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FEMINIST AGENDA AND CHILD CARE SERVICES:  
BRAZIL, ARGENTINA AND URUGUAY

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**Abstract**

*In this article, we investigate the level of adherence of childcare services (zero to three years of age) to the feminist public policy agenda. To do so, we conducted a qualitative case study of three Latin American countries (Brazil, Argentina, and Uruguay), during the “left turn”. Analyzing three parameterized indicators (eligibility, coverage, and type of school day), we identified greater progress in Uruguay, more restricted in Argentina and intermediate in Brazil. The positive variation was greater for eligibility and coverage, than for type of school day. We concluded that the results are related with the recognition of the right to childhood, firstly, and with commitment to gender equality, secondly.*

**CHILDCARE • GENDER • PUBLIC POLICY • COMPARATIVE ANALYSIS**

AGENDA FEMINISTA E SERVIÇOS DE CUIDADO INFANTIL: BRASIL,  
ARGENTINA E URUGUAI**Resumo**

*Neste artigo, investigamos o nível de aderência dos serviços de cuidado de crianças de zero a três anos à agenda feminista de políticas públicas. Para isso, realizamos um estudo de casos qualitativo de três países latino-americanos (Brasil, Argentina e Uruguai), durante o “giro à esquerda”. Analisando três indicadores parametrizados (elegibilidade, cobertura e tipo de jornada), identificamos avanços maiores no Uruguai, mais restritos na Argentina e intermediários no Brasil. A variação positiva foi maior para elegibilidade e cobertura, do que para tipo de jornada. Concluímos que essa assimetria na variação dos indicadores sugere que os avanços decorrem principalmente do reconhecimento dos direitos das crianças à educação, e, secundariamente, do compromisso com a igualdade de gênero.*

**CUIDADOS COM A CRIANÇA • RELAÇÕES DE GÊNERO • POLÍTICAS PÚBLICAS •  
ANÁLISE COMPARATIVA**

## AGENDA FÉMINISTE ET POLITIQUES DE GARDE D'ENFANTS: BRÉSIL, ARGENTINE ET URUGUAY

### Résumé

Cet article examine le niveau d'adhésion à l'agenda féministe des politiques publiques concernant les services de garde d'enfants de zéro à trois ans. A ce fin, nous avons mené une étude de cas qualitative dans trois pays d'Amérique latine (Brésil, Argentine et Uruguay) à l'époque de leur "tournant à gauche". En analysant trois indicateurs paramétrés (éligibilité), couverture et modalités d'accueil), nous avons constaté que les progrès les plus importants concernaient l'Uruguay et les moindres l'Argentine alors qu'au Brésil ils étaient. La variation positive était plus significative. Pour l'éligibilité et la couverture que pour les modalités d'accueil. Nous avons conclu que cette asymétrie dans la variation des indicateurs suggère que les progrès découlent plutôt de la reconnaissance des droits de l'enfant à l'éducation, et, secondairement, de l'engagement en faveur de l'égalité de genre.

**GARDE D'ENFANT • RELATIONS DE GENRE • POLITIQUE PUBLIQUE • ANALYSE COMPARATIVE**

## AGENDA FEMINISTA Y SERVICIOS DE CUIDADO INFANTIL: BRASIL, ARGENTINA Y URUGUAY

### Resumen

En este artículo, investigamos el nivel de adhesión de los servicios de cuidado infantil (cero a tres años) a la agenda feminista de políticas públicas. Para esto, realizamos un estudio de casos cualitativo de tres países latinoamericanos (Brasil, Argentina y Uruguay), durante el "giro a la izquierda". Analizando tres indicadores parametrizados (elegibilidad, cobertura y tipo de jornada), logramos encontrar avances mayores en Uruguay, más restrictos en Argentina e intermedios en Brasil. Además, los resultados fueron más positivos para a elegibilidad y cobertura que para el tipo de jornada. Concluimos que esa diferencia apunta que los avances que ocurrieron están, primero, relacionados al reconocimiento de los derechos de la infancia y, secundariamente, al compromiso con la igualdad de género.

**CUIDADO DE NIÑOS • RELACIONES DE GÉNERO • POLÍTICAS PÚBLICAS • ANÁLISIS COMPARATIVO**

**T**HE WOMEN'S FIGHT FOR CHILD CARE SERVICE EMERGED IN LATIN AMERICA (LA) IN THE FIRST half of the 20<sup>th</sup> century, in the process of industrialization and urbanization, in the context of the claim for better working conditions for working women (SANCHES, 2004; BARRANCOS, 2007). When these services were first created, however, they were not only associated with women's paid work, but also with assistance provided to impoverished children and education for the wealthy, as well with attention to maternal and children's health care (ROSEMBERG, 1984; CRUZ, 2017). Thus, child care services were established based on a complex web of beneficiary subjects, sectors and institutional characteristics.

In the second half of the 20<sup>th</sup> century, child care services were progressively reframed in terms of ensuring the rights of both women and children. At the international level, we can highlight two milestones: the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) (BANDEIRA, 2005) and the Convention on the Rights of the Child (UNITED NATION [UN], 1989). CEDAW, in 1979, assumed motherhood as a social function and family responsibilities as shared between women and men, guiding countries to adopt steps to eliminate discrimination against women in the workplace. The Convention on the Rights of the Child, in 1989, established the duty of the state to guarantee protection and care for children, including support for mothers and fathers.

In more recent decades, another trend for the concept of these services has emerged. Their reorganization was prioritized to promote child development with emphasis on educational outcomes (SANCHES, 2004). As a result, the provision of child care services was oriented progressively toward universalization (MARCONDES, 2013; CRUZ, 2017). This contemporary trend (especially the progressive orientation toward universalization) created opportunities for feminist claims, in relation to the interface between women's work and child care services. It also generated challenges, due to the risk of dissociating this policy from the needs of the caregivers, prioritizing the needs of those for whom they care. The specific outlines, that the closeness and the distance between the care policies and the feminist claims have acquired, have varied over time and space.

Based on this more general context, and in order to contribute theoretically, methodologically and empirically with convergences between public policy and gender studies, in this article we investigate the adherence of daily child care services (0 to 3 years) to the feminist agenda on child care policies in Brazil, Argentina and Uruguay, during the left turn.

From the concept of a gender agenda, developed by Farah (2004), we understand the feminist agenda of public policies as the construction, motivated by feminist and women's movements, of an articulation of public issues that reproduce gender inequality with solutions to overcome them, involving rights and policies. Specifically, in relation to child care, this articulation connects the problem of the sexual division of labor to the promotion of women's economic autonomy and equality in the workplace (BATTHYÁNY, 2004; HIRATA; KERGOAT, 2008; AGUIRRE, 2009).

The investigation of this process during the left turn in LA is justified by this being a favorable moment for the guarantee of rights to historically discriminated subjects, such as women and young children. This does not mean, however, that this expectation of inclusion has occurred and, if it has happened, that it has been homogeneous in the different countries.

This article presents part of the results of a broader study about gender mainstreaming in child care policies in Brazil, Argentina and Uruguay during the left turn.<sup>1</sup> It includes primary (documents and interviews) and secondary (specialized literature review of each country) data. We discuss here the level of adherence of daily child care services to the feminist public policy agenda, through three parameterized indicators. The construction of these indicators is based on Blofield and Martínez-Franzoni (2014), and considered three dimensions: eligibility, coverage level and type of daily care service (full or half-day).

The analysis of the results shows that, during the left turn, Uruguay presented more significant advances in adherence to the feminist agenda of child care policies, in Argentina they were more limited, while Brazil appears as an intermediary, even though it had the best baseline (starting point, for comparison). In all three cases, there were more significant changes in eligibility and coverage level than in the type of daily care service (full or half-day). This suggests that the advances may be attributed mainly to the recognition of the rights of children and, secondarily, to the policies of gender equality.

The present article is divided into six parts, including this introduction. In the second part, we present the theoretical anchoring and the methodological overview. In the subsequent sections, we investigate each of the cases (Brazil, Argentina, and Uruguay, respectively), comparing the care policy during the left turn in relation to previous periods. Last, in the final considerations, we trace the synthesis of the results, drawing comparisons among the cases and discussing some of the limitations of the present analysis, as well as its possible contributions.

## THEORETICAL FRAMEWORK AND METHODOLOGICAL OVERVIEW

### FEMINIST POLICY AGENDA AND STATE CORRESPONSIBILITY FOR CARE

Feminist and women's movements act to transform the state and the society from a perspective of gender equality. In doing so, they use what we can call, from Farah (2004), a gender equality (or feminist) agenda. This agenda is not limited to demands directed to the state (for rights and policies), going beyond the state boundary. Although, as the course of state action is a strategic landmark of the feminist struggle, we prioritize it in the present article, calling it the feminist public policy agenda.

Farah's (2004) definition brings up a central concept of public policy studies: agenda formation (KINGDON, 2006; SUBIRATS *et al.*, 2012; BARBEHÖN; MÜNCH; LAMPING, 2015), adapting it to policy analysis of gender equality. Based therein, we understand the feminist public policies agenda as the construction of an articulation of public issues that reproduce gender inequality with solutions, involving rights and policies, to overcome them. This agenda, as we understand it, has an integrative effect, passing through the entire public policy process, from the definition of the public problem to the implementation of policies (BARBEHÖN; MÜNCH; LAMPING, 2015).

The agenda driven by feminist and women's movements is disputed by and negotiated among multiple entities (not only from the movement and/or the states). In this dynamic, ideologies are used which may both establish and legitimate relationships of domination, as well as challenge and transform them (EAGLETON, 1991). Feminist agendas dispute ideological meanings that reproduce gender inequality, embedded in the course of state action, to question and transform them on behalf of equality. Agendas that propose to challenge and transform these sedimented meanings do so through a contradictory and heterogeneous process in which new and traditional configurations of problems and proposals for solutions coexist (BANDEIRA, 2005).

1 The present study was developed based on the results of the doctoral study titled *Mainstreaming of gender in care policies: a comparative analysis of child care policies in Brazil, Argentina and Uruguay during the left turn*, authored by Mariana Mazzini Marcondes and advised by Professor Marta Ferreira Santos Farah.

The feminist public policies agenda encompasses a broad set of articulations between gender inequality issues and solutions to promote equality (FARAH, 2004; BANDEIRA, 2005). This agenda, in an intersectional approach (HILL COLLINS, 2015), is not limited to gender relationships, but articulates multiple forms of inequalities (such as class and race). In the present study, we chose a specific excerpt of this agenda: we focus on care, specifically, child care.

With variations in time, space, and between feminist and women's groups, the feminist care policy agenda included questions about the commitment of state actions to familism and maternalism, which constitute social care practices based on the sexual division of labor (HIRATA; KERGOAT, 2008; AGUIRRE, 2009). For Kergoat (2009), the sexual division of labor corresponds to a form of social division of labor that establishes a separation between jobs according to sex: productive labor would be associated with the masculine, and the reproductive with the feminine. This separation would be accompanied by hierarchization, with the productive work "more valued" than the reproductive. Although the sexual division of labor has undergone changes in recent decades, with the consolidation of the feminine presence in the labor force, this did not imply masculine responsibility for social reproduction (HIRATA; KERGOAT, 2008; AGUIRRE, 2009).

Based on these theoretical elements, we understand social care practices as problematic, as the families, and within them the women (mothers), respond primarily to care needs, relegating to the public sphere, including state action, a subsidiary role (MARTÍNEZ-FRANZONI, 2005; AGUIRRE, 2009). This logic is central to the reproduction of the sexual division of labor.

An approach that intersects gender inequalities with other forms of inequality (HILL COLLINS, 2015) shows that these practices disproportionately overburden black, poor and immigrant women, among others. Women who have better economic situations (mostly white, in countries like Brazil) can delegate care tasks to other women by hiring services like domestic workers (BRUSCHINI; LOMBARDI, 2000; HIRATA; KERGOAT, 2008). Women who are not in this situation, though, depend on informal family and neighborhood networks to deal with the accumulation of tasks and the practice of "getting by" (*"se virar"*) (HIRATA; KERGOAT, 2008). They are the ones, above all, who do paid domestic work, whose reality is marked by poor pay and uncertainty (BRUSCHINI; LOMBARDI, 2000).

In response to this diagnosis, feminist and women's movements have proposed state co-responsibility, by guaranteeing rights and implementing policies, which includes daily child care services (BATTHYÁNY, 2004; PÉREZ DE SIERRA, 2014; MARZONETTO, 2019). Although the offer of these services may benefit all those who care and who are cared for, it is especially important for those in a more vulnerable condition.

The feminist child care agenda also includes addressing the institutional practices of child care services and their privileged place in the promotion of childhood and construction of more egalitarian subjectivities (FAINSTAIN; PÉREZ DE SIERRA, 2018). With advances in gender equality and early childhood care policies, the feminist agenda is urged to produce reflections and proposals that accompany these processes and construct bridges between them, however not without tension.

## METHODOLOGY

The present article provides part of the results of a study about gender mainstreaming in child care policies in Brazil, Argentina and Uruguay under leftist governments. It is a qualitative and comparative case study (GERRING, 2010), combining primary and secondary data. These were derived from studies on care in the three countries, and the primary data from document analysis (normative, official and unofficial reports and records) and from 40 semi-structured interviews (government representatives, organizations from civil society, academia and international organizations).<sup>2</sup>

<sup>2</sup> We maintained anonymity in the interviews, identifying the segment to which the person belongs (e.g., GOV), the country (e.g., UY: Uruguay) and the year it was conducted (e.g., 2018) in the reference to them.

The focus on the left turn in LA recognized the potential for broadening the rights and for policies to enforce them, which can encompass gender equality and child care. However, we argue that this potential did not necessarily materialize and, if it has happened, may have varied among the countries. Therefore, the comparative and qualitative analysis is essential to throw light on the phenomenon.

The choice of countries was based on the original scope of the study, which was to understand the Brazilian case better, by comparing Latin American countries that had also integrated the left turn. The criterion adopted was that cases should be relatively similar to Brazil, resulting in the selection of Argentina and Uruguay.

In the three countries, the left turn occurred uninterruptedly, in close periods. The Workers' Party (*Partido dos Trabalhadores* [PT]) headed the Brazilian federal government between 2003 and 2016.<sup>3</sup> Argentine Kirchnerism brought Néstor and Cristina Kirchner, anchored in the Front for Victory (*Frente para la Victoria* [FPV]),<sup>4</sup> to govern the country between 2003 and 2015, while the Broad Front (*Frente Amplio* [FA]) governed Uruguay from 2005 to 2019. Furthermore, as Blofield and Martínez-Franzoni (2014) observed, the three cases have relatively similar institutional conditions for responding to the transformation of the relationship between work and family.

In the present article, we investigate daily care services for children from zero to three years. They are emblematic of historic feminist demands for partial defamilization of care, with state co-responsibility, through public policies (BLOFIELD; MARTÍNEZ-FRANZONI, 2014). Moreover, it is in relation to the primary years of a child's age that there is less social acceptance of care given outside the family, by someone other than the mother (GHERARDI; PAUTASSI; ZIBECCHI, 2012; BATTHYÁNY; GENTA; SCAVINO, 2017).

These services aim at support for the families as well as the socio-cognitive development of the children. They integrate, as a rule, care, and education and, eventually, social assistance, health and nutrition, and gender equality. Even though, currently, there is an educational component in the three cases, this policy may or may not be included in the formal educational systems. Not including it is what we call non-formal education.<sup>5</sup>

The offer of these services may be public (directly when sponsored by the state, or indirectly through partnership with private organizations) or private (for-profit or non-profit) (MARCONDES, 2013; PÉREZ DE SIERRA, 2014; MARZONETTO, 2019). We mainly focused on the public offering and, secondarily, on the private one, because, also in this mode, there is state action, through the regulation of the services. In both cases, we emphasize the daily offering, since those that do not have this regularity do not attend to the defamilization of care.

We focus, above all, on the instituted policy, using indicators constructed and parameterized based on Blofield and Martínez-Franzoni (2014), and on our theoretical framework. To construct the indicators, we considered three dimensions (or variables): eligibility, coverage level and type of daily care service (full- or half-day).<sup>6</sup> And, to parameterize them, the variation in the level of adherence to the feminist agenda, on four levels: from the lowest (1) to the highest (4). Table 1 shows the instrument of analysis used.

3 The second term of Dilma Rousseff was interrupted by what part of the country calls a parliamentary coup and another part calls *impeachment*.

4 In 2019, the left was re-elected to preside over Argentina (Alberto Fernández and Cristina Fernández Kirchner), having been defeated in the Uruguayan elections.

5 Non-formal education is the expression used in Argentina and Uruguay.

6 We use the expression "daily care service" because it includes formal and non-formal education services.

**TABLE 1**  
**PARAMETERIZED INDICATORS OF ANALYSIS: CLASSIFICATION BY LEVELS AND COLORS**

Indicators	1	2	3	4
Eligibility for access to public service, by type of participation in the social protection system*	Formal link between work and/or social vulnerability	Oriented toward universalization	Progressive universalism	Universalism sensitive to differences
Coverage level for children from zero to three years	Up to 10% coverage	From 10 to 30% coverage	From 30 to 50% coverage	Greater than 50% coverage
Type of daily care service (full- or half-day)	Half-day (max., 4 hours daily)	Mixed: full and half-day (max., 8 hours daily)	Mixed, with mechanisms for expansion of full-day or extended care	Flexible

Note: (\*) We consider the intersections with other forms of inequality whenever possible.  
 Source: Developed by the authors.

Eligibility refers to whom access to the service is (or is not) ensured. To parameterize this analysis, we considered four levels of closeness/distancing from universalization (MARTÍNEZ-FRANZONI; SÁNCHEZ-ANCOCHEA, 2016; COMISSÃO ECONÔMICA PARA A AMÉRICA LATINA E CARIBE [CEPAL], 2016). The lowest level is access mediated by the link between employment and/or the focus on social vulnerability (1). The orientation toward universalization (2) brings comparative advances, valuing care as a right of the entire society. However, in assuming formal equality in contexts of material inequalities, universalism ends up reproducing the inequalities.

In an intersectional view, universalization becomes more comprehensive as policies are designed to address inequalities. In this sense, progressive universalism (3) calls special attention to those who suffer the most from the effects of inequalities, in the impossibility of ensuring universal provision of care. The concept was extracted from the research field: it is a guiding principle of the National System of Care (*Sistema Nacional Integrado de Cuidado* [SNIC]). In a context of scarce resources, it implies the implementation of policies prioritizing social groups with greater needs in order to gradually reach the entire population (URUGUAY, 2014, 2017). It is an effort to overcome the universalization-particularism dichotomy. However, it is in the universalism sensitive to differences (4) (CEPAL, 2016) that inequalities (class, race, ethnicity, etc.) are considered, systematically, in an integrated approach. It is in this context that we recognize the most inclusive and, therefore, the most adherent eligibility.

The coverage level indicator complements the eligibility indicator by focusing on the effective and not on the instituted. In none of the three countries children from zero- to three-year-old must go to school. Consequently, defamilization is limited to the offering of the service; families may prefer other arrangements, including for cultural reasons (GHERARDI; PAUTASSI; ZIBECCHI, 2012; BATTHYÁNY; GENTA; SCAVINO, 2017). Therefore, we evaluated that coverage greater than 50% can be considered high (4), as it reaches most children in this age range (MARTÍNEZ-FRANZONI; SÁNCHEZ-ANCOCHEA, 2016). Based on this higher level, we have constructed a scale for the three levels.

These two indicators make it possible to debate state co-responsibility and partial defamilization. However, they do not approximate to the specifics of gender relations. This is why we add a third indicator, more sensitive to this aspect. Based on it, we look at the duration of care by time, analyzing the type of daily care service (full-day or half-day). It serves as a proxy for discussing who is recognized as a rights holder in the structuring of the policy (who is cared for, who provides care, or both). The type of daily care service reveals which needs are considered, which makes this dimension essential for assessing the defamilization of care (BATTHYÁNY, 2004; AGUIRRE, 2009). Regarding those who provide care, our analysis was limited to those who are responsible for unpaid care in the family setting, not including those who provide care in institutional settings (educators, social assistants, etc.), or paid domestic workers.

The parameterization of this indicator – type of daily care service – refers to the degree of synchronicity between the duration of care assumed by the service and that which the caregiver needs to have available, for example, to enter the labor force, whose working days are, as a rule, eight hours daily. The lowest level is the half-day service (1), up to four hours daily. This is because it does not consider the needs of caregivers to have time for other activities outside of their family responsibilities. The mixed (2), half- or full-day service, implies advances, as it expands the defamilized care time, while the mixed (half or full-day) service (3) has mechanisms to stimulate full-day service or to extend the hours of the care provided by public services, making this advance even more effective. Finally, the flexible daily care (4) is the type of daily service regulated by family needs, combining different types of shifts with strategies to extend the period, for example, to help mothers and fathers who work weekends and night-shifts.

The next three sections apply these parameterized indicators to each of the cases. In the final considerations, we draw comparisons among the cases, classifying the results according to Table 1.

## BRAZIL: RESULTS

### ANTECEDENTS

The Federal Constitution of 1988 (FC-88) was a milestone in the establishment of child care services from zero to three years (*creches*) as a right (MARCONDES, 2013; CRUZ, 2017). This was due to feminist and women's movements and the defense of the rights of children (ROSEMBERG, 1984). As a result, child care services were set forth in the constitutional text with two aims: the right of small children to education, guided toward universalization, and the right to work of whomever is responsible for the care.

In subsequent decades, the policy on day care was marked by an ambiguity between normative guidelines and everyday reality, leading it to inhabit “somewhere between” formal and non-formal education. Legally, early childhood education (day care and pre-school) was defined as the first stage of formal, basic education, with the day care attending children from zero to three years (BRASIL, 1996). The effectiveness of these mechanisms, however, did not occur fully, and day care continued to be associated with social assistance programs and financing (ROSEMBERG, 2001; MARCONDES, 2013). In 1996, the creation of the Fund for the Maintenance and Development of Elementary Education and the Enhancement of Teaching (*Fundo de Manutenção e Desenvolvimento do Ensino Fundamental e de Valorização do Magistério* [FUNDEF]) reorganized the financing of Brazilian educational policy. However, it did not include early childhood education (CRUZ, 2017). In summary, *eligibility* in the period was guided by universalization, with substantial limitations.

In 2002, coverage level of day care reached 11.7% of children from zero to three years, with strong social (class and race) and territorial (regional and urban-rural) differences (INSTITUTO DE PESQUISA ECONÔMICA APLICADA – IPEA *et al.*, 2018). This is a result slightly above the lowest level considered in our analysis (10% of coverage).

The vacancies offered were, mostly, public with full-day predominating (in 2003, 56% of the units offered daily care of eight or more hours) (BRASIL, 2009). Thus, despite the restricted coverage, the public offering was significant, and there was some level of articulation between the service hours for care and the working hours, even though there were no specific mechanisms to stimulate it. The *type of daily care* was, therefore, the *mixed* daily care.

In summary, preceding the left turn, FC88 was the landmark for an unprecedented guarantee of rights for day care, with universalizing guidelines, focused on the caregivers and the care receivers. The following decades, however, did not guarantee conditions for executing these guidelines. Returning to Rosemberg (2001), we can flag two possible causes. Firstly, the prioritization

of other stages of basic education, like elementary education. Also, because the concept of the social policies of FC-88 was in dispute with another that gained strength: the neoliberal. It recommended the reduction of state spending in the social area, and the focus on poverty. Consequently, the trajectory of the day care policy has taken up a “somewhere between” formal and non-formal education.

## THE LEFT TURN

During Lula’s first term, conditions were developed to integrate the day care with formal education. This resulted from a double movement. On the one hand, there was a reorganization of the assistance policy, with the creation of the Single System of Social Assistance (“Sistema Único da Assistência Social”). On the other hand, a source of funding for educational policy was instituted which included early childhood. This occurred in 2007, with the Fund for the Maintenance and Development of Basic Education and Enhancement of Education Professionals (Fundo de Manutenção e Desenvolvimento da Educação Básica e de Valorização dos Profissionais da Educação - FUNDEB), which replaced the FUNDEF (CRUZ, 2017). Day care were included in the final version of the FUNDEB, in response to social pressure, and with this their incorporation into the educational system became possible, having been concluded in 2010 (MARCONDES, 2013).

It was in this context that early childhood education (day care and pre-school) was placed as one of the priorities of the Workers’ Party (“*governos petistas*”) government’s social agenda. It was included in the portfolio of the second edition of the Growth Acceleration Program (GAP-2) (Programa de Aceleração do Crescimento [PAC-2]) (BRASIL, 2014b), which extended financial assistance measures to subnational entities for construction, renovation and acquisition of equipment and furniture for day care and pre-schools, enabling the opening of new vacancies. In GAP-2, an investment was planned for 6,000 “*creches*” and pre-schools (without differentiating the two stages), totaling R\$7.6 billion. In 2014, the last year it was in force, R\$7.7 billion had been invested, with 2,364 units completed (BRASIL, 2014b).

Child care were also part of the policies to fight poverty, especially after 2012. That year, Caring Brazil (*Brasil Carinhoso*), an action of the Brazil Without Misery Program (*Programa Brasil Sem Miséria*), was instituted, putting together intersectoral initiatives to transfer income and expand health and early childhood education services (CRUZ, 2017). In early childhood education, an expansion of access for poor children from zero to 48 months (four years) was planned, through a set of actions such as the supplementing, by the federal government, of the FUNDEB resources for the public municipal network (direct or indirect). In 2015, approximately 640 thousand children benefitted, distributed among 97% of Brazilian municipalities (CRUZ, 2017).

Caring Brazil represents an important initiative to deal with inequalities within the scope of a policy oriented toward universalization. Other initiatives also emerged, such as the Work Group to expand early childhood education in rural areas (BRASIL, 2014a), or the development of support materials on race relations for early childhood education professionals (SILVA JR.; BENTO; CARVALHO, 2012). These measures did not produce a systemic articulation between universalizing orientation and inequalities but, nevertheless, correspond to an initiative that approaches *universalism sensitive to differences*.

The extent of what was instituted must be contrasted with what was implemented. While, in 2002, 11.7% of children from zero to three years were enrolled in day care, in 2016 they totaled 30.4% (IBGE, 2017).<sup>7</sup> There was, thus, a positive variation for *coverage*, although with social (class and race) and territorial (regional and urban-rural) asymmetries (IPEA *et al.*, 2018). Despite having had a notable expansion, the coverage of day care was far less than that of pre-school which, during the same period, encompassed about 92% of children from four to five years (IBGE, 2017).

<sup>7</sup> The data are not perfectly comparable; the data from 2016 were extracted from the National Household Sample Survey, which underwent methodological changes. Also, a trend to expanding the coverage was noticed.

This difference between the two stages of early childhood education may be an effect of the distinct legal treatments of day care and pre-schools during the period, which influenced the expansion of the coverage of this latter service. In 2009, a constitutional amendment was issued that made education compulsory from age four on, implemented progressively until 2016, when it became mandatory (BRASIL, 2012). Thus, day care were the only non-compulsory stage of education in the country.

Regarding the type of daily care, with the incorporation of day care into the educational system, the working hours began to be daytime, either part-time (four to seven hours) or full-time (minimum of seven hours), and nighttime hours were no longer authorized (BRASIL, 2012). There were, however, advances that encouraged the adoption of full-day services, through the creation of induction mechanisms such as the method for calculating the transfer of FUNDEB resources, which permitted this method (BRASIL, 2008).

Despite the creation of these mechanisms, the day care assumed a “schooling” bias in which the objective of child development predominated over the others, and which hinders the focus on the needs of the caregivers. In this sense, the decision of the National Council of Education (*Conselho Nacional de Educação*, CNE) to have, as a rule, the closing of day care on the weekends, holidays, and recesses (BRASIL, 2012) was emblematic. Thus, there was no recognition that these establishments are linked to the needs of caregivers within their own families.

It is important to observe that, despite early childhood education constituting the stage of the educational system with the greatest relative number of full-time enrollments, if we consider the offer for day care and pre-school in this modality, we find that, from 2014 to 2017, enrollment was between 28 and 29% (BRASIL, 2019).

There is an ambiguity in this respect. There was an evolution of the indicator for the type of daily care, as we understood mixed daily care as a mechanism of expansion of the full-time care. However, despite the creation of these mechanisms, there was a disarticulation between the day care days and the school days, in comparison to the assistance paradigm that predominated in the previous period. In the previous period, the daily care provided considered the time that the caregivers in the family setting dedicate to entering the labor force.

In summary, what we observed in Brazil, during the left turn, was a tendency to prioritize the children’s right to an education, which had been emerging since the 1990s. On the one hand, this contributed to leveraging the indicators of eligibility and coverage, since this form of structuring increases its scope. On the other hand, this brought challenges for ensuring that the needs of those who provide care and of those who are cared for were met in an integrated way, as advocated in FC-88, and as claimed by feminists.

## ARGENTINA: RESULTS

### ANTECEDENTS

Prior to the beginning of the kirchnerista governments, Argentine child care services also inhabited “somewhere between” of educational policies, job protection and attention to vulnerability, resulting in a fragmentation of solutions according to the age range of the children. Since the 1970s, child care services have integrated the protection of formal work through the Work Contract Law (*Ley de Contrato de Trabajo*, LCT) (ARGENTINA, 1974), whose effectiveness was limited by the lack of regulation and supervision (GHERARDI; PAUTASSI; ZIBECCHI, 2012). In the 1990s, during the Menem government, there was an educational reform in the country (ARGENTINA, 1993). Its first steps are structured based on the pre-schools (*jardines de infantes*) (children from three to five years, compulsory for these latter ones) and day care (*jardines maternas*) (age range less than three years). The *day care* should be supported by subnational entities, if necessary, through support of community institutions, as an “aid” to families.

The care for children less than three years of age mainly fell upon community day care (*jardines comunitarios*). According to Zibecchi (2014), they appeared mainly in vulnerable territories to supply the lack of the public network and were, as a rule, philanthropic or self-managed. Their objectives were varied (custody, assistance and feeding, and education) (MARZONETTO, 2019). With exceptions, they could count on some type of public funding (ZIBECCHI, 2014).

In this context, *eligibility* was constructed in a fragmented way. The three-year age range, being more clearly inserted into the educational system, was guided by the logic of progressive universalization, even though enrollment was not compulsory. The provision for younger children was either commercialized by private, for-profit offers (in *pre-schools*, like the *maternales*) or supplied by the community, focusing on poverty and, with exceptions, relying on state funding.

The fragmentation of eligibility had effects on the *coverage* of the service. The care provided by day care helped, in 2001, around 30% of three-year-old children (ARGENTINA, 2011). According to Ferro (2008), this coverage was mostly public (54% of enrollees), although with disparities in social and territorial access. Also, according to the author, regarding non-formal education offered to children less than three years of age, there are no consolidated data; they are fragmented, overlapping and there are contradictions which, in itself, is a confirmation of their (non-)incorporation into public policies (FERRO, 2008).

Finally, the type of daily care adopted at the national level, for the age range of zero to three years, was part-time, in the morning or afternoon shifts (ARGENTINA, 2001). In the community day care, daily care service was extended, although they were not standardized since there was no state regulation (ZIBECCHI, 2014).

In summary, the baseline for comparison in the Argentine case was more limited than in the Brazilian case, in addition to being marked by the fragmentation of institutional approaches. Three-year-old Argentine children were somehow incorporated into formal education and, consequently, the services provided for them were more structured. Service for children less than three years of age was not recognized as a public problem that presupposed structured policies.

## THE LEFT TURN

During the kirchnerista governments, care for children from zero to three years integrated a new educational reform. In this reform, as in 1993, pre-schools were intended for children from three to five years and the nurseries for children from 45 days to two years. However, there were important changes.

First, progressive universalization was implemented for children aged four and three years, with compulsory education for the former (ARGENTINA, 2006, 2015a). Furthermore, educational criteria were defined for attending to children up to three years of age. Although non-formal education arrangements (games room, multi-age groups, multi-purpose rooms, etc.) were not excluded from the care of the latter, they were defined as part of a pedagogical unit which included the definition of parameters for the regulation and supervision of these services by educational institutions. The differences between the age ranges were, therefore, maintained. However, the educational paradigm was established beyond compulsory instruction, and care for children up to three years of age also became a legitimate issue for state intervention.

It was in this context, at the national level, that the so-called Centers for Child Development (*Centros de Desarrollo Infantil*, CDI) were created (ARGENTINA, 2007). The creation of the CDI, as observed by interviewee SC2-ARG (2017), aimed to “ordenar lo que existía” (“organize what already existed”). The CDI attended to children from 45 days to four years, prioritizing social vulnerability, integrating education and health, adequate food and support for families (ARGENTINA, 2007). They were created within the scope of the Ministry for Social Development (*Ministerio de Desarrollo Social*, MDS) as part of an effort to incorporate the community day care and initiatives, analogous to the network of child care services funded or offered by the state (AULICINO, 2015).

Therefore, during kirchnerism, the services analyzed were restructured as a guaranteed right of children from zero to three years to care and education (formal and non-formal), even though institutional fragmentation according to age ranges had been maintained in the offer. Thus, a type of *progressive universalism* eligibility was consolidated with some level of prioritization for those who suffer most from the effects of the inequality, in the impossibility of guaranteeing universal provision, which also brings remnants of a focused logic.

It is necessary to contrast *eligibility* with *coverage* (ARGENTINA, 2013). In 2012,<sup>8</sup> for three-year-old children, the former reached a high level (50.5%) resulting from a trend that had already been observed before the left turn (30% coverage). However, as we focus on younger children, we observed a decrease in coverage. In effect, it was 20% for two-year-old children, but did not reach 10% for those below this age range (ARGENTINA, 2013). For children less than three years old, the comparison is not possible because, as we have seen, there is no historical data series available (FERRO, 2008). As in Brazil, the Argentine case continued to be marked by social and territorial inequalities in the offering of these services (ARGENTINA, 2013).

The largest presence of public or private offering also varied, according to the age range considered, having been more significant in the system of formal education (ARGENTINA, 2015b; MARZONETTO, 2019). Therefore, there was greater defamilization of child care in the three-year range than of younger children. This defamilization, however, was limited in relation to time, as the analysis of *type of daily care* indicates. In effect, the part-time care was maintained as the rule (MARZONETTO, 2019). In 2015, 8.5% of children enrolled in day care received full-day care (ARGENTINA, 2015b). However, despite having been no measures to stimulate this type of daily care, interviewee SC2-Arg (2017) identified some nuances between formal and non-formal education services:

*Los jardines maternas tienen horario y ritmo de funcionamiento más parecido con el escolar, con una lógica de maestro que trabaja con primera infancia. Y el CDI está en suerte de tareas de guardería, puede tener alguna actividad suelta [...] Tiene horarios que quedan más cómodo para las familias, que trabajan muchas horas.<sup>9</sup>*

As the interviewee highlighted, while early childhood education shared the pattern prevalent in the formal system (part-time care), without being synchronized with the needs of those who provide care, there was greater flexibility at the CDI as it could address better the demand of working days. Despite this possibility, regarding the type of daily care, the level of adherence in the Argentine case remained low as part-time daily care was the rule.

In summary, during the leftist governments in Argentina, the progressive incorporation of children from zero to three years in early childhood education resulted in the recognition of them as rights holders. However, this does not include those who provide family care, which resulted in less adherence to feminist policy agendas.

<sup>8</sup> We used data from 2012 as it is an effort to account for formal and non-formal education, which does not have an historical series, even though they are not concerned with the final years of the government and are limited to the urban area.

<sup>9</sup> In the interviews, the Spanish language is maintained in original terms.

## URUGUAY: RESULTS

### ANTECEDENTS

Uruguay, like Argentina, boasted of a tradition of a massive educational system, prior to the left turn. However, the age range from zero to three years was not covered by Uruguayan educational policy;<sup>10</sup> the provision of services therein was offered by the private sector, authorized and supervised by state institutions, or was restricted to focusing on vulnerability (BATTHYÁNY, 2004). In the latter case, at the national level, the main initiative was the Child and Family Care Center (*Centro de Atención a la Infancia y la Familia*, CAIF), created in 1989 within the Child and Adolescent Institute of Uruguay (*Instituto del Niño y Adolescente del Uruguay*, INAU). It aimed to give full-time attention to vulnerable children, combining care, education, health, nutrition and support for families, through a partnership between governments and civil society. However, although it addressed some of the needs of family members, its focus was on child development (FASSLER, 2007).

The CAIF offer was organized in two forms (URUGUAY, 2015). First, the daily form included initial, non-formal education on a part-time basis for children two and three years of age, although it could exceptionally provide full-time care. Second, timely stimulation (*estimulación oportuna*) was provided for children up to two years of age, offering weekly workshops for the psychomotor development of the children, adequate food and family engagement in their care. This latter form was not, therefore, for daily care.

*Eligibility* for daily services was, therefore, based on either private initiative or public offering, for poor children two or three years of age. Despite this, total coverage of services (public and private) for zero to three years was about 24.5% in 2005. As in other countries, this offer included disparities among the age ranges, social groups and territorial distribution (URUGUAY, 2006). Finally, regarding the *type of daily care*, focusing only on CAIF, we can see that the only form of daily care (two to three years) was offered *part-time*.

### THE LEFT TURN

Even at the start of the “Broad Front” (*frenteampelistas*, FA) governments, an educational reform was enacted that made education compulsory from four years onward, in addition to having reorganized the offering for children from zero to three years (URUGUAY, 2009). In 2015, with the creation of SNIC, child care gained special relevance in the government agenda since it had become one of the priorities of the system (PÉREZ DE SIERRA, 2014; URUGUAY, 2014).

Within SNIC, a varied portfolio of child care services was provided. This included the private offer with the Centers for Early Childhood Education (*Centros de Educación Infantil*), supervised by MEC, that exceptionally complements the public offer with scholarships. Within the range of formal education, important emphasis was given to pre-schools, that educate and care for children from three to five years, with SNIC having planned for universal part-time access to them for three-year-olds (URUGUAY, 2014). As GOV3-Uy (2017) observed, the goal is, “*crecer en 3 años y, a la medida que crecemos en los 3 años, libera cupos de servicios de Inau y Inau se va concentrando, lentamente, de 0 a 2 años*”. Thus, universalization for three-year-olds would contribute to freeing up vacancies in non-formal education (policy for childhood) for children from zero to two years.

Non-formal education, in INAU’s jurisdiction, complements formal education and focuses primarily on children up to three years old, through initiatives like the CAIF and the CAPI Centers. While the former is conducted through state partnerships with organizations from civil society, the latter is public. The daily offering of the two services, part- or full-time (but primarily part-time), served two- and three-year-old children in the case of CAIF, and from zero to three years in the case of CAPI.

<sup>10</sup> Previously, instruction was compulsory from five years on, with the provision of progressive universalization of coverage from four years on (URUGUAY, 1998).

SNIC's goal is for CAIF to expand the offer and reorganize the care model (LÓPEZ, 2016), prioritizing the offer of daily vacancies, for the age range from zero to two years (URUGUAY, 2017). Forty new centers were opened from 2015 to 2017, serving a total of 54,593 children in this last year (URUGUAY, 2017). CAPI has more limited coverage: in 2017, there were 34 in the entire country, serving about 1,600 children (URUGUAY, 2017).

Regarding *eligibility*, the Uruguayan case moved from focusing on social vulnerability to progressive universalism, in a manner similar to Argentina. The offer for children from three years of age was guided by universalization and, for those younger than that, social and age range groups in situations of greatest need were prioritized (URUGUAY, 2014, 2017).

This approach to eligibility affects *coverage*. In 2016, it encompassed 52.1% of children from zero to three years (public or private services). According to our parameters, coverage was high. However, it was different according to age range: equal to 84.6% of children from three years, and 41.3% from zero to two years (URUGUAY, 2017). It is important to observe that, as in the other cases, social and territorial inequalities also generated disparities in access. Furthermore, the public provision was greater for three-year-olds (61.1%) and less for the others (29.1%) (URUGUAY, 2017), with state co-responsibility also fragmented.<sup>11</sup>

Finally, in relation to *type of daily service*, part-time predominates. However, within SNIC, an innovative initiative was introduced to extend the time of care: Community Care Houses (*Casas Comunitárias de Cuidado*, CCC). They care mainly for babies from 45 days to 12 months, and can, exceptionally, care for children up to three years of age. The service is provided in the house of a family, a caregiver or in another qualified location (e.g., CAIF), with a maximum of care for two babies simultaneously (URUGUAY, 2014, 2017). In the CCCs, children do not have fixed vacancies, but there are a number of vacancies available which can be occupied by more than one child during the day. The service is offered for 40 hours per week, but one child can stay, for example, for one hour (URUGUAY, 2014, 2017). As we understand the CCCs as a mechanism for expanding or extending the time of care, we identified, in the Uruguayan case, the *adoption of mechanisms* to extend the length of the daily care.

If, on the one hand, the Houses imply an effort to professionalize and adapt existing practices to a minimum standard of quality (MORALES, 2016), on the other hand, they reproduce familial and maternalistic traces that characterize these practices, echoing, in some way, the Brazilian experience of the “day care mother” (*mãe crecheira*). According to Rosemberg (2002), the “home day care” or “day care mother” corresponded to a type of service in which the children were cared for in a home setting, generally by a woman.

SNIC anticipated, in its principles and guidelines, a model of co-responsibility among family, state, community and market and, also between women and men, committing itself to overcome the sexual division of labor (URUGUAY, 2014, 2017). However, when we consider the indicator that, of the three, it is the most sensitive to gender, there is little change. As López (2016) observed, analyzing SNIC's National Care Plan (*Plan Nacional de Cuidados*) (2016-2020), the anticipated child care services contribute to greater state co-responsibility. However, the design of actions for operationalizing the system does not seem to address the needs of those who provide care.

In summary, the topic of child care was legitimized (and prioritized) for Uruguayan state intervention during the turn to the left, with notable advances. However, the gender perspective appears more clearly on the principles and guidelines of SNIC, than in the reorganization and expansion of the offer of existing services (LÓPEZ, 2016).

<sup>11</sup> We chose to use data from 2016, even though there are more recent data, to ensure the conditions for comparison with other cases. It is necessary, however, to use some more current data from the Uruguayan case: in 2019, there were 19 operating CCC. Furthermore, from 2015 to 2019, 79 new CAIF units were built and 96 were expanded, in addition to opening two new CAPI (URUGUAY, 2019).

## FINAL CONSIDERATIONS: SYNTHESSES, COMPARISONS AND LIMITATIONS OF ANALYSIS

In the present article, we began from a broader study about gender mainstreaming in child care policies in Brazil, Argentina and Uruguay during the left turn, in order to analyze the level of adherence to the feminist policy agenda for daily child care services from zero to three years. To do so, for each case, we analyzed three parameterized indicators (eligibility, coverage and type of daily care), comparing the period of the left turn with the preceding ones.

We assumed here that the left turn represented a period of expansion and innovation of public policies and social inclusion. Although the expansion of these policies occurred in different countries in the region, and not only in those that underwent the left turn, the favorable environment for expanding access to rights, in the left turn, has been conducive to advances in this area. However, we supposed that the comparative analysis could contribute to showing that there was no homogeneity in the different countries, which has been demonstrated. It is necessary to move forward, albeit in the final considerations, in the comparison among the three cases analyzed, what is shown in Table 2.

**TABLE 2**  
**SYNTHESIS OF THE RESULTS OF THE ANALYSIS OF PARAMETERIZED INDICATORS:**  
**CLASSIFICATION BY LEVELS AND COLORS**

Country	Indicators	Antecedents	Left turn
BR	Eligibility	Guided toward universalization, with limitations	Tendency to universalism sensitive to differences
	Coverage	11.7%	30.4%
	Type of daily care	Mixed	Mixed, with mechanisms of expansion of the full-time
ARG	Eligibility	Fragmented (universalization and focus)	Progressive universalism
	Coverage	Fragmented. 30% for 3-year-olds, and no data for the rest	Fragmented. 50.5% for 3-year-olds, 20% for 2-year-olds, and less than 10% for 1-year-olds
	Type of daily care	Part-time	Part-time
UY	Eligibility	Entry into the market and/or vulnerability	Progressive universalism
	Coverage	24.5%	52.1%
	Type of daily care	Part-time	Mixed, with mechanisms of expansion of the extended

Legend: • Level 1 (low); • Level 2; • Level 3; • Level 4 (high)

Source: Prepared by the authors.

In general, we can see, in the three cases, advances in adherence to feminist political agendas, mainly in relation to eligibility and coverage. Although the baseline (antecedents) was more favorable in the Brazilian case, notable advances that occurred in Uruguay brought the two cases closer. A relevant difference from the Brazilian case for the Uruguayan and Argentine cases was the definition, in the last two, of a distinct approach according to age range. We call this progressive universalism, an intermediate category between the orientation toward universalization and universalism sensitive to differences. This ensured greater coverage for the age ranges oriented toward universalization. In Brazil, even though the strategy is more comprehensive, we note a significant gap between the instituted (universalism sensitive to difference) and the implemented (30.4%). It is also important to note that, although we had considered Brazilian eligibility as oriented to universalism sensitive to differences, this was done through specific initiatives, without a systematic restructuring of the daycare policy on these bases.

If we considered the indicator more sensitive to gender (type of daily care), there were more restricted advances in the three cases than in relation to the other two indicators. This suggests that the greatest adherence was a kind of positive externality produced by the recognition of the rights of children, especially to education, with a secondary commitment to the objective of gender equality.

Through these reflections, we hope to contribute to the theoretical, methodological, and empirical development of convergences among studies of public policy and gender, which have a common denominator in care. It is, however, necessary to highlight some of the limitations of our analysis, since a group of them are consequences of our excerpts. It is not possible to generalize the results to all of LA and, even in the countries analyzed, there are limitations that must be pointed out. By focusing on the national level, we did not look at the federative dimension, which is an important variable for structuring Brazilian and Argentine educational policy. We also did not make a deeper investigation into key elements for the dynamics of inclusion/exclusion in each case: for example, in Brazil, the racial and urban/rural issues. Furthermore, for future studies, it would be important to move forward in the debate about the quality of services as well as to investigate the links between family and paid care, including incorporating indicators sensitive to the latter.

Another set of limitations involves strategies for making different realities comparable. Specifically, the data on coverage includes an alert, since the bases present distinctions and the data collections did not occur in the same year, in addition to having identified a lack of available data, as in the Argentine case. Furthermore, it should be kept in mind that the data focused on implementation (coverage indicator) are specifically challenging for comparisons. It is illustrative that we have, on the one hand, the largest country in LA (Brazil) and, on the other hand, one of the smallest (Uruguay). Finally, when working with parameters, the classification implied the reduction of complexities and nuances, which must be considered in the reading of the results, especially in the graphic classification of the levels.

We think, however, that these limitations do not weaken the present study, but make it part of a broader process of theoretical and policy construction undertaken by feminists in the three countries. It is with this process that we hope to collaborate.

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Mariana Mazzini Marcondes: collected the data, designed the research, analyzed and interpreted the data and prepared the manuscript. Marta Ferreira Santos Farah: participated in the research design, analyzed and interpreted the data and prepared the manuscript. Isabel Pérez de Sierra: analyzed and interpreted the data and prepared the manuscript.

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