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PUBLIC CARE POLICIES FOR A POST-PANDEMIC ECONOMIC RECOVERY WITH LESS GENDER AND RACIAL INEQUALITY IN BRAZIL: RELEVANCE AND PROPOSALS

POLÍTICAS PÚBLICAS DE CUIDADO PARA UMA RECUPERAÇÃO ECONÔMICA PÓS-PANDEMIA COM MENOR DESIGUALDADE DE GÊNERO E RACIAL NO BRASIL: RELEVÂNCIA E PROPOSTAS

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ABSTRACT: Economic crises can lead to changes in the time allocated to paid/unpaid work by women/men. In Brazil, during the pandemic crisis, women lost employment at a greater rate than men, facing greater difficulties in returning to the labor market because of care work. Public policies play a fundamental role in offering and improving public care services, prioritizing lower-income regions and families. Unfortunately, the analysis of the impacts of the pandemic on gender inequality in Brazil was hampered by the lack of information. To fill in the lack of data, a survey was developed that was carried out using online questionnaires and direct telephone interviews, to analyze data on the impacts of the pandemic on unpaid care work in Brazil. The responses show that families had an increase in care work, and that women were primarily responsible for this extra work, confirming the reduction of women's participation in the labor market. Based on the diagnosis from the survey, as well as data available from the labor market for the period, it was possible to identify some main public policy guidelines that would be fundamental for the reduction of gender and racial inequality in Brazil.

RESUMO: Crises econômicas podem levar a mudanças no tempo alocado ao trabalho remunerado/não remunerado por mulheres/homens. No Brasil, durante a crise da pandemia, as mulheres perderam emprego em maior proporção do que os homens, enfrentando maiores dificuldades de retorno ao mercado de trabalho por conta do trabalho de cuidado. As políticas públicas desempenham papel fundamental na oferta/melhoria dos serviços públicos

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de cuidado, priorizando regiões e famílias de menor renda. Infelizmente, a análise dos impactos da pandemia na desigualdade de gênero no Brasil foi prejudicada pela falta de informações. Para suprir a falta de dados, foi desenvolvida pesquisa realizada por meio de questionários online e entrevistas telefônicas, para analisar os impactos da pandemia no trabalho de cuidado não remunerado no Brasil. As respostas mostram que as famílias tiveram aumento de trabalho de cuidado, e que as mulheres foram as principais responsáveis por esse trabalho extra, confirmando a redução da participação feminina no mercado de trabalho. Com base no diagnóstico da pesquisa, bem como nos dados disponíveis do mercado de trabalho para o período, foi possível identificar algumas principais diretrizes de políticas públicas que seriam fundamentais para a redução da desigualdade de gênero e raça no Brasil.

1. INTRODUCTION

Gender disparity in the labor market and in unpaid care work is observed across the world, with differences between countries depending on sociocultural, religious, legislative and institutional characteristics[1]. These characteristics contribute to defining and/or reinforcing an unequal sexual division of unpaid work within families and to an unbalanced participation in the paid labor market between men and women in different productive sectors, resulting in productive sectors with a higher percentage of same-sex workers, with care-related jobs being more commonly feminized. The configuration of the labor market, the traditional vision that defines the space supposedly delegated to women, prejudices and the scarcity of quality public services and care policies tend to make permanent the historical disadvantages imposed on women in the world of work, contributing to the maintenance of gender inequalities (Vandelac et al., 1985; Folbre, 1994, 2001; Kergoat, 2009; Périvier, 2023; Torres Santana, 2021; Melo; Morandi, 2021a, 2021c).

Crises, triggered by economic or health shocks, cause fluctuations in employment and tend to alter the time allocated to paid *versus* unpaid work by women and men. Economic shocks reduce job supply and alter the participation of men and women in the labor force. Depending on which productive sectors are most affected, there could be an increase in gender disparities if more women than men lose jobs (İlkkaracan; Memiş, 2021; Périvier, 2014; United Nations Women, 2013, 2014; United Nations Programme on HIV/Aids, 2012; Bohoslavsky; Rulli, 2024; Melo; Morandi, 2021b; Dweck; Oliveira; Rossi, 2018)

Women traditionally have lower labor participation than men, especially married women and those with young children. This situation worsens as a result of economic crises, when women lose more jobs than men, either because they are more present in informal/part-time jobs, or due to the still prevailing view that women's income is merely a complement to family

[1] In Brazil, as in all countries around the world, women have historically had a lower participation in the labour market. In 2023, 66.2% of women were in the labour market, while men reached 89%. But this inequality is even greater for people with children under the age of 6. Only 56.6% of these women are in the paid labour market, compared to 89% of men (Instituto Brasileiro de Geografia e Estatística, 2024).

income, or due to a lack of adequate and accessible care services. The consequence is that crisis contributes to increasing women's unpaid work hours and reducing their participation in the labor force (Benería, 2003; United Nations Programme on HIV/Aids, 2012; United Nations Women, 2013, 2014; Rodrigues; Barroso; Pessanha, 2022; Soares, 2020; Saffiotti, 1976).

The covid-19 health crisis was one with some different characteristics. Firstly, because this crisis did not impact the economic sectors that traditionally suffer primarily from economic crises, such as industry, but the health sector, which has most women (in Brazil, they represent more than 70% of the workers in the sector). However, unlike a traditional economic crisis, the health crisis led to a collapse in the health sector not because of a shortage of supply, but because of the rapid increase in demand for health services, which made it difficult or even impossible to adequately expand the supply of hospital beds, equipment and specialized labor for adequate care[2]. Secondly, the crisis has increased rather than decreased the demand for workers in the health sector, the sector in crisis. Typically, the economic sector that goes into crisis loses demand and jobs. Third, there was an increase in working hours required for unpaid work within families, both for domestic tasks and for caring for children, the elderly and people in need, due to the need for social isolation. People who had paid work and used auxiliary care services, through institutions or privately hiring people, had to incorporate these services into their homes. This work was on top of the paid work that continued online. As care work is normally the responsibility of women, they were the ones who took on most of this work. This new arrangement, not as temporary as expected, had important consequences on female participation in the job market. More women than men lost or had to leave the job market due to excessive care burden; had health problems, such as stress and tiredness[3]; and had more difficulty returning to the labor market. In the case of Brazil, their participation in the labor force has fallen back to 1992 levels and has not yet returned to the employability of 2019 (Silva; Corseuil; Costa, 2022)[4]. A problem resulting from this crisis is the reduction in female participation in the labor force, given that many women, especially black and young women, have lost their jobs and become not unemployed but inactive (İlkkaracan; Memiş, 2021; International Labor Organization., 2021; Melo; Morandi, 2021b; United Nations Women, 2020a, 2022; Ortiz; Cummins, 2022; Mattei; Heinen, 2020; Souza-Lobo, 2010; Pena, 1981; Saffiotti, 1976)

[2] In Brazil, the occupancy of beds in intensive care units during the Covid-19 pandemic reached its worst level, over 80%, in 2020, according to Lisboa (2021).

[3] "In Boston, many mothers were exhausted. The pandemic had been so draining that they wanted to scream. But they had to hold it in because they had children to raise, careers to build and chores to finish. For nearly two years, they have been trapped. But on a night this month, about 20 mothers ditched their duties.... They stood in a circle under the soft lights, and for 20 glorious minutes they screamed" (Lukpat, 2022).

[4] According to IBGE (PNAD-C), when comparing the third quarter of 2020 with the same period in 2019, the drop in the share of women who were in the labour market was 7.5 percentage points (from 53.3% to 45.8%). The decline was smaller among men, at 6.1 percentage points (from 71.8% to 65.7%).

The analysis of gender gap in the labor market necessarily involves understanding the importance and essentiality of unpaid care work for people's well-being. On one hand, we must highlight the unfair distribution of these tasks between men and women, with greater responsibility falling on women. On the other hand, the poor distribution of this work in society beyond the family, such as the State, companies and sectors of the community, which should understand and defend these activities as essential to life and as such an intrinsic part of the good functioning of the economy. (Oakley, 1974; Vandelac et al., 1985; Nelson, 1996; Marçal, 2017; Maruani; Meron, 2016; Orozco, 2006).

In this sense, public policies play a fundamental role in offering and improving public care services, prioritizing lower-income regions and families (Bandeira; Almeida, 2013; Barcos; Virreira, 2012; Hervías Parejo; Radulović, 2023). The only database available on unpaid work in Brazil is data from the National Household Sample Survey (PNAD-C), carried out by the Brazilian Institute of Geography and Statistics (IBGE). Unfortunately, the analysis of the impacts of the pandemic on gender inequality in Brazil was hampered by the lack of information from PNAD-C/IBGE, which suppressed questions related to unpaid care work during pandemic, from the surveys in 2020 and part of 2021. (Vieceli, 2020; Jesus, 2018; Itaboraí; Ricoldi, 2016; Wajnman, 2016)

It was in this context of economic and health crisis that the survey was developed, with some results presented in this work. The aim was to understand the impact on Brazilian women's lives, understanding that they were at the center of the crisis, both due to their greater participation in the health and care sector[5] and their role as the main person responsible for household chores and care work within the family. The health crisis had both increased inequalities in the labor market and the burden of work on the reproduction of life (European Foundation for the Improvement of Living and Working Conditions, 2021; Fernandes; Kerneïs, 2021; Instituto de Pesquisa Econômica Aplicada, 1996). With this concern, the study was carried out with the sponsorship of the Friedrich Ebert Stiftung (FES) of Brazil. Our work proposal was not to conduct a sample survey, which would be extremely difficult in a scenario of a health crisis and in the context of a government with a denialist view of the health crisis. Thus, our objective was to provide a possible portrait of the crisis in Brazil, given the context of the health crisis, combined with a drop in GDP and loss of income and employment. The increased use of the internet during the health crisis made it possible to better disseminate the research through the contacts of partner institutions, people involved in the research and dissemination from those who participated voluntarily. The idea was to try to hear from as many people as possible about the difficulties they faced due to the closure of businesses and schools and mandatory

[5] In Brazil, according of IBGE (PNAD-C), women represent more than 70% of health workers and more than 92% of domestic and care workers.

social distancing. We obtained responses from all groups (gender, race, regional location), from different professions, age groups and income levels. (Parreiras; Macedo, 2020)

The survey[6] was developed through an online questionnaire and direct telephone interviews (Vinuto, 2014. The results allowed an analysis of the direct impacts of the pandemic on the ability of women and men to continue their paid work along with the increase of care tasks within homes. The survey showed that a large percentage of people understand care work as a demonstration of love, making it clear that there is a lot of ambiguity in the understanding of such a relevant topic. In other words, the understanding of the essentiality of unpaid care work in defining people's well-being and the proper functioning of the economy is still far from common sense. Although essential, this work remains almost exclusively the responsibility of women, with a major impact on their lives, with repercussions on their participation in the labor market and, therefore, economic independence. Understanding its essentiality and the gender inequality it involves is essential to promote the reduction of inequalities.

2. PANDEMIC AND ECONOMIC CRISIS: SOME HIGHLIGHTS

Economic crises represent disturbing situations, and resilience is represented by the ability to survive turbulence with a minimum loss of income, maintaining the level of well-being. During economic crises, the need to reduce company costs leads to the dismissal of employees, reducing jobs and increasing unemployment. However, as labor is not equally distributed in the labor market, especially in relation to gender, men and women are distributed differently between sectors, professions, functions and responsibilities, with some sectors traditionally more masculinized (industry, transport, construction) and others more feminized (health, child education, care). The segregation of workplaces means that the crisis may have different effects on the employment and income of women and men. Economic and financial crises typically affect traditional economic sectors more directly, such as manufacturing and construction, where there is a greater presence of male workers, as in the 2007-08 financial crisis and subsequent years of recession in many countries (International Labor Organization, 2011, 2021; European Foundation for the Improvement of Living and Working Conditions, 2021; Melo; Morandi, 2021b; Melo; Morandi; Moraes, 2022).

The covid-19 pandemic crisis was different. It began as a health crisis and turned into an economic crisis, with greater impact on the services than on industrial sectors, and on female than male employment. This was so because, more women than men lost their jobs

[6] The internet questionnaire is detailed in the annex.

due to lockdowns and social distancing, as they outnumbered men in jobs in hospitality, retail, personal and beauty services. And because women have greater participation in health and care services, being responsible for tasks essential to the well-being and healthy of the elderly, sick, dependents. Furthermore, they are the majority in medical and nursing services, with increasing demand during the crisis both to care for infected people and to combat the spread of the disease. Therefore, with the non-interruption and even intensification of these activities, women in the care area were particularly more exposed to the virus. (Melo; Morandi, 2021b; Lopez et al., 2020)

In recent decades, public policies have prioritized austerity, pursuing targets such as low inflation and fiscal balance. During the pandemic, it became clear that the government needed to intervene in the economy to avoid bankruptcies, contain unemployment and help people who lost income, more important in poorer, more unequal countries with less public services. The health and economic crisis of the pandemic caused the biggest interruptions in education – more than 1.6 billion children and young people were out of school –, closure of shelters for elderly and sick people, and interruption of the production of non-essential goods and services (Programa das Nações Unidas para o Desenvolvimento, 2021; Melo; Morandi, 2021b; Nassif et al., 2020; Teixeira, 2018; Varoufakis, 2015).

Economic resilience is linked to the size and ability of companies to generate income and workers to maintain their source of income. Informal and self-employed workers lost their income because of the lockdowns and had no social protection to guarantee any assistance. Thus, the pandemic crisis had a greater negative impact on the poorest families, dependent on public services, in countries where their supply is insufficient. (Melo; Morandi, 2021b; Melo; Morandi; Moraes, 2022; Torres Santana, 2021; Oliveira et al, 2020)

The pandemic crisis required direct action from the State, through transfer of revenue and consequent increase in fiscal expenditure, to reduce the negative impacts of the crisis on the level of employment and production and to allow minimum survival conditions for people who have lost jobs and income, mainly informal and self-employed workers. The pandemic crisis showed that the role of the State goes beyond simply seeking fiscal balance, being an important guarantor of well-being, providing essential services and promoting policies to reduce inequality and better income distribution. (Kergoat, 2019; Hirata, 2019; Guimarães; Hirata, 2020; Vandelac et al., 1985)

Brazil was the second country with the highest number of deaths from the pandemic, a consequence of the denialist view of the central government and health ministries at the time, which hampered the functioning of the Brazilian National Health System (SUS) and the national knowledge and experience in production of medicines and vaccination.

Before the pandemic, since 2014, the Brazilian economy had low product growth with high levels of unemployment, but with restrictive macro policies, seeking fiscal and inflationary

adjustment, which caused growth in inequality levels[7]. In this sense, some important laws were approved, such as the 2016 Constitutional Amendment Proposal (PEC), which limited the increase in public expenditure for the next 20 years, the Labor Reform (2017) and Social Security Reform (2019), which expanded the liberalization of the labor market. (Storm, 2021; Morandi, 2021; Melo; Morandi, 2020, 2021b)

The main measure to combat the pandemic crisis in Brazil was Emergency Aid (EA)[8], approved with pressure from popular movements, and was fundamental for the survival of the poorest families and to avoid a greater drop in GDP. It was in effect from May to December 2020, suspended from January to April 2021, returning in May 2021 with much lower amounts. The EA's public spending reduced the negative impacts of the pandemic crisis, reduced the fall in GDP and contributed to increasing tax collection. And as the income transfer was greater for the poorest families, with a greater propensity to consume, it benefited small local businesses, maintaining jobs. (Fares et al., 2021). The pandemic crisis, combined with years of low growth and austerity policies, contributed to the maintenance of high unemployment rates, increasing poverty levels and the number of families with food insecurity[9]. The results presented hereafter come from a survey carried out during the pandemic to fill the lack of information on the impacts of the pandemic on unpaid work and women's employment in Brazil (Melo; Morandi, 2021a, 2021b).

3. PAID AND UNPAID CARE WORK

The women's movement and feminist economics have shown the importance of structural changes that make the social distribution of care work more equitable to reduce gender inequality (Varela, 2020; Picchio, 2005; Folbre, 1994, 2001). In this process, the state structure is important to change the cultural and historically established framework of gender inequality, through investments in improvements in universal public services and new legislation. It is part of the State's role to promote equal rights and access to goods and services that guarantee well-being for all people. This is possible through legislation and the provision of public services.

[7] Since 2003 till 2013, inequality and poorness were declining in Brazil. In this period, the percentage of families living with some food insecurity decreased from 35.2% to 22.9%, but it grew again from 2015 and reached, in 2022, an alarming 58.7% of the population (Oxford Committee for Famine Relief, 2022).

[8] Derived from Bill 9,236 (2017), the EA proposed by the government was monthly transfers of R$200.00, during the coronavirus pandemic, for people with no income or with income below a certain limit. In the National Congress, the approved amount was R$500.00, which the government, to avoid political defeat, increased to R$600.00 for three months (August-October 2020). Congress approved doubling the amount of aid for single mothers. In the end, the AE was extended for another two months, but at a reduced amount (R$300.00/month). The following would be entitled to the aid: people with a monthly per capita family income of up to half the minimum wage (R$522.50) or a total monthly family income of up to three minimum wages (R$3,135.00); informal workers; those who did not receive social security or welfare benefits, unemployment insurance or other benefits from the federal income transfer program, with the exception of Bolsa Família beneficiaries, who could opt for EA (Melo; Morandi, 2021b).

[9] In 2021, 62.9 million people in Brazil had a monthly per capita household income of less than R$497, or 29.6% of the population. Compared to 2019, this number corresponds to 9.6 million new poor people who emerged during the pandemic, the highest level of poverty since the beginning of the historical series in 2012 (Neri, 2022).

The greater or lesser supply and quality of public services have a greater impact on the people who depend most on these services, which are the lowest-income families, which in Brazil are represented by most women and racialized people. Public services have a greater impact on women because they are the main ones responsible for the unpaid work of domestic and care work. The lack or low quality of public services contributes to keeping women in poverty and to maintaining inequalities (gender, race, class)[10].

Unpaid care work is an integral part of the analysis of feminist economics, showing its importance for social well-being and the market production (Vandelac et al., 1985; Kergoat, 2016; Guimarães; Hirata, 2020; Abreu; Hirata; Lombardi, 2016 ; Federici, 2021), as well as its monetary value, showing that not incorporating it into GDP value generates bias in macroeconomic statistics and analysis (Waring, 1988; Melo; Morandi, 2021a)

According to Kergoat (2016, p. 17), care is "a relationship of service, support and assistance, whether paid or not, which implies a sense of responsibility for the lives and well-being of others". Feminist economics proposes a redefinition of the concept of work that incorporates domestic chores and unpaid care, understanding that these activities generate wealth (goods and services) like any other paid economic activity. For traditional economic analysis, unpaid work is a non-economic activity, invisible to statistics because it has no defined monetary value in the market. This invisibility is also due to the view that these activities are and will always be available for free, since it is understood that they are part of the very existence of women, who offer them freely out of love[11]. What feminist economics highlights is that unpaid care work is essential for the survival and reproduction of humanity, it takes time and its attribution to women is due to a consolidated social, historical and cultural construction. (Melo; Considera; Di Sabatto, 2007, 2016; Melo; Morandi; Dweck, 2020; Perez, 2019; Folbre, 2001; Picchio, 2005)

The pandemic crisis brought care to the center of people's lives and highlighted that these are daily, routine tasks that require time and physical and mental effort. Confinement and social distancing made people realize the importance of care work and how dependent they were on caregivers, especially those who worked outside the home and subcontracted care services. It was also clear that these are tasks that require time, reduce paid working time, are tiring and sometimes stressful[12]. For Vickery (1977), unpaid care work generates time poverty by reducing time for paid work, rest, leisure or learning. And this burden falls

[10] "[...] the effects of austerity are felt differently across the income distribution. Those at the bottom of the income distribution lose more than those at the top for the simple reason that those at the top rely far less on government produced services and can afford to lose more because they have more wealth to start with" (Blyth, 2013, p. 8).

[11] "They say it is love. We say it is unwaged work" (Federici, 1975).

[12] In 2022, according to the IBGE, 89% of men without children under the age of 6 were working, while only 56.6% of women in this situation. Women without children under the age of 6 had a much higher employment rate, 66.2%, but still much lower than that of men in the same situation, 82.8. For women, children are a cost and for men they are even a prize. Women spent an average of 21.3 hours per week in unpaid work, while men spent only 11.7 hours per week (Instituto Brasileiro de Geografia e Estatística, 2024).

more heavily on women, traditionally defined as those most prepared for care work, leaving the responsibility for paid work to men. Thus, women taking on the extra burden of care during the pandemic and having to leave their jobs at a greater rate than men was seen as a natural process in their lives[13]. The long closure of schools and care units and the resulting changes within families have made it more likely that the initially temporary exit from the labor market would become permanent for many women[14]. This process contributes to the fact that the differences between women's unemployment and labor force participation rates remain worse than those of men or even widen. This situation for women will only improve if care is incorporated as an intrinsic part of people's lives and is central to public policy decisions, with greater access to care services. (Melo; Morandi, 2021b).

During pandemic, the burden of care on families increased, impacting women more heavily. Women are most responsible for care, tasks that are not recognized by other members of society as essential to life. Recognition would help make care work a collective responsibility. Even paid caregivers are underpaid because these tasks are seen as unskilled work that anyone can do (International Labor Organization, 2021; United Nations Women, 2020b; Melo; Morandi, 2020; United Nations Population Fund, 2020; Sayeh et al, 2021)

In recent decades, the number of female-headed families has increased[15], especially single-parent families with children, given that after the couple separates, the mother usually stays with the children. Female heads of households, especially in the poorest families and/or those with children, suffer from time poverty due to unpaid care work, remaining financially dependent. In 1995, 22.9% of Brazilian families were headed by women, while in 2020 it was 48.3%, being 27.1% black and 20.6% white[16]. (Bandeira; Melo; Pinheiro, 2009; Araújo; Picanço; Cano, 2019)

Access to education is essential to reducing inequalities, especially gender inequalities. It allows for better integration into the job market, in addition to being part of the right to citizenship. In Brazil, the feminist struggle for equal rights between men and women enabled women's educational advancement. Women effectively sought qualifications to guarantee access to better income in the job market. As a result, since the 1980s, women have had a higher average level of education than men, in addition to being more likely to

[13] "Approximately two months after governments had established quarantines in most countries, the first round of data collection took place. This round shows that 56 percent of workers had lost their jobs either temporarily or permanently. This is 44 percent higher than the corresponding rate among men, 39 percent" (World Bank, 2021).

[14] "Although the presence of school-age children in the household is not a factor associated with the probability of remaining employed two months after the onset of the COVID-19 crisis [...], caregiving became a more relevant factor associated with job losses as the pandemic persisted" (World Bank, 2021).

[15] In 2012, the distribution of household heads was quite unequal, with 35.7% of heads being women and 64.3% men. The 2023 data show a balance, with a small prevalence of women, 51.7% of families, over men, 48.3% (Instituto Brasileiro de Geografia e Estatística, 2020).

[16] In 2022, there were 12.7 million single-parent families with children in Brazil, 87% of which were headed by women and only 13% by men. Among women heads of households with children, 62% were black and worked mainly in domestic services, education, health and services in general (Instituto Brasileiro de Geografia e Estatística, 2023a).

complete high school or university (Brasil, 2024)[17]. Even so, they do not earn the same as men, an inequality that is worsened for black people[18]. (Morandi; Melo, 2019; Melo; Thomé, 2018; Moraes et al., 2021; Moraes; Nascimento, 2021; Rosemberg; Madsen, 2011).

Women face many more obstacles than men in obtaining employment, economic independence and professional fulfillment. According to IBGE (Instituto Brasileiro de Geografia e Estatística, 2014, 2017), female participation in the labor market grew from 18.5% of the economically active population in 1970 to a still low 44.1% in 2000. Data from Oxford Committee for Famine Relief (2020) shows that 42% of women around the world do not have paid work because they are responsible for caring for their families, compared to just 8% of men in the same condition. Of the 67 million people who perform domestic tasks, 80% are women, 90% of whom do not have social security, and more than half have non-pre-established working hours. **Figure 1** shows how inequality has persisted over time, showing how responsibility for children falls almost solely on women, even throughout the 21st century.

Women were on the front lines of the pandemic[19]. They were the majority of the workforce in healthcare and domestic work (caring for the elderly, sick and children), in the service sector (attendants, cleaning, personal and beauty services) and as teachers of young children[20]. Women's work was also fundamental in their families, where they took on new unpaid care tasks to ensure family well-being, an extra workload that contributed to increased stress and fatigue. To complete the picture, social isolation contributed to the increase in domestic violence against girls and women (Melo; Morandi, 2021b; Pan American Health Organization, 2021; United Nations Population Fund, 2020)

The Brazilian economic crisis in 2015-2017 and the subsequent weak economic recovery resulted in a fragile labor market, with women having a higher unemployment rate than men[21]. This period of low GDP growth plus pandemic crisis resulted in the lowest female participation rate in the labor force since 1990[22]. **Figure 2** shows the impact of the pandemic crisis on the Brazilian labor market, highlighting that women suffered greater job losses during the most acute phase of the crisis and had a smaller, slower recovery than men. Their

[17] Women are the majority, 57.5%, of undergraduate students in Brazil, although they are still a minority in STEM courses, being overrepresented in humanities disciplines and care-related professions (in 2022, they represented 73.2% of undergraduate students in the health field).

[18] The average income of women is 78.9% of that of men, with lower employment levels (66% for women and 83% for men) (Instituto Brasileiro de Geografia e Estatística, 2023a).

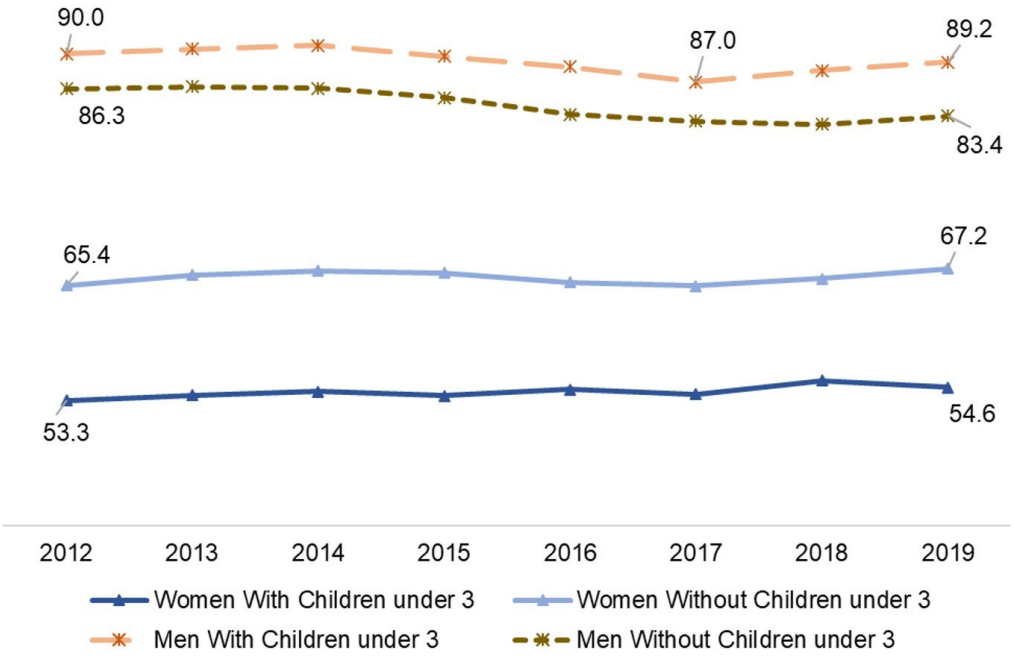
[19] During the pandemic, the role of caregiver exposed women to a greater risk of infection. They were the majority, 72%, in healthcare, in addition to accumulating domestic work, making them more prone than men to illnesses such as anxiety, depression, insomnia and exhaustion. Because of the lockdowns, women spent more time at home, a place that was not always safe. Calls to domestic violence hotlines increased by 40% in some countries. In addition, one in four women were left without access to health services, being more exposed to unwanted pregnancies and health risks, which worsened maternal mortality in the region (Pan American Health Organization, 2021).

[20] In Brazil, women make up 70% of healthcare professionals, 92% of domestic workers/caregivers and 79% of basic education teachers (Instituto Brasileiro de Geografia e Estatística, 2024).

[21] "For the 2015-2016 recession, a differentiated effect is observed throughout the period: men were more affected at the beginning and end of the crisis, while women were more affected in the intermediate phase. Interestingly, in the post-2016 recovery period, women systematically achieved better results than men. This process came to an end with the arrival of the pandemic, when women began to experience greater job losses" (Silva; Corseuil; Costa, 2022).

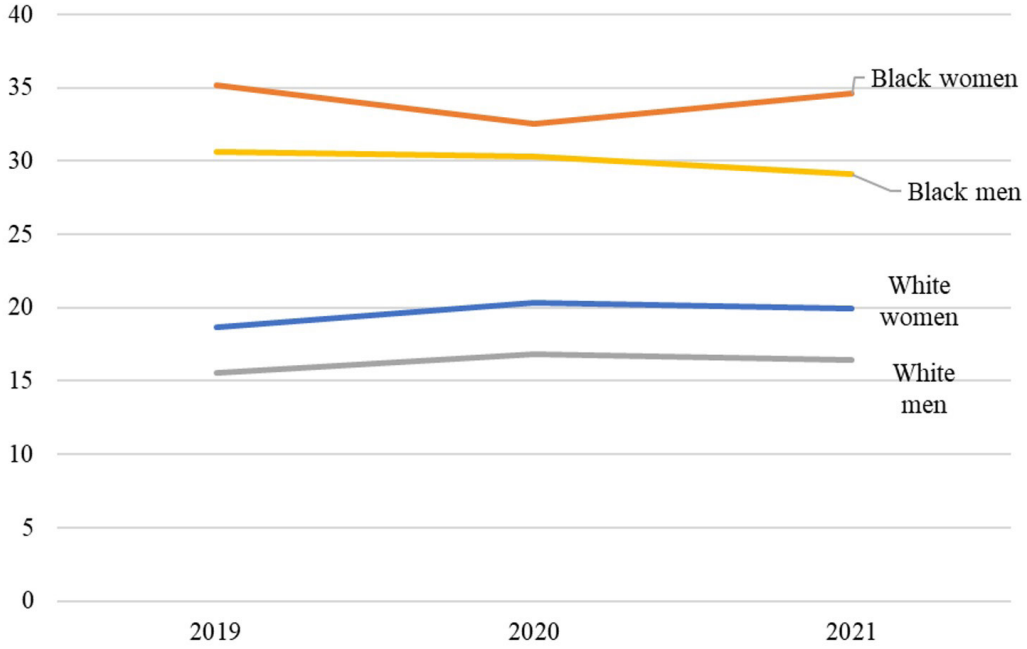
[22] According to the Instituto Brasileiro de Geografia e Estatística (2020), the participation rate of women in the labor market fell to 46.3% in the second half of 2020, the lowest level in 30 years. Only in 1990 had this rate reached a lower value, 44.2%, and since 1991 it had not been lower than 50%.

Figure 1 – Employment rate (%) of the workforce, by sex, 2012-2019.



Source: Instituto Brasileiro de Geografia e Estatística (2020).

Figure 2 – Distribution (%) of unemployed people, by sex and race/color, 2019-2021.



Source: Instituto Brasileiro de Geografia e Estatística (2021a; 2021b; 2023b). Note: Data for 2021 refer only to the first 6 months.

inability to reconcile family and work, due to not having adequate support and help for this, resulted in high levels of job abandonment, something that could be permanent and not just temporary due to the weak Brazilian economic recovery so far. It should be noted that

historically women and black people have a lower participation rate in the labor market and lower average income compared to white men (World Bank, 2021; United Nations Women, 2020a; Gorayeb et al., 2021; Melo; Morandi, 2020; INTERNATIONAL MONETARY FUND, 2021). In the pandemic, domestic workers were the most affected, with around 1.5 million jobs lost in 2020, about 10% of the total, well above the 3.4% job losses for the total employed population (Instituto Brasileiro de Geografia e Estatística, 2020). The drastic reduction in domestic employment is worrying because most of these workers, 92%, are women; 70% are informal, without labor rights; belong to poorer families; and more than 60% of them are black. These statistics confirm that gender and racial inequalities leave more women in poverty by keeping them preferentially in the care sectors, where income is lower. The situation creates a cycle of poverty, in which the poorest women, with children and/or in single-parent families, without access to care services, have serious difficulties in participating adequately in the labor market, remaining with low income. (Lourenço; Castro, 2020).

In a sense, the pandemic crisis represented an opportunity to expose gender and racial inequalities and make clear that reducing inequality requires more public spending. The advancement of technology and the increase in remote work deserve a more precise and in-depth analysis. If, on the one hand, women are more often in sectors linked to care, less threatened by the replacement of labor by technology. On the other hand, these jobs result in lower earnings and career opportunities, which implies that, in the long run, gender inequalities will be maintained or even widened due to technological advances. The recovery of the economy is the opportunity to introduce a discussion of the public budget with a focus on eradicating inequalities and economic growth that contributes to avoiding climate change (Economic Commission for Latin America and the Caribbean, 2021; United Nations Women, 2020b; Góes; Nascimento; Martins, 2021).

4. THE SURVEY

Given the pandemic scenario and the lack of data on the impact of household chores and care work being entirely the responsibility of family members, how this work was being distributed among family members, and the impact of this work on the working lives of the adults in the family. Therefore, we proposed developing a questionnaire (presented in the **Annex A**) on how people were experiencing these difficulties and trying to understand how people understood care, what tasks were considered and whether they were understood as work. The idea was to better understand the impacts of the Covid-19 pandemic on everyday family life, highlighting changes in relation to paid and unpaid work. Our team included researchers from two federal universities, the Fluminense Federal University (UFF) and the Federal Rural University

of Pernambuco (UFRPE), and FES's contacts with the national trade union community, disseminating the questionnaire among the various groups and their contacts.

The sample obtained by the survey shows a profile of people who are mostly members of the university population and/or social movements, people from the Brazilian middle class, white, married, living in urban areas, mainly in the Southeast region, and with a high level of education. Furthermore, most respondents were women. However, despite being represented in a smaller proportion, responses were obtained from a plurality of profiles of Brazilian people, allowing for general analyses (full sample) and specific analyses (selected filters), depending on the topics addressed.

The online survey reached 3,060 respondents, with representation from all federative units (56.7% in the Southeast, 27% in the Northeast, 8.7% in the South, 4.9% in the Central-West and 2.7% in the North), composed by 2,416 women and 631 men. The majority, 63.1%, of respondents were between 25 to 59 years old; almost a third, 26.7% were over 60 years old; 9.4% were from young people aged 18 to 24 years old and only 0.8% were under 18.

The semi-structured interview was conducted with 16 people, 12 women and 4 men, with at least one person from each Brazilian macro-region. We considered ethnic-racial diversity, with black, white, indigenous and mixed-race participants; from different occupations (uber driver, civil servant, housekeeper, university professor, farmer, housewife, etc.); single and married participants, with diverse sexual orientations and with or without children.

The participation of men and women is presented in quite different percentages, and the general analyses were carried out considering the number of respondents. All responses were considered valid to reflect on the perceptions of care work, since this is not a statistical survey with a stratified sample.

The survey was carried out from June to December 2021, through qualitative-quantitative online questionnaire and telephone interviews, addressing questions about work, income and time devoted to unpaid care work. The 3,060 responses showed an increase in care work within families due to the long closure of schools in Brazil, with women mainly responsible for this extra work. The results also confirm the reduction in female participation in the labor market and help to highlight the main problems experienced by women regarding care.

5. CARE IN BRAZIL AND IMPACTS OF COVID-19 PANDEMIC CRISIS: ONLINE SURVEY RESULTS

The survey "Care in Brazil and the impacts of covid-19" investigated the Brazilian population's perception of the meaning of care, as well as the impacts of the Covid-19 pandemic on family life, due to the need to reconcile paid and unpaid work (remote work and schooling, household and caregiving tasks) in the same space and time due to social isolation.

According to the survey, these changes contributed to increasing unemployment and reducing family income, with impacts on physical and mental health.

In relation to the sex/gender declaration of people who responded to the survey, the majority, 79%, were women, 21% men and 1% gender nonconformist. In this group, 63% were between 25 and 59 years old, therefore being part of the economically active population. Regarding marital status, more than half were married or living with a partner, 30.5% were single and 14% were separated or divorced.

Analyzing respondents by race/color group, among women, 61% considered themselves white, 24% mixed race, 12% black, 12% yellow and 1% indigenous, while among men, 62% declared themselves white, 26% mixed race, 10% black, 1% yellow and 1% indigenous.

Although a large percentage of respondents did not have children, which shows important populational dynamics with a decreasing fertility rate, 17% had children under 14 years old, an age that demand more care, and the most of them, 80%, were women. Most people who lived with minor children were married or lived with a partner, with 73% of women and 90% of men in this situation. It is interesting to note that most men who have children are either married and living together or their children are living with their mother. Separated or divorced women who lived with children under 14 years old were 14%, against only 6% of men, and single women were 11% while men in the same situation were only 2%. In other words, many more women than men live with young children in single-parent families and are likely to have more difficulty reconciling family and professional life, facing the burden of care alone.

Among women living with minor children, 30% of them had children under 3 years old, 26% between 4 and 6 years old and 59% between 7 and 14 years old. Among men living with children under 14 years old, 8% had children under 3 years old, 9% between 4 and 6 years old and 24% between 7 and 14 years old. Once again, the data confirm that more women than men spend more time on care tasks related to the children rearing.

Regarding occupational status, most respondents, 26%, worked in the public sector; 19% were retired; 17% formally employed; 12% self-employed; 10% were unemployed; 5% were informal workers; 5.6% lived on a scholarship; and only 2% were housewives. It should be noted that women have lower rates than men in all employability categories, with higher unemployment rates, 12%, against 9.8% of men. Here again, data show that the impact of unemployment is different across races, with more black women unemployed, 14%, versus nearly half, 7%, for white women.

In respect of employment and working conditions, the majority, 38%, of women who lived with children under 14 years old worked in the public sector, 18% had a formal job, 13% were self-employed and 11% were unemployed. The survey responses show also that women's income was lower than that of men and among people of the same sex there were differences in income between black and white women, with black women having a lower average income.

The educational level impacts on the socioeconomic and demographic characteristics of the population, which is expressed in reproductive and health behavior, income levels and possibilities of social mobility. The survey responses showed a profile of respondents with an educational level well above the national average, with 96% of respondents having completed secondary or higher school education, 30% of them with a university level and 30% with a postgraduate level, which reflects a victory for women in the educational field, as they were most respondents. This superiority of women in the educational area contributed to the reduction of gender inequality in Brazil, as they became more competitive in the labor market. (Melo; Thomé, 2018; Morandi; Melo, 2019; Melo; Morandi, 2021a)

6. THE PERCEPTION OF CARE: FINANCIAL AND SOCIAL COSTS

Historically and culturally, domestic and care tasks are recognized as women's responsibility (Federici, 2021), a socially constructed distribution that burden women who need to seek support from other women in the family or in the market. Among the respondents, almost half, 47%, hired a domestic worker, with varied working hours, and another large percentage, 39%, had no help. The survey confirmed that the loss of income, resulting from the years of economic crisis with low growth rates since the end of 2014 plus the pandemic crisis, provoked changes in family arrangements related to the distribution of the unpaid care work, which may have led to a transformation in the labor market of domestic workers and consequent reduction in their demand. It is important to highlight that domestic work, in the not-so-distant past, represented a quarter of all female occupations. In Brazil, the domestic service labor market has low levels of labor formalization, which is confirmed by the survey. More commonly, domestic workers are hired without a formal contract. Employers take advantage of the loophole in the law that interprets that there is only an employment relationship if the domestic worker works three or more days per week in the same residence.

Practically half of the respondents answered that they regularly take care of someone, more often their mother, children or husband and, like families with young children, half did not hire anyone to help with these tasks. The data show some differences between married men and women, with 64% of these women responding that they took care of someone, compared to 56% of men in the same condition, confirming the general idea that this type of task is a female responsibility.

When asked about care, the vast majority of respondents identified care as work, and when choosing which tasks would be caring, the least chosen were those related to self-care and well-being. The tasks most identified as care work were food and meal preparation; decoration, cleaning and house maintenance; feeding, bathing, changing clothes for

children, elderly people or people with some disabled; take to medical appointments; feed pets, walk and play with them, take to the vet, clean their space. The interviewees' difficulty regarding what is considered care was noticeable, with it being more common to relate care to good nutrition, perhaps influenced by the broad current debate on this topic, clarifying that there are many doubts about what care is.

Household and care tasks can be paid or unpaid and, in this latter case, are performed by family members and more often by women, as discussed before. Surprisingly, most of the respondents, 77%, did not hire anyone for care work, carrying out the tasks alone or with the help of a family member. On the other hand, although women are the main providers of care, most of them, 61%, did not constantly receive care from anyone in the family, being more significant for black women, who are the main providers and the least demanding. These results show the unequal sexual division of care work among family members, relegating this work to the responsibility of women in the family. It is no coincidence that husbands and partners appear as the ones who receive the most care.

Some survey questions were related to the impact of the pandemic crisis on the respondents' income, revealing that a third had some decrease in income due to either the temporary closure of companies; dismissal; or decrease in clients or patients due to the need for social isolation. Remote work was also a challenge. Among the 71% of respondents who were working remotely, only 28% reported no problem carrying out activities. This is a little different for those with children under 14 years old. In these cases, the space of residence had to be reconfigured, making the house the locus of interaction and coexistence, as well as care tasks and paid work, together with the children's schooling. Among women, the percentage that reported no problem with remote work was lower, only 10%. For them, the problem was having to carry out paid and unpaid work in a limited space, shared with children of different ages and needs, without adequate equipment or a special room to carry out paid work and with poor quality internet access. (Parreiras; Macedo, 2020)

The main difficulties reported by respondents who suffered some loss of family income were paying gas, electricity and water bills, food, cleaning and hygienic products, medicine and rent. On this topic, the difference between races is important, as survey show that black people reported more frequently financial problems than white ones.

7. CARE WORK

Social isolation and the closure of the economy have forced families to internalize all the domestic and care tasks that must be carried out to ensure the well-being of their members. This change was more relevant for families with younger children or elderly people and who usually hired someone for this role. These tasks had to be redistributed

among family members, falling more frequently on women in the group. This is why women with children under 14 years old reported an increase in the frequency and time spent on housework and caregiving.

For the vast majority, 63%, of those surveyed, domestic and care tasks did not create difficulties or negatively impact their ability to carry out paid work. But, for those who reported that there were negative impacts, the highest percentage was black women, 47%, while 33% of women reported that the need to reduce paid work hours, due to the increase in care tasks, had negative impact, causing reduction in their income.

According to the survey results, women were more likely to be unemployed, consistent with historical data that shows higher unemployment rates for women. The point is that the pandemic crisis may have aggravated this situation, contributing to exacerbating gender inequality by increasing the time spent in unpaid care by families. Although 74% of the respondents answered that they did not need to reduce their paid work time because of unpaid tasks, among those who answered the opposite, they declared that they needed to because they had young children to take care of. The data also shows that more women than men reported that they had to leave their job to take care of someone in the family and the most striking data shows that 62% of women in this condition had not returned to the job market at the time of the survey, against only 17% of men. The decrease in hours dedicated to paid work resulted in a drop in income for 33% of women against 28% of men, showing that in all aspects women suffered more from pandemic crisis than men. The important thing is the possibility of this impacting results for these people not only in the short term, but also in the long term.

Among people who lived with children under 14 years old, 44% of women in this situation reported a drop in their income, while this occurred for only 26% of men in the same situation. That is, women with children had a greater negative impact on their income due to the pandemic crisis than men in the same situation. These inequality gaps are similar when we compare the data of black versus white people, with worse results for the former.

8. FINAL CONSIDERATIONS AND SOME PUBLIC POLICIES SUGGESTIONS

The covid-19 pandemic and its effects on production and employment have contributed to highlighting the vital need for care work, whether for the reproduction and maintenance of life, for the well-being of people, or for carrying out market production. It is important to highlight that without unpaid care work, paid work is not possible in current production patterns. The pandemic crisis has made the unequal division of unpaid care work explicit, making it clear that women are the main responsible, whether in the family where it is

offered free of charge to other family members, or when they perform it as paid work. This crisis made explicit inequalities in their multiple facets (gender, racial and income), showing that resilience and the ability to face a crisis and its economic consequences are different according to sex/gender, race/color and income level. Another aspect was that people who live in countries with lower levels of inequality and with more and better public services are more resilient and can face the crisis more effectively.

As gender inequality is intrinsically mixed with religion, cultural, historical and social traditions, its reduction requires deeper transformations in live style. New laws and new public policy guidelines are necessary to promote these profound transformations necessary to reduce and, eventually, eliminate gender and racial inequalities. Policies decisions related to expanding and improving the structures of care services have a direct impact on women's lives, since they are primarily responsible for this work, whether paid or not.

For women to fully assume their lives, they need to have economic autonomy, improving their participation in the labor market. The implementation of public policies to increase the provision of care brings benefits not only to women, but to society, allowing the breaking of the cycle of poverty represented by poorer women and children.

With that in mind, we list some policy guidelines that can contribute to the composition of a universal national care policy, adequate and relevant in the fight against social, gender and racial inequalities in Brazil. These measures are even more important given the great health, economic and social impact caused by the pandemic on the Brazilian economy. The main reflections were the large increase in unemployment, informality and underemployment rates; worsening in the poverty rates; increase in the number of people living with food insecurity; drop in female participation in labor force, whether due to their rising unemployment or their withdrawal from the labor market. These economic policy guidelines must be implemented with the participation of as many civil society, feminist and women's organizations as possible, with the main objective of universalizing care services. (Pena, 1981)

Proposals on what and how to do to expand and improve the structures of public and private care services that guarantee access to all people, especially low-income families, must incorporate the analysis of successful experiences already implemented in other countries, placing care at the center of economic policy decisions, aiming to reduce inequalities, ensuring fairer, more egalitarian and ecologically sustainable economic growth.

Another objective of the survey was to highlight the social importance of care work, which should have a more equal distribution among family members and between the family and the rest of society. As a general conclusion, public policy decisions should prioritize the offer of services that support care work, essential for the well-being of all. Based on

the diagnosis, the authors present, at the end of the text, some public policy guidelines for reducing gender and racial inequality in Brazil.

At the end of the analysis of the research results, some public policy proposals were drawn up to be discussed by Brazilian society. The proposals listed below were presented and discussed with representatives of trade unions, political parties and social organizations when the survey results were presented at the Friedrich Ebert Foundation in São Paulo. The concern in public policy proposals is the defamiliarization of care, to distribute care work more evenly among the various members of society – family, State, private sector and community –, ensuring universal access to care and distributing its costs evenly. It is also understood that the main direct beneficiaries will be women, but that the whole society benefits from promoting the reduction of inequalities. The resulting proposals are listed below, with the understanding that this list is neither exhaustive nor definitive.

Thus, it is understood that it would be necessary:

- that the Brazilian State ratifies Convention 156 of the International Labor Organization (ILO), promulgated on June 3, 1978, which recognizes the need to create more appropriate conditions for harmonious coexistence between work and family
- that debates on the issue of care are included as a transversal issue in the educational process, from early childhood education to high school, contributing to demystifying this issue as a "women's thing"
- that the private sector and companies see care as an integral part of the world of work, as it is part of people's lives, ensuring greater flexibility in the workload
- that discussions and proposals for political guidelines at different levels of government represent the intersectional perspective of care, in addition to differences in gender, race/color, ethnicity, social and regional differences
- discuss the incorporation of gender and race statistics in all surveys carried out by public research bodies, in addition to the creation of new surveys and statistics
- discuss measures to end the cycles of poverty experienced by low-income people, especially women, as they do not have access to care services, daycare centers or full-time schools, which keeps these mothers out of the job market.

There is no doubt that the State, through its legislative actions, investment and budget decisions, has a decisive role in defining actions that promote a better distribution of unpaid care work among people and society's institutions, as well as the provision of more and better public services. This is essential for building a more egalitarian society with more sustainable economic growth. Therefore, it is necessary:

- increase enrollment in full-time public daycare centers
- that public schools for children under 14 years old operate full-time

- extend class period in Brazilian public education to improve the quality of education and reduce inequalities
- create, improve and expand vacancies in care institutions
- create and expand places in shelters for women victims of domestic and gender violence
- a policy that recognizes the care economy to combat poverty and inequality.

For these economic policy decisions, more and better statistical information is fundamental for their good design, reducing their biases and ensuring their best suitability and results. So, it is necessary:

- carry out regular Time Use surveys
- create the Unpaid Work Satellite Account, based on regular Time Use surveys, to be incorporated into the National Accounts

Care should be understood as part of everyone's life. Therefore, some measures should allow for a better distribution of this work among family members and among families, public and private institutions. In this sense, it is necessary:

- formalize parental leave that guarantees biological or adoptive fathers and mothers the same time to care for the baby
- create ways for young mothers who have had teenage pregnancies to remain or return to school, enabling them to better enter the job market
- that companies and employers accept greater flexibility in working hours, helping to change the culture of women being those who abandon or miss work to meet the demands of caring for family members
- laws and forms of coercion that guarantee equal pay for equal work against any kind of discrimination.

REFERENCES

ABREU, A. R. P.; HIRATA, H.; LOMBARDI, M. R. (ed.). *Gênero e trabalho no Brasil e na França*: perspectivas interseccionais. São Paulo: Boitempo, 2016.

ARAÚJO, C.; PICANÇO, F.; CANO, I. *Onde as desigualdades de gênero se escondem?* Gênero e divisão do trabalho doméstico: o Brasil em perspectiva comparada. Rio de Janeiro: Gramma, 2019.

BANDEIRA, L. M.; ALMEIDA, T. M. C. A transversalidade de gênero nas políticas públicas. *Revista do CEAM*, Brasília, v. 2, n. 1, p. 35-46, 2013.

BANDEIRA, L. M.; MELO, H. P.; PINHEIRO, L. Mulheres em dados: o que informa a PNAD/IBGE, 2008. *Revista do Observatório Brasil da Igualdade de Gênero*, Brasília, n. esp., p. 107-119, 2009.

BARCOS, V. G.; VIRREIRA, S. M. *Políticas públicas e institucionalidad de género en América Latina (1985-2010)*. Santiago de Chile: División de Asuntos de Género, Naciones Unidas/CEPAL, 2012. (Serie Mujer y Desarrollo; 118).

BENERÍA, L. Introducción: la mujer y el género en la economía: un panorama general. *In*: VILLOTA, P. (ed.). *Economía y género*: macroeconomía, política fiscal y liberalización, análisis de su impacto sobre las mujeres. Barcelona: Icaria, 2003. p. 23-74.

BLYTH, M. *Austerity*: the history of a dangerous idea. Oxford: Oxford University Press, 2013.

BOHOSLAVSKY, J. P.; RULLI, M. *Feminism in public debt*: a human rights approach. Bristol: Bristol University Press, 2024.

BRASIL. Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira. *Resumo técnico do Censo da Educação Superior 2022*. Brasília: Inep, 2024.

DWECK, E.; OLIVEIRA, A. L. M.; ROSSI, P. *Austeridade e retrocesso*: impactos sociais da política fiscal no Brasil. 1. ed. São Paulo: Brasil Debate, Fundação Friedrich Ebert, 2018. (v. 1).

ECONOMIC COMMISSION FOR LATIN AMERICA AND THE CARIBBEAN. *The economic autonomy of women in a sustainable recovery with equality*. Santiago de Chile: ECLAC, 2021. (Special Report COVID-19, n. 9).

EUROPEAN FOUNDATION FOR THE IMPROVEMENT OF LIVING AND WORKING CONDITIONS. *Working conditions in the time of COVID-19*: implications for the future. Luxembourg: Publications Office of the European Union, 2021. (European Working Conditions Telephone Survey 2021 Series).

FARES, L. S. *et al*. *As políticas econômicas implementadas no Brasil durante a pandemia sob a perspectiva de gênero*. São Paulo: Made/FEA/USP, 2021. (Nota de Política Econômica, n. 6).

FEDERICI, S. *Wages against housework*. New York: Falling Wall Press, 1975.

FEDERICI, S. *O patriarcado do salário*: notas sobre Marx, gênero e feminismos. 1. ed. São Paulo: Boitempo, 2021. (v. 1).

FERNANDES, S.; KERNEÏS, K. Bearing the brunt: the impact of covid-19 on women. *In*: SOCIAL EUROPE (ed.). *Women and the coronavirus crisis*. Berlin: Social Europe Publishing, Friedrich Ebert Stiftung, Hans Böckler Stiftung, 2021. p. 1-6.

FOLBRE, N. *The invisible heart*: economics and family values. New York: The New Press, 2001.

FOLBRE, N. *Who pays for the kids?* Gender and the structures of constraint. London: Routledge, 1994. DOI: http://doi.org/10.4324/9780203168295.

GÓES, G. S.; NASCIMENTO, J. A. S.; MARTINS, F. S. *O trabalho remoto e a pandemia*: o que a PNAD Covid- 19 nos mostrou. Brasília: Ipea, 2021. (Carta de Conjuntura, n. 50).

GORAYEB, D. S. *et al*. Uma análise do mercado de trabalho no contexto da crise econômico-sanitária de 2020: efeitos sobre as mulheres, sua saída da força de trabalho e sua indisponibilidade. *In*: ENCONTRO NACIONAL DE ECONOMIA POLÍTICA, 26., 2021. *Anais [...]*. Niterói: SEP, 2021. Available from: https://enep.sep.org.br/uploads/1649_1615673090_SEP_trabalho_identificado_pdf_ide.pdf. Access in: 22 Dec 2023.

GUIMARÃES, N. A.; HIRATA, H. S. *O gênero do cuidado*: desigualdades, significados e identidades. São Paulo: Ateliê Editorial, 2020.

HERVÍAS PAREJO, V. H.; RADULOVIĆ, B. Public policies on gender equality. *In*: VUJADINOVIC, D.; FRÖHLICH, M.; GIEGERICH, T. (ed.). *Gender-competent legal education*. Cham: Springer, 2023. p. 405-428. DOI: http://doi.org/10.1007/978-3-031-14360-1_12.

HIRATA, H. S. Care e interseccionalidade, uma questão política. *In*: MARUANI, M. (ed.). *Trabalho, logo existo*: perspectivas feministas. Rio de Janeiro: FGV, 2019. p.79-91.

İLKKARACAN, İ.; MEMIŞ, E. Transformations in the gender gaps in paid and unpaid work during the covid-19 pandemic: findings from Turkey. *Feminist Economics*, Washington, D.C., v. 27, n. 1-2, p. 288-309, 2021. DOI: http://doi.org/10.1080/13545701.2020.1849764.

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA – IBGE. Coordenação de População e Indicadores Sociais. *Estatísticas de gênero*: uma análise dos resultados do Censo Demográfico de 2010. Rio de Janeiro: IBGE, 2014.

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA – IBGE. *Outras formas de trabalho 2016, PNAD contínua*. Rio de Janeiro: IBGE, 2017.

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA – IBGE. *PNAD Covid-19*. Rio de Janeiro: IBGE, 2020.

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA – IBGE. *Brasil em números*. Rio de Janeiro: IBGE, 2021a. (v. 29).

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA – IBGE. Coordenação de População e Indicadores Sociais. *Síntese de Indicadores Sociais*: uma análise das condições de vida da população brasileira. Rio de Janeiro: IBGE, 2021b.

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA – IBGE. Coordenação de População e Indicadores Sociais. *Pesquisa Nacional por Amostra de Domicílios Contínua*. Rio de Janeiro: IBGE, 2023a.

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA – IBGE. *Sistema de Contas Nacionais*. Rio de Janeiro: IBGE, 2023b.

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA – IBGE. Coordenação de População e Indicadores Sociais. *Estatísticas de gênero*: indicadores sociais das mulheres no Brasil. 3. ed. Rio de Janeiro: IBGE, 2024.

INSTITUTO DE PESQUISA ECONÔMICA APLICADA – IPEA. *Mercado de trabalho*: conjuntura e análise. Brasília: Ministério do Trabalho, 1996. (v. 1).

INTERNATIONAL LABOR ORGANIZATION – ILO. *The global crisis*: causes, responses and challenges. Geneva: ILO, 2011.

INTERNATIONAL LABOR ORGANIZATION – ILO. *ILO monitor*: COVID-19 and the world of work. Updated estimates and analysis. 7. ed. Geneva: ILO, 2021.

INTERNATIONAL MONETARY FUND – IMF. *Recovery during a pandemic*: health concerns, supply disruptions, price pressures. Washington, D.C.: World Economic Outlook, 2021. Available from: https://static.poder360.com.br/2021/10/world-economic-outlook-fmi-out2021.pdf. Access in: 22 Dec 2023.

ITABORAÍ, N. R.; RICOLDI, A. M. (ed.). *Até onde caminhou a revolução de gênero no Brasil*? Implicações demográficas e questões sociais. Belo Horizonte: ABEP, 2016.

JESUS, J. C. *Trabalho doméstico não remunerado no Brasil*: uma análise de produção, consumo e transferência. 2018. Tese (Doutorado em Demografia do Centro de Desenvolvimento e Planejamento Regional) – Faculdade de Ciências Econômicas, Universidade Federal de Minas Gerais, Belo Horizonte, 2018.

KERGOAT, D. Divisão sexual do trabalho e relações sociais de sexo. *In*: HIRATA, H. *et al.* (ed.). *Dicionário crítico do feminismo*. São Paulo: Unesp, 2009. p. 67-75.

KERGOAT, D. O cuidado e a imbricação das relações sociais. *In*: ABREU, A. R. P.; HIRATA, H.; LOMBARDI, M. R. (ed.). *Gênero e trabalho no Brasil e na França*: perspectivas interseccionais. São Paulo: Boitempo, 2016. p. 17-26.

KERGOAT, D. O trabalho, um conceito central para os estudos de gênero? *In*: MARUANI, M. (ed.). *Trabalho, logo existo*: perspectivas feministas. Rio de Janeiro: FGV Editora, 2019. p. 287-294.

LISBOA, V. Ocupação de UTIs chega ao pior nível da pandemia, diz Fiocruz. *Agência Brasil*, Rio de Janeiro, 26 fev. 2021. Available from: https://agenciabrasil.ebc.com.br/saude/noticia/2021-02/ocupacao-de-utis-chega-ao-pior-nivel-da-pandemia-diz-fiocruz. Access in: 22 Dec 2023.

LOPEZ, F. G. *et al*. *Mapeamento dos profissionais de saúde no Brasil*: alguns apontamentos em vista da crise sanitária da Covid-19. Rio de Janeiro: IPEA/DIEST, 2020. (Nota Técnica, n. 30).

LOURENÇO, M. I. M.; CASTRO, M. G. Domestic workers and Covid-19 in Brazil: staging resistance, presenting scenarios and challenges. *In*: HINZ, K.; ZUBEK, I. (ed.). *Insights feministas, resiliências e resistência em tempos de Covid-19*: perspectivas do sul global. São Paulo: Fundação Rosa Luxemburgo, 2020.

LUKPAT, A. These mothers were exhausted, so they met on a field to scream. *New York Times*, New York, 26 jan 2022. Available from: https://www.nytimes.com/2022/01/23/us/mom-scream-massachusetts-pandemic.html. Access in: 22 Dec 2023.

MARÇAL, K. *O lado invisível da economia*: uma visão feminista. São Paulo: Alaúde Editorial, 2017.

MARUANI, M.; MERON, M. Como contar o trabalho das mulheres? França, 1901-2011. *In*: ABREU, A. R. P.; HIRATA, H.; LOMBARDI, M. R. (ed.). *Gênero e trabalho no Brasil e na França*: perspectivas interseccionais. São Paulo: Boitempo, 2016. p. 59-70.

MATTEI, L.; HEINEN, V. L. Impactos da crise da Covid-19 no mercado de trabalho brasileiro. *Revista de Economia Política*, São Paulo, v. 40, n. 4, p. 647-668, 2020. DOI: http://doi.org/10.1590/0101-31572020-3200.

MELO, H. P.; CONSIDERA, C. M.; DI SABATTO, A. Dez anos de mensuração dos afazeres domésticos no Brasil. *In*: FONTOURA, N.; ARAUJO, C. (ed.). *Uso do tempo e gênero*. Rio de Janeiro: UERJ/SPM/IPEA, 2016. p. 173-188.

MELO, H. P.; CONSIDERA, C. M.; DI SABATTO, A. Os afazeres contam. *Economia e Sociedade*, Campinas, v. 3, n. 3, p. 435-454, 2007. DOI: http://doi.org/10.1590/S0104-06182007000300006.

MELO, H. P.; MORANDI, L. *Cuidados no Brasil*: conquistas, legislação e políticas públicas. São Paulo: Fundação Friedrich Ebert Stiftung, 2020.

MELO, H. P.; MORANDI, L. Uma análise da distribuição do PIB per capita entre mulheres e homens no Brasil, 1991-2015. *Revista de Economia Contemporânea*, Rio de Janeiro, v. 25, n. 1, p. 1-23, 2021a. DOI: http://doi.org/10.1590/198055272515.

MELO, H. P.; MORANDI, L. A divisão sexual do trabalho no contexto da pandemia. *Revista Trabalho Necessário*, Rio de Janeiro, v. 19, n. 38, p. 105-125, 2021b. DOI: http://doi.org/10.22409/tn.v19i38.45884.

MELO, H. P.; MORANDI, L. Cuidados en Brasil: logros, legislación y políticas públicas. *In*: TORRES SANTANA, A. (ed.). *Los cuidados*: del centro de la vida al centro de la política. Santiago de Chile: Friedrich-Ebert-Stifung, 2021c. p. 145-185. (Tomo 3).

MELO, H. P.; MORANDI, L.; DWECK, R. H. Uso do tempo e valoração do trabalho não remunerado no Brasil. *In*: MELO, H. P.; MORAIS, L. (ed.). *A arte de tecer o tempo*: perspectivas feministas. Campinas: Pontes, 2020. p. 75-107.

MELO, H. P.; MORANDI, L.; MORAES, L. *Os cuidados no Brasil*: mercado de trabalho e percepções. 1. ed. São Paulo: Fundação Friedrich Ebert, 2022.

MELO, H. P.; THOMÉ, D. *Mulheres e poder*: histórias, ideias e indicadores. Rio de Janeiro: FGV Editora, 2018.

MORAES, L. L. *et al*. Classificação do uso do tempo em atividades e trabalhos diários das mulheres rurais (CATMUR). *In*: MELO, H. P.; MORAIS, L. (ed.). *A arte de tecer o tempo*: perspectivas feministas. Campinas: Pontes, 2021. p. 235-372.

MORAES, L. L.; NASCIMENTO, N. M. S. Mulheres rurais nordestinas e desviantes: um estudo sobre a quebra das expectativas de gênero no meio rural. *Amazônica*, Belém, v. 12, n. 2, p. 725-747, 2021. DOI: http://doi.org/10.18542/amazonica.v12i2.8310.

MORANDI, L. Política fiscal no Brasil: principais diretrizes e impactos, 2000-2019. *In*: GUANZIROLI, C. E. *et al.* (ed.). *Políticas públicas na Argentina e no Brasil (2003-2020)*: diferenças, convergências e desafios. Niterói: UFF/EDUFF/UNS/CAPES, 2021. cap. 5, p. 143-159.

MORANDI, L.; MELO, H. P. Mujeres y educación en Brasil: una mirada de género. *In*: PÉREZ, T. G. (ed). *La educación de las mujeres en Iberoamérica*: análisis histórico. Valencia: Tirant Humanidades, 2019. p. 719-758.

NASSIF, A. *et al*. Economic development and stagnation in Brazil (1950-2011). *Structural Change and Economic Dynamics*, Amsterdam, v. 53, p. 1-15, 2020. DOI: http://doi.org/10.1016/j.strueco.2020.01.005.

NELSON, J. A. *Feminism, objectivity & economics*. London: Routledge, 1996.

NERI, M. C. *Mapa da nova pobreza*. Rio de Janeiro: FGV Social, 2022.

OAKLEY, A. *The sociology of housework*. London: Martin Robertson, 1974.

OLIVEIRA, A. L. M. *et al*. Austeridade, pandemia e gênero. *In*: DWECK, E.; ROSSI, P.; OLIVEIRA, A. L. (ed.). *Economia pós-pandemia, desmontando os mitos da austeridade fiscal e construindo um novo paradigma econômico*. São Paulo: Autonomia Literária, 2020. p. 153-171.

OROZCO, A. P. *Perspectivas feministas en torno a la economía*: el caso de los cuidados. Madrid: Consejo Económico y Social, 2006.

ORTIZ, I.; CUMMINS, M. *End austerity*: a global report on budget cuts and harmful social reforms in 2022-25. East Jerusalem: United Nations Office for the Coordination of Humanitarian Affairs, 2022.

OXFORD COMMITTEE FOR FAMINE RELIEF – OXFAM. *Tempo de cuidar*: o trabalho de cuidado não remunerado e mal pago e a crise global da desigualdade. São Paulo: OXFAM Brasil, 2020. Available from: https://depositorioceds.espm.edu.br/tempo-de-cuidar-o-trabalho-de-cuidado-nao-remunerado-e-mal-pago-e-a-crise-global-da-desigualdade/. Access in: 22 Dec 2023.

OXFORD COMMITTEE FOR FAMINE RELIEF – OXFAM. *Nós e as desigualdades*. Pesquisa OXFAM Brasil/Datafolha: Percepções sobre desigualdades no Brasil. São Paulo: OXFAM Brasil, 2022. Available from: https://www.oxfam.org.br/um-retrato-das-desigualdades-

brasileiras/pesquisa-nos-e-as-desigualdades/pesquisa-nos-e-as-desigualdades-2022/. Access in: 22 Dec 2023.

PAN AMERICAN HEALTH ORGANIZATION – PAHO. *Gendered health analysis covid-19 in the Americas*. Washington, D.C.: PAHO, 2021.

PARREIRAS, C.; MACEDO, R. M. *Desigualdades digitais e educação*: breves inquietações pandêmicas. São Paulo: ANPOCS, 2020. (Boletim Cientistas Sociais da ANPOCS, n. 36). Available from: http://www.anpocs.com/index.php/publicacoes-sp-2056165036/boletim-cientistas-sociais/2350-boletim-n-36-cientistas-sociais-e-o-coronavirus. Access in: 8 May 2020.

PENA, M. V. J. *Mulheres e trabalhadoras*: presença feminina na constituição do sistema fabril. Rio de Janeiro: Paz e Terra, 1981.

PEREZ, C. C. *Invisible women*: exposing data bias in a world designed by men. London: Vintage, 2019.

PÉRIVIER, H. *A economia feminista*: por que a ciência econômica precisa do feminismo e vice-versa. 1. ed. Rio de Janeiro: Bazar do Tempo, 2023.

PÉRIVIER, H. Men and women during the economic crisis: employment trends in eight European countries. *Revue de l'OFCE*, Paris, v. 2, n. 133, p. 41-84, 2014.

PICCHIO, A. La economía política y la investigación sobre las condiciones de vida. *In*: CAIRÓ I CÉSPEDES, G.; MAYORDOMO RICO, M. (ed.). *Por una economía sobre la vida*: aportaciones desde un enfoque feminista. Barcelona: Icaria Editorial, 2005.

PROGRAMA DAS NAÇÕES UNIDAS PARA O DESENVOLVIMENTO. Fundo das Nações Unidas para a Infância – UNICEF. Organização das Nações Unidas para a Educação a Ciência e a Cultura – UNESCO. Organização Pan-Americana da Saúde – OPAS. *COVID-19 e desenvolvimento sustentável*: avaliando a crise de olho na recuperação. 1. ed. Brasília, 2021. Livro eletrônico.

RODRIGUES, M. C.; BARROSO, M.; PESSANHA, E. (ed.). *Trabalho em tempos de crise*: desafios e perspectivas da luta por direitos. Rio de Janeiro: Lume Juris, 2022.

ROSEMBERG, F.; MADSEN, N. Educação formal, mulheres e gênero no Brasil contemporâneo. *In*: BARSTED, L. L.; PITANGUY, J. (ed.). *O progresso das mulheres no Brasil 2003-2010*. Rio de Janeiro: CEPIA/ONU Mulheres, 2011. p. 390-434.

SAFFIOTI, H. I. B. *A mulher na sociedade de classes*: mito e realidade. Petrópolis: Vozes, 1976.

SAYEH, A. *et al*. *Engendering the recovery*: budgeting with women in mind. IMF Blog, 5 mar. 2021. Available from: https://blogs.imf.org/2021/03/05/engendering-the-recovery-budgeting-with-women-in-mind/. Access in: 22 Dec 2023.

SILVA, S. P.; CORSEUIL, C. H. L.; COSTA, J. S. M. (ed.). *Impactos da pandemia de Covid-19 no mercado de trabalho e na distribuição de renda no Brasil*. Brasília: IPEA, 2022.

SOARES, C. A importância das informações de uso do tempo para os estudos de gênero no Brasil: algumas considerações sobre as pesquisas domiciliares oficiais. *In*: MELO, H. P.; MORAIS, L. (ed.). *A arte de tecer o tempo*: perspectivas feministas. Campinas: Pontes, 2020. p. 75-107.

SOUZA-LOBO, E. *A classe operária tem dois sexos*: dominação e resistência. 2. ed. São Paulo: Expressão Popular, Fundação Perseu Abramo, 2010.

STORM, S. *Austerity raises covid deaths*. New York: Institute of New Economic Thinking, 2021. Available from: https://www.ineteconomics.org/perspectives/blog/austerity-raises-covid-deaths. Access in: 22 Dec 2023.

TEIXEIRA, M. O. A crise econômica e as políticas de austeridade: efeitos sobre as mulheres. *In*: ROSSI, P.; DWECK, E.; OLIVEIRA, A. L. M. (ed.). *Economia para poucos*: impactos sociais da austeridade e alternativas para o Brasil, 2018. p. 281-300.

TORRES SANTANA, A. Introducción: la larga duración del debate sobre los cuidados. *In*: TORRES SANTANA, A. (ed.). *Los cuidados*: del centro de la vida al centro de la política. Santiago de Chile: Friedrich-Ebert-Stifung, 2021. p. 9-61. (Tomo 1-3).

UNITED NATIONS POPULATION FUND – UNFPA. *New UNFPA projections calamitous impact on women's health as COVID-19 pandemic continues*. New York, 2020. Press Release. Available from: https://www.unfpa.org/press/new-unfpa-projections-predict-calamitous-impact-womens-health-covid-19-pandemic-continues. Access in: 22 Dec 2023.

UNITED NATIONS PROGRAMME ON HIV/AIDS – UNAIDS. *Impact of the global economic crisis on women, girls and gender equality*. Geneva: UNAIDS, 2012. (Discussion Paper).

UNITED NATIONS WOMEN. *Economic crises and women's work*: exploring progressive strategies in a rapidly changing global environment. New York: UN Women, 2013.

UNITED NATIONS WOMEN. *The global economic crisis and gender equality*. New York: UN Women, 2014.

UNITED NATIONS WOMEN. *Whose time to care*? Unpaid care and domestic work during Covid-19. Technical Note on UN Women Rapid Gender Assessment Surveys. New York: UN Women, 2020a. Available from: https://data.unwomen.org/publications/whose-time-care-unpaid-care-and-domestic-work-during-covid-19. Access in: 22 Dec 2023.

UNITED NATIONS WOMEN. *Impact of COVID-19 on violence against women and girls and service provision*: UN Women rapid assessment and findings. New York: UN Women, 2020b.

UNITED NATIONS WOMEN. *Government responses to COVID-19*: lessons on gender equality for a world in turmoil. New York: UN Women, 2022.

VANDELAC, L. *et al*. (ed.). *Du travail et de l'amour*: les dessous de la production domestique. 2. ed. Montréal: Les Éditions Saint-Martin, 1985.

VARELA, N. O tsunami feminista. *Nueva Sociedad*, Buenos Aires, n. esp., p. 20-33, 2020.

VAROUFAKIS, Y. *The global minotaur*: America, Europe and the future of the global economy. London: Zed Books, 2015.

VICKERY, C. The time-poor: a new look at poverty. *The Journal of Human Resources*, Madison, v. 12, n. 1, p. 27-48, 1977. DOI: http://doi.org/10.2307/145597.

VIECELI, C. P. *Economia feminista e trabalhos reprodutivos não remunerados*: conceito, análise e mensuração. 2020. Tese (Doutorado em Economia) – Programa de Pós-graduação em Economia, Faculdade de Ciências Econômicas, Universidade Federal do Rio Grande do Sul, Porto Alegre, 2020.

VINUTO, J. A amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. *Temáticas*, Campinas, v. 22, n. 44, p. 203-220, 2014. DOI: http://doi.org/10.20396/tematicas.v22i44.10977.

WAJNMAN, S. "Quantidade" e "qualidade" da participação das mulheres na força de trabalho brasileira. *In*: ITABORAÍ, N. R.; RICOLDI, A. M. (ed.). *Até onde caminhou a revolução de gênero no Brasil?* Implicações demográficas e questões sociais. Belo Horizonte: ABEP, 2016. p. 45-58.

WARING, M. *If women counted*: a new feminist economics. San Francisco: Harper San Francisco, 1988.

WORLD BANK. *The gendered impacts of COVID-19 on labor markets in Latin America and the Caribbean*. Washington, D.C.: World Bank, 2021. Policy Brief.

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ANNEX A – SURVEY/INTERVIEW QUESTIONNAIRE DETAILS

National Survey: Care in Brazil and the impacts of the covid-19 pandemic

1. Regarding your sex/gender, how do you identify? ( ) Woman; ( ) Man; ( ) Transvestite, transgender woman; ( ) Transgender man and transgender masculine; ( ) Non-binary; } ( ) I prefer not to identify myself

2. How old are you? ( ) under 18 years old; ( ) 18-24 years old; ( ) 25-35 years old; ( ) 35-45 years old; ( )45-60 years old; ( ) over 60 years old

3. How do you identify yourself in relation to your color/race: ( ) Black; ( ) "Pardo"; ( ) White; ( ) Yellow; ( ) Indigenous

4. Are you part of any traditional group? ( ) No; ( ) Indigenous; ( ) "Quilombola"; ( ) Gypsy; ( ) Family farming community; ( ) Artisanal fishing communities; ( ) Pasture community; ( ) Other: _____

5. Are you: ( ) Married/living with a partner; ( ) Single; ( ) Separated/divorced; ( ) Widowed; ( ) Other: _____

6. Do you have children? How many? ( ) None; ( ) 1; ( ) 2; ( ) 3; ( ) 4; ( ) 5 or more

7. How old are your children? ( ) 0-3 years old; ( ) 4-6 years old; ( ) 7-14 years old; ( ) 15-17 years old; ( ) over 18 years

8. If you have children under 14 years old, answer: ( ) I don't have children of that age; ( ) The child(ren) lives with me full-time; ( ) Not all of the children live with me full-time; ( ) I have shared custody; ( ) The child(ren) does not live with me;

9. In which state do you reside? ( ) Acre; ( ) Alagoas; ( ) Amapá; ( ) Amazonas; ( ) Bahia; ( ) Ceará; ( ) Distrito Federal; ( ) Espírito Santo; ( ) Goiás; ( ) Maranhão; ( ) Mato Grosso; ( ) Mato Grosso do Sul; ( ) Minas Gerais; ( ) Pará; ( ) Paraíba; ( ) Paraná; ( ) Pernambuco; ( ) Piauí; ( ) Rio de Janeiro; ( ) Rio Grande do Norte; ( ) Rio Grande do Sul; ( ) Rondônia; ( ) Roraima; ( ) Santa Catarina; ( ) São Paulo; ( ) Sergipe; ( ) Tocantins.

10. Do you live in: ( ) Urban area; ( ) Rural area

11. Regarding the job market, are you: ( ) Unemployed; ( ) Employed with a formal contract; ( ) Working in the public sector; ( ) Employed without a formal contract; ( ) Self-employed; ( ) Retired; ( ) Housewife; ( ) Not working

12. Are you currently a beneficiary of any social or income transfer program? ( ) No; ( ) "Bolsa Família"; ( ) Social Rent; ( ) Continuous Benefit Payment; ( ) Unemployment Insurance; ( ) Emergency Aid; ( ) Others _____

13. What is your monthly income (individual)? ( ) Up to R$1,100.00 (1 minimum wage); ( ) From R$1,101.00 and R$2,200.00; ( ) From R$2,201.00 and R$3,300.00; ( ) From R$3,301.00 and R$4,400.00; ( ) Over R$4,401.00

14. What is your level of education? ( ) No formal education; ( ) Incomplete elementary school; ( ) Complete elementary school; ( ) Incomplete high school; ( ) Complete high school; ( ) Incomplete higher education; ( ) Complete higher education; ( ) Specialization; ( ) Master's degree; ( ) Doctorate

15. What is your housing situation? ( ) Owning; ( ) Rented; ( ) Lent; ( ) Shared; ( ) Leased; ( ) Other: _____

16. Do you have any physical disabilities? ( ) No; ( ) Yes. Which ones? _____

17. Do you live alone? ( ) Yes; ( ) No

18. How many people live in your home, including you (check as many boxes as you need)? ( ) Children (0-12 years)____; ( ) Teenagers (13-18 years)_____; ( ) Adults (19-64 years) ____; ( ) Senior (65 years and older) _____; ( ) Persons with a disabilities _____

19. In your opinion, which of these activities express care tasks (mark as many options as you deem necessary)? ( ) Food/meal preparation; ( ) Washing dishes; ( ) Washing and/or ironing clothes; ( ) House cleaning, decorating, and maintenance; ( ) Shopping for and obtaining food, utensils, services, and administration; ( ) Paying bills and other transactions; ( ) Feeding, bathing, and changing children; ( ) Feeding, bathing, and changing the clothes of elderly or disabled people; ( ) Driving children to school; ( ) Taking children, elderly, or disabled people to the doctor; ( ) Purchasing medicine for others; ( ) Monitor the medication schedules of others; ( ) Feed the pet, walk it, take it to the vet or clean up urine and feces; ( ) Watering ornamental plants; ( ) Perform aesthetic procedures (hair, skin, nails, waxing, massage, etc.); ( ) Perform physical exercises; ( ) Perform relaxation activities; ( ) Take some time to rest during the day; ( ) Seek news regularly from family or friends (by phone); ( ) Plant medicinal herbs and food for your own and family's consumption; ( ) Collect water; ( ) Separate waste for recycling; ( ) Participate in nature protection activities (seas, rivers, springs, local vegetation, native forest); ( ) Do volunteer work in institutions that welcome children, the elderly, people with disabilities, refugees and others; ( ) Other (specify)

20. Do you think the tasks marked in the previous question are work? ( ) Yes; ( ) No; ( ) I don't know

21. Society considers the alternative(s) above that you marked as care task(s) as work. ( ) Partially disagree; ( ) Totally disagree; ( ) Partially agree; ( ) Totally agree; ( )I don't know

22. Do you hire someone to do or help with the housework? ( ) No; ( ) No, but I count on the collaboration of family members; ( ) Yes, once every 15 days; ( ) Yes, once a week; ( ) Yes, twice a week; ( ) Yes, 3 times a week or more

23. Do you constantly take care of someone? ( ) Yes; ( ) No

24. If yes, who (check as many options as necessary)? ( ) Daughter; ( ) Son; ( ) Granddaughter; ( ) Grandson; ( ) Mother; ( ) Father; ( ) Sister; ( ) Brother; ( ) Mother-in-law; ( ) Father-in-law; ( ) Wife; ( ) Husband; ( ) Other: _____

25. Do you hire anyone to help you care for/attend to the person indicated above? ( ) I don't hire, I take care of it alone; ( ) I don't hire, but I count on help from other family members; ( ) Yes, full time; ( ) Yes, part time; ( ) Yes, sometimes

26. Does anyone take care of you (check as many options as you deem necessary)? ( ) No; ( ) Daughter; ( ) Son; ( ) Granddaughter; ( ) Grandson; ( ) Mother; ( ) Father; ( ) Sister; ( ) Brother; ( ) Mother-in-law; ( ) Father-in-law; ( ) Daughter-in-law; ( ) Son-in-law; ( ) Wife; ( ) Husband; ( ) Domestic employee; ( ) Caregiver; ( ) Other: _____

27. What do you do to take care of yourself (check as many options as you think necessary)? ( ) I seek medical care frequently; ( ) I seek medical care once a year; ( ) I take the prescribed medications; ( ) I practice physical exercises; ( ) I practice mental exercises (meditation); ( ) I try to maintain a healthy diet; ( ) I go to therapy; ( ) I look for trustworthy people to talk to; ( ) I rest throughout the day; ( ) Other (specify)

28. During the covid-19 pandemic, was there a reduction in your monthly individual income? ( ) Yes; ( ) No; ( ) I have no income

29. If there was a reduction in your monthly individual income, it decreased because (check as many options as you deem necessary): ( ) You were fired; ( ) Your company closed permanently; ( ) You temporarily lost income (your company closed or you were unable to work for a period of time); ( ) You left your job to take care of your family during the closure of companies and/or schools; ( ) You were out of work for a while because of the pandemic, but have now returned (under the same conditions, role or company); ( ) You partially returned to paid work; ( ) You had a temporary reduction in salary (the company's decision not to lay off employees); ( ) Other reason (specify)

30. During the pandemic, did you do any type of remote work for any period? ( ) Yes; ( ) No

31. If so, did you have any difficulties working remotely? Which one or ones (check as many options as you consider necessary)? ( ) I had to divide my time between paid work and household and care tasks; ( ) I do not have a suitable space to work at home (such as a room of my own); ( ) I do not have an efficient internet connection (fast connection speed); ( ) I do not have a computer/tablet or laptop for exclusive use; ( ) I do not have a computer/tablet or laptop with a camera for exclusive use; ( ) I had no difficulties; ( ) Other (specify)

32. During the covid-19 pandemic, did you have difficulty paying bills (check as many options as necessary)? ( ) No; ( ) Difficulty paying basic bills (electricity, water and gas); ( ) Difficulty buying food; ( ) Difficulty buying cleaning supplies; ( ) Difficulty buying medicines; ( ) Difficulty paying rent

33. During the Covid-19 pandemic, has there been a change in the amount of time you spent on the tasks listed below? ( ) Food preparation; ( ) House cleaning; ( ) Laundry; ( ) Dishwashing

34. Do you have someone who shares the household chores listed in the previous question with you? ( ) Yes; ( ) No; ( ) I do not do household chores

35. If you have someone with whom you share household chores, mark which person or people share these tasks with you (mark as many options as you deem necessary): ( ) Domestic worker; ( ) Father; ( ) Mother; ( ) Husband / Partner; ( ) Wife / Partner; ( ) Brother; ( ) Sister; ( ) Son; ( ) Daughter; ( ) Son-in-law; ( ) Daughter-in-law; ( ) Other person(s): _____

36. During the Covid-19 pandemic, has the responsibility for household chores made it difficult or impossible for you to carry out your paid work? ( ) Yes; ( ) No

37. Do you have children under 14? ( ) Yes; ( ) No

38. If you have children under 14 years of age, during the Covid-19 pandemic, the time spent with children on the following tasks: a) Monitoring educational activities: ( ) Increased; ( ) Decreased; ( ) Stayed the same; ( ) I do not perform this activity; b) Recreational activities with children (playing, games): ( ) Increased; ( ) Decreased; ( ) Stayed the same; ( ) I do not perform this activity; c) Taking care of children: ( ) Increased; ( ) Decreased; ( ) Stayed the same; ( ) I do not perform this activity

39. If you have children under 14, during school closures, were your children in remote learning? ( ) Yes; ( ) No

40. If so, did you have any difficulties with remote teaching (check as many options as you deem necessary)? ( ) I had no difficulties; ( ) You do not have a suitable space for the children to study at home (such as a dedicated or quieter room); ( ) You do not have an internet connection; ( ) You do not have an efficient internet connection (higher speed); ( ) You do not have a computer/tablet or laptop; ( ) You do not have a computer/tablet or laptop with a camera; ( ) Other (specify)

41. During the Covid-19 pandemic and school closures, did you have to leave your job to care for your children? ( ) Yes; ( ) No; ( ) I don't have children under 14 years old

42. If you had to leave your job to take care of your child(ren), how long were you unemployed? ( ) 1 to 3 months; ( ) 4 to 6 months; ( ) 7 to 9 months; ( ) 10 months to 1 year; ( ) more than 1 year; ( ) I am still unemployed

43. During the Covid-19 pandemic, have you had to reduce the hours you work to care for someone in your family? ( ) No; ( ) Yes, to care for my children; ( ) Yes, to care for elderly family members; ( ) Yes, to care for disabled family members; ( ) Other (specify)

44. If you had to reduce the hours you spent on paid work to care for someone in your family, did this lead to any reduction in your income from paid work? ( ) Yes; ( ) No

45. During the covid-19 pandemic, did you start taking care of anyone else (check as many options as you think necessary)? ( ) No; ( ) Daughter; ( ) Son; ( ) Granddaughter; ( ) Grandson; ( ) Mother; ( ) Father; ( ) Sister; ( ) Brother; ( ) Mother-in-law; ( ) Father-in-law; ( ) Wife; ( ) Husband; ( ) Other: _____

46. Have you been sick at any time during the covid-19 pandemic? ( ) Yes; ( ) No

47. If yes, who took care of you (check as many options as necessary)? ( ) I did not have help from anyone; ( ) Daughter; ( ) Son; ( ) Granddaughter; ( ) Grandson; ( ) Mother; ( ) Father; ( ) Sister; ( ) Brother; ( ) Mother-in-law; ( ) Father-in-law; ( ) Wife; ( ) Husband; ( ) Other: _____

48. Have you been infected with Covid-19? ( ) Yes; ( ) No; ( ) I had some symptoms, but I didn't take any tests; ( ) I don't know

49. During the Covid-19 pandemic, have you had any type of emotional problem? ( ) Yes; ( ) No

50. If yes, indicate which one (check as many options as you deem necessary): ( ) Insomnia; ( ) Palpitations; ( ) Fatigue; ( ) Sadness; ( ) Emotional stress; ( ) Eating disorder; ( ) Aggression; ( ) Other: _____

51. Have you ever taken medication for this reason? ( ) Yes; ( ) No

52. During the Covid-19 pandemic, how was the emotional health of the person(s) in your household? Has anyone had (check as many options as necessary): ( ) Insomnia; ( ) Palpitations; ( ) Fatigue; ( ) Sadness; ( ) Emotional stress; ( ) Eating disorder; ( ) Aggressiveness; ( ) No, no one had any emotional health problems; ( ) Other (specify)

53. Is there anything you would like to tell us about your understanding of care?