Brazil Gender Review
Issues and Recommendations

January 23, 2002

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# LIST OF ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>AIDS I and II</td>
<td>First and Second AIDS and STD Control Project</td>
</tr>
<tr>
<td>BEMFAM</td>
<td>Societal Civil do Bem-Estar Familiar no Brasil (Brazilian Civil Association for Family Welfare)</td>
</tr>
<tr>
<td>CCR</td>
<td>Comissão de Cidadania e Reprodução (Citizenship and Reproduction Commission)</td>
</tr>
<tr>
<td>CENEPI</td>
<td>Centro Nacional de Epidemiologia (National Epidemiology Center)</td>
</tr>
<tr>
<td>CNDM</td>
<td>Conselho Nacional dos Direitos da Mulher (National Council on Women's Rights)</td>
</tr>
<tr>
<td>CONTAG</td>
<td>Confederação Nacional dos Trabalhadores na Agricultura (National Confederation of Agricultural Workers)</td>
</tr>
<tr>
<td>ECCE</td>
<td>Early Child Care and Education</td>
</tr>
<tr>
<td>ECLAC</td>
<td>Economic Commission for Latin America and the Caribbean</td>
</tr>
<tr>
<td>ESW</td>
<td>Economic Sector Work</td>
</tr>
<tr>
<td>ENAP</td>
<td>Escola Nacional de Administração Pública (National School of Public Administration)</td>
</tr>
<tr>
<td>FLACSO</td>
<td>Facultad Latinoamericana de Ciencias Sociales</td>
</tr>
<tr>
<td>FUNASA</td>
<td>Fundação Nacional de Saúde (National Health Foundation)</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IBGE</td>
<td>Instituto Brasileiro de Geografia e Estatística (Brazilian Census Bureau)</td>
</tr>
<tr>
<td>IBISS</td>
<td>Instituto Brasileiro de Inovação em Saúde Social (Brazilian Institute for Innovation in Social Health)</td>
</tr>
<tr>
<td>IDAC</td>
<td>Instituto de Ação Cultural (Cultural Action Institute)</td>
</tr>
<tr>
<td>IDRC</td>
<td>International Development Research Center</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labor Organization</td>
</tr>
<tr>
<td>IPEA</td>
<td>Instituto de Pesquisa Econômica Aplicada (Institute of Applied Economic Research)</td>
</tr>
<tr>
<td>MED</td>
<td>Ministério da Educação e do Desporto (Ministry of Education and Sports)</td>
</tr>
<tr>
<td>MNMMR</td>
<td>Movimento Nacional de Meninos e Meninas da Rua (National Movement for Street Boys and Girls)</td>
</tr>
<tr>
<td>MS</td>
<td>Ministério da Saúde (Ministry of Health)</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
</tr>
<tr>
<td>PACS</td>
<td>Programa Agente Comunitaria de Saúde (Community Health Program)</td>
</tr>
<tr>
<td>PSF</td>
<td>Programa Saúde da Família (Family Health Program)</td>
</tr>
<tr>
<td>PAISM</td>
<td>Programa de Saúde Integral da Mulher</td>
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</tbody>
</table>
Acknowledgments

This report was written by Maria Valéria Junho Pena and Maria Correia and subsequently revised by Bernice van Bronkhorst. It is based on a background report prepared by Lourdes Beneria and Fulvia Rosemberg (consultants) and research work carried out by Angela Umbelino de Souza Albernaz (consultant). John Garrison, Wendy Cunningham, Chris Parel, Joachim von Amsberg and Geoffrey Chalmers provided comments on earlier drafts. Dan Gross acted as peer reviewer. Selpha Nyairo and Chris Humphrey worked on the editing and formatting of the report.

While this report has been discussed with institutions and individuals of the Brazilian Government, the views expressed in this report are exclusively those of the World Bank.
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EXECUTIVE SUMMARY

INTRODUCTION.

This report documents findings of a review of gender issues in Brazil carried out by the World Bank in 1999 and updated in 2001. It emerged as a response to the growing recognition - both in the World Bank and in Brazil - of gender as an important issue in increasing economic and social well being as well as reducing poverty. The review examines gender in terms of demographic trends, health indicators, the effects and causes of violence, education indicators, labor market trends and social protection. Gender relevance and the composition of the Bank's portfolio were the main criteria for selecting sectors to be analyzed. The review identifies gender issues across sectors with a view to improving the Bank’s efficiency and effectiveness and reducing gender inequities and inequalities that affect men’s and women’s well being.

Gender in this report pertains to both men and women and refers to the different experiences, preferences, needs, opportunities and constraints men and women face because of their socially assigned gender roles. However, because the report relies primarily on secondary sources, and because previous gender work has tended to focus on women, discussion on male gender issues is limited.

MAIN FINDINGS.

Overall, Brazil has progressed significantly in addressing gender issues and reducing gender gaps. Three major advances are worth noting. First, women’s access to and use of contraceptives has increased enormously, resulting in a sharp drop in the fertility rate and the size of households. Second, education levels for women have increased to the point that, on average, women now have more schooling than men do. And third, although men still predominate in the labor market, women’s participation has steadily increased over the last two decades, and at the same time the wage gap between men and women has decreased. These changes can be attributed in part to a prolonged economic crisis in Brazil, which deeply altered the allocation of men’s and women’s labor outside the household. Brazil’s rapid democratization, which spurred a demand for equal rights and treatment in the family, in the labor market, under the law and in civil life, also contributed to greater gender equality.

However, while Brazil has witnessed many advances related to gender, a number of issues affecting men’s and women’s welfare remain. For example:

- Mortality rates linked to external factors, such as traffic accidents, homicide and suicide, differ greatly by gender. During 1977-93, for example, mortality from external factors increased by 45 percent among men and by 13 percent among women. For Brazil, the life expectancy gender gap – 12 percent greater for women than for men – is higher than that of other countries in the region (e.g. Mexico) and of more industrialized nations (for example, Canada and Greece).
In terms of health services, pre-natal care for pregnant women continues to be inadequate. Almost half of Brazilian women who gave birth in the five years previous to 1996 were at-risk; the proportion of at-risk pregnancies increased to two-thirds in the Northeast. Maternal mortality is on the rise in Brazil, and the problem is particularly acute among indigenous women. On the other hand, contraceptive use among males is minimal — only six percent according to the 1996 Sociedade Civil do Bem-Estar Familiar no Brasil (BEMFAM) survey — thereby posing a significant risk in the spread of acquired immune deficiency syndrome (AIDS) and other sexually transmitted diseases. Reproductive health programs, however, tend to target women and exclude men, who are important decision-makers and are affected by family planning choices.

Quantitative and qualitative information from non-governmental organizations (NGOs) and the government, including police reports, indicates that violence among young adult males, male violence against women and sexual violence against boys and girls continues to be high. Men are the primary victims of homicides, whereas both men and women are victims of violent aggressions. In 1998, according to police registries 93 percent of victims of homicides were men; an equal number of men and women were victims of violent aggressions. The high incidence of violence in Brazilian society is taxing on the health care system, and it also affects work productivity and quality of life. Violence against women also reduces women's ability to negotiate safe sex and avoid sexually transmitted diseases and human immunodeficiency virus (HIV)/AIDS.

Studies in Brazil have concluded that textbooks and teaching methods tend to reinforce gender segregation and stereotypes. Men are linked to public life and all its dimensions of work, leisure, politics, wealth and power, while women are relegated to the private sphere of the household. Poverty and inadequate schools have led boys in particular to enter the labor market at a premature age, with negative impacts on their education.

The availability of early childhood care and education programs remains poor. Because household labor continues to be assigned to women, low coverage of childcare facilities disproportionately affects women's labor market opportunities, particularly those of poor women.

Although it has narrowed, Brazil continues to register one of the widest gender wage gaps in Latin America and the Caribbean — women earn 66 percent of what men earn. Black women are the most disadvantaged of all groups. The gap prevails even when education and hours worked are taken into account, and indeed increases with more years of education. Researchers suggest that factors outside the labor market, such as marriage, children or work interruptions, may explain part of this gap. Given that women have higher levels of education, their lower salaries vis-à-vis men means that women's returns to education are lower than that of their male counterparts.

Analysis of data from the Northeast shows that male- and female-headed households differ only marginally in the extent to which they are likely to be poor, 39 percent
and 41 percent respectively. Furthermore, male-headed households experienced a
slower reduction in poverty compared to female-headed households. However, when
controlling for education (women have more years of schooling than men) and other
individual characteristics, female-headed households have a much larger likelihood
(46 percent) of being poor than do male-headed households. In addition, households
with young children are more vulnerable and more likely to be poor than households
with no children under the age of five.

**STRATEGY AND RECOMMENDATIONS.**

The report puts forth a three-pronged strategy. **First,** it recommends that, having
made significant advances in reforming the legal and policy framework, Brazil now turn to
changing societal gender roles and expectations so that women and men take advantage of
the opportunities provided to them by the law and government policies. Different channels
need to be used if gender-based societal expectations are to change, including the education
system, the media, the family, peer groups, the community and cultural practices. These all
play a part in socializing men and women and affect the choices they make over their
lifetime. **Second,** the report recommends acting on gender issues through community and
local level organizations. Many problems identified in this report, such as substance abuse,
early childhood education, maternal health care, teenage pregnancy, sexual abuse of
children, reproductive and sexual health care services, would best be addressed by local and
civil society groups. The strategy of working through the local level has several advantages:
(a) local organizations are the closest to the target groups and have a better understanding of
local contexts; (b) working through local organizations strengthens their capacity and
contributes to Brazil’s democratization processes; (c) working through local groups takes
advantage of existing capacity and therefore increases efficiency; and (d) the public sector
faces serious budget constraints and is unable to provide the kinds of services and attention
being proposed. **And third,** the report recommends that gender work target men as well as
women, for two reasons: male issues such as violence, alcoholism, under performance in
school, unemployment, etc. are key social issues, which can be in part attributed to men’s
narrowly defined gender roles; and effective women's programs often require men’s implicit
or explicit cooperation and involvement. Specific sector-specific recommendations follow.

**HEALTH**

Recommendations for the health sector include: reducing Brazil’s relatively high
maternal mortality rate; improving access to family planning for the poor; and targeting men
as partners in reproductive and sexual health programs. Increasing tetanus immunizations
for women to reduce the risk of infections during and after pregnancy would be a relatively
low cost measure with high payoffs. And including fathers in programs such as childcare
and nutrition would promote their roles as husbands/partners, parents and care providers.
In terms of family planning, sterilization as a method of contraception should be
discouraged given that it represents a high expense to the health care system, it may lead to a
reduction of condom use and it is not an option for younger women who plan to have
children later in life. Male forms of contraception should also be heavily promoted, given
the low incidence of condom use and male sterilization. In areas such as the Northeast,
actions should focus on reducing the incidence of teenage pregnancy. In terms of the best
vehicles to deliver services, existing government programs, including the PACS (Programa Agente Comunitaria de Saude) and PSF (Programa Saude da Familia), play an important role. In addition, local and community-based organizations and NGOs can be mobilized to provide information and basic services during different stages of pregnancy, particularly during the first trimester when failure to seek services places women in a high risk category, and to provide postnatal care such as information on child nutrition.

Two other recommendations include: designing control and prevention programs for violence, depression, suicide and risky behavior among men by carrying out epidemiological studies on the incidence and gender-related risk factors associated with these problems; and paying attention to the alarming health problems of indigenous groups which have links to gender, for example high male mortality rates and maternal mortality/morbidity.

**VIOLENCE**

Given its incidence and gendered nature, violence should be a priority area for gender work in Brazil. But addressing violence from a gender perspective should go beyond dealing with the effects of domestic violence on women, on which Brazil has made important advances. Over the long term, gender-related work should turn to violence prevention by examining how gender affects male violence and identifying steps to counter the effects of gender roles and socialization on violence. The report identifies the education system, community programs and the media as vehicles for preventing gender-related violence. In terms of education, possible interventions include retraining teachers and eliminating gender stereotypes in textbooks, and developing special programs to teach children nonviolent conflict resolution skills and to promote civic values. Community-level programs can be used to provide informal education programs, teach citizens about legal sanctions against violence, establish violence prevention strategies and provide social services for victims of violence. Peer group programs, such as the Big Brothers and Big Sisters Program in North America, have also been found to be important mechanisms for reaching and reforming at-risk youth.

**EDUCATION**

Given that Brazil has progressed significantly in terms of increasing girls’ education, attention should now turn to ensuring that boys do not fall behind, as well as improving the quality of schooling as a whole. On keeping boys in school, the report supports efforts that are currently underway to examine the gender-differentiated impact of the Bolsa Escola and Programa para Erradicação do Trabalho Infantil (PETI) programs in improving educational attainment and reducing child labor. In terms of school quality, key measures would be to reduce gender stereotypes transmitted through education by developing teacher-training modules on gender and removing stereotypic images and messages in textbooks and other classroom materials. Such measures would go much beyond affecting the career choices of men and women; they would contribute to changing socialization processes that lead to docility and passivity among girls and aggression among boys. Partnerships between the Ministry of Education and Sports and civil society organizations have been a cost-effective way of addressing gender stereotypes and socialization processes. Brazil could also learn from the successful experiences of neighboring Argentina, which in the late 1980s and early 1990s advance significantly in removing sexist language and depictions in textbooks.
Because early childhood education represents a future investment in the human capital of the country, this should also be a priority over the long term. Providing training and regulation for existing mães creches (nursery schools) could be one strategy for the short term.

**LABOR**

Brazil needs to address its persistent gender wage gap, which is larger than that of many of its less developed neighbors. Ensuring better adherence to labor discrimination laws by examining current enforcement mechanisms and institutional support available to female workers is one important strategy; making available information on labor rights to female employees and employers is another. A further priority would be to counter the possible negative effects of Brazil’s generous maternity leave, which may contribute to discrimination against women.

Discrimination, however, is only one factor contributing to the wage gap. Redressing the gender imbalance in the division of household work, so that men and women share parenting, care giving and domestic chores, thus freeing women to participate in the workforce and advance on the job, is another precondition to reducing gender-related labor inequalities. Greater gender equality in the workplace will also require change in the way work is currently organized by, for example, allowing for more flexible arrangements such as job sharing. Projects and programs that work with families could also begin to promote changes to gender roles in the household, following the model of the new ‘family capacity building’ program being proposed for Argentina.

Two other recommendations are: having civil society and community-based groups act as a clearinghouse for jobs as well as provide training on grooming and preparing oneself for a job, which would benefit poor women in particular; and building up social and human capital in the poorest communities to address the issue of street children.

**POVERTY, ECONOMIC FLUCTUATIONS AND SOCIAL SAFETY NETS**

Lastly, findings emphasize the central importance of poverty reduction strategies that reduce barriers for and address the needs of poor women. These include providing access to childcare and family planning, continuing improvements in education and reducing barriers to women’s participation in the labor market.

Given the permanent state of volatility and risk associated with globalization and the liberalization of markets, having a better understanding of how households are affected by economic fluctuations would help to better design social safety nets. The report makes a number of recommendations related to gender, particularly regarding information analysis. First, intrahousehold data should be collected and analyzed in a way that better captures the heterogeneity of household structures rather than categorizing households in terms of the gender of the household head, which can be simplistic and misleading. And second, intrahousehold data needs to better capture household dynamics, decision making, coping strategies and responses to incentives, by household composition and gender roles of household members. Data collected in Mexico and World Bank research carried out using that data provide a good precedent that Brazil could follow. Other recommendations
include examining gender-related demand and supply factors associated with any emergency employment initiative that Brazil considers adopting.
I. INTRODUCTION

1. This report documents findings of a review of gender issues in Brazil carried out by the World Bank during 1999 and updated in 2001. It emerged as a response to the growing recognition, both in the Bank and in Brazil, of gender as an important variable in reducing poverty and increasing economic and social well-being. The review examines gender in terms of demographic trends, health indicators, the effects and causes of violence, education indicators, trends in labor market participation and social protection. Gender relevance and the composition of the Bank's portfolio were criteria for selecting sectors to be reviewed.

2. The review identifies gender issues across sectors with a view to improving the Bank's development effectiveness in three aspects: the efficiency of its operations; the reduction of gender inequities and inequalities; and the improvement of social well-being. It also discusses the gender dimensions of poverty and social exclusion in Brazil.

3. Gender in this report pertains to both men and women and refers to the different experiences, preferences, needs, opportunities and constraints they face because of their socially ascribed gender roles and expectations (see Box 1). However, because the report relies primarily on secondary sources and previous gender work – which have tended to focus on women – the discussion on men's gender issues is limited.

4. DATA SOURCES. The report draws principally from secondary information. It is based on: (a) a literature review of published and unpublished materials on gender in Brazil; (b) a desk review of Bank-financed projects and economic sector work (ESW) in the areas of labor, education, health, rural poverty and social protection in Brazil; (c) official statistical information produced by the Instituto Brasileiro de Geografia e Estatística (IBGE), specifically the censuses and Pesquisa Nacional por Amostra de Domicílios (PNAD), the 1996 Pesquisa Nacional sobre Demografia e Saúde (PNDS), and the Sociedade Civil do Bem-Estar no Brasil (BEMFAM); (d) interviews with governmental officials, academics, representatives of civil society and women's organizations in Washington, Brasília, São Paulo, Rio de Janeiro and João Pessoa, and World Bank staff based in Washington and Brasília; and (e) field visits to World Bank

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Box 1: The Scope of Gender

Although grounded biologically, gender is a relational category that points out socially constructed roles and relations between men and women. In the words of Simone De Beauvoir, "one is not born woman, one becomes woman." Becoming women, but also becoming men, are learning processes, born out of established social patterns; they are enforced through norms, but also through coercion, and they are modified over time to reflect changes in the power and normative structure of social systems.

Thus gender in this report refers to aspects of social life and poverty which are experienced differently because men and women have different ascribed roles. These result in:

- men and women manifesting different preferences, interests and priorities;
- inequalities and inequities based on whether one is male or female;
- men and women facing different opportunities, constraints and challenges; and
- men and women being affected differently by and contributing in different ways to social and economic development.

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1 PNAD is the Brazilian Annual Household Survey carried out by the Instituto Brasileiro de Geografia e Estatística. Its sample is statistically representative of all the Brazilian territory, with the exception of the Rural North Region, which was covered during census years only.
financed rural development projects in Campina Grande, Galante, Chá dos Pereira and Juarez Távora.

5. **Organization.** This report is organized into three parts. The first part provides the cross-sectoral overview of gender issues and trends in Brazil. The second summarizes and discusses implications of main findings. The final section provides a strategy to move forward on gender as well as makes sector recommendations related to gender.
II. OVERVIEW OF GENDER ISSUES AND TRENDS

(a) Demographics

6. POPULATION AND MORTALITY RATES. According to the 2000 census, women outnumber men in Brazil. From 1980, the female/male ratio increased from 100:98.7 to 100:96.9. Brazil's population is concentrated in urban areas: almost 80 percent of Brazilian citizens are urban-based. Over two-fifths of Brazilians are black or *pardo* (mixed race). The distribution of the population is pyramidal, although its bottom has narrowed and its top has widened in recent years as a result of both declining mortality rates (a 14-year increase in life expectancy between 1960 and 1991) and fertility rates (a 60 percent reduction over the past two decades). Infant mortality is 60.7/1000 live births for children less than five years old, and (as shown in table 1d) increases significantly with fewer years of schooling of the mother. A child born in Brazil in 2000 had a life expectancy of 68.4 years; the corresponding figure was 64.6 for boys and 72.3 for girls. The life expectancy gender gap for Brazil is about 12 percent, compared to about five percent for Canada, seven percent for Greece and 10 percent for Mexico. In Brazil, income does not influence mortality rates.

7. The Brazilian population has aged. The 2000 census suggests that the proportion of the population over 65 years will increase more than the entire population. Between 1940-1960, the elderly male population increased at a higher rate than the elderly female population; after 1960, this trend changed as a result of a lower female mortality rate. The elderly, particularly elderly females, tend to be concentrated in the urban areas (Beltrão et Camarano, 1997). Tables 1a, 1b and 1c show the main demographic characteristics of the Brazilian population.

8. As indicated in Table 1c, mortality rates are higher for boys than for girls in all regions. Higher male mortality is more significant for the 15-49 year age group as a result of external causes such as traffic accidents, homicides and suicides, and it is linked to the higher exposure of males to risk situations outside the home (Laurenti et al, 1998). Race also influences mortality trends, with rates being lower for white children.

<table>
<thead>
<tr>
<th>Region</th>
<th>Population</th>
<th>Rate of population growth</th>
<th>Rate of urbanization</th>
<th>Men/Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>169,909,693</td>
<td>1.63</td>
<td>81.23</td>
<td>96.87</td>
</tr>
<tr>
<td>North</td>
<td>12,893,561</td>
<td>2.86</td>
<td>69.83</td>
<td>102.43</td>
</tr>
<tr>
<td>Northeast</td>
<td>47,693,253</td>
<td>1.30</td>
<td>69.03</td>
<td>96.43</td>
</tr>
<tr>
<td>Southeast</td>
<td>72,297,351</td>
<td>1.60</td>
<td>90.52</td>
<td>95.75</td>
</tr>
<tr>
<td>South</td>
<td>25,089,783</td>
<td>1.42</td>
<td>80.94</td>
<td>97.6</td>
</tr>
<tr>
<td>Midwest</td>
<td>11,616,745</td>
<td>2.37</td>
<td>86.73</td>
<td>99.38</td>
</tr>
</tbody>
</table>

Source: IBGE, Demographic Census 2000

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Both men and women live longer in Mexico than in Brazil; the life expectancy in Mexico is 69.2 years for men and 75.9 years for women.
Table 1b. Demographic Characteristics of the Population: Brazil and Regions, 2000

<table>
<thead>
<tr>
<th>Region</th>
<th>Fertility rate</th>
<th>Life expectancy</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>total men 64.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>64.6 72.3</td>
</tr>
<tr>
<td>Brazil</td>
<td>2.3</td>
<td>North 3.1</td>
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<td>North</td>
<td>3.1</td>
<td>Northeast 2.6</td>
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<tr>
<td>Northeast</td>
<td>2.6</td>
<td>Southeast 2.1</td>
</tr>
<tr>
<td>South</td>
<td>2.2</td>
<td>Midwest 2.2</td>
</tr>
<tr>
<td></td>
<td>65.3</td>
<td>62.4 68.5</td>
</tr>
<tr>
<td></td>
<td>64.9 74.1</td>
<td>68.2 64.6</td>
</tr>
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<td></td>
<td>74.1</td>
<td>67.1 74.8</td>
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<tr>
<td></td>
<td>66.0 72.7</td>
<td>South 2.2</td>
</tr>
</tbody>
</table>


Table 1c. Child Mortality (Children Less Than Five Years): Brazil and Regions, 1996

<table>
<thead>
<tr>
<th>Region</th>
<th>Male</th>
<th>Female</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>65.5</td>
<td>56.0</td>
<td>45.7</td>
<td>76.1</td>
</tr>
<tr>
<td>Urban North</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Northeast</td>
<td>105.7</td>
<td>86.1</td>
<td>82.8</td>
<td>102.1</td>
</tr>
<tr>
<td>Southeast</td>
<td>31.4</td>
<td>29.6</td>
<td>30.9</td>
<td>52.7</td>
</tr>
<tr>
<td>South</td>
<td>36.2</td>
<td>29.6</td>
<td>34.8</td>
<td>47.7</td>
</tr>
<tr>
<td>Midwest</td>
<td>46.1</td>
<td>34.9</td>
<td>31.1</td>
<td>51.4</td>
</tr>
</tbody>
</table>

Source: PNAD, 1996

Table 1d. Child Mortality (Children Less Than Five Years) According to Years of Mother's Study and Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Less than four years</th>
<th>Four to seven years</th>
<th>Eight years and more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>93.0</td>
<td>47.4</td>
<td>29.7</td>
</tr>
<tr>
<td>North</td>
<td>50.2</td>
<td>55.1</td>
<td>37.4</td>
</tr>
<tr>
<td>Northeast</td>
<td>124.7</td>
<td>69.5</td>
<td>45.0</td>
</tr>
<tr>
<td>Southeast</td>
<td>62.3</td>
<td>35.4</td>
<td>24.4</td>
</tr>
<tr>
<td>South</td>
<td>74.9</td>
<td>36.2</td>
<td>18.5</td>
</tr>
<tr>
<td>Midwest</td>
<td>68.1</td>
<td>36.6</td>
<td>24.3</td>
</tr>
</tbody>
</table>


9. **Fertility Rates.** Since the 1960s, the historical trend of a stable but high fertility rate was reversed in Brazil. Total fertility declined from 6.3 to 4.3 from 1960 to 1980 and to 2.4 in 1999. The change was due to the introduction and frequent use of birth control, particularly among females (although a narrow range of choices in methods was available) (Carranza, 1994). However, Total Desired Fertility Rate is reported to be 1.9 for Brazil as a whole (BEMFAM, 1998). This would indicate that there is still a substantial unmet demand for high quality and reliable family planning services, information and resources. In 1986, according to PNAD, with the exception of few states, more than 50 percent of women 15-49 years old and living with a partner were using some form of contraception. A decade later, the proportion increased to 77 percent. In some regions, such as the Midwest, it reached 85 percent. As indicated in Table 2a, although male sterilization is a simpler, safer and less costly intervention, female sterilization had become the most frequent form of contraception used by Brazilian women. However, injectables have rapidly gained in popularity in recent years.
Table 2a. Use of Contraception by Women Age 15-49 Years who Live with a Partner

<table>
<thead>
<tr>
<th>Region</th>
<th>Any method</th>
<th>Female sterilization</th>
<th>Male sterilization</th>
<th>Pill</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>76.7</td>
<td>40.1</td>
<td>2.4</td>
<td>20.7</td>
<td>23.3</td>
</tr>
<tr>
<td>North</td>
<td>72.3</td>
<td>51.3</td>
<td>0.0</td>
<td>11.1</td>
<td>27.7</td>
</tr>
<tr>
<td>Northeast</td>
<td>78.2</td>
<td>43.9</td>
<td>0.4</td>
<td>12.7</td>
<td>31.8</td>
</tr>
<tr>
<td>Midwest</td>
<td>77.8</td>
<td>38.8</td>
<td>2.6</td>
<td>21.8</td>
<td>22.2</td>
</tr>
<tr>
<td>Midwest</td>
<td>88.3</td>
<td>29.0</td>
<td>3.5</td>
<td>34.1</td>
<td>19.7</td>
</tr>
<tr>
<td>South</td>
<td>84.5</td>
<td>59.5</td>
<td>1.8</td>
<td>16.1</td>
<td>15.5</td>
</tr>
<tr>
<td>Rio de Janeiro</td>
<td>83.0</td>
<td>46.3</td>
<td>1.0</td>
<td>22.5</td>
<td>17.0</td>
</tr>
<tr>
<td>São Paulo</td>
<td>78.8</td>
<td>33.6</td>
<td>5.3</td>
<td>21.4</td>
<td>21.2</td>
</tr>
</tbody>
</table>

Source: BEMFAM – PNDS, 1996

Table 2b. Fertility Rate for Women Aged 15-49 Years According to Years of Study and Region 1999

<table>
<thead>
<tr>
<th>Region</th>
<th>Less than four years</th>
<th>Four to seven years</th>
<th>Eight years and more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>3.1</td>
<td>2.6</td>
<td>1.6</td>
</tr>
<tr>
<td>North</td>
<td>3.4</td>
<td>2.9</td>
<td>1.9</td>
</tr>
<tr>
<td>Northeast</td>
<td>3.4</td>
<td>2.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Southeast</td>
<td>2.8</td>
<td>2.5</td>
<td>1.6</td>
</tr>
<tr>
<td>South</td>
<td>3.4</td>
<td>2.8</td>
<td>1.9</td>
</tr>
<tr>
<td>Midwest</td>
<td>2.3</td>
<td>2.3</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Source: PNAD, 1999

10. **TEENAGE PREGNANCY.** A review of available statistics shows that fertility among teenagers 15-19 years old increased from 1970-90 but finally stabilized during 1990-95. In 1995, 13 percent of teenagers between 15-19 years of age had already given birth to a child according to the 1995 PNAD. Teenager fertility is highest, and actually increasing, in the North and Northeast, with 24 percent of adolescent females having experienced at least one pregnancy. Lower school attendance has been associated with pregnancy among youth. BEMFAM statistics indicate that 54 percent of female adolescents with one year of schooling are mothers, in contrast to only four percent among those with 9-11 years of schooling.

11. **FAMILY PLANNING.** The public sector did not officially provide access to contraceptives until 1985. By 1995, however, 71 percent of sterilizations were either performed in public hospitals or paid by the government through the *Sistema Único de Saúde* (SUS) (BEMFAM, 1996). In 1996, 88 percent of women using oral contraception purchased them in pharmacies (ibid.).

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3 The Brazilian health care system is unique in Latin America and comparable to the systems in Canada and several European countries. As defined in the Constitution and in the SUS law: (a) the system is single-payer; (b) coverage is universal; (c) health benefits are all-inclusive and free at the time of use; (d) financing comes mostly from general taxation; (e) funds are allocated to states and municipalities on the basis of negotiated budgets; (f) most care is delivered by private providers who compete for patients; (g) providers are reimbursed on the basis of services; and (h) ownership and administration of public services are partially decentralized to municipalities and states. The principles of the SUS include social participation through consultations with communities and membership in state and municipal health councils. Private health insurance plays a significant complementary role for about 38 million people (about a quarter of the population).
12. Until 1996, sterilization was prohibited by both the penal and medical ethics codes. As a consequence, to be sterilized, the patient and her doctor planned a cesarean section - frequently paid by the public health system - after which the sterilization procedure took place. Doctors sometimes received an additional fee for this service (Berquo, 1996). In 1998, when for the first time statistics were made public, the high number of sterilizations led some to suspect that a non-explicit racist policy was under way, particularly in those states with a high proportion of blacks. The Brazilian Congress thus created a commission to examine the allegation, but it was unable to establish a link. However, the controversy led to the regulation of family planning (Law 9263/96, summarized in Box 2). The law provides women and men greater access to accurate information on family planning as well as a broader array of choices. It also prohibits doctors from carrying out female sterilization in conjunction with childbirth unless under exceptional circumstances. The extent to which the law is enforced is not known.

(b) Reproductive Health

13. **At-Risk Pregnancies.** Almost half of Brazilian women who gave birth in the five years previous to 1996 were at-risk (see Table 3). In all regions, at least one-third of pregnancies was at-risk. In the Northeast the proportion was two-thirds. As shown in Table 3 and in Graph 1, spacing between children was only 24 months for about one-third of mothers. The proportion of women who had not received health care during the first three months of pregnancy was also about one-third. A 1993 study of 307 deliveries in the *Clínica Obstétrica do Hospital Universitário da Universidade de São Paulo* confirms that at-risk pregnancies are related to mothers’ low weight, age (over 35 years old), spacing between pregnancies and quality of pre-natal care (Spallacci, 1997). In Brazil, studies have shown that closely-spaced births negatively affect child growth. Also, as the number of siblings increases, so does the proportion of severely stunted children.
Table 3. Pregnancies At-risk4, Space Between Pregnancies and Health Care During Pregnancy and Delivery, Brazil and Regions, 1996

<table>
<thead>
<tr>
<th>Area/Region</th>
<th>At-risk pregnancies (%)</th>
<th>Pregnancies with &lt;24 months between the last and previous to the last pregnancy (%)</th>
<th>Women with health care during the first three months of pregnancy (%)</th>
<th>Women with health care during delivery (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>45.5</td>
<td>29.2</td>
<td>66.0</td>
<td>87.7</td>
</tr>
<tr>
<td>Urban</td>
<td>39.8</td>
<td>26.9</td>
<td>72.7</td>
<td>92.3</td>
</tr>
<tr>
<td>Rural</td>
<td>59.1</td>
<td>33.3</td>
<td>45.7</td>
<td>73.3</td>
</tr>
<tr>
<td>Rio de Janeiro</td>
<td>38.7</td>
<td>20.5</td>
<td>79.4</td>
<td>96.2</td>
</tr>
<tr>
<td>São Paulo</td>
<td>34.1</td>
<td>24.7</td>
<td>75.9</td>
<td>96.5</td>
</tr>
<tr>
<td>South</td>
<td>37.8</td>
<td>17.4</td>
<td>79.7</td>
<td>93.1</td>
</tr>
<tr>
<td>Minas Gerais and Espírito Santo</td>
<td>46.9</td>
<td>30.6</td>
<td>67.3</td>
<td>94.8</td>
</tr>
<tr>
<td>Northeast</td>
<td>54.9</td>
<td>37.7</td>
<td>51.9</td>
<td>76.3</td>
</tr>
<tr>
<td>Urban North</td>
<td>49.1</td>
<td>33.3</td>
<td>55.7</td>
<td>75.0</td>
</tr>
<tr>
<td>Midwest</td>
<td>34.4</td>
<td>22.4</td>
<td>71.7</td>
<td>96.4</td>
</tr>
</tbody>
</table>

Source: BEMFAM, 1996.

Graph 1. Women who had Children in the Previous Five Years with < 24 Months Between the Last and the Previous to Last Pregnancy (%), Brazil and Regions, 1996

Source: BEMFAM, Pesquisa Nacional sobre Demografia e Saúde, 1996

14. **Use of Maternal Health Services.** Among women who had had children in the five years prior to the BEMFAM inquiry, 87 percent had used some form of pre-natal health care services. In 81 percent of cases, a doctor most frequently provided that care. Mothers’ level of schooling, place of residence and age, as well as the birth order of children affect the use of pre-natal care. Women age 20-34 years old and those experiencing a first pregnancy were more likely to seek services. The study also showed that almost 50 percent of women visited a doctor more than seven times. Women in Rio de Janeiro made more frequent visits to health care services (66 percent of them had at least seven visits in contrast with only five percent who had made no visit at all). In the

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4 At-risk was defined as pregnant women less than 18 years and more than 35 years; mothers with more than four pregnancies; and mothers whose previous two pregnancies were spaced less than 24 months apart.
Northeast only 27 percent of women had made seven visits or more, and 26 percent had made none. Failure to seek maternal health services is strongly associated with maternal mortality.

15. **Maternal Mortality.** While no clear consensus exists on the maternal mortality rate in Brazil, different authors concur that the maternal death rate is too high for Brazil's level of economic and social development; that maternal mortality is on the rise; and that maternal mortality can be prevented (Carranza, 1994; Ministério da Saúde, 1994; Berquo, 1996). According to official 1996 Brazilian statistics, maternal deaths were 55.8 per 100,000 live births. The World Health Organization (WHO) and the United Nations Development Programme (UNDP), however, estimate Brazil's maternal mortality rate to be considerably larger, that is, 220 per 100,000 live births. This compares to a rate of 12 per 100,000 live births in the United States, 110 per 100,000 live births for Mexico and 63 per 100,000 live births for Chile. Variations in rates are due to methodological differences employed and to correction indices applied to control under-reporting (Tanaka, 1994), due for example to the lack of regular transmission of death certificates by the Health Ministry. It is worth noting that in 1995, the Ministry created the "National Plan to Reduce Maternal Mortality" to monitor maternal mortality rates.

16. **Maternal Mortality** is caused by, in decreasing order, hypertension specific to pregnancy, hemorrhages, puerperal infections and/or abortion (Tanaka, 1994). The high rate of maternal death resulting from infections and hemorrhages in a country where 95 percent of births take place in hospitals suggests serious problems in the quality of health care. Another probable cause of infections is that women have not had tetanus shots; however, insufficient information exists to confirm this speculation. Some authors also associate the high rate of maternal mortality with the high percentage of cesarean deliveries.

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**Box 3. The Programa de Assistência Integral à Saúde da Mulher**

The present configuration of women's health services in Brazil is a result of the integration of the Programa de Assistência Integral à Saúde da Mulher (PAISM), created in 1984, and the Sistema Único de Saúde (SUS), which came into effect with the 1988 Constitution. Consolidating these two institutions has been complex and arduous. The PAISM is a top-down Ministry of Health program, in contrast to the SUS, which is a decentralized system to the municipal level and has a horizontal implementation style. The PAISM was designed to offer comprehensive health care for all women's needs at all stage of life. Over the last years, however, its scope has been reduced. The program now responds mainly to women's needs during their fertility years, and emphasizes reproductive health. The Ministry of Health's present priorities on women's health and maternal and infant health are: (a) to improve the quality of care during pre- and post-natal period with a view to reducing maternal and neo-natal mortality; (b) to overcome prevailing distortions in access to contraceptives, including family planning education; (c) to provide cervical and cancer screening; and (d) to better integrate programs, particularly the HIV-AIDS and the Adolescent Health Program (PROSAD).

A recent study which examined state and municipal government health offices (but covered only capital cities) concluded that: (a) coverage of health services pertaining to the PAISM was less than 40 percent in 81 percent of the municipal health offices in the capitals, and in 67 percent of the state health offices; (b) some 38 percent of the municipal health offices and 44 percent of the state health offices were providing prenatal care for less than 20 percent of the pregnant women in their respective areas; (c) coverage for gynecological care is less than 10 percent in roughly 25 percent of the institutions studied; and (d) control of cervical cancer covers less than 10 percent of the female population in 44 percent of the municipal health offices in the capital and 36 percent of the state health offices.

17. The high proportion of cesareans performed in Brazil places pregnant women at-risk and adds to health costs. It is estimated that more than half of deliveries in Brazil are performed through cesareans. Fundação SEADE data indicate that in three regions of São Paulo, cesareans are performed in more than two-thirds of deliveries. In 12 of the regions, cesareans are carried out in three-fifths of deliveries, and in the other 28 regions, they are performed in over 70 percent of deliveries (Berquó, E. 1999). A recent study in the British Journal of Medicine found that of women interviewed a month before their due-date in Porto Alegre, São Paulo, Natal and Belo Horizonte, 80 percent would prefer to have a normal (vaginal) delivery. This indicates a real discrepancy between what women want and what actually happens in the delivery room.

18. **Abortion.** Given that abortion is illegal in Brazil (with the exception of rape cases and when the mother's health is at risk), it is difficult to establish the extent to which the practice is performed. According to statistics collected by the Alan Guttmacher Institute in six selected countries in Latin America and the Caribbean, an estimated 1,443,350 abortions were performed in 1991 (Facultad Latinoamericana de Ciencias Sociales, FLACSO, 1995). This was the equivalent of 44 per every 100 live births, or an annual rate of 3.7 per 100 women in the 15-49 year age group (ibid.). Based on these data, about one-third of all pregnancies in Brazil are interrupted voluntarily, which is similar to rates for Chile and Peru, but greater than in Colombia (one-fourth of all pregnancies) and the Dominican Republic and Mexico (one-sixth of all pregnancies) (ibid.). In recent years however, the number of abortions declined markedly. The Alan Guttmacher Institute estimates a decline from 37 per 1000 women in 1991 to 27 per 1000 women in 1996 in Brazil. The wider availability of family planning methods and the free distribution of the ‘morning after pill’ by the public health service and the easy availability of the illegal abortion pill are thought to be behind

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5 The World Health Organization (WHO) recommends that the C-section rate should be no higher than 15 percent.
this decline. Indeed the number of hospitalizations due to abortion complications fell from 350,000 per year in the early 1990s to 238,000 in 2000. The numbers of deaths recorded due to abortion complications also fell from 80 to 27 in this period.

Graph 3. Percent of Women with High Risk Pregnancies (1991-96)

Graph showing the percent of women with high risk pregnancies in Brazil and its regions.

Source: BEMFAM, Pesquisa Nacional sobre Demografia e Saúde, 1996

19. **MALE ROLES IN REPRODUCTIVE HEALTH.** Family-health and family-planning programs have been almost exclusively directed at women. Only recently have reproductive health programs for men become the focus of attention in Brazil, particularly among academic and activist groups. Thus it is no surprise that changes in contraceptive use on the part of men have been slow, even though their use is on the increase. In 1996, despite the fact that almost all men surveyed claimed to be aware of contraception alternatives, only six percent used condoms and four percent had had a vasectomy (1996 BEMFAM). Also, many men are unacquainted with basic reproductive functions and systems, which affects the contraceptive choices they make. According to a study based on 200 in-depth interviews with low income men and women in the city of Porto Alegre in the southern state of Rio Grande do Sul, 50 percent of men and women believed that women were fertile during menstruation while only 15 percent of the sample, the majority women, were familiar with the current scientific knowledge on fertility (Leal, 1998).

(c) **General Health**

20. **MORTALITY.** The primary cause of mortality among men and women is circulatory disease. The second, which has risen over the last two decades, is cancer. According to 1993 data, lung cancer (at a rate of 17 per 100,000), stomach cancer (13.7 per 100,000) and prostate cancer (9.6 per 100,000) ranked among the top causes of death among men. Breast

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7 While the pill has been important in helping to reduce abortion-related hospitalizations and deaths, it often results in partial abortions and other complications when taken without adequate medical supervision.  
cancer (12.6 per 100,000) and cancer of the uterus (11.0 per 100,000) are the most frequent types of cancer among women, and both have increased in the last decade (Laurenti et al, 1998). In 1998, the Health Ministry launched a campaign to screen four million women aged 35-49 years as part of a program to prevent cancer. No parallel efforts have been made, however, in the case of male types of cancer. Box 3 provides an overview of the Health Ministry’s strategy on women’s health; the Ministry has no comparable plan for men’s health.

21. Gender and age affect causes and costs of hospital admissions in the SUS. In 1994, psychiatric treatment was the main reason for admitting 25-54 year old men (Nunes and Piola, 1998). For men in the 25-34 year age group, psychiatric admissions absorbed US$33 million at an average cost per admission of US$347. This cost was only surpassed by AIDS, which corresponded to a cost of US$600 per patient for this same age group. Among women aged 15-44 years old, the most frequent cause of admission was obstetric care, with a high rate of caesarian deliveries and post-natal reproductive system surgeries. In 1994, the SUS admitted 1.9 million women for normal delivery and 811,000 women for cesarean delivery at an average cost of US$125.30 and US$191.50 per admission respectively (Nunes and Piola, 1998).

22. AIDS. AIDS first appeared in Brazil in 1980, about two years after emerging in developed countries. The HIV/AIDS epidemic falls into the category of a ‘concentrated’ epidemic, i.e. HIV prevalence has surpassed five percent in one or more sub-populations presumed to practice high-risk behavior, but prevalence among women attending urban prenatal clinics (presumably a group with low risk of contracting the disease) is still less than five percent. As of August 1997, Brazil ranked fourth in the world in terms of number of cases (approximately 116,000). Ranked according to relative incidence, however, Brazil ranks 40th with 730 cases per million inhabitants. The number of reported cases of AIDS rose from 550 in 1985 to 8,201 in 1990, appears to have peaked with nearly 21,000 cases in 1997, but slowed in the subsequent three years. As of 1996, an estimated 338,000 to 488,000 individuals (15-49 years of age) were infected with HIV.

23. The first wave of the AIDS epidemic was concentrated among homosexual men, who accounted for three-quarters of those inflicted in 1984. This was followed a few years later by an epidemic among intravenous drug users, most of whom were also men. Cases attributed to sharing of contaminated needles rose from three percent in 1984 to 20 percent in 1995. Later, the disease spread to sex workers, female partners of bisexual men and intravenous drug users, which caused the proportion of heterosexual cases to rise from two percent in 1984 to 28 percent in 1995. Of reported cases in 1995, about 55 percent were attributed to sexual transmission, 20 percent to intravenous drug use, four percent to contaminated transfusions, three percent to mother-child transmission and the remainder was unknown. While two-thirds of all cases are still found in the Southeast region, the epidemic has spread to other areas of Brazil. Every state in the country has been affected, and nearly half of all municipalities have reported at least one case of AIDS. The average age of patients has also gotten younger over time. Although data are not available on income levels, evidence suggests a link between AIDS and education, with lower-income people being affected.9

9 Information provided by the World Bank-financed AIDS II Project.
24. The incidence of AIDS by gender has changed over the years. Initially, nearly all AIDS cases were male, but now about 50 percent of new cases are female (see Table 4.) Women have a greater chance of contracting AIDS for physical reasons. Gender-based differences in positions of power also make women more vulnerable to AIDS and other sexually transmitted diseases. Early on, AIDS programs were run mainly by gay men’s groups and targeted mostly homosexual men. However, the focus of programs has changed over the years as information on risk groups and AIDS trends became available. For example, the World Bank-financed AIDS II Project develops targeted interventions to subgroups at greater risk of contracting HIV, such as intravenous drug-users, sex workers, adolescents, prisoners, truck drivers and others, in addition to homosexual men. Moreover, preventive activities are oriented to both women and men as well as low-income populations.

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>9,616</td>
<td>1,992</td>
</tr>
<tr>
<td>1992</td>
<td>11,815</td>
<td>2,890</td>
</tr>
<tr>
<td>1993</td>
<td>12,905</td>
<td>3,623</td>
</tr>
<tr>
<td>1994</td>
<td>13,771</td>
<td>4,179</td>
</tr>
<tr>
<td>1995</td>
<td>14,455</td>
<td>4,944</td>
</tr>
<tr>
<td>1996</td>
<td>15,029</td>
<td>5,976</td>
</tr>
<tr>
<td>1997</td>
<td>14,452</td>
<td>6,473</td>
</tr>
<tr>
<td>1998</td>
<td>12,662</td>
<td>6,112</td>
</tr>
</tbody>
</table>

Source: IBGE, 1999

25. **Alcoholism and Substance Abuse.** Although statistical information is notoriously inadequate, development specialists highlight that Latin America and the Caribbean has one of the world’s highest incidences of alcohol consumption, with a rate three times greater than the rest of the world (Londono, 1996). Within Latin America, Brazil has experienced one of the highest increases in alcohol consumption (World Bank, 1997a). From 1970 to 1989, alcohol use increased 242 percent in Brazil, compared to 72 percent in Colombia, 45 percent in Costa Rica and 21 percent in Mexico. In contrast, Argentina, Venezuela and Chile experienced drops in consumption (ibid.). Annually, alcohol leads to two million deaths worldwide. According to Cercone (1993) (as cited in World Bank, 1997a), alcohol consumption is expected to continue to rise due in part to aggressive marketing efforts on the part of beverage companies, which have lost markets in more industrialized countries.

26. According to a Valladolid University Hospital study carried out between 1980 and 1984, alcohol abusers and alcohol dependent inpatients tend to be poor men. The research conducted with records from 150 cases of the hospital’s Psychiatry Department indicated that patients are typically unskilled blue collar workers who tend to have low levels of education (primary education only), be in their mid forties, be married, live in urban areas and have low incomes (Conde Lopez, 1990). NGOs confirm that alcohol abuse is reportedly much greater among low income, poorly educated men. While reliable data is not available, there is some evidence that drug consumption is considerable and on the rise, particularly among young people. The use of crack cocaine and injectable cocaine appears to

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10 Consumption measures were based on sales.
have become common amongst marginalized groups such as prostitutes and those living on the streets. Cases have been reported of children as young as seven and eight years old using crack and injectable cocaine.

27. Health Ministry statistics indicate that costs associated with patients admitted with illness directly provoked by substance abuse, including alcohol, drugs and tobacco, represented one-third of the total costs of mental health admissions in 1995, amounting to US$ 113 million. Additional costs related to substance abuse include compensation paid for lost days or work under the format of auxílio doença (sick pay).

28. **INTRA GENDER DIFFERENCES: HEALTH RISKS AMONG RURAL WOMEN.** Rural workers experience specific health problems and risks relative to their urban counterparts. An International Development Research Center (IDRC) funded study that sampled rural women in Brazil’s Northeast Region showed that women work more hours than men and, as such, are more vulnerable to health risks. Headaches, which women ranked as their most frequent ailment, can be caused by fatigue, emotional stress, infections, excessive exposure to sun and toxic substances (Fischer and Albuquerque, 1997). This is frequently the case for those working in irrigation areas, independent of their sex. In the case of women, their domestic chores add to fatigue and other symptoms. For example, 60 percent of women interviewed indicated that they suffer from frequent headaches. Harvesting and planting – work activities that most require laborers to bend down – are typically performed by women. These cause chronic back pain and spinal cord problems. Gynecological problems suffered by women in irrigation areas are also common. Lack of clean water or the presence of water contaminated by agrochemicals in the workplace provoke headaches, nausea, loss of appetite, parasites and itching among women. Schistosomiasis and schistosomiasis-related infections are also a problem in these irrigation areas. Women are more exposed than men to the risks of schistosomiasis infection because they are responsible for clothes and dish washing as well as for fetching water, which places them in greater contact with the source of infection. Planting and transplanting rice in Rio São Francisco, another female task, require women to stay in the water while working. Box 4 illustrates how rural women in the Northeast relate work to their health.

<table>
<thead>
<tr>
<th>Box 4. Rural Women’s Views on Their Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “Women get ill more than men. If men did the same work as women, they would get ill too.” (Woman sugarcane worker)</td>
</tr>
<tr>
<td>• “Looking after beans is more a woman’s job than a man’s. We work with sacks on our backs and plant beans as we go. My shoulder swells up and my spine is killing me because, in addition to the weight of the sack, I have to work hunched over the whole time to pick beans.” (Woman bean worker)</td>
</tr>
<tr>
<td>• “If I had a full-length skirt, a long-sleeve shirt, gloves and boots, for the thorns, I would not have health problems. The landlord should provide all of this but he does not.” (Woman rice worker)</td>
</tr>
<tr>
<td>• “I drink the warm water from the channel. I can’t bring water from home because I live far away. I think the water is bad for you. There are lots of snails in the channel and they carry disease. Warm water and spraying brings a lot of sickness to women.” (Woman tomato worker)</td>
</tr>
<tr>
<td>• “My grandmother’s sister (a tomato worker) died because of the poison. It gave her a urinary infection. The doctor said she got the disease from planting. He said it was a disease of the uterus. She died of cancer.” (Woman tomato worker)</td>
</tr>
</tbody>
</table>

Source: Fischer and Albuquerque, 1997
29. **Indigenous Mortality and Fertility Rates.**

Information and statistics on indigenous health is clearly inadequate. Available evidence, however, indicates that the mortality rate for the Amazonian indigenous population is strikingly higher than the Brazilian national average. Moreover, important gender differences exist among the indigenous. Indigenous women's life expectancy, for example, is almost 50 percent higher than for males. Mortality rates among indigenous groups are higher than the rates for the North of Brazil as a whole, where the majority of the indigenous people live. AIDS has become a serious health concern, and suicide is an increasing health risk. The fertility rate is also very high. Fertility and family size are closely related to poverty and malnutrition. Despite the diverse cultures among indigenous groups in the Amazon, ethnographers concur on factors associated with high fertility rates: girls begin sexual activities at quite young ages; reproductive activities among women are extended over the course of almost their entire fertile cycle; positive value is placed on large families; marriage is almost universal for both men and women; and because of high infant mortality rates, families have more children to compensate for the dead (Coimbra Jr. and Santos, 1994).

30. **AIDS Among the Indigenous.**

AIDS is an emerging issue among indigenous peoples in Brazil. The epidemic is thought to have spread to Brazil from the Yanomani, who circulate freely between Venezuela and Brazil and who respond to epidemics by migrating (in 1990, the WHO reported 1,061 AIDS cases in Venezuela). Miners who travel between southern Venezuela and Brazil are believed to have introduced AIDS in areas close to the Venezuela border. AIDS is reported to have become common among miners of Mato Grosso, who infected the local population through prostitution. Indigenous women of certain ethnic groups are at the same, or greater risk as the spouses of miners, because of the incidence of rape and prostitution. Many different social and economic arrangements exist between indigenous women and migrants to their areas. Having temporary wives is one such arrangement. Among some indigenous peoples, such as the Yanomani, women who engage in sexual intercourse with outsiders face little social reprobation, and as such, AIDS transmission has increased.

31. **Medical Coverage.**

While the Brazilian health system as a whole has been the subject of major reforms in recent years, specific efforts have been made to increase culturally appropriate medical care for indigenous groups. Special Indian Sanitary Districts...
(Distritos Sanitários Especiais Indígenas) provide this care; they are controlled by District Councils (Conselhos Distritais), and are organized with representatives from state and municipal governments, NGOs and indigenous communities. However, access to medical care remains very inadequate, both in the indigenous communities themselves and in the wider community.

(e) Violence and Private Relations

32. Both men and women face violence in Brazil. Data indicates that prevailing types of conflict vary by gender, resulting in a bipolar public/domestic pattern. Men are more involved in violence related to labor conflict and crime. Women are more likely to be involved in conflict related to conjugal break-ups and other types of domestic conflict. The same patterns of public (male) victimization and private (female) victimization emerge once the gender of the victims and aggressors are taken into account. For example, aggression against men tends to involve acquaintances as well as strangers, but rarely family members. On the other hand, women are attacked equally by acquaintances, strangers and relatives. (PNAD, 1988). As shown in Tables 5, 6, and 7, violence in general, and specifically homicides involving men are more frequent than those involving women; however, women and men account for about the same proportion of victims of violent acts causing bodily harm. In addition to the economic costs (e.g. foregone earnings) and the more obvious costs to the judicial and health systems, fear and intimidation may deter women and men from engaging in productive activities.

33. Men’s Exposure to Violence. Men’s exposure to violence begins at an early age. Boys in the 0-9 age group face violent situations more often than girls, and do so in a variety of settings, including the home, school, street, public transportation and sports centers. This suggests that gender socialization makes violent behavior more acceptable when practiced by males. According to Jorge (1998), mortality rates linked to external factors (traffic accidents, homicide and suicide) are very different according to gender: 114 and 25 per 100,000 men and women respectively. This pattern of male/female mortality in Brazil is similar to that of other countries (Laurenti et al, 1998), with a higher incidence of homicide among young men (161 per 100,000 for the 15-49 year age groups).

Table 5. Homicide Rates by Sex and Region per 100,000, 1998

<table>
<thead>
<tr>
<th>Region</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>48.1</td>
<td>4.3</td>
</tr>
<tr>
<td>Urban North</td>
<td>35.1</td>
<td>3.8</td>
</tr>
<tr>
<td>Northeast</td>
<td>35.0</td>
<td>2.6</td>
</tr>
<tr>
<td>Southeast</td>
<td>67.2</td>
<td>5.6</td>
</tr>
<tr>
<td>South</td>
<td>26.1</td>
<td>3.5</td>
</tr>
<tr>
<td>Midwest</td>
<td>45.9</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Source: Health Ministry/Fundação Nacional de Saúde/Centro Nacional de Epidemiologia

34. SUS hospitals confirm the frequency of violence among men, and particularly among male youth. For example, violence is the main cause of admission to SUS facilities among male 15-24 year olds. In 1995, close to 108,000 of male admissions to hospitals (seven percent of the total) were due to poisoning and other physical aggressions, while the
equivalent number for women was 36,000 (Laurenti et al, 1998). The prison population in Brazil is also predominantly male – 95 percent of 170,000 (Censo Penitenciário, 1997).

Table 6. Violent Homicides and Violent Body Injuries Registered by the Civil Police, Rio de Janeiro (1991-97)

<table>
<thead>
<tr>
<th></th>
<th>Absolute number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent Homicides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total victims</td>
<td>50,729</td>
<td>100.0</td>
</tr>
<tr>
<td>Men</td>
<td>47,065</td>
<td>92.8</td>
</tr>
<tr>
<td>Women</td>
<td>3,664</td>
<td>7.2</td>
</tr>
<tr>
<td>Violent Body Injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total victims</td>
<td>250,197</td>
<td>100.0</td>
</tr>
<tr>
<td>Men</td>
<td>125,197</td>
<td>50.0</td>
</tr>
<tr>
<td>Women</td>
<td>125,139</td>
<td>50.0</td>
</tr>
</tbody>
</table>

Source: Polícia Civil/Registros de Ocorrência in Garotinho (1998, p.115)

35. **DOMESTIC VIOLENCE.** Within the family, violence is related to the subordination of women by men on the one hand, and on the other, of children by adults. Domestic violence is widespread in Brazil, as in other Latin American countries and indeed the developed world. Barker’s 1998 study of adolescent men living in poor areas of Rio de Janeiro provides important insights into men’s perceptions of violence against women and the relationship between male violence and demonstrating manhood. The study of 58 adolescents (15-19 years) and 32 young men (19-30 years) living in low income neighborhoods and *favelas* concluded that: (a) being a man is related to working hard, being responsible, being the financial provider and being sexually active; (b) becoming a man is a public act, something that has to be shown to others: “To be a man you have to be complete, you can’t stray or slip – like not being a man, being gay or something. You can’t have a feminine side and be a man”; (c) the basic tone of male-female relationships is one of mistrusting women; and (d) violence against women represents cowardice, but in some circumstances is understandable and acceptable. One young man interviewed explained an unwritten rule about cohabitation: if men are financial providers, they can expect certain things from the woman in return, e.g. fidelity, childcare and housekeeping. A man is perceived to have the right to use violence against her if she does not comply with these unwritten norms. According to the interviewee, “a man is allowed to beat a woman if she doesn’t feed the children, when she gossips all the time and when she doesn’t clean the house”.

36. Brazil has taken several initiatives to address violence against women, including: (a) creating 200 police stations for women, staffed and directed by women (120 of these stations are located in the state of São Paulo); (b) training individuals on physical and sexual violence

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11 The problem is not limited to men; women are also violent with their children.

12 According to WHO data, in Switzerland, 20 percent of women reported having been physically assaulted (based on a sample of 1,500 women aged 20-60) and in the United States, 16 percent of women reported having being physically abused by spouses according to a nationally representative sample. In Latin America, 26 percent of Chilean women reported at least one episode of violence by a partner in a representative sample of women in Santiago, age 22-50. In Mexico, 30 percent of women in a representative sample of 650 women with husbands or partners from Metropolitan Guadalajara reported being physically abused by their partner within the last year of the survey (WHO, 1999).
against women in sectors such as the police, the judicial system and health; (c) carrying out awareness raising campaigns through media (while television, and particularly Brazilian soap operas, or telenovelas, reportedly continue to glamorize violence against women); (d) working to change the law to distinguish between sexual violence against a person and sexual behavior that violates customary norms, such as exhibitionism; (e) creating shelters to support victims of violence and their children; (f) establishing a 20 percent quota in a Prefeitura de Porto Alegre housing project for female victims of domestic violence; and (g) providing psychological support to aggressors in an effort to prevent the repetition of violent acts.

37. Sexual violence has been on the agenda of the women's movement in Brazil since the late 1970s. It is presently a key priority of NGOs, the National Council for Women's Rights (CNDM) and other women's councils operating at the state and municipal levels. The state of Rio de Janeiro has developed an integrated violence prevention plan which has involved creating a Council of Public Insurance, investing in investigative intelligence, reforming civil and military police systems, establishing a working program and other alternatives for prisoners, reducing violence against women, searching for alternatives to incorporate perpetrators into civil life (targeting youth in particular).

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Men</th>
<th>Percent</th>
<th>Number</th>
<th>Women</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>6,691</td>
<td>92.8</td>
<td>521</td>
<td>7,212</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1992</td>
<td>6,750</td>
<td>93.6</td>
<td>461</td>
<td>7,211</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1993</td>
<td>6,691</td>
<td>93.4</td>
<td>469</td>
<td>7,160</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1994</td>
<td>7,342</td>
<td>93.0</td>
<td>553</td>
<td>7,895</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td>7,303</td>
<td>93.1</td>
<td>539</td>
<td>7,842</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>6,308</td>
<td>92.0</td>
<td>546</td>
<td>6,854</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1997</td>
<td>5,980</td>
<td>91.2</td>
<td>575</td>
<td>6,555</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Policia Civil/Registros de Ocorrência in Garotinho (1998, p.115)

38. **VIOLENCE AGAINST CHILDREN AND CHILD SEX ABUSE.** As in some other Latin American countries, child prostitution is conspicuous in tourist areas of Brazilian coastal cities. In cities such as Fortaleza and Salvador, sex trade among children has become blatant. According to the United Nations Children Fund (UNICEF), poor black girls suffer the worst abuse. INTERPOL also reported that in 48 cases of missing children who were traced by the agency, 23 were from Brazil and 16 of these had been raped before being killed. In recognition of the problem, the Brazilian Government launched a strong campaign against sexual abuse of children, with airports and hotels displaying signs stating: "Exploitation of minors for sexual tourism: Beware, Brazil is watching you".

39. An evaluation of sex abuse among children in several municipalities of Mato Grosso conducted by the Instituto Brasileiro de Inovação em Saúde Social (IBISS), made the following recommendations with regard to children's sexual abuse and child prostitution: (a) create a data base about sexual abuse among children and teens; (b) support police investigative processes; (c) establish a network to assist victims; (d) support Conselhos Tutelares (juridical institutions responsible for applying laws related to children); (e) put in place awareness campaigns about the magnitude and seriousness of the problem; and (f) provide training to education, health, and social welfare professionals to enable them to identify and treat sexual
abuse (IBISS, 1998). Recommendations were presented at the UNICEF-supported Forum to Fight Sexual Abuse of Children and Teenagers, which took place in Campo Grande, Mato Grosso in 1996.

40. **Alcoholism and Violence.** The effect of alcoholism on violence has received very little attention in the literature; however, available information suggests a strong correlation between the two. For example, a Mexico study found that almost 50 percent of those convicted of homicide admitted to having consumed alcoholic beverages prior to committing the crime (World Bank, 1997a). Special units for domestic violence in the state of Rio de Janeiro have also found alcohol to be strongly linked with incidences of violence. As previously stated, Brazil has experienced one of the highest increases in consumption rates in Latin America and the Caribbean, and alcohol abuse is significantly higher among men than women.

41. **Education**

41. **Trends in Education.** As in other parts of Latin America and the Caribbean, and in contrast to developing nations outside the region, women's education levels are higher than men's in Brazil. As Table 8 shows, female illiteracy is the same as male illiteracy for the population over age 14. Table 9 indicates that in 1999, just 14 percent of men age 10 and older did not have any schooling, also according to PNAD. The proportion for women was lower (13 percent). However, 18 percent of men had more than 10 years of schooling, compared to 20 percent of women. In 1990, the probability of enrolling in school was 85 percent for a white child, and only 65 percent for a black child; the probability of a white child finishing the first grade was 57 percent and dropped to 36 percent for a black child (Sant'Anna e Paixão, 1999).

42. The median years of schooling for individuals aged ten and over is slightly higher for women (5.7) than for men (5.5). As Table 10 illustrates, there are regional differences in schooling, with the Northeast lagging behind other states. Also, differences between male and female schooling is greatest in the Northeast and disappear almost entirely in the Southeast. In 1995, the combined primary, secondary and tertiary enrollment ratio for women was 72 percent, which was just slightly above that of men (69 percent). The gender gap is smaller than in the United States (98 percent for women and 93 percent for men), Argentina (80 percent for women and 69 percent for men), Uruguay (80 percent for women and 65 percent for men) and Colombia (71 percent for women and 63 percent for men). But the gap is larger than that of Canada (100 percent for both) and Norway (93 percent for women and 92 percent for men).
Table 8. Illiteracy Rates for Population 15 Years and Older by Sex and Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>13.3</td>
<td>13.3</td>
<td>13.3</td>
</tr>
<tr>
<td>North</td>
<td>11.6</td>
<td>11.7</td>
<td>11.5</td>
</tr>
<tr>
<td>Northeast</td>
<td>26.6</td>
<td>28.7</td>
<td>24.6</td>
</tr>
<tr>
<td>Southeast</td>
<td>7.8</td>
<td>6.8</td>
<td>8.7</td>
</tr>
<tr>
<td>South</td>
<td>7.8</td>
<td>7.1</td>
<td>8.4</td>
</tr>
<tr>
<td>Midwest</td>
<td>10.8</td>
<td>10.5</td>
<td>11.0</td>
</tr>
</tbody>
</table>


Table 9. Years of Schooling for 10 Year Olds and Older, by Sex, 1999, Brazil

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without education/less than one year</td>
<td>13.4</td>
<td>13.6</td>
<td>13.2</td>
</tr>
<tr>
<td>1 - 3 years</td>
<td>18.3</td>
<td>19.4</td>
<td>17.2</td>
</tr>
<tr>
<td>4 - 7 years</td>
<td>34.2</td>
<td>34.5</td>
<td>34.0</td>
</tr>
<tr>
<td>8 - 10 years</td>
<td>14.6</td>
<td>14.5</td>
<td>14.7</td>
</tr>
<tr>
<td>11 years or more</td>
<td>19.0</td>
<td>17.5</td>
<td>20.4</td>
</tr>
</tbody>
</table>

Source: PNAD, 1999

43. **Boys' Educational Performance.** A number of factors might explain why boys have under-performed girls in school in comparative terms. Many of these are related to gender roles and expectations. For example:

- Culturally, girls are expected to need more protection than boys, and schools are seen as more protective than the street or labor market.

- Traditional 'female' behavior is more compatible with the school environment. Principals of Brazilian public schools are centered on the firm role of teachers who demand that students be passive and reward obedient behavior, order and cleanliness; girls tend to be socialized to act in this way and hence feel more comfortable in school settings.

- Boys feel greater pressure to work outside the home, particularly if they do not perform well in school.

- Women may feel compelled to excel in school to compensate for discriminatory practices in the gender-segregated labor force; women see schooling as instrumental in upgrading their skills.

- In both rural and urban areas, domestic work (for which girls tend to be responsible) is more compatible with school schedules than outside work (which boys tend to carry out). To compensate, boys often enroll in evening courses, particularly boys living in urban areas. Evening courses tend to be of poor quality and to have high failure and attrition rates (Franco and Zibas, 1997). Women try to avoid night classes for safety reasons.
44. **Girls' Educational Performance.** In terms of girls' performance, available data suggest girls are not in school for a number of reasons (see Table 11). The most important of these are related to poverty, such as lack of resources to pay tuition or girls being pulled out of school to work or help their families in other ways. A second is related to characteristics of the school system, for example, the inaccessibility of schools or the inability to attract female students. Accessibility is a problem particularly in rural areas, and is the single most important factor explaining differences in enrollment rates between urban and rural young women. The proportion of those who abandoned school because they need to help their families is small in both rural and urban areas, but nonetheless it is twice as high in rural areas. Finally, the proportion of girls who dropped out because of work is about the same in both urban and rural areas, as is the proportion of those who dropped out because of lack of interest.

45. **Gender Roles Transmitted Through Education.** Some studies have concluded that Brazilian textbooks tend to reinforce gender segregation and stereotypes, linking men to public life, and all its dimensions of work, leisure, politics, wealth and power, and women to the private sphere of the household (Negrão and Amado, 1989). Some studies also show gender stereotypes to be intertwined with racial ones (Telles, 1987; Pinto, 1989). This issue has been taken up by some national and municipal institutions, and recently by the CNDM. These entities have called for the elimination of sexism in books that are bought and distributed through the Ministry of Education and Sports (MED).

46. **Gender Differences in Academic Paths.** Despite increases in schooling for women, they continue to follow different scholarly paths than men. Women tend to take courses in the humanities, leading to low wage professions typically considered 'feminine' such as teaching. Men, on the other hand, are rarely found in professions related to humanities. Likewise, school tests indicate that, from fourth grade on, boys do better in math and girls excel more in Portuguese, according to a 1995 report by the Sistema Nacional de Avaliação da Educação Básica (SAEB). However, more research on this subject is needed given that girls' advantage in Portuguese seems to disappear during high school years (SAEB, 1995).

47. Conversely, technical night courses distant from homes reinforce the tendency for women not to accumulate technical skills (Barroso and Mello, 1975). The low participation of women in technical courses has not changed much over time. A study of metropolitan São Paulo shows that in 1991, women represented just over 10 percent of the students registered in technical training, up from eight percent in 1980. When women do follow

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**Table 10. Median Years of Schooling for Individuals 10 Years and Over by Sex and Region**

<table>
<thead>
<tr>
<th>Regions</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>5.5</td>
<td>5.7</td>
</tr>
<tr>
<td>Urban North</td>
<td>5.3</td>
<td>5.6</td>
</tr>
<tr>
<td>Northeast</td>
<td>3.8</td>
<td>4.5</td>
</tr>
<tr>
<td>Southeast</td>
<td>6.3</td>
<td>6.4</td>
</tr>
<tr>
<td>South</td>
<td>6.0</td>
<td>6.1</td>
</tr>
<tr>
<td>Midwest</td>
<td>5.6</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Source: PNAD, 1996
more specific training, they tend to concentrate in traditional feminine sectors such as garment, shoe and food processing (Matesco and Lavinas, 1994).

Table 11. Reasons for Abandoning School Among Females Aged 15-24 Years, According to Place of Residence (%) Brazil, 1996

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending school</td>
<td>34.6</td>
<td>50.4</td>
<td>47.7</td>
</tr>
<tr>
<td>Became pregnant</td>
<td>3.5</td>
<td>5.3</td>
<td>4.9</td>
</tr>
<tr>
<td>Got married</td>
<td>7.4</td>
<td>5.7</td>
<td>6.0</td>
</tr>
<tr>
<td>Taking care of their own child</td>
<td>1.7</td>
<td>2.4</td>
<td>2.2</td>
</tr>
<tr>
<td>Needed to help family</td>
<td>4.8</td>
<td>2.1</td>
<td>2.5</td>
</tr>
<tr>
<td>Couldn't pay tuition</td>
<td>1.0</td>
<td>3.2</td>
<td>2.8</td>
</tr>
<tr>
<td>Needed to work</td>
<td>9.1</td>
<td>10.1</td>
<td>9.9</td>
</tr>
<tr>
<td>Graduated, schooling</td>
<td>2.0</td>
<td>3.1</td>
<td>2.9</td>
</tr>
<tr>
<td>Bad grades</td>
<td>0.5</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Didn't like school</td>
<td>9.6</td>
<td>7.8</td>
<td>8.1</td>
</tr>
<tr>
<td>Access to school difficult</td>
<td>21.6</td>
<td>3.3</td>
<td>6.6</td>
</tr>
<tr>
<td>Medical reasons</td>
<td>1.2</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Other</td>
<td>2.8</td>
<td>3.9</td>
<td>3.7</td>
</tr>
<tr>
<td>Don't know / no response</td>
<td>0.2</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Total (%)</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Number</td>
<td>765</td>
<td>3,517</td>
<td>4,282</td>
</tr>
</tbody>
</table>

Source: BEMFAM (1996:31)

48. **EARLY CHILDHOOD CARE AND EDUCATION.** A very important issue in Brazil, both in terms of education and female labor market participation, is the extent and quality of child care and pre-school education, both of which fall under the rubric of early childhood care and education (ECCE). The 1988 Constitution introduced the concept of shared responsibility between society and parents for the care and education of pre-school age children (age 0-6). A recently promulgated law, the Lei de Diretrizes e Bases da Educação Nacional, operationalized this constitutional principle and incorporated ECCE into the conventional educational system. This event was the result of intense mobilization on the part of civil society, which began in the 1970s and included governmental sectors concerned about the quality and lack of regulations of services for poor children.

49. The recent increase in female labor force participation has resulted in an expansion of ECCE centers, but quality has remained poor. In practical terms, any person can set up an ECCE center without governmental control. With the focus on primary levels of education, federal and state governments have been withdrawing funding for ECCE centers. As a result, tension exists between the need to improve the quality and regulation of the system on one hand, and the scarcity of allocated resources on the other. Quality is particularly bad in poor areas given the limited bargaining power of parents, and since higher-income families use private services and/or nannies.

50. The low-cost expansion of early childhood care has relied on the 'natural' abilities of women to extend their family care taking roles. These women do not have the appropriate qualifications and are poorly paid, however, thus undermining the effectiveness of the care. The system fails children even before they enter primary school, affecting poor and black
children in particular. For example, the 1995 PNAD indicates that preschool education centers often have children enrolled who are in the 7-11 age group.

(g) Labor

51. **GENERAL TRENDS.** Over the past two decades, Brazilian society has witnessed profound changes in women's work and social roles as a result of demographic, socio-economic, political and cultural transformations. This process has its roots in the 1950s. A major drop in fertility brought the national fertility rate from 6.3 in the 1950s to 2.4 in 1999 (PNAD, 1999). Although registered particularly in urban centers and the more developed regions, the drop in fertility reduced the amount of work associated with reproductive and domestic tasks, thus facilitating the incorporation of women in the paid labor force.

52. Women's greater access to all levels of education also contributed to the transformation of gender roles and the gender division of labor, which in turn altered women's labor force participation and career paths. As Table 12 shows, during the 1990-99 period, while participation rates for men remained fairly constant, they increased for women from a national average of 39 percent in 1990 to 47 percent in 1993 and 49 percent in 1999 (with variations according to age). In addition to educational attainment and demographic changes, high rates of growth and the increase in the degree of urbanization and industrialization generated labor demand that absorbed new workers, and women in particular, into the labor force. At the same time, changing consumption patterns and the growing availability of new products in the market generated a demand for complementary family income. Changes in household survey methodology also resulted in a more statistically accurate description of participation rates, particularly in agriculture. Finally, the women's movement and changing views on women's place in society intensified these trends.

53. While the number of economically active women has increased, the overall proportion of women in the labor force compared to men remains inferior in all regions, even for women over 18 years old, as shown in Table 13. In 1996, the proportion was 41 percent for women and 60 percent for men. For women, this represented an increase from 33 percent in 1981 and 39 percent in 1989. The unemployment rate is also consistently higher for women than for men. As indicated in Table 14, in all regions of Brazil, more women were unemployed than men, particularly in the urban North and in the Midwest, where the gap was substantial (PNAD, 1996).

---

13 The corresponding figure for 1981 was 33 percent. ECLAC estimates of labor force participation rates in Latin America, based on household surveys for each country, report a female rate for Brazil as high as 51 percent in 1994 (Arriagada, 1998).
Table 12: Labor Force Participation Rates by Sex and Age, 1985 – 1999

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>10 – 14</td>
<td>24.3</td>
<td>10.6</td>
<td>28.1</td>
<td>14.9</td>
<td>26.4</td>
<td>14.4</td>
<td>21.7</td>
<td>11.4</td>
</tr>
<tr>
<td>15 – 19</td>
<td>71.8</td>
<td>41.4</td>
<td>72.2</td>
<td>45.4</td>
<td>68.8</td>
<td>44.1</td>
<td>62.8</td>
<td>42.0</td>
</tr>
<tr>
<td>20 – 24</td>
<td>92.1</td>
<td>52.9</td>
<td>91.1</td>
<td>59.6</td>
<td>90.5</td>
<td>60.9</td>
<td>89.3</td>
<td>63.3</td>
</tr>
<tr>
<td>25 – 29</td>
<td>52.7</td>
<td>95.8</td>
<td>51.0</td>
<td>95.2</td>
<td>62.7</td>
<td>94.7</td>
<td>63.7</td>
<td>84.7</td>
</tr>
<tr>
<td>30 – 39</td>
<td>96.9</td>
<td>54.7</td>
<td>96.5</td>
<td>63.7</td>
<td>96.3</td>
<td>55.4</td>
<td>95.9</td>
<td>68.4</td>
</tr>
<tr>
<td>40 – 49</td>
<td>94.5</td>
<td>49.5</td>
<td>94.7</td>
<td>61.0</td>
<td>94.5</td>
<td>63.5</td>
<td>94.6</td>
<td>64.8</td>
</tr>
<tr>
<td>50 – 59</td>
<td>82.3</td>
<td>34.5</td>
<td>82.3</td>
<td>46.0</td>
<td>83.6</td>
<td>48.0</td>
<td>81.7</td>
<td>49.7</td>
</tr>
<tr>
<td>60 and up</td>
<td>46.0</td>
<td>11.5</td>
<td>50.5</td>
<td>21.4</td>
<td>49.4</td>
<td>20.4</td>
<td>48.0</td>
<td>19.7</td>
</tr>
<tr>
<td>Total</td>
<td>75.3</td>
<td>39.2</td>
<td>76.0</td>
<td>47.0</td>
<td>75.3</td>
<td>48.1</td>
<td>73.8</td>
<td>49.0</td>
</tr>
</tbody>
</table>


Table 13: Individuals in the Labor Market by Sex and Age, as Percent of the Labor Force, 1996, Brazil and Regions (*)

<table>
<thead>
<tr>
<th>Sex and Age</th>
<th>Brazil</th>
<th>North</th>
<th>Northeast</th>
<th>Southeast</th>
<th>South</th>
<th>Midwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men 10-14</td>
<td>2.3</td>
<td>2.1</td>
<td>3.7</td>
<td>1.4</td>
<td>1.9</td>
<td>2.1</td>
</tr>
<tr>
<td>Men 15-17</td>
<td>3.7</td>
<td>3.5</td>
<td>4.4</td>
<td>3.3</td>
<td>3.5</td>
<td>3.6</td>
</tr>
<tr>
<td>Men 18+</td>
<td>55.5</td>
<td>56.4</td>
<td>53.6</td>
<td>57.0</td>
<td>54.3</td>
<td>57.4</td>
</tr>
<tr>
<td>Women 10-14</td>
<td>1.0</td>
<td>1.0</td>
<td>1.5</td>
<td>0.7</td>
<td>1.2</td>
<td>0.9</td>
</tr>
<tr>
<td>Women 15-17</td>
<td>2.0</td>
<td>2.1</td>
<td>2.0</td>
<td>1.9</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Women 18+</td>
<td>35.4</td>
<td>34.8</td>
<td>34.7</td>
<td>35.7</td>
<td>37.0</td>
<td>33.7</td>
</tr>
<tr>
<td>Total</td>
<td>137,560</td>
<td>9,290</td>
<td>41,124</td>
<td>47,073</td>
<td>25,562</td>
<td>14,511</td>
</tr>
</tbody>
</table>

Source: PNAD, 1996

(*) Excluding the rural north

54. **Impact of Education on Labor Force Participation.** As in other countries, an association exists between schooling and labor force participation in Brazil. In 1995, whereas 16 percent of men in the labor force had less than one year of schooling, 17 percent had more than eleven years of schooling (see Table 15). The same trend is valid for women. Of those women in the labor force, 13 percent had less than one year of schooling and 25 percent had more than 11 years of schooling. The 1996 PNAD also shows that the majority of working men and women has 4-7 years of schooling. Overall, as shown in Table 15, women in the labor market had higher schooling than men, and the association between years of schooling and labor force participation is stronger for women than for men.

55. **Occupational Segregation.** Despite changes in recent years, gender socialization at home and throughout the educational system still tends to channel men and women into gendered workplaces and segregated occupations. As Table 16 indicates, male workers are concentrated in agriculture and industry, while the largest proportion of women works in the service sector, followed by agriculture. But occupational segregation in itself
would not be an issue if men's and women's average wages were equivalent when average respective amounts of human capital (both education and experience) were taken into account. Also, female or male dominance in one occupation or another per se may not be important as long as they are spread across occupations at large. Thus greater analysis is required before making substantive conclusions on the occupational segregation issue.

### Table 15. Labor Force Participation Rates by Gender and Years of Schooling, 1995

<table>
<thead>
<tr>
<th>Schooling</th>
<th>Participation rates %</th>
<th>Distribution by years of schooling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Less than 1</td>
<td>73.5</td>
<td>40.2</td>
</tr>
<tr>
<td>1-3</td>
<td>65.6</td>
<td>39.0</td>
</tr>
<tr>
<td>4-7</td>
<td>73.9</td>
<td>44.0</td>
</tr>
<tr>
<td>8-10</td>
<td>82.5</td>
<td>52.8</td>
</tr>
<tr>
<td>11-14</td>
<td>88.6</td>
<td>69.0</td>
</tr>
<tr>
<td>15 or more</td>
<td>90.6</td>
<td>82.3</td>
</tr>
<tr>
<td>Total %</td>
<td>75.3</td>
<td>48.1</td>
</tr>
<tr>
<td>( Millions )</td>
<td>--</td>
<td>[44.2]</td>
</tr>
</tbody>
</table>

Source: Bruschi, 1998

### Table 16. Employment by Sex and Sector (%), Brazil, 1985 - 1999

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Agriculture</td>
<td>33.6</td>
<td>18.4</td>
<td>28.1</td>
<td>14.0</td>
</tr>
<tr>
<td>Industry</td>
<td>27.0</td>
<td>12.4</td>
<td>29.1</td>
<td>13.7</td>
</tr>
<tr>
<td>Trade</td>
<td>11.2</td>
<td>10.4</td>
<td>12.3</td>
<td>12.2</td>
</tr>
<tr>
<td>Services</td>
<td>8.9</td>
<td>32.1</td>
<td>10.4</td>
<td>30.9</td>
</tr>
<tr>
<td>Other Services</td>
<td>2.9</td>
<td>2.3</td>
<td>3.3</td>
<td>3.0</td>
</tr>
<tr>
<td>Transport and</td>
<td>5.0</td>
<td>0.8</td>
<td>5.2</td>
<td>1.0</td>
</tr>
<tr>
<td>communications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Activities</td>
<td>3.2</td>
<td>17.1</td>
<td>3.3</td>
<td>18.6</td>
</tr>
<tr>
<td>Administration</td>
<td>5.0</td>
<td>3.3</td>
<td>5.1</td>
<td>4.0</td>
</tr>
<tr>
<td>Other</td>
<td>3.4</td>
<td>3.1</td>
<td>3.0</td>
<td>2.7</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>


56. **WAGE GAPS.** Brazil has one of the highest wage gaps in Latin America. In 1990, urban women's wages averaged 66 percent of men's (FLACSO, 1995). Only Bolivia, Paraguay and Uruguay registered larger wage gaps than Brazil's in 1990 (ibid.). While having one of the widest wage gaps in the region, women have gained relative to men in the 1987-97 period, as Table 17 indicates. In 1987, monthly wages for women were 53 percent of men's wages; by 1997, it had increased to 58 percent. Table 18 shows that
even after controlling for schooling, a significant gap remains in the average hourly wages earned, which in fact increases to almost to almost 50 percent with 11 years of schooling and above. While the tendency has been for gender gaps to decrease, this has been accompanied by a trend toward greater intra-gender inequality. The disaggregation of female earnings according to educational levels shows that the male/female wage convergence is due to higher wages for women with higher education (Lavinas, 1996). But the income distribution is even higher among men than for women. For example, the Gini coefficient for men is 0.58 compared to 0.56 for women.

57. **Gender Roles and Work.** Institutions that reinforce gender roles can contribute to women's lower wages. For example, labor legislation which provides women with four months of paid paternal leave and allows them to retire five years earlier than men, makes female workers more costly to potential employers than men. For its part, the workers movement in Brazil has reinforced the role of men as the primary breadwinners and has worked to protect women's maternal role, thus contributing to men's predominance in the labor market.

58. Men and women accept and reinforce these socially prescribed roles through their actions and relations. Through in-depth interviews with poor male and female workers in São Paulo, Martins Rodrigues (1991) shows the importance of gender roles and the pressures they place on men. According to female respondents, men are the primary income earners and if families are poor, fathers and husbands are at fault for not bringing in enough resources. Because men also consider their main role to be that of provider, they blamed themselves for being poor just as women did.

59. A study of the auto industry in São Paulo also points to the key nature of gender-differentiated roles and abilities in determining labor market outcomes. The research found that perceptions of men's and women's work roles and abilities lead to different training and promotion opportunities for men and women, as well as expectations. For example, whereas supervisors asked men to be trained in technical skills, women were encouraged to take behavioral training. The supervisors' explanation for lower female wages suggests a 'catch 22' situation: women did not earn the same wages as men because they did not have the technical skills, but they also did not 'require' the same technical skills as men did. Women were also considered to be more delicate than men, which affected some but not all of the tasks assigned to them (Posthuma, 1998).

60. **Job Advancement.** Women find it difficult to climb to positions of responsibility due to a variety of factors that range from discriminatory promotional practices to women's own reluctance to pursue such positions. Obstacles to women's advancement to higher levels result from different factors at the household level and the workplace. Reproductive roles, which women tend to carry out, reduces women's flexibility and ability to participate in the paid labor force under the same conditions as men. Despite women's entry into the labor force, a parallel redistribution of housework between women and men has not taken
place. According to a number of authors in Brazil, the greater wage disparity among married women compared to single women can also be attributed to factors outside the labor market, such as housework, child rearing and work interruption (Steliner, Smith, Breslaw and Monette, no date).

61. **THE EFFECT OF CHILD BEARING ON WOMEN’S EMPLOYMENT.** In urban areas, women’s activity rates decline during child bearing years (Bruschini, 1994); however, the tendency has been for the participation curve to even out as more women with children remain in the labor force. As Figure 1 illustrates, the mild M-shape of the 1985 age participation curve had smoothed out by 1995. Despite women’s concentration in domestic work, important differences among them exist according to socio-economic levels. While middle class professional women can make use of domestic help to release them from household chores, working class and poor women have to absorb the double burden of domestic and paid work. In all cases, however, women’s choices regarding paid work are influenced by household work.

62. **UNPAID WORK.** Incomplete information is available for Brazil on unremunerated activities by gender such as domestic and community work, which women tend to perform. Over the past two decades and at the international level, an important effort has been underway to conceptualize and measure this invisible part of the economy, which tends to be excluded from labor force and national income statistics (Beneria, 1992). UNDP cross-country estimates for the early 1990s, for example, indicate that about two-thirds of women’s work was unpaid and unaccounted for in national statistics, both in developing and high income countries; for men, the corresponding figures were 24 percent and 34 percent respectively (UNDP, 1995). The measurement is an important approximation of men’s and women’s contribution to human welfare, and demonstrates the invisibility of a large proportion of women’s, and to a lesser extent men’s, work.

63. **LABOR LEGISLATION.** In 1932, female labor was for the first time comprehensively regulated through the Decree 21.417. Brazil was a founding member of the International Labor Organization (ILO); by 1932 it had signed all resolutions on women’s labor and three years later had ratified them. Since then, some of the protective measures have been strengthened and others have been eliminated, including those considered to protect men’s labor market rights. For example, women continue to have special privileges for retirement. Businesses employing a certain number of mothers – but not fathers – are required to maintain child care facilities. In the 1988 Constitution, maternal leave was expanded from three to four months, a short paternal leave was created and job stability for mothers was
guaranteed up to five months after delivery. Finally, domestic workers were provided with the same rights as formally employed workers, including paid vacations, social security and paid maternal leave (Linhare, 1996).

64. **ETHNICITY AND EARNINGS.** As previously mentioned, educational attainment is positively associated with income. Yet, this association varies widely according to gender and ethnicity. Table 19 shows the variation of income according to the last level of education attained by black females, black males, white females and white males. Although this variation may be explained by a number of factors such as women’s preference for part-time jobs, the data suggests the following:

- Overall, income is more sensitive to gender than to ethnicity. With the exception of those with graduate school training, white and black males consistently earn higher incomes than white and black females for all the other levels of education.

- In terms of income level, white females perform better than black females when the level of education is constant. The same trend is valid for white males when compared to black males.

- Income is not blind to either gender or ethnicity. When ethnicity is combined with gender, white males are clearly privileged in terms of their personal income, and black females are unmistakably disadvantaged.

- About two-thirds of black females and two-thirds of white females who have completed only the first grade of education have a monthly income of less than one minimum wage. Among black males with the same level of education, the proportion of those making less than one minimum wage is about one-third, and among white males it is about one-fourth.

- Among those who have completed second grade, white males have the highest income levels, with the majority making between three and ten monthly minimum wages. The corresponding figure is between one and five minimum wages for black men and between zero and two minimum wages monthly for the majority of black and white women. At this same level of education, about six percent of white males make more than 20 minimum wages monthly, double that of black males, five times more than the proportion of white females and six times more than the proportion of black females.

- About two-fifths of white males with college education earn more than 20 minimum wages monthly. The corresponding figure is about one-fifth of black males, one-sixth of white females and one-tenth of black females.

- Having completed graduate school, the difference in income between black males and white females tends to disappear. Yet, white males continue to hold the most privileged position in terms of income, with more than 70 percent earning 20 minimum wages monthly. This is double the proportion of white females and black males. Again, black females with graduate training lag behind, with less than one-fourth earning more than 20 minimum wages.
Table 19. Income by Gender, Ethnicity and Education, Brazil 1996 (in # of Minimum Wages)\(^\text{14}\)

<table>
<thead>
<tr>
<th>Education</th>
<th>Less than 1</th>
<th>1 and 2</th>
<th>3 to 5</th>
<th>6 to 10</th>
<th>11 to 20</th>
<th>More than 20</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Black Female</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st grade</td>
<td>68.7</td>
<td>26.8</td>
<td>3.0</td>
<td>1.3</td>
<td>0.1</td>
<td>0</td>
<td>16,978</td>
</tr>
<tr>
<td>2nd grade</td>
<td>39.5</td>
<td>36.3</td>
<td>13.1</td>
<td>8.4</td>
<td>2.1</td>
<td>0.6</td>
<td>6,140</td>
</tr>
<tr>
<td>College</td>
<td>12.5</td>
<td>13.3</td>
<td>15.2</td>
<td>29.3</td>
<td>19.8</td>
<td>9.8</td>
<td>1,164</td>
</tr>
<tr>
<td>Graduate school</td>
<td>8.3</td>
<td>2.8</td>
<td>8.3</td>
<td>16.7</td>
<td>38.9</td>
<td>25.0</td>
<td>36</td>
</tr>
<tr>
<td><strong>White Female</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st grade</td>
<td>64.6</td>
<td>26.9</td>
<td>5.4</td>
<td>2.3</td>
<td>0.6</td>
<td>0.2</td>
<td>15,796</td>
</tr>
<tr>
<td>2nd grade</td>
<td>38.5</td>
<td>28.2</td>
<td>15.2</td>
<td>12.2</td>
<td>4.7</td>
<td>1.2</td>
<td>9,392</td>
</tr>
<tr>
<td>College</td>
<td>14.8</td>
<td>8.1</td>
<td>12.4</td>
<td>27.6</td>
<td>22.9</td>
<td>14.1</td>
<td>5,280</td>
</tr>
<tr>
<td>Graduate school</td>
<td>5.3</td>
<td>3.9</td>
<td>3.4</td>
<td>22.8</td>
<td>26.7</td>
<td>37.8</td>
<td>206</td>
</tr>
<tr>
<td><strong>Black Male</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st grade</td>
<td>34.5</td>
<td>44.6</td>
<td>13.2</td>
<td>6.4</td>
<td>1.4</td>
<td>0.3</td>
<td>17,945</td>
</tr>
<tr>
<td>2nd grade</td>
<td>14.4</td>
<td>30.3</td>
<td>27.7</td>
<td>21.6</td>
<td>9.5</td>
<td>2.6</td>
<td>4,713</td>
</tr>
<tr>
<td>College</td>
<td>4.4</td>
<td>7.1</td>
<td>10.9</td>
<td>22.8</td>
<td>31.2</td>
<td>23.7</td>
<td>1,051</td>
</tr>
<tr>
<td>Graduate school</td>
<td>0</td>
<td>2.3</td>
<td>2.3</td>
<td>15.9</td>
<td>40.9</td>
<td>38.6</td>
<td>44</td>
</tr>
<tr>
<td><strong>White Male</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st grade</td>
<td>24.2</td>
<td>39.3</td>
<td>18.7</td>
<td>13.1</td>
<td>3.7</td>
<td>1.1</td>
<td>15,360</td>
</tr>
<tr>
<td>2nd grade</td>
<td>11.0</td>
<td>19.2</td>
<td>20.7</td>
<td>27.3</td>
<td>15.7</td>
<td>6.4</td>
<td>7,683</td>
</tr>
<tr>
<td>College</td>
<td>4.0</td>
<td>3.3</td>
<td>5.3</td>
<td>19.5</td>
<td>28.4</td>
<td>39.5</td>
<td>4,652</td>
</tr>
<tr>
<td>Graduate school</td>
<td>1.3</td>
<td>0.7</td>
<td>2.2</td>
<td>4.3</td>
<td>21.2</td>
<td>70.3</td>
<td>232</td>
</tr>
</tbody>
</table>

Source: PNAD, 1996

65. **THE INFORMAL SECTOR.** Women predominate in the informal sector. According to the 1990 PNAD, 50 percent of working women and 15 percent of working men work in this sector, most of them on a part-time basis (Lavinas, 1996). The informal sector includes a high proportion of non-agricultural activities, including domestic service. Among those engaged in paid work at home, 82 percent are women. As Lavinas points out, the data suggests that women are constrained to work in areas that are compatible with domestic work, particularly in the case of poor households that have to function without basic infrastructure. Race also determines informal sector employment. In 1990, whites represented 59 percent of the work force as a whole, compared to 41 percent for non-whites; the corresponding proportion for the informal sector was 44 and 57 percent for whites and non-whites respectively (Republica Federativa do Brasil, 1994).

66. **THE PUBLIC SECTOR.** During the 1980s, women's employment in the public sector increased significantly. Women currently represent over 44 percent of federal employees, a figure well above the national average. Among working men, nine percent work in formal public sector jobs, but this figure rises to 15 percent if the military is included (1996 PNAD). The proportion of women varies according to sector (comparable data are unavailable for men). For example, women comprise about 15 percent of employees in the Ministry of Justice, 63 percent of employees in the Ministry of Social Welfare and 51 percent of employees in the Ministry of Planning, according to a 1998 study by the Escola Nacional de

\(^{14}\) In 1996, one monthly minimum wage was US$100; the definition of black used in the table also includes "pardos" (mulattos).
Administração Pública (ENAP). At this point, the public sector provides one of the more important sources of employment for women for three reasons: (a) the public sector includes many jobs in the teaching and nursing professions, which have traditionally attracted women; (b) decreasing relative salaries have made the social sector of the public service a less attractive employment option for men; and (c) the government tends to abide by labor laws and be less discriminatory (ENAP, 1998). Their predominance in the public sector, however, makes women more vulnerable to downsizing of staff during public sector modernization processes.

67. **DOMESTIC WORK.** Domestic work continues to be a major sources of female employment. In 1995, just under five million women worked in domestic jobs, compared to 250,000 men. Domestic work is characterized by low wages: in 1995, 67 percent of domestic workers made less than one minimum monthly wage. Men who work in domestic jobs earn higher salaries than women even though female domestic workers have higher educational levels than their male counterparts. Domestic workers also tend to be young — about one quarter of domestic workers are in the 10-17 age category. Although Brazilian law mandates the use of contracts for domestic workers and the payment of social security benefits, the law is often not enforced.

68. Domestic work allows poor women to enter the paid labor force, such as migrant women with low education and without previous work experience. Domestic jobs also provide a stepping stone for other jobs and represent flexible employment. As well, by being able to hire domestic help, middle and upper class women have been able to more easily enter the work force. But on the downside, domestic workers mostly work in isolation and without institutional ties with their co-workers, hence they are less able to gain human capital on the job. As well, the ease of hiring domestic help means that educated women feel less pressed to have their male partners share domestic chores. In this sense, domestic service reinforces traditional gender roles.

69. **THE TEACHING PROFESSION.** Teaching is another traditionally female occupation. Information from the teachers’ union, the Confederação Nacional dos Trabalhadores de Ensino, indicated that men comprised only three percent of pre-school to fourth grade teachers, 19 percent of fifth to eighth grade teachers, and 39 percent of middle school teachers. Nineteen percent of principals were men. Gender stereotypes prevail among female teachers themselves, according to interviews conducted by Carvalho (1998). Excerpts from interviews included:

> We see men as more radical, as teachers here, students there. As teachers I can't see that they can develop a close relationship with students". According to another teacher,
>
> "Women live the problems in the classrooms. Perhaps men can't reach the students. The male sex does not have this, let's say, maternal side. The male figure in itself is more imposing, more linked to discipline, right? Because women are more motherly, they are

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15 The proportion of employed women in domestic service is between 16 and 20 percent. A study by the Instituto de Pesquisa Econômica Aplicada (IPEA) estimates that over the past decade 19 percent of employed women were domestic workers (Pereira de Melo, 1998).

16 There are currently some efforts to organize trade unions among domestic workers and to press for the implementation of existing legislation.
more flexible, they provide more support, one gets more relaxed." A third teacher commented: "Everyone is equal in the teaching profession. However, I think women are more patient than men, don't you think? Principally because we are mothers and if you are a mother, you are more patient, understand children better."

70. **RURAL FEMALE LABOR FORCE PARTICIPATION.** Women's labor force participation in rural areas of Brazil has traditionally been undercounted. A 1991 revision of the concept of "work" in the national census, however, resulted in an increase in women's agricultural work from 14 percent in 1990 to 23 percent in 1995. For men, the rates were 28 percent for both years (Bruschini, 1998).

71. The number of wage-earning women in rural areas has been increasing, particularly in agricultural production such as food processing. Rural industrial employment for women is also increasing in some areas, such as the Northeast, where capital has been relocated from the South and new industries (like shoe and garment production) have taken root. However, much concern remains about the difficulty for rural women to gain access to technical and professional training on an equal basis with men. During the 1997 and 1998 meetings on Gender and Family Agriculture, criticisms were voiced about the marginal participation of women in seminars, courses and technical meetings organized by institutions providing agricultural technical assistance (Silipandri, 1998).

72. Creating women's commercial cooperatives of traditional feminine crafts has been one approach applied to help poor rural women, but these have experienced limited success. On the whole, traditional women's crafts have limited demand and must compete with products from lower income countries with lower average wages. Encouraging women's crafts production is also frowned upon because it is seen to reinforce women in traditional female occupations.

73. **CHILD LABOR.** In 1997, according to the PNAD, out of the 17 million children in the 10-14 age group, 2.8 million children participated in the labor force, of which 67 percent were boys and 33 percent were girls. In the South, the proportion of girls reached about 40 percent but represented about 30 percent in the Northeast (where female enrollment in

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**Box 6. Child Labor Conditions**

Despite efforts on the part of Government and NGOs, the presence of street children in Salvador, Bahia, continues to cry for attention. In contrast to what was expected, public lighting increased rather than decreasing the number of hours children work. Children now are seen late at night washing cars and selling fruits and candies. A.D., a twelve year old boy, spends that entire day on the streets selling coffee and cigarettes. "I work to help at home," he says. He also says he is enrolled in a school, though he is unable to tell his name or address. Violence, drug abuse and alcoholism are part of the street children's life.


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17 The change took place as a result of a national campaign organized by rural women workers around the 1991 "Censo Econômico" arguing that they were "rural producers" rather than "unpaid family members" (Lavinas, 1996).

18 The Ministry of Labor has developed a flexible training program (PLANFOR) implemented jointly with states, which has involved a good proportion of women (30 percent in rural areas according to 1997 data). Its objective is to increase employability for a variety of workers.
school is also the greatest). According to the 1997 living standard measurement survey (Pesquisa de Qualidade de Vida), about 50 percent of black male children aged 14 had worked at least once in their lives, in contrast with one third of white male children. For females, the proportion of child labor, although lower than for males, continues to be higher among black children than among white children: 23 percent of white girls and 26 percent of black girls had worked at least once before age 14. Child labor is both a result and a cause of poverty, to the extent that work reduces the time that children spend in school and affects their ability to acquire human capital.

74. The 1985 PNAD Supplement on Children indicated that, in São Paulo, children from families headed by single mothers had a 10 percent higher risk of working than children from conjugally-headed households. Black children had an eight percent higher risk of working than white children (Barros e Mendonça, 1990). Poverty is also transmitted through the generations, with children of poor parents much more likely to be subjected to poverty than those of less poor families (Barros, 1991).

75. All over Brazil, the Bolsa Escola and PETI (Programa para Erradicacdo do Trabalho Infantil) programs are rapidly expanding. These are programs designed to increase school attendance and attainment as well as reduce child labor through targeted financial transfers as part of a package of various measures. Children of school going age (7-14 years old) from poor households are the target group. The programs are widely seen to be successful, both in terms of improving educational outcomes as well as in improving family welfare of the recipient families. Nevertheless, serious evaluation of these programs would serve to further enhance their effectiveness. A gender analysis of the Bolsa Escola and PETI programs would also be useful to gain a better understanding of the factors that lead to school abandonment by boys and girls and would help to design even better programs to keep both boys and girls in school.

76. Another effect of the Bolsa Escola and PETI programs has been on mothers receiving the transfers. The programs specifically give the money to the mothers of participating students. It was thought that by doing so, a larger amount would go to the improvement of the welfare of the family as a whole and of the children in particular. For many of these women this is the first time that they have received and have been entrusted this kind of financial responsibility, in many cases opening a bank account for the first time. This 'official recognition' has also led to a greater recognition and valuation of women's role in the family - including by their partners - and in many cases increased self-confidence. In field visits, men and women repeatedly mention the money received by mothers through the Bolsa Escola and PETI programs as one way in which gender relations and the roles of men and women are slowly changing.

(h) Poverty, Structural Adjustment and Social Protection

77. Poverty. Recent analysis carried out by the World Bank of IBGE data for the Northeast, in particular the states of Ceará and Rio Grande do Norte, finds various factors related to poverty including: (a) ethnicity (the white population is at considerable smaller risk of poverty than the black or mixed race population); (b) age of household head (the older the household head, the lower the incidence of poverty); (c) level of education; and (d) labor
status and occupational sector (informal and agricultural workers display higher incidence of poverty) (Fiess and Verner, 2001). The analysis also showed that male- and female-headed households differ only marginally in the extent to which they are likely to be poor, 39 percent and 41 percent in Rio Grande do Norte respectively. Furthermore, male-headed households experienced a slower reduction in poverty compared to female-headed households. However, when controlling for education (women have more years of schooling than men) and other individual characteristics, female-headed households have a much larger likelihood (46 percent) of being poor than do male-headed households. Overall, the most important factor contributing to the likelihood of a household being poor is the completed level of education by the household head.

78. In addition, the study found that households with young children are more vulnerable and more likely to be poor than households with no children under the age of five. Furthermore, the probability of experiencing poverty for households with small children seems to have increased over the past decade. Households with members between the ages of five and 15 also have a large probability of being poor, although slightly less than those with children under the age of five. The numerical predominance of families with small children located below the poverty line as well as the findings on increased vulnerabilities of female-headed households imply that policy interventions should not ignore these groups. In fact, targeting these groups would go a long way in reducing poverty and might be at the center of a poverty reduction strategy.

79. A recent study by Ferreira and Leite (2001) simulating the effects of an expansion in education on income distribution and poverty in the state of Ceará, shows further evidence to this effect. The study found that household dynamics played a crucial role in the impact of educational expansion on income distribution and poverty. It also found that, as in other places where educational levels rose rapidly, there appears to be a 'reserve army' awaiting conditions to enter paid or self-employment, largely composed of women. As women acquire education and enter the labor force their fertility rate declines, reducing the number of children in the family. In fact, labor force participation and demographic changes arising from educational expansion account for around half of its overall poverty reduction impact. A large inflow of women into the labor market, however, may generate downward wage pressure or enhance job competition. The gains of a more educated labor force depend, to a large extent, on how effectively “a level playing field for its women” is ensured (Ferreira and Leite, 2001).

80. This study again emphasizes the central importance for poverty reduction strategies that reduce barriers and address the needs of poor women. These include access to childcare and family planning, continuing improvements in education and reducing barriers to women’s participation in the labor market. It also includes long term goals that require changing gender roles and socializing men and women differently such as reducing levels of violence against women and redressing the gender imbalance in the division of household work. When men and women share parenting, care-giving and domestic chores more equally, women are freer to participate in the workforce and advance on the job, itself another precondition to reducing gender-related labor inequalities. Such policies will all have important effects on the overall welfare of poor families.
81. **Structural Adjustment and Social Protection.** Women and men are likely to be affected by macroeconomic shocks in different ways. For example, downsizing will have a differentiated impact given the gender-segregated nature of the labor market. Deficit reduction leading to job losses in the public sector, where women’s presence is above the national average, is likely to disproportionately affect women. But cutbacks, layoffs and closures in heavy industries subject to increased globalization and competition mean greater unemployment among men. Male workers in the São Paulo and Rio de Janeiro areas face the greatest risk.

82. While some women will likely lose their jobs, others will enter the labor market during economic downturns. Women represent a disproportionate part of the inactive population and, as men in the household become unemployed and/or are unable to sustain the household financially, women will be forced into the labor market. Among the poor, women often take jobs that offer them easy entry and flexible working conditions, albeit with lower earnings. Historically, economic crisis has been an important trigger for women to enter into the labor force in Brazil. Various authors suggest that while part of the increase in women’s labor force participation rates during the past decade might be due to higher educational levels among women, the economic crisis has been an important factor in women’s search for employment during the 1980s and 1990s (República Federativa do Brasil, 1994).

83. Without changes in the gender division of labor at the household level, an increase in women’s participation in paid work implies new pressures on their time. In other countries, survival strategies have resulted in an intensification of women’s domestic work (Floro, 1994). A World Bank study, however, suggests that while women’s workload does indeed increase, time dedicated to domestic tasks decreases overall during economic downturns due to women’s increased participation in the paid labor force, with corollary negative consequences on the upkeep of the family (Cunningham, mimeo). Also, in Ecuador, Moser (1997) found that pressures on parents to work results in spending less time supervising their children. This leads to their sons, in particular, to spend more time on the streets.

84. For men of all ages, unemployment threatens their role as family providers and often creates problems of self-esteem, depression and suicide. Although more information is needed in the case of Brazil, other countries have observed that unemployment can result in male alcoholism and violent behavior, with both men and women as victims. Among young men, it often results in destructive and criminal actions, with high costs to their families and communities as well as to themselves. Violence increases health costs for families as well as society at large. An increase in child labor among boys is another possible effect of economic downturns, which in turn causes them to interrupt or drop out of school.
85. **THE ROLE OF CIVIL SOCIETY.**

As in many other Latin American countries, civil society groups have played an important role in putting gender on the public agenda. In 1987, civil society organizations, NGOs and the CNDM banned together to advocate for gender equitable civil rights, which became known as the “lipstick lobby” (see Box 6 for a description of what the lobby achieved). The civil society movement also worked closely with the national Congress to improve the gender balance in political participation and representation. As a result, in 1997 Congress passed a law requiring all political parties to include at least 25 percent female candidates (WEDO, 1998). Following the passing of the law, women’s representation increased from eight to 11 percent (Hun, 1998). In addition to increasing women’s participation in politics, such a measure is also expected to encourage women to exercise their rights to vote. In 2001, after many years of debate and amendments, having already been guaranteed in Brazil’s 1988 constitution, Congress finally passed a law guaranteeing equal rights for men and women. Among other measures, the new law abolishes the traditional concept of ‘paternal power’, which gives fathers the unrestricted rights to make decisions on behalf of their families. Under the new legislation, husbands and wives will share that authority, and single women will be regarded as heads of households.

86. Civil society organizations have also been active in developing programs and services with gender specific objectives (see Box 7). A few examples of organizations carrying out important gender work include: (a) CEPIA in Rio de Janeiro, which provides training on gender issues for police officers and for medical doctors and nurses in the health sector; (b)

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**Box 7. The Lipstick Lobby**

In 1987, civil society organizations, NGOs and the Conselho Nacional dos Direitos da Mulher (National Council of Women’s Rights, CNDM) banned together to advocate for gender equitable civil rights, which became known as the “lipstick lobby”. Their actions led to the following legal rights being instated:

- Women’s entitlement to make decisions in the household, with the court arbitrating in cases of conflict. Men’s supremacy in family affairs was eliminated.
- Married women’s right to separate tax returns and to claim children as dependents for tax deduction purposes.
- The elimination of the male right to impede their wives from working under any circumstances.
- The same rights for children born out of wedlock as for those of married couples.
- The same rights of common law partners as those of formal marriages.
- The right to take paid paternity leave.
- Sexual violence as a human rights crime as opposed to a morality crime, thus implying harsher penalties to sexual offenders.
- Labor and welfare rights expanded to domestic servants.


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19 Civil society organizations have proliferated over the last few decades. According to an Instituto Brasileiro de Estudos Regionais (IESER)/Johns Hopkins University study, NGOs and civil society organizations employ about 1.1 million people. Another 330,000 work as volunteers for NGOs. More than half of the volunteers are linked to religious organizations.

20 Also according to Hun (1998), Brazilian citizens elect individual candidates as opposed to a party list, as is the case in neighboring Argentina and Costa Rica. Hence in Brazil women must compete for publicity and support within parties, which according to Brazilian potential female candidates has inhibited the achievement of quotas.
Instituto de Ação Cultural (IDAC), which manages a successful Inter-American Development Bank-funded training program for female leaders covering areas such as politics, unions, and press; (c) the SOS Corpo, in Recife, which has a long tradition of working in reproductive health and other health issues with a gender perspective; (d) IBISS in Campo Grande, which addresses the sensitive issue of domestic violence and sexual abuse against children with a gender perspective; (e) Eos, in São Paulo, which works with men on sexuality and reproduction issues; (f) Cunha, a feminist group in the Northeast city of João Pessoa, which raises public awareness on gender through street theater, musical shows and videos; (g) CEMINA in Rio de Janeiro, which produces weekly radio talk shows transmitted in the Amazonia to discuss gender related to other social issues such as the environment, health and violence; and (h) REDEH in Rio de Janeiro which works with MED to provide gender education to adult literacy teachers. While gender work in Brazil carried out by civil society has traditionally focused on women’s issues, the above examples clearly show a shift in emphasis to integrating male gender issues, particularly in the area of sexual and reproductive health.

### Box 8. Integrating Gender in Fundação Abrinq’s Innovative Programs

Fundação Abrinq in São Paulo is an example of a Brazilian NGO dealing with complex gender issues in the course of working with children, which is its main target group. Fundação Abrinq, which was founded with resources from the private sector, uses a unique approach in its work. Instead of funding and implementing programs directly, Abrinq invested in developing a stamp which distinguishes products and businesses that follow child-friendly practices. The foundation also awards municipalities for innovative and successful social programs directed at poor families and children. The types of programs awarded address issues such as:

- education, including early childhood and preschool education, youth and adult education, education for street children, programs to reduce dropout and repetition and reeducation of child criminal offenders;
- health, including programs that support pregnant women, provide incentives for breast feeding, education in family health care and family planning services, address pediatric AIDS, drug addiction and at-risk pregnancy, and prevent uterine and breast cancer;
- violence, including programs to reduce violence against children and attend to victims of domestic and other forms of violence; and
- children, including summer camps for low income children and programs that address eradication of child labor and provide shelters for street children.

87. **The Public Sector Response.** In 1985, the Government created the CNDM as a consultative body to promote gender equity and eliminate discrimination against women. The CNDM is located in the Ministry of Justice. Although the President appoints the head of the Council, civil society group and NGOs run the Council. It is legally mandated to coordinate actions across the federal government in sectors such as education, labor, justice, health and human rights.

88. According to Htun (1998), after undergoing a decline in power and clout in the late 1980s, the CNDM experienced a resurgence under the current administration of Fernando Henrique Cardoso. The Council currently maintains a small staff, but has a large consultative council. Since 1997, it has been successful in fulfilling its mandate to coordinate across sectors and government agencies, having established agreements with four ministries to implement actions related to gender.

89. In Brazil’s federalist structure, state agencies have played a critical role in addressing gender issues. For example, the São Paulo State Council for the Condition of Women was instrumental in developing policy measures

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21 CNDM was created through Law 7.453.
on violence and health. São Paulo has the most extensive network of women’s police stations in Latin America. São Paulo’s public hospitals have established innovative procedures for treating rape and domestic violence victims.
III. SUMMARY AND IMPLICATIONS OF FINDINGS

90. Brazil has progressed significantly in addressing gender issues and reducing gender inequalities. Four major advances are worth noting:

(a) Women’s access to and use of contraception has increased enormously, which has resulted in a sharp drop in the fertility rate and size of households in all regions of the country. Female sterilization has become the most frequent form of contraception.

(b) Since 1988, women’s rights have expanded within the household, in the workplace and in terms of land rights and personal safety. The 1988 Constitution also created short-term paternal leave.

(c) Female education has increased to the point that women now have more schooling on average than men.

(d) Although men still predominate in the labor market, women’s participation has steadily increased over the two last decades. The wage gap between men and women has also narrowed.

91. While Brazil has witnessed important improvements in regard to gender, a number of issues affecting men’s and women’s well-being remain. For example:

(a) DEMOGRAPHICS. Fertility, infant mortality and mortality rates remain very high among indigenous groups. Teenage pregnancy is also a continuing problem. Although the national rate is 15 percent, teenage pregnancy is 24 percent and increasing in the Northeast. Mortality rates linked to external factors such as traffic accidents, homicide and suicide differ greatly by gender.

(b) WOMEN’S HEALTH. Inadequate pre-natal care persists and the proportion of at-risk pregnancies remains high. Maternal mortality is also on the rise, which suggests serious problems with the public health care system. Women are contracting AIDS at a greater rate than men, although in absolute terms more men are infected with AIDS than women. AIDS prevention programs, which in the past tended to focus on homosexual men, have recently been broadened to include female risk groups.

(c) MEN’S HEALTH. Health programs, including sexual and reproductive as well as general health programs, have been directed mostly at women. For example, prevention programs have been established for breast and cervical cancer but no parallel efforts have been made to address prostate cancer among men. Similarly, reproductive health programs have tended to exclude men. As a result, contraceptive use among males is minimal in Brazil. Of particular concern is that an insignificant proportion of men report using condoms, thus putting themselves and their partners at-risk of contracting AIDS and other STDs.

37
VIOLENCE. The incidence of violence among men, male violence against women and sexual violence against children of both sexes continues to be high. Violence is a male gender issue in the sense that the way men are socialized and the expectations placed on men by society contribute to male violence.

EDUCATION. On average, boys now have fewer years of schooling than girls. And boys tend to have higher school drop-out rates than girls because they are forced to enter the labor market prematurely. For both sexes, gender socialization results from girls and boys being treated differently in the Brazilian school system. For example, rebellion, which is punished in girls, is accepted for boys. And violence among boys is considered a side-effect of being male. As for girls, gender stereotypes and socialization are believed to hold back their educational and career aspirations.

EARLY CHILDHOOD CARE. While remaining a government priority, the quality of early childhood care and education programs remains poor. Because of the division of labor within the household, low quality services disproportionately affect women's opportunities to enter into and advance in the labor force. Poor women are the most affected group.

LABOR. Women's labor force participation increased to 49 percent in 1999. But as in other countries, the labor force is highly segregated by sector. For example, women continue to be concentrated in low-skill occupations such as domestic work and teaching. Education reinforces this tendency, as do household role models, thus leading to inter-generational transfers of occupational segregation. More importantly, Brazil continues to register one of the largest gender wage gaps in Latin America and the Caribbean. While the gap has decreased overall, the disparity between women with higher and lower educational levels has increased. However, the gender wage gap is narrower between men and women with lower levels of schooling, and it is wider between married men and women. Race is as important as gender in determining wages.

POVERTY. Data from the Northeast shows that male- and female-headed households only differ marginally in the extent to which they are likely to be poor, 39 percent and 41 percent respectively. Male-headed households experienced a slower reduction in poverty compared to female-headed households. However, when controlling for education (women have more years of schooling than men) and other individual characteristics, female-headed households have a much larger likelihood (46 percent) of being poor than do male-headed households. In addition, households with young children are more likely to be poor than households with no children under the age of five.

Gender differences such as the ones identified in this report have economic and human development consequences. For example:
poor health affects economic productivity and is a drain on a country’s resources; therefore, policy makers need to be aware of men’s and women’s different health risks;

the exclusion of men in reproductive health initiatives means programs are potentially less effective because men are also involved in decisions on contraception and reproduction;

an increasing risk of contracting AIDS and other sexual transmitted diseases is associated with the lack of condom use among men; but reproductive health programs continue to target women for the most part;

the high incidence of violence in Brazilian society is taxing on the health care system and affects work productivity; as reported by the WHO, violence against women has a direct negative impact on several important health issues including safe prevention of sexually transmitted diseases and HIV/AIDS;

low levels of educational attainment – due to early entry into the labor force in the case of boys and household work and other issues in the case of girls – affect human capital and economic potential; but lack of attention to the particular needs of girls and boys affects the viability of education initiatives designed to keep children in school; and

given higher female levels of education, women’s lower salaries in the labor force vis-à-vis men’s means that their returns to education are lower than their male counterparts.

The report’s findings point to the importance of gender roles in shaping opportunities, in affecting access to resources, in influencing choices, and, ultimately, in determining well-being. While economic opportunities for women have broadened, the primary role of many women continues to be that of mother and caregiver, which means they are likely to be more economically dependent. Men’s roles in contrast, have remained fairly rigid, the expectation being that men be the main breadwinners in charge of the family’s economic well-being. Narrowly defined gender roles affect men and women over their lifetime. Beginning with school age children, girls are often forced to leave school or combine domestic work with their education because of gender roles, while boys drop out or repeat grades to participate in income-generating activities. These choices affect human capital later in life. As adults, women earn lower salaries than men, due in part to women opting for lower income jobs that offer greater flexibility, and that allow them to juggle paid work and household responsibilities.

Differences in gender and sex roles can also lead to discrimination. For example, Brazil’s generous maternal leave policies can act as a double-edged sword for women by raising their labor costs. And while no evidence of significant gender gaps exists in terms of primary- and secondary-level education, gender differences in the returns to human capital in the labor market suggest possible forms of discrimination or inequality. Gender biases can also result from lack of information, gender stereotypes or false perceptions on the relative attributes of men and women.

The heterogeneity of men and women is also noteworthy. For example, gender gaps in wages are less among lower skilled workers than among the better educated. And while the gender wage gap in Brazil has been declining, the gap between different groups of
women had widened. Ethnic differences must also be considered in examining gender issues in Brazil: it is one thing to be categorized as a white woman in Brazil and quite another to be categorized as a black female.
IV. STRATEGY AND RECOMMENDATIONS

(a) Overall Strategy

96. As in many other countries, gender work in Brazil has focused on broadening opportunities for women, reducing discrimination against women and increasing women’s rights. Laws and policies on family planning, women’s health, child care, rights for domestic workers, women’s political participation, domestic violence and protection of female workers have been the main instrument for expanding women’s opportunities and rights. Brazil’s advances in the legal arena are indeed impressive. While efforts to strengthen the legal framework and enforcement mechanisms should continue, equality will not be achieved if societal expectations of what men and women should and should not do, and how they should and should not behave, do not change. Overall, women have more education than men yet labor market disparities continue. In particular, wage gaps are large compared to other countries in Latin America and the Caribbean, and researchers suggest that only part of this gap can be attributed to discrimination. Household decisions regarding the allocation of men’s and women’s labor and the choices made by women themselves play a big part in explaining gender differences in occupations, salaries and opportunities for advancement.

97. FOCUSING ON GENDER SOCIALIZATION PROCESSES. Attention should turn, therefore, to changing societal expectations and socialization processes so that women as well as men make different choices. In contrast to enacting laws and establishing policies, which can have a relatively short time frame and can require limited technical capacity and resources, changing socialization processes will take several generations and will require wide-ranging efforts through many different channels. Socialization takes place through education, the media, the family, peer groups, the community, and cultural practices, so efforts on each of these fronts need to be made if far-reaching change is to take place.

98. ADDRESSING MALE GENDER ISSUES. As many Brazilian groups and development practitioners have detected through experience, gender can not continue to focus solely on women if gender barriers are to break down. Both men and women are socialized according to gender norms and expectations, and this socialization leads to problems for both groups. While women’s issues are well-known and documented, men’s issues such as violence and aggression, alcoholism and substance abuse, risky behavior, the effects of unemployment and aging and absent fathers are relatively unresearched. Experiences in Latin America and the Caribbean as well as in industrialized nations such as the U.K. and the U.S.A. suggest that parallel gender efforts need to be made to reach men if real change is to take hold.

99. WORKING AT THE LOCAL LEVEL. As an overall strategy this report recommends working through local level and community-based programs to change socialization processes as well as addressing other issues raised in this report (substance abuse, early childhood education, maternal health care, teenage pregnancy, sexual abuse of children, reproductive and sexual health care services, etc.). Working through civil society and local level organizations offers several advantages, the most important of which is that these groups exert powerful peer pressure and influence by operating close to and interacting directly with target groups. They also have a better understanding of local contexts and can adapt programs according to local conditions and practices. Employing local organizations
also utilizes existing capacity, increases efficiency and puts less of a strain on limited public sector budgets. Finally, working through local organizations strengthens their capacity and contributes to democratization processes. One interesting example of such a local program is the PAPAI Program (Daddy) in Pernambuco, an NGO that conducts research and runs projects in the areas of teenage fatherhood, STD and AIDS prevention, health and the media. Using the education system, public campaigns and other media are two alternate strategies for changing socialization processes. Sector-specific recommendations follow.

(b) Health

100. Reproductive health priorities as they relate to gender should include reducing Brazil's relatively high maternal mortality rate, improving access to family planning for the poor and targeting men as partners in reproductive and sexual health programs. With respect to reducing maternal mortality, it is important to note that the problem is part of a larger institutional issue which affects all health care services in Brazil, such as poor regulation of the public-private sector 'conveniados.' As an immediate action, however, local and community-based organizations and NGOs can be mobilized to provide information and basic services during different stages of pregnancy, particularly during the first trimester when failure to seek services places women in a high risk category. Post-natal care including the provision of information on child nutrition could be part of those community-based services. Another basic service could include increasing tetanus immunizations for women to reduce the risk of infections during and after pregnancy. Finally, including fathers in programs such as child care and nutrition would serve to promote their roles as husbands/partners, parents and care providers.

101. Reproductive and Sexual Health. Efforts to improve reproductive and sexual health services should continue. But sterilization as a method of contraception should be discouraged given that it may lead to a reduction of condom use, it is not an option for younger women who plan to have children later in life, and it represents a high expense to the health care system. Also, reproductive and sexual health programs should target both women and men. In particular, it would be important to promote male forms of contraception, given the low incidence of condom use and male sterilization.22 While Brazilian men claim to be aware of choices on contraception, information available suggests that men do not receive accurate information on sexual and reproductive health. Efforts to reach men would go a long way to addressing Brazil's AIDS epidemic. A good example of work being done in Brazil is the PROMUNDO Institute in Rio de Janeiro, which develops workbooks for health providers on the reproductive and sexual health needs of boys, organizes regional meetings to exchange ideas on working with boys and produce health educational materials for boys produced by adolescent boys. Reproductive health programs should also be region-specific. For example, in areas such as the Northeast, actions should focus on reducing the incidence of teenage pregnancy.

102. Violence, Depression and Risky Behavior. With a view to better designing control and prevention programs, epidemiologists should study the incidence and gender-related risk factors associated with violence, depression, suicide and risky behavior among

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22 Experiences from the U.S.A. suggest that comfortable 'male friendly' settings are key to attracting men and encouraging open discussion on reproductive and sexual health issues.
men. Little has been done to examine these social issues as gender issues and specifically to examine how gender socialization processes and gender roles and expectations contribute to their incidence.

103. **Indigenous People's Health.** More attention needs to be paid to the alarming health problems of indigenous groups that have links to gender, such as high male mortality rates and maternal mortality/morbidity. It has been argued that high opportunity costs are associated with indigenous people's programs given their low population coupled with the overwhelming economic and social problems facing Brazil today. But investments for the indigenous are justified for reasons of poverty reduction and cultural heritage.

(c) **Violence**

104. Given its incidence and its gendered nature, violence should be a priority area for gender work in Brazil. But addressing violence from a gender perspective should go beyond dealing with the effects of domestic violence on women, in which Brazil has already made some important advances. Over the long term, attention should turn to violence prevention; that is, examining how gender affects male violence and identifying steps to counter the effects of gender roles and socialization processes on violence.

105. The education system, community programs and the media are all important vehicles for preventing violence related to gender, according to Morrison and Biehl (1999). The education system, for example, can influence cultural values that promote aggressive behavior among boys and docile behavior among girls. Possible interventions include retraining teachers and eliminating gender stereotypes in textbooks and developing special programs to teach children nonviolent resolution skills. Community level programs can be used to provide informal education programs, teach citizens about legal sanctions against violence, establish violence prevention strategies, and provide social services for victims of violence. Furthermore, media can be used to transmit educational programs and telenovelas (soap operas) to produce and disseminate more positive images of interpersonal interactions (male-female and adult-child) as well as illustrate nonviolent conflict resolution. And lastly, peer group programs, such as the Big Brothers and Big Sisters Program in North America, have been successful in reaching and reforming at-risk youth.

106. In terms of sanctioning violence, it would be important to continue to strengthen programs that make men and women aware of the illegality of domestic violence, provide women with access to legal services and improve judiciary processes. Also, given that women's police stations in Brazil have been used as a model in Latin America and the Caribbean for helping the female victims of violence, learning more about the effectiveness and sustainability of these police stations is another priority. Lastly, programs that address the needs of street boys and girls in general and those engaged in prostitution in particular are important. An example of a successful program working in this area is the MNMMR (Movimento Nacional de Meninos e Meninas da Rua, or National Movement for Street Boys and Girls), which has been instrumental in putting the issue of street children on the national agenda. Another example is the Casa de Passagem in Recife, which provides alternatives and support for girls and young women living on the streets, many of whom are prostitutes.
Education

107. **FORMAL EDUCATION.** Given that Brazil has progressed significantly in terms of increasing female education, attention should now turn to ensuring that boys do not fall further behind and to improving the quality of schooling in general by reducing gender stereotypes conveyed through education. These can work to undermine girls' career choices, to promote docile behavior among girls, to hinder boys' performance in school and to contribute to aggressive behavior among boys. Specific actions include developing teacher training modules on gender stereotypes conveyed through education; and eliminating gender stereotyping in textbooks and other classroom materials.

108. Partnerships between the Ministry of Education and organizations such as RIDEH have been a cost-effective way of addressing the problems associated with gender stereotypes and socialization; hence, these partnerships should be strengthened. Brazil could also learn from the successful experiences of neighboring Argentina, which in the late 1980s and early 1990's made important advances to remove sexist language and depictions in textbooks. Other recommendations related to formal education include: (a) examining the gender-differentiated impact of the Bolsa Escola and PETI programs in reducing child labor and retaining boys and girls in school; and (b) getting a better understanding of determinants of education by gender, including how place of residence, parents' education and presence of mothers or fathers affects girls and boys' educational attainment.

109. **DAY CARE/EARLY CHILDHOOD EDUCATION.** Early childhood education represents a future investment in the human capital of the country and should be a priority over the long term. Studies have shown that children who have attended pre-school perform better academically than those children who do not. Providing childcare is also critical for mothers, particularly those who are forced to work. Publicly funded care may not be a viable nor necessarily desirable option given the potential quality problems. Thus community level organizations can be used as the vehicle for strengthening and expanding early childhood education and care. In the short-term, improving programs that already exist could be a viable option given that parents are willing to pay for good services. For example, providing training and better regulating existing mães creches (nursery schools) would be a first step.

Labor

110. Brazil needs to address its persistent gender wage gap, which is larger than those of many of its less developed neighbors. One priority would be to ensure better adherence to labor discrimination laws by (a) examining current enforcement mechanisms and institutional support available to female workers; and (b) making available information on labor rights to female employees and employers. A second priority would be to learn how Brazil's generous maternity leave contributes to discrimination against women, and how to counter the possible negative effects of this regulation.

111. As mentioned throughout this report, discrimination is only one factor contributing to the wage gap. Redressing the gender imbalance in the division of household work – so that men and women share parenting, care giving and domestic chores, thus freeing women...
to participate in the workforce and advance on the job — is another precondition to reducing gender-related labor inequalities. But because changing gender roles requires socializing men and women differently, this will be a long-term process.

112. Attaining greater gender equality in the labor market will also require changing the way work is currently organized, according to well-known feminist and former head of the CNDM, Rosiska Darcy de Oliveira. She suggests, for example, that more flexible arrangements such as job-sharing need to be made available to men and women. Recent research carried out in the United States supports the notion that work systems need to change if greater equality in the household and in the labor market is to be achieved.23

113. In the short-term, projects and programs that work with families could begin to promote changes to gender roles in the household. For example, a new ‘family capacity building’ program is being proposed for Argentina, which would provide unemployed men with new skills in fathering and care giving and make it easier for their female partners to seek work opportunities and excel on the job. Recommendations related to other gender and labor issues follow.

- **JOB MATCHING.** NGOs and other civil society groups that are well known in the community could act as clearinghouses for jobs, as well as provide training on grooming and preparing for a job. Women in particular would likely benefit from these services because they have difficulties leaving the *favelas* (slums) to search for jobs (due to household constraints), presenting themselves to potential employers and getting access to information on jobs.

- **STREET CHILDREN/CHILD LABOR.** According to a World Bank report, reducing the number of street children requires investments in human and social capital, such as integrated early childhood development programs. Others concur that the best approach is to build up social and human capital in the poorest communities, which has the added benefit of providing basic services in sanitation, health and nutrition (Moran and Moura Castro, 1997).24 Lastly, the rapidly expanding *Bolsa Escola* and PETI programs deserve more gender-sensitive investigation.

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24 The IDB study by Moran and Castro (1997) suggests three approaches to addressing the problem of street children. First, the shelter (*abrigo*) approach provides a boarding school environment for poor children, including education, training, health care, lodging, food, sports and leisure activities. FUNDEM in Rio de Janeiro is using this approach. Pitfalls have been the high unit costs, difficulties in keeping children enough time to make a difference and limited success in obtaining jobs for youth who reach the age limit. Second, the "if the mountain won't come to Mohammed, then Mohammed will go to the mountain" approach takes food and services to children in the streets. Problems with this approach include the inability to attract children and opposition from pedestrians and shopkeepers. A third 'mainstreaming' approach seeks to reunite children with families. Constraints to this strategy include the resources needed to provide families with a more nurturung environment for children and the frequent 'beyond repair state' of most street children and their families.
114. The numerical predominance of families with small children that are below the poverty line as well as the findings on increased vulnerabilities of female-headed households imply that targeting these groups would go a long way in reducing poverty and might be at the center of a poverty reduction strategy. Specific recommendations include: increasing poor women's access to childcare and family planning, continuing improvements in education, reducing barriers to poor women's participation in the labor market, reducing violence against poor women, and redressing the gender imbalance in the division of household work so that men and women share parenting, care giving and domestic chores.

115. The highest incidence of poverty and vulnerability is amongst families with children under the age five, particularly those headed by women. Given the demonstrated effects on a reduction in poverty of increased economic participation by women, a program of financial transfers (along the lines of *Bolsa Escola* and PETI) targeting these households and linked to early childhood development and education centers that include the provision of daycare could be particularly effective in reducing poverty.

116. Lastly, given the permanent state of volatility and risk associated with globalization and the liberalization of markets, having a better understanding of how households are affected by economic fluctuations would also help to better design social safety nets. Specifically, data collected and analyzed in Brazil needs to better reflect the heterogeneity of households. As in other countries, households are typically categorized as either male- or female-headed; social programs are then targeted to male- or female-headed households depending on their poverty conditions. While this classification represents the easiest form of analysis, it is simplistic in that it does not take into account the multitude of family arrangements that have come to exist in Brazil. Moreover, it can lead to misleading and erroneous conclusions. For example, the concept assumes a hierarchical relationship between household members that may or may not be present. It also implies that the head is the most important person, that the head is present in the household, that the head has overriding authority in household decisions and that the head provides consistent and central economic support. These commonly held assumptions have proven to be inaccurate in describing typical households in Latin America. Thus data needs to be collected and analyzed in a way that better captures the heterogeneity of household structures, as well as describes household dynamics, decision making, coping strategies and responses to incentives, by household composition and gender roles of household members. Data collected in Mexico and World Bank research carried out using that data provide a good precedent, which Brazil could follow.25

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V. REFERENCES


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