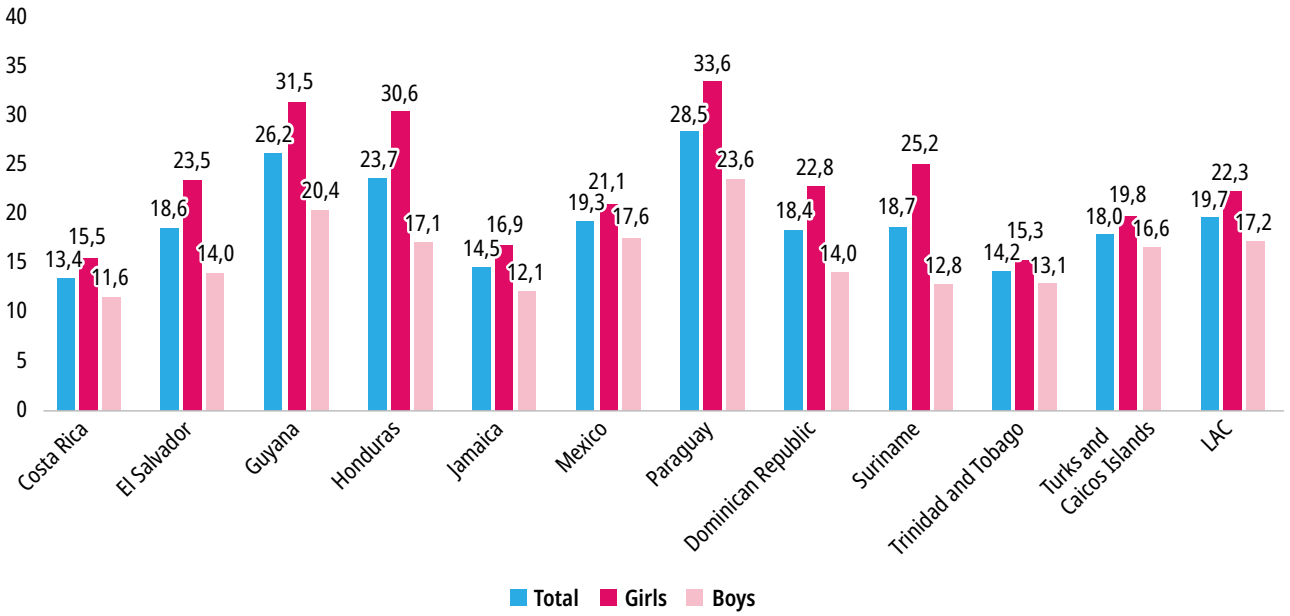


Source: Amarante, Verónica, et al. (2024).

Comparable gender disparities are found in the 11 countries in the region analysed by UNICEF (2025), in its descriptive study on gender and sociodemographic inequalities in relation to childcare.[6] Data show that one in five children and adolescents aged 5–17 years (19.7 per cent) spend at least one hour a week caring for other children, older persons or people in poor health, and that girls carry out a larger share of these tasks than boys. On average, 22.3 per cent of girls aged 5–17 years participate in caregiving tasks, compared with 17.2 per cent of boys.

6 UNICEF ongoing descriptive study, *Cargas invisibles: Inequidades de género y sociodemográficas en el trabajo de cuidados no remunerado realizado por niños, niñas y adolescentes en LAC* [Invisible burdens: Gender and sociodemographic inequities in unpaid care work performed by children and adolescents in LAC], forthcoming in 2025.

Figure 3. Percentage of children aged 5-17 years participating in direct care work that includes childcare and care for older persons or persons in poor health, by country.



Source: Authors' own work based on data from MICS5 and MICS6. Note: Latin American and the Caribbean (LAC) data refer to the weighted average of the countries analysed.

In childhood, the gap between girls and boys is only 2.5 percentage points. However, in adolescence, it reaches 14.4 points. For example, in the 15–17 year age group, one in three girls perform caregiving tasks, compared with one in five boys.

Figure 4. Percentage of children aged 5–11 years participating in care work that includes childcare and care for older persons or persons in poor health, by country.

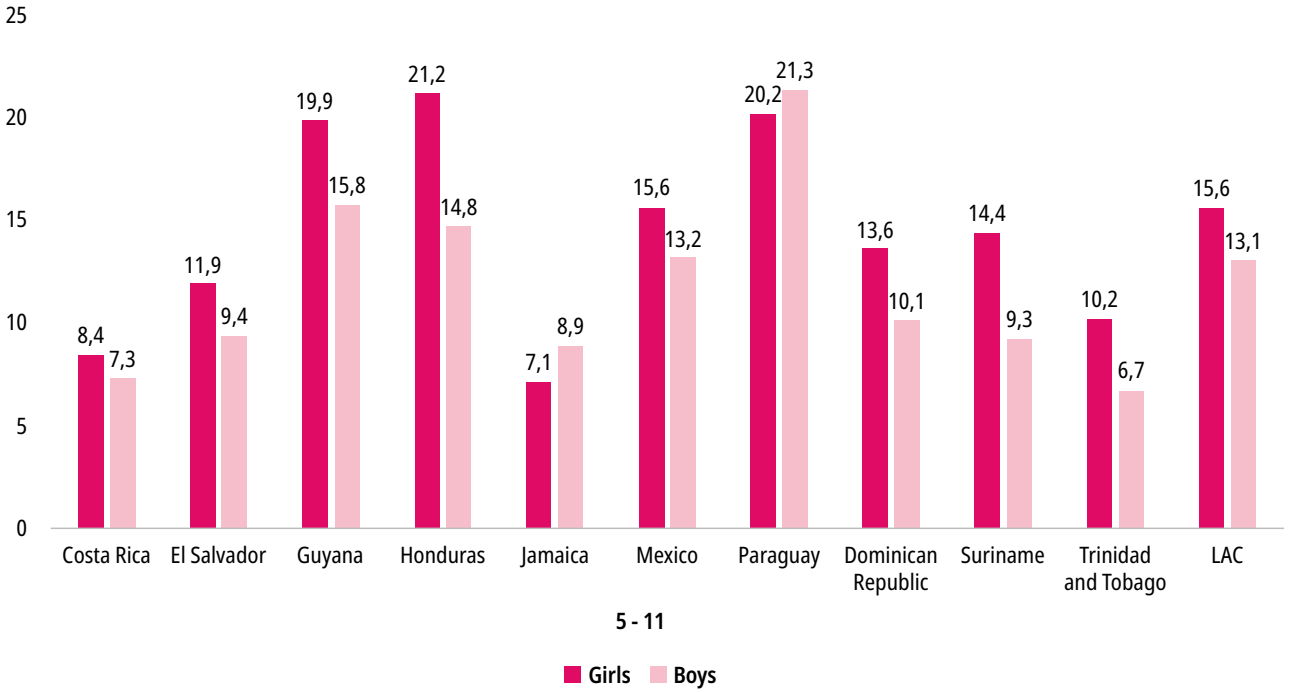
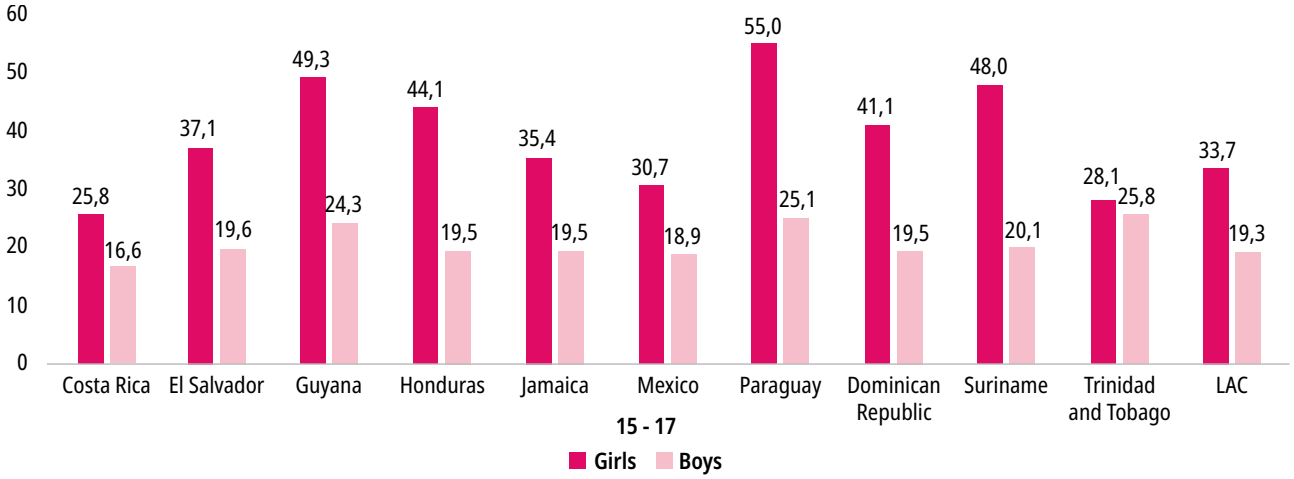


Figure 5. Percentage of children aged 15-17 years participating in care work that includes childcare and care for older persons or persons in poor health, by country.

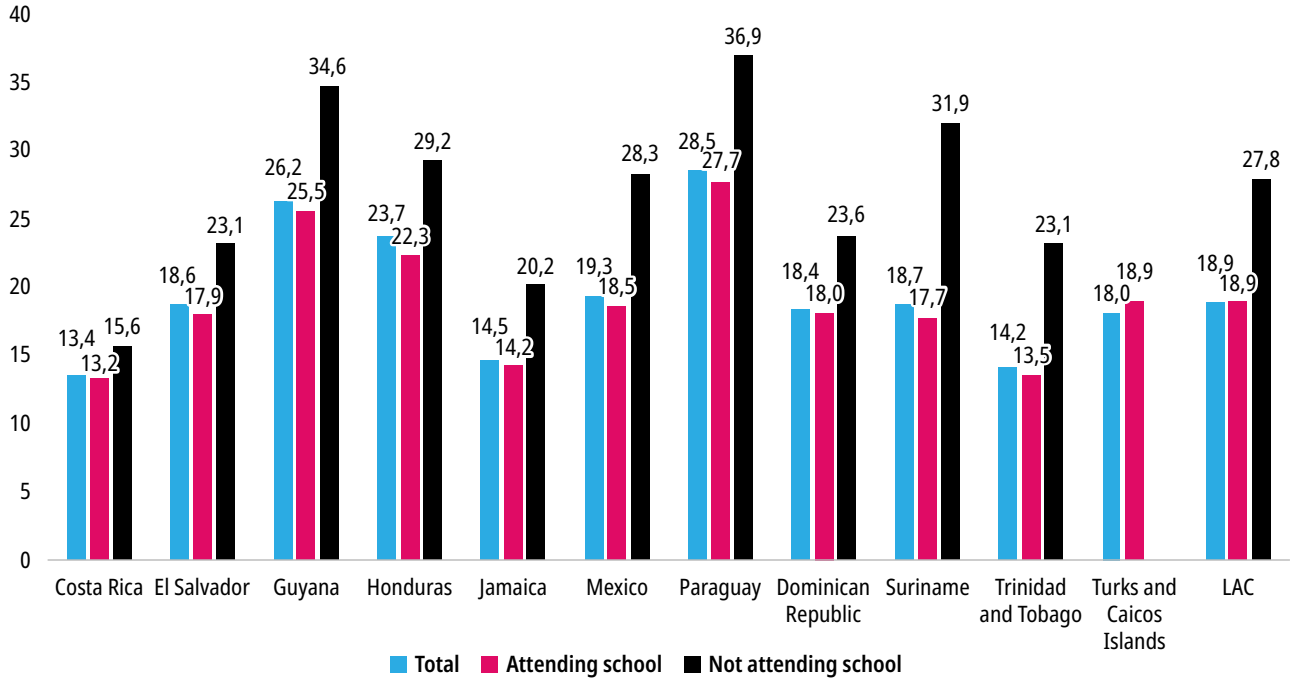


Source: Authors' own work based on data from MICS5 and MICS6. Note: Latin American and the Caribbean (LAC) data refer to the weighted average of the countries analysed.

2 Out-of-school children and adolescents, especially girls, devote more time to caring for family members than those who do attend school.

In all the countries where data are available, children and adolescents who do not attend school assume a greater burden of care work than those who are in school. On average, 27.8 per cent of those who do not attend school participate in these activities, compared with 18.9 per cent of those who are still in school. Paraguay has the highest participation rate in the out-of-school population (37 per cent) and Costa Rica the lowest (13 per cent).

Figure 6. Percentage of children aged 5–17 years participating in care work, which includes childcare and care for older persons or persons in poor health, by school-attendance status.



Source: Authors' own work based on data from MICS5 and MICS6. Note 1: The indicator for the group of out-of-school children in the Turks and Caicos Islands is omitted because there are only six pieces of data. Note 2: LAC data refer to the weighted average of the countries analysed.

This finding had already arisen in the analysis of the Colombia National Time Use Survey (UNICEF, 2024), which concluded that the provision of direct care by children is associated with a 16 percentage point decrease in school attendance, with girls affected more than boys.

2.2.2. Child labour in the care sector

According to the International Labour Organization (ILO), the number of hours spent on domestic and care work is one of the three factors that determine whether a child is in child labour or hazardous child labour. The other two determining factors are the conditions under which these tasks are carried out (e.g., under psychological pressure from an adult, which makes children feel threatened and powerless to make decisions about the responsibilities assigned to them) and the type of task performed (e.g., bathing an older person, working with sharp objects, lifting heavy weights, etc.).

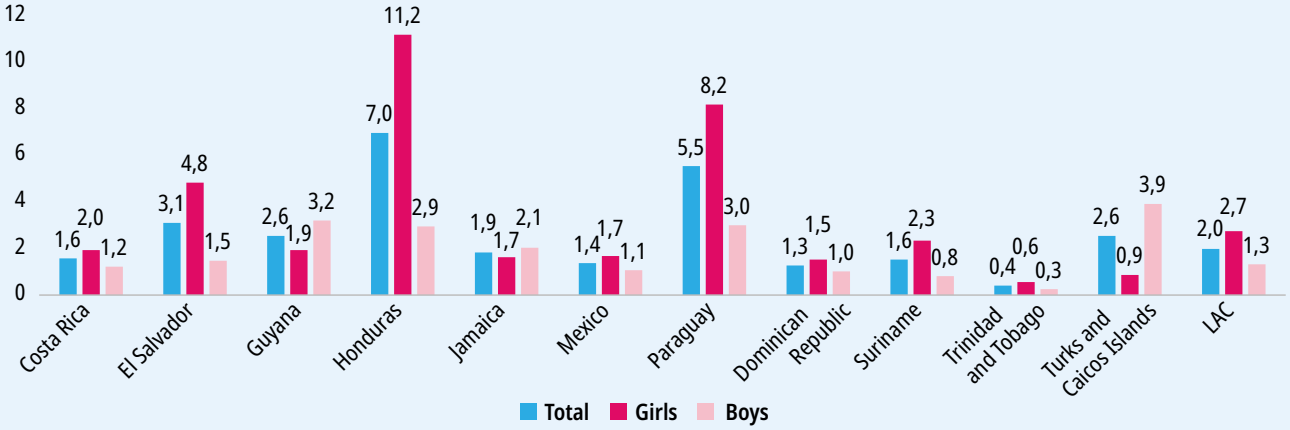
According to ILO conventions related to child labour (Convention No. 138 and Convention No. 182), analysing the hours, working conditions, and tasks performed by a child, in this case, unpaid domestic and care work, will determine whether that child is in child labour or hazardous child labour.

This document uses the MICS of 11 countries in the region, which only collect information on the hours spent on unpaid domestic work. A threshold based on working hours per week is established to determine what constitutes child labour. Children and adolescents performing domestic and care work at or above this threshold are in child domestic labour. The thresholds differ by age:[7]

- For children aged 5–14 years: 21 hours or more
- For children aged 15–17 years: 43 hours or more.

On average, 2 per cent of the children and adolescents in the 11 countries analysed carry out intensive *domestic* and care work, i.e., are in a situation of child labour. However, the proportions vary considerably between countries: in Honduras, which has the highest rate (7per cent), the share is 18 times higher than in Trinidad and Tobago, the country with the lowest rate (0.4per cent). Girls take on a greater burden of domestic and caregiving tasks than their male peers. On average, girls perform twice as much of this work as boys: 2.7 per cent compared with 1.3 per cent.

Figure 7. Percentage of children aged 5–17 years in child labour, doing unpaid or above-threshold domestic and care work, by country.

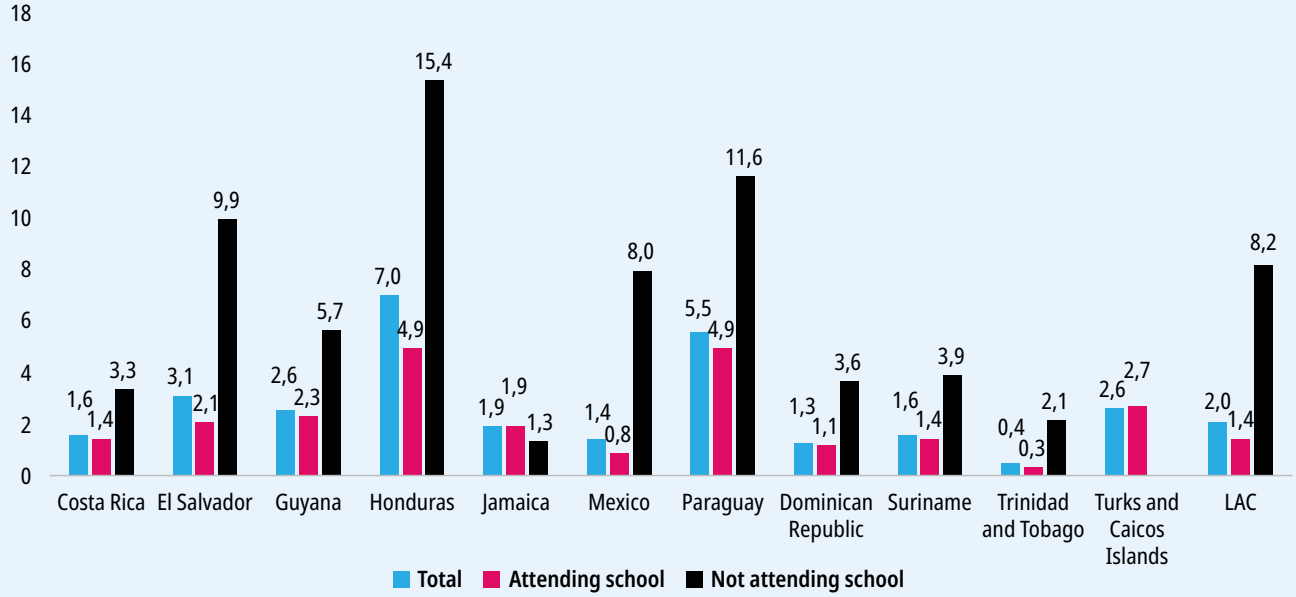


Source: Authors' own work based on data from MICS5 and MICS6. Note: Latin American and the Caribbean (LAC) data refer to the weighted average of the countries analysed.

The relationship between being out of school and child labour, in the sphere of unpaid domestic and care work, is clear. The correlation is even more evident, in fact, than that between school attendance and household wealth. Among the countries analysed, the average participation rate for out-of-school children is almost six times higher than for in-school children. However, rates vary widely, with Honduras at 15.4 per cent and Jamaica at 1.3 per cent.

7 The Resolution concerning the measurement of working time establishes a threshold of 14 hours or more per week, at which work performed by children aged between 12 and 14 is considered economic activity. However, it does not specify precise thresholds for unpaid domestic work due to a lack of data to establish such a limit. Since the Resolution was published, UNICEF and the ILO have conducted data analyses to support the establishment of a threshold that would include unpaid domestic work in the calculation to measure child labour. The results of these analyses were presented at the 19th International Conference of Labour Statisticians (ICLS), held in Geneva in October 2013, as a paper: UNICEF, 'Impact of unpaid household services on the measurement of child labour', MICS Methodological Paper no. 2, UNICEF, New York, 2013.

Figure 8. Percentage of children aged 5–17 years who are in child labour, doing unpaid domestic and care work, or working hours above the threshold established for their age, by school-attendance status.



Source: Authors' own work based on data from MICS5 and MICS6. Note 1: The indicator for the group of out-of-school children in the Turks and Caicos Islands is omitted because there are only six pieces of data. Note 2: Latin American and the Caribbean (LAC) data refer to the weighted average of the countries analysed.

2.2.3. Patterns linked to gender and socio-economic conditions in time use among adolescents

3 Adolescent girls are more likely to do unpaid care work than boys. Adolescent girls spend, on average, at least one hour more per day than boys doing unpaid work (domestic and care work), adding up to seven hours more per week.

The National Time Use Surveys from Argentina, Chile, Colombia, Mexico and Uruguay show that adolescents spend their time on a variety of activities over the course of a day, including: personal care, recreation and leisure, media use, schooling, paid work and unpaid work (which comprises two subcategories: care work and domestic work) (UNICEF, 2024).

As Table 1 shows, the most marked difference in how boys and girls use their time relates to unpaid care and domestic work. In all five countries, girls spend considerably more time on unpaid work than boys. This gap appears for both domestic work (household chores) and care work (direct care tasks).

Table 1. The amount of time per day that adolescents spend on different activities.

	ARGENTINA		CHILE		COLOMBIA		MEXICO		URUGUAY	
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
Personal care	3 h 3 min	2 h 49 min	2 h 16 min	1 h 45 min	2 h 5 min	1 h 48 min	2 h 19 min	1 h 59 min	2 h 21 min	2 h 9 min
Recreation and leisure	3 h 4 min	3 h 33 min	4 h 30 min	5 h 31 min	1 h 41 min	2 h 11 min	1 h 8 min	1 h 39 min	1 h 20 min	1 h 40 min
Media use	5 h 3 min	5 h 21 min	5 h 11 min	4 h 51 min	4 h 34 min	4 h 39 min	2 h 59 min	2 h 42 min		
Study	3 h 58 min	3 h 48 min	3 h 17 min	3 h 18 min	2 h 42 min	2 h 33 min	3 h 41 min	3 h 23 min	3 h 30 min	3 h 20 min
Paid work	0 h 26 min	0 h 37 min	0 h 8 min	0 h 18 min	0 h 12 min	0 h 30 min	0 h 48 min	1 h 37 min	0 h 24 min	0 h 18 min
Care work	0 h 42 min	0 h 20 min	1 h 33 min	1 h 1 min	0 h 19 min	0 h 7 min	1 h 2 min	0 h 29 min	0 h 9 min	0 h 4 min
Domestic work	1 h 28 min	0 h 46 min	1 h 14 min	0 h 51 min	1 h 38 min	0 h 51 min	2 h 10 min	1 h 22 min	1 h 0 min	0 h 42 min
Unpaid work	2 h 10 min	1 h 6 min	2 h 47 min	1 h 51 min	1 h 56 min	0 h 57 min	3 h 12 min	1 h 52 min	1 h 9 min	0 h 46 min

Source: Extracted from time-use surveys.

Table 2. Gaps between boys and girls in time spent on unpaid care and domestic work (in minutes).

COUNTRY	Gap in domestic work (minutes)	Gap in care work (minutes)	Total gap in unpaid care and domestic work (minutes)
Argentina	42	22	64
Chile	23	32	56
Colombia	48	33	59
Mexico	48	33	80
Uruguay	18	05	23

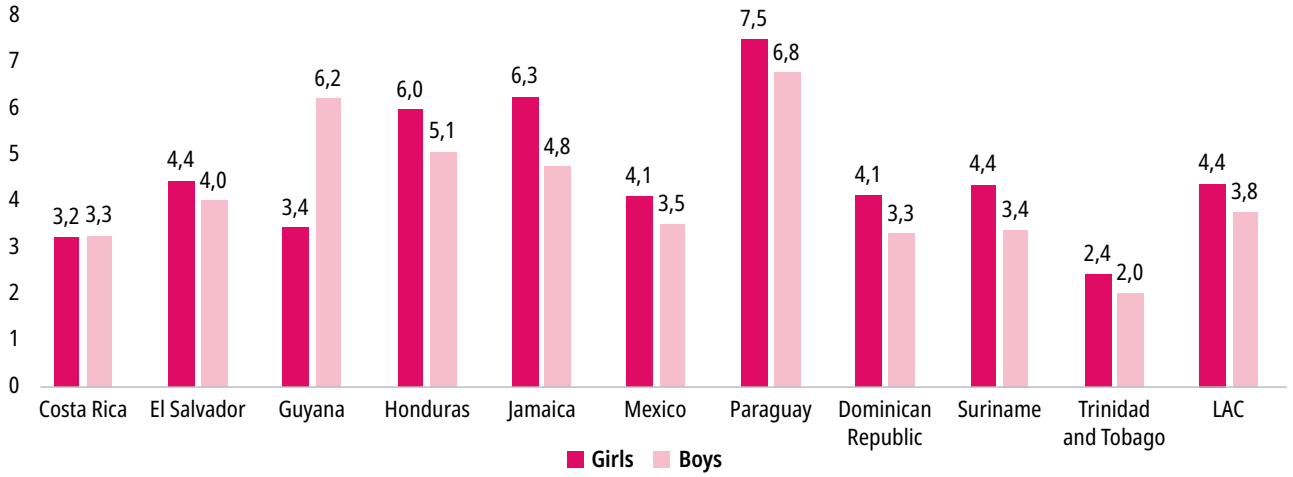
Source: Authors' own work, based on UNICEF, 2024.

Similarly, the 2025 UNICEF study finds that girls spend more time each week on unpaid care and domestic work than boys. This descriptive study of gender and sociodemographic inequities in care work performed by children analyzes time use among 5–17 year olds and finds this gap for all the age groups studied. [8] The average gap for the younger age groups is small (less than one hour). Among adolescents aged 15–17 years, however, the gap widens: girls give up, on average, three hours more than boys per week (8.7 compared with 5.6 hours). While the gender gap increases with age, so too does the time spent on

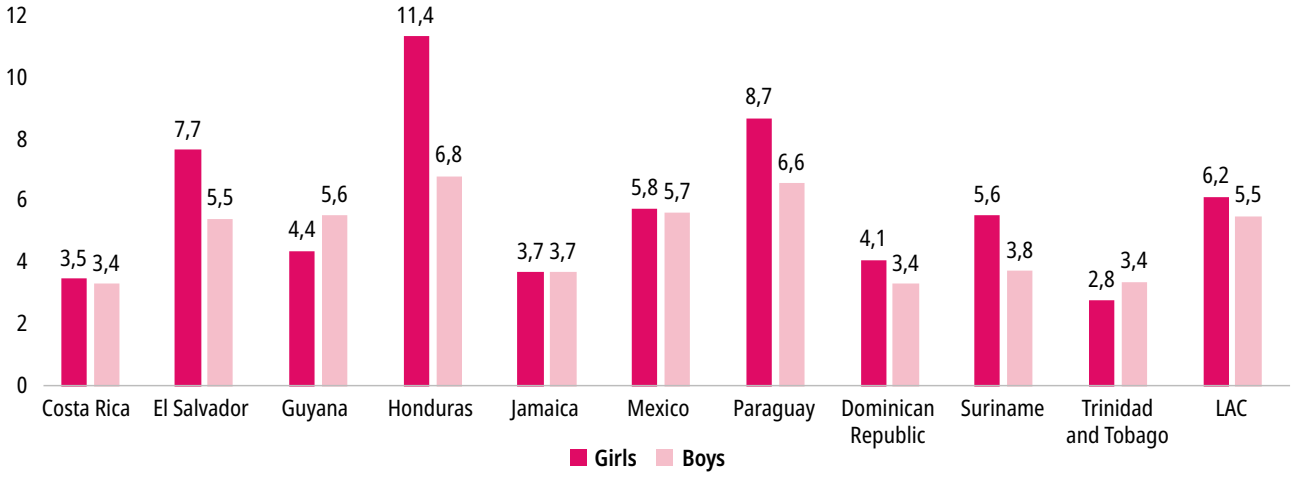
8 UNICEF ongoing descriptive study, *Cargas invisibles: Inequidades de género y sociodemográficas en el trabajo de cuidados no remunerado realizado por niños, niñas y adolescentes en LAC* [Invisible burdens: Gender and sociodemographic inequities in unpaid care work performed by children and adolescents in LAC], forthcoming in 2025.

unpaid care and domestic work, for both boys and girls. Thus, in the 12–14 years age group, the number of hours spent is much higher than in the youngest group (5–11 years), with the highest totals found for girls in Honduras and Paraguay, at around 11 and 9 hours per week, respectively. In Honduras, in fact, girls between the ages of 12 and 14 spend almost five hours more than boys on domestic and care tasks per week (11 hours versus 7). The number of hours is highest in the 15–17 years age group. In some countries, such as Costa Rica, the time dedicated to unpaid care and domestic work increases sharply as children grow up. This is especially the case in Costa Rica, where it averages 3.5 hours among girls aged 12–14 years, but 7 hours among those aged 15–17 years. In Honduras, the average number of hours is high for all age groups, but it also has the widest gender gaps: in the 15–17 years age group, girls work twice as many hours as boys.

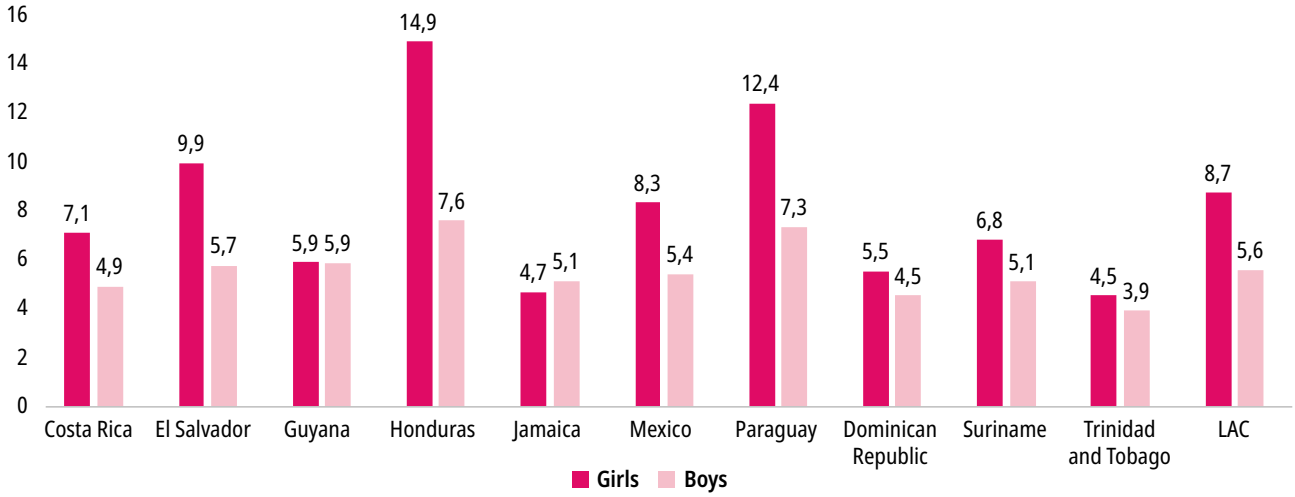
Figure 9. Average number of hours per week that boys and girls aged 5–17 years spend on domestic and care work (minimum 1 hour), by age group and gender.



5–11 years age group



12–14 years age group



15–17 years age group

Source: Authors' own work based on data from MICS5 and MICS6. Note: The indicator for the group of children from Turks and Caicos Islands is omitted because it has fewer than 56 data points.

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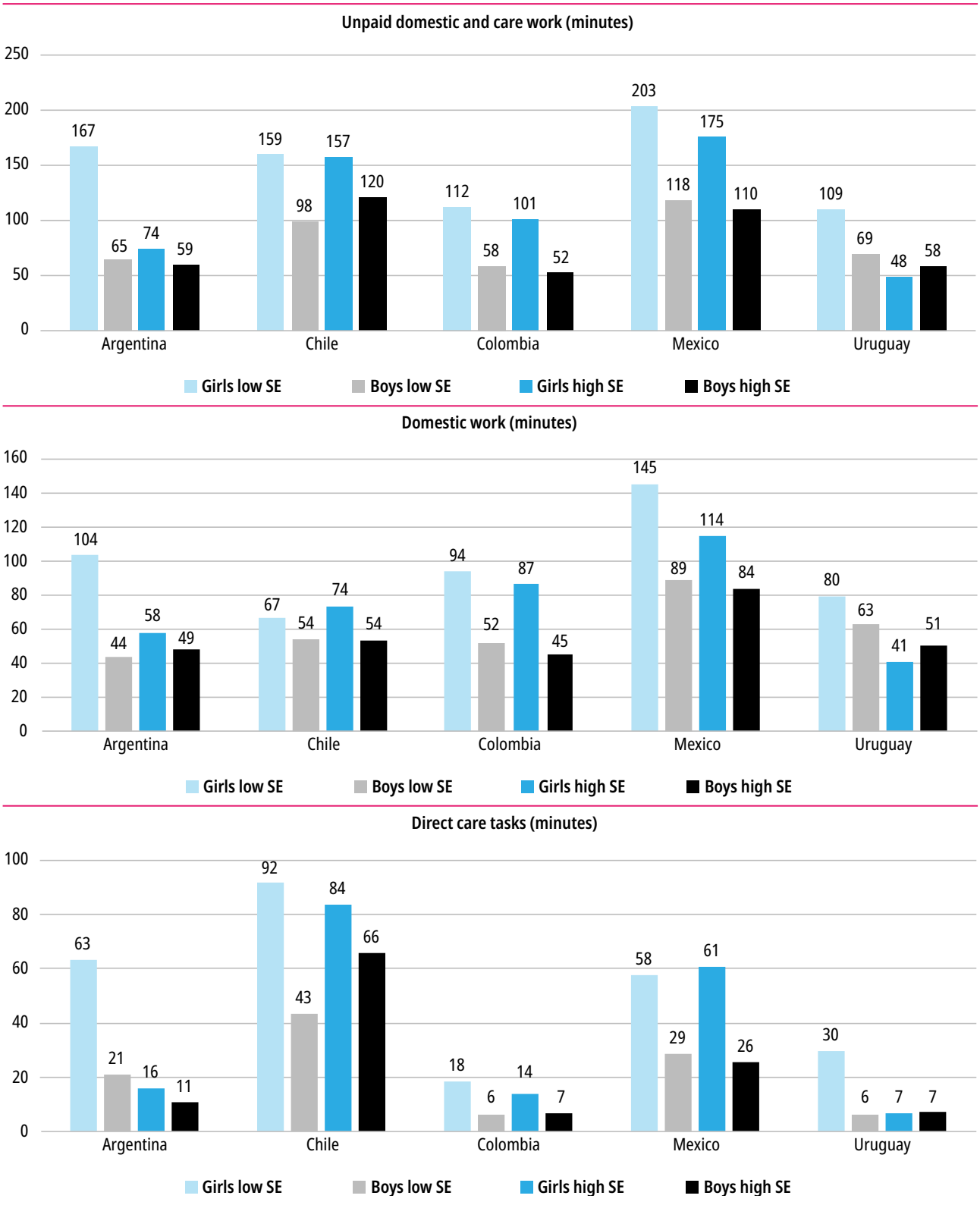
4 Girls from lower socio-economic strata dedicate twice or three times more hours to unpaid work than their peers.

This large gap only appears for girls.

Figure 10. Amount of time per day (in minutes) that children from various socio-economic groups spend on unpaid work (domestic work and direct care work).[9]



Source: UNICEF, 2024.

9 UNICEF, 2024 "*Uso del Tiempo entre los y las adolescentes en América Latina"UNICEF, 2024 "Uso del Tiempo entre los y las adolescentes en América Latina*".

This unequal burden increases when socio-economic status intersects with other factors, such as ethnic or racial affiliation, place of residence, or lack of access to public services, leading to even greater gaps between adolescents facing multiple inequalities and their peers. This situation reflects a vicious circle encompassing care, poverty, inequality and precariousness, in which families in worse economic conditions have less access to care services and must therefore cover care needs within the home (CEPAL and ONU Mujeres, 2021).

2.2.4. Factors that influence the time adolescents spend on unpaid work

Factor 1: Presence of children under 5 years of age in the household[10]

5 Living with siblings or relatives under 5 years of age is the main factor that increases the time that adolescents, especially girls, dedicate to unpaid care and domestic work.

The presence of children under 5 years of age in the household is associated with adolescents spending more time on unpaid work (both domestic and care work). Certain other factors tend to mitigate this burden, such as the presence of other adults in the household (as seen in Argentina, Colombia, and Mexico) or the hiring of domestic help (as seen in Colombia and Mexico).

Factor 2: Presence of children aged under 5 years in the household and no access to childcare services[11]

6 Access to early-childhood childcare services significantly reduces the unpaid care and domestic work performed by adolescents, especially girls.

Access to care and/or education services for young children significantly decreases the likelihood that adolescents in the household, particularly girls, will spend their time in unpaid care and domestic work. This finding is particularly relevant for the Latin American context, where there are still significant coverage gaps in access to education and care services, especially for the 0–3 years age group. These gaps mean that access to these services is often dependent on families' socio-economic situation. In summary, adolescents from lower-income families are more likely to assume care responsibilities due to the lack of public provision and these families cannot afford private education and childcare services.

10 Information extracted from the study: UNICEF, 2024, "*Uso del tiempo entre los y las adolescentes en América Latina*".
11 Information extracted from the scientific article: Amarante, Verónica, *et al., Children do care: Novel findings from Colombia and Mexico*.

Factor 3: Fathers' participation in unpaid care and domestic work[12]

7 In households where mothers do much more unpaid care and domestic work than fathers, girls do more of this work, replicating patterns of gender inequality across generations. However, the same effect is not observed for boys.

The greater the disparity between the time that mothers and fathers spend on unpaid work, the more time that girls spend on unpaid work. This result suggests that behaviours are handed down between generations, affecting girls more than boys. Girls who come from more vulnerable households or households with high levels of inequality tend to assume more responsibilities within the household. This makes it likely that the patterns of inequality that prevailed in previous generations will be perpetuated.

Factor 4: Adolescents' and their parents' attitudes and beliefs regarding gender[13]

8 In households where more rigid gender norms persist, the gender gap in unpaid work is larger. In these households, girls spend more time on unpaid work, which reinforces unequal gender patterns. Changing these norms and attitudes is key to reducing the unequal burden on girls and promoting a more equitable distribution between girls and boys, ensuring that neither group takes on responsibilities that are detrimental to their development and well-being.

In Colombia, the gender gap in unpaid work between siblings is wider in households where parents hold more traditional views on gender roles. The mother's views seem to have a dominant effect. These inequalities are amplified when they combine with other forms of exclusion, based on ethnic or racial discrimination, migratory status, or disability.

The gender gap in unpaid work is greater among adolescents who perpetuate more traditional gender norms, as Table 3 shows. Overall, the positive correlation between traditional attitudes towards gender and the time that girls spend on domestic work demonstrates the importance of changing gender norms and attitudes to promote greater gender equality. Challenging these traditional positions can help reduce the disproportionate burden of unpaid work on girls and encourage a more balanced distribution of these responsibilities between boys and girls.

12 Information extracted from the study: UNICEF, 2024, "*Uso del tiempo entre los y las adolescentes en América Latina*".
13 Information extracted from the study: UNICEF, 2024, "*Uso del tiempo entre los y las adolescentes en América Latina*".

3. FRAMEWORK FOR ANALYSING CAREGIVING INTERVENTIONS, WITH A FOCUS ON ADOLESCENT CAREGIVERS

This section presents a proposed framework for analysing public interventions that address the issue of adolescents' involvement in care work. The framework is intended to enable a more accurate analysis of regional public responses to the issue, including the extent to which the situation of adolescent girls is recognized, and which initiatives are attempting to improve the situation. Ultimately, the aim is to contribute to the debate and to the design of interventions to reduce the gaps that are currently hindering progress towards both a more equitable distribution of care work and better opportunities for adolescent girls to develop their full potential.

The analysis framework presented in Table 3 (see below) is based on the care interventions popularized by CEPAL and ONU Mujeres (2021), and adopted by UNICEF (see Galián, Carlos, et al., 2023), when examining the issue of comprehensive care systems. This framework classifies interventions by type. The categories include interventions relating to: the creation and/or expansion of care services; the provision of money or time for care; education and training for care; the strengthening of legal frameworks, norms and regulations related to care services and work; the management of information and knowledge on care; and the transformation of cultural and social norms related to the promotion of co-responsibility in care.

The framework assumes that a combination of factors – family composition, attitudes, socio-economic conditions – determine the amount of time adolescents dedicate to caregiving and support tasks within the home, in line with the evidence presented in the previous section of this report. Specifically, the main factors include: (1) the presence of young children in the household, especially siblings under five years of age, which increases the demand for care; (2) living in a low-income household, in which financial constraints tend to restrict access to formal care services and increase the need for intrafamily support, associated with a greater burden on adolescent girls; (3) the example set by the parents, i.e., the attitudes and practices of the adults in the household regarding unpaid work and its distribution; and (4) adolescents' own attitudes towards the distribution of care work, which are influenced by social and gender norms. All of these factors are amplified in contexts of poverty, violence, territorial inequality, ethnic or racial discrimination, migration, or disability.

The analysis framework draws on this assumption to assess public interventions in the area of care and certain other elements of public provision, in terms of their direct and indirect impact on adolescent girls as providers of care and support to other groups within the household. Interventions are considered to have a direct impact when they implement specific policies and initiatives for adolescents, considering them as the primary target group of the intervention and addressing their role as caregivers, implicitly or explicitly. For example, an awareness-raising campaign aimed at children and adolescents, on the distribution of care work within the home, qualifies as a direct-impact intervention. Indirect-impact interventions are those that have a mediated effect, i.e., they modify factors in the family, community, or cultural sphere that are associated with adolescent participation in caregiving tasks. For example, policies

extending parental or long-term care leave are targeted at working-age adults, but by allowing them time to take care of young children, older persons or persons with disabilities, these policies indirectly reduce the burden on adolescent girls. It is important to note that indirect interventions are just as important as direct ones. On the contrary, in several cases they create the conditions needed for many other initiatives to produce the desired effects for adolescent girls. This is true, for example, of the creation, expansion and improvement of care services.

The framework also incorporates interventions aimed at adolescents who assume caregiving responsibilities due to child marriage and early unions or adolescent pregnancy. It recognizes that these situations tend to increase the burden on adolescent girls and prevent them from reaching their full potential, and that currently, these interventions are almost the only explicit measures for adolescent caregivers. It is important to clarify that UNICEF and UN Women recognize child marriage and early unions as a violation of human rights. Child, early, and forced marriage and unions jeopardize children's rights to education, health, protection against violence, and personal freedom.[14] Child marriage and early unions are complex phenomena related to gender inequalities, school dropout, violence, and adolescent pregnancy. They put girls' physical and emotional health at risk and limit their future opportunities. The UNICEF approach to this issue focuses on preventing child marriage and early unions, expanding opportunities for girls, and promoting gender equality through protection, education, and social protection measures. In addition, it promotes policies that respond to the needs of girls and adolescents in situations of child marriage and early unions, with a focus on the most vulnerable households.[15] The expected effects of this approach on adolescent girls are presented below. They align with the findings of the evidence paper for UNFPA-UNICEF Global Programme to End Child Marriage, *'A synthesis of what we know works to prevent and respond to child marriage*' (Siddiqi and Mann, 2024).

14 The Committee on the Elimination of Discrimination against Women and the Committee against Torture also consider child marriage a harmful practice that inflicts physical, psychological or sexual harm or suffering, has both short- and long-term consequences, and negatively impacts the ability of victims to realize all their rights.

15 See Child marriage | UNICEF.

Table 3. Analysis framework for interventions, with a focus on adolescent caregivers.

	EXAMPLES OF INTERVENTIONS	EXPECTED EFFECTS ON ADOLESCENT GIRLS
SERVICES • Public, private, or community provision of direct care that removes or alleviates the burden of care in the home, and public services targeting adolescent caregivers.	**Indirect:** • early-childhood care services (especially for the 0–3 age group) and preschool education • home care and/or support for older persons and persons with disabilities • day centres for older persons and persons with disabilities • long-stay (or residential) centres • telecare **Specific (for adolescents):** • adaptation of school services to the reality of adolescent caregivers, including offering childcare services for students' children • provision of psychological and social support for adolescents, to identify risk factors and promote the development of life projects (including through the prevention of adolescent pregnancy, child marriage, and early unions) • provision of sexual and reproductive health information and services (to prevent adolescent pregnancy, child marriage, and early unions)	• A decrease in the weekly hours dedicated to caregiving. • An increase in the weekly hours dedicated to study and leisure. • Increased rates of schooling and school completion. • A decrease in self-reported stress. • Decreased rates of adolescent pregnancy, child marriage and early unions.
MONEY • Monetary benefits to pay for services or compensate time spent on caregiving, as well as to promote healthy, well-rounded lifestyles into adulthood, and support access to relevant public services for adolescents who are caregivers.	**Indirect:** • state subsidies and/or vouchers to compensate for unpaid care work or to enable families to contract public or private care services **Specific (for adolescents):** • cash transfers for households with school-age children and/or adolescents (especially cash transfers that are conditional on school attendance and/or educational outcomes or that are based on the concept of co-responsibility) • direct transfers to adolescent girls who are mothers or caregivers	• A decrease in the weekly hours dedicated to caregiving. • An increase in weekly hours dedicated to study and leisure. • Increased rates of schooling and school completion. • A decrease in self-reported stress, including financial stress. • Decreased rates of adolescent pregnancy, child marriage, and early unions.
TIME • Policies that reduce or redistribute time spent on care.	**Indirect:** • maternity leave • paternity leave • care and parental leave • flexible working hours and work location **Specific (for adolescents):** • adaptation of provision of schooling to the reality of adolescents with caregiving responsibilities (e.g., changes to the length of the school day; timetables that fit with the school day of young children; facilities for continuing studies after pregnancy and the child's first year(s))	• A decrease in the weekly hours dedicated to caregiving. • An increase in the weekly hours dedicated to study and leisure. • A decrease in school absenteeism. • Increased rates of schooling and school completion.

EDUCATION AND TRAINING	**Indirect:** • expansion of the training offer and systems to accredit, as technical professionals, those who provide care and support • training for public sector staff in care, including the caregiving role performed by adolescent girls **Specific (for adolescents):** • support services / training in care / positive parenting programmes for adolescents with caregiving responsibilities	• Increased recognition and remuneration of care workers, including the parents of adolescents, and formalization of their role. • Increased labour market insertion (in formal, paid roles) of young people in the care sector. • A decrease in self-reported stress.
RULES AND REGULATIONS	**Indirect:** • national or subnational care and support policies and strategies • quality standards for public and private services • labour and social security legislation that recognizes, dignifies, remunerates, and protects care work, and that provides for flexibility (e.g., around schedule and location) **Specific (for adolescents):** • national or subnational policies and strategies for children and adolescents, and/or care and support regulations that take account of girls' unpaid participation in household chores and caregiving • quality standards for public and private services (e.g., education) that take account of girls' unpaid participation in household chores and caregiving • integration of child labour prevention and eradication policies with care policies	• The legislation raises awareness of, and obliges public actors to design and implement, interventions that safeguard the rights of adolescents and prevent and eradicate child labour. • The quality standards of public and private services take account of adolescent girls' unpaid participation in household chores and caregiving.
INFORMATION AND KNOWLEDGE	**Indirect:** • time-use surveys • creation of care packages • integration of / communication between information systems **Specific (for adolescents):** • incorporation of the care dimension into early warning systems for school dropout (i.e., recognizing pregnancy and caregiving as risks) • disaggregation of time-use survey data by age and other intersectional variables • production of knowledge about adolescent caregivers, especially those who face multiple inequalities and whose experiences often go unnoticed • integration of and/or communication between information systems (for early warnings from education or health, referrals, and joined-up monitoring of cases), with cross-referrals that take adolescents' gender, age, territory and socio-economic situation into account	• Increased visibility and recognition of the unpaid care and domestic work done by adolescents, especially those who face multiple inequalities and whose experiences often go unnoticed. • Incorporation of the care dimension into early warning systems for school dropout. • Improved access to child maintenance payments, to increase the income of female-headed households. • Coordinated and integrated provision of care services through appropriate education, health, social assistance and social security programmes for adolescents from a variety of backgrounds, including those with caregiving responsibilities.

CULTURAL TRANSFORMATION	**Indirect:** • campaigns to change the gendered division of care work and/or challenge traditional gender roles • campaigns to promote safe, violence-free family environments **Specific (for adolescents):** • specific campaigns aimed at supporting adolescents to enrol and stay in school • campaigns about gender roles in adolescence, recognizing the various barriers that adolescents face depending on their context • participation mechanisms through which adolescents can demand access to sexual and reproductive health services, opportunities to make a living, safety and violence-free environments • specific campaigns aimed at adolescents to prevent child marriage, early unions, and adolescent pregnancy (strengthening access to sexual and reproductive health services, supporting educational trajectories, increasing autonomy, questioning traditional gender roles, etc.)	• Changes in attitudes regarding co-responsibility for care and the gendered division of unpaid care and domestic work. • An increase in the number of hours that adolescent boys and men dedicate to unpaid care and domestic work.

4. ANALYSIS OF CARE POLICIES, WITH A FOCUS ON ADOLESCENT GIRLS AS CAREGIVERS

This section presents a non-exhaustive analysis of interventions (services, programmes, and policies). It aims to show how the proposed framework may be used and identify promising practices in the public response across the region to the phenomenon of adolescent caregivers.

The public actions described here were selected via a desk review of secondary sources, in consultation with the UNICEF and UN Women LAC country teams. These interventions are designed and implemented to respond to the specific needs of adolescents who care for young children, persons with disabilities, and older persons. They reduce the burden of unpaid care and domestic work, enabling adolescents to continue or resume educational pathways or trajectories towards economic autonomy, thus promoting healthy transitions to adulthood and greater equality of opportunities.

4.1. Services

A key feature of comprehensive care systems is the creation and expansion of quality services aimed at meeting the care and support needs of different target populations. These services must take into account the diverse modalities of care (in the home, day centres or residential institutions, remote) and users' schedules, to progress towards universal coverage. The evidence presented in this document shows that improving families' access to care and support services, especially care for young children, is key to reducing the burden of care on adolescent girls. Good examples of these services include *Chile Crece Más* (formerly *Chile Crece Contigo*), the *Manzanas del Cuidado*[16] in Bogotá, the services developed within Uruguay's National Integrated Care System[17] and, in Costa Rica, the *Red Nacional de Cuido y Desarrollo Infantil* (REDCUDI)[18] or the *Sistema Nacional de* Áreas de Conservación (SINCA).[19]

In recent decades, early childhood development, care and education services have been strengthened in the region. However, gaps persist in the coverage of early-childhood care services in terms of investment and the quality of services in general (e.g., student/teacher ratio and investment per student) (Galián, Carlos, et al., 2023). Care services for older persons and services and support for persons with disabilities, which are comparatively much less developed, also play a key role in reducing the burden of unpaid care and domestic work that falls on adolescents.

16 Manzanas del Cuidado.
17 SNIC.
18 RedCudi.
19 SINCA.

Urban and care infrastructure

Redistributing the care work done by adolescents requires not only the existence of formal services, but also an urban framework that facilitates the provision of daily care and gives autonomy to those who need it. This urban framework comprises (1) **local care facilities** (child development centres, respite services, multipurpose community spaces) with extended opening hours; (2) **inclusive public space and urban furniture**, including accessible playgrounds, shaded rest areas, drinking fountains and public toilets suitable for children, older persons and persons with disabilities; (3) **continuous, well-lit and obstacle-free pavements**, safe crossings and affordable and accessible public transportation (with ramps, universal signage, prioritized seating, affordable prices), to reduce travel times and risks; and (4) **safe environments**. Urban design that ensures all these components are in place reduces the burden on adolescent caregivers, gives them more time to spend as they choose, and promotes social co-responsibility for care. This is especially important in the outskirts of urban centres, informal settlements, and rural areas, where the lack of infrastructure exacerbates gender and territorial inequalities.

There are also some social services that directly respond to the needs of adolescents. These can be adapted to facilitate access for adolescent caregivers. The most common adaptations identified in the region are found in education, care, social assistance, and health services. They relate to preventing child marriage and early unions or meeting the needs of adolescents who are pregnant or parents of young children. These adaptations include programmes aimed at keeping adolescents and young people in education through the provision of childcare services in secondary schools or nearby, through agreements with local establishments or institutions. In some cases, the social services consider adolescents who care for their siblings to be a target population.

In **Argentina**[20] (specifically in the Autonomous City of Buenos Aires[21] and the Province of Buenos Aires[22]) **and Uruguay**,[23] care spaces were created in or near secondary schools for the children of students who are adolescents or youths. The objective was to ensure the continuity of the young parents' secondary education. One programme, approved in 2008 by the Province of Buenos Aires, also explicitly mentions the burden of care assumed by older siblings of young children.[24]

20 Programas | UNICEF Argentina | #ParaCadaNiño educación.
21 Alumnas madres | Buenos Aires Ciudad - Gobierno de la Ciudad Autónoma de Buenos Aires.
22 UNICEF, *Maternidad y paternidad adolescente. El derecho a la educación secundaria. Estudio sobre una experiencia educativa de la provincia de Buenos Aires*, 2017.
23 Espacios de cuidados para hijos e hijas de estudiantes | SNIC.
24 According to the text of the resolution, it aims '[t]o promote school attendance, continuation of learning and completion of secondary studies among mothers, fathers and adolescent or young siblings who cannot attend, continue or complete their studies because they have to take care of their children or younger siblings' Salas Maternales (Resolución No. 05170/08) | Health and Education Resource Centre.

A UNICEF study (2017) of the school-based initiative, *Salas maternales: Madres, padres, hermanos/as mayores, todos en secundaria* [Mothers' rooms: Mums, dads, older siblings, all in secondary school], in the Province of Buenos Aires, found that it generated positive outcomes for adolescent parents and the siblings of young children, in terms of enrolment and resumption of educational trajectories. Through the initiative, the mostly informal and ad hoc responses that the secondary schools were able to offer adolescent girls were institutionalized. This included providing the teaching and management staff with relevant training and adapting the infrastructure as necessary and possible. For the young people using these services, the initiative seems to be a way to rediscover the value of school. It encourages those who have dropped out to return to learning and helps them to reconnect with their aspirations, in education and beyond.

In **Honduras**, the Instituto Oficial Villanueva in the municipality of Villanueva (department of Cortés) set up a childcare service to facilitate access to education for adolescent mothers enrolled in the secondary-school remote-learning system (*Institutos del Sistema de Educación Media a Distancia* or ISEMED). Under this Ministry of Education programme, classes are offered on Saturdays and Sundays at the lower and upper secondary levels. This childcare service seeks to not only remove barriers to education for girls who are mothers but also to raise awareness among students about the commitment and care involved in becoming a parent (as a pregnancy prevention strategy). To this end, adolescents studying the Humanities programme from Monday to Friday are requested to volunteer for the weekend childcare service, to complete the social work component of their course. They are supervised and the arrangement follows child protection guidelines.

4.2. Money for care

Another care system intervention adopted by the countries studied is subsidies, vouchers and cash benefits targeted at families to help pay for care, to mitigate the lack of fully subsidized public provision. While in some cases families are 'directed' to a particular concrete solution, in others they may choose the type of care service they consider most convenient (Galián, Carlos, et al., 2023).

In Costa Rica, for example, vulnerable families receive subsidies from the Instituto Mixto de Ayuda Social [Joint Social Welfare Institute] to pay for care in private centres or municipal childcare and child development centres.[25] In Uruguay, the socio-educational inclusion scholarships[26] pay for care and education services for children aged between 0 and 2 years in families enrolled in the family support programmes run by the Ministry of Social Development (MIDES) and the Uruguayan Children and Adolescents Institute (INAU), who live in areas where public provision is insufficient. In Chile, in early 2021, the Government established an employment subsidy called *Protege Apoya*[27] [Protect Support], which is managed by the Servicio Nacional de Capacitación y Empleo [National Training and Employment Service]. The initiative seeks to enable working parents with children under the age of 2 to manage their work and childcare.

25 Red Cudi.
26 BIS.
27 Subsidio "Protege apoya".

In most countries in the region, cash transfer programmes are basic interventions of the non-contributory pillar of social protection. Many of them focus on income protection for families with children. They are designed to support family income in general and not necessarily for the purchase of care services.[28] It is worth highlighting certain cash transfer programmes that have been adapted. Some make adolescents their main target population, helping them access and stay in education or enter the labour market (which supports educational trajectories and reduces factors associated with unpaid domestic and care work); others recognize the specific needs of adolescent girls who are the primary caregivers of young children. These programmes may use conditionality mechanisms, linked to entering and staying in the education system and/or to sexual and reproductive health systems. They may also involve educational scholarships and/or be adapted to adolescents in child marriages or early unions, or who are pregnant.

All cash transfer programmes should be designed so that the benefit functions as a gateway to other state services that children and adolescents need in order to develop fully. It is therefore essential that they do not reinforce the exclusion of children and adolescents from these services. Instead, they must facilitate access to public services that are comprehensive and adequate, particularly for the most vulnerable and those facing the most barriers to access. It is also important that programme design does not increase the burden of unpaid care and domestic work on women in the household, who are often responsible for ensuring compliance with the benefit's conditions.

In **Colombia**, the government programme Jóvenes en Acción[29] [Youth in Action] works to improve the well-being of young people aged 14–28 years, in situations of poverty and vulnerability[30], through access to technical, technological, or professional training and financial support. In addition to providing cash transfers, the programme works with the young people to help them access, stay in and graduate from secondary and higher education. Evaluations of the programme show that it has significant positive effects in several areas. For example, a 2011 impact evaluation shows that the programme increases income and employment, especially for women.[31]

In **Argentina**, the Universal Child Allowance[32] is the main income protection programme for children. From the age of 16, children can have the benefit paid directly into their own bank accounts. The allowance uses a conditionality mechanism, under which the National Social Security Administration (ANSES) withholds 20 per cent of each monthly payment. Recipients can collect the accumulated payments annually by providing proof that the child is enrolled in prescribed health programmes, has attended check-ups, and has complied with the vaccination schedule. Up until the age of 17, the child must also stay in school. Recipients who fail to provide this proof lose the 20 per cent lump sum but continue to receive the rest of the benefit.

28 Non-contributory social protection benefits are often inadequate. In 2022, their share of total household income in households living in extreme poverty reached 23.8 per cent (CEPAL, 2024).
29 Jóvenes en Acción.
30 The adolescent must be included in one of the vulnerability registries, such as SISBEN, ICBF census lists, or Indigenous census lists.
31 Attanasio, Orazio, Adriana D. Kugler, and Costas Meghir, 2011. This evaluation was carried out before the programme was extended to cover under-18-year-olds.
32 Capacidad de protección de las políticas de transferencias de ingresos | UNICEF.

The Universal Child Allowance has helped raise student attendance rates and keep students in school. In particular, it has reduced dropout rates among 15–17-year-olds, particularly in the two lowest income quintiles, although the effects vary by gender: the increase in students staying in school from one year to the next is higher among girls, while the improvement in secondary-school attendance rates is greater among boys.[33] Moreover, according to a 2021 report, 3 per cent of the primary beneficiaries are adolescent mothers aged between 15 and 19.[34] In these cases, the mother receives both the allowance that she is entitled to as a child and the allowance corresponding to her son or daughter. Similarly, the Universal Pregnancy Allowance includes support mechanisms for pregnant teenagers.[35]

In the **Dominican Republic**, the Ministry of Education and the SUPÉRATE programme, with support from UNICEF, are implementing a project titled *Increasing Skills and Opportunities for Children and Adolescents in a Culture of Peace and Prevention of Early Unions.* It includes a social protection component that aims to prevent early unions by tackling their underlying causes, such as poverty and the lack of opportunities for girls. This project is part of a broader strategy that combines social protection with education programmes focused on life skills and family-centred guidance. The goal is to build positive parenting skills and promote gender equality, thereby reducing violence.[36]

4.3. Time to care

Maternity, paternity, parental, and other special types of leave allow parents to balance paid work and caregiving responsibilities. It also protects other family members, including adolescents, from an undue care burden. Equal access to leave for men and women is fundamental to promoting a more equitable division of the burden of care within the household.

In Latin America and the Caribbean, only five countries (Chile, Colombia, Cuba, Paraguay, and Venezuela) grant mothers 18 weeks' or more paid maternity leave; 10 countries grant between 14 and 17 weeks' paid leave; and 18 countries grant less than 14 weeks' paid leave. ILO Convention 183 specifies 14 weeks as a minimum. Moreover, maternity leave coverage is limited due to the prevalence of informal work: 51.9 per cent of employed women in the region are not covered by social security (OIT, 2025).

The provision of paternity leave is essential to achieve a more equitable distribution of care work. Yet 11 countries currently grant fathers less than 10 days' paid leave; 5 countries grant between 10 and 15 days (Colombia, Ecuador, Paraguay, Peru and Venezuela); and only Uruguay grants 17 days (OIT, 2025).

Only four countries (Chile, Colombia, Cuba, and Uruguay) grant parental leave, i.e., extended leave periods with job protection, available to one or both parents to care for the child after maternity and paternity leave has expired (ILO, 2025).

33 See results of evaluations by UNICEF, Ministry of Social Development, UBA and CEDLAS (2018) and ANSES (2021).
34 ANSES, 2021.
35 ANSES, Asignación por embarazo para protección social.
36 See Estrategia-Nacional-de-Cultura-de-paz-WEB.pdf.

Long-term care leave is also available in just a minority of countries (Chile, Costa Rica, Cuba, Ecuador, and Mexico), which establish the right in different ways. For example, it may be only available to certain groups of workers or it may be unpaid.[37]

Across the region, public policies that directly address time poverty among adolescent girls are scarce. Where they exist, they focus on easing certain educational requirements to support the academic trajectories of adolescents and young people with caregiving responsibilities. For example, in Argentina, Act No. 25273[38] establishes the *Educational Inclusion System for Students who are Mothers or Fathers,* which creates a system of permitted reasons for absence, deadline extensions, and reduced schedules for adolescent mothers and fathers in public or private education, at all levels and for all kinds of education.

4.4. Training

Traditionally, comprehensive care systems have sought to professionalize caregiving tasks by promoting training and professional certification for people who provide paid caregiving services. These measures aim both to ensure the quality of services and acknowledge the value of care work, promoting greater recognition and better remuneration. Expanding the training offer and professional technical accreditation for care and support work would enable many adults employed in the sector to obtain better working conditions. This would have a positive impact on the income and social security access of these workers and their families, especially those headed by women, and reduce the burden of intrafamily care that could fall on adolescent daughters.

Several countries in the region have made progress in implementing care policies or systems. These policies and systems include, as a key component, strategies for training workers in the care of children, older persons and persons with disabilities, whether in the home or institutional environments. Examples are found in Argentina,[39] Chile,[40] the Dominican Republic[41] and Uruguay.[42]

4.5. Rules and regulations

In recent years, some countries in the region have developed legal and regulatory frameworks that guarantee the right to care and provide for the creation of comprehensive care systems. In addition, most countries in Latin American and the Caribbean have regulations that ensure minimum quality standards for care and support services and, to a lesser extent, for the quality of jobs in the sector. Labour and social security legislation that recognizes, dignifies, remunerates and protects care work, and that provides for flexibility (e.g., around schedule and location), produces increases in family income, greater balance between paid work and care tasks, and the recognition of care tasks in social security systems,

37 OIT, 'Tiempos para cuidar en América Latina y el Caribe: Hacia la corresponsabilidad social y de género', *Boletín igualdad de género*, no. 4, February 2025.
38 See https://www4.hcdn.gob.ar/dependencias/dsecretaria/Periodo2022/PDF2022/TP2022/0310-D-2022.pdf.
39 Cursos para cuidados domiciliarios en Argentina.
40 Cursos de formación SENCE.
41 Cursos de formación en República Dominicana.
42 Uruguay: cursos para el cuidado de niños/as, cursos para el cuidado de personas en situación de dependencia, certificación de competencias laborales.

all of which increases the availability of time and economic resources in the households concerned. This, in turn, reduces the burden of care that falls on adolescents, allowing them to dedicate themselves fully to their education and personal development.

The expansion of comprehensive care systems in Latin America and the Caribbean

Since 2015, care policies and systems have been expanding throughout the region.

Many countries in the region have already designed and implemented – or are currently designing – laws, policies, strategies, and action plans to establish comprehensive care systems. They include *Argentina, Barbados, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Grenada, Honduras, Mexico, Panama, Paraguay, Peru, Saint Lucia, Saint Vincent* and the Grenadines*, Uruguay, and Venezuela.*

Uruguay was one of the first countries to recognize a right to care, establishing a regulatory framework and creating the National Comprehensive Care System (SNIC) in 2015.

In 2022, **Costa Rica** set up a national care and support system for people who have lost autonomy due to old age, disability, or illness, to complement its existing system of childcare policies (REDCUDI).

Recently, several countries have approved regulatory frameworks governing care policies and systems: **Venezuela** (in 2021), **Ecuador** (2023), **Cuba** (2024), **Panama** (2024), **Brazil** (2024), **and Colombia** (2025).

Other countries, such as **Argentina**, **Chile**, **Dominican Republic**, **Mexico**, **Paraguay, and Peru** are debating or have recently debated care laws, although the time devoted to these debates varies.

El Salvador, **Guatemala, and Honduras** are moving towards establishing care policies or systems.

At the same time, the vast majority of countries have initiatives at the national and subnational levels **that are generating opportunities for coordination, local regulations, assessment methodologies, and policy instruments, such as local government plans. Meanwhile, coordinated public policies are beginning to develop into systems** that go beyond the limited services currently on offer in all the countries.

At the regulatory level, the caregiving role of adolescent girls should be recognized, to ensure their rights are protected and to enable the design, implementation and expansion of interventions to support them. In some countries, national or subnational care policies and strategies and/or specific legislation on children and adolescents do recognize the role that children and adolescents play in providing unpaid care, support and help with domestic work.

In addition to developing a framework of rules for implementing care policies or systems, another objective of regulatory mechanisms is to regulate, supervise and oversee spending on care services. This is to ensure compliance with the established quality standards, as well as to regulate the working conditions of the people employed in the care services. With regard to regulating working conditions in the care sector, there are substantive rules concerning the prevention of paid child labour.

In 2024, **Honduras** approved the National Policy for Early Childhood, Childhood, and Adolescence 2024–2033.[43] In its assessment of the current situation, the policy mentions the gender disparities in care and domestic work during adolescence, and the impact this has on adolescent girls' development. It also mentions the differences in time use between boys and girls, and it contests the representation of adolescents as a group that 'neither studies nor works'. In response to this situation, the policy proposes five gender priorities for children (*see Section 5.2*), with Priority 1 and Priority 3 focusing on the provision of strategic support to adolescent girls who are caregivers. Thus, Priority 1 is to contribute to the progressive modification of social norms that perpetuate gender inequality from early childhood, through social behaviour change strategies at scale that raise awareness of the harm these norms have on girls and boys. Priority 3 is to strengthen actions to increase the number of children accessing education and promote alternative and flexible modalities of education that ensure access for girls and boys alike. These access measures include ensuring that schools provide adequate menstrual hygiene facilities.

Other countries have developed national policies and strategies that aim to prevent child marriage, early unions, and adolescent pregnancy, including Ecuador (2018–2025), Dominican Republic (2021–2030), and Uruguay (2016–2020). These instruments also recognize the impact that unpaid direct care has on adolescent girls' lives and opportunities for development. Their lines of action cover mitigation, regulation, and support or response.

Finally, it is essential to integrate care policies with policies for the prevention and eradication of child labour in the care sector.

4.6. Information and knowledge

Improving the collection, analysis, and availability of data on unpaid care work can help reduce the time that adolescents spend on care tasks. To this end, countries may carry out time-use surveys, adolescent and youth surveys, household surveys, and qualitative studies, take steps to attribute an economic value to care, and integrate intersectoral information systems (education, health, social development), among other approaches. On the one hand, actions to recognize, raise awareness of, and include care in gross domestic product (GDP) accounting drive the expansion of public interventions, including generating more and better services and resources for care and gradually transforming traditional gender roles. On the other hand, improving communication and interoperability in public information systems facilitates the coordinated provision of care services across the education, health and social assistance sectors,

43 Política Nacional de Primera Infancia, Niñez y Adolescencia 2024-2033 (Honduras).

ultimately improving access, coverage, and the quality of these services. By raising awareness of the problem and increasing service provision, the two approaches should lead to a reduction in the burden of care assumed by families and, consequently, by adolescents when their caregivers cannot meet all the demands placed on their time.

The purpose of the National Time Use Survey is to provide statistical information on the activities that people carry out in a given period and the amount of time they spend on each of them. These surveys have been instrumental in drawing attention to unpaid domestic work, including care work, and in revealing gender patterns in time-use and in the perception of well-being. According to CEPAL, 23 countries in the region have carried out at least one survey to measure time spent on domestic and care work; 10 have carried out assessments to establish the economic value of unpaid work in the home; and 5 have produced a corresponding satellite account.[44]

The MICS, developed by UNICEF in conjunction with governments, generate comparable data on the situation of children, adolescents and women. Analysis of the data provided by the child labour module, on the participation of 5–17-year-olds in domestic and care tasks, reveals sociodemographic inequalities. Information is currently available for 11 countries in the region.

Among the countries that have recently made progress on generating information on care, Brazil is particularly noteworthy. Under Act 15069 (2024), it is making a series of improvements to its official statistics mechanisms: collecting information on time use in the country's main household survey (*PNAD-Continua*) and the administrative records of social services (such as the *Cadastro Único* [single registry], the population census, and the *SUAS Prontuario* [social welfare registry]). Brazil has also added a module to the *Pesquisa de Orçamentos Familiares* (the household budget survey), which includes a time-use diary for each member of the household. In Argentina, UNICEF has been supporting the work carried out by the Instituto Nacional de Estadística y Censos (National Institute of Statistics and Census) and the provincial statistics directorates (Province of Buenos Aires and City of Buenos Aires) to define the goods and services required to rear a child and estimate their cost, using a tool called *canasta de crianza* (child-rearing basket). In 2019, the National Institute of Statistics and Census published for the first time a national *canasta de crianza*. This enables the direct costs of rearing a child (food, clothing, transportation, education) and the cost of childcare to be measured. The tool also informs judicial decision-making in child maintenance cases; where it has been used, it has led to orders for significantly larger maintenance payments.

There have been concrete efforts to raise awareness about adolescent caregivers through data and other information. One key step has been introducing age disaggregation in time-use surveys. In addition, some countries have added modules or questionnaires related to caregiving in their youth surveys. Finally, some institutions have recently made progress in their efforts to carry out consultations and/or qualitative studies that seek to understand the role and implications of the unpaid work done by adolescent girls in the home. This information not only raises awareness of the issue but is also useful for public debate and policy dialogue on adolescents and their role in care.

44 CEPAL, 2022.

Although most of the National Time Use Surveys carried out in the countries studied are directed at the head of household, or the head of household together with other family members, some countries' surveys disaggregate data by age to reflect the role that children play as providers of care and support. For example, these recent surveys have taken younger members of the household into account: from age 14 in Argentina (2021), age 12 in Chile (2015) and Mexico (2019), age 10 in Colombia (2020–2021), and age 15 in Uruguay (2021). These surveys contribute to public debate at the national level on the role of adolescents in caregiving and the gender disparities that begin at an early age. Moreover, they feed into regional-level research projects (such as the 2024 UNICEF study referenced in this document).

In countries such as **Chile and Uruguay**,[45] recent editions of the national youth surveys have incorporated chapters or questions referring to care or have introduced care-related questions in the chapter on school dropout.

In 2022, the **Peruvian** Ministry of Women and Vulnerable Populations led a national consultation with adolescents on care, with support from UNICEF.

In **Argentina**, UNICEF and the Equipo Latinoamericano de Justicia y Género (ELA) [Latin American Justice and Gender Team] have carried out a qualitative study on adolescent caregivers.

Latin American countries have experience in incorporating a gender perspective into national evaluation systems; building on this, they can broaden their analyses to include specific dimensions such as care and the situation of adolescent girls. The study *Mapping of national evaluation systems in Latin America and the inclusion of the gender equality approach*, published by UN Women, offers an overview of the progress made in 18 countries in the region. It identifies the procedures, methodologies and tools used to mainstream the gender perspective in public policy evaluations. In addition, countries can use statistics and panel data to produce more robust evaluative evidence, primarily if this work focuses on analysing the care burdens faced by girls and their implications for the exercise of rights and access to opportunities.

4.7. Cultural transformation

Parents' attitudes and adolescents' own attitudes about the gendered division of unpaid work and caregiving tasks also determine how much time an adolescent spends on caregiving. Care systems include interventions aimed at producing changes in social and gender norms, and raising awareness of inequalities and their effects on the social organization of work and the trajectories of children and adults. These interventions may target the general population. For example, in Argentina, civil society (specifically the ELA) has run campaigns with the support of UNICEF to raise awareness of the unequal distribution of care tasks;[46] in Colombia, the educational and cultural change strategy *A Cuidado Se Aprende*

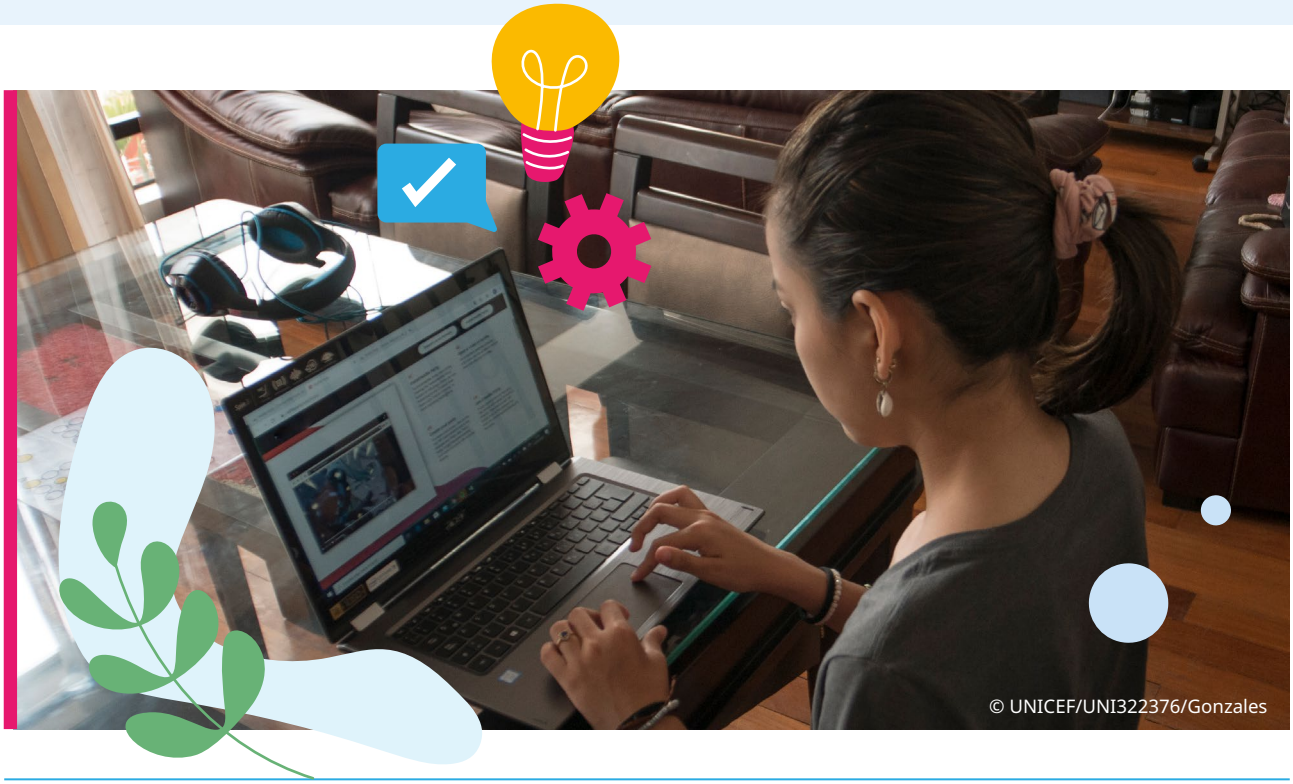
45 ENAJ Uruguay (2025 edition in progress).
46 See En la crianza no hay lugar para #PadresPintados and #DerechoAlCuidado, la campaña de ELA y UNICEF para pedir la reforma integral del esquema de licencias parentales - Novedades | ELA - Promoviendo derechos para la igualdad de género.

[Caring Is Something One Learns][47] has been implemented in Bogotá; while in Uruguay the campaign *No Se Nace, Se Hace* [Not Born But Made][48] was developed along the same lines.

Among the cultural transformation initiatives focused on adolescents, the following countries and experiences stand out:

Chile, where *Juventudes Cuidadoras – Hablemos de Cuidado* [Young Carers – Let's Talk about Care] is a key component of the National Youth Institute's safe space initiative, *Hablemos de Todo* [Let's Talk About Everything],[49] which facilitates discussion of issues relevant to young people.

Dominican Republic, which has implemented the *Clubes de Chicas* [Girls' Clubs] since 2023 under the SUPÉRATE social protection programme, as part of efforts to prevent adolescent pregnancy, child marriages, and early unions. These clubs are local safe spaces for girls aged 12–17, where participants learn about their rights and how to empower themselves. The goal is to support the girls in finishing school and developing an alternative life plan to marriage and early motherhood. The initiative is a joint project of the Office for Children and Adolescents of the Dominican Republic (GANA-RD), the National Council for Children and Adolescents (CONANI), and the Ministry of Education of the Dominican Republic (MINERD), with technical and financial support from UNICEF. It has promoted the creation of educational and methodological tools aimed at children, adolescents, families, and communities, with the objective of transforming social norms and preventing young people under 18 years of age from entering into any union.[50]



47 A cuidar se aprende.
48 No se nace, se hace.
49 Juventudes cuidadoras and ¿Quiénes somos? | Hablemos de Todo.
50 Presentan kit de herramientas metodológicas para la prevención de uniones tempranas - Supérate.

5. CONCLUSIONS AND RECOMMENDATIONS

The evidence presented in this document clearly shows that many adolescent girls in Latin America and the Caribbean systematically carry out unpaid care work, and that this is a structural issue that goes unnoticed. This has direct consequences for their educational trajectories, health, emotional well-being, and autonomy, both in the present and in the future. It is not just an issue of time and lost opportunities: it is a violation of rights that must be recognized, brought to public attention, and addressed by public policy.

Implementing care policies and systems that take into account the reality of adolescent girls is also a strategic way of promoting economic development in the region and reducing poverty. These interventions can simultaneously boost various components of the economy: they foster the creation of formal jobs, raise productivity levels, increase household disposable income and strengthen tax collection systems.

This report presents examples and analysis of existing public interventions, framed by care systems and policies, to show that work is already underway in the region to recognize and respond to the needs of adolescent caregivers. The following four key messages emerge from the work already undertaken to guide the design, evaluation, and strengthening of public responses:

It is necessary to expand service provision and improve service quality, ensuring that services are adequate, accessible and adapted to adolescents. Increasing the coverage of care services is a prerequisite for redistributing care work and preventing it from falling on girls and adolescents. This is especially important where the gaps are greatest: in care services for children aged 0–3 years and in care and support services for persons with disabilities and older persons. But increasing coverage is not enough: the quality and suitability of services must also be improved. To this end, services must be designed to offer access at times that are compatible with schooling, and must be available locally or in a location that is served by accessible transport for those living in rural areas or on the outskirts of urban areas. They must also promote inclusive care models for adolescent caregivers, whether or not they are mothers.

It is necessary to strengthen social protection to support transitions and promote co-responsibility. Cash transfer programmes and other economic benefits can be effective strategies to reduce the care burdens placed on adolescent girls. To be effective, they must recognize and compensate for inequalities without consolidating traditional roles; be closely linked to networks of accessible and adequate social services; avoid imposing conditions that generate exclusion among the most vulnerable populations; and prioritize supporting beneficiaries to access and stay in education and health care programmes (including mental health and sexual and reproductive health), and to have control over their own life projects. Adolescent caregivers need comprehensive support and resources to transition into adulthood successfully. This is especially urgent for migrants, members of ethnic or racial minorities, those living in poverty or in contexts of territorial exclusion.

It is necessary to promote cultural transformation among and for adolescents. Adolescence is a strategic time to question gender stereotypes, challenge traditional mandates, and construct new narratives about care. Cultural transformation campaigns should therefore be aimed at adolescents and use their languages, media, and codes. They should represent and visibilize care work as having value, but not as a natural role for women; promote co-responsible masculinities; and create spaces for participation and collective reflection within the education system, the media and communities.

It is necessary to generate robust evidence and strengthen information systems. It is essential to have precise, recent data, disaggregated by age, to measure the burden of care assumed by adolescent girls, its causes and consequences. To this end, time-use surveys should provide data disaggregated by age, gender, ethnicity, migrant status and disability status; youth and adolescence surveys should integrate modules on care; indicators should take into account the emotional and subjective dimension of care; and information systems for education, health, social assistance and protection should be made interoperable.

It is necessary to promote education for equality and ensure all rights are guaranteed. Recognizing adolescent caregivers implies not only alleviating their burdens but also guaranteeing the full exercise of all their rights. The education system must therefore be transformed to make it inclusive of students with caregiving responsibilities through adapted curricula, flexible modalities, personalized tutoring and psychosocial support. It is also vital to strengthen protection against gender-based violence, improve access to comprehensive health care, including sexual and reproductive health, and guarantee adequate menstrual hygiene conditions and safe and stigma-free environments.

For these recommendations to be translated into sustainable policies with real impact, it is essential that the relevant regulatory frameworks recognize the role of children and adolescents as caregivers and that adequate, predictable and progressive financing mechanisms are in place. For care work to be recognized as a social investment, and not just an expense, it is necessary to allocate sufficient resources from public budgets, earmark specific items for care and promote fiscal frameworks that reduce inequalities. In addition, international cooperation efforts should help close the existing funding gaps in this agenda.

Moreover, multilevel and participatory governance is needed, to provide coordination between the different levels of the State – national, provincial, and local – and the communities, social organizations, and adolescents themselves. Recognizing adolescent girls as political subjects requires policies built with them rather than just for them, to foster their participation in processes for public debate and policy design. Likewise, monitoring and evaluation systems should incorporate indicators that are adapted to the adolescent age group, that recognize adolescents' specific needs and capacities, and ensure that their views are systematically taken into account in the follow-up and accountability processes.

Finally, to ensure care policies are structured around the adolescent perspective, as opposed to being an add-on, institutional design must be strengthened through a generational approach. This will require creating technical teams trained in adolescence and gender, developing protocols and specific tools for the care of adolescent caregivers, and promoting ongoing training for civil servants in adolescent rights, intersectionality, and care.

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