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Occupational transitions
of paid care workers
during the covid-19
pandemic in Brazil

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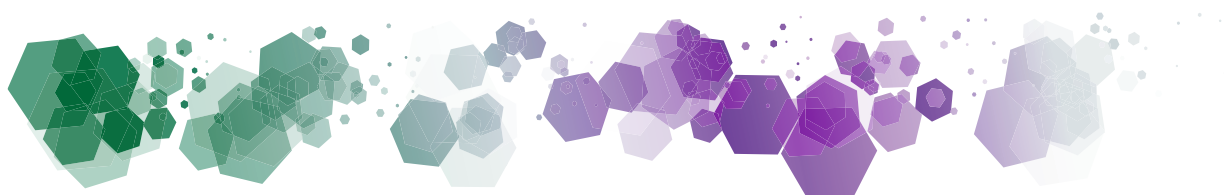


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Nadya Araujo Guimarães

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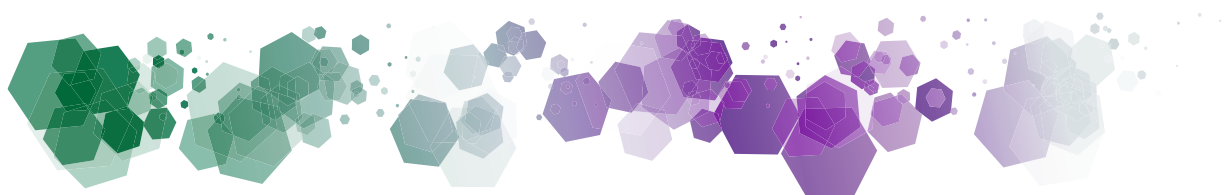
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Occupational transitions of paid care workers during the covid-19 pandemic in Brazil¹

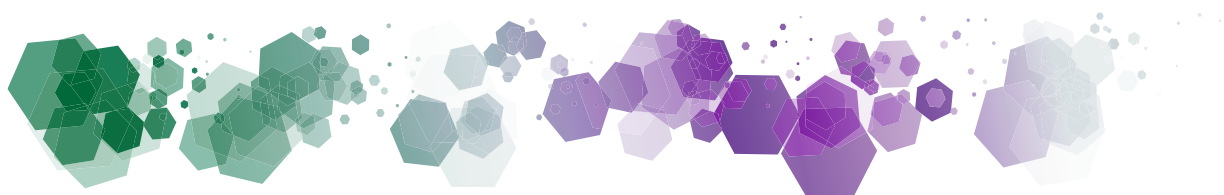


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Abstract:

The Covid-19 pandemic has significantly exacerbated pre-existing inequalities in the world of work, and it has brought into sharp relief the disparities among different groups of paid care workers. This paper aims to analyse the heterogeneous effects of the pandemic on paid care work in Brazil. We analyse occupational transitions of different groups of workers, using data from household surveys. The results show that this crisis was characterized by an intense transition of workers to inactivity, especially women. Within paid care work, the effects were heterogeneous, and the subgroup of domestic, direct, and recurrent care were the most affected in the first moment.

Keywords:

Paid care work; Gender; Occupational transitions; Covid-19 pandemic.

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1. Introduction

The Covid-19 pandemic has significantly exacerbated pre-existing inequalities in the world of work, affecting vulnerable workers in various ways. Those who are engaged in informal work without social protection or job security and whose occupations require closer proximity to the public have been hit the hardest and were often the first to lose their jobs. Women have been disproportionately affected both in the productive sphere – with a significant retraction of female participation in the labor force in many countries – and in the reproductive sphere, as their domestic workload has multiplied with the increase presence of family member at home.

The provision of care is, therefore, a central issue to understand the impacts of this crisis in people's lives. The pandemic has created the conditions of a new crisis of social reproduction, with strong long-term effects for women and families (ACCIARI; BRITTEZ; PÉREZ, 2021). According to the International Labor Organization (ILO, 2018), 381 million of people are employed in the care economy, what represents almost 12% of global employment. Women are responsible for 65% of the paid care work worldwide. These big numbers hide, however, the heterogeneity of paid care occupations, which can be characterized according to different dimensions, such as the context in which the labour relation is established (domestic or non-domestic); the nature of the interaction between the care worker and the beneficiary (direct or indirect) and the recurrence of the care relationship (GUIMARÃES; PINHEIRO, 2023).

The pandemic has brought into sharp relief the disparities between two main groups of paid care workers. On one hand, healthcare professionals have seen their work demands increase dramatically during the pandemic, leaving them with little time to attend to the care demands of their own families. On the other hand, workers in less urgent care sectors, such as domestic work, food services, beauty services, and transportation, have suffered significant income loss due to prolonged periods without clients.

In Brazil, an unequal background shows vulnerabilities that already existed and contributed to deepening gender, race, and occupational inequalities in the labour market. Historically, female participation rate in the labour market is inferior to male. Despite the significant increase of the engagement of women in the economic activity, inequalities remain and can be observed in several aspects, such as the gender pay gap, the maternity penalties, and the concentration of women in occupations with less access to social protection (MACEDO; PINHEIRO, 2022). The Brazilian female labour force has another important particularity since paid care work is strongly based on domestic work. According to a comparative study developed by ILO, Brazil was the country with more domestic workers in the whole world, concentrating seven million domestic workers. It is important to note that most of these workers were women, black and usually working in informality.

The economic crisis caused by the Covid-19 pandemic resulted in a significant retraction of female participation in the Brazilian labour force. Women were, however, affected differently because of structural aspects of the formation of female labour force in Brazil. Domestic female workers were one of the groups that presented the greater loss of employ-

ment (PINHEIRO; TOKARSKI; VASCONCELOS, 2020), but we lack on evidence about how the pandemic affected different groups of paid care workers, including domestic workers.

This paper aims to analyse the heterogeneous effects of the Covid-19 pandemic on paid care work in Brazil, from a gender and race perspective. Based on descriptive and longitudinal data analysis, it brings reflections on long-term effects and the need for specific actions and public policies. We use data from household surveys of the Brazilian Institute of Geography and Statistics from 2019 to 2021.

2. Theoretical focus

Gender and care: from an unequal background

The increasing participation of women in the workforce is a global phenomenon, which occurs at different rates and under varying conditions. In Brazil, the commodification of work in the last 50 years is marked by the rapid engagement of women in economic activity, a process that was accelerated from the 1970s and consolidated in the 1980s and 1990s (GUIMARÃES; BRITO; BARONE, 2016). The increase of female workforce participation was paralleled by demographic transformations, which are reflected in the reduction of fertility rates in Brazil (BRUSCHINI, 1998; LAVINAS, 1997). From an occupational point of view, the consolidation of the feminization of certain activities, such as services in education and health and activities in the field of care, is a relevant trend. However, traces of “bipolarity” remain within female employment in Brazil: one pole is characterized by occupations with lower income levels in addition to low rates of formalization and social protection, and on the other pole, there are the “good occupations”, that is, those with higher wages, formal and with guaranteed social protection (BRUSCHINI; LOMBARDI, 2000). According to the authors, ironically what unites these two poles is domestic work, as the professionals who are in the “good occupations” rely on the work of the domestic servants to dedicate themselves to their careers.

Even though women have entered the labour market, there have been no significant changes regarding the sexual division of unpaid domestic work, carried out within the family. Women continue to be solely or primarily responsible for household chores and care activities. Inequality in the distribution of unpaid domestic work and the difficulties of reconciling work and family can be considered the two most important factors for the so-called “incomplete revolution” in gender relations in Brazil (WAJNMAN, 2016). In this context, care and domestic work play a central role in female employment in Brazil, but heterogeneities exist within this field. While there is growing institutionalization and recognition of care as an occupation, that is, an approach focused on the field of professional work, there is still a focus on the private, domestic and family (GUIMARÃES; HIRATA; SUGITA, 2011).

Brazil is in the cluster of countries in which paid domestic work represents a high percentage of total female employment (ILO, 2018). In 2018, 14.6% of Brazilian women em-

ployed in the labour market were domestic workers, which meant the second largest occupational grouping of women in the country, just behind the trade sector (PINHEIRO *et al.*, 2019). It is also a sector with a large concentration of black women. These make up 63% of all domestic workers (PINHEIRO *et al.*). Informality in the sector has always been quite high. Access to registered employment, covered, in 2018, only 28.6% of the category (PINHEIRO *et al.*). In recent years, the importance of the daily worker, who works up to two days a week in the same household, has grown. According to legislation approved in 2015, those who hire day labourers are not required to make social security and labour contributions.

Paid domestic work supports the social reproduction of the richest families in Brazil. In 2009, 17.5% of Brazilian households had at least one domestic worker. Among the highest-income households, this number reached 51.7% (SORJ; FONTES, 2012). High income is the most important factor that explains the hiring of domestic workers in the country (GUERRA, 2017). The fact that the richest families in Brazil heavily rely on paid domestic work highlights the country's significant income inequality, as employers often pay for such services using a portion of their own salaries. This situation results from the lack of effective and comprehensive public policies for care, which causes families to outsource some of their care demands and is compounded by a context of low male participation in such activities. This dependence is also revealing of great intra-gender inequality, as women from higher classes guarantee their professional and career success as they release part of the domestic and care activities, transferring them to poor, low-schooling and, for the most part, black women.

Defining care work

Care is the core of the existence and reproduction of societies. It can be defined as a relationship of service, support, and assistance, which may or may not be paid and which implies a relationship of responsibility for the life and well-being of another person (KERGOT, 2016). The concept of care is, therefore, related to the dimensions of work, family and gender and its various modalities are constructed differently in distinct societies. The concept of care comprises multiple analytical dimensions, among which we highlight: domestic tasks, childcare and care for dependent people, especially the elderly and people with disabilities (FOLBRE, 2006; RAZAVI, 2007; GUIMARÃES; HIRATA; SUGITA, 2011; ILO 2018). How the provision of care is distributed among the State, the market, the family and other forms of organization (such as community and voluntary organizations) differ in each of these fields (GUIMARÃES; HIRATA; SUGITA, 2011).

According to the International Labour Organization (ILO), the “care economy” is the sum of all forms of care work, including both workers who perform for-profit or paid care work and provide health services, education, and domestic workers who provide care services in the home. This paper is based on a comprehensive approach to care work, which includes care activities, as well as activities related to social reproduction. In this sense, there are two kinds of care activities: *direct*, face-to-face, personal care activities and *indirect* care activities, which despite do not including face-to-face personal care, assures the support to life conditions and the well-being of its recipients (ILO, 2018). Care can also be performed as paid or unpaid form of work relation.

In Brazil, the social and institutional construction of care is a more recent phenomenon than the emergence of the term “caregiver/s” (GUIMARÃES; HIRATA; SUGITA, 2011). Therefore, two distinct movements can be observed. On the one hand, a growing institutionalization and recognition of care as an occupation, which implies the growth of care professions. And, on the other hand, the persistence and expansion of domestic care work that is carried out in the domestic sphere and under the control of hierarchical and unequal relations that are established within the family (GUIMARÃES; HIRATA; SUGITA, 2011).

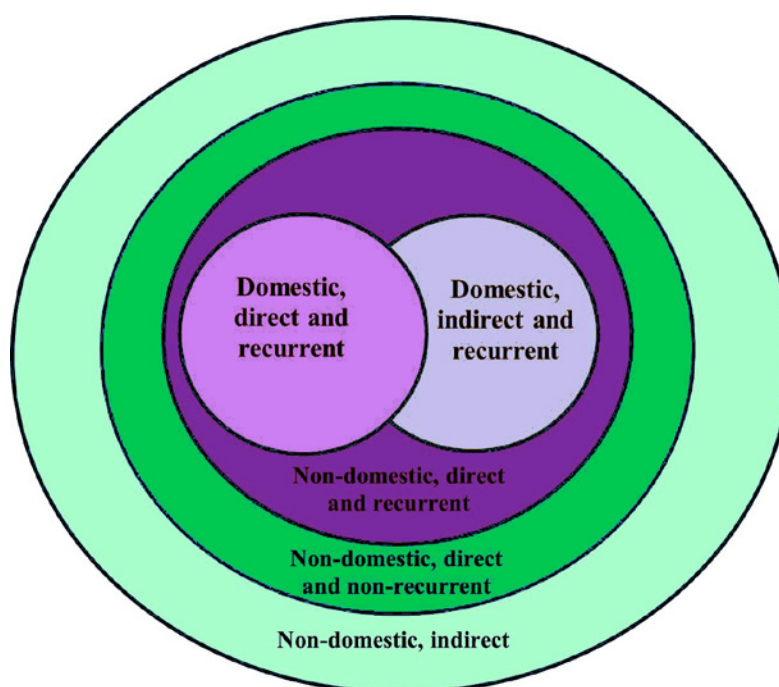
An important debate on care refers to the frontier of studies on professional regulation and “care work”. On the one hand, we see that the recognition of the work of a “caregiver” as a socially recognized occupation only took place in 2002, with its inclusion in the Brazilian Occupational Classification (CBO). This recognition made it possible to visualize the various facets of care as an occupation in the labour market. On the other hand, we need to deepen the understanding of the plurality of forms of care, which, however, are not even recognized as care work (GUIMARÃES; HIRATA; POSTHUMA, 2020). This scenario is reflected in the lack of a systematic effort to dimension the scope of care occupations in the Brazilian labour market. In this context, Guimarães and Pinheiro (2023), circumscribed the so called “halo of the care labour market” and proposed a typology of care occupations, which will be used in the following empiric analysis.

In this paper paid care work is considered as a type of work which is developed as a service provided to people and paid on a monetary basis (GUIMARÃES; PINHEIRO, 2023). We also use the concept of “occupations” in the labour market, using the occupational classification defined by the Brazilian Institute of Geography and Statistics. We assume that the occupations within the care sector have a common characteristic, which is the goal of rebuild well-being or develop skills (physical, social or emotional/self-esteem) to who is the beneficiary of the care work (GUIMARÃES; PINHEIRO, 2023).

Guimarães and Pinheiro (2023) divide care occupations in different subgroups considering three dimensions. The first dimension refers to the context in which the labour relation is established: in the domestic sphere and with a domestic employment relation or outside the domestic sphere. The second dimension refers to the nature of the interaction between the care worker and the beneficiary and it can be a direct or indirect relation. Lastly, we consider the recurrence of the care relationship, which can be vary considering the degree of dependence of the individuals that demand care services.

Based on that typology paid care work can be represented by concentric circles, as shown in Figure 1 (WAJNMAN, 2022). The density of care work is greater when it occurs in a domestic context, the nature of the interaction is direct, and it is recurrent. At the opposite extreme, we have care occupations that take place outside the domestic environment and which the work is carried out under relationships that are indirect and not recurrent (GUIMARÃES; PINHEIRO, 2023).

FIGURE 1: Graphic representation of paid care typology



Source: Wajnman, 2022.

In this paper we analyse four subgroups of care occupations: 1) Domestic, direct and recurrent; 2) Domestic, indirect and recurrent; 3) Non-domestic, direct and recurrent; 4) Non-domestic, direct and less recurrent. It is important to note that the fifth subgroup, as proposed by Guimarães and Pinheiro (2023), which includes paid care work non-domestic, indirect, and less recurrent, is not in the scope of this paper. The selection of the occupations is justified by its importance to exemplify the very diverse impact of the Covid-19 in this segment, but it does not represent the complete so-called care sector.

Table 1 summarizes the typology of care occupations adopted in this paper and shows the most representative occupations in each subgroup. The detailed typology by occupation and respective frequency can be found in Annex 1.

**TABLE 1: Total of employed by occupation and subgroup of care, Brazil
- 2nd quarter of 2019**

Subgroup	Occupation	Frequency	Relative distribution within subgroup (%)
1. Domestic, direct and recurrent	Personal caregivers in household	572,207	50.15
	Child caregivers	568,725	49.85
2. Domestic, indirect and recurrent	Domestic service workers in general	4,615,737	93.56

cont. →

3. Non-domestic, direct and recurrent	Mid-level nursing professionals	925,287	32.12
	Preschool teachers	625,861	21.73
	Child caregivers	435,579	15.12
	Nursing professionals	384,460	13.35
4. Non-domestic, direct and less recurrent	Health professionals	2,045,720	27.78
	Elementary school teachers	1,484,672	20.16
	Hairdressers	1,184,991	16.09
	Specialists in beauty treatment	1,116,278	15.16

Source: IBGE. PNAD Contínua. Self-elaboration.

Considering these four subgroups of care occupations, Table 2 shows that there are around 16.3 million paid care workers in Brazil, which represents, 17.3% of total employment. Within female employment, 33.4% of employed women work in care occupations, while this percentage is only 5.2% for men.

TABLE 2: Employed in general and in care, Brazil – 2nd quarter of 2019

	Men	Women	Total
Employed in general	53,650,044	40,508,913	94,158,957
Employed in care	2,773,217	13,546,911	16,320,127
% employed in care	5.2%	33.4%	17.3%

Source: IBGE. PNAD Contínua. Self-elaboration.

Table 3 shows the frequency and proportional distributions of men and women among the care subgroups we observe in this paper. We can see that men who work in the care sector in Brazil are concentrated in subgroup 4, which includes occupations with non-domestic employment, direct employment, and less recurrent interactions.

TABLE 3: Employed by care subgroups and gender, Brazil – 2nd quarter of 2019

Subgroups	Men		Women		Total	
	Freq.	%	Freq.	%	Freq.	%
1. Domestic, direct and recurrent	32,053	1.2	1,108,879	8.2	1,140,931	7.0
2. Domestic, indirect and recurrent	458,731	16.5	4,474,860	33.0	4,933,591	30.2

cont. →

3. Non-domestic, direct and recurrent	324,896	11.7	2,555,900	18.9	2,880,796	17.7
4. Non-domestic, direct and less recurrent	1,957,536	70.6	5,407,272	39.9	7,364,808	45.1
Total	2,773,217	100.0	3,546,911	100.0	16,320,127	100.0

Source: IBGE. PNAD Contínua. Self-elaboration.

Within paid care, women are the majority and represent 83% of total paid care in Brazil (Table 4). When we look at the care subgroups, we can see that women are overrepresented especially in domestic work (subgroups 1 and 2). Regarding race, 56.6% of total paid care workers are non-white and they are also overrepresented in domestic work. Finally, 26.6% of paid care workers in Brazil are employed as public servants, which guarantees them stability at work and social protection. This type of job matters especially for subgroups 3 and 4 which include many workers in education and health sectors.

TABLE 4: Proportional distribution of care workers by gender, race and type of job, Brazil – 2nd quarter of 2019 (%)

Subgroup	Sex		Race		Type of job	
	Men	Women	White	Non-white	Public	Non-public
1. Domestic, direct and recurrent	2.8	97.2	36.3	63.7	0.0	100.0
2. Domestic, indirect and recurrent	9.3	90.7	32.2	67.8	0.0	100.0
3. Non-domestic, direct and recurrent	11.3	88.7	46.7	53.3	48.9	51.1
4. Non-domestic, direct and less recurrent	26.6	73.4	50.7	49.3	39.8	60.2
Total	17.0	83.0	43.4	56.6	26.6	73.4

Source: IBGE. PNAD Contínua. Self-elaboration.

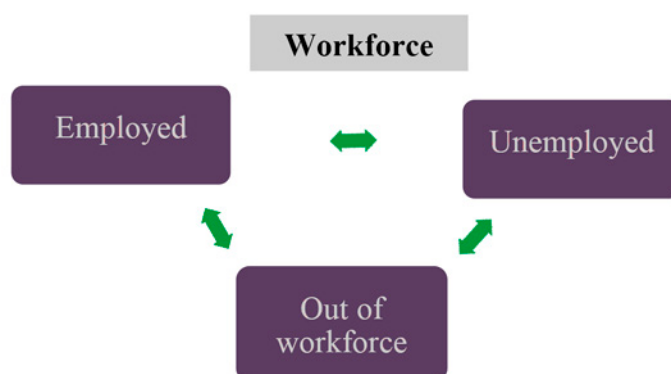
3. Data and research methods

We use data from the Continuous National Household Sample Survey (PNAD Contínua) produced by the Brazilian Institute of Geography and Statistics (IBGE). The survey provides labour force data and quarterly microdata allows longitudinal studies to be carried out. We use data for the entire country, from 2019 to 2021, covering the period before, during and after the pandemic crisis for the working-age population in Brazil, which includes individuals aged 14 or older.

Data analysis is divided into two stages. In the first one, we explore descriptive data to understand the short-term effects on the Brazilian labour market from a gender and race perspective. In the second stage, we analyse the occupational status transitions in consecutive quarters of each year, using longitudinal data from “PNAD Contínua”. In a labour force survey, a person can either be in the workforce or out of the workforce. Being in the workforce means that a person is employed or unemployed (Figure 2). Within the labour market dynamics, a person can move between employment and unemployment many times across his life course. The way out of the workforce can occur through unemployment, which means that a person would move from employment to unemployment, and after a lastingly unsuccessful search for a job, would end up in inactivity. An alternative way is when a person moves direct from employment to inactivity, which is usually a result of retirement. An unexpected increase in this last transition, however, can indicate a significant change in the labour market dynamics, usually caused by a crisis or a shock.

In this paper, we aim to characterize how care workers experienced the following transitions: i) employment to unemployment and; ii) employment to out of the workforce or inactivity. In this sense, we want to understand how the crisis caused by the Covid-19 pandemic affected the Brazilian labour market dynamic, focusing paid care workers.

FIGURE 2: Occupational status transitions



4. Results

The Covid-19 and Brazilian labour market – descriptive data

The Covid-19 pandemic had an expressive effect on the Brazilian labour market, contributing to deepening inequalities, especially related to gender and race. Tables 4 and 5 summarize the total number of people by occupational status and the main labour market indicators in 2019 and 2020, considering gender and race.

In general, we see that the immediate effect of the pandemic crisis was stronger in decreasing the Brazilian workforce (-9.2%), especially the female workforce (-12,1%) (Table 5).

It caused a decrease in the participation rate of 6.5 percentual points and an increase in the unemployment rate of 1.5 percentual points.

TABLE 5: Total of people by occupational status (by thousand) and main labour market indicators by gender, Brazil - 2nd quarter of 2019 and 2020

	2019			2020			Relative interannual variation (%)		
Occupational status:	Men	Women	Total	Men	Women	Total	Men	Women	Total
Workforce	59,813	47,357	107,170	55,642	41,637	97,279	-7.0	-12.1	-9.2
Employed	53,650	40,509	94,159	48,870	35,181	84,051	-8.9	-13.2	-10.7
Unemployed	6,163	6,848	13,011	6,772	6,456	13,228	9.9	-5.7	1.7
Out of workforce	21,486	39,472	60,958	26,481	46,092	72,573	23.2	16.8	19.1
	2019			2020			Interannual variation (p.p)		
Indicator	Men	Women	Total	Men	Women	Total	Men	Women	Total
Participation rate (%)	73.6	54.5	63.7	67.8	47.5	57.3	-5.8	-7.1	-6.5
Occupational level (%)	66.0	46.7	56.0	59.5	40.1	49.5	-6.5	-6.6	-6.5
Unemployment rate (%)	10.3	14.5	12.1	12.2	15.5	13.6	1.9	1.0	1.5

Source: IBGE. PNAD Contínua. Self-elaboration.

Regarding the categories of gender and race, the impact on the workforce was stronger for women in general but especially for non-white women (-14.5%). It also caused a stronger decrease in the participation rate of this group (-7.6 p.p.).

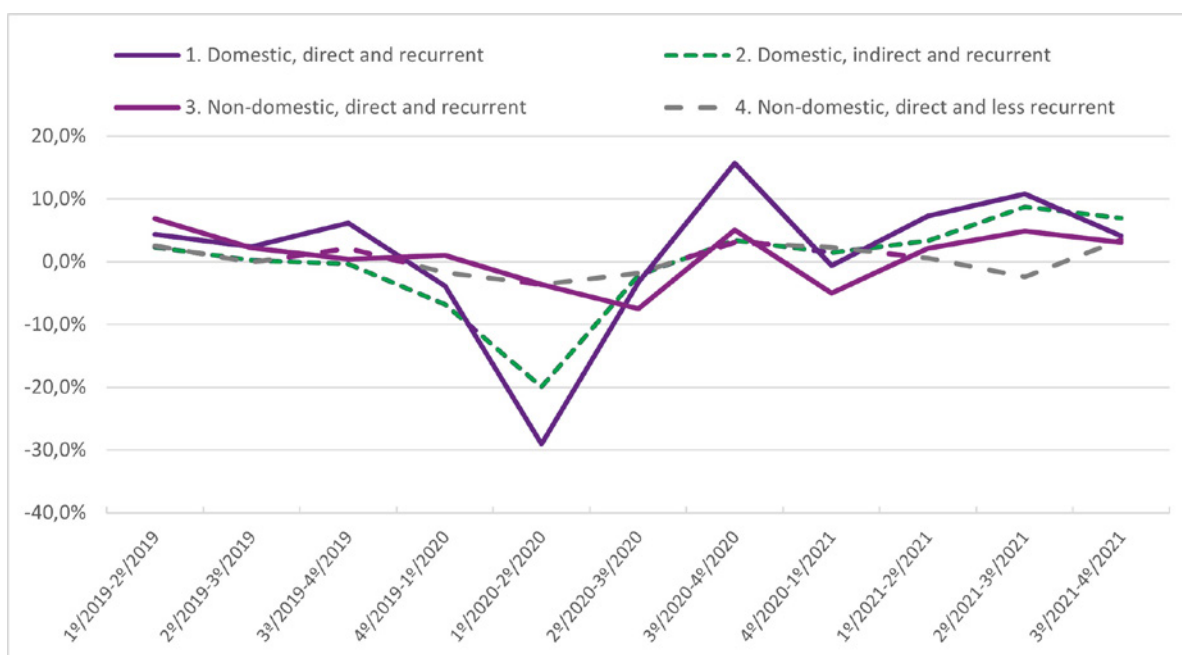
TABLE 6: Total of people by occupational status (by thousand) and main labour market indicators by gender and race, Brazil - 2nd quarter of 2019 and 2020

	2019					2020					Relative interannual variation (%)		
	White man	Non-white man	White women	Non-white women	White man	Non-white man	White women	Non-white women	White man	Non-white man	White women	Non-white women	
Occupational status													
Workforce	25,328	34,483	21,286	26,070	24,252	31,363	19,321	22,300	-4.2	-9.0	-9.2	-14.5	
Employed	23,251	30,398	18,886	21,621	21,891	26,963	17,069	18,096	-5.8	-11.3	-9.6	-16.3	
Unemployed	2,077	4,085	2,400	4,448	2,361	4,400	2,253	4,203	13.7	7.7	-6.1	-5.5	
Out of workforce	8,686	12,797	16,605	22,863	10,712	15,766	19,550	26,529	23.3	23.2	17.7	16.0	
Indicator	2019					2020					Interannual variation (p.p)		
	White man	Non-white man	White women	Non-white women	White man	Non-white man	White women	Non-white women	White man	Non-white man	White women	Non-white women	
Participation rate (%)	74.5	72.9	56.2	53.3	69.4	66.5	49.7	45.7	-5.1	-6.4	-6.5	-7.6	
Occupational level (%)	68.4	64.3	49.8	44.2	62.6	57.2	43.9	37.1	-5.7	-7.1	-5.9	-7.1	
Unemployment rate (%)	8.2	11.8	11.3	17.1	9.7	14.0	11.7	18.8	1.5	2.2	0.4	1.8	

Source: IBGE. PNAD Contínua. Self-elaboration.

When we look deeper into female employment, considering only paid care workers, Graph 1 shows the relative variation in the number of employees between consecutive quarters by subgroups of care occupations. There was a higher decrease for the two subgroups of domestic workers during the first months of lockdown in Brazil. Between the two subgroups of domestic workers, direct care, which includes child and elderly caregivers was more affected in the first moment but seem to return to the labour market in the following quarters.

GRAPH 1: Variation (%) in the number of employees between consecutive quarters, by subgroups of care, Brazil - 2019 to 2021



Source: IBGE. PNAD Contínua. Self-elaboration.

Occupational status transitions

Descriptive data points out different labour market crisis effects when we compare them to previous periods. Employment was seriously affected, resulting in almost 10 million people leaving the workforce. Occupational status transitions analysis based on longitudinal data allows us to following graphs show the percentage of employed people who experienced a transition over two consecutive quarters.

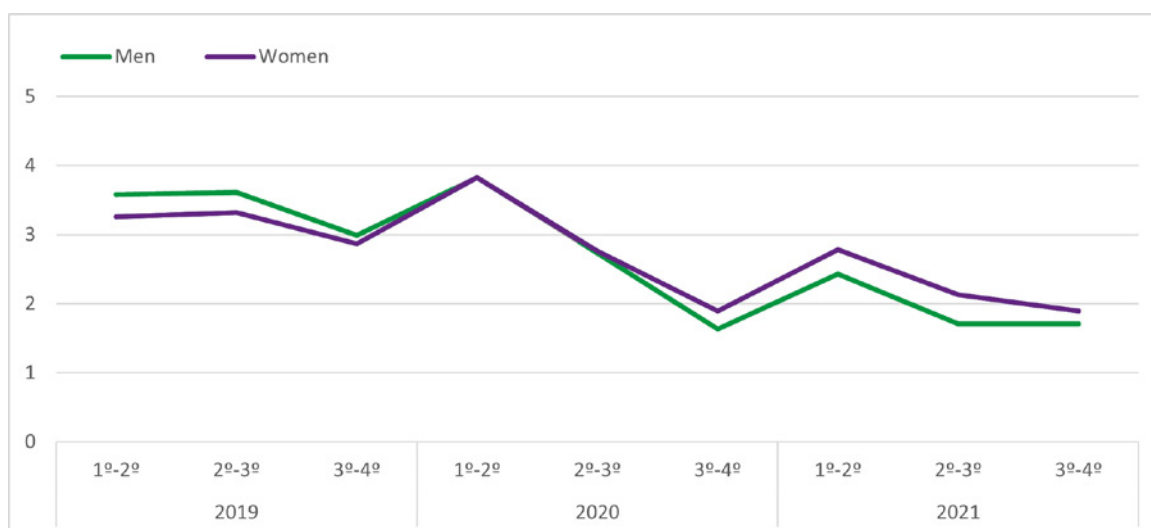
A. Employment → unemployment

Graphs 2 to 5 present the percentage of people who moved from employment to unemployment over two consecutive quarters, by gender, race and subgroups of care occupations. The analysis includes the comparison of the indicators in the same period of different years, so we minimize any possible seasonal effects.

Regarding gender, Graph 2 shows that from the first to the second quarter of 2020, 3.8% of employed people became unemployed and this percentage was the same for men and

women. In 2021, the distance between men and women was larger and women had a higher percentage in this transition.

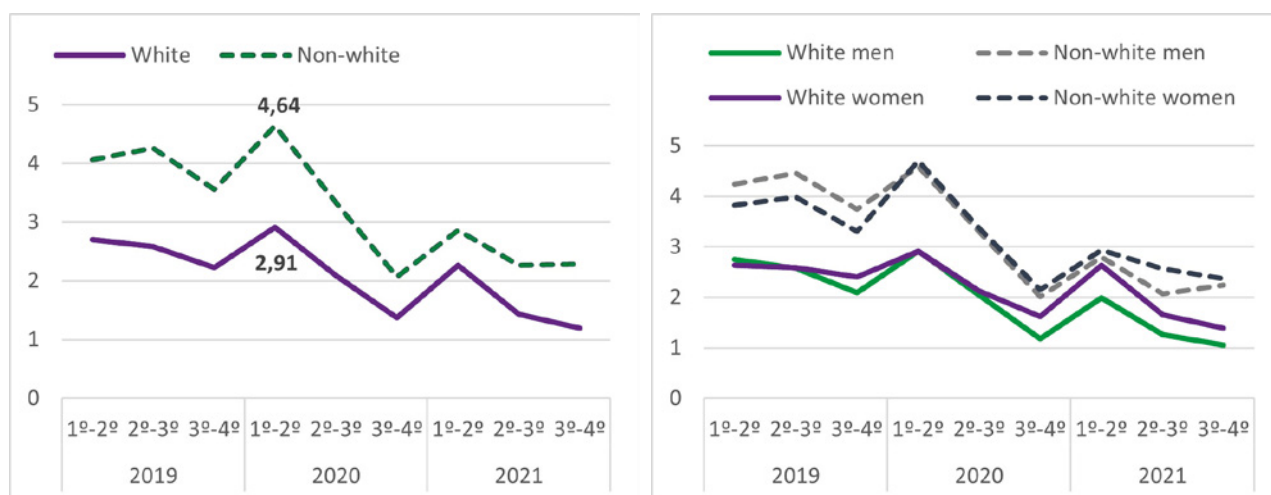
GRAPH 2: Transition from employment to unemployment over two consecutive quarters, by gender, Brazil – 2019-2021 (%)



Source: IBGE. PNAD Contínua. Self-elaboration.

Graphs 3 and 4 show the differentials by race and race and gender. When it comes to race, we can see a significant distance between white and non-whites, which already existed in 2019 but was deepened in 2020. While 2.9% of white employed people became unemployed in the second quarter of 2020, this percentage was 4.6% of non-white people. Non-white people had higher percentages of this transition independent of being men or women over the whole period of analysis.

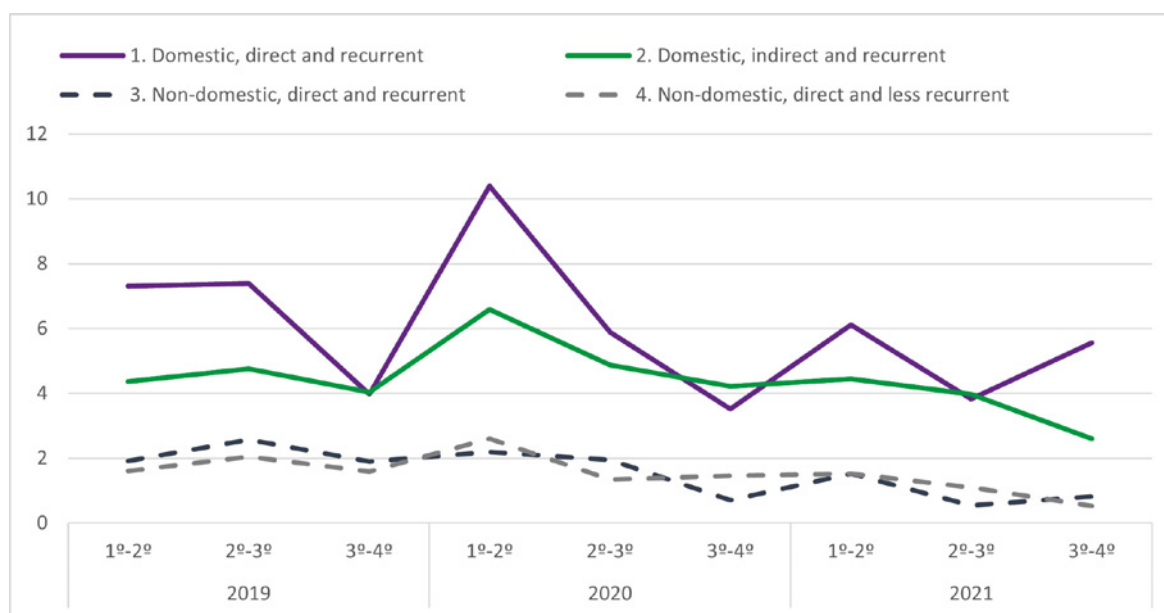
GRAPHS 3-4: Transition from employment to unemployment over two consecutive quarters by race and gender, Brazil – 2019-2021 (%)



Source: IBGE. PNAD Contínua. Self-elaboration.

The analysis by subgroups of care occupations indicates two different poles (Graph 5). On one side we have subgroups 3 and 4, which include occupations within the health and education sectors. These workers were highly demanded during the pandemic, and among them, there is a higher proportion of women in the public sector, which is characterized by job security. On the other side, we have subgroups 1 and 2, which includes all domestic workers, including cleaners, caregivers, cook, gardeners and so on.

GRAPH 5: Transition from employment to unemployment over two consecutive quarters, by subgroups of care occupations, women, Brazil – 2019-2021 (%)



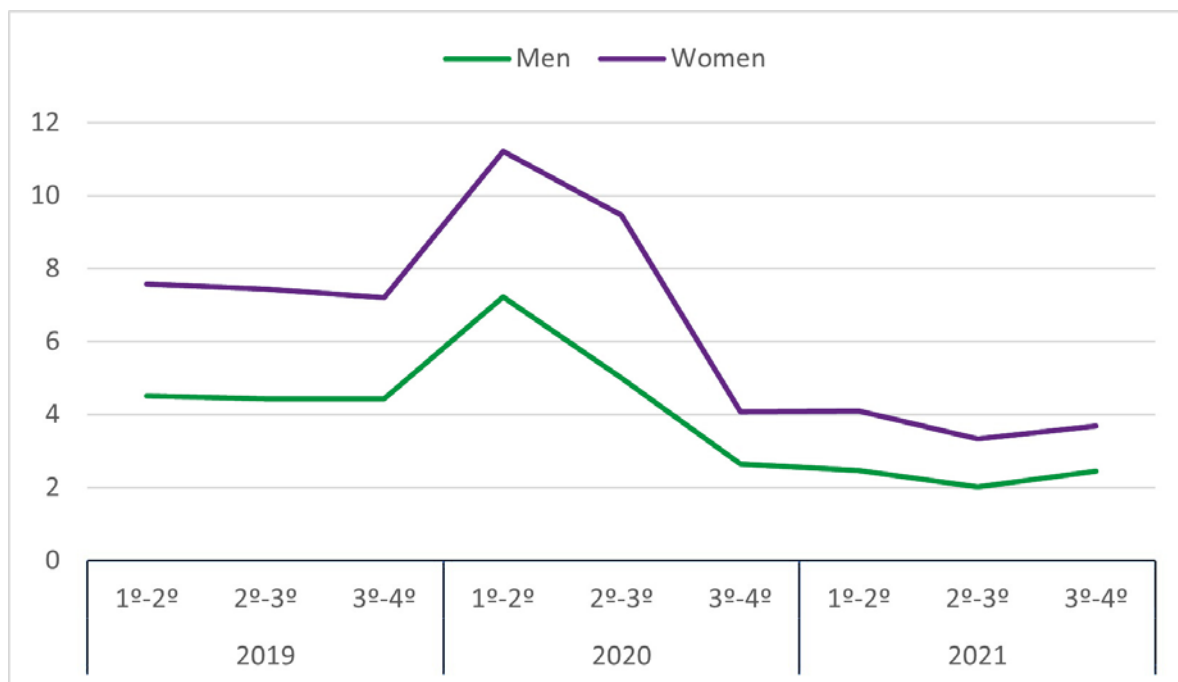
Source: IBGE. PNAD Contínua. Self-elaboration.

B. Employment → inactivity

Graphs 6 to 9 present the percentage of people who moved from employment to inactivity over two consecutive quarters, by gender, race and subgroups of care occupations.

Unlike the previous transition, the analysis of the flow from employment to inactivity reveals a great inequality between men and women, that was deepened in 2020, during the pandemic. From the first to the second quarter of 2020, 11.2% of employed women became inactive or left the workforce, while this percentage was 7.2% for men.

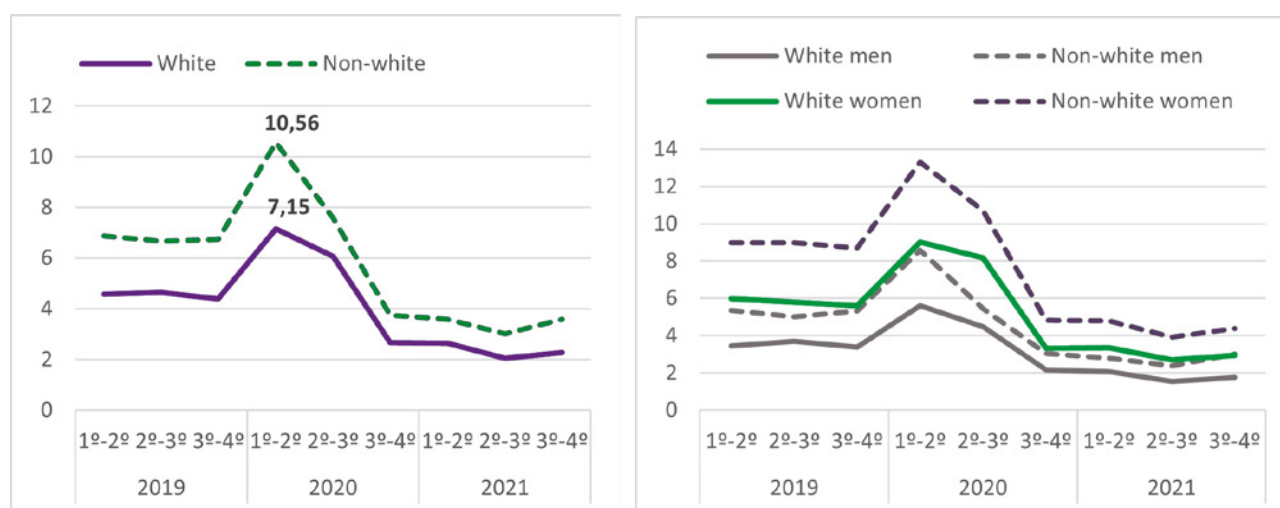
GRAPH 6: Transition from employment to inactivity over two consecutive quarters, by gender, Brazil – 2019-2021 (%)



Source: IBGE. PNAD Contínua. Self-elaboration.

Regarding race, we also see the inequality between white and non-white works (Graphs 7 and 8). When we consider race and gender, women seem to be more exposed to move to inactivity, regardless of their race.

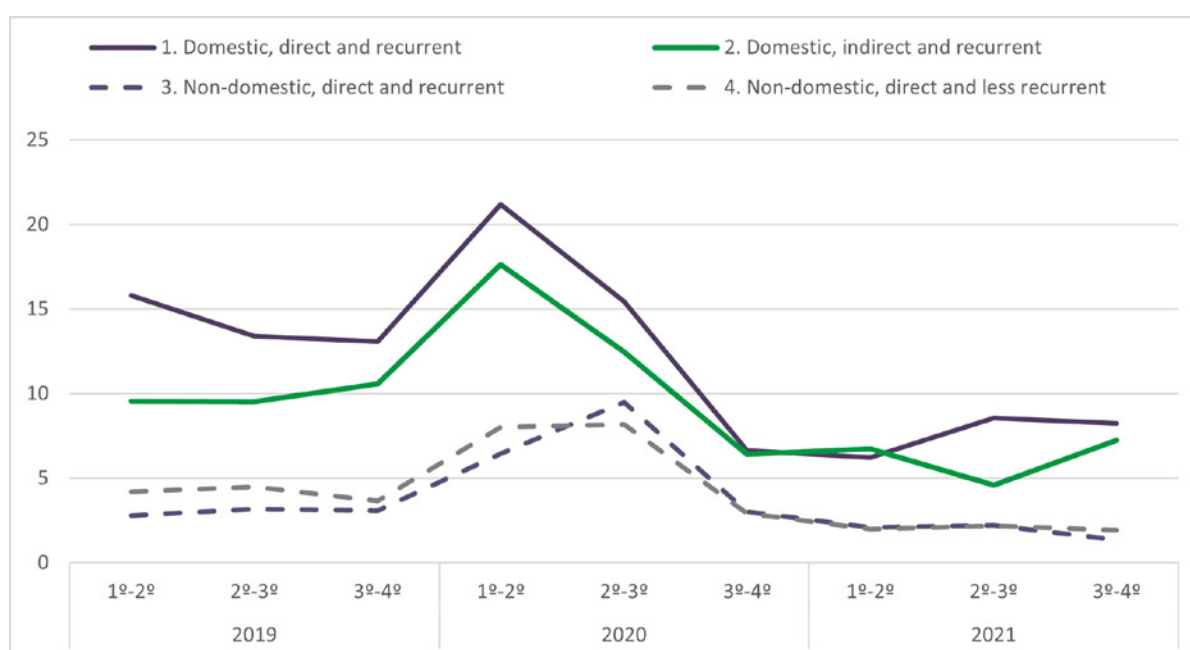
GRAPHS 7-8: Transition from employment to inactivity over two consecutive quarters, by race gender, Brazil – 2019-2021 (%)



Source: IBGE. PNAD Contínua. Self-elaboration.

Finally, the analysis by subgroup of care occupations reveals a great inequality within female employment. While for women in general the percentage of transition from employment to inactivity was 11.2% (Graph 9), for domestic workers this percentage reached 17.6% (subgroup 2) and 21.2% (subgroup 1). These two subgroups include cleaners, children and elderly caregivers, cooks, gardeners and so on. Subgroups 3 and 4 also experienced an increase in this indicator in 2020 but at a much lower level. It is important to note that these differences already existed in 2019, before the crisis.

GRAPH 9: Transition from employment to inactivity over two consecutive quarters, by subgroups of care occupations, women, Brazil – 2019-2021 (%)



Source: IBGE. PNAD Contínua. Self-elaboration.

5. Discussion and final considerations

The impact of the Covid-19 pandemic on the Brazilian labour market was characterized by an intense transition of workers to open and hidden economic inactivity and the effects were stronger on female employment. The analysis of paid care work in Brazil shows that not only the inequality between men and women has deepened, but also the inequality within female employment and it was largely due to the negative impact on domestic work. In this context, the interdependence of gender, race and class domination relations is a fundamental approach to the field of care (KERGOAT, 2010), especially in a country marked by structural and historical inequalities like Brazil. The diversity and heterogeneity of the profiles of care workers contrast with the fact that, in this country, such occupations have lower wages and are socially less valued (HIRATA, 2014). Both paid and unpaid care work

is predominantly performed by women and both housekeepers and caregivers are mostly black (GUIMARÃES; HIRATA; POSTHUMA, 2020).

One of the factors that bring together the dimensions of gender and class in the labour market is the organization of care and domestic work in Brazil. The effects of the pandemic on these workers, however, are heterogeneous. The demand for paid care work increased significantly but vulnerabilities remain considering the lack of regulation of these occupations, which is even more relevant for the caregivers that work in the domestic sphere. Furthermore, care penalties were observed in some countries, meaning that workers in care service jobs earn less than other essential workers (FOLBRE, GAUTHAM; SMITH, 2021).

The results suggest that there are two very distinct poles within paid care work in Brazil. On one side there are the essential care occupations and health and education occupations which are more exposed to public employment and higher social protection (subgroups 3 and 4). And on the other side, there is domestic work, including occupations such as cleaners, caregivers, cooks, gardeners, etc (subgroups 1 and 2). Even within domestic workers, we found important differences which indicate that direct domestic workers (subgroup 1) were in a more unstable situation and more exposed to transitions when compared to indirect domestic workers (subgroup 2). This result may be explained by the circumstances of the sanitary crisis, which forced population to avoid direct contact with other people.

The lack of social protection of domestic workers in Brazil raises big concerns about the impacts of the crisis on women's and family's lives. During the pandemic, the Brazilian government provided an emergency income transfer program which worked as an economic relief especially for the poorer and informal population (CARDOSO *et al.*, 2021). However, uncertainties remain regarding the long-term effect of the Covid-19 on female employment. The results presented show that the transitions from employment to unemployment and from employment to out of the workforce in 2021 are lower compared to 2020. But this apparent "improvement" can be misunderstood if we do not consider the number of people, especially women, who left the workforce in 2020 and did not go back. In this sense, further studies are needed to deepen the understanding of the characteristics of paid care workers who lost their jobs during the pandemic and to analyse the conditions in which the recovery is taking place.

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Annex 1: Typology of care occupations

Frequency of workers and relative distribution by care occupation, Brazil – 2º quarter of 2019

1. DOMESTIC, DIRECT AND RECURRENT		
Occupation	Frequency	Distribution (%)
Personal caregivers in household	572,207	50.15
Child caregivers	568,725	49.85
Total	1,140,931	100.00
2. DOMESTIC, INDIRECT AND RECURRENT		
Occupation	Frequency	Distribution (%)
Domestic service workers in general	4,615,737	93.56
Cooks	122,587	2.48
Farmers and skilled workers in the cultivation of vegetable gardens, nurseries and gardens	120,891	2.45
Car, taxi and truck drivers	38,777	0.79
Housekeepers and house butlers	21,208	0.43
Cook's helpers	5,701	0.12
Animal caretakers	4,307	0.09
Security guards	2,340	0.05
Other cleaning workers	1,148	0.02
Chefs	894	0.02
Total	4,933,591	100.00
3. NON-DOMESTIC, DIRECT AND RECURRENT		
Occupation	Frequency	Distribution (%)
Mid-level nursing professionals	925,287	32.12
Preschool teachers	625,861	21.73
Child caregivers	435,579	15.12
Nursing professionals	384,460	13.35
Teacher's assistants	323,975	11.25
Personal caregivers in institutions	65,737	2.28

cont. →

Personal caregivers in health services not previously classified	55,226	1.92
Personal caregivers in household	40,995	1.42
Special Needs Educators	21,454	0.74
Private companions	2,224	0.08
Total	2,880,796	100.00
4. NON-DOMESTIC, DIRECT AND LESS RECURRENT		
Occupation	Frequency	Distribution (%)
Elementary school teachers	1,484,672	20.16
Hairdressers	1,184,991	16.09
Specialists in beauty treatment	1,116,278	15.16
High school teachers	679,074	9.22
Community health workers	441,413	5.99
Specialists in teaching methods	326,376	4.43
Specialist doctors	299,371	4.06
Dentists	296,315	4.02
Physical education and recreational activities instructors	240,117	3.26
Psychologists	221,509	3.01
Physiotherapists	181,123	2.46
Ministers of religious services, missionaries and the like	128,280	1.74
General Doctors	112,781	1.53
Social workers	111,605	1.52
Dietitians and Nutritionists	97,433	1.32
Middle-level social workers	95,511	1.30
Dentist assistants	93,926	1.28
Physiotherapists assistants	57,265	0.78
Health professionals not previously classified	39,756	0.54
Medical assistants	35,278	0.48
Speech therapists and logopedists	30,474	0.41
Middle-level health professionals not previously classified	25,944	0.35
Ambulance helpers	22,234	0.30
Middle-level professionals in traditional and alternative medicine	15,772	0.21
Lay assistants of religion	11,180	0.15
Mid-level childbirth professionals	5,873	0.08

cont. →

Health, occupational and environmental hygiene professionals	5,386	0.07
Traditional and alternative medicine professionals	2,814	0.04
Optometrists	1,868	0.03
Optometry and opticians technicians	191	0.00
Childbirth professionals	-	-
Paramedics	-	-
Total	7,364,808	100.00

Annex 2: Summary of transitions results

Transition 1: Employment--> Unemployment (%)									
Variable:	2019			2020			2021		
	1º-2º	2º-3º	3º-4º	1º-2º	2º-3º	3º-4º	1º-2º	2º-3º	3º-4º
Total	3.44	3.49	2.94	3.83	2.74	1.73	2.58	1.88	1.78
Sex									
Men	3.58	3.61	2.99	3.83	2.73	1.63	2.43	1.71	1.71
Women	3.26	3.32	2.87	3.83	2.76	1.89	2.78	2.13	1.89
Race									
White	2.7	2.58	2.23	2.91	2.09	1.37	2.27	1.43	1.2
Non-white	4.06	4.26	3.56	4.64	3.33	2.07	2.86	2.27	2.29
Sex X Race									
White men	2.75	2.58	2.09	2.91	2.05	1.18	1.99	1.26	1.05
Non-white men	4.24	4.46	3.74	4.59	3.3	2.01	2.8	2.07	2.24
White women	2.63	2.59	2.4	2.91	2.13	1.62	2.63	1.65	1.39
Non-white women	3.82	3.99	3.3	4.7	3.37	2.15	2.94	2.57	2.37
Subgroups of care occupations - only women									
1. Domestic, direct and recurrent	7.3	7.38	3.98	10.39	5.88	3.51	6.11	3.82	5.56
2. Domestic, indirect and recurrent	4.37	4.76	4.04	6.58	4.87	4.22	4.44	3.97	2.6

cont. →

3. Non-domestic, direct and recurrent	1.92	2.57	1.9	2.2	1.95	0.7	1.53	0.54	0.82
4. Non-domestic, direct and less recurrent	1.6	2.05	1.58	2.6	1.34	1.46	1.52	1.09	0.52

Transition 2: Employment--> Inactivity (%)									
Variable:	2019			2020			2021		
	1º-2º	2º-3º	3º-4º	1º-2º	2º-3º	3º-4º	1º-2º	2º-3º	3º-4º
Total	5.83	5.74	5.65	8.97	6.88	3.23	3.15	2.57	2.97
Sex									
Men	4.52	4.43	4.44	7.22	5.00	2.65	2.47	2.01	2.45
Women	7.57	7.44	7.21	11.22	9.47	4.07	4.09	3.33	3.68
Race									
White	4.58	4.64	4.4	7.15	6.08	2.66	2.64	2.05	2.28
Non-white	6.88	6.68	6.74	10.56	7.58	3.75	3.6	3.01	3.58
Sex X Race									
White men	3.45	3.71	3.39	5.6	4.47	2.18	2.07	1.55	1.75
Non-white men	5.37	5.02	5.31	8.57	5.45	3.05	2.8	2.38	3.02
White women	5.98	5.78	5.61	9.02	8.17	3.31	3.36	2.69	2.94
Non-white women	8.98	8.97	8.69	13.3	10.71	4.83	4.8	3.92	4.39
Subgroups of care occupations - only women									
1. Domestic, direct and recurrent	15.79	13.39	13.06	21.19	15.46	6.64	6.22	8.55	8.24
2. Domestic, indirect and recurrent	9.55	9.52	10.59	17.63	12.47	6.42	6.74	4.57	7.23
3. Non-domestic, direct and recurrent	2.78	3.17	3.08	6.45	9.49	3.01	2.08	2.22	1.34
4. Non-domestic, direct and less recurrent	4.21	4.49	3.64	8.01	8.18	2.93	1.98	2.19	1.93