



DOSSIÊ CRISES, DESIGUALDADES E CUIDADOS. EXPLORANDO EXPERIÊNCIAS NACIONAIS

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# Institutionalized elderly care in pre and post-pandemic Bogotá

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## Introduction

In recent years it has been common in Colombia to find news in the media about the abandonment of the elderly. The cases are very diverse. One of them is that of a 77-year-old woman who, despite suffering from Parkinson's disease, being unable to speak and suffering from malnutrition, was sent back alone from Mexico City to Bogotá, where no one was waiting for her. The only information she brought with her were unsigned letters in a pocket (Rojas, 2017).

Another case is that of a 74-year-old man who decided to dig a hole in the ground and bury his body up to his neck in his ranch in a Bogotá shantytown. All that can be seen is his pale and tired face, in conditions of absolute poverty, who lost his job due to incapacity. On the aged walls of the shack, he has pasted posters on which he has written his plight and asks for monetary aid and decent housing (Malaver, 2022).

In the case of Bogotá, although the local administration provides institutionalized care for about 2000 vulnerable in 17 protection centers, the queue for a place is often hundreds of elderly people. Health centers, hospitals and clinics are the main places used by families to leave the care of their relatives. In the city, an average of

two elderly people are abandoned per day, which means that more than 730 per year are left in hospitals or on the streets (Redacción Bogotá – *El Espectador*, 2023).

If the abandonment of the elderly is the extreme expression of the care crisis, from the side of those who have assumed care, who are thousands of women, its expression are the demands before the constitutional justice. In our research we found that, according to data from the Constitutional Court, between 2019 and 2020, nearly 5,600 protection actions were filed before judicial authorities seeking home care. Almost all these demands are denied under the constitutional principle of family solidarity (Pineda and Garzón, 2023).

Although in the last local administrations the tax collection assigned to old age has increased, these resources are totally marginal to the challenge of caring for older people with some degree of dependency. As has been predicted, population ageing in Colombia and Latin America will deepen this care crisis. In the case of Bogotá, currently 12% of the population is over 60 years of age; in 2050 this proportion will represent 27.2%. In other words, there will be more than 2'500,000 older people in the city, up from just over one million today. But, as we know, the problem is not the ageing of the population itself.

Where can we locate the explanation of the crisis of care? What can be the conceptual and theoretical foundations for addressing this crisis? What have been the contributions of feminist thought to the literature on old age care and ageing? Although in Europe and North America the debates on old age and care have been earlier due to the same processes of post-war demographic change, feminist research on care in Latin America has focused more on childhood and paid and unpaid domestic work and, more recently, work on old age and care has taken place. The purpose of this paper is to address the issues of debate that have arisen around care in old age, to see what happened in the pandemic and to make some points about the social organisations of care.

This article is based on information from two research projects. In 2013, as part of the project *Old Age and Care Work in an Aging Society*, which aimed to analyze and assess the different care services offered to older people by private nursing homes, we conducted a survey of a sample of 144 nursing homes in Bogotá. In 2023, as part of the project *Who Cares? Rebuilding Care in a Post-Pandemic World*, we revisited nursing homes to identify and analyze the provision of elder care during the covid-19 pandemic and the conditions of caregivers. Thus, a survey similar to the one conducted in 2013, including the effects of covid-19, was conducted with a new sample of 126 nursing homes in Bogotá. As in 2013, in-depth interviews were conducted with caregivers to gain a deeper and qualitative understanding of the situation regarding elder care in the city. This article compiles and analyzes the results

of both surveys, comparing the situation between the two years and highlighting the findings regarding the effects of the pandemic.

### Gender and elderly care

The American sociologist Toni Calasanti (2006) drew attention to the way in which feminist literature had excluded discussions of age. She pointed out that feminism had not considered the point of view of the elderly either as caregivers or as subjects of care, from which she points to an “ageism”, i.e., age discrimination based on age due to the lack of interest in the issue and the failure to incorporate old age into the care debate. In our opinion, this picture has changed a lot in this century.

From the feminist literature in Latin America on gender and care of the elderly, different aspects have been worked on; we classify them into four. A first aspect has been to highlight and explain why women assume the burden of care for the elderly and the injustices of this unequal distribution. A second field of study is the specificities of care for the elderly compared to other population groups. The third aspect is related to the social and working conditions in which paid and unpaid care is provided, which we will analyze in the next section in the context of the pandemic. And a fourth aspect, derived from the first, has been the debate on the familiarization and social organization of care.

Regarding the first issue, this has been the general claim of the literature on care. As long as time-use surveys have been available, they have shown that most of the care work is carried out by women. However, theoretical explanations with different emphases point to the following causes: socially dominant gender norms that more easily free men, filial or intergenerational obligation, and the lack of public alternatives. For Latin America, women’s free choice is questioned, as it results from a patriarchal imposition given the low participation of men and the absence of supportive public infrastructure (Scavino and Aguirre, 2016; Failache *et al.*, 2024).

This topic includes other aspects addressed by feminist studies on old age, such as the double feminization of care, given by the population feminization of old age and the fact that more women are caring (Scavino and Aguirre, 2016), the problems faced by women carers in accessing contributory pension systems and thus a higher level of poverty in their old age and the care needs of carers (Eclac, 2019; Jiménez Brito, 2023).

Regarding the specificities of old age care, from Mexico, Leticia Robles (2021) specified at the beginning of the century that old age care, in addition to the “work of suffering” or attention to health needs and the “work of daily life” or indirect care, included “biographical work”, which rescues the person’s biography and recon-

stitutes their identity (Robles, 2021, p. 564). This approach of Robles rescues the importance of old age for the creation and sustaining of culture, which constitutes a central element in the fight against the devaluation of old age. In the same way, Guita Grin Debert (2011), in an extensive examination of old age and aging in Brazil, she emphasizes the different forms of management and the privatization of the aging population. Her critical analysis questions how forms of consumption construct meanings about the *añoso* (old-timer person), just as the voices of experts may or may not contribute to the denial of old age, illness, and death.

The fourth aspect, on the familiarization and social organization of care, is central to the debate on the democratization of care and public policies on care. Two initial aspects have been pointed out in the literature: changes in the composition and size of families, and the increasing exit of women into the labour market. These elements have been at the center of the discussion on the crisis of care and its social organization (Valenzuela, 2010). Elderly care relies on the family or family networks. However, the process of population aging has led to the emergence of nursing homes or geriatric centers, from the market. These homes serve middle- and high-income sectors with the ability to pay for their care needs. The State, at the national and regional levels, has a marginal role. Thus, for the elderly, a social organization of care has emerged in large urban centers through an accelerated process of commodification and institutionalization of care (Pineda, 2019; Castiblanco-Moreno and Pineda, 2024).

However, the discussion must be approached with other background elements. Since the emergence of social insurance systems in the mid-20th century in Latin America, old age has been addressed mainly through pension systems which, under the paradigm of a wage-earning society, sought to protect the workers who were retiring from working life. This approach to old age protection has been particularly problematic in Latin America, given that we have not achieved a salaried society – in some countries self-employment is as high as 40% and a high percentage of salaried workers are informal –, so pension coverage is low and there are high gender disparities.

But, apart from the low pension coverage, the main limitation of this system of old age protection is that it has been separated from the provision of care. Similarly, social security health systems have included specialised and/or institutionalised health care, systems that also exclude care other than institutionalised health care. Thus, old age protection systems do not include day-to-day care and leave women who are assigned to care work unprotected.

It is for this reason that, in the Colombian case, home-based caregivers have massively resorted to tutela rights – a legal action brought before a judge when a basic

right is violated – to demand the presence of health entities in home-based care. In a recent study, based on a review of the rulings handed down by the Constitutional Court in the last decade regarding the claims of caregivers of older people, we have concluded that:

[...] the jurisprudence of the Constitutional Court served to reinforce the role of the family and the market as the primary caregivers of older adults, while the State continues to play an exceptional and subsidiary role. This means that, apart from obtaining a favorable ruling through a tutela action, the only avenue for those who cannot provide direct care services is through the market. Thus, not caring is a class privilege and jurisprudence became an effective means to reinforce the social gaps that exist within the market (Pineda and Garzón 2023, p. 182).

What has happened in most Latin American cities is that care for the elderly has been left to the market. In 2013 we witnessed an exponential growth of nursing homes, gerontological centers, which have captured the growing demand for care for the elderly, in a model of institutional and commercial care, with a high segmentation of supply – homes for the poor and homes for the rich, a clear deterioration in the quality of care for poor populations that achieve institutionalisation and an unsustainable model of it, given the fact that the vast majority of poor elderly people remain under family or community care in precarious conditions or simply abandoned and forgotten (Pineda, 2014, p. 66).

We are revisiting these homes after the pandemic, highlighting the precarious conditions of the carers, the segmented care by social class, the marginality of public action and working and organisational conditions that undermine the development of an ethic of care in the provision of services. Although care may be labelled as feminine, low-paid and invisible, the pandemic showed that it is essential work, representing the real hidden hand, not the market, that sustains life, the functioning of societies and the economy.

## Pandemic and elderly care in Latin America

The pandemic crisis was universal, but its effects have clearly differed according to multiple categories of social differentiation. Different studies have shown that the pandemic is also a problem of inequality, affecting more strongly people in vulnerable conditions such as those living in overcrowded and precarious jobs; people who provide social, community and health services; those with serious health problems or chronic underlying diseases; and people over 60 years old, especially if they present

the above characteristics (Acosta, 2020; Comas-d'Argemir and Bofill-Poch, 2022; Quintero, 2020; and García-Santesmases *et al.*, 2022).

Thus, old age is considered to be a risk factor for infection and death caused by covid-19. However, at the beginning of the pandemic, more importance was given to the health sector than to the social sector of care, especially care for the elderly, and it was only when infections and deaths in nursing homes among residents and staff increased in Latin America, the United States, England and other countries that care for the elderly was on the political and media radar, that it became a global public issue (Hernández and Octavio, 2021; Acosta, 2020).

Thus, there was a long delay in providing protective equipment and diagnostic tests, and protocols were imposed that did not conform to the social care homes, which led to a greater number of staff departures, given that they had to keep quarantines on the mere suspicion of infection without confirmatory tests, causing a neglect of care, especially in old people's homes (Comas-d'Argemir and Bofill-Poch, 2022, p. 2).

During pandemic confinement, care changed and intensified in protection centers, geriatric and gerontological homes. Although one of the guidelines issued by the health institutions was to avoid close contact, overcrowding made it impossible to comply with this in homes due to the number of people staying in these places, where most of them shared rooms and bathrooms; the limited space, considering that the infrastructure often corresponds to an adapted house and their precarious resources (Ocampo, 2022).

In various Latin American countries, these health guidelines for infection control did not consider the conditions and dynamics of nursing homes for the elderly; many of the elderly in these homes were dependent, so not having physical contact was not an option. The precariousness of caregivers, the limited number of caregivers compared to the number of people to be cared for, the lack of optimal working conditions, training in infection outbreak management and proper waste management, limited physical and sanitary resources, and little state support put the health and lives of the staff and their families at risk (Robles, 2021; Hernández and Octavio, 2021).

Recent literature in Latin America has verified that, in addition to the structural shortcomings of care, social prejudices towards old age, such as ageism, welfarism and its social devaluation, were exacerbated during the pandemic (Arreseigor, 2021; Comas-d'Argemir and Bofill-Poch, 2022; and Ortega, Sancho and Stampini, 2021). As studies on old age have pointed out "the dependent subject is someone who occupies the lowest position in the hierarchy of autonomy and independence" (Robles, 2005, p. 52). This explains why health systems prioritized the lives of young and

healthy people over those of older and dependent people, why there is little recognition of carers of older people in gerontological centers, and the justification for the scarce allocation of resources to the care sector (Comas-d'Argemir and Bofill-Poch, 2022; Hernández and Octavio, 2021).

Additionally, in the context of the pandemic, the social and emotional burden became more acute for caregivers of the elderly, because although before the covid-19 the caregiving tasks involved a high degree of demand, during the quarantine it intensified. "In the pandemic, the permanent, continuous and constant treatment, during days, weeks and months, marks an itinerary that will fluctuate between motivation, reluctance and finally, a feeling of hopelessness" (Arreseigor, 2021, p. 109).

The emotional burden and management increased, so that caregivers put not only their physical, but also their mental and emotional health at risk. From chronic stress, typical of their caring conditions and working hours, they were confronted with the feeling of uncertainty and fear generated by social isolation, exposure, and contagion not only for themselves but also for their families, and the risk of death, especially for the elderly, with whom they usually have some kind of emotional bond. For their part, most of the caregivers in the gerontological centers did not have psychosocial support that would allow them to face these situations and strengthen their level of resilience (Fajardo, Nuñez and Henao, 2020).

Women who care for the elderly are not only professionals in social or health science areas, they are often domestic workers where their prescribed work, i.e. the work for which they were hired and for which they are paid, includes indirect care work – cleaning, food preparation, etc. – as well as direct care work; this is a package with unspecified additional burdens, often becoming their main function (Pineda 2021, p. 211; Robles, 2021).

Social care for the elderly was not a central public policy concern. Nursing homes, which remained active in contrast to other care settings such as day-care centers and schools, did not receive special attention even though they were considered high-risk spaces for contagion. This was evident in Mexico and Colombia, where nursing homes and care homes remained open and, as in other Latin American countries, where these services have been privatized. Although states monitor and provide technical guidelines and quality guidelines for operation, they only intervene when complaints are filed (Robles, 2021).

## Methodology

As noted in the Introduction, this article is based on a mixed methodology that combines quantitative information from gerontological homes and qualitative infor-

mation from the voices of women caregivers in particular. To identify the universe of long-term residential facilities for the care of older people, we used various databases. First, we obtained information available at the Bogotá Chamber of Commerce from the commercial registries of the last two years; second, we obtained the database of nursing homes supervised by the District Health Secretariat in 2013 and District Secretariat of Social Integration in 2023; and third, we consulted lists of websites that compile information on nursing homes in the city. By cross-referencing these three sources of information, we created an initial database that, after being refined<sup>1</sup>, yielded a universe of 461 in 2013 and, using a similar procedure, 499 homes in 2023.

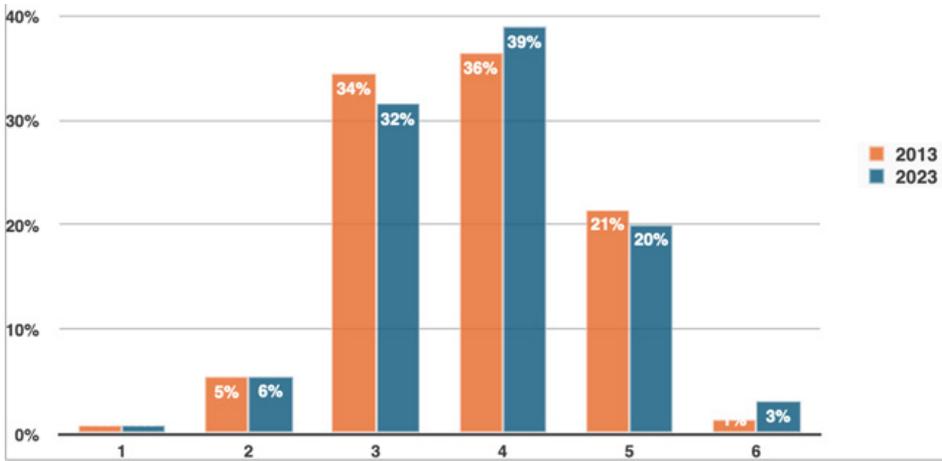
A stratified convenience sample design was used, selecting all households that agreed to participate in the survey. Thus, the survey achieved a final sample of 144 households in 2013 and 126 in 2023; that is, 31.2% and 25.2% of the total universe. These samples were representative of the distribution of socioeconomic strata in the city<sup>2</sup> (Figure 1). Of the 126 surveys conducted in 2023, 71 (56.3%) were nursing homes that also participated in the 2013 research. In this sense, the survey had a panel survey characteristic.

Thirty semi-structured interviews were conducted with caregivers, allowing us to gain in-depth information and learn firsthand about their experiences and feelings during the pandemic in nursing homes. For this article, we analyzed some of the results from both projects and compared the most relevant data, analyzing the changes and highlighting the experiences of caregivers and the value of their work in the context of the pandemic.

According to the two research periods, it was observed that the structure of care services has remained unchanged for a decade. The majority of households in the city are in strata 3, 4, and 5, which implies some ability of the elderly or their families to pay for the service, considering that these services are private. This has clearly maintained the stratification of the supply, in accordance with the city's socio-spatial segmentation; that is, services are clearly differentiated by their users' ability to pay, thus reproducing the class structure.

1. We eliminated duplicate homes or did not specifically serve older people, and we excluded geriatrics homes. Unlike gerontological homes, geriatric homes are operated by health entities because they treat illnesses. Therefore, they must have medical staff available 24 hours a day and have the infrastructure and equipment to meet all the health needs of older people. Gerontological homes, on the other hand, provide support and care services to older adults who do not require 24-hour medical assistance.
2. In Colombia, socioeconomic stratification is a housing classification system used to determine the payment of public utility services and to apply subsidies and contributions. It is divided into six strata, from 1 (low-low) to 6 (high), and allows higher-income households to pay more for these services, while lower-income households receive subsidies.

FIGURE 1  
*Nursing homes distributed by socioeconomic strata (Bogotá 2013-2023)*



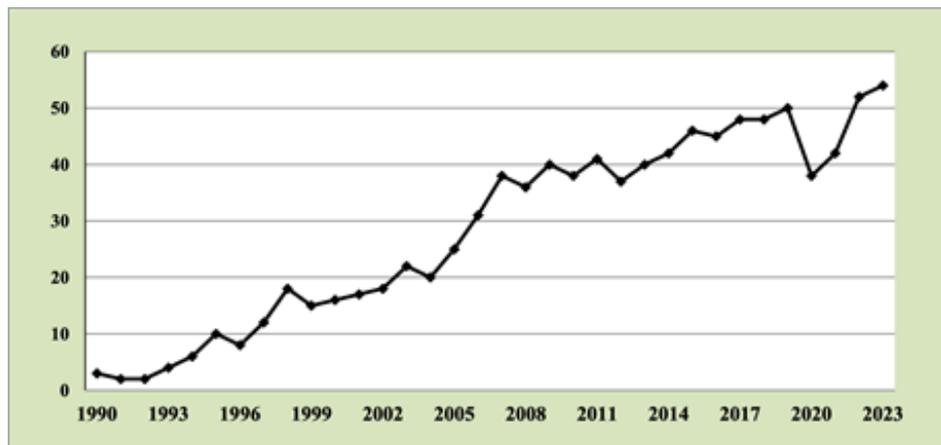
Although Bogotá’s population is approximately 15% in stratum 1 (SDP, 2022), nursing homes in this stratum are almost non-existent; that is, neighborhoods in stratum 1 are almost completely unattended. In general, nursing homes are located in residential neighborhoods, in houses suitable for the service, with the aim of serving population groups with the ability to pay for their services. In this sense, of the total number of nursing homes in the city in 2013 (461), 71% (327) were located in strata 3 and 4, and likewise, in 2023, of the total number of respondents (126), 71.3% were in the same strata.

### Characteristics of nursing homes in Bogotá

The expansion of nursing homes as small business units in response to the growing demand for elderly care was verified in both the data collected in 2013 and 2023. In Bogotá, the average number of registrations of these new commercial establishments in the 1990s was eight (8) per year, in the 2000s it was twenty-six (26), and in the last 14 years it was forty-four (44) (Figure 2). It should be noted that, as small service businesses, many of these homes do not remain overtime, so their net growth is lower.

There is also a growing number of foundations, corporations, parish and community initiatives that have created nursing homes in response to the needs of elderly people living in poverty and abandonment. These organizations subsist on donations, in accordance with tax incentives, and through participation in programs and service contracts with the public sector. In Bogotá, approximately 180 non-profit elder care organizations were identified; 38% of the total. There are small, marginal initiatives with homes that care for three or five elderly people

FIGURE 2  
 Number of nursing homes with new business registration per year (Bogotá 1990-2023)

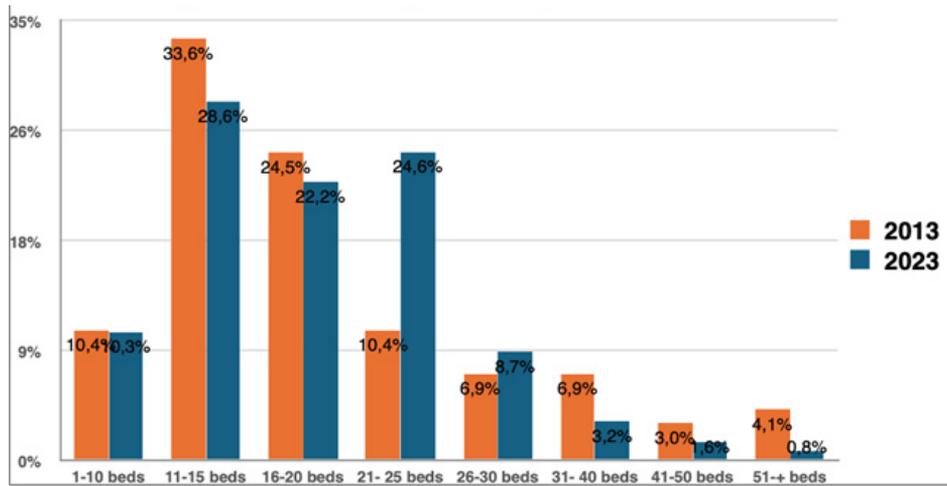


in working-class neighborhoods that are not registered. In Bogotá, between for-profit and non-profit organizations, coverage of institutionalized elderly people is estimated to represent 5.3% of the total number of people over 75 in the city and only 1.8% of those over 65 (Pineda, 2018).

The SDIS in Bogotá leads the *Social Public Policy for Aging and Old Age*, which guides the provision of services for elderly people in different modalities. Day centers are a daytime social service for older people in vulnerable conditions without major dependency, promoting active aging and strengthening interfamily relationships. Overnight centers are a temporary service that guarantees overnight accommodation for older people without a permanent home, with the goal of restoring rights and providing protection. It should be noted that during the pandemic, day and night centers became permanent due to the need for care for older people and an increase in abandonment. Finally, social protection centers institutionalize ongoing care services for older people with moderate or severe dependency without support networks in vulnerable conditions; the latter are recognized within the category of gerontological homes. Currently, the SDIS has 17 centers, two of its own and 15 under an inter-administrative agreement or contract, serving 2,151 older people. In 2023, the *Hogar Casa Nostra*, a stratum 1, and the *Tierra del Sol*, a stratum 3 community, were visited as care communities.

A first aspect to consider is the properties or homes where gerontological homes are located. We found that the vast majority are rented homes; 74% for 2013 and 77% for 2023; only about 20% are owned. Although nursing homes activities are generally stable, in some cases, renting affects the stability of services, the sustainability and projection, and the permanence of older people. In general, nursing homes

FIGURE 3  
*Distribution of nursing homes according to the number of beds*



must meet the quality standards required by regulations. This situation worsened during the pandemic, when the Ministry of Health demanded numerous changes to care centers, given that they have been characterized by housing large numbers of people in “limited physical spaces that require almost constant close contact” (Ribera-Casado, 2020, p. 223) when sleeping, using the bathroom, eating, watching television, and attending religious services, given that most of these homes are adapted family homes (Ocampo, 2022).

In other cases, they did not have enough resources to deal with a pandemic of this magnitude. This represented major challenges, especially during the pandemic, given all the reasonable and health-related adjustments that had to be made, which entailed large costs that tenants would not have borne. In the words of our interviewees:

To avoid the problem of deaths, what the Secretary of Health said: total isolation of patients, each in their own room. We didn’t do that; they demanded it, but we said no. They came to visit, and we said, “No, you’re not coming in here, especially not by bus”. You bring me your vaccination card and a lab test, and I’d be happy to bring me the lab test, take it, come, lock yourself in the cabin for 15 days, and then visit me. Otherwise, I won’t let you in. We were very radical about that; that’s what we told them: close it, do whatever you want, but we won’t allow you in (E11).

To identify the size of nursing homes, we asked about the number of beds, an indicator that reflects their capacity, organizational dynamics, and other key characteristics. For 2013, a mode (the value with the highest frequency in the data dis-

tribution) of 20 beds was found, with a higher concentration of homes between 10 and 20 beds; this data prevailed in 2023, where most nursing homes had a capacity of 10 beds, with an average of 20 beds (Figure 3). This shows that nursing homes tend to operate on a smaller scale, with few having capacities greater than 30 beds.

## Pandemic and institutionalized elderly care in Bogotá

Residential gerontological homes can be recognized as the most complete form of institutionalization. This institutionalization process can be carried out by the State or by private entities; here we are focusing on private entities. This total institutionalization outside of day to day families relations and community context has received much criticism, as has the institutionalization of children and adolescents in protection centers<sup>3</sup>. Institutionalization is the way out for families when faced with the need to care for older close family members, given that there is no one to care for them. However, as we have analyzed from the first research project, this alternative is not sustainable, generates intergenerational fragmentation, and is not desired by older adults (Pineda, 2018).

In the latest study, we found that, before and after the pandemic, the majority of elderly residents remained, but there was an increase in the average number of them per household, going from an average of 16.5 in 2019 to 17.8 in 2021. Between 2019 and 2021, almost no elderly people were removed by their relatives. However, the average number of deaths per nursing home between 2020 and 2021 was 3.26 older people per year, with 1.16 deaths attributable to covid-19. Considering the average number of residents per home, this represents a low mortality rate due to covid-19, just 6.5%. This low rate is undoubtedly due to the self-protection and self-management measures that homes began to implement when they saw the rapid increase in contagion:

So, what was the solution? Leave them locked in their rooms. We were working with masks, the box of gloves that cost \$110,000 when it was worth \$15,000. So, most of us did all that, entry protocol, put on the full suit and work with N95, but still, it was very risky (E13). [...] we talk about 2020 we went through alone, in 2020 when we started many homes experienced the situation, it was very difficult and we made the decision to buy sinks, [...] many homes set up tents outside to make a point, undress and put on all your other

3. Due to domestic violence, parental neglect, and abuse, it is currently estimated that nearly 70,000 children and adolescents are institutionalized in protection centers run by the Colombian Institute of Family Welfare (CBF).

kit. Those were other homes that had that possibility, other homes made the entrance to a special room, and they bathed them completely and got dressed. Each this started, you what do you do: they took everything off and put them in a gown, we all started to design protocols for the employees to enter. We locked ourselves in as much as we could to avoid that (E11).

Despite criticism of the strict measures to prevent the spread of covid-19 and the psychosocial impacts on caregivers and the elderly population, it is evident that covid-19 deaths were few, which can be attributed to the response of the homes themselves and health authorities.

There were many respiratory-related illnesses such as pneumonia and bronchitis. They arrived at the Simón Bolívar Hospital and underwent the entire protocol, the activation route, and at a certain point, many people tested positive. The Integration Secretariat and the Community generated the entire protocol activation process, which prevented a higher mortality rate due to covid (EE1).

Among the main actions implemented by the gerontological homes were, first, the restriction of access to their facilities, “No visits, no entry or exit, the only ones who came in and out was in my case, but the nurses and the auxiliary girls remained here” (EE12).

Their relatives wanted to see them, and since there was no contact, they came to the door. What we did when they saw that it was a difficult thing was to see them via video call, but at first it was very difficult for them to understand that part, so we said, “Before, they didn’t come to see them, but now that we’re in a pandemic, they do want to come” (EE6).

Furthermore, the District Health Secretariat has reinforced handwashing and disinfection practices, provided ongoing training on covid-19 prevention measures, and conducted vaccination campaigns in nursing homes. This last action, which was carried out in Bogotá throughout 2021, is considered key to containing the virus.

El proceso de vacunación a mí personalmente me pareció exitoso, creo que hubo buena oferta por parte de las EPS y las respuestas de los entes distritales para las personas mayores me parece que fue muy buena, ellos llegaron acá en el proceso de vacunación, de pruebas, de estar pendientes, llamadas constantes, visitas constantes, supervisión y yo pienso que si no hubiera sido por la rápida acción del Distrito se hubiera complicado en algún momento (EE1).

It's also important to note that many geriatric centers autonomously decided to hospitalize their staff as a measure to reduce contagion. "Most of the nurses had to be hospitalized here" (EE12).

We worked 15 days a week, and when we got home, we locked ourselves in there because we couldn't go outside, especially to protect their health. Since we had a small bicycle, we cycled, as we didn't take public transport (EE8).

While institutionalization is neither sustainable nor desirable for older people, as we argued earlier, we asked in surveys and interviews about their reasons: *How do older people end up in institutions?*

The 2013 survey found that the main reason for institutionalizing older people is that their families lack the time and don't know how to care for them (44.3%). However, it is significant that 22.1% of institutionalization decisions result from family conflicts, which often arise from financial management, the timing of caregiving among family members, or the refusal to care for dependents. 13.6% of institutionalized older people arrive due to family abandonment. The results of the 2023 survey are very similar: most older people arrive in an institution because family members are unavailable to care for them, and abandonment is a rare but significant cause. However, abandonment, which we view as the most tragic expression of the caregiving crisis, continues to grow in the city.

The Santa María Home Care Community [...] opens [in 2021] precisely because there was a collapse in Hospitals and 50 elderly people who were admitted, initially they came from prolonged hospitalizations of one year, six months, two years and due to abandonment by their relatives in the Health Care Centers, they began to move the resources with the Secretariat and began to open this center [...] but all these people when they entered it was because the hospitals needed to evacuate beds and because it was a risk to have them there. They needed the beds, so all these elderly people had to be collected, if you can say that, and transferred and received in centers where they could be (EE15).

Abandonment is a major cause of institutionalization of older adults, which worsened as a result of the pandemic. The district government had to respond by organizing the opening of nursing homes (known as care communities) to provide care to those abandoned in public hospitals.

## Care workers and working conditions

Most of the people who run the homes are nurses. Because these are small units, they function as both directors and caregivers; thus, in these cases, many of the interviewees were them. In general, their organization, technical skills, and vocation allow them to sustain the homes' finances and quality of care.

In 2013, the most frequently hired staff in nursing homes were nursing assistants. This is a highly feminized profession and occupation, comprised of 85.2% women and 14.8% men (Pineda and Rodriguez, 2021). Likewise, other health professionals, such as doctors and therapists, are hired on a part-time basis, but the majority (69%) are still women. General services staff, a highly sought-after occupation in all homes for cleaning and support services, is 80% female. In the administrative area in the few larger homes, administrators and office assistants are hired, occupations with the highest rate of male participation, with a 40% share.

By 2023, auxiliary workers continue to predominate, with 86% women versus 14% men. Therefore, despite the passage of 10 years, this work remains a female occupation. Although the care tasks performed by general services assistants require high physical capacity – carrying, bathing, cleaning, etc. – and providing the necessary conditions in homes, this remains a female occupation. This shows that care work remains highly feminized, and that nursing has been established as a women's profession and service, so named because of the sexual division of labor, as women are the most delicate, sensitive, emotional, available, and capable of listening. Furthermore, “the identification of nursing with the traditional female role helped consolidate the image of the nurse, motivated primarily by her vocation” (Marquín and Strada, 2022, p. 420).

Caregiving work tends to involve physical and emotional overload. Tasks not only require the usual physical efforts of bathing, carrying, feeding, etc., highly dependent elderly people, but also require significant emotional effort. Some nursing homes require care workers to put aside their personal problems and focus exclusively on the physical and emotional well-being of their patients.

Este síndrome de sobrecarga, junto con los problemas de turnos que implica el cuidado de personas mayores, a menudo se atribuye a lo que algunos administradores de centros denominan falta de vocación entre las cuidadoras, especialmente las jóvenes auxiliares de enfermería. Pero qué es la falta de vocación y qué la causa son preguntas que invitan a deconstruir esta preocupación de la gestión que atribuye la responsabilidad del cuidado a la naturaleza del cuidador (Pineda, 2021, p. 211).

What we call vocation is more the process of learning an ethic of care and the development of bonds with the people who are cared for, it is a motivator for the development of work and a protective factor for the emotional exhaustion that care work implies (Pineda, 2024). This was evident in the pandemic:

I never thought about quitting because I feel I love this profession; it's my job. I'm very attached to them here, I mean, I wouldn't quit, because I don't know. All my life I've loved being a nurse and I've learned to take care of grandparents (EE10).

Sometimes I start thinking as if they were my grandparents, my parents, and I feel pain when something happens to them, when they get sick, or when they're depressed. I know them, you already know them. I've always worked in homes; you get very attached to grandparents (EE8).

In 2013, we found that half of the assistants (50%) worked 12-hour shifts, 21.7% worked 8-hour shifts, and 26.8% worked 24-hour shifts. Some nursing homes work 48-hour shifts, distributed in various combinations; however, the workweek is generally 48 hours long. By 2023, the majority of caregivers worked 12- or 24-hour shifts, thus maintaining the shift pattern in both surveys, with a greater number of employees working during the day compared to the night shift. However, it is important to note that the comparison in this area is limited, as the new survey incorporates aspects and changes that emerged during the covid-19 pandemic, which could influence the work dynamics and management structures. Thus, by 2023, these work schedules underwent changes during the pandemic for 80.79% of respondents. "Everything changed, because one here was locked up with the grandparents [...] We worked 15 days and when we were 15 days away from our little house to lock ourselves up there" (EE8).

The changes between 2019 and 2021, that is, during the pandemic, reveal an average of 1.93 resignations per home, an average of 3.05 covid infections (considering that the average number of employees in 2019 was 7.3, which is practically half), and an average of 0.3 covid deaths, indicating a strong impact on the workforce. This is related to the fact that 82.5% of respondents considered that the workload of caregivers increased during the pandemic: "It was a super difficult time, because the amount of human talent available to provide that service was very limited, due to the distribution, the separation of the facilities, the home care is very large" (EE14).

During the pandemic, caregivers' demand for psychosocial support increased, resulting in 74.61% of them receiving care, primarily through self-care and mental health workshops. On the economic front, only 31.94% received financial support.

These emotional impacts were exacerbated by the pandemic. While caregivers maintained a bond with older adults before the pandemic, it was strengthened during the pandemic because they spent more time together and because the caregivers were their closest network, as visits were prohibited.

I was depressed about losing a grandparent because you grow attached to them, because they are no longer as strong as you are, and seeing them cry for their families (EE8).

For me, the hardest thing was seeing little people leave, who have become part of your family (EE16).

## Conclusions

It is evident that institutionalized elderly care in Bogotá relies on the emergence of small nursing homes in the market. While there is a well-established public policy, it is aimed at addressing neglect and the most vulnerable elderly, reaching a coverage of approximately 2,100 people. The market, foundations, and corporations, for their part, may be reaching a little over 10,000 elderly people; this translates to approximately 500 centers with an average of 20 residents. In other words, a process of commodification (predominance of the market) has clearly emerged in elderly care since the end of the last century, reflecting the city's socioeconomic stratification.

Thus, the low coverage of institutionalized care means that the growing and massive demand for care for older adults in an aging society remains largely in the home; and, within those homes, on the shoulders of women. However, due to the reduction in household size, the greater participation of women in paid work, and the lack of time among the few members of the household, a care crisis is emerging; this is reflected, particularly in extreme forms, in the abandonment of older adults in hospitals and other public spaces, in their loneliness, and in their premature death.

However, cities like Bogotá have accumulated a series of experiences, including the covid-19 pandemic crisis, from which much can be learned. It is now clear that caring for older adults in the form of total institutionalization is neither sustainable nor viable for the vast majority of families. We must consider alternative care models in an aging society that prevent the isolation and devaluation of old age.

This valorization of old age goes hand in hand with the valorization of working women and care work. Resources for new and broad care programs must be sufficient to redistribute care in a new *social organization of care* between families, the state, and the market; this is a political priority. But these resources must support models that allow services to be provided directly in older peoples' homes and prevent their isolation in institutionalization.

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### **Abstract**

#### *Institutionalized elderly care in pre and post-pandemic Bogotá*

The care crisis has been especially expressed in Latin America in the care of elderly. This article analyzes institutionalized care for older people before and after the covid-19 pandemic in Bogotá. This care is seen in the context of the dynamics of social organization of care, especially the fewer possibilities of families, the little presence of State and the growing commercialization of care. It is evident how, over the course of a decade, before and after the pandemic, the conditions of care, the social and gender inequalities reproduced by the market, and abandonment as an alternative, have persisted. The article is based on mixed methodology in two projects where the same survey was applied and interviews conducted with caregivers.

Keywords: Nursing homes; Institutionalized care; Elderly care; Gender; Social organization of care.

### **Resumo**

#### *O cuidado a pessoas idosas em instituições de Bogotá no pré e pós-pandemia*

A crise do cuidado tem se expressado especialmente na América Latina no cuidado de idosos. Este artigo analisa o cuidado institucionalizado para idosos antes e depois da pandemia de covid-19 em Bogotá. Esse cuidado é visto no contexto da dinâmica da organização social do cuidado, especialmente tendo em conta a menor disponibilidade das famílias, a escassa presença do Estado e a crescente mercantilização do cuidado. É evidente como, ao longo de uma década, antes e depois da pandemia, persistiram as condições de cuidado, as desigualdades sociais e de gênero reproduzidas pelo mercado e o abandono como alternativa. O artigo baseia-se em metodologia

mista, posta em prática em dois projetos nos quais foi aplicada a mesma pesquisa e realizadas entrevistas com cuidadores.

Palavras-chave: Casas de repouso; Cuidado institucionalizado; Cuidado de idosos; Gênero; Organização social do cuidado.

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**Research data is only available upon request.**