Unpacking Care in Social Policy: A Feminist Analysis of Argentina's Universal Child Allowance

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Abstract

This research examines how Argentina's paradigmatic conditional cash transfer policy, the Universal Child Allowance (AUH), shapes caregiving dynamics and reinforces gendered care responsibilities. While aimed at reducing social vulnerability among low-income households, it prioritises women as beneficiaries and links payments to care-related conditionalities. Using a qualitative case study design grounded in feminist research principles, the study draws on in-depth interviews with ten women beneficiaries in the Buenos Aires Metropolitan Area. The findings reveal that the AUH contributes to a feminised, familialised, and unpaid organisation of care, thereby reinforcing rather than challenging traditional gender roles. Conditionalities, intended to ensure the well-being of children, burden women with time-consuming care tasks amid inadequate public care provision. These pressures were exacerbated during the COVID-19 pandemic, exposing the policy's limitations in addressing care needs. The research highlights the AUH's role in perpetuating gender and socioeconomic inequalities through its failure to equitably redistribute care responsibilities.

Keywords: feminist research, universal child allowance, care, social organisation of care, Argentina

Introduction

Care –broadly understood as the activities that are indispensable to meet the basic needs for the existence and reproduction of people (Rodriguez Enriquez/Marzonetto 2015; Rodriguez Enriquez/Marzonetto/Alonso 2019)– has increasingly become a focal point in research and public policy across Latin America, and particularly in Argentina (OIT et al. 2018; Rodriguez Enriquez 2019). This growing interest stems partly from the recognition that the existing social organisation of care is unjust and deficient, reinforcing socioeconomic and gender inequalities

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DOI: https://doi.org/10.18753/2297-8224-8052

(Rodriguez Enriquez/Marzonetto 2015; Rodriguez Enriquez/Marzonetto/Alonso 2019). Currently, care responsibilities are unevenly distributed across households, the state, the market and community organisations, with women bearing a disproportionate share of this burden (Biondi/Petrone 2019; Cánovas Herrera 2018; Rodriguez Enriquez/Marzonetto 2015; Rodriguez Enriquez/Marzonetto/Alonso 2019). Moreover, state involvement is deemed insufficient, market interventions are stratified, and community engagement is constrained, resulting in a feminised, and unpaid social organisation of care (Berardi 2020; Rodriguez Enriquez 2019).

The COVID-19 pandemic exacerbated this pre-existing care crisis (CEPAL 2020a), increasing the burden on households as traditional sources of support, such as schools and family networks, became unavailable (Berardi 2020; Pautassi 2021; Torriglia 2022). In this context, the debate surrounding care inevitably entailed inequality and public policy considerations, prompting Argentina's government to acknowledge the need to address the unequal distribution of care responsibilities, particularly along gender and class lines (MIPC 2020). Nevertheless, despite this recognition, no comprehensive policies have yet emerged, and care remains addressed through a fragmented and uncoordinated set of measures (Berardi 2020; Pautassi 2021).[2]

One prominent policy within this landscape is the Universal Child Allowance for Social Protection (AUH), introduced in 2009 to support informal and unemployed workers, who were historically excluded from such social security benefits (Pautassi/Arcidiácono/Straschnoy 2013; 2014). As a conditional cash transfer, the AUH stipulates health and education requirements primarily imposed on women/mothers, reinforcing traditional caregiving roles (Cánovas Herrera 2018; Pautassi/Arcidiácono/Straschnoy 2013; Pautassi et al. 2014). Although the AUH is often associated with enhanced economic autonomy for women beneficiaries, its maternalist connotations may simultaneously reaffirm care as primary concern to women/mothers while subsidiary to men/fathers (Bonavitta 2017; Cánovas Herrera 2018; Esquivel 2015; Marzonetto 2019). The fulfilment of conditionalities places specific responsibilities on women, which, given the limited public provision of care services and infrastructure, may reinforce the feminised and familialised character of the social organisation of care (Marzonetto/Alonso 2022; Pautassi et al. 2014; Torriglia 2022).

This research builds upon and extends Pautassi, Arcidiácono and Straschnoy's (2013; 2014) gender-focused analysis of the AUH, which explored the policy's implications for the social organisation of care. Despite these pioneering contributions, subsequent studies have paid limited attention to care, particularly amid intensified caregiving pressures arising from the global pandemic (Torriglia 2022). In addressing this gap, this article analyses the AUH as a care policy (Berardi 2020). That is to say, it is a social policy instrument that aims to ensure people's well-being by providing financial support for the care needs of children and adolescents,

[2] It is important to note that between 2019 and 2022, during the presidency of Alberto Fernández, Argentina debated the creation of a 'Sistema Integral de Políticas de Cuidados' (Comprehensive Care Policy System) as part of the 'Cuidar en Igualdad' (Care in Equality) legislative bill. This signalled growing institutional recognition of care as a shared public responsibility, which was crystallised in the establishment of a 'Dirección Nacional de Políticas de Cuidado' (National Directorate for Care Policies) within the then newly formed 'Ministerio de las Mujeres, Géneros y Diversidad' (Ministry of Women, Genders, and Diversity) and an Interministerial Roundtable on Care Policies. However, this process was abruptly discontinued during Javier Milei's administration.

thereby actively shaping caregiving responsibilities and practices. Drawing on ten in-depth qualitative interviews with women AUH beneficiaries in the Buenos Aires Metropolitan Area, the study offers new, empirically grounded insights into the policy's effects on caregiving dynamics in a post-pandemic context.

Conceptually, the article contributes to feminist debates on welfare regimes and conditional cash transfers by addressing the AUH beyond its poverty-alleviation function, highlighting its role in organising unpaid care work and reinforcing gendered divisions of labour. Empirically, it provides qualitative evidence on the care dynamics of AUH recipients, focusing on women's lived experiences and perspectives to examine whether and how conditionalities generate additional care burdens and how they interact with Argentina's fragmented care provision. In doing so, the article advances an understanding of conditional cash transfers as care policies and underscores the need to rethink social protection through a care lens.

Contextualisation and Characterisation of the AUH

The AUH emerged against the backdrop of an unprecedented economic, social, and political crisis in Argentina during the early 2000s, which saw a surge in unemployment, poverty, and informal labour. The crisis exposed the limitations of Argentina's social security system, traditionally linked to formal employment, leaving millions without protection (ANSES 2023). In 2009, under the presidency of Cristina Fernández de Kirchner, the AUH was established through Presidential Decree 1602/2009 as a non-contributory subsystem within the Family Allowances Scheme, extending social benefits to children and adolescents in low-income families previously excluded from formal support.[3] The AUH provides a monthly cash allowance for children up to 18 (or indefinitely in case of disability) whose parents, guardians or caregivers are unemployed or informally employed and have incomes below the minimum living wage. The programme pays 80% of the allowance monthly, with the remaining 20% paid annually upon confirmation of school attendance and health check-ups (ANSES 2023). Subsequent reforms have extended AUH coverage to children of domestic, seasonal, and agricultural workers, as well as to children in foster care (ANSES 2023; Arcidiácono 2016; Straschnoy 2017).

The AUH is notable both for its scope, covering over 4 million children (ANSES 2024), and for its institutional integration into the national social security system (Arcidiácono 2016; Cena 2015). Nevertheless, the inclusion of health and education conditionalities distinguishes the AUH from traditional contributory family allowances (Cena 2015; De Sena/Cena/Dettano 2018). These conditionalities aim to promote human capital development by ensuring that children receive health care and education, thereby mitigating intergenerational poverty (Cena 2015; Rossel/Straschnoy 2020). During the COVID-19 pandemic, these requirements were temporarily adapted through Presidential Decree 840/2020, allowing families to submit affidavits instead of the usual documentation, reflecting a temporary relaxation under extraordinary circumstances to ensure continuity of income support (ANSES 2023).

[3] As Aricidiácono (2016) points out, this implies supporting a benefit whose entitlement is not based on contributions made within a formal wage relation. However, those who access the benefit participate indirectly in its financing through consumption taxes and other fiscal resources.

Although it is often strictly classified as a conditional cash transfer (CCT), the AUH's permanent status, the absence of a poverty-based eligibility threshold and the designation of children as final beneficiaries and of women/mothers as operational beneficiaries set it apart from other Latin American CCT instruments (Micha 2019). Scholarly debates persist regarding its categorisation (De Sena/Cena/Dettano 2018): while some define it as a CCT due to its conditional logic (Cena 2016; De Sena 2014; Micha 2019), others regard it as a type of family allowance (Genolet/Carmody/Lauphan/Guerriera 2016; Gluz/Rodríguez Moyano 2013; Roca 2011) or as a hybrid scheme (Ambort 2014; Arcidiácono/Barrenechea/Straschnoy 2011; Pautassi et al. 2014).

As mentioned in the introduction, this article conceptualises the AUH as a care policy (Berardi 2020) It is a distinct form of CCT that provides essential economic support for the care of children and adolescents in situations of social vulnerability. This conceptualisation is further elaborated in the article's theoretical and conceptual framework.

State of Research: The AUH from a Care Perspective

The AUH has been extensively studied, particularly regarding its economic impact on beneficiary families' income levels and labour informality (Rossel/Straschnoy 2020). However, despite considerable attention to its financial and social welfare implications, limited research has examined its influence on the social organisation of care. While the AUH's conditionalities –requiring beneficiaries to meet health and education criteria– are recognised as crucial to the policy, few studies place care at the centre of the analysis. Existing research has primarily approached the AUH from a gender perspective (Bachmanovsky/Heinrich 2021; Bonavitta 2017; Genolet/Carmody/Lauphan/Guerriera 2016; Lauphan/Kendziur/Genolet/Guerriera/Carmody 2015; Magario 2014; Marzonetto 2019), but how the policy shapes care dynamics within households and in broader society remains empirically underexplored.

Conditionalities requiring certification of health checks and school attendance have been found to affect women/mothers disproportionately, as they are prioritised as recipients on behalf of their children. Previous studies (Pautassi/Arcidiácono/Straschnoy 2013; Pautassi et al. 2014) have shown that these requirements increase women's care burden, thereby reinforcing traditional gender roles and unequal patterns of care distribution. Women/mothers bear the primary responsibility for fulfilling conditionalities and face significant challenges reconciling care duties with paid employment (Faur/Jelin 2013; Levin 2013), particularly in the absence of complementary measures to defamilialise childcare, and amid persistent deficits in public care infrastructure and services (Bonavitta 2017; Genolet/Carmody/Lauphan/Guerriera 2016; Levin 2013; Micha 2019; Pautassi et al. 2014). As a result, the policy inadvertently reinforces a gendered division of labour, with caregiving tasks overwhelmingly assigned to women (Bachmanovsky/Heinrich 2021; Bonavitta 2017; Genolet/Carmody/Lauphan/Guerriera 2016; Lauphan/Kendziur/Genolet/Guerriera/Carmody 2015; Magario 2014).

Scholars further contend that the AUH carries strong familialist and maternalist connotations (Berardi 2020; Esquivel 2015; Pautassi/Zibecchi 2010), whereby care is expected to remain an individual and family-based responsibility. By linking the receipt of benefits to the performance of care work, the policy symbolically reaffirms care as an inherently female or

maternal duty (Micha 2019; Pautassi et al. 2014). This serves to reproduce gender inequalities, perpetuating a feminised model of care that essentially absolves men from engaging in caregiving roles (Levin 2013; Zibecchi 2014). Moreover, the policy design is seen to weaken the notion that care is a shared social responsibility that could be more equitably distributed across the state, the market, the family, and the community (Berardi 2020).

In contexts where public services are inadequate or inaccessible, the AUH has also been observed to unintentionally intensify socioeconomic inequalities (Berardi 2020; Esquivel 2015). Given the limited availability of state-funded care services and infrastructure, many families are compelled to seek private care options, which often require financial resources beyond their means (Pautassi/Arcidiácono/Straschnoy 2014). This commodification creates disparities as care becomes increasingly dependent on a family's financial capacity rather than being valued as a shared public good. Since the AUH fails to address the unequal distribution of caregiving responsibilities within and beyond recipient families, it contributes to the reproduction of socioeconomic and gender inequalities (Berardi 2020; Pautassi/Zibecchi 2010; Zibecchi 2014). The COVID-19 pandemic has been found to exacerbate the pre-existing care crisis (Pautassi 2020; Pautassi 2021; Zibecchi 2022), exposing the AUH's shortcomings in addressing care inequalities. With schools and care facilities closed during lockdowns, the need for care at home, placing additional pressure on families, especially women, to meet children's educational and recreational needs while still managing the demands of paid work (Berardi 2020; CEPAL 2020b; CEPAL 2022). Several UNICEF surveys show that more than half of the women interviewed in Argentina reported feeling overwhelmed by caregiving responsibilities early in the pandemic, a figure that rose as the crisis unfolded.This sudden increase in unpaid workload suggests that the gendered nature of care has not been adequately addressed by social policy instruments, even as the pandemic has brought care to the forefront of social concerns.

Although the AUH provided some financial support through bonuses and relaxed conditionalities during the pandemic (MIPC 2021), it failed to address the structural deficits in public care services. The crisis revealed that emergency measures alone were insufficient to alleviate the burden of care, especially for women in low-income households who financially rely on the AUH. The pandemic has also shown that care arrangements are deeply tied to existing gender, social, economic, health and community inequalities, highlighting the challenges faced by the most disadvantaged sectors –including AUH beneficiaries– in meeting the increased demand for care in an under-resourced care system (Castilla/Kunin/Blanco Esmoris 2020).

Despite extensive research into this social policy, the care dimension remains empirically underexplored, especially regarding everyday care provision within recipient households and the AUH's broader implications for the social organisation of care in post-pandemic contexts. Addressing this gap in the literature, this study examines the AUH through the lens of care, particularly by exploring how its conditionalities shape women's caregiving responsibilities in a setting marked by a deficient public care system, as well as the AUH's role in either reinforcing or challenging existing care inequalities. By centring women's lived experiences and perspectives, the article contributes new qualitative evidence and conceptual insights into conditional cash transfers as care policies, underscoring the need for instruments that move beyond income support alone and towards more equitable and co-responsible care arrangements.

Theoretical and Conceptual Framework

This section outlines the theoretical contributions and key conceptual definitions underpinning the analysis. Drawing on Latin American feminist scholarship, particularly contributions by Argentinian authors,[4] the study identifies care as a core category for understanding the links between social policy and inequality and classifies conditional cash transfers, such as the AUH, as a form of care policy.

As an inherent dimension of human existence (Esquivel 2013; Rico/Robles 2016), care refers to the activities necessary for sustaining life, encompassing self-care, direct care of others, provi conditions for care (cleaning, preparing food) and care activities (coordinating schedules, supervising paid caregivers) (Esquivel 2011; Pautassi 2021; Rodriguez Enriquez 2015; Rodriguez Enriquez 2019). In addition to providing essential goods such as food, shelter, hygiene, and companionship, care also involves symbolic elements, such as transmitting knowledge, social values and practices, making it fundamental to people's potential and capabilities (Rico/Robles 2016). Care enables the daily reproduction of people's lives (Rodriguez Enriquez/Marzonetto 2015; Torriglia 2022), making it the cornerstone of economic and social development (Esquivel 2015).

As a crucial dimension of well-being (Esquivel 2013), care constitutes a public good and a collective social responsibility (Faur/Jelin 2013; Cánovas Herrera 2018). Care is thus not merely an individual or private matter but a collective issue demanding social responses (Batthyany Dighiero 2015). The social organisation of care refers to how care is collectively provided and distributed among four interrelated actors: the state, the market, households, and the community –a configuration also known as the care diamond (Razavi 2011; Rodriguez Enriquez/Marzonetto/Alonso 2019). These actors interact dynamically (Ceminari/Stolkiner 2018; Rodriguez Enriquez/Marzonetto 2015), producing and distributing the care that underpins economic and social functioning (Batthyany Dighiero 2015; Rodriguez Enriquez 2019; Rodriguez Enriquez/Marzonetto/Alonso 2019).

In Latin America, this model often reveals an unequal distribution of care responsibilities. Families, especially women, bear a disproportionate burden of care, while the state plays a limited and complementary role. The market provides highly stratified care services, accessible mainly to wealthier households, and community involvement is typically residual (Batthyany Dighiero 2015; Cánovas Herrera 2018; Rodriguez Enriquez 2019; Rodriguez Enriquez/Marzonetto/Alonso 2019). These arrangements reinforce socioeconomic and gender inequalities, as wealthier households can defamiliaise care through commodification, while lower-income families must rely on unpaid care work, mainly performed by women (Cánovas Herrera 2018; Marzonetto/Alonso 2022).

[4] This emphasis on Argentinian feminist scholarship reflects a conscious citation practice. In line with discussions on citation justice (see e.g. Kwon 2022), which involves intentionally acknowledging and engaging with the work of scholars from historically underrepresented regions and groups, this article foregrounds theoretical contributions that emerge from the specific socio-political context under study. Certainly, this choice does not imply a rejection of foundational feminist theories developed in the Global North, which have largely informed care debates worldwide. On the contrary, it recognises that much of the scholarship cited here builds upon these earlier intellectual contributions while offering contextually situated insights that are relevant to the Argentinian case.

Analysing public policies through the lens of care reveals their influence on the distribution of care responsibilities and the reproduction of inequalities. Social policies that regulate the conditions of production and reproduction can reduce or exacerbate inequalities, depending on their design and implementation (Batthyany Dighiero 2015; Ceminari/Stolkiner 2018; Cena/Dettano 2020; Rodriguez Enriquez/Marzonetto 2015). Conditional cash transfer policies, such as Argentina's AUH, exemplify this dynamic. By providing income support to families, these policies aim to alleviate poverty while promoting health and education (Micha 2019). However, their reliance on women as primary recipients reinforces traditional caregiving roles and fails to challenge the underlying gender division of labour (Pautassi et al. 2014).

In this article, care policies are broadly conceptualised as state interventions aimed at ensuring people's day-to-day physical and emotional well-being (OIT et al. 2018) that directly or indirectly structure caregiving responsibilities across households, the market, the community, and the state. Care policies can be categorised into three types: those that provide care services, those that free up time for care, and those that provide financial support for care (Batthyany Dighiero 2015; Esquivel 2013). Conditional cash transfer policies such as the AUH can thus be regarded as care policies, as they finance care indirectly through income support. Although the AUH was not explicitly conceived as a care policy, its design and implementation incorporate and reinforce a particular distribution of care responsibilities, thereby the social dynamics of care provision (Cena/Dettano 2020).

The ongoing care crisis in Latin America underlines the urgency of addressing these arrangements (CEPAL 2020a; Rico/Robles 2016; Torriglia 2022). This crisis reflects increased care demands and a reduced capacity to meet them within families, driven by broader socioeconomic and demographic changes such as increased life expectancy and female labour market participation (Rico 2011). The COVID-19 pandemic exacerbated this situation, exposing the fragility of existing care systems and their reliance on women's unpaid work. These challenges underscore the need to rethink care as a social phenomenon and a key category for public policy analysis (Castilla/Kunin/Blanco Esmoris 2020; Rodriguez Enriquez/Marzonetto 2015).

Building on this framework, this study examines the AUH as a care policy embedded within a broader feminised, familialised and unpaid care configuration. Empirically, the analysis focuses on three interconnected dimensions: the ways in which conditionalities influence women's unpaid care work; the implications of these responsibilities for women's economic autonomy and positioning within households; and the interaction between income support and the broader inadequacies of public care provision. By delving into women's lived experiences, the study seeks to better understand the impact of the AUH on the dynamics of care provision within and beyond low-income households. In the aftermath of the COVID-19 pandemic, these findings are significant for rethinking care as a central dimension of public policy.

Methodological Approach

This study adopts a qualitative case study design (Blatter/Langer/Wagemann 2018) to explore how Argentina's Universal Child Allowance (AUH) policy shapes caregiving dynamics and contributes to the broader social organisation of care. Conducted in the Buenos Aires Metropolitan Area (AMBA), the research combines qualitative interviews, analysis of policy

documents and a literature review, all grounded in feminist research principles committed to reflexive, collaborative, and non-hierarchical practices (Wilson 2023).

Qualitative research is well suited to the study of complex social phenomena in real-life contexts, providing a rich understanding of participants' lived experiences (Priya 2021; Ritchie 2003). Feminist research principles guiding this study emphasise the importance of participant-centred methodologies, critical reflection on power dynamics and the inclusion of marginalised voices (Biglia 2014; Kelly 2020; Parry 2020). By foregrounding the lived realities of women beneficiaries (Hesse-Biber 2012; Jiménez Cortés 2021), the study seeks to challenge normative assumptions and highlight systemic inequalities.

The AMBA region was chosen because of its significant concentration of AUH beneficiaries, accounting for over 80% of recipients in the province and city of Buenos Aires (ANSES 2021a; ANSES 2021b). This geographic focus aligns with previous studies, enabling longitudinal comparisons while providing a rich context for analysing care dynamics. Participants were recruited through purposive sampling, prioritising diversity in terms of age, migration background, education and family composition (Knott/Rao/Summers/Teeger 2022). The Observatory for the Right to the City facilitated recruitment, and interviews were conducted at the Casa Cultural Pepa Noia, a location chosen for its accessibility and convenience. This approach reflects feminist values acknowledging the diversity of care experiences and empowering participants through sensitive research practices.

The primary data consisted of in-depth, semi-structured interviews with women AUH beneficiaries, conducted in March 2024. These interviews followed a topic guide that provided structure while allowing flexibility to explore emerging themes (Knott/Rao/Summers/Teeger 2022). Each interview, lasting between 60 and 90 minutes, was audio-recorded with informed consent and later transcribed verbatim. Secondary data included policy documents and academic literature, which contextualised the findings and increased validity through data triangulation. Ethical considerations were integral to the research. Participants gave informed consent following a thorough explanation of the study's purpose, and confidentiality was strictly maintained. Efforts to create a safe and comfortable interview environment were consistent with the feminist commitment to prioritising participants' well-being throughout the process.

The data were analysed using thematic framework analysis (Goldsmith 2021) supported by MAXQDA software. The coding process unfolded in two stages: deductive coding based on the thematic guide and open coding to capture emergent insights (Bingham 2023, Naeem/Ozuem/Howell/Ranfagni 2023). This approach ensured systematic categorisation of themes while remaining sensitive to participants' narratives. Reflexivity played a key role, with interpretations critically examined to reduce bias and enhance credibility (Naeem/Ozuem/Howell/Ranfagni 2023). The analysis was also informed by feminist insights, focusing on uncovering gendered power dynamics and the role of care in perpetuating social inequalities.

By embedding feminist principles at every stage, this methodology prioritises the lived experiences of women navigating care within the constraints of social policy. The study focuses particularly on their perceptions and perspectives to better understand the AUH's role in their households and the extent to which this conditional cash transfer influences caregiving dynamics. By doing so, it contributes critical insights into how care responsibilities are shaped

by the AUH and offers a deeper understanding of its implications for the social organisation of care.

Results

This section presents the empirical findings from the ten in-depth interviews with AUH beneficiaries. The results are organised thematically, beginning with households' socioeconomic conditions, followed by caregiving dynamics, the influence of the AUH on care responsibilities, and the impact of the COVID-19 pandemic and related policy adjustments.

Household Situation

All ten women live in informal urban settlements (known in Argentina as 'villas miseria' or 'villas de emergencia') with precarious housing conditions. Three are homeowners, while the others rent small rooms or houses. Family constellations vary, with most interviewees living in large multi-family or multi-generational households. Only two women live solely with their partner and children.

Employment status is split: five women reported being homemakers (i.e. exclusively engaged in unpaid household care work), and five were informally employed. Two homemakers withdrew from paid employment to raise their children, while others cited a lack of job opportunities that could accommodate their care responsibilities. Among those employed, work is typically informal and includes self-employment, such as running small businesses from home, as well as community organising or cleaning. The employment situation of these women – and those of their children's fathers – makes them eligible for the AUH, as they are unemployed or earn informal incomes below the minimum wage.

All respondents described significant economic hardship exacerbated by the COVID-19 pandemic. Their accounts show they struggle to make ends meet and that, in most cases, they and their families face severe constraints in accessing essential services or achieving food security. The AUH's contribution to the household budget is minimal and insufficient to ensure the well-being of their children, as reflected in the following statements:

> *It's not enough for anything, to be honest. It helps you, yes, but it doesn't solve your problems. It's a help for the kids, a breakfast or a lunch, and then it's gone. Now, the money is useless. So, imagine with four kids, what you get is just a little help, that's all.*[5] Susana,[6] 42 years old

> *Well, at the time, there was a positive change because with that little money, when there wasn't so much devaluation, you could even eat, I don't know, let's say a few more days, the children had a better quality of food, but today… Today, we are worse than ever.* […] *So, let's put things in their place; the allowance is no good now. It is useless. Because children are getting hungrier and hungrier.* Norma, 48 years old

[5] All quotations have been translated from Spanish into English and minimally linguistically revised for clarity.

[6] All names are pseudonyms.

These accounts reflect the complex socioeconomic realities of households receiving the AUH and the employment challenges these women face. Their care work influences their integration into the labour market and, consequently, their socioeconomic situation.

Household Caregiving Dynamics

The findings on household caregiving dynamics reveal a uniform pattern: women consistently identify as the primary caregivers, regardless of employment status. Both homemakers and informally employed women report taking responsibility for performing, organising, and overseeing care work. Only one participant described an equal division of household responsibilities, with all household members following a chore schedule. However, she clarified that she remains the primary carer, while her partner, who works full-time, contributes less to domestic tasks.

Women's accounts reveal an unequal distribution of care responsibilities. Respondents report spending significantly more time than their partners or other family members on domestic tasks such as cooking, cleaning, shopping . They receive occasional help, often from teenage or adult children, with tasks such as washing dishes or looking after younger siblings. Support for women with young children tends to come from female relatives, such as sisters or sisters-in-law. Participants with partners note that their spouses contribute financially to the household but only assist with care tasks on non-working days. Two women stated that caregiving falls entirely on them due to a lack of extended family support.

These findings underscore the persistence of traditional gender roles, in which men prioritise paid labour while women take on unpaid reproductive tasks. For some participants, the unequal division of care responsibilities has led them to leave paid employment:

> *At the moment, I am in charge* [of the care work]. *It was a bit difficult for me because my job didn't have a fixed schedule. There were days when I couldn't* [work] *because I had to leave the baby and I didn't have many people to say, 'Can I leave her with you?'.* […] *I prefer to leave everything and be with my baby because she is the most valuable thing I have. Now, I am with her, practically dedicating myself to her and the house. And my husband is working.* Sofía, 24 years old

Self-employed women with large families reported setting up home-based businesses to balance caregiving and income generation. Economic necessity – either as sole providers or due to insufficient household income – forces them to take on a double workload, which affects their well-being. Many described feeling physically and emotionally drained, with one seeking psychological support:

> *Well, I'm also with the psychologist because I'm the chicken mum; you see, I've got everyone under my wing. Even my daughters' dad. Yes, because I'm constantly saying, 'Don't do that, don't do this.' I guide them and everything. And I end up exhausted, right? As I explained, I try to do everything because I want them to be better in the future than I was.* Mónica, 34 years old

Overall, respondents' accounts reflect deeply entrenched gender roles, which assign women primary responsibility for unpaid care work. Although family members may occasionally

contribute, the burden overwhelmingly falls on women, limiting their opportunities for economic participation and autonomy.

Influence of the AUH on Caregiving Dynamics

When asked about the AUH's impact on caregiving dynamics, all participants initially stated that receiving the benefit had not changed the organisation or distribution of care work within their households. Instead, they emphasised that the AUH primarily served as financial support, enabling them to better meet their children's needs, such as buying school supplies, clothes and shoes. However, respondents agreed that while the AUH helps finance care, it does not address the unequal distribution of care responsibilities.

All women reported being solely responsible for fulfilling the AUH's conditionalities. Regardless of their employment status, they recounted scheduling medical appointments, taking children for vaccinations and check-ups, obtaining school attendance certificates, and navigating bureaucratic hurdles. Many interviewees described the certification process, particularly for health conditionalities, as cumbersome and pointed to significant shortcomings in the public health system. Respondents in the city of Buenos Aires noted severe understaffing in hospitals and clinics, and often faced three- to four-month waits for paediatric appointments or had to queue overnight at public hospitals. One woman reported losing her AUH benefits twice due to difficulties securing medical examinations:

> *And with the issue of the certificate and all that, I have been cut off for not presenting it. Several times, I think twice. There's never an appointment at the medical ward.* […] *I've gone to the province with the kids because the doctor also sees them. So, I went because I never get appointments here; I never get them.* Lorena, 33 years old

Obtaining school certificates was described as less problematic, provided that children were enrolled. However, finding a school vacancy remains challenging, especially for the first year of primary or secondary education. Some women enrolled their children in distant schools due to a lack of nearby options, significantly increasing commuting time. Similar problems were reported with early childhood centres, making it difficult to defamilialise care for children under three. In addition, several respondents noted the visible decline in the quality of public education, prompting one respondent to send her daughters to private schools.

Despite their heavy involvement, women did not question their responsibility to fulfil the conditionalities, seeing it as part of their maternal role. However, they acknowledged the additional workload, especially for those with several children:

> *Sometimes it's too much; sometimes I don't think about it, I just do it. Because if I think about it, I'm going to die between the three girls, seriously.* Laura, 34 years old

> *Of course, there is an overload of all the invisible work that we* [women] *do. In addition to the house, in addition to all the invisible work that we do, which is not seen, is not seen and is not recognised.* Gabriela, 45 years old

The findings suggest that the design of the AUH –especially its conditionalities– increases women's care workload and reinforces traditional gender roles. By prioritising mothers as beneficiaries and failing to address deficits in public care services, the AUH perpetuates unequal

patterns of care distribution, overburdens women and reinforces care as an inherently female/maternal responsibility.

Impact of COVID-19 on AUH-Recipient Households

The COVID-19 pandemic had a critical impact on AUH-recipient households, exacerbating the challenges faced by these low-income families. Eight respondents highlighted the deteriorating effects of the pandemic on their household economy and family well-being, mainly due to social isolation measures. Six women reported losing nearly all labour income during isolation. For instance, one self-employed woman was forced to close her kiosk, while her husband and children, who were informal workers, were banned from their jobs. Similarly, two unemployed women shared that their partners had lost their jobs, prompting them to start home-based businesses. During this period, the allowance became a vital source of income for many families. Isolation measures also took a heavy toll on families' mental health and well-being, particularly in overcrowded homes:

> *Yes, I went crazy. I practically got sick at that moment, but I didn't get sick because of COVID; I got sick because of the stress. I couldn't breathe, I couldn't feel my legs, the whole thing; it was very bad for me because the girls are very active when they are locked up.* […] *We were so locked up, and there were so many people in that house that it was really bad for me. And for my daughters, my mum, and my brother. Actually, yes, we felt really bad about it. We didn't like it.* Laura, 34 years old

Caregiving became even more demanding with the closure of schools and the inability to defamilialise care. This was particularly challenging for women who were involved in emergency community assistance. Several interviewees highlighted the strain on their teenage children, who often took on responsibility for younger siblings in their absence. Eight women indicated that caring was confined to the home, adding to their already heavy burdens. Tasks such as managing virtual education in precarious conditions further increased care demands. However, many women reported greater involvement of family members during periods of isolation. Some noted that care responsibilities were being shared more evenly, with partners who stayed home after losing their jobs taking on a more significant role in housework and childcare. Some also valued the contribution of older children in managing domestic chores, although overall care responsibilities remained overwhelming:

> *They* [her children] *started to take more responsibility in household matters, much more; I mean, they didn't depend so much on us; the only thing they did was to send us a message 'We need these provisions', that was it. It was like we were the ones who had to provide and leave them; it was like we were assisting them; it was crazy.* Gabriela, 45 years old

The pandemic severely affected both paid work and unpaid care work in these households. The economic stress from lost income underscored the crucial role of social policies such as the AUH in sustaining families during crises. Emotional stress from confinement and increased care demands compounded these challenges, although changes in household dynamics –such as increased support from partners and children– provided some relief.

The findings suggest that the pandemic reshaped the caregiving dynamics in AUH-recipient households. While patterns of care distribution showed some flexibility, economic hardship and the added burden of care intensified struggles. The following section explores how the temporary adjustments in the AUH during the pandemic mitigated or exacerbated these challenges.

The AUH in COVID-19 Times

As noted above, the AUH policy places a significant burden of care on beneficiary families, especially women. Following the pandemic outbreak, temporary changes were introduced to mitigate its socioeconomic impact. Health and education conditionalities were suspended, and additional monetary bonuses were granted to each child.

Nine of the ten women reported no significant problems receiving their allowances during the pandemic, with most stating they were paid as usual and received their bonuses. However, one respondent noted that she did not receive the bonus, which would have been crucial as her household lost all income due to social isolation measures.

Opinions on the AUH were mixed. Some women appreciated how the allowance helped mitigate –albeit slightly– the severe economic impact of the pandemic and ensure the survival of their families. Others criticised the amount as insufficient to meet their children's basic needs in a context of severe economic deterioration:

> *You go to the supermarket, one kilo of meat costs 2000 pesos, so what do you do with 6000 pesos? You eat for two days, three days at the most. You know? The 6000 pesos allowance for a family is a joke.* […] *I think they should change the amount because a child can't live, can't even eat for a week on that amount. Because it's a derisory amount, you know? 6000 pesos. What do you do with 6000 pesos? Not even for school supplies, not even for the money you have to take to school for photocopies, the papers they ask you for at school, the rolls of toilet paper, you can't afford anything.* Norma, 48 years old

The financial impact of the AUH during the pandemic varied across households. However, the suspension of conditionalities led to more consistent responses. All participants appreciated that they could continue to receive the benefit without having to certify their children's medical check-ups and school attendance. Many saw this as a relief, as meeting these requirements is often tedious and time-consuming. However, the increased demands of caregiving during lockdown offset this benefit. The findings suggest that although temporary adjustments eased administrative burdens, they did not fundamentally alter caregiving dynamics.

Discussion

This study has analysed the AUH as a care policy, drawing on feminist scholarship and qualitative interviews with ten women beneficiaries in the Buenos Aires Metropolitan Area. The discussion is organised below according to the three analytical dimensions identified in the theoretical framework, namely: the ways in which conditionalities influence women's unpaid care work; the implications of these responsibilities for women's economic autonomy and their

position within households; as well as the interaction between income support and the wider inadequacies of public care provision.

Conditionalities and Unpaid Work

A central finding of the study is that the AUH's conditionalities –requiring beneficiaries to certify children's school attendance and health check-ups– considerably increase women's unpaid care burden. All participants reported being solely responsible for fulfilling these requirements, irrespective of their employment status. Scheduling medical appointments, taking children to vaccinations and check-ups, collecting school certificates, and dealing with bureaucratic procedures are experienced as time-consuming obligations that added to already heavy domestic workloads. Women frequently described this compound burden in terms of exhaustion and invisibility, echoing the theoretical insight that unpaid care work is systematically undervalued and unrecognised (Esquivel 2013; Rodriguez Enriquez/Marzonetto 2015).

Importantly, women did not question their responsibility to fulfil the conditionalities, perceiving compliance as part of their maternal role. This normalisation reflects and reinforces the policy's maternalist orientation, whereby care is symbolically reaffirmed as an inherently female duty (Rodriguez Enriquez/Marzonetto/Alonso 2019). Rather than promoting co-responsibility within households or redistributing caring tasks across the care diamond (Razavi 2011), the conditional dimension consolidates a feminised model of care and leaves unequal care arrangements uncontested. These dynamics are consistent with findings from previous research on the AUH (Pautassi et al. 2014) and from comparable Latin American conditional cash transfer programmes, including Brazil's Bolsa Familia and Mexico's Progresa/Oportunidades/Prospera (Bartholo/Passos/Fontoura 2019; Nagels/Pozos Barcelata 2022).

The COVID-19 pandemic further intensified these dynamics, deepening pre-existing gender and socioeconomic inequalities (Pautassi 2021; Torriglia 2022). With schools and care facilities closed during lockdowns, women took on the resulting care deficit, managing virtual schooling and continuous childcare at home while simultaneously confronting increased economic precarity. Although the temporary suspension of conditionalities during the pandemic alleviated some immediate pressures, it was alone insufficient to alter patterns of gendered care distribution. The pandemic thus exposed the fragility of carearrangements that rely primarily on women's time and unpaid labour to fulfil policy objectives.

Economic Autonomy and Household Positioning

The findings reveal an inherent dilemma in the AUH's design. On the one hand, women beneficiaries value the financial support that the allowance provides, and recognise its contribution to meeting children's basic needs, however small. On the other hand, the policy's prioritisation of women as recipients and its linking of payments to the fulfilment of care-related conditionalities restricts women's economic participation to their caregiving role and hinders labour market integration. This dynamic ultimately constrains rather than enhances women's economic autonomy, as the allowance becomes practically inseparable from their unpaid care labour.

Several participants reported leaving paid employment to meet caregiving demands, having found it impossible to reconcile working schedules with the requirements of childcare and the fulfilment of conditionalities. This pattern illustrates a tension that feminist scholars have observed, particularly in low-income households with limited options to defamilialise care: where public care infrastructure is either absent or inadequate, women are compelled to internalise care as an individual responsibility, often at the direct expense of labour market participation (Batthyany Dighiero 2015; Cánovas Herrera 2018). For self-employed women managing home-based businesses, the simultaneous performance of paid and unpaid work was reported to result in physical and emotional exhaustion.

Evidence within households points to a persistent and largely unquestioned gendered division of labour. Men's contributions are predominantly financial, and their involvement in care work remains marginal, limited to non-working days or to occasional assistance. Women emerge as the organisers, primary performers, and supervisors of care work, a role reinforced rather than challenged by the AUH's design. While the pandemic prompted some temporary shifts –for instance, partners who lost or suspended paid employment during lockdowns assumed more responsibilities–, these changes were contingent and did not modify the underlying care arrangements once economic activity resumed.

Income Support and the Inadequacies of Public Care Provision

A recurring theme throughout the interviews was the interaction between the AUH and the structural deficits in public care services and infrastructure. Respondents described how meeting the health-related conditionalities was particularly burdensome, citing examples such as waiting periods of three to four months for paediatric appointments, queuing overnight at public hospitals, and severely understaffed health facilities. One participant reported having her AUH payments suspended on two occasions because she was unable to obtain the required medical certificates, demonstrating how inadequate public provision directly penalises low-income women. Similar, if somewhat less acute, difficulties were reported in relation to school enrolment: the lack of nearby vacancies forced some women to enrol their children in distant schools, substantially increasing their commuting time and overall care workload.

These findings highlight another key tension in the policy's design. The AUH makes income support reliant on the use of public services that are insufficient, fragmented, and under-resourced. The costs of navigating this inadequate provision –including a plethora of administrative and logistical barriers– fall disproportionately on low-income women's shoulders. As feminist scholars have noted (Esquivel 2013; Rodriguez Enriquez/Marzonetto 2015; Rodriguez Enriquez/Marzonetto/Alonso 2019), this configuration effectively transfers the costs of policy implementation onto women's time and unpaid labour. The conditionalities thus function not merely as instruments of human capital investment, but also as mechanisms that shift the burden of public-service scarcity to the household level, and within households, to women.

This finding also depicts the limitations of income-based interventions when they are not articulated with complementary measures concerning care infrastructure. The AUH finances care indirectly through a monthly cash transfer, but it does not account for the quality of the public services on which its conditionalities depend. Against the backdrop of a chronically

underfunded and strained public sector –a situation exacerbated during the pandemic and under recent austerity measures– the policy's effectiveness in supporting child well-being is undermined by the very system it relies upon. This is consistent with broader feminist critiques of familialism in Latin American welfare regimes (Batthyany Dighiero 2015; Rodriguez Enriquez 2019), which problematise the tendency to treat care as a private responsibility rather than as a public good requiring collective engagement (Esquivel 2013; Esquivel 2015; Faur/Jelin 2013).

Considered together, these three dimensions reveal a constitutive paradox: the AUH simultaneously provides essential financial support to low-income families while also reinforcing existing inequalities in the social organisation of care. Framing the AUH as a care policy makes this tension intelligible and points towards the kinds of complementary reforms that are needed to address the ongoing care crisis, such as enhancing access to public quality care services, defamilialising childcare, or actively promoting co-responsibility. This contributes to feminist debates on welfare regimes by demonstrating that conditional income transfers can perpetuate care inequalities –even when they contribute to poverty-alleviation objectives– and underscores the value of rethinking social protection instruments through an explicit care lens.

Conclusion

This research has examined Argentina's Universal Child Allowance (AUH) through the lens of care, drawing on the lived experiences of women beneficiaries in the Buenos Aires Metropolitan Area. The study's strength lies in bringing the voices of marginalised groups into an academic debate that has tended to overlook their perspectives as policy subjects, thereby contributing empirically and conceptually to feminist analyses of social policy. In doing so, it provides updated insights into the role of the AUH in the social organisation of care, with significant implications concerning gender and socioeconomic inequalities.

The findings confirm that many structural problems identified in earlier studies (Pautassi/Arcidiácono/Straschnoy 2013; Pautassi et al. 2014) persist. The AUH continues to social protection benefits with women's unpaid care work without addressing the inadequate public care infrastructure on which its conditionalities depend. Its design increases women's care burden, reinforces traditional gender roles within households, and constrains women's economic autonomy. The COVID-19 pandemic exacerbated these dynamics, further straining already fragile care arrangements and highlighting the limitations of income-based interventions in the absence of robust care policies and services.

From a policy perspective, the study underscores that cash transfers cannot address structural care inequalities unless articulated with comprehensive care provision. This requires, for instance, expanding access to affordable, high-quality childcare services, investing in public health and education infrastructure, and reducing the administrative burdens associated with conditionalities, particularly in contexts of service scarcity. Moreover, policy design should actively promote shared care responsibilities within households (along gender lines), and recognise care as a societal duty, which would entail stronger state engagement in care provision to aid the defamilialisation of care. In this regard, the integration of income transfers such as the AUH within a broader care policy framework –such as that envisioned in recent debates

around a Sistema Integral de Políticas de Cuidado– could foster an understanding of care as a collective rather than an individual obligation.

The study has two main limitations that offer potential avenues for future research. First, the geographical focus on the Buenos Aires Metropolitan Area means that the experiences of AUH recipients in rural or remote areas, where care infrastructure deficits may be even more pronounced, remain unexplored. Second, the study did not capture households caring for children and/or adults with disabilities, whose needs and experiences may differ considerably from those analysed here. Both areas merit dedicated empirical attention.

In conclusion, while the AUH represents a fundamental step towards strengthening and expanding social security coverage in Argentina, its current design reinforces a feminised and familialised social organisation of care that disproportionately burdens women in low-income households. Addressing this limitation requires more than minor adjustments to benefit levels or conditionality procedures. It demands a fundamental shift in perspective, recognising care as a public good, redistributing care responsibilities across the state, the market, households, and the community, and place gender equality at the centre of social policy design.

Acknowledgements

I would like to express my sincere gratitude to the women who generously shared their time and stories with me. I would also like to thank my colleague and friend, Sara Kok, for her thoughtful feedback and insightful comments on the initial draft of this article. Finally, I am grateful to the anonymous reviewers for their constructive remarks and valuable suggestions, which have greatly improved this manuscript.

Declaration of conflicting interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author did not receive any financial support for the research, authorship, and/or publication of this article.

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