

IRSA - CONGRESSO MUNDIAL DE SOCIOLOGIA RURAL (01/10/2025 A 20/01/2026) - IRSA 02 - THE RURAL-URBAN DIVIDE: LIVING CONDITIONS, WELL-BEING, WORK AND VITAL TRAJECTORIES IN RURAL AREAS

INVISIBLE CARTOGRAPHIES OF RURAL CARE IN URUGUAY

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In recent decades, caregiving has taken center stage in academic and public discourse as its essential role in sustaining life has been recognized. However, profound inequalities persist in terms of who provides care, under what conditions, and with what social recognition. This paper aims to map rural care in Uruguay, considering the differences that arise according to population groups (children, the elderly, and people with disabilities) and the places where care is provided, whether in homes or institutions. The study also seeks to understand the life trajectories of paid female caregivers in a context where the provision of care is strained by a shortage of services, geographical dispersion, and the persistence of traditional gender stereotypes.

The methodological strategy adopted is qualitative and integrates normative analysis of the regulatory framework, thirty-three in-depth interviews with caregivers in rural Uruguay, and a dialogue of knowledge with eighteen caregivers. These tools allow us to recover perceptions, situated knowledge,

and concrete experiences, as well as to articulate the subjective dimension of trajectories with the structural constraints of the environment.

The findings show that rural care cartographies reveal multiple practices shaped in territories with few formal networks and high levels of informality. Care takes on unique forms marked by emotional ties, labor tensions, and persistent inequalities. Likewise, the analysis of trajectories shows how the early internalization of socialization processes enables the incorporation and reproduction of gender stereotypes that guide women toward caregiving as an expected destiny, conditioning their possibilities for autonomy and labor participation. Caregivers emerge as key figures in the daily lives and autonomy of those they care for, even though they carry out their work in precarious and invisible conditions.

Palavras-chave: maps of care; careers of caregivers; gender socialization; paid care work; structural inequalities.