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Authors

Mónica E. Orozco
Rocío Espinosa
Marisa Montemayor
Melanie Marchant
Roberto Vélez-Grajales
Coordination
Anda David (AFD)

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Social Mobility, Care Policies, and Social Protection Policies in Nuevo León

AUTHORS

Mónica E. Orozco

GENDERS, A. C.

Rocío Espinosa

Centro de Estudios
Espinosa Yglesias (CEEY)

Marisa Montemayor

GENDERS, A. C.

Melanie Marchant

GENDERS, A. C.

Roberto Vélez-Grajales

Centro de Estudios
Espinosa Yglesias (CEEY)

COORDINATION

Anda David (AFD)

Abstract

In this study, we shed light on the connections between social mobility and policies in terms of care and social protection in the state of Nuevo León. The objective is to examine women's opportunities for choice and life achievements in terms of social mobility using a broader human development approach that, beyond education, health, and social security, integrates the contribution of both paid and unpaid care work to individuals' wellbeing and social mobility. Our results show that if we considered the 25th position for the household of origin as a reference point, on a scale of 1 to 100, it appears that while women who live in areas with no childcare facilities reach the 29th position, those with access to childcare facilities reach the 40th, thus highlighting that early childhood care services and care for other population groups has positive effects on women's social mobility.

Keywords

Care economy, inequality, labour markets, social mobility

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Résumé

Cette étude vise à mettre en lumière les liens entre la mobilité sociale et les politiques en matière de soins et de protection sociale dans l'État de Nuevo León. L'objectif est d'examiner les possibilités de choix et les résultats de vie des femmes en termes de mobilité sociale en utilisant une approche plus large du développement humain qui, au-delà de l'éducation, de la santé, et la sécurité sociale, intègre la contribution des soins rémunérés et non rémunérés au bien-être et à la mobilité sociale des individus. Nos résultats montrent que si l'on considère la 25^{ème} position du ménage d'origine comme point de référence, sur une échelle de 1 à 100, il apparaît que si les femmes qui vivent dans des zones sans structures d'accueil atteignent la 29^{ème} position, ceux qui ont accès à des services de garde d'enfants atteignent le 40^e rang, ce qui souligne que les services de garde d'enfants et les soins pour d'autres groupes de population ont des effets positifs sur la mobilité sociale des femmes.

Mots-clés

Économie des soins, inégalités, marchés du travail, mobilité sociale

Introduction

Social mobility serves as an indicator of individuals' opportunities to achieve their life goals (Campos-Vázquez et al. 2013; Orozco et al. 2019). Care needs, mainly met by women, involve providing priority attention to children and adolescents, individuals who are sick or have a disability, older people, and other household members (Oxfam and Red de Cuidados 2022). These needs impact the social mobility of individuals who provide and receive care (Orozco et al. 2022).

Women's social mobility is limited by the uneven allocation of unpaid domestic and care work, entailing transfers of time and resources. Consequently, women face a time poverty that hinders their accomplishments across diverse domains (Orozco et al. 2022, Peña et al. 2013).

The importance of social protection policies lies in the fact that they contribute to reducing barriers to social mobility for carers, mainly women. These barriers stem from the unequal distribution of care tasks among households, the State, the market, and society, particularly between women and men. Care policies are intended to support the exercise of the right to care for all individuals, prioritizing those in need of care and the carers themselves.

In 2022, the Mexican Chamber of Deputies approved a reform to Article 4 of the

Constitution recognizing the right to provide and receive care. This reform is still awaiting approval in the Senate of the Republic (Orozco et al. 2022).

In this document, we examine the opportunities for choice and life achievements of women in Nuevo León in terms of social mobility.

Our results, as those for the national level, confirm the positive impact of the availability of local care services on the social mobility of women in Nuevo León.

Among women born into the lowest socioeconomic stratum, residing in environments with no childcare services, 57.6% will persist in their poverty condition throughout their lives, while having access to services reduces this figure to 40.1%.

Women from the 25th percentile reach the 40th percentile when they grew up in areas with access to childcare facilities, while those residing in areas with no access to such services only reach the 29th percentile.

Regarding care services for sick, persons with disabilities, or older adults, women with parents in the 25th percentile reach the 42nd percentile when they grew up in areas with access to such services. In contrast, those in areas with no access only reach the 33rd percentile.

Women from the 25th percentile, whose parents had social security throughout their lives, reach the 39th percentile, 10 points higher than women whose parents had no access to such protection.

At state level, 7% of inequality of opportunities is explained by social protection, childcare, and other care services.

The document is organized as follows: in Section 1, we explain the conceptual framework; in Section 2, we describe the methodology and information sources used; in Section 3, we report the main results of the analysis. Finally, we present the conclusions and recommendations.

1. Conceptual framework

Care is a continuous element throughout life and is essential for the wellbeing and support of all individuals, especially carers and care recipients (Garfias and Vasil'eva 2020, OXFAM, and Red de Cuidados en México 2022). However, the organization of caregiving gives rise to inequalities, primarily because it relies mainly on the unpaid work of women within the private sphere of households (Orozco et al. 2022). Moreover, this caregiving occurs under precarious conditions (Quevedo et al. 2021; ILO 2021), impacting the wellbeing and hindering the opportunities for social mobility for both carers and people in need of care.

Within societies, it is crucial to acknowledge care needs because social norms influence institutional decisions and resource allocation, thus determining the distribution of care activities (Orozco et al. 2022).

By connecting the rights of both carers and care recipients interdependently, care becomes a matter of public concern that impacts the welfare of both parties (Cámara de Diputados 2020; Garfias and Vasil'eva 2020; Fraga 2018; OXFAM and Red de Cuidados en México 2022; Ríos-Cázares and López-Moreno 2017; Orozco et al.2021), as well as overall social mobility. The distribution of caregiving tasks must be a shared responsibility involving the State, the private sector, and the labour market (Orozco 2023). Social security and social protection policies (Delajara et al. 2018), as well as care policies contribute to fostering this shared responsibility, enabling individuals to achieve higher levels of wellbeing, access improved opportunities throughout life, and experience increased social mobility (Orozco et al. 2019).

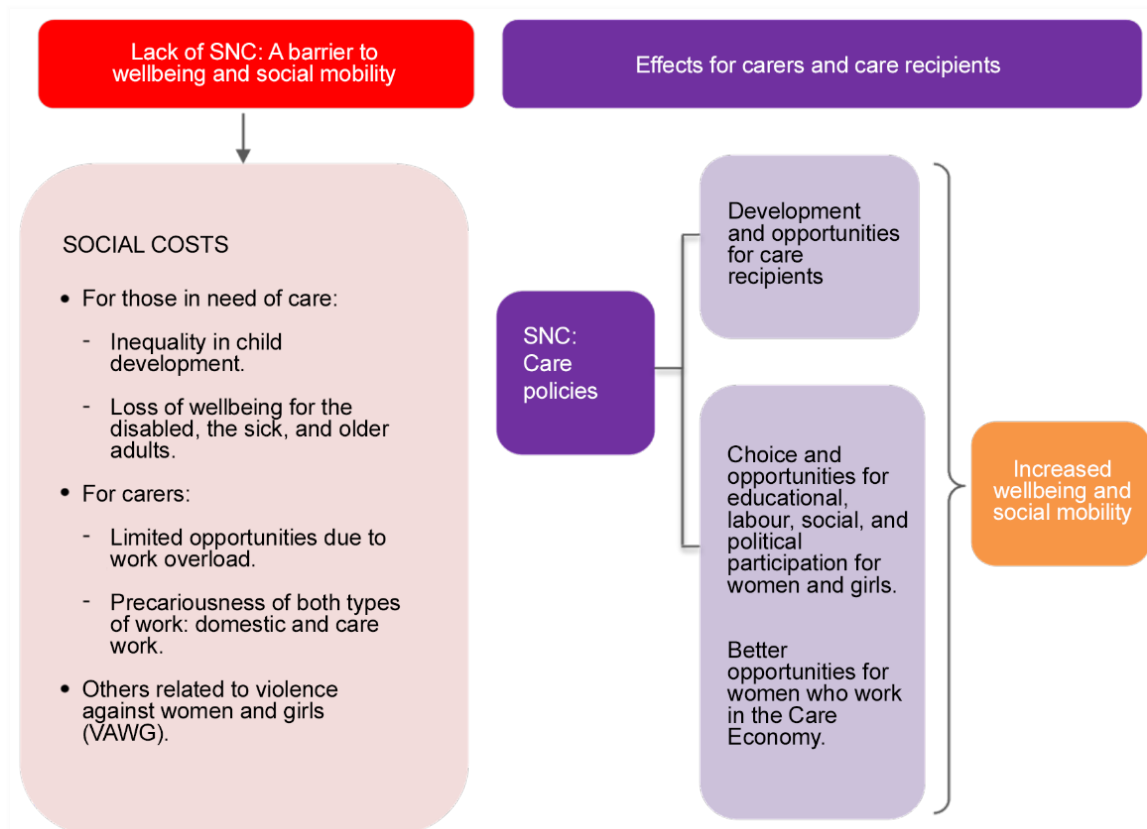
Lack of coordination in a national care system (SNC, from its initials in Spanish) results in social costs that limit the development of capabilities and people's opportunities for choice, hinders social mobility, and leads to persistence in the lower strata (Orozco et al. 2022).

Policies related to care have multiple purposes that, as part of a national care system (SNC), could have positive effects on social mobility through at least two mechanisms (Diagram 1):

1. They create opportunities for the development and wellbeing of children (Evans et al. 2021; Heckman et al. 2009; Behrman 2019; Attanasio et al. 2021; Straus and Paschal 2009; Campos-Vázquez 2018), and wellbeing for others requiring care. They also reduce exposure to family and gender-based violence and may mitigate their consequences for girls (UNICEF 2017; Lansford and Deater 2012).

2. They create opportunities for choice for women carers – in educational, work, social, and political domains – by alleviating the burden of unpaid work and enhancing their wellbeing along with that of their households. These policies foster autonomy, empowerment, and the possibility for women to live free from violence. In general, they also improve opportunities for women undertaking paid work in the Care Economy.

Diagram 1. The issue, care policies, and their potential effects on social mobility



Source: Orozco *et al.* (2022).

Below is a description of each mechanism:

1.1. Opportunities for development and wellbeing for people in need of care

In the absence of relevant policies, the needs for care and the economic and time resources required to meet them impact the wellbeing, development, and socioeconomic situation of households and their members (Orozco 2018). It also implies that care is partially left to those in need of care, family members, or may even be neglected (Orozco *et al.* 2022).

Care and early childhood development can affect individuals' wellbeing, as well as their cognitive and socioemotional skills, and influence labour income and social mobility opportunities later in life (Evans et al. 2021; Heckman et al. 2009; Attanasio et al. 2021). Much like the care required in early childhood, an older adult may require 3 times as much care time as a young adult (Orozco and Sánchez 2020).

In addition to improving wellbeing and social mobility, care policies play a crucial role in preventing and addressing violence. By reorganizing life care and promoting people's autonomy, a Care System has effects on relationships of gender-based dependency and subordination, as well as on family and gender-based violence (Orozco 2021).

1.2. Opportunities and wellbeing for women carers

Caregiving overload implies restrictions for carers on the use of their time and opportunities for choice. Care policies can reduce women's unpaid workload and free up their available time, thereby providing those opportunities.

Investment in institutional services, measures of shared responsibility, and other care services can promote women's labour force participation (Orozco et al. 2022a), given that there is a penalty for motherhood that begins during pregnancy and persists even in the long term (Campos-Vázquez et al. 2021).

The scope of care policies has a wide potential considering that the value of unpaid domestic and care work amounts to 26.3% of GDP. A national care system (SNC) can reduce gender inequality, as it is women who assume nearly all of these types of work (INEGI 2020, 2021; ILO 2021; Ayala et al. 2021).

2. Methodology and data

2.1. Methodology

In this study, we employed three approaches: 1) social mobility matrices to measure fluidity; 2) rank-rank regressions to estimate relative social mobility and absolute social mobility (Delajara et al. 2021, Chetty et al. 2014, Monroy-Gómez-Franco and Corak 2020); and 3) regressions to measure inequality of opportunities (IOP) (Monroy-Gómez-Franco and Corak 2019). To make these estimates, we used the ESRU Social Mobility Survey in Mexico for Nuevo León (ESRU-EMOVI) and other complementary sources described in the data section.

2.2. Data

Estimates are based on two sources of information: the ESRU Survey of Social Mobility in Nuevo León and the National Statistical Directory of Economic Units of the National Institute of Statistics and Geography (INEGI).

The 2021 ESRU Survey of Social Mobility in Nuevo León (ESRU-EMOVI Nuevo León) was carried out by the CEEY in collaboration with the Consejo de Nuevo León. The survey provides information on the interviewees and the household in which they lived at age 14. The survey has 3,767 interviews, is representative of women and men in the state between 25 and 64 years old, and provides information on the metropolitan area, its periphery, and the rest of the state ¹.

Using information from the National Statistical Directory of Economic Units (DENUE, from its initials in Spanish), we identified childcare establishments, as well as nursing homes or other facilities for the care of older adults, located in the areas in which interviews were conducted for ESRU-EMOVI Nuevo León. For Nuevo León, 134 childcare centres, and 55 care centres for other types of populations were identified. For the specific survey, 2,634 observations with at least one childcare centre and 1,520 observations with at least one other care centre were identified.

¹ The municipalities within the metropolitan area include Monterrey, Guadalupe, San Nicolás de los Garza, Juárez, Escobedo, Apodaca, San Pedro Garza García, Santa Catarina, and García. For this analysis, we consider both the metropolitan area and the remaining areas of the state, taking into account the number of available observations.

3. Results

3.1. Social mobility matrices

According to Table 1, the persistence for women living in areas with no access to childcare services rises to 58.0%, whereas with access, it decreases to 41.8%. The availability of services also influences long-run social mobility.

Table 1. Women's socioeconomic mobility according to the availability of local childcare facilities

(a) With at least one local childcare centre

Socioeconomic index of the current household (%)

	%	Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
Quintile 1 (lower)		40.1	25.8	21.8	11.1	1.1	100.0
Quintile 2		18.2	22.2	31.6	10.7	17.3	100.0
Quintile 3		21.4	18.6	36.7	21.0	2.3	100.0
Quintile 4		8.1	17.4	23.9	38.0	12.6	100.0
Quintile 5 (upper)		1.8	3.7	11.9	31.0	51.6	100.0

(b) With no local childcare facilities

Socioeconomic index of the current household (%)

Socioeconomic index of the household of origin	%	Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
	Quintile 1 (lower)	57.6	28.6	9.5	4.1	0.2	100.0
	Quintile 2	24.2	59.9	7.3	6.9	1.7	100.0
	Quintile 3	17.6	45.8	29.8	4.7	2.1	100.0
	Quintile 4	7.3	22.9	24.0	38.9	6.8	100.0
	Quintile 5 (upper)	4.8	0.0	46.1	36.7	12.4	100.0

Source: CEEY based on data from ESRU-EMOVI NL and DENUE 2021.

Notes:

1. The quintiles were estimated using socioeconomic indexes for both parents and children. The estimation of these indexes involved the use of the principal components analysis technique.
2. The ESRU-EMOVI NL is representative of the state of Nuevo León for women and men aged between 25 and 64 years. The total sample size is 3,767 interviews.
3. Derived from this descriptive analysis, the number of observations for each stratum is: 1,498 (total population of women); 1,126 (population of women with at least one care centre); 372 (total population of women without access to care centres). To obtain representativeness for each stratum, the sample weight is applied. Results may not add up to 100% due to rounding.
4. A woman is considered to have access if there is at least one local childcare centre where she lives.

Having other local care centres available has a positive impact on women's mobility. Specifically, 38.0% of women who have access to these services persist in quintile 1, compared to 49.7% of those who do not have such services available (Table 2).

Table 2. Women's socioeconomic mobility according to the availability of other local care facilities

(a) With at least one local care centre

Socioeconomic index of the current household (%)

	%	Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
Quintile 1 (lower)		38.0	24.7	21.8	13.9	1.7	100.0
Quintile 2		15.9	23.6	28.7	10.8	21.0	100.0
Quintile 3		19.6	13.4	40.3	24.2	2.5	100.0
Quintile 4		8.7	14.4	21.1	42.3	13.6	100.0
Quintile 5 (upper)		1.3	3.4	10.3	30.6	54.4	100.0

Socioeconomic index of the household of origin

(b) With no other local care facilities

Socioeconomic index of the current household (%)

Socioeconomic index of the household of origin	%	Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
	Quintile 1 (lower)	49.7	28.4	17.0	4.9	0.1	100.0
	Quintile 2	24.4	32.2	28.8	9.3	5.3	100.0
	Quintile 3	22.9	37.8	28.1	9.4	1.9	100.0
	Quintile 4	5.8	28.6	32.5	25.3	7.8	100.0
	Quintile 5 (upper)	6.4	4.7	31.3	35.2	22.5	100.0

Source: CEEY based on data from ESRU-EMOVI NL and DENUE 2021.

Notes:

1. The quintiles were estimated using socioeconomic indexes for both parents and children. The estimation of these indexes involved the use of the principal components analysis technique.
2. The ESRU-EMOVI NL is representative for the state of Nuevo Leon for women and men aged between 25 and 64 years. The total sample size is 3,767 interviews.
3. Derived from this descriptive analysis, the number of observations for each stratum is: 1,498 (total population of women); 647 (population of women with at least one care centre); 851 (total population without a care centre). To achieve representativeness for each stratum, the sample is weighted. Results may not add up to 100% due to rounding of figures.
4. A woman is considered to have access if there is at least one local care facility for older adults, or persons with disabilities where she lives.

On the other hand, the approach we use to estimate the intergenerational effect of social security allows us to confirm that when women with origins in quintile 1 come from households that had social security protection throughout their lives, they show significantly higher levels of social mobility compared to women from the same origins who did not have this type of protection. This suggests a positive intergenerational effect of social protection that can be crucial in social mobility by influencing women's opportunities and life achievements. Social security reflects, among other things, that the household of origin had formal and regular income from paid work of at least one of the parents. This effect also possibly reflects the result of having support mechanisms to alleviate the care and maintenance responsibilities for parents as they reach old age.

Persistence in quintile 1 for women who had protection in their household of origin and whose parents have pensions is 34.4%, while it rises to 51.6% for those who do not have this type of protection. Although social mobility is not reflected in a long-run effect, where the differences are approximately only one percentage point, there is considerable social mobility towards quintiles 3 and 4, of 25.7% and 12.7%, respectively, compared to 14.5% and 3.8% towards these quintiles for those who do not have protection in their households of origin (Table 3).

Table 3. Women's socioeconomic mobility according to access to their parents' accumulated social security

(a) Father or mother with a pension

Socioeconomic index of the current household (%)

	%	Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
Socioeconomic index of the household of origin	Quintile 1 (lower)	34.4	26.6	25.7	12.7	0.7	100.0
	Quintile 2	21.5	18.7	27.6	14.6	17.7	100.0
	Quintile 3	17.9	17.4	40.6	23.0	1.2	100.0
	Quintile 4	4.2	10.8	17.3	49.3	18.5	100.0
	Quintile 5 (upper)	0.7	0.3	2.6	36.1	60.3	100.0

(b) Neither parent has a pension

Socioeconomic index of the current household (%)

Socioeconomic index of the household of origin	%	Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
	Quintile 1 (lower)	51.6	28.5	14.5	3.8	1.5	100.0
	Quintile 2	17.8	37.3	35.1	5.7	4.1	100.0
	Quintile 3	28.8	29.2	33.4	6.8	1.8	100.0
	Quintile 4	10.8	28.8	25.8	22.0	12.6	100.0
	Quintile 5 (upper)	3.1	7.1	22.1	28.5	39.2	100.0

(c) Father and mother deceased

Socioeconomic index of the current household (%)

Socioeconomic index of the household of origin	%	Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
	Quintile 1 (lower)	36.4	25.3	22.0	15.6	0.6	100.0
	Quintile 2	14.9	25.2	19.9	7.8	32.3	100.0
	Quintile 3	12.7	28.5	27.4	22.8	8.7	100.0
	Quintile 4	8.4	3.5	20.6	66.0	1.6	100.0
	Quintile 5 (upper)	0.9	0.0	11.0	23.9	64.2	100.0

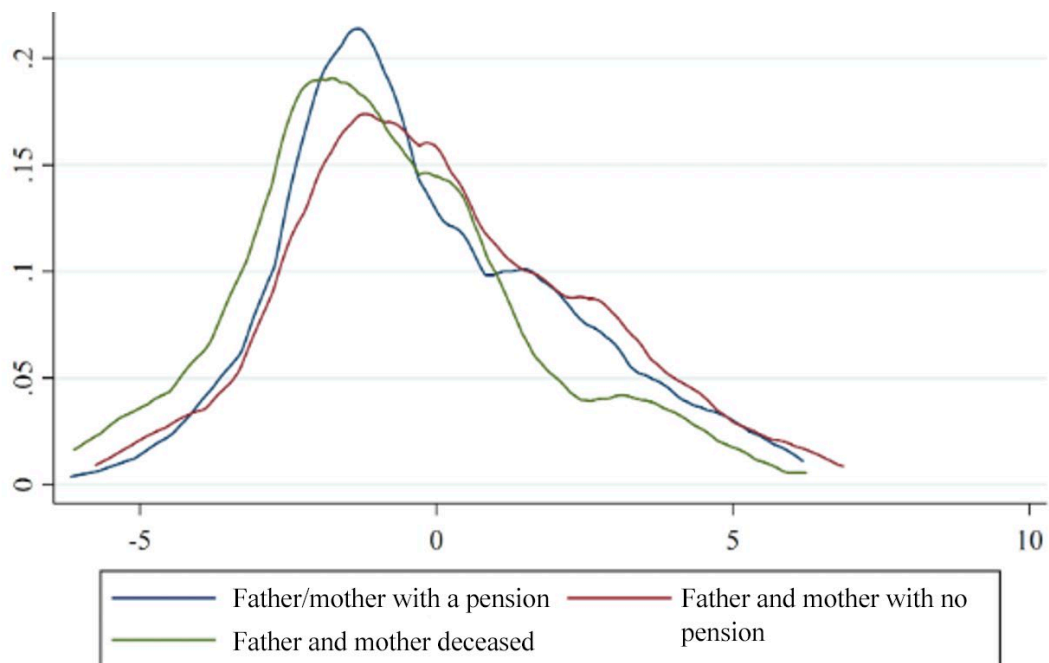
Source: CEEY based on data from ESRU-EMOVI NL.

Notes:

1. The quintiles were estimated using socioeconomic indexes for both parents and children. The estimation of these indexes involved the use of the principal components analysis technique.
2. The ESRU-EMOVI NL is representative of the state of Nuevo León for women and men aged between 25 and 64 years. The total sample size is 3,767 interviews.
3. As a result of this descriptive analysis, the number of observations for each stratum is as follows: 1,498 (total population of women); 472 (population of women with a father or mother with a pension); 703 (total population of father and mother without a pension), 288 (father and mother deceased), and there are 35 observations with insufficient information. To achieve representativeness for each stratum, the sample is weighted. The results may not add up to 100% due to rounding of figures.

Estimates regarding social mobility based on parental access to social security throughout their life correspond only to women whose father or mother were still alive at the time of the ESRU-EMOVI survey. This, as noted above, creates a selection bias in the information (Figure A). Table 3 shows the social mobility matrix for women whose parents were deceased at the time of the interview. Note that social mobility aligns more with that of those who did not have access to social security in their household of origin. The result is consistent with expectations given that this population group is predominantly from the lower strata of the socioeconomic distribution.

Figure A. Socioeconomic index of origin according to parents' access to pensions or parents' deceased



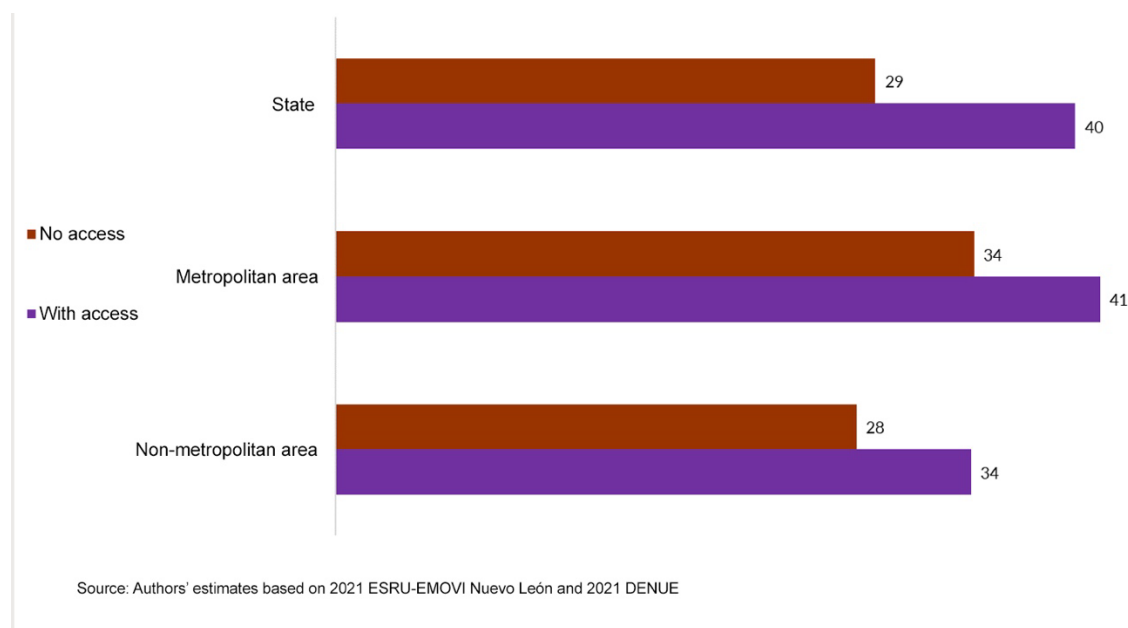
Source: Authors' estimates based on the ESRU-EMOVI NL.

3.2. Rank-rank regressions

Based on the data from both sources of information, estimates were made to identify the progress in terms of the socioeconomic position of women's households in Nuevo León, according to the availability of local care facilities. We employed the index constructed by CEEY in the Report on Social Mobility in Nuevo León, which is based on a multiple correspondence technique. This index considers various services and assets of people's households of origin and their current households.²

To do so, we considered the 25th position for the household of origin as a reference point, on a scale of 1 to 100. At state level, it appears that while women who live in areas with no childcare facilities reach the 29th position, those with access to childcare facilities reach the 40th. For both the metropolitan area and the non-metropolitan area, the trends are similar to those at the state level: women with access to childcare facilities do achieve better positions compared to those who do not have access to these spaces (Figure 1).

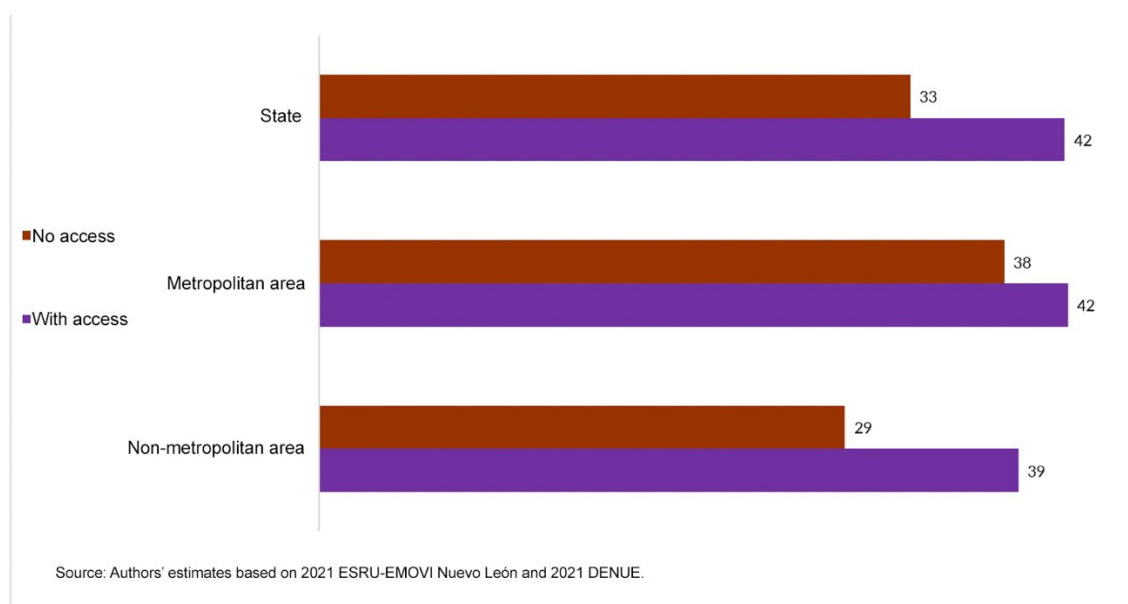
Figure 1. Position on the wealth scale of women from the lowest wealth households (by interval), according to the availability of local childcare facilities (scale: 1 to 100)



² The services and assets considered for the index estimation are the following:
Parents: piped water, stove, electricity, television, refrigerator, washing machine, landline telephone, computer, VCR, microwave, cable TV, tenure of another dwelling, tenure of premises, tenure of land or property, car, tenure of livestock animals, bank account, credit card, boiler, home help, vacuum cleaner, own dwelling, average years of schooling of parents.
Children: piped water, stove, electricity, refrigerator, washing machine, landline telephone, computer, microwave, cable TV, tenure of dwelling, tenure of premises, tenure of land, working animals, bank account, credit card, internet, boiler, home help, own dwelling, car, dirt floor, years of schooling of the interviewee.

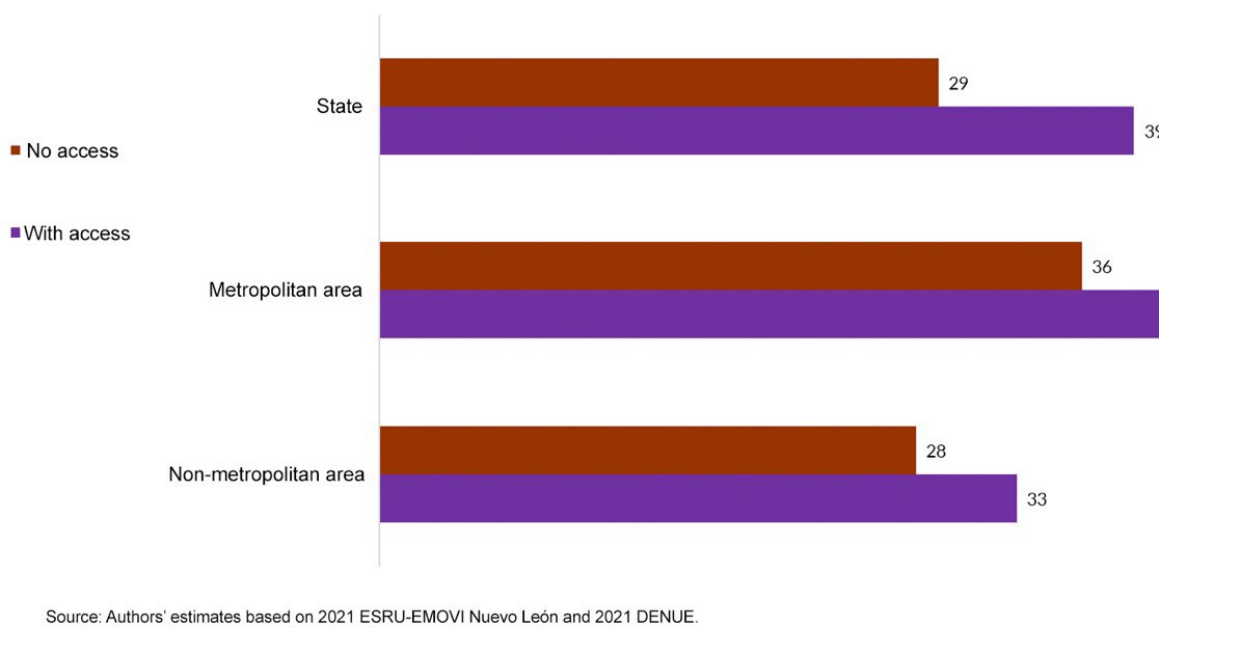
When considering the availability of other care services in the state, and taking position 25 as a starting point, it appears that, at state level, women whose places of residence offer local care facilities are in position 42, while those who do not have access to a local care centre are in position 33. In the case of the metropolitan area, the difference between those who do and do not have access to a local care centre is 5 positions (38 vs. 42); in the rest of the state, although the position of those who have local facilities is lower than at the state level and in the metropolitan area (39), the difference with respect to those who do not have access is greater (29) (Figure 2).

Figure 2. Position on the wealth scale of women from the lowest wealth households (by interval), according to the availability of facilities for other types of local care facilities (scale: 1 to 100)



To estimate access to social protection, we considered an indicator that identifies women whose parents have access to a pension. In the state of Nuevo Leon, women with social protection are 10 positions higher than those whose parents do not have pensions. When differentiating between women in the metropolitan area and the rest of the state, the difference between those with social protection and those without is of 5 positions. However, those who live in the metropolitan area are in better positions than those who live outside the metropolitan area (Figure 3).

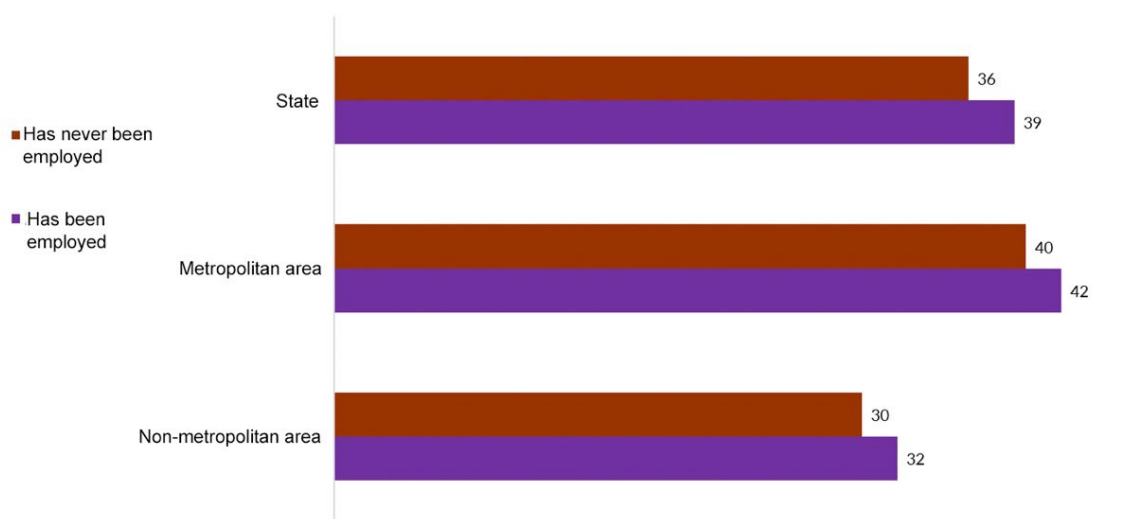
Figure 3. Position on the wealth scale of women from households with the lowest level of wealth (by interval), according to access to social protection (scale: 1 to 100)



If we estimate the differences between those who have been employed and those who have not, they amount to 3 positions at the state level and 2 positions for those living inside and outside the metropolitan area. However, those who live in the metropolitan area are in better positions than those who live outside the metropolitan area (Figure 4).

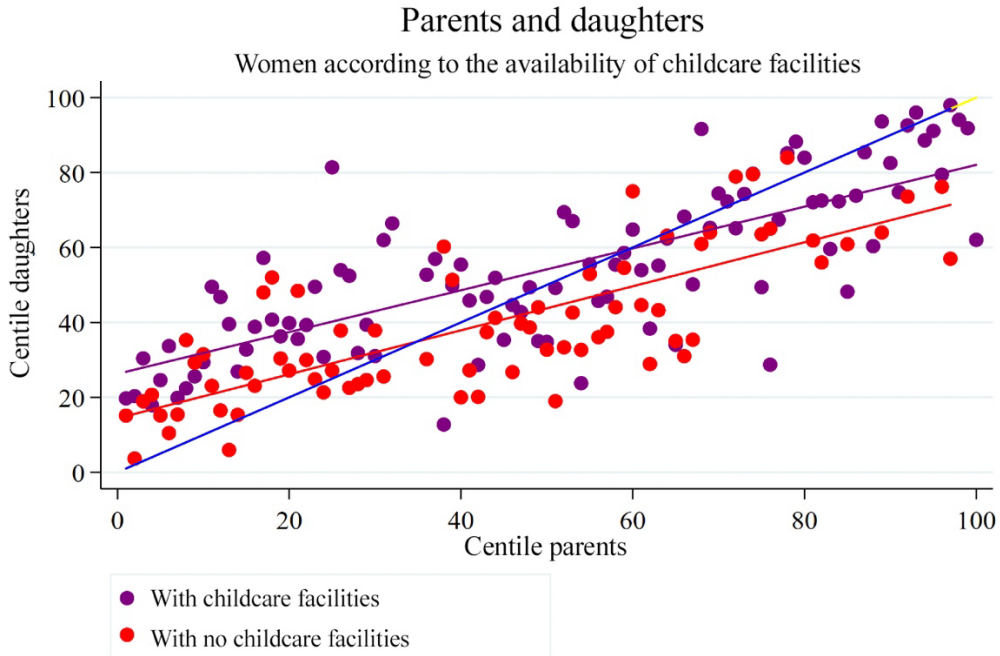
Figure 5 shows the rank-rank regression for women in Nuevo León, which differentiates between those who have or do not have local childcare services. Women who have access to nearby childcare services achieve higher centiles throughout the distribution.

Figure 4. Position on the wealth scale of women from the lowest wealth households (by interval), by employment status (scale: 1 to 100)



Source: Authors' estimates based on 2021 ESRU-EMOVI Nuevo León and 2021 DENUE.

Figure 5



Source: Authors' estimates based on 2021 ESRU-EMOVI NL and 2021 DENUE

A similar result is observed for other care services (Figure 6).

Figure 6

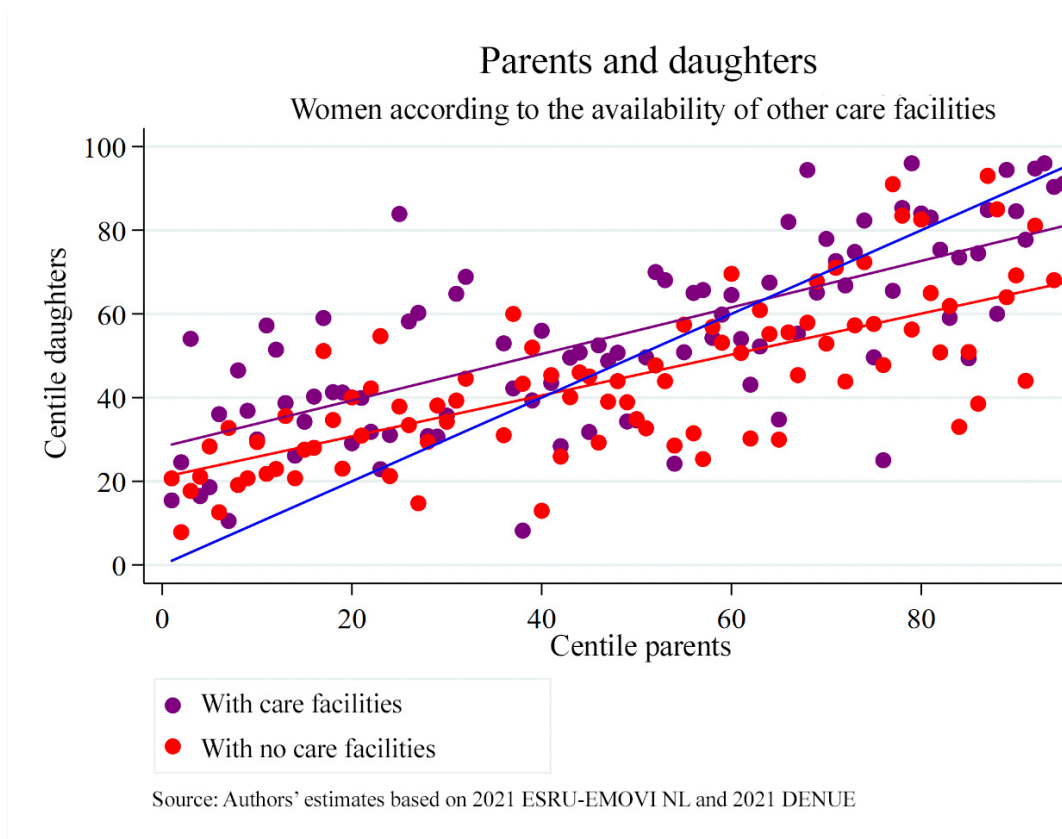
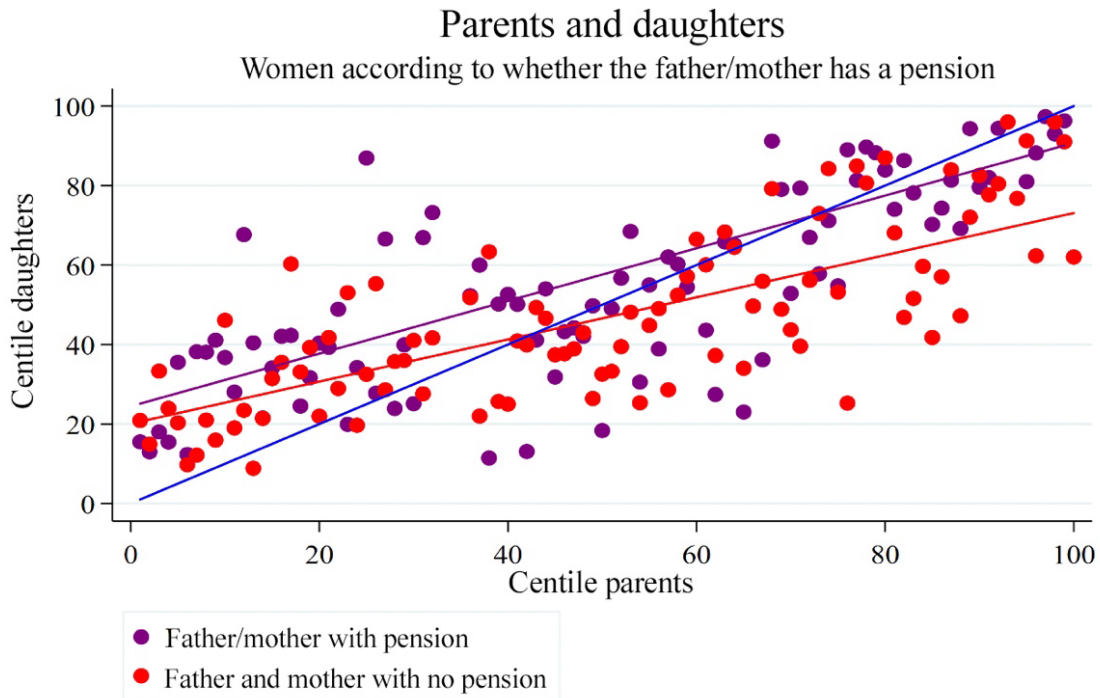


Figure 7 illustrates the contrast for women whose parents have social security pensions, reflecting the protection they enjoyed throughout their lives. We sought to highlight the potential intergenerational impact on their daughters, stemming from the stability and social security benefits during the time they lived in their households of origin and from the availability of health care and support mechanisms for their parents in old age. Women with parents who were insured throughout their lives consistently reach higher levels, for all starting points, with larger achievement compared to women with uninsured parents across the entire distribution.

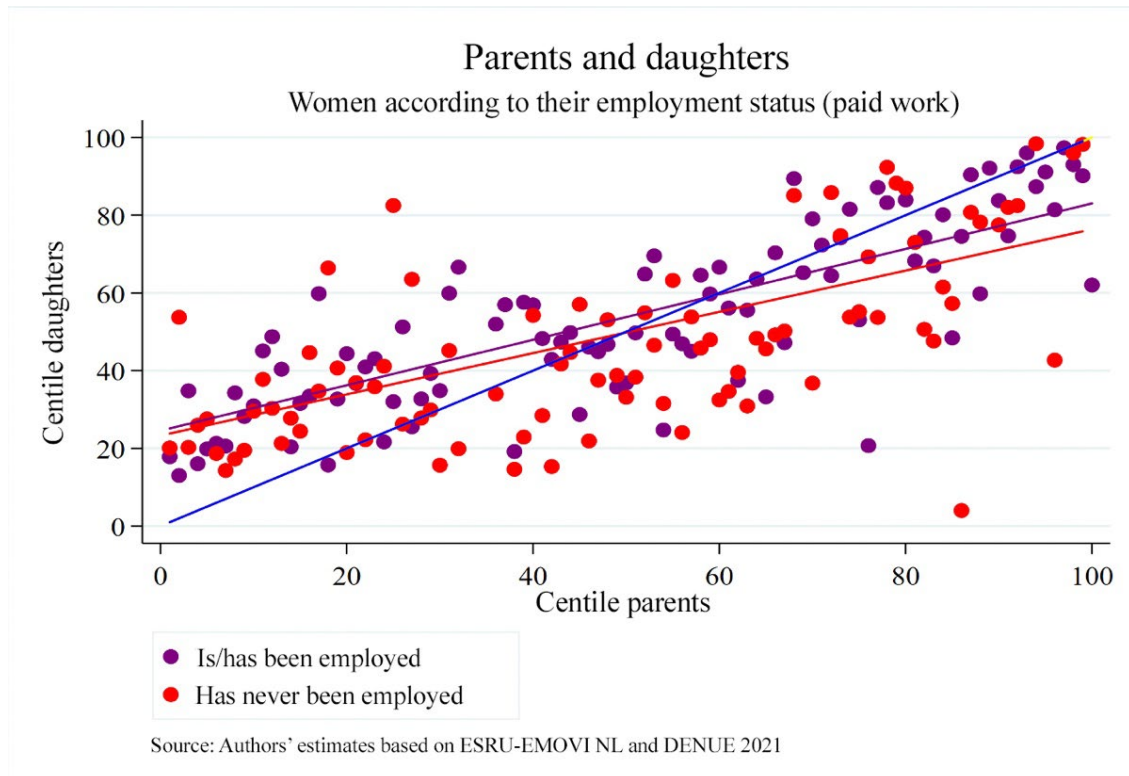
Figure 7



Source: Authors' estimates based on 2021 ESRU-EMOVI NL and 2021 DENU

Figure 8 shows a slightly higher position achievements for women with a history of labour force participation or who are actively undertaking paid work. It is worth noting that the variable used to capture labour force participation at some point in life does not distinguish between women who have worked continuously for several years and those who have participated in the labour market for short periods, so the results may be underestimated. This represents a challenge in capturing information for future studies.

Figure 8



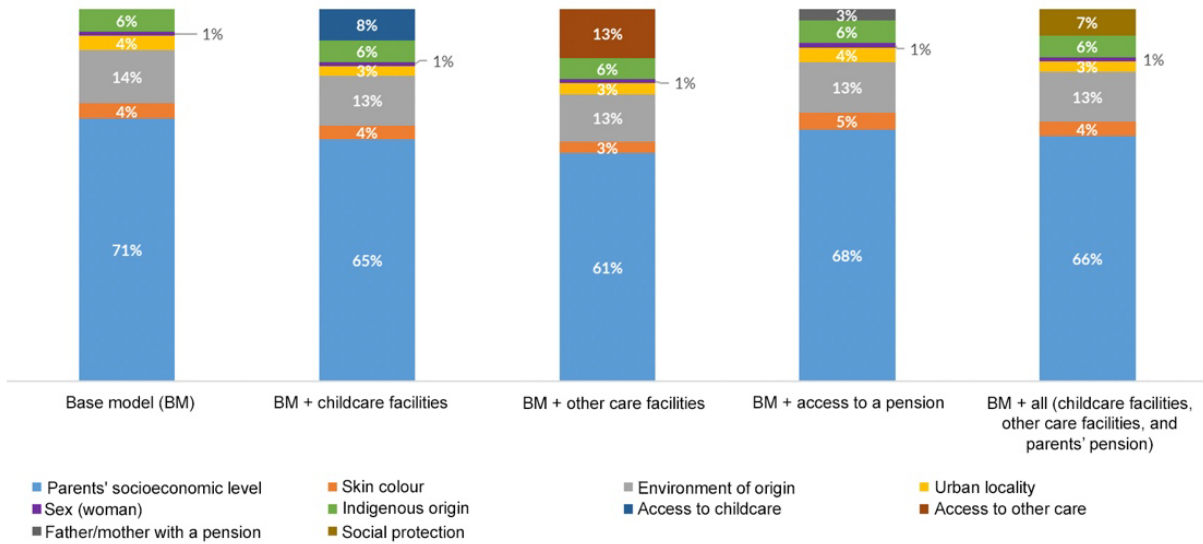
3.3. Inequality of opportunities (IOP) ³

As mentioned earlier, to estimate inequality of opportunities, we used the socioeconomic index and the factor decomposition proposed by Monroy-Gómez-Franco and Corak (2019)⁴. Beyond estimating the extent of inequality of opportunities and the contribution of the factors analysed, our interest was focused on detecting non-linear behaviour of the factors that explain it, along the distribution of origin. Figure 9 shows the state estimation for the base model plus 4 modifications. The relative contribution of each factor does not vary considerably by model. In particular, socioeconomic level contributes more to accounting for inequality of opportunities for the base model and the model including childcare facilities and, to a lesser extent, for the model with other care facilities.

³ See Annex III for IOP regression figures.

⁴ The difference between the analysis of Monroy-Gómez-Franco and Corak (2019) and the one presented in this paper is that the authors use a wealth index comprised only of assets for parents and children, while the socioeconomic index we used considers, in addition to household assets, parents' education. The index is estimated from an ordinary least squares regression with the socioeconomic index as the dependent variable and the factors considered as the independent variables. For the data in this paper, we used the Stata `iop` command developed by Soloaga and Wendelspiess (2014); for more details, see: <https://journals.sagepub.com/doi/pdf/10.1177/1536867X1401400408>

Figure 9. Determinants of inequality of opportunities according to conditions in the household of origin



Source: Authors' estimates based on 2021 ESRU-EMOVI Nuevo León and 2021 DENUE

In general, inequality of opportunities is explained by different factors. The environment of origin and socioeconomic level are more important in all models. This result is relevant because it suggests that the environment contributes to explaining inequality of opportunities for the population (Figure 9).

Conclusions and recommendations

Women are responsible for almost all care work, and they provide it on an unpaid basis, in the private sphere, outside of social protection and social security. Besides this, paid employment within the Care Economy is also mostly performed by women, and is characterised by low levels of income and precarious working conditions. Representative examples of the paid care sector are domestic workers and health care workers.

The results of our research suggest that early childhood care services and social security throughout life in the household of origin have positive effects on social mobility. The findings suggest that these expanded social protection factors are particularly crucial for individuals originating from the lower segments of the socioeconomic spectrum and influence women's accomplishments. However, the results also show that these mechanisms equally influence other points on the social ladder, including the upper segment. Controlling from the starting point defined by the socioeconomic status of their parents, women's achievements are considerably higher, so that care-related social protection and security can help compensate for inequalities of origin.

Another discovery from the study is the strong connection of these factors with the environment. Their incorporation into the models assessing inequality of opportunities reduces the weight of the region and the environment of origin, somehow enabling a breakdown of the overall impact of the environment into distinct factors associated with women's care responsibilities and the presence of social infrastructure in their residing areas. Our results using this type of model indicate that the effect of regional and environmental factors is larger for those from the lower socioeconomic strata, compared to a small contribution for those from the upper part of the distribution. This reinforces the usefulness of the progressivity and redistribution approach in social protection policies, but does not imply that they should be designed in a segmented manner nor that their availability should be conditioned by location on the social ladder.

The information available on access to care services presents important challenges for data sources in Nuevo León, both official and other specialised sources on social mobility. The exploratory exercises carried out in this study suggest the need for more and better data that incorporate a gender and care perspective in the study of women's social mobility. This entails incorporating specific items into the questionnaire design and taking into account the sample sizes of the surveys for analysing population groups with the highest care needs

—such as children, the sick, the disabled, and older adults— along with their woman carers and the services available to ensure the right to care. This information would allow a more accurate approach to the study of social mobility in general and of women in particular.

The approach we utilized is delimited by the available information on services and the social protection they offer, but it does not include other protective measures that could also influence social mobility. An example of such a measure is child support payments following parental separation; this can impact the economic wellbeing and care of children and adolescents if not enforced properly, in line with the law. It is also closely associated with economic violence against their mothers and woman carers. Beyond access to social security, our results also suggest that studying non-contributory social protection for older adults or people with disabilities may constitute another field of study related to social mobility and women's care responsibilities.

Finally, as we pointed out in the initial sections, policies for the prevention, attention, punishment, reparation, and elimination of violence against women and girls should be integrated into care policies. These measures act as a mechanism to mitigate the negative consequences of violence on their wellbeing and social mobility. This avenue of research should be explored in future studies.

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