

Research article

The Time that Matters. Communitarian Care: Measuring and Thinking about the Invisible in Time Poverty

El tiempo que importa. Cuidados comunitarios: medir y pensar lo invisible de la pobreza de tiempo

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Receipt Date: 20/02/2026

Acceptance Date: 22/03/2026

Publication Date: 27/03/2026

How to cite the article

Cubillos-Almendra, J., Marambio-Tapia, A., Soto-Márquez, A. y Fonseca-Mairena, M. H. (2026). The Time that Matters. Communitarian Care: Measuring and Thinking about the Invisible in Time Poverty [El tiempo que importa. Cuidados comunitarios: medir y pensar lo invisible de la pobreza de tiempo]. *European Public & Social Innovation Review*, 11, 01-21. <https://doi.org/10.31637/epsir-2026-2357>

Abstract

Introduction: This article contributes to the conceptual and methodological discussion on communitarian care and its relationship with time poverty. It adopts a multidimensional and context-sensitive approach grounded in the centrality of life-sustaining activities and in the Tunequal time burdens they place on women. **Methodology:** The article combines a critical review of the specialized literature on communitarian care with a comparative analysis of Time Use Surveys (TUS), with particular attention to Latin America. **Results:** Communitarian care is generally reduced to institutionalized activities (e.g., volunteering, participation in neighbourhood organizations or political parties) and/or limited to care of children and older

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adults between households. As a result, informal, self-managed, and territorially situated collective practices remain largely invisible. **Discussion:** TUS and similar instruments should include questions related to time spent in care networks and in self-managed or informal collective spaces (such as soup kitchens, donation drives, cleaning shared spaces, awareness campaigns, or community outreach), even including time spent in commuting and coordination. **Conclusions:** the article proposes a framework for improving future time-use measurements. This framework rests on three pillars: incorporating communitarian care through a household/collective continuum, recognizing the territorial dimension of time use from an intersectional perspective, and complementing quantitative measurement with qualitative and interpretive approaches.

Keywords: Communitarian care; time use; time poverty; gender inequalities; intersectionality; life sustainability; time measurement.

Resumen

Introducción: Este artículo busca avanzar en la conceptualización de los cuidados comunitarios y su relación con la pobreza de tiempo, problematizando su escasa visibilidad en la literatura y en los instrumentos de medición del uso del tiempo. **Metodología:** Se realizó una revisión crítica de la literatura especializada en cuidados comunitarios y feminización del cuidado, junto con un análisis comparativo de cuestionarios de Encuestas de Uso del Tiempo (TUS) en América Latina y países del Norte Global. El examen consideró la clasificación CAUTAL (CEPAL) como marco de referencia y se organizó mediante matrices temáticas. **Resultados:** Se identifican vacíos conceptuales y metodológicos que limitan el reconocimiento del aporte de los cuidados comunitarios a la sostenibilidad de la vida, especialmente en contextos de precariedad y desigualdad de género. **Discusión:** Los resultados muestran que, aunque el concepto de cuidados comunitarios ha ganado presencia en los debates académicos, su operacionalización en encuestas oficiales continúa siendo parcial y fragmentada. Predominan mediciones centradas en el voluntariado o en el cuidado inter-hogares, lo que invisibiliza prácticas informales, autogestionadas y situadas territorialmente. **Conclusiones:** Se propone integrar los cuidados comunitarios en las TUS mediante un enfoque doméstico/colectivo y territorial, complementando la medición cuantitativa con aproximaciones cualitativas e interpretativas.

Palabras clave: cuidados comunitarios; pobreza de tiempo; uso del tiempo; brechas de género; interseccionalidad; sostenibilidad de la vida; medición del tiempo.

1. Introduction

The COVID-19 pandemic highlighted the urgency of addressing the care crisis that feminist activists and scholars have long emphasized (Pérez-Orozco, 2006; Ezquerro, 2011; Arriagada, 2010; Batthyány, 2021), exposing the stark inequalities between men and women in regard to care work. It is women who typically bear the burden of “double” or even “triple” work shifts, as they juggle paid employment with unpaid care work (ILO, 2018; Iqbal et al., 2020). This work is socially undervalued but provides well-being for households and communities.

Although care has recently become a more prominent topic in the Social Sciences and public debate, among the four main providers of care – state, market, family, and community – the community sphere still appears to receive limited attention (Vega-Solís & Martínez-Buján, 2017; Vega-Solís, 2019; González et al., 2019; Zibecchi, 2021). This is despite the fact that the pandemic – along with other crises and precariousness – has demonstrated the importance of community-based networks for sustaining life.

This is especially true in Latin America, where public policies aimed at social well-being are weak, and households often struggle to access the market and/or are overwhelmed in their capacity to provide care (Zibecchi, 2014, 2022; Fournier, 2020; Fernández, 2020; Tapia et al., 2021; Anigstein et al., 2021; Gavazzo & Nejamkis, 2021).

In response to the neoliberal shift in state action and limited access to paid care services, interactions between households and their social environments intensify to sustain life both materially and symbolically (Zibecchi, 2014; Vega-Solís & Martínez-Buján, 2017; Zibecchi, 2021).

Discussing unpaid care provided by the community is essential, as women have also played a major role in these efforts (Federici, 2010, 2020; Vega-Solís, 2019; Zibecchi, 2014, 2018, 2021), often without proper recognition and, in many cases, in ways that reinforce gender inequalities in time use (Arora, 2015; Arora & Rada, 2016; Qi & Dong, 2017; Course, 2009; Iqbal et al., 2020; Barriga & Sato, 2021; Castillo et al., 2022; Barriga et al., 2025).

In this context, the article addresses a double gap. On the one hand, communitarian care remains underdeveloped as a conceptual category within care studies. On the other, its presence in Time Use Surveys has been only partially recognized, especially in relation to informal, self-managed, and territorially situated collective practices.

Against this backdrop, the article develops a conceptual discussion of communitarian care and examines how it is currently represented in international Time Use Surveys, with particular attention to Latin America. Based on this review, it proposes methodological recommendations to improve the visibility of communitarian care and to strengthen the analysis of time poverty from a gendered and intersectional perspective.

1.1. Care Work: Between Women's Central Role and Patriarchal Injustices

Before delving into the discussion on communitarian care and how it is represented in the literature, we acknowledge the fundamental role women have played in weaving community networks through the collectivization of care work. This type of labour, socially assigned to women, originates in domestic spaces and extends into – and indeed shapes – their closest relational environments (Federici, 2010, 2020; Carrasco et al. 2014; Vega-Solís & Martínez-Buján, 2017; Vega-Solís, 2019; Cruz Hernández, 2020; Author, 2024).

As feminist perspectives – particularly Marxist feminism – have highlighted, the sexual division of labour has confined women to the domestic sphere, assigning them an obligatory, unpaid, invisible, and undervalued form of labour, masked as a “love offer” (Jónasdóttir, 1991; Mies, 1999; Federici, 2010; Pérez-Orozco, 2006). The capitalist economy’s refusal to recognize care as work is coupled with a cultural framing of care as a selfless and altruistic act (Zibecchi, 2014, 2021; García et al., 2021).

This leads to an inequitable and unjust distribution of care responsibilities – especially across gender lines, but also across social classes, regions, and generations. The care crisis we face as a society has overburdened women, as the responsibility for ensuring the well-being of large segments of the population continues to be treated as a private, family-based, domestic matter.

The feminization of care work reflects power dynamics based on gender, intertwined with women’s bodies and emotional lives. This manifests in their life trajectories, affecting their overall health, employment opportunities, professional development, political participation, and time availability, among other dimensions (Federici, 2010, 2020; ILO, 2018).

Feminist economics has sought to name and politicize the expropriation of women's reproductive labour and the consequences this entails. The notion of care debt or patriarchal debt aims to make visible "the ongoing dispossession of women's time and labour" (Carrasco et al., 2014, p. 53), recognizing the vast amount of care work and emotional energy women have historically devoted to sustaining life – resources that capitalism has treated as free and readily available (Mies, 1999).

According to Yayo Herrero (2012), care debt is the debt patriarchy owes to women around the world for the unpaid work they perform. Although conceptualizing this debt serves as a political strategy for visibility, it can even be quantified – despite the fact that the consequences of care work expropriation are difficult to measure in economic and social terms. The concept of the care footprint (Herrero, 2012), for instance, has been proposed as an indicator to show the unequal impact of the sexual division of labour on social well-being. This indicator connects time, emotional energy, and human effort that people need to meet their needs and contribute to sustaining life.

Another concept that helps to highlight the work overload experienced by women – and which this article focuses on – is time poverty (Vickery, 1977; Bardasi & Wodon, 2010; Andreati et al., 2021). This term refers to the scarcity of available time for individuals to dedicate to activities they value (such as rest, recreation, leisure, etc.), due to an overload of paid and/or unpaid work.

On one hand, time is recognized as a dimension of well-being, bringing visibility to unpaid work that remains hidden, as well as to the well-being losses experienced by those who perform it. On the other hand, time is understood as a dimension of poverty, revealing a form of deprivation that remains invisible and is not captured by monetary standards.

The care work primarily carried out by women is not limited to the household; it also extends into community spaces. The expansion of care work into the collective demonstrates how, despite being confined to domestic roles, many women have broken these boundaries – taking on leadership roles in public spaces and fostering networks of cooperation. It is from this perspective that we are interested in exploring the concept of communitarian care.

1.2. Conceptual Discussion on Communitarian Care

Although the concept of *communitarian care* has gained recognition in academic debates within the Social Sciences, the definition of the term requires further exploration, namely its conceptual and operational dimensions so that care practices can be studied and their contributions foster greater public awareness (González et al., 2019). The following section outlines part of the debate surrounding communitarian care practices, with the aim of proposing a conceptual characterization that may help to this line of research.

Firstly, it is valuable to point out that care involves a relational dimension, where the affective component is essential. While the material dimension (such as food provision) and management (like planning and coordination of care provision) are also significant, the emotional factor is what often makes care work feel especially exhausting and demanding (Martínez & Aguado-Peláez, 2019; Sanchís, 2020; Batthyány, 2020; García, Sanz & Ugena-Sancho, 2021).

Another key starting point is provided by Vega-Solís and Martínez-Buján (2017), who explore communitarian care through an analysis of the role community has played in gender and feminist studies in Southern Europe and Latin America.

The authors highlight the decisive influence of Marxist feminism, which since the 1970s has sparked discussion around the de-privatization and socialization of domestic labour. They also note that interest in the community dimension and its role in care has grown in response to the economic and social crisis in Southern Europe—where newly collective responses emerged due to the state withdrawal—as well as the role of popular-community-led initiatives in Latin America under neoliberal regimes mounting pressure on the state to redefine its approach to social welfare.

In this context, the authors acknowledge that communitarian care remains poorly defined, referring to a range of heterogeneous practices—from mixed-management services and self-managed initiatives to informal arrangements—but what distinguishes it from other forms of care is that both providers and recipients act as part of collective subjects.

In a later article, Vega-Solís (2019) underscores feminism's contributions to the debates around *the commons* through reflections on reproductive labour and care. According to the author, feminist thought has positioned social reproduction as a fundamental activity that calls for the political organization of wealth production—rather than treating production as the central concern. By politicizing reproductive struggles, feminisms have asserted new forms of collective action that bring key tasks—historically relegated to the private sphere—into the public realm (such as feeding, caregiving, education, and care for dependent persons).

Feminist contributions have highlighted the links between *material commons* (water, forests, gardens, infrastructure, ecosystems) and *non-natural relational commons* (care, relationships, knowledge, and spaces), as well as the need for cooperation and the crossing of boundaries between the domestic and public spheres in order to address the complexities of social reproduction. Finally, recognizing the central role of women in constructing the commons, the author warns of the inequalities embedded in collective action, which can take the form of exploitation and dispossession.

Martínez and Aguado-Peláez (2019) explore communitarian care through a case study in the municipality of Zumarraga (Basque Country, Spain), where initiatives have emerged to politicize and collectivize care. Communitarian care is understood as a transformative alternative that seeks inclusive responses to the devastating consequences of the current individualist-driven production model, which reproduces precariousness, isolation, prejudice, and fear of others.

Faced with various forms of social vulnerability, citizens come together to generate collective and creative solutions, recognizing human (inter)dependence and emphasizing four principles: connecting, knowing, sharing, and building—strengthening neighbourhood bonds in the process.

García, Sanz, and Ugena-Sancho (2021) based on their analysis of two cooperative housing initiatives and a parenting group in Spain, understand communitarian care as “those experiences that seek to meet the everyday needs of vulnerable bodies through a collective organization that diverges from the family, the state, or the market” (p. 2).

The authors note that these experiences reflect on care and its collectivization, foster awareness of interdependence, and aim to *un-familiarize* and *un-institutionalize* care through self-organization. This approach also recognizes the diversity of communitarian care manifestations depending on spatial and socio-historical contexts.

In Argentina, several authors have studied community work and its role in providing social welfare, focusing primarily on early childhood education experiences (Fournier, 2020; Zibecchi, 2014, 2018). Zibecchi (2014) specifically examines the role of communitarian caregivers and outlines the features of community organizations that provide care.

According to her, these organizations “consist of a small core of organizing members, a simple internal structure, a strongly local sphere of action, and a focus on concrete community problems” (Zibecchi, 2014, p. 133). These organizations often receive support from state sources (training programs, infrastructure projects, micro-productive initiatives) as well as from other institutions like the Roman Catholic Church and its related NGOs (Zibecchi, 2018).

In 2022, Zibecchi expanded the discussion on communitarian care by examining networks of cooperation among grassroots organizations linked to unemployed workers and the grassroots economy. Alongside continuing to highlight women's leadership, she also addresses the connection between everyday care practices and emerging forms of political engagement around the commons.

With the onset of the pandemic, Argentine authors have documented diverse forms of communitarian care, again emphasizing women's leadership. Fournier (2020) argues that communitarian care practices became central to life reproduction during the pandemic, showcasing forms of organization based on self-management and collective deliberation. She also notes that these practices led to increasing autonomy among women – and even tentative shifts toward “non-macho masculinities” – as women advanced in politicizing care and pushing for its recognition as labour, moving beyond patriarchal maternalism.

Gavazzo and Nejamkis (2021) – building on work by Magliano (2018) and Rosas (2018) – use the concept of communitarian care to understand strategies deployed by migrant women during the COVID-19 pandemic, as they created networks involving the state, universities, and other organizations. In this context, the authors define communitarian care as those activities aimed at sustaining the “common world” (food, health, childcare, etc.), understanding them as part of family strategies for life reproduction (Gavazzo & Nejamkis, 2021, p. 105).

This underscores the constant interplay between communitarian care and care provided within households, offering subsistence alternatives for families and collectives – particularly in urban peripheries. In their case – focused on strategies related to food, gender violence, and immigration procedures – women's care networks are interwoven with migration networks and other territorial forms of organization.

We wish to highlight the authors' intersectional perspective, which reveals that women in vulnerable situations – such as migrants, low-income groups, and those with limited access to state benefits – are more severely affected by precarious conditions. As a result, they are more compelled to develop survival strategies both within their households and through community associations, leading to an increased labour burden.

In Chile, González and her team (2019) explore communitarian care in relation to older adults, largely informed by Anglo-American debates. They identify a variety of care practices that may be considered “community-based,” ranging from formal services provided by organizations to informal, semi-organized care provided by community members – family, friends, neighbours – on a voluntary basis.

Their research reveals that it is not the broader community that provides care for dependent individuals, but rather women within families, underscoring women's overburden and accountability in these roles. However, the authors also highlight self-managed collective care strategies for the elderly, and observe the limited research on how community networks (neighbours, friends, volunteers) function in caregiving (González et al., 2019). They define communitarian care as a “network of networks of stable social ties” (González et al., 2019:159).

Anigstein and her team (2021) emphasize that communitarian care during the COVID-19 pandemic in Chile stood in stark contrast to the actions taken by the state, involving “practices, materialities, and affections oriented toward joint subsistence and organized for the common good” (p. 59). Thus, communitarian care is understood as actions that sustain life and are grounded in specific social networks – collectively organized and politically meaningful. We find particularly compelling the authors' assertion that communitarian care is situated; that is, it arises from a specific socio-historical and territorial context that shapes the characteristics of these practices.

Finally, Magliano and Arrieta (2023) examine communitarian care through the work of soup kitchens between 2021 and 2022 in nine low-income neighbourhoods in Córdoba, Argentina, recognizing them as sources of dignified habitability. The authors agree that community spaces often extend women's domestic caregiving responsibilities – especially regarding food provision in poverty and urban marginalization – and that these initiatives take place in areas marked by abandonment, stigma, and precariousness. They also reflect a heterogeneous map in terms of traditions, origins, levels of institutionalization, and community profiles.

2. Methods

This study adopts a qualitative comparative design aimed at developing a conceptual and methodological discussion on communitarian care and its relationship with time poverty. Rather than producing primary empirical evidence, the article is based on a systematic review of secondary sources and on a comparative analysis of Time Use Survey instruments. The methodological strategy combined two complementary procedures:

- (i) a critical narrative review based on explicit inclusion criteria of specialized literature and institutional documents, and
- (ii) a comparative review of Time Use Survey questionnaires from Latin America and selected countries from the Global North.

2.1. Review of specialized literature

A critical narrative review based on explicit inclusion criteria was conducted to identify the main conceptual approaches to communitarian care, its links with the feminization of care and time poverty, and the methodological debates surrounding its measurement. The search was carried out in Scopus, Web of Science, SciELO and Redalyc, complemented by reports and technical documents from CEPAL, ILO and UN Women.

The review prioritized publications from the last two decades, while also incorporating earlier seminal works that remain central to feminist debates on social reproduction and unpaid care work.

The inclusion criteria were:

- a) texts addressing communitarian or community-based care, unpaid care, social reproduction, or time poverty;
- b) studies with conceptual, methodological, or empirical relevance for Latin America and/or Southern Europe; and
- c) institutional documents directly related to time-use measurement.

Excluded were texts that only mentioned care tangentially or that did not provide analytical input for the conceptualization or operationalization of communitarian care.

The selected materials were reviewed through a thematic coding process organized around three dimensions:

- (i) definitions and attributes of communitarian care,
- (ii) relationships between care, gender inequalities and time poverty, and
- (iii) proposals or tensions regarding the measurement of care in statistical instruments.

2.2. Comparative review of Time Use Surveys

The second procedure consisted of a documentary analysis of publicly available Time Use Survey (TUS) questionnaires. The corpus included nine Latin American surveys: Bolivia (2001), Peru (2010), Ecuador (2012), Chile (2015 and 2023), Paraguay (2016), Mexico (2019), Argentina (2020), and Colombia (2020–2021). To broaden the comparative perspective, four surveys from the Global North were also reviewed: Australia (2004), Spain (2009), the United Kingdom (2014), and Canada (2022).

The selection criteria for these instruments were:

- a) public accessibility of questionnaires or technical documentation,
- b) relevance for measuring unpaid care, inter-household support, volunteering, or community activities, and
- c) usefulness for identifying how community-related care is operationalized across different survey designs.

For each survey, a review matrix was elaborated including: country, year, survey format, presence or absence of care-related modules, treatment of inter-household care, treatment of volunteering or community participation, inclusion of territorial or rural activities, and degree of proximity to what this article conceptualizes as communitarian care.

2.3. Analytical strategy

The analytical strategy combined thematic analysis of the literature with structured comparison of survey instruments. In the first stage, the literature review allowed the identification of recurring concepts, definitional tensions, and common attributes associated with communitarian care.

In the second stage, the questionnaires were compared using synthesis matrices in order to identify convergences, omissions, and differences in the statistical treatment of unpaid care beyond the household.

The comparison was guided by the CAUTAL classification as a regional reference framework, while also remaining open to categories that exceeded or challenged its current organization. This dual strategy made it possible to contrast conceptual developments in the literature with existing measurement practices and, from that dialogue, to formulate methodological recommendations for future time-use instruments.

2.4. Scope and limitations

This study does not include primary fieldwork or statistical analysis of microdata. Its contribution is conceptual and methodological. Accordingly, the findings should be interpreted as analytical guidelines for improving the recognition and measurement of communitarian care, rather than as representative empirical evidence on the prevalence of these practices.

Nevertheless, the systematic articulation of specialized literature and official survey instruments provides a solid basis for advancing the debate on time poverty, care, and the operationalization of communitarian care in official statistics.

3. Results

Recognizing communitarian care, the following section presents a review of international Time Use Survey questionnaires in order to identify how communitarian care is considered and to assess its relevance at an aggregate level.

Time Use Surveys (TUS) are valuable methodological tools for data collection that provide quantitative measurements of the activities people perform over a defined period of time and the amount of time devoted to each activity. This information enables detailed analysis of time allocation across different forms of work, including unpaid domestic and care work, paid work, community-directed work, volunteer work, and personal activities (CEPAL, 2021).

Globally, TUS methodologies tend to follow four formats:

- i) a time-use section embedded within a broader national survey,
- ii) a complete questionnaire specifically addressing time use,
- iii) a questionnaire combined with a time-use diary, and
- iv) a time-use diary only.

There are two types of diaries:

- i) a qualitative diary completed for one or two days, providing detailed descriptions of activities in designated time intervals, and
- ii) a quantitative diary, where activities are pre-categorized and respondents simply select the activities and specify when they occurred.

In Australia's 2004 TUS, communitarian care activities appear in Section 6 "Child care" (e.g., helping with caregiving tasks in other households, receiving care support within one's own home), and in the second checklist of the time-use diary, which also asks whether the respondent engaged in any volunteer activity in the past 12 months.

Canada's 2022 TUS includes questions on communitarian care in Section 6 "Unpaid service," covering support to other households (especially care for the elderly and children), volunteering, and participation in cultural, civic, or social events. It also asks about time spent on unpaid community or volunteer work, caregiving tasks for other households (including financial assistance), and participation in grassroots organizations (e.g., social, cultural, political groups).

The UK's 2014 TUS addresses this topic under two subsections: "Voluntary work" and "Help and services for others". It includes questions on volunteerism and time devoted to such activities, as well as on services provided to care for members of other households. This structure is more aligned with Latin American surveys.

Spain's TUS separates community and caregiving activities into two sections: Section 4 "helping other households" and Section 5 "volunteer activities". Section 4 focuses on giving and receiving care between households, while Section 5 addresses political, cultural, and territorial participation with a broad list of activities, including time spent in youth organizations, unions, political parties, volunteer work, and more.

For Latin America, nine TUS instruments were reviewed: Bolivia (2001), Peru (2010), Ecuador (2012), Chile (2015, 2023), Paraguay (2016), Mexico (2019), Argentina (2020), and Colombia (2020–2021). These typically separate inter-household care—asking about time spent giving and receiving support from other households—and address community dimensions mainly through volunteering and civic participation. Some also include territorial activities such as traditional festivals or cultural events.

Among the nine instruments reviewed, those from Bolivia, Paraguay, and Argentina do not include specific questions about communitarian care or include only one general question on volunteering. The remaining five, while not using the term "communitarian care," contain items that hint at it.

The surveys from Peru (2010), Ecuador (2012), and Mexico (2019) inquire about time spent in activities such as working in nursing homes, orphanages, or soup kitchens. Only Ecuador (2012) and Chile (2023) include a single module that groups volunteerism with inter-household care.

Peru's 2010 TUS addresses caregiving and community themes in two subsections of Section 5: "Support tasks for other households" and "Support work for organizations." The latter includes volunteering in orphanages and nursing homes, working in soup kitchens, and participating in communal labour. It also measures time spent on activities such as attending talks, distributing flyers, union involvement, and painting walls.

Ecuador's 2012 TUS has a single section addressing inter-household and communitarian care (Section 8, Subdivision J: "Unpaid activities for other households, community, and volunteering"). Along with Canada (2022) and Chile (2023), it is one of only three surveys that combine these concepts in a single category.

This section includes questions on participation in organizations or social activities, environmental conservation efforts, and free support to other households. Notably, this instrument emphasizes the link between communitarian care and environmental preservation.

Mexico's 2019 TUS, in Section 6 "Daily activities," includes subdivisions M "free support to other households," N "free support to the community and volunteering," and R "civic participation." Subdivision M asks about time spent assisting with caregiving in other households. Subdivision N asks about involvement in the Red Cross, nursing homes, public space cleaning, political parties, and rural or peri-urban community tasks like communal work and local festivities (INEGI, 2019).

Colombia's 2020–2021 TUS covers these topics in Section 8, detailing participation and time devoted to volunteer activities, public space maintenance in the neighbourhood, community boards, unions, political parties, etc. A separate section refers to unpaid support to other households.

Chile's 2023 TUS addresses communitarian care in Section P "Paid help to other households," particularly in subsections 1 "Domestic tasks for other households" and 2 "Community activities." Community participation includes:

1. Neighbourhood associations and solidarity activities;
2. Volunteer work; and
3. Involvement in social movements and political parties.

Regarding care, it goes deeper into support for members of other households. The updated 2023–2024 version includes valuable improvements in registering care work and its complexity. For instance, it offers a minimal number of items to capture communitarian care work. Although focused on urban settings, it provides valuable data on urban living patterns. However, further differentiation between metropolitan, mid-sized, and small cities—and among urban, suburban, peri-urban, and rural areas—could enhance the analysis.

Compared to the 2015 version, the updated survey features more detailed modules. Nonetheless, communitarian care remains one of the least developed sections. It is addressed in the section "Voluntary work and help to other households," which contains two sections of five and two questions, respectively. The first quantifies time spent helping with domestic chores and caregiving in other households, disaggregated by age groups (0–15 years, 15–59 years, and 60+ years).

The second section, "Voluntary work," asks whether activities were performed in non-profit organizations, neighbourhood associations, soup kitchens, religious groups, etc. Time is recorded by selecting the activity from a list, specifying hours and minutes, and whether it occurred on a weekday or weekend. Unlike other modules, it does not inquire about travel time or transport used to reach the activity site.

It's worth noting a contrast between instruments used in the Global North and Latin America regarding territorial diversity in measurement. Global North surveys (UK 2014, Canada 2022, Australia 2004) typically do not include lists of rural or peri-urban activities. In contrast, Latin American instruments generally record whether households are urban or rural and include lists in their modules to measure time spent on self-supply, food production and processing (e.g., tending gardens, shelling or roasting seeds), animal husbandry, water storage, etc. (Bolivia 2001; Peru 2010; Ecuador 2012; Paraguay 2016; Mexico 2019).

Some even include identity-based questions such as “belonging to the peasantry” (Colombia 2020–2021) and participation in local cultural/community activities. However, rural activity sections are usually brief and often exclude territories with mixed rural-urban (rurban) characteristics.

From this review of TUS instruments, we observe that Latin American surveys generally follow the structure suggested by the 2015 Time Use Activity Classification for Latin America and the Caribbean (CAUTAL) guide, which recommends separating support for caregiving to other households and participation in civic/community activities into different sections. In all nine surveys, the community dimension is primarily limited to volunteering and participation in entities like neighbourhood associations, unions, political parties, etc., without considering informally or loosely organized caregiving activities.

Thus, it is necessary to rethink what constitutes unpaid community work beyond formal organizations and how it is operationalized in surveys. Furthermore, inter-household care is confined to the domestic unit, i.e., time spent on caregiving is only measured within private/domestic settings.

In addition, the division of community and caregiving into separate sections hinders the conceptual integration of “communitarian care.” In Latin American TUS instruments, only questions related to soup kitchens and public space cleaning begin to suggest care practices outside the private household, linked with territorial networks (e.g., communal food practices). Finally, time management in relation to territory is rarely stressed, despite enables the understanding of time use variations across diverse settings: metropolitan areas, mid-sized and small cities, suburban, rural, and peri-urban settings.

4. Discussion

The analyses presented above support proposals across three key areas: i) the need to stress communitarian care in time-use measurements through a household/collective or domestic/public continuum; ii) acknowledging territorial factors in time use as part of an intersectional approach; and iii) the relevance of complementing these measurements with qualitative and interpretive approaches.

Firstly, we consider it necessary to strengthen the inclusion of the heterogeneous forms of communitarian care in Time Use Surveys (TUS) – that is, not only addressing activities framed within social organizations or volunteer work –, recognizing their relevance in contemporary settings, especially under conditions of precariousness (urban segregation, poverty, isolation, etc.).

Within this framework, we understand care as occurring along a household/collective or domestic/public continuum, where cooperation between household units represents the first link in what we understand as communitarian care: informal, loosely organized care activities that point toward the de-privatization and collectivization of care.

In light of the pandemic, the boundaries between the domestic and the community spheres have become increasingly blurred. It has become clear that, particularly in times of crisis (health, political, social, economic), survival within households relies on social networks that extend beyond them: a friend, a neighbour, someone who shares needs or motivations, the person living across the street, or someone encountered in the park or neighbourhood.

Households are constantly engaging with their immediate surroundings (geographically close or not) to sustain life in both material and symbolic terms – something that cannot be achieved through privatized logic alone (Author, 2024).

Recent research confirms two key insights. First, that households must be understood as embedded within the networks that constitute and give meaning to them, based on practices that enable, shape, and transform people's daily lives (Oriolani, 2022). Second, that the complexity of caregiving demands spaces beyond the domestic sphere (Jirón et al., 2022).

Many of the functions assumed by households take place through interactions with the community (commuting, shared spaces, relatives' homes, neighbours, friends). Thus, the interdependence that originates from within the household becomes fundamental to sustaining life: people coordinate, negotiate, move, and provide care that makes life possible (Oriolani, 2022; Jirón et al., 2022).

Related to this, and in line with current debates, caregiving activities in the community as categorized in TUS should not only include care for others (childcare, soup kitchens, etc.) but also collective care of territories, ecosystems, and non-human animals (Puleo, 2022; Cruz Hernández, 2020).

In regard to the territorial dimensions of time use, we recognize that the experiences of people living in non-urban and/or rural areas have been underexplored, despite the fact that socio-territorial characteristics (transportation, access to services, energy gaps, dispossession of commons, water scarcity, etc.) are crucial in shaping caregiving practices, time use, and time poverty (Arora, 2015). For instance, in rural contexts, women work double the total hours of men and have less leisure time (Bardasi & Wodon, 2010; Arora, 2015; Arora & Rada, 2016; Hyde et al., 2020; Porras-Solís, 2021).

Therefore, including survey items that capture territorial specificities in TUS (such as energy provision, access to basic services, self-production and consumption, etc.), particularly in non-urban, suburban, or segregated areas, would enrich the identification of gaps in time use and the population groups most vulnerable to time poverty (Fraga, 2022; Castillo et al., 2022). Such data would improve TUS results and subsequent analyses.

This – along with the consideration of other variables – could help advance the integration of an intersectional approach into time-use measurements, acknowledging that gender inequalities – in this and other areas – are intertwined with other disparities (related to race, class, age, etc.).

This would allow for an analysis of how different variables intersect to affect time use and highlight dynamics that lead to the contamination or destruction of leisure time due to intersecting inequalities. Echoing the principles of intersectionality, TUS can be useful to the current debates in order to identify not only differences in time use between men and women but also among subgroups within the population.

Finally, time-use measurements should be sided with qualitative and interpretive approaches, such as time diaries (used in some countries), semi-structured interviews, and mobile ethnographies. These complementary methods would allow deeper insight into people's perceptions of time use, the simultaneity of activities, the contamination of free time (as discussed in specialized literature), the effects of time poverty on subjectivity and everyday life in certain segments of the population, and – over time – the operationalization of items and response categories to be integrated into TUS.

These would reflect the specific nature of caregiving and communitarian care across different contexts. Along these lines, we highlight the weekly journals included in some Global North surveys, which allow for the recording of overlapping care activities and a summary of their emotional and affective impacts on individuals.

5. Conclusions

Considering the growing relevance of community-provided care within the Social Sciences, this article set out to conduct a literature review on communitarian care with the aim of developing a common notion that facilitates research and, from there, to examine its consideration in international Time Use Surveys.

In this context, we recognize that communitarian care experiences are heterogeneous, presenting a variety of manifestations depending on specific spatial and socio-historical settings. These range from informal and self-managed experiences to more organized activities involving connections with various institutions (governmental, religious, educational, etc.). What stands out is their orientation toward the common good, and the fact that both beneficiaries and providers are part of collective subjects, forming a kind of “network of networks” (González et al., 2019) that seeks to sustain individual and collective life by acknowledging human interdependence and the importance of reciprocity.

In this regard, communitarian care explicitly or implicitly carries a political dimension, as it seeks creative and supportive responses to the harmful effects of the current production model (poverty, overcrowding, urban segregation, isolation, etc.), while recognizing the insufficiency of family-based care and the need to collectivize such work.

Finally, the literature shows that communitarian care initiatives tend to involve a relatively small organizing group, a simple internal structure and organization, and a local scope of action, aimed at addressing specific problems and/or vulnerabilities within a given community (Zibecchi, 2014, 2022).

With this reference notion of communitarian care in mind, the review of international Time Use Surveys (TUS) shows that these activities are only partially captured. In most cases, what this article defines as communitarian care is reduced to institutionalized practices, such as volunteering or participation in neighborhood organizations and political parties. It is also often limited to inter-household care for children and older adults. As a result, self-managed, informal, and collective care practices remain largely invisible in official measurement instruments.

Future surveys should therefore include questions on time devoted to care networks and to informal collective spaces, such as soup kitchens, donation drives, shared-space cleaning, awareness campaigns, and community outreach. These instruments should also capture time spent on commuting and coordination, since both are often integral to care practices.

More broadly, the operationalization of communitarian care would benefit from a specific module organized around a household/collective or domestic/public continuum, where cooperation between households constitutes the first layer of communitarian care.

The review also found that some Latin American TUS include items related to rural territories, particularly activities associated with food production, self-supply, and the collection of water or fuel. However, these practices remain underrepresented in comparison with activities more typical of urban settings. They also fail to capture *rurban* experiences. This limitation shows that time use is shaped by socio-territorial specificities, which add complexity to the notion of communitarian care and reinforce its situated character (Anigstein et al., 2021; García, Sanz & Ugena-Sancho, 2021; Zibecchi, 2014, 2022).

We also observe the potential of those TUS complemented with time diaries. These allow for the recording of simultaneous caregiving tasks and the documentation of their emotional and affective impacts on individuals.

Based on the comparative analysis of TUS and on the concept of communitarian care, this article proposes a framework built on three pillars. First, time-use surveys should make communitarian care more visible through a household/collective or domestic/public continuum. Second, they should recognize the territorial dimension of time use as part of an intersectional approach. Third, they should complement quantitative measurement with qualitative and interpretive strategies.

Advancing the conceptualization of communitarian care is essential, given the breadth of the concept and the diversity of collective care experiences. A more precise conceptual framework would make it easier to incorporate informal, unsystematic, and loosely organized practices into time-use measurement. This, in turn, would help identify forms of labor that remain invisible to the economy and reveal which social groups are more exposed to time poverty.

Recognizing the role of care work in sustaining life, and the disproportionate burden it places on women, also requires better measurement tools. Such tools can support public debate, strengthen the politicization of care, and inform policies aimed at a fairer social organization of care, both within households and across communities.

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AUTHORS' CONTRIBUTIONS, FINANCING AND ACKNOWLEDGMENTS

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Funding: UCM Project 2305.

Acknowledgments: This text was produced as part of UCM Internal Project 2305, “Measuring Time Use and Time Poverty: Proposals and Analysis.”

Conflict of interests: There isn't any.

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