

## Care constitutes the human being

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The book defines caregiving as essential to survival and part of the individual experience since everyone provides or receives care at some point. Therefore, it follows what Heidegger<sup>1</sup> says, that humans are established by caring for others. However, not everyone needs care equally throughout life. Families, children, people with some physical or mental disability, and older adults require care the most. Family care is provided for in the Constitution, recall the authors. Nevertheless, the Constitution also calls on society, the private sector, and the State to undertake this time-consuming task, especially regarding women, who are culturally entrusted with this burden and bonus of serving, receiving, and being the helping hand of those needing help from others.

The authors draw attention to the fact that caregiving costs time and money, generates lost opportunities in the job market, causes strain on physical and emotional health, and several other types of personal strain to those who dedicate themselves, often on a 24/7 basis months and years on end. The chapters in this book make it clear that, although care has always been crucial in human life, those who provide it have remained invisible and undervalued most of the time, and this work has not generated social rights. Most caregivers are Black, unpaid women. This situation is unfair and unsustainable in the short and medium term due to changes in the household, women's participation in the labor market, population aging, and the recognition that unpaid care work is one of the most significant factors in gender inequalities.

This work aligned with Oxfam's report called "Time to care" presented at the World Economic Forum in Davos – the richest "men's club" in the world – in 2020<sup>2</sup>. The institution exposed informal care as a matter of exploitation of unpaid female work in this document. Here is a small summary of what was said: in 2019, 2,153 billionaires held more wealth than 65% of the global population, that is, 4.6 billion people out of a total of more than seven billion. One of the reasons for the deteriorated gap

is the sexist global system that values the wealth of a privileged few to the detriment of billions of unpaid hours dedicated, particularly by women around the world, to care for people in the invisibility of homes. Oxfam highlights that women and girls worldwide dedicate 12.5 billion hours daily to unpaid care, a contribution of at least US\$10.8 trillion a year to the global economy. It also calls on governments worldwide to build a human economy that values what matters rather than promoting an endless pursuit of profit and wealth. There is a need to invest in national care systems to address the issue of disproportionate responsibility for the work of women and girls and adopt a progressive taxation system with taxes on wealth. Legislating in favor of caregivers is a possible and crucial step to be taken toward fundamental social change in Brazil and the world.

The book is organized around four issues: State-Society joint responsibility through a specific Care policy; the need to make care, especially for older adults, a professional activity; and no less important, "taking care of those who care" in different ways, in order to recognize informal work and value it with some financial compensation and support it with periods of rest necessary to restore caregivers' physical and mental strength; and the need for a fund that can finance several initiatives to make the lives of people with disabilities, children, and older adults lighter and healthier.

In Chapter 1, Natália Fontoura analyzes care as work. She highlights the need to "denaturalize" the concept that women's care activities are performed out of instinct, love, and gratitude without valuing this activity and the people who engage in it. However, it is also necessary to change public policies. Although care has gained prominence in recent years in international discourses on development, the author highlights the need to implement joint responsibility policies between the State, civil society, and the private sector.

In Chapter 2, authors Fernanda Lira Goes, Francisco Moraes da Costa Marques, Thamires da Silva Ribeiro, and Carolina de Freitas Pereira, reflect in-depth on the perspective of racial inequity in their analysis of care in the country. Adopting information on time use, they estimate that caregivers are primarily Black and mixed-race, and those cared for are white, both in paid and unpaid work. They point out that there needs to be a faster and comprehensive recognition of labor rights in the professions most directly linked to care, which



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is the case with the professions of nannies, cooks, and app delivery people. In the bills being processed at the National Congress on care policy, the authors emphasize that the racial issue appears occasionally and reinforces the familial and maternalistic care regimen.

Chapter 3, authored by Ana Amélia Camarano and Daniele Fernandes, highlights the difficulty in preserving the traditional social contract, which attributes the responsibility for care activities to women in the family. The greater instability of emotional relationships, divorces, remarriages, and the reproductive revolution weaken the ability of nuclear households to provide support to their dependents. When reproduction was separated from marriage, sex, age, and the sexual act itself, it began to challenge traditional definitions of the rights and responsibilities of parents and children and the notion of kinship. The authors draw attention to the several aspects that involve keeping the family contract when time and money spent on care occur in a context in which women go from an invisible resource to a scarce resource.

In Chapter 4, the social organization of care in Brazil is discussed by Enid Rocha and Valéria Rezende. The authors highlight the position of young people in this organization as individuals demanding and providing care in the transition phase to adulthood. On the one hand, they require support from family and society to be successful. Many do not study or work, with deteriorating inequality always marked by class, gender, and ethnicity/skin color. Women with children at this age remain at home or have an increased workload dedicated to caring for children and siblings and are left out of the formal job market.

In Chapter 5, Ranna Mirthes Sousa Correa analyzes the relevance of State participation in the social organization of childcare and daycare policy, drawing attention to the fact that there is an awareness of the need to protect children, but without the obligation to attend to the needs of children aged 0 to 3 years. When care is commodified, women from less privileged social groups take on the role of caregivers and nannies or domestic workers. These services are offered in homes and are women's gateway to the paid job market.

Chapter 6 is written by Ana Amélia Camarano, Daniele Fernandes, and Beatriz da Silva. Krislane de Andrade Matias and Anna Bárbara Araújo wrote Chapter 7. Both analyze the activities of paid caregivers and domestic workers, respectively, characterized by low wages, weak regulation,

and less access to rights, besides being socially stigmatized. Black women mostly perform these activities, although a slight increase in male caregivers has been noted. The slight increase in the male presence is mainly due to the aging of the population and the care of older adults requiring physical strength. The authors remember that many caregivers have chronic illnesses, suffer depression, and do not have time for themselves.

Chapter 8, written by Ana Amélia Camarano and Daniele Fernandes, and Chapter 9, written by Carolina Pereira Tokarski, Ranna Mirthes Sousa Correa, and Stephanie Natalie Burille, analyze the experiences of three Latin American countries – Uruguay, Chile, and Mexico – regarding policies for older adults and children, respectively. The authors emphasize that the care issue has only recently become part of the public agenda in Latin America. It was previously considered the family's exclusive responsibility. The COVID-19 pandemic and the impacts resulting from social isolation measures to combat it have increased the visibility of the concept of "care" as central to human life. However, the main people responsible for caring for children, older adults, and people with disabilities in all these countries are women. Coverage of public care programs is relatively low, even in Uruguay, which created a National Integrated Care System. The protection of maternity and the provision of care services for young children are the first policies adopted in these countries and Brazil, alongside income guarantees for older adults to prevent them from reaching a state of poverty. The monetary benefit has led to an almost widespread perception that older adults have better economic conditions than children. However, although the supply of services to older adults has grown in all three countries, they are unevenly distributed given growing demand and complex needs. The monetary and human resources allocated to such programs are insufficient in these countries, as are the instruments for regulating and evaluating the services offered.

Concerning early childhood, Chapter 9 authors point out that the challenges of a care policy are the same for the three countries: (1) ensuring the comprehensive and universal provision of early childhood care from the legal perspective, considering social inequalities; (2) the joint responsibility of the State, market, family, and the community; (3) overcoming gender differences in the provision of care; (4) promoting the autonomy of both sides of the care relationship; and (5) solidarity in financing programs and valuing

paid and unpaid domestic work. Regarding the care of newborn children, maternity, paternity, and parental leave are better regulated in Uruguay and Chile. In Mexico, the time provision for first care is the lowest in the three countries analyzed. The last element considered in Chapter 9 is paid domestic work, a meaningful occupation for women in the three countries, but formalization and access to rights are pretty different between them. Only 3.4% of Mexican women are formalized, while this percentage is 70% in Uruguay.

Chapter 10 was written by Nadya Araujo Guimarães and Luana Simões Pinheiro and measures the size of the Brazilian paid care sector. The authors build a typology of care occupations grounded on studies based on the reality of Northern Hemisphere countries and recent literature on the Brazilian case. Based on information from the 2019 Continuous National Household Sample Survey (Continuous PNAD), they estimate that in 2019, around 24 million workers were employed in the care sector, equivalent to approximately 25% of the total employed population in the country. They underscore that the sector has significant inequalities depending on where the work is performed (home or institution) and the type of institution (public or private). The most significant proportion of employed women – mostly black – and many inequalities regarding income, working conditions, access to rights, and social protection are found in the households. This is a space where the racialization of work relationships leaves strong marks.

Ana Luiza Neves de Holanda Barbosa, Joana Simões de Melo Costa, and Maíra Penna

Franca authored Chapter 11. It points out the other side of the care economy, measuring the opportunities lost by women who perform unpaid care work in the family sphere: many no longer have their income or have limited income because they cannot dedicate more time to their professional lives. The 2019 Continuous PNAD points to an evident inequality expressed in high reproductive work hours and shorter paid work hours. Women work more unpaid care hours, even when they have a higher opportunity cost than their spouses. The authors point out that people with the lowest opportunity cost for performing unpaid domestic work have the least valued characteristics in the job market, which are low schooling level, young children, and being Black. However, we should point out that the opportunity cost of reproductive work for these people represents a high proportion of their household income. Therefore, the cost of being out of the job market for them is relatively higher and has implications for the poverty of their families.

In summary, the book draws particular attention to two population groups: young children and older people who suffer loss of autonomy and need third-party care 24 hours a day. Institutional mechanisms today do not reach them sufficiently and are not in tune with rapid demographic changes. Brazil clearly needs a specific policy for the dependent elderly population that also considers those who provide care<sup>3,4</sup>. It is urgent to improve all social and educational programs that protect children and young people and free their mothers to work and shine in the job market.

## References

1. Heidegger M. *O ser e o tempo*. Coleção Pensadores. São Paulo: Editora Abril; 1980.
2. Oxfam. Relatório sobre nós e a desigualdade “tempo de cuidar” [Internet]. 2020. [acessado 2020 jan 31]. Disponível em: <https://oxfam.org.br/justica-social-e-economica/forum-economico-de-davos/tempo-de-cuidar>
3. Minayo MCS. O imperativo de cuidar da pessoa idosa dependente. *Cien Saude Colet* 2019; 24(1): 247-252.
4. Minayo MCS. Cuidar de quem cuida de idosos dependentes: por uma política necessária e urgente. *Cien Saude Colet* 2021; 26(1):7-15.