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WOMEN, FAMILIES, AND WORK IN SPAIN: STRUCTURAL CHANGES AND NEW DEMANDS

Cristina Carrasco and Arantxa Rodríguez

ABSTRACT

This article explores the evolution of the care economy in Spain in the latter half of the twentieth century, analyzing the time use of family members, women's entrance into paid employment, and welfare state policies. Our historical account suggests that efforts to strengthen women's position in the labor market must go hand in hand with policies that encourage more equitable sharing of care responsibilities.

KEYWORDS

Care, child care, welfare, social security, time use, Spain

INTRODUCTION

Changes in women's identities and ways of life – evident in increased rates of labor force participation, fertility decline, and the transformation of family structures – have serious consequences for the supply and demand of services of day-to-day support and care for the old, the sick, and young children. Social demands once satisfied by the breadwinner/homemaker model are now becoming the axis of major renegotiations of the division of labor and responsibilities within the family and among the family, the state, and civil society.

In this article we explore the way these trends have unfolded in Spain. In the first section, we analyze the time use of men and women, with special emphasis on caring work within the home and the need to develop a dynamic analysis that takes into account different stages of the life cycle. The second section focuses on current provision of care in Spain, noting that even though women continue to provide the bulk of this work within families, welfare provision and public caring services can play an important role. In the third and final section, we consider the impact that the structural changes experienced by Spanish society in recent decades are

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having on the demand for care, as well as on the conditions for satisfying this demand. Recognizing the need for a global reorganization of time and work, we also call for more concrete short-term measures to strengthen women's position in the labor market and develop collective caring services.

1. SOCIAL CHANGES IN SPAIN: A NEW GENERATION OF WOMEN

From dictatorship to democracy

The Spanish Civil War (1936–9) and the resulting dictatorship are undoubtedly chiefly responsible for the main social and economic features of twentieth-century Spain. The period of dictatorship in Spain lasted for approximately forty years, from the Civil War to the death of Franco in November 1975, when the democratic transition began. From a social and political perspective, the Francoist model was distinguished by strong state intervention in economic and social life.

Existing social security programs were highly fragmented and aimed principally at male industrial workers and their families, while excluding other sectors of the population, especially those engaged in agriculture and women with low levels of employment. A strong "male breadwinner" model of the type described by Jane Lewis (1992) prevailed, making it socially unacceptable for married women to have jobs. Yet even as middle- and upper-class women were exhorted to uphold traditional values, poor and working-class women were forced into low-skilled work at low wages (Juan Prior 1997).

The Spanish Constitution of 1978, which proclaimed the legal equality of women, marked a clear turning point. However, it offered little equality in social, political, or economic arenas. The end of dictatorship coincided with a slowdown in the expansion of international capital that began after World War II. Between 1975 and 1985 the oil crisis contributed to recession, restructuring, and high rates of inflation. Unemployment was exacerbated by the return of emigrants affected by international recession. State policies were aimed at stabilizing capitalist relations of production (Josep González Calvet 1991). The Socialist Party came to power in 1982 at the height of the economic crisis, making it difficult to adopt the kinds of social protectionist policies carried out in other European countries and thus contributing to the development of a relatively timid and uneven welfare state.

Between 1985 and 1991, the economy enjoyed modest growth with declining – but still relatively high – unemployment. The enormous number of jobs destroyed in the first stage of the crisis provided a framework within which there was little resistance to efforts to curb costs and deregulate the labor market. A recession that began in 1991 ended in 1995.

Although still a relatively poor country, Spain has become politically and economically integrated in Europe, with a per capita income that is growing at a faster rate than the European average. Nonetheless, scant attention has been paid to specific policies that might enable men and women to participate on equal terms in the labor market. The traditional housewife is "disappearing" only in the sense that she now must work a double day, earning a market income as well as caring for family members.

Increases in women's labor force participation

Between 1964 and 1998, the labor force participation rate of women rose from 22.9 to 37.6 percent, remaining more or less stable even during the economic crisis. During the same years, the male labor force participation rate dropped from 84 to 62.7 percent, due to increased schooling and earlier retirement. Today, the rate of women's labor force participation remains low compared to that of other European countries. Moreover, generational differences are significant. The most rapid increases took place among women between the ages of 25 and 44 (from 13 percent in 1964 to 68 percent in 1988), the years when women are most likely to be mothers with children to care for.[1] Married women's employment has increased more rapidly than that of single women, largely because single women have become less likely to give up their jobs when they marry (Immaculada Cebrián, Gloria Moreno, and Luis Toharia 1997).

Women have dramatically increased their access to education. By 1998, in sharp contrast with the earlier period, more women than men were working at nearly all levels of schooling. Increased educational attainment is a major factor shaping labor force participation rates (Luis Garrido 1993). Current patterns of employment for women under 40 who have completed no more than a primary school education are analogous to those of women in general in 1964. As women become increasingly educated, we can expect female labor force participation to grow.

Unfortunately, female unemployment is becoming an increasingly serious problem. It rose by 25 percent between 1974 and 1998, compared to a rise of 13.3 percent for men. In 1998, more women (1.7 million) than men (1.5 million) were unemployed, showing respective unemployment rates of 27 and 14.9 percent. Moreover, young people are disproportionately affected, with unemployment rates of 41.8 percent for women and 28.2 percent for men between the ages of 20 and 24.

The constant pressure to achieve greater "flexibility" of labor is leading to a significant reorganization of time use, with especially stressful consequences for women (Jorge Reichmann and Albert Recio 1997). In 1997, 38 percent of all women wage earners were considered "temporary," compared to only 18 percent in 1987.[2] Part-time work is predominantly female (17.5 percent of women compared to 3.0 percent of men in 1998) and

although rates are relatively low by European standards, they have increased among youth. These jobs are of low quality with respect to working hours, remuneration, social protection, etc. It almost seems as though younger workers are heading toward sexual equality based on a common experience of unemployment and job instability.

The diversification of family structures

As women have entered the labor force, their workload has increased. Yet they have also gained greater economic autonomy and decision-making power. The women's movement has maintained a continuous social presence, contributing to a transformation or, more accurately, a diversification of family structures.

In 1920, the total fertility rate – that is, the number of children the average woman would be expected to bear over her lifetime – was about 4.14. A decline in the 1930s and 1940s was followed by a modest increase that was attributable largely to the postwar economic recovery. Between 1965 and 1975, the fertility rate declined slightly, while remaining relatively high. A steep decline, which continues to the present, began in the mid-1970s (Gloria Poal 1993; Garrido 1993; EPA various years). The total fertility rate fell from 2.78 births per woman in 1975 to 1.14 in 1998, far below the 2.1 threshold of replacement. This decline has been particularly pronounced among young women between the ages of 20 and 29.

Since the 1970s, the marriage rate has declined without the significant rise in cohabitation that has occurred in nearby countries. From 1979 to 1990 the percentage of women between the ages of 21 and 40 who are unmarried increased by 11.6 percentage points (Garrido 1993). Furthermore, the legalization of divorce as well as broader cultural changes decreased marital stability. In 1981, 4.69 divorces occurred per 100 marriages; by 1991, that rate had more than doubled, to 12.84. This trend is particularly apparent among middle class women who enjoy more economic autonomy than women in less affluent families.

Average household size declined from 3.9 members in 1970 to 3.3 in 1991 (Maria Antonia Carbonero 1997). The number of single-person households grew by 46% between 1981 and 1991; two-thirds of those living alone are women, 77% of whom are over 60 years old. Men living alone are in the main part single or separated (75%), whereas the majority of women in this situation are widows (63%). It is also important to point out that there was an increase of 36.4% in the number of households made up of father or mother plus children, and that 88% of these single-parent households have female heads. This situation usually arises as a result of separation and divorce in which the woman takes charge of the children (Christina Carrasco *et al.* 1997).

Spanish families take on a protective role that reflects the profound influence of the Catholic Church. Young people remain at home until a relatively late age, a trend exacerbated by the precarious nature of the labor market, the high level of unemployment, and the spectacular increase in housing prices. In 1976, 47% of men between the ages of 25 and 29 owned their homes. By 1994, this proportion had dropped to 21%. Clearly, the family – and the women providing care services within it – are providing a buffer against economic insecurity.

2. WHO "DOES THE CARING" IN SPAIN?

A woman's responsibility (still)

Women do not relinquish responsibilities for the care of others when they become employed. They respect the value of emotional and social relationships that generate links of solidarity and create the complex fabric of human relations that make a market economy possible. Neither the male sector of the population nor the public sector of the economy has accepted the need for a more equal distribution of domestic and caring tasks. As a result, women are forced to work a double shift.

Between 1978 and 1998, the number of full-time housewives, classified under the heading "housework," dropped from 54.1 percent of the adult female population to 32.1 percent. This drop was particularly dramatic among the young, as a result of a trend toward deferring marriage. But it was also significant among women ages 25 through 29.[3]

Over the last two decades, the social norms governing the sexual division of labor have changed little (Cristina Carrasco *et al.* 1997). The proportion of women's time devoted to unpaid family work, which in turn shapes their labor force participation rates, is largely determined by the presence of dependents in the home. Patterns of male time use, on the other hand, are not significantly affected either by their marital status or by the presence of children.

A 1991 survey of Spanish men and women over age 18 shows that women work, on average, longer hours per day than men (9 hours and 13 minutes versus 5 hours and 58 minutes).[4] They also spend more time on household work per day (7 hours and 28 minutes versus 1 hour and 35 minutes) and less time on work of a professional nature or studying (1 hour and 46 minutes for women versus 4 hours and 23 minutes for men). Overall, domestic work in the family depends on a higher average number of hours per day than remunerated work – 4 hours and 38 minutes versus 2 hours and 31 minutes for professional work. Time use varies considerably by age and marital status, and the quantity of domestic work varies with social class: high-income families hire servants.

A forgotten responsibility

The economy remains preoccupied with paid work, treating the double day as women's private problem. With the exception of very small experiments, the public sector has made no effort to consider, much less implement, policies that might transform the organization of time.[5] Social services are focused on welfare considerations, such as attending to "basic necessities" and defining "situations of need." Policies toward women tend to target specific problem groups, such as battered women or prostitutes. Issues of gender inequality are ignored, and the concept of social citizenship for women remains underdeveloped.

For help with early infant care, most mothers rely on members of their extended family (primarily grandmothers) or informal assistance from female friends or neighbors. Those with sufficient income may hire nannies or "*canguros*" (babysitters). Only 2 percent of child care slots for children between 0 and 3 are publicly funded (the lowest percentage in Europe).

Public support for care of children between the ages of 3 and 6 is much greater (84 percent). However, the expansion of child care services since 1975 has been aimed primarily at improving education rather than allowing parents (mothers in particular) to harmonize their professional and family responsibilities (Celia Valiente 1997). Four-year-olds go to school for only five hours and enjoy more than three months of holiday a year, hardly consistent with most adults' work schedules. School attendance for children 6 years and older is mandatory, but services after school hours are virtually nonexistent.

Parental leave in Spain is granted to families rather than to individuals, for a maximum of 36 weeks, unpaid (as in Greece, the Netherlands, and Portugal) and offers no flexibility at work (European Commission, Employment and Social Affairs 1996). It does little to help parents combine paid work with family responsibilities and is not widely used.

The elderly, as well as the young, require caring labor. The average age of the population has risen as fertility has declined. In Spain, the population over 65 has risen from 8.2 percent in 1960 to 13 percent in 1990. By the year 2000, this portion of the population is expected to reach the 6 million mark. It is estimated that 25 percent of those over age 65 need continuous assistance. A significant percentage of the elderly (28.2 percent of fathers over 60 and 32.3 percent of mothers of the same age in 1991) live with daughters, sons, or other relatives (Ana Marta Guillén 1996). In Spain, as in Italy and Portugal, family members are legally obligated to furnish mutual economic support (Andrea Warman 1996). The greatest responsibility falls on spouses, followed by the older and younger generations respectively. Yet women's entrance into paid employment limits the degree to which they can continue to provide assistance.

Caring for the sick is another significant responsibility. Approximately 39

out of every 1,000 housewives care for one seriously ill relative for more than six months a year. In addition, 162 of every 1,000 housewives care for at least one handicapped or seriously ill person for one part of the year (Fundación Foessa 1995). The New Demand Survey (La Encuesta de Nuevas Demandas 1990) confirms that the demand for remunerated work in the health field represents only a small part of the entire demand for time generated by health care needs. The greater part of this demand is covered within the ambit of the family (72 percent of cases of sickness and 79 percent of disabled people are looked after by housewives). While the official health system provides the diagnosis and the most qualified treatment, it does not satisfy more than a small portion of the enormous demand for work generated by sickness and disability.

People with handicaps also require care. In Spain, 84 percent of those with severe psychiatric illnesses live with their families, a high proportion when compared with 62 percent in Ireland and 21 percent in Sweden. Many families feel that they receive inadequate social and economic help and insufficient information to provide the necessary assistance to their kin (Guillén 1996). At the same time, hospital units, having reduced the number of professional staff in attendance, have increased the number of hours that sick people must be accompanied by a relative (usually a woman).

In sum, women's unpaid caring labor serves as a shock absorber for adversity and economic crisis. Yet women receive little economic reward or recognition for their service. How much longer will they be willing to provide it on these terms? Sooner or later, the state will be forced to confront the transformation of work and family life and help redistribute care responsibilities.

3. THE MARKET FOR CARING SERVICES

Toward a third sector?

Recourse to the market to provide care for dependent people is still a relatively limited option in Spain. Nevertheless, in recent years, three factors have contributed to the growth of market provision: increases in women's employment, the inadequate redistribution of family work between women and men in the private sphere, and the relatively small response from the public sector. In a context where caring needs are expected to grow and in which public social spending is being curbed, stimulating the growth of market supply has become one of the preferred alternatives for numerous regional and local governments. Consequently, the short-term development of a caring services market is becoming the subject of public debate.

The market provision of caring services appears not to respond to the simple logic of supply and demand. The intrinsic characteristics of these

activities, especially their traditional setting within the family sphere, seem to limit their growth in the commercial field. In general terms, the market for caring services is restricted less by profit levels – at least in advanced industrial societies – than by lack of explicit demand and by a supply that is relatively unstructured, fragmented, and often organized in irregular or informal ways. The demand for care is intertwined with an altruistic caring ethic that is culturally associated with mothering.

On the supply side, fragmentation and heterogeneity derive from the role of the informal sector in the provision of care services. Most of the jobs in that sector do not go through regular contractual procedures and remain outside official labor-market regulations. As a result, they often remain vulnerable and precarious. The income elasticity of demand is high, limiting ability to purchase care services to those with medium or high incomes. Finally, a not inconsiderable part of the supply of these services is provided by the "nonprofit-making" sector, linked to nongovernmental organizations that rely on voluntary unpaid labor and make up what is now called the "third sector." In this case, extra-governmental suppliers take the place of public provision and provide an alternative to private provision, operating with the goal of helping the community rather than maximizing profits.

If the possibility of an extensive public network of caring services in post-Maastricht Europe is ruled out, it will be necessary to boost the development of a market or quasi-market supply of these services. Because they are often not profitable from the point of view of private investors, they need to be subsidized at either the point of supply or that point of demand. That is, they must be financed by taxes, tax exemptions, service vouchers, or other analogous methods.

In recent years, recognition of the difficulties of providing care services has taken the form of public initiatives that support and stimulate the demand for, rather than the supply of, these services. The intervention of the public sector is directed toward meeting a double objective: on the one hand, increasing available income and, consequently, effective demand; and, on the other hand, regularizing and encouraging the development of supply in these markets without participating in the direct provision of these services. Thus, various European Union countries have set up programs that aim to boost the market for care provision via the indirect subsidy of private or semi-private initiatives (European Commission 1995). Tax relief for these expenses and financial support given to families combine with new instruments for financing demand, such as the "service voucher" widely used in Belgium and France and beginning to be used in a tentative way in Spain.[6]

One strategy for resolving the tension between total commercialization of this type of service and recourse to free voluntary work may lie in active promotion of the noncommercial extra-governmental sector, which could promote employment at the same time as it provides an additional supply

of caring labor. The development of this socially useful *third sector* would complement public sector and market supply (Alain Lipietz 1992; Andre Gorz 1995; Giorgio Lunghini 1995). Criteria of social usefulness and public service to the community would predominate.[7]

Efforts would be made to encourage the development of a new productive sector as a quasi-private initiative, a tax-exempt subsidized sector that would open up new areas of activity and could be financed in part through social security benefits and in part through new taxes. The cost would be defrayed by the resulting reduction in unemployment. Ideally, this new sector would develop new forms of management in the form of cooperative and community-based companies; it would be highly subsidized, thus overcoming some of the main obstacles in supply, such as low profitability, instability of employment, and the need to reduce turnover and develop long-term relationships of care.

Paid care services: opportunities for women?

Caring services moved to center stage when they were included as one of the new sources of employment (NSE) in the European Commission White Book, *Growth, Competitivity and Employment: Challenges and Solutions Towards the 21st Century* (1993). According to the European Commission's Local Initiatives for Development and Employment Survey (1995), "proximity services" (i.e., services that require workers to remain in close proximity with clients) are in a period of explosive growth.[8] In the last few years, the employment growth rate in services for children, the elderly, the disabled, and others requiring special assistance has risen by between 4 percent and 7 percent per year, well above the average yearly rate of the service sector as a whole.

The White Book proposes boosting the development of new, care-related economic activities. Proximity services are one of seventeen identified areas that offer employment opportunities and can meet demands still unmet by the third sector. According to the European Union Regional Development Fund (ERDF), the NSE's potential for job creation ranges between 140,000 and 400,000 jobs annually – a potential that "can be mainly directed towards increasing employment rates – especially of women – and towards the struggle against youth unemployment" (ERDF, Article 10, 1996).[9] This potential represents 40 percent of the employment objective set by the White Book in order to cut current unemployment levels in half by the year 2000.

The structure of employment in proximity services is similar to that in services in general: a high percentage of women, a high incidence of part-time work, a significant number of self-employed, and an important role for small and medium-sized companies. However, these jobs have certain characteristics that distinguish them from other service jobs. They demand

direct interaction on a daily basis between client and worker (or user and supplier). As a result, the direct labor costs are especially high as a proportion of total costs.

The promotion of paid proximity services could open up new employment opportunities for women, improving their position within the labor market. But we need to bear in mind that the quality of these jobs is relatively low. The skills needed for them are under-recognized and undervalued. Responsibilities are often poorly defined, work schedules highly flexible and unpredictable, and wages are often minimal. The high concentration of women in proximity services is one indicator of the discriminatory way in which domestic responsibilities have been transferred to the public sphere.

Perhaps the movement of proximity services into the more public arena of paid work will contribute to a greater appreciation and social valuation of these services and their providers. On the other hand, women in low-income families will be able to purchase such services only if they are subsidized by the state in recognition of social citizenship.[10] Furthermore, it is unlikely that market provision will ever completely eliminate caring services provided by women within individual families. The mere commercialization of caring work is risky. It could simply perpetuate the gender division of labor, moving care work into the public sector but pressuring women to perform it for relatively low wages.

4. ALTERNATIVES

Care responsibilities need to be redistributed. But experience and history suggest that it is unlikely that men will eagerly accept their share of the responsibility. Although the amount of time men devote to domestic work is increasing, the pace of change remains depressingly slow. And the differential in the amount of time put in by women and men is combined with marked differences in the kind of tasks that each sex carries out.

We need to establish the conditions for a politics that takes as its starting point the recognition that human reproduction is not a private process affecting women, nor even just families, but a larger collective process that requires public responsibility. As a first step, we must recognize the profound contradictions that exist between the processes involved in producing goods and those of meeting family needs, and between the goals of enhancing quality of life and those of maximizing profits. These contradictions weigh more heavily on women than they do on men. Economic theories that ignore the importance of care responsibilities cannot offer us useful guidance.

We need a broad democratic debate that could lead us toward a new social organization of time. From an emancipatory perspective, this situation calls for an urgent response not just from those in power, but from

people in general. The society as a whole and the labor market in particular must adapt to the new needs created by the transformation of women's work.

We need, as well, to devise and put into practice new public policies that both strengthen the position of women in the labor market and support the public provision of caring services. Reduction of the paid workday could decrease unemployment and increase the amount of time men have available to devote to family care. But reduction of the workday will not necessarily benefit women, unless it is accompanied by other measures that contribute to a reorganization of domestic labor in both public and private spheres. Efforts to strengthen women's position in the labor market must go hand in hand with policies that encourage everyone to share the tasks of caring for others.

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NOTES

[1] For analysis of longitudinal trends, see Prior (1997) and Garrido (1993).

[2] The EPA (Encuesta de Población Activa includes information about temporary and part-time work only from 1987 onwards. EPA is the Labour Force Survey of Spain and follows the European norms for this kind of statistical work.

[3] In a simulation of the population of 1964 making it comparable to 1989, Garrido (1993) shows that the number of housewives fell by 600,000 for each of the age groups 20–24 and 25–29 years old over this time period.

[4] The 1991 CIRES Survey is a Spanish State survey carried out among women and men over 18. The data mentioned here were taken from the IOE Collective 1996.

[5] It is worth mentioning initiatives such as the attempt to change the organization of use of time in a Barcelona neighborhood, put into effect by social services. The idea for this experiment, known as "The Time Bank," arose initially in Italy (Venice), and we look at this in more detail in Section 3.

[6] The school voucher, instigated by the Valencian Autonomous Community in the mid-1990s, directly subsidizes the attendance fees of children in private nurseries.

[7] Lipietz (1992) identifies three types of activity following the logic of social usefulness: (1) the services that women now offer for free; (2) those offered at a high cost by publicly funded state services, such as medical care for convalescents; and (3) other services that are rarely offered because they are too expensive.

[8] European Commission (1995). The survey gathers data for different countries taken from the report of experts on the development of proximity services in Europe, coordinated by G. L. Rayssac (the TEN group) and produced for DGs

V and XXIII of the Commission in October 1994. According to this survey, in 1993 at least 30,000 jobs were created in France and 24,000 in Germany in service activities related to the care of children, support for older people, disabled people and young people with problems.

9 This estimate is based on the macroeconomic evaluation of job creation potential carried out in three countries of the European Union: France, the United Kingdom and Germany (European Commission, document SEC 95–564).

10 For instance, an analysis of the provision and use of small children's nursery facilities in Bilbao in 1994 shows that although with the existing subsidized nursery provision, the total number of places available was equivalent to only 14 percent of the population between 0 and 4 years could have access to a place, 18 percent of the places in private nurseries remained vacant, presumably for economic reasons (Arantxa Rodríguez 1996).

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