



## Care: An Invisible Practice

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### Editorial

The activities related to the practice of care in Brazil are marked by various inequalities, and it is necessary for the public authorities to invest in policies on the subject that increase the availability and quality of care, regardless of the ability of families to provide it, contributing to people's well-being. In 2023, the Brazilian government created the National Secretariat for Care and the Family with the mission of formulating an integrated policy on the subject, guaranteeing this right to all citizens. A Brazilian survey showed that around 7% of elderly people (2,036,653) need help with activities of daily living such as eating, personal hygiene, routine medication, accompanying people to health services, banks or pharmacies, among others. Of this total, in 20% of cases the role is performed by hired caregivers and in 80% by family members. The survey also revealed that the number of Brazilians who became caregivers for their elderly relatives jumped from 3.7 million in 2016 to 5.1 million three years later [1].

The practice of caring had its beginnings restricted to the domestic, private and private space, as in Ancient Greece. At this time, the practice of caring was carried out within families by women, requiring practical knowledge acquired in everyday life, which was passed down from generation to generation, so that it was a female responsibility to look after the home, children and even sick slaves. Due to the increase in demand in aging post-industrial societies, care was no longer just a private matter, but a public one, and part of this knowledge was conceived as a profession by and for women. Nursing was the profession that most incorporated the practice of caring as a field of mastery and was linked to the trajectory of women in modern societies [2]. In everyday life, the practice of care is related to attention, responsibility and zeal towards people and things, in different places and times.

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This practice consists of a way of acting, which has an effect and repercussions on people's lives, as a human experience, delineated by political, social, cultural and historical aspects.

In contemporary times, care is conceived as a practice that involves an ethical, emotional and relational dimension (pre-occupation) and an activity (care), being both a set of values and a series of concrete practices. In this sense, care constitutes a system of social relationships that not only recognizes the interdependence between human beings, but also their vulnerabilities [3]. The actions and attitudes of care, when routine, are not perceived; however, their absence is seen as non-care, so that care, previously invisible, becomes visible as non-care, when not received, revealing the complex, disturbing, contradictory, apparently divergent, but inseparable movements in human relationships that conceive of care and non-care, ambiguous conditions that feed the process of human living [4].

Despite the new conceptions of care, which is known to be essential for life (feeding, vaccinations, medical care, cleaning, hygiene, education, among many other functions), this activity is still invisible, undervalued and mostly carried out by women. In 64 countries surveyed, women spend an average of 3.2 times more time than men on unpaid care work, i.e. 4 hours and 25 minutes a day, compared to 1 hour and 23 minutes spent daily by men [5]. In Brazil, women spend an average of more than 61 hours a week on unpaid work like this [6]. This work is often done for free or is poorly paid (when outsourced). In this sense, this imbalance is attributed to a false and ingrained notion that care work is a manifestation of love that should be provided free of charge, related to the cultural construction of motherhood [3]. During the COVID-19 pandemic, 50% of Brazilian women started caring for someone during the pandemic, 80.6% of whom started caring for family members, 24% for friends and 11% for neighbors [7].

The concept of care expresses a multidimensional and transversal action, which refers to the component of reproductive work that is not equivalent to domestic work, but is usually carried out in conjunction with domestic activities, involving personal services for others. In this way, women's responsibility for unpaid care for their families equates the relationship between domestic work and the oppression of women. This responsibility also establishes an appropriation of women's time, through almost uninterrupted demands that cause great physical overload, directly reflecting on health, including mental health. It is women who face the dawn queues at public hospitals for their children's health, for school places and for social assistance in order to guarantee the family's minimum survival conditions [8].

The provision of care has diversified, creating a segment of emerging professionals, both paid and public, who coexist with the previous dominant form, which was, and still is, carried out in the private space, in the home, where women take responsibility for the well-being of dependent people, such as children, the elderly and the disabled, either as "housewives" or "domestic workers". As women's presence in the labor market has grown in recent decades, women, who were considered the natural providers of care services, have started to work more intensively outside the home, creating a crisis in the provision of care. In countries in the northern hemisphere, for example, this has been resolved through the commercialization of these services, mainly by migrants, as well as greater state action in some cases.

As a result, a mostly female workforce has been formed to provide low-cost, invisible and often informal work, such as day laborers, cleaners, nannies and caregivers for the elderly, who are almost always poorly paid. In Brazil, almost 75% of all jobs in the sector are held by women. This equates to approximately 18 million women working in domestic jobs, as caregivers, teachers up to elementary school level, nursing staff, physiotherapists, social workers, among others. The main occupational category in the care sector is domestic workers. The most recent data indicates that 93% of the category is made up of women and that 61% of these are black women [9].

In countries like Brazil, where the emergence of the neoliberal platform does not ensure a large proportion of services linked to the work of social reproduction, among peripheral populations, community life and help from neighbors and family members are a central pillar in the care structure. Adult men (older children and husbands) also benefit from the care activities carried out by women, who guarantee the physical and emotional stability of men when they are in charge of carrying out all the activities related to their well-being. With regard to working conditions, paid professional caregivers often work in stressful conditions,

which can lead to chronic stress. The physical and emotional work of caring is heavy – especially with the elderly and when it comes to diseases such as Alzheimer's and Parkinson's - which can lead caregivers to anxiety and depression.

Many of these activities carried out by women have no substitute on the market, as they involve well-being, quality of life, affection, relationships, etc. This practice is made more complex in rural areas, as the combination of activities in the home and backyard, as well as access to water and energy, demand more work and a continuous organization of time, given that domestic chores take up 23 hours a week for urban women, while they take up 25.2 for rural women, despite feminist researchers pointing out the plausible underestimation of this data.

Even though the care provided in the home is quite different from that provided in public spaces - by institutions, in principle, as well as by professionals offering these services - one of its hallmarks is undoubtedly the social and economic devaluation. Research by academics and international organizations increasingly points to the importance of the so-called care economy, and its role both in terms of social well-being and the well-being and for the generation of care jobs. The economic role of care is neither recognized nor adequately calculated: many indicators on care are recorded in various sectors, but are not systematically compiled as part of an economy of care.

From a legal perspective, the lack of recognition of the care economy makes it difficult to create and strengthen a legal framework to support and protect domestic workers and guarantee their labor rights. In Brazil, the National Care Policy was created by the government, based on the principle that all people, throughout their lives, offer and demand care, especially children, adolescents, the elderly and people with disabilities. The invisibility of care work, in order to be tackled, requires public policies that recognize its economic and social importance, ensuring rights and fair pay.

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