

Care economy: the invisible work of people (especially women) who care for other people*

Economia do cuidado: o trabalho invisível das pessoas (sobretudo mulheres) que cuidam de outras pessoas

Daniel Hedlund Soares das Chagas **

Tarcisio Dorn de Oliveira ***

Daniel Claudy da Silveira ****

Nelson José Thesing *****

Pedro Luís Büttenbender *****

Abstract:

This study aims to examine the economy of care by verifying the importance of invisible work, of people who care for other people, especially in the family and community context. To answer this concern, the research relies on a theoretical-methodological framework, which reflects on the system of organization of care, in a context that demands care for the elderly population, children and the sick, taking into account the low value given to domestic work, the almost exclusive responsibilities of women in this work environment. This means the need to rely on qualitative research, with bibliographic and documentary procedures, using categorical content analysis to interpret the data. The results of the research indicate that in the set of social perceptions, women were almost exclusively responsible for the work of caring for other people. This work needs to be more valued, especially because it involves caring for children, the elderly and the sick. Advances are needed to create specific legislation to value people who care for others, as well as public policies that can mitigate the negative effects of people who donate their time for the benefit of others.

Keywords: Care economy; Domestic work; Gender; Invisibility.

Resumo:

O presente estudo tem por objetivo examinar a economia do cuidado, ao verificar a importância do trabalho invisível, das pessoas que cuidam de outras pessoas, especialmente, no âmbito familiar e comunitário. Para responder essa inquietação, a pesquisa conta com um arcabouço teórico-metodológico, que realiza reflexões sobre o sistema de organização dos cuidados, em um contexto que demanda por cuidados para a população idosa, crianças e enfermos, tendo presente a pouca valorização do trabalho doméstico, as responsabilidades femininas quase que exclusivas nesse ambiente de trabalho. Significa a necessidade de contar com a pesquisa qualitativa, com procedimentos bibliográficos, documentais, utilizando a análise de conteúdo categorial para a interpretação dos dados. Os resultados da pesquisa apontam que no conjunto das percepções sociais, coube para as mulheres, quase que exclusivo, o trabalho de cuidar dos outros. Um trabalho que necessita ser mais valorizado, especialmente, por que cuida de crianças, idosos e enfermos. Necessita de avanços para criar legislações

* Texto traduzido por Inteligência Artificial.

** Doutorando em Desenvolvimento Regional pela Universidade Regional do Noroeste do Estado do Rio Grande do Sul (Unijuí).

*** Doutor em Educação nas Ciências pela Universidade Regional do Noroeste do Estado do Rio Grande do Sul (Unijuí). Desenvolveu Estágio Pós-Doutoral em Arquitetura e Urbanismo pela Atitus Educação (Cesme). Mestre em Patrimônio Cultural pela Universidade Federal de Santa Maria (UF).

**** Doutor em Desenvolvimento Regional pela Universidade de Santa Cruz do Sul (Unisc).

***** Doutor em Integração Regional pela Universidade Federal de Pelotas (UFPel).

***** Doutor em Administração pela Universidade Federal de Mato Grosso do Sul (UFMS).

específicas, para valorizar as pessoas que cuidam de outras pessoas, bem como, de políticas públicas que possam mitigar os efeitos negativos dos sujeitos que doam seu tempo em prol de outros.

Palavras-chave: *Economia do cuidado; Trabalho doméstico; Gênero; Invisibilidade.*

1 Introduction

The care economy has gained increasing relevance in recent years, establishing itself as a central theme in academic research and in debates about gender relations and the sexual division of labor. Nevertheless, the perception persists that this responsibility falls predominantly on women. In this regard, Lopes and Caldas (2022) highlight the importance of the feminization of rights as an essential element for overcoming conceptions of historical power structures and prejudices that sustain the hierarchical attribution of social roles—particularly with regard to women, whose human rights continue to be systematically violated and/or rendered invisible. Ongoing social transformations in Brazil, intertwined with new conceptions of gender values and conventions, have had an impact on the ways in which women are integrated into society. However, despite these changes, care work remains, to a large extent, a female responsibility.

The care economy functions as an underlying structure that determines how societies produce, consume, and interact socially—even when its dynamics are not consciously, collectively, or publicly perceived. Hirata (2016) emphasizes that care work has historically been associated with women, viewed as a "female vocation," and therefore economically and socially devalued. Even when care is paid labor, it tends to be poorly compensated and characterized by informality and precariousness. Care work encompasses a wide range of activities that demand many hours of daily labor, ranging from household chores to direct personal assistance. These tasks include bathing, preparing meals, cleaning the house, shopping, doing laundry (washing, hanging, and folding clothes), and promoting health through proper hygiene and nutrition. In addition, they involve managing medications, organizing daily meals—breakfast, lunch, snacks, and dinner—and monitoring children's educational activities. Thus, work within the care economy consumes uninterrupted hours, reflecting its centrality and impact on daily life.

The relevance of research on the care economy lies in the need to understand how the unequal division of labor affects the integration of men and women into the labor market and contributes to the perpetuation of socioeconomic disparities. The naturalization of care as an intrinsically female responsibility restricts women's full participation in various professional spheres, limiting their access to positions of greater prestige and income. As Lobo and Pinto (2024) point out, this issue becomes even more problematic in the Brazilian political and economic context, where care responsibilities remain primarily concentrated within the family sphere and are mostly assumed by women—as mothers, wives, daughters, or

daughters-in-law—often due to a sexist culture that obscures or disregards their interests. From this perspective, the care economy emerges as a system structured by often invisible norms and dynamics that exert profound influence over the labor market, determining, among other aspects, the pricing of care services, the regulation of wages for workers in this sector, and the formulation of public policies.

Duarte, Pereira, and Nicoli (2021) point out that the fair legal regulation of reproductive labor—including activities traditionally associated with the care economy—inevitably transcends monolithic and sectoral approaches to labor and social security law, requiring an interdisciplinary and intersectional perspective. Moreover, the authors argue that recognizing and fairly redistributing this historically invisible labor, mostly carried out by women, demands a complementary articulation among different legal branches, such as family law, constitutional law, and tax law. Only through this integrated network of legal and social protection will it be possible to build a social right that acknowledges the centrality of the care economy in sustaining life and ensures, in a fair and equitable way, the appreciation, protection, and redistribution of reproductive labor. Valuing reproductive labor thus involves not only the formal recognition of rights but also their incorporation into public policies that guarantee quality services—such as childcare centers, full-time schools, eldercare facilities, and support for people with disabilities—among other mechanisms that socialize and distribute care responsibilities.

Only an intersectional, integrated, and comprehensive approach will be capable of structurally transforming the conditions that have historically relegated care to a secondary role, ensuring its rightful appreciation as a fundamental pillar for social reproduction and human development. Esteves, Bitu, and Gurgel (2021) note the growing participation of women in waged and paid labor, as well as progress made in overcoming a homogeneous view of the working class—one that has historically concealed female participation, gender inequalities in the labor market, and contributed to the maintenance of a patriarchal social structure. Nevertheless, they argue that, due to the traditional attribution to women of domestic and family care responsibilities, women remain more exposed to precarious employment arrangements, increased vulnerability, and lower wages compared to men, highlighting the persistence of structural inequalities that limit full gender equity in labor relations. This reflection demonstrates that the legal recognition of care cannot be limited to the mere granting of formal labor rights, such as maternity leave or job stability, but must be expanded to include measures that promote shared social and gender responsibility.

The reality of women in the capitalist system, viewed through conventional economic structures and national statistics used in Brazil, reveals the lack of accounting and recognition of unpaid labor. Furthermore, the results of this labor remain invisible, unconsidered in the formulation of public policies. The *World Economic Forum* report (2024) proposes a cross-sector collaboration model to strengthen care systems, addressing systemic inequalities, demographic changes, and employment trends. The document also presents best practices that can transform care-oriented organizations, economies, and societies. This paper aims to analyze the care economy, highlighting the relevance of the invisible labor performed by individuals who dedicate their time to caring for others—especially in family and community contexts. It seeks to expose the recurrent undervaluation and lack of remuneration for this labor, as well as its social, economic, and political implications. In addition to this introduction, the article is structured into Methodological Pathways, Theoretical Foundations, Analysis and Discussion of Results, and Final Considerations.

2 Methodology

This study is configured as an integrative narrative review with a predominantly qualitative approach. The choice of this type of review is justified by the need to broadly and systematically gather, analyze, and synthesize the available knowledge on the subject under study, encompassing different types of sources, methodologies, and theoretical perspectives. The integrative narrative review enables a comprehensive and critical view of scientific production, allowing for the identification of gaps, trends, and points of convergence or divergence within the investigated field. A qualitative approach was chosen due to its suitability for understanding complex and subjective phenomena, which cannot be fully explained by quantitative data alone.

Regarding the procedures adopted, this investigation relies on bibliographic review and documentary research. According to Gil (2022), the bibliographic review provides theoretical grounding for the research, allowing it to be situated within the academic context, while documentary research works with primary sources, seeking original information to support the interpretation and construction of knowledge on a given topic. For data interpretation, categorical content analysis was employed, allowing for a systematic and rigorous approach to qualitative information. In this research, the analytical categories were previously defined based on the study's objectives and theoretical framework, and are organized into three thematic axes:

(1) *Care Economy and Women*: this category aims to analyze how the sexual division of labor influences the centrality of women in caregiving practices, discussing gender inequalities, work overload, and the invisibilization of unpaid labor; (2) *Care Economy and Brazilian Legislation*: this category seeks to examine the legal framework and national public policies related to the recognition, regulation, and protection of care work, identifying advances, gaps, and normative challenges; (3) *Care Economy and Family Health*: this category focuses on the relationship between caregiving practices and the context of family health, considering the role of women in informal care and its interface with health policies, particularly within the scope of Primary Health Care and home care strategies.

The choice of these axes is justified by the need to encompass interrelated dimensions that structure the theme of the care economy, enabling a detailed and systematic analysis of the information. Content analysis follows three fundamental stages: pre-analysis, which involves organizing and preparing the material for analysis, including floating reading, document selection, and definition of recording units; material exploration, during which coding, classification, and grouping of data are conducted according to the established analytical categories; and finally, treatment of results, inference, and interpretation, a stage where the aim is to understand and assign meaning to the data, establishing relationships between the categories and the study objectives. Thus, the prior structuring of analytical categories within the methodology contributes to ensuring the rigor and coherence of the analysis, while enhancing the identification of patterns and trends in the collected data—essential for understanding the issues investigated.

3 Theoretical foundations

Care encompasses a set of fundamental activities for the reproduction of life and social well-being, including the care of children, the elderly, the sick, or people with disabilities, as well as domestic tasks such as cooking, cleaning, and organizing the household. These activities, although indispensable, have historically been rendered invisible and devalued, being considered part of "reproductive labor" and frequently associated with women. Hirata (2016) argues that the care crisis is directly related to contemporary social, economic, and demographic transformations, such as population aging, the massive entry of women into the labor market, and the weakening of public social assistance policies. This crisis, therefore, intensifies the burden on women, as, even with their growing participation in paid labor, they

continue to be primarily responsible for care activities, both within the domestic sphere and in the formal and informal markets.

The care economy has its roots in research on domestic labor developed from the 1970s onwards, when feminist scholars and activists began to question the sexual division of labor and its articulation with the capitalist system, highlighting that the absence of equitable redistribution of these tasks contributes to women's overload and the perpetuation of gender hierarchies. In this context, Matos and Lima (2024) emphasize that the regulatory perspective of law, as well as its theoretical elaborations, must keep pace with social demands, since law must be constructed from its social and human dimensions, and not in spite of them. Based on this understanding, the authors argue for the urgency of reflections and propositions that consider the element of coloniality as constitutive of modernity and, consequently, of law itself, aiming to construct new paradigms capable of achieving democratic ethical standards. The analysis of this phenomenon reveals the mechanisms that sustain gender inequalities in the division of care labor and contributes to the formulation of public policies that promote a fairer and more balanced distribution of these responsibilities, ensuring greater social and economic equity.

Care and social reproduction activities, traditionally assigned to women, have historically remained invisible and devalued within the formal economy. From this perspective, several scholars began to analyze how capitalism benefits from the maintenance of unpaid domestic labor, since it ensures the reproduction of the labor force without generating direct costs for the State or the market. In this sense, Hochschild (2003, p. 45) points out that “[...] as intimate life becomes more commodified, the boundary between what is private and what is economic becomes blurred, often to the detriment of women, whose unpaid labor at home is devalued, while their paid care work is undercompensated.” This observation reveals how the relocation of care activities to the market does not eliminate gender inequalities; on the contrary, it reinforces the precarization of women's work. By historically assuming the role of caregivers in the private sphere, women play an essential role in sustaining the productive system, without receiving due recognition or compensation for this labor.

The impact of this crisis is even more pronounced among poor and racialized women, who often take on precarious jobs in the care sector, such as domestic workers, nannies, and elderly caregivers. Hirata (2016) notes that these women face exhausting work hours, low wages, and working conditions marked by informality and lack of labor rights. Often, by dedicating themselves to caring for other families, they must outsource the care of their own

children and relatives to other women in a chain of devalued labor. It becomes evident that the precarization of care work reflects structural inequalities in society, in which the sexual and racial division of labor relegates Black and marginalized women to the least recognized and least remunerated functions.

In the decades following the 1970s, the care economy expanded as a field of study, incorporating analyses of the intersection between gender, class, and race, as well as discussions on public policies aimed at redistributing care work. According to Malaver-Fonseca, Serrano-Cárdenas, and Castro-Silva (2021), the care economy is a process of shared responsibility among the State, businesses, society, and families, aimed at providing essential services to the population, which are predominantly carried out by women. Thus, understanding the relationship between capitalism and the sexual division of labor enabled new approaches to the need for valuing care as a central element in both the economy and social organization.

Care work can take two main forms: paid or unpaid. Paid care occurs in various occupations, such as domestic workers, nannies, elderly caregivers, nurses, and social workers. However, even when paid, this type of work tends to be marked by precariousness, low wages, and a lack of social recognition, reflecting a sexual division of labor that assigns lower value to traditionally feminine activities. Unpaid care, on the other hand, occurs mainly within the family environment and is mostly performed by women. This work, although essential for maintaining life and the functioning of society, is not accounted for in traditional economic statistics and ends up overburdening women, who often juggle the double burden of productive and reproductive labor. In this context, Hirata (2016) discusses the need for greater recognition of care work, either through public policies that redistribute these responsibilities among the State, the market, and families, or through the valuation of the care economy within the social and economic structure.

The care economy expands its scope by investigating reproductive labor, understood as the set of essential activities for maintaining life and the labor force, including unpaid domestic work and assistance services for children, the elderly, and dependent individuals. According to Olivia and Oliveira (2020), the achievement of new rights in society is directly linked to the consideration of women's subjectivities and the need to rethink the redistribution of care work. This process requires the expansion of public policies and the social reorganization of these activities, ensuring that women become protagonists of their own decisions. As a result of this expansion, the care economy begins to be understood not only as

a dimension of reproductive labor but also as a specific field of study involving the provision of services both within the family and in the marketplace.

According to Enríquez (2025), the care economy can be understood as encompassing all the activities and practices necessary for people's daily survival in the society in which they live. The author further emphasizes that the first aspect to be considered is how public policies define the beneficiaries of care services; the second relates to the interaction between these policies and the labor market; and the third concerns the incorporation of the care economy into macroeconomic policies. This process, however, reveals the structural inequalities embedded in the division of care work, since women, in particular, are most affected by this division, facing an overload of tasks, often without adequate recognition or valuation. Moreover, class and race inequalities exacerbate these disparities, as Black and marginalized women largely end up assuming care functions in more precarious and poorly paid conditions, both in the labor market and within the family. These inequalities structure the care system in a way that reflects and perpetuates the social, economic, and political disparities present in society.

The set of tasks and responsibilities socially constructed as feminine, which make up the so-called care economy, is not limited to child education and care but also includes assistance to other family members who require special attention, such as the elderly, the sick, or people with disabilities. Although these activities are essential for sustaining life and social reproduction, they are often rendered invisible and devalued, both in the domestic space and in the labor market. In this context, Hochschild (1983, p. 5) observes that “When the managed heart is put up for sale, it becomes a commodity. And, as a commodity, the worker’s feeling is controlled by the organization and directed toward the goal of profit.” This reflection is fundamental for the qualitative analysis of the care economy, as it reveals the inherent contradictions of its commodification: on the one hand, it enables the integration of women into the formal labor market; on the other, it perpetuates the precarization and devaluation of these functions, which continue to be socially assigned to women. Furthermore, this process reinforces gender inequalities, as the economic recognition of care work remains disproportionate to its social importance, sustained by patriarchal structures and stereotypes that historically underestimate and exploit it.

This perspective highlights how emotional labor—essential in care occupations—is appropriated by the market and shaped according to organizational interests, becoming a commodity subject to institutional norms and profit-driven logic. Care, historically regarded as a “natural” extension of feminine dispositions, thus becomes the object of economic

exploitation, even while maintaining affective and relational characteristics that distinguish it from other forms of labor. In this regard, Diaz and Wosniak (2022) emphasize that a decentralized theory of care can contribute to the formulation of new questions, broadening the understanding of the root causes of women's subordination in different contexts. For the authors, a decolonial perspective represents a fundamental contribution to feminist economics, as it fosters the construction of a more open, situated, and self-critical field of knowledge. The challenges within the field of care economics include, beyond maximizing women's autonomy, the development of public policies that ensure social benefits, giving them more time for professional development as well as for exercising citizenship—whether through participation in cultural and leisure activities or in political engagement. This perspective broadens the possibilities for producing theories that offer epistemic alternatives to traditional views on the causes and solutions of the inequalities experienced by women in the economy, thus promoting the construction of fairer and more inclusive models.

This framework allows us to understand how care is distributed among the State, the market, society, and families, while also revealing the gender, class, and racial inequalities that underpin this division of labor. Hirata (2016) conducts comparative analyses among countries such as Brazil, France, and Japan to understand how care is organized in different societies, showing that although there are variations in the distribution of responsibilities among the State, the market, and families—gender inequality in care persists across all these contexts. This approach broadens our understanding of how care work is distributed and organized among different social actors: the State, through public policies, may be responsible for certain care functions, such as social assistance and health services, while the market includes the formalization of paid services, such as the work of caregivers and domestic workers. Society, in turn, plays a role by defining norms and expectations around care responsibilities, often reinforcing a model in which women are primarily responsible for these activities. Finally, the family traditionally assumes most unpaid care work, especially in contexts involving the care of children, the elderly, and the sick.

4 Results and discussion

The data collected indicate that care work is essential for human well-being, particularly in the fields of health, education, and emotional support, as it involves people caring for others. Vicente and Zimmermann (2021) observe that, when considering the construction and deconstruction of gender relations aimed at institutional policy changes, care remains

invisible—even though it is a dimension essential to human survival, from gestation to old age. Despite this, the concept of labor, both in classical and neoclassical political economy traditions, has historically overlooked or marginalized care work, relegating it to the private sphere and, consequently, obscuring its social and economic significance.

Its direct impact on personal relationships is evident, as this activity plays a central role in developing a sustainable and productive economy by enabling others to participate in the labor market and contribute to societal advancement. However, despite its importance, care work is frequently underestimated and rendered invisible, especially when performed unpaid or by poorly paid professionals, highlighting the need for public policies that recognize and valorize this fundamental dimension of social and economic life. Esteves and Maia point out that contemporary society is still structured on a historic-social base inherited from Ancient Greece, which, by establishing the separation between public and private spheres, consolidated an exclusionary logic marked by relegating women to the domestic realm.

According to Zimmermann, Vicente, and Machado (2021), faced with difficulties in social and financial recognition (or the lack thereof), these women quietly perform their caregiving duties every day, often neglecting themselves and expecting little, if anything, in return—maybe just empathy. For the authors, having empathy means feeling, understanding, and acknowledging; it is looking into a woman's eyes and expressing gratitude for the dedication and competence with which she fulfills her role but, above all, committing to be tangible support in the struggle for better working conditions and fair compensation commensurate with the effort and complexity that care work demands. In this perspective, the research proceeds under three dimensions, based on categorical analysis: Care Economy and Women; Care Economy and Brazilian Legislation; and Care Economy and Family Health, namely:

Care Economy and Women: Many women perform a wide range of tasks during their working day—as mothers, housewives, external workers—with exhausting labor that includes caring for the home and children, and often working outside the home. Yet, little is known about the toll this takes on their health, as they devote a large part of their lives to assisting others. Posthuma (2021) points out that in Brazil and other Latin American countries, the care of babies, children, the elderly, and people with disabilities is traditionally performed by female family members, unpaid and in the domestic environment. She emphasizes that when a family has sufficient financial resources, this role is often outsourced to paid domestic workers, who are also mostly women. It is clear that domestic workers occupy a central position in the care economy in Latin America, especially in Brazil—however, many of them

work under precarious conditions, without formal contracts, lacking social protection, and with labor rights frequently violated, facing vulnerability and insecurity in performing their duties.

From a legal standpoint, the lack of recognition of the care economy represents a barrier to creating and reinforcing a legal framework that supports and protects domestic workers, ensuring their labor rights. Posthuma (2021) highlights that in Brazil, home caregivers face a pronounced absence of regulatory recognition, as the lack of a robust legal framework hinders the creation of public policies that promote the provision or subsidization of care services, worsening the precariousness of working conditions in this sector. Ensuring that women have the freedom to choose exclusive responsibility for care work is therefore simultaneously a goal and a fundamental principle for human development, because by enabling women to decide how to perform this role—without imposition or limitation—we recognize their autonomy and capacity to determine their own lives.

Women assume the majority of everyday responsibilities worldwide, performing a disproportionate share of unpaid labor, and gender imbalances in the distribution of these tasks are among the main causes of women's economic and social disempowerment. According to Canhedo (2023), most women are not active agents in the care economy process; they are not authors of their own destiny. This presents an obstacle to society's development by restricting their freedoms and becoming an especially important subject of investigation in Brazilian society. This reality reflects a social structure that often limits women's options and opportunities, preventing them from fully exercising their freedom and autonomy—it is essential that women's perspective of freedom is central in this process, enabling not only decision-making on their responsibilities but also access to conditions necessary to share the workload and achieve greater equality.

This empowerment is essential for a more just and equitable society where care is valued in all its forms. Moreover, by enabling women to perform this function freely, we contribute to collective well-being, promoting human development that respects individual choices and strengthens the foundations of a sustainable and socially balanced economy. No progress is possible as a society until women's subjectivity is taken into account and we think about redistributing, especially through expanded public policies, the social organization of care work, ensuring they can be the spokespersons for their own decisions (Olivia & Oliveira, 2020). Recognizing and valuing the multiple dimensions of women's roles in contemporary society is essential for them to truly reach their full potential, contributing meaningfully to societal advancement.

The increase in female participation in the labor market and the reduction in family size have triggered significant changes in the traditional role of women in unpaid care of family members. Limiting women's role as active agents not only affects them but also the lives of all those around them, whereas giving women an active voice leads to greater political and economic participation—one of the main indicators of a country's economic and social change (Pirrota, 2015). As more women enter the workforce, they find themselves dividing their time between professional responsibilities and domestic demands, which has led to a reconfiguration of family dynamics. It becomes clear that with smaller families, care—although still predominantly attributed to women—has been shared more equitably or redefined, with new arrangements and responsibilities, even though unpaid domestic work remains a significant burden. These changes reflect an evolution in social expectations and women's roles, but also highlight the persistent inequality in the distribution of care work, which continues to be a challenge for full gender equality.

Care Economy and Brazilian Legislation: The 1988 Federal Constitution, known as the "Citizen Constitution," represents a fundamental milestone in Brazil's re-democratization following the military regime (1964–1985), expanding social, economic, and political rights, guaranteeing individual freedoms, labor and social security rights, and the universalization of public policies such as health and education. This document also incorporated principles that reflect the aspirations of a transforming society by promoting social justice, citizenship, and human rights, with a direct impact on various areas including women's rights. These legal advances resulted from intense mobilization by feminist and social movements. Moreover, the Constitution encouraged women's participation in politics, promoting the creation of public policies directed at including women in decision-making spaces—though this process is still ongoing. Although constitutional guarantees represent a major victory, the practical implementation of these rights remains a challenge given the persistence of inequalities in the labor market and beyond.

This context underscores the importance of the 1988 Constitution as a document that not only recognizes but also seeks to transform social realities structured in historical inequalities, since its participative construction involved multiple social sectors and reflected a commitment to full citizenship and human dignity. Brazilian legislation related to work–family reconciliation remains timid, exhibiting a natalist bias and considerable inequality regarding responsibilities assigned to mothers and fathers, reflecting and reinforcing these asymmetries through legal benefits. Among the main rights granted are:

- a) Maternity leave: 120 days of paid leave for formal female workers, extendable to 180 days under the Empresa Cidadã Program;
- b) Paternity leave: only five consecutive days of paid leave, extendable to 20 days under the same program;
- c) Marriage leave: three days off for workers who marry;
- d) Pregnancy stability: protection for pregnant employees against arbitrary dismissal from confirmation of pregnancy until five months after childbirth;
- e) Job reassignment for pregnant workers: in exceptional cases and with a medical certificate, modification of duties without loss of pay or rights;
- f) Time off for prenatal care: release for at least six medical consultations and exams;
- g) Leave for non-criminal abortion: two weeks of paid rest;
- h) Adoptive maternity leave: salary remuneration varies according to the child's age;
- i) Day-care provision: employers with 30 or more female employees over age 16 must provide suitable facilities for breastfeeding children;
- j) Breastfeeding breaks: two daily half-hour periods until the child is six months old.

These labor rights are grounded in a logic that privileges women's protection only during birth and early childcare; Brazilian law does not offer mechanisms to facilitate work–family reconciliation throughout life. This limitation reinforces the invisibility of reproductive labor, which falls primarily on women. As many of the labor instruments aimed at promoting equality were recently incorporated into legislation—and some still unimplemented—it is not yet possible to effectively evaluate their impact on women's labor conditions. Furthermore, the differentiated treatment afforded to fathers highlights the persistent perception of care as essentially feminine. Unlike other countries, in Brazil, newborn-care benefits cannot be transferred to any family member other than the mother.

Consequently, there is no room for family-level negotiation to change the obligation of exclusive maternal care, reinforcing gender stereotypes. For Bourdieu (2012), social order operates as a symbolic structure that reinforces male domination, manifesting through the division of tasks by sex, spatial organization, and time management—where men occupy public spaces like markets and meeting places, while women remain in domestic environments. For him, even time is structured unequally: significant events are associated with men and extended periods of care and pregnancy are assigned to women. Thus, dualistic thinking must be understood in the broader context of Western thought's characteristic dichotomies. These dichotomies go beyond masculine/feminine and, as Bourdieu notes, include high/low, rich/poor, light/dark, among others.

Male domination, rooted in the collective unconscious through historical social constructions, requires a conscious effort to overcome. This transformation involves, first, recognizing the existence of this dualistic logic and its impacts on social relations. On an individual level, this means rethinking behaviors, questioning stereotypes, and adopting practices that promote gender equality. At the state level, public policies must promote equity by guaranteeing equal opportunities and combating discrimination. Education also plays a central role in deconstructing prejudices and fostering a culture based on justice and inclusion, laying the foundation for a more egalitarian and oppression-free society.

Care Economy and Family Health: The tasks and responsibilities socially associated with the female role—especially within the context of the so-called care economy—encompass not only the education and care of children but also the assistance of other family members who require special attention, such as the elderly or ill individuals. In this scenario, it becomes essential to ensure the population's access to health programs that provide comprehensive care through public doctors and hospitals. This structure is fundamental to preventing the burden of time and costs involved in treatments necessary for the recovery or stability of individuals' health from falling predominantly on families, especially on women.

There is a clear relationship between aging, dependency, and the development of disabilities. Although not all individuals with disabilities are elderly, the majority of this group is composed of older adults. Hirata (2016) highlights the importance of public policies that promote the redistribution of care responsibilities, alleviating the burden on women and ensuring better conditions for workers in the sector—particularly those linked to family health. As individuals age, their chances of developing some form of disability increase. In Brazilian legislation, various provisions aimed at the protection and rights of persons with disabilities also apply to the elderly population, reflecting this intersection between the two conditions.

The 1988 Federal Constitution establishes that the responsibility for health, public assistance, and the protection of the population over 60 years of age is shared by the Union, States, Federal District, and Municipalities (Art. 23). However, despite this general principle, the family is often singled out as the primary caregiver for these individuals. One example is Article 229, which states that "adult children have the duty to assist and support their parents in old age, need, or illness." These ambiguities, in practice, end up limiting the effectiveness of policies that guarantee the right to mobility and autonomy for these groups, shifting the responsibility for necessary care and attention onto the family.

Another right shared by the elderly and persons with disabilities is enshrined in Article 203 of the Federal Constitution, which establishes that social assistance must be provided to those in need, regardless of contribution to social security. This article guarantees a monthly benefit equivalent to one minimum wage to persons with disabilities and elderly individuals who can prove they have no means of self-support or family support. This provision reflects the recognition that the State has direct responsibility for the well-being of these populations. However, Hirata (2016) points out that, within the neoliberal context, there is a “care crisis” stemming from the weakening of public policies and the growing demand for care, driven by population aging and the increasing participation of women in the labor market.

From the perspective of equal access to the labor market, the 1988 Constitution marked a significant step forward by guaranteeing persons with disabilities the right to a reserved quota in all public service entrance examinations, as established in Article 37, Section VIII. In addition, legislation requires companies with 100 or more employees to allocate between 2% and 5% of their positions to people with disabilities, thus promoting their inclusion in the private sector. This set of legal provisions shapes a framework in which, although legislation is relatively progressive, it does not establish sufficiently clear guidelines for the formulation of public policies that effectively promote the redistribution of care work from the family sphere—particularly regarding care for the elderly and persons with disabilities.

Following this discussion, Table 1 is presented, highlighting the articulation between the care economy and the 1988 Federal Constitution. It provides greater depth and density to the legal connection by demonstrating how this normative framework may—or may not—affect the reorganization of care work, the promotion of gender equality, and the expansion of social protection.

Table 1 – Care Economy and Brazilian Legal Frameworks

Constitutional Provision / Public Policy	Relation to the Care Economy	Impacts and Possibilities
Art. 6 Social Rights	Recognizes rights such as education, health, and protection of maternity and childhood, which are directly related to care work.	Legitimizes the State's responsibility in providing public services, easing the burden on women in family care.
Art. 7 Maternity Leave	Guarantees paid leave for pregnant women for 120 days, later extended by statutory laws to up to 180 days.	Partially values maternal care work, but reinforces asymmetry by not establishing a comprehensive parental leave policy to encourage greater male participation.
Art. 7 Protection of Women's Labor Market Participation	Establishes protective labor norms for women, acknowledging their specific needs.	While aiming to curb discrimination, it fails to address the structural roots of the sexual division of labor and the naturalization of care as a female duty.

Constitutional Provision / Public Policy	Relation to the Care Economy	Impacts and Possibilities
Art. 201 Social Security	Provides protection for maternity, family, and dependents, such as pensions and benefits for caregivers.	Can contribute to broader social protection for caregivers but still lacks specific policies recognizing and compensating unpaid care work.
Art. 203 Social Assistance	Ensures protection of the family, maternity, and childhood as a State duty.	Reinforces public responsibility for care, but implementation remains insufficient to effectively redistribute tasks traditionally assigned to women.
National Social Assistance Policy (PNAS) — 2004	Organizes the Unified Social Assistance System (SUAS), providing services for childcare, the elderly, and persons with disabilities.	Supports the institutionalization of part of care work, easing the domestic burden on women and recognizing care as a public responsibility.
Proposed Constitutional Amendment (PEC) No. 66/2013	Equalized domestic workers' labor rights with those of other workers.	A significant step in valuing paid care work, but insufficient to address structural inequalities and redistribute family responsibilities.
Lack of Specific Regulation on the Care Economy	Absence of legal frameworks formally recognizing unpaid care work as part of the economic and legal systems.	Maintains the invisibility and undervaluation of care work, perpetuating gender inequalities; highlights the need for policies to redistribute and remunerate this labor.
Education for Gender Equality	Implicit in the promotion of fundamental rights and human dignity (Art. 1, III), but not directly and effectively regulated.	Can be a transformative tool to denaturalize gender roles and promote a fairer division of care work, but lacks effective public policies.

Source: Authors (2025).

The table highlights that the 1988 Federal Constitution introduced important milestones for social protection, the promotion of women's rights, and the recognition of the family as a sphere of public concern. However, a qualitative analysis of the relationship between these constitutional provisions and the care economy reveals that, although the Constitution has had a significant impact in some respects, it has been limited in terms of achieving a structural transformation of gender relations and the sexual division of labor. Firstly, it is evident that the Constitution recognized various rights related to care, such as maternity leave, maternity protection, child assistance, and the State's duty to support families. These advances enabled greater social protection for women, especially in their traditional role as caregivers. Nevertheless, while specific rights were secured, the Constitution failed to break with the logic that naturalizes and reinforces the association between women and care work. It did not establish mechanisms to promote an equitable distribution of care responsibilities between genders.

Moreover, although the protection of women's participation in the labor market was constitutionalized through provisions aimed at preventing discrimination, these measures have not been sufficient to eliminate the barriers that hinder women's full participation in

professional life. This is largely because they do not address the root of the problem: the unequal division of care work, which remains mostly unpaid and invisible. The formalization of the Unified Social Assistance System (SUAS), along with the National Social Assistance Policy (PNAS) in 2004, represents progress in institutionalizing part of the care infrastructure by providing public services for children, older adults, and people with disabilities. However, these services still lack the coverage and quality necessary to ensure an effective redistribution of care responsibilities, which continue to fall disproportionately on women.

Another important milestone was Constitutional Amendment No. 66/2013, which granted domestic workers the same labor rights as other categories of workers. While this represents a significant step in recognizing paid care work, it remains confined to the sphere of formal employment and does not address the vast dimension of unpaid care performed within the family. The absence of specific regulation on the care economy and the lack of public policies that recognize, value, and redistribute care work expose the limitations of the Constitution's impact in this area. For example, there are no policies ensuring equal parental leave or incentives to encourage male participation in domestic and family care.

5 Final considerations

This research highlights the centrality of the care economy, historically sustained by women's labor, which, despite its importance for the maintenance of life and society, remains largely invisible and undervalued. Women routinely dedicate a significant portion of their time to the well-being of family members—whether children, parents, elderly, or sick individuals—taking on domestic and care activities that, although essential, are often considered natural and thus socially underestimated. The care economy is a field of study that has been gaining prominence in social sciences and public policies, addressing everything from childcare to transformations driven by globalization and migratory flows. This study, however, emphasizes especially the need to make these predominantly female activities visible and valued, showing how they constitute a fundamental pillar of social and economic organization.

The cultural model that assigns women the exclusive responsibility for domestic work and care is the result of a historical construction that must be widely questioned. The sexual division of labor and the consequent care economy reveal that gender inequalities are reinforced from childhood, shaping socialization and perpetuating roles that disadvantage women in various spheres of life, especially in the labor market. Although important

achievements have been made—such as the 1988 Federal Constitution, which guaranteed rights like maternity leave and the right to childcare—these measures remain insufficient to promote genuine equality between men and women. The burden of domestic and care responsibilities still falls predominantly on women, making it difficult to balance professional and personal life and perpetuating an overload that limits their full social and economic development.

It is clear that the 1988 Constitution had a relevant impact by institutionalizing social rights related to the care economy but failed to consolidate structural changes to confront the undervaluation, invisibility, and unequal distribution of this work. The absence of coordinated policies and legal provisions that formally recognize the care economy as a central element of social and economic organization maintains the female burden and perpetuates gender inequalities. Therefore, the impact of the Constitution is ambivalent: while it promoted fundamental advances in terms of social protection and formal equality, it failed to effectively transform the cultural and institutional foundations that sustain the care economy as a predominantly female burden. Overcoming this scenario depends on the formulation of integrated public policies, the creation of new regulatory frameworks, and the promotion of deep cultural changes.

Overcoming this scenario requires integrated actions: regulation and valorization of care work, expansion of specific public policies, and cultural transformation that enables a fairer distribution of these responsibilities between genders. Furthermore, the incorporation of intersectional perspectives, such as gender and race, into policies and educational practices is essential to break with the patriarchal logic that naturalizes care as an exclusively female duty. Although there is no absolute theoretical consensus on the definition of the care economy, it is undeniable that it is fundamental to the sustainability of life and the economy. Everyone, at some point, depends on care to survive and thrive. Valuing this work therefore means recognizing its centrality and promoting social justice.

References

BRAZIL. Constitution. **Constitution of the Federative Republic of Brazil of 1988**. Brasília, DF: Presidency of the Republic, 1988.

BRAZIL. **Proposed Amendment to the Constitution No. 66, 2013**. Amends the Federal Constitution to expand the rights of domestic workers. Brasília, DF: Federal Senate, 2013.

BOURDIEU, Pierre. **Masculine Domination**. Translated by Maria Helena Kühner. 11th ed. Rio de Janeiro: Bertrand Brasil, 2012.

CANHEDO, N. Public policies as tools to reduce gender disparities from the perspective of the care economy: a view from Amartya Sen's concept of the active agent of freedom. **Revista de Gênero, Sexualidade e Direito**, São Paulo, v. 9, 2023.

DIAZ, N. Q.; WOSNIAK, H. Care economy: reflections for a decolonial feminism. **Revista X**, [S. l.], v. 17, n. 1, 2022.

DUARTE, B.; PEREIRA, F. S. M.; NICOLI, P. A. G. The legal devaluation of reproductive work: a political-economic critique of feminism and law. **Revista da Faculdade Mineira de Direito**, [S. l.], v. 24, n. 47, 2021.

ENRÍQUEZ, R. C. Feminist economics and the care economy: conceptual contributions to the study of inequality. **Revista Nova Sociedade**, Buenos Aires, n. 256, p. 1-15, 2015.

ESTEVES, L. M.; MAIA, L. V. Unpaid domestic work and the care crisis: a feminist view on the effects of COVID-19. **Revista de Gênero, Sexualidade e Direito**, [S. l.], v. 7, n. 1, 2021.

ESTEVES, L. M.; BITU, T. T. de A.; GURGEL, V. G. D. The culture of care as an exclusion in labor relations. **Revista da Faculdade Mineira de Direito**, v. 24, no. 47, 2021.

GIL, A. C. **How to design research projects**. 7th ed. São Paulo: Atlas, 2022.

HIRATA, H. **Gender, Work and Care**. São Paulo: Boitempo, 2016.

HOCHSCHILD, A. R. **The Managed Heart: Commercialization of Human Feeling**. Berkeley: University of California Press, 1983.

HOCHSCHILD, A. R. **La mercantilización de la vida íntima: notas desde el hogar y el trabajo**. Buenos Aires: Katz Editores, 2009.

LOBO, F. A.; PINTO, H. M. S. A. Legal (De)valuation of Care: a critical analysis of the caregiver allowance in Bill No. 3022/2020 from the perspective of human dependency. **Pensar - Revista de Ciências Jurídicas**, Fortaleza, v. 29, no. 1, 2024.

LOPES, A. M. D. Á.; CALDAS, B. N. The use of sexual violence against women as a weapon of war in the jurisprudence of the International Criminal Court. **Pensar - Revista de Ciências Jurídicas, Fortaleza**, v. 27, no. 3, 2022.

MALAVER-FONSECA, L. F.; SERRANO-CARDENAS, L. F.; CASTRO-SILVA, H. F. The COVID-19 pandemic and the role of women in the care economy in Latin America: a systematic literature review. **Revista Estudios Gerenciales**, Cali, v. 158, 2021.

MATOS, A. C. H.; LIMA, F. E. N. Decolonial perspectives on the democratic family: initial contributions to the analysis of recognition and enforcement of transparency. **Pensar - Revista de Ciências Jurídicas**, Fortaleza, v. 29, n. 2, p. 1-12, Jan./Mar. 2024.

OLIVIA, M.; OLIVEIRA, A. L. Gender, public policies and Amartya Sen: agent condition and well-being. In: International Congress on Fundamental Rights, Special Edition, **Proceedings [...]**, 2020.

POSTHUMA, A. C. The care economy and its link to domestic work: what trends and policies in Latin America can teach Brazil. **Institute for Applied Economic Research (IPEA)**. Brasília. DF: IPEA, 2021.

VICENTE, J. A. P.; ZIMMERMANN, T. R. Notes on the care economy, feminisms, and women. **Revista Anômalas**, Catalão-GO, v. 1, n. 1, 2021.

WORLD ECONOMIC FORUM. **The Future of the Care Economy**. Geneva: World Economic Forum, 2024. Available at: <https://www.weforum.org/publications/the-future-of-the-care-economy/> . Accessed June 5, 2025.

ZIMMERMANN, T. R.; VICENTE, J. A. P.; MACHADO, A. A. Gender analysis from the care economy in pandemic times: a case study of women caregivers of children in CEMEI. **Brazilian Journal of Development**, [S. l.], v. 7, n. 3, 2021.