Case Study from Brazil

Gender Equality, Sexual and Reproductive Health, and Poverty Reduction: Understanding the Links with Economic Growth and Improvements in Household Income

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1- Introduction

Brazil has a population of around 192 million (IBGE, 2010) and the annual population growth in 2007 was 1.19% (GID-DB, 2011). In the last decade Brazil has experienced a period of economic growth and stability, as well was an expansion of welfare programs.

Women have benefited from these advancements, however gender inequalities persist in Brazilian society, with consequences for the lives of most women, specially the poorest ones and those who belong to discriminated groups.

There is a good amount of information available about the situation of gender equality, sexual and reproductive health in Brazil. This information is provided both by official sources – mainly produced by the national bureau of statistics called IBGE – by researches developed at main university centers in Brazil; by international institutions and also by local and international NGOs.

Beyond the availability of data, these issues have been intensively discussed in Brazil in the last three decades. This period marks both the return to democratic political environment in Brazil, with the end of military dictatorship in 1985, and also the organization of feminist and women’s movements, bringing the issues of gender equality to the broader political and public debate.

A particular relevant landmark in this process has been the Constitution approved in 1988 that has included new rights for women and has advanced in gender equality legislation. As a feature in many national contexts, having a progressive Constitution doesn’t redefine from one day to another the concrete power relations in a given society. However, 23 years later, the rights that have been guaranteed at that moment continue to be seen as an important advancement. And struggles for their full implementation continue until present days. The current study will present the main patterns of gender equality in Brazil nowadays, taking into account these recent historical developments, and trying to link them with the issues related to sexual and reproductive health and poverty reduction.
The general understanding about the status of women in Brazil show a reality of many advancements in many aspects, however not always followed by equivalent outcomes in terms of the status of women in private space. This means that women in Brazil have experimented increased education levels and increased presence in the labor market. However, Brazilian women are still subjected to prejudice and discrimination when it comes to their role in domestic space, playing a subordinate role in relation to husbands and other male roles in the family. This also has implications for the status of women in relation to sexual and reproductive health and rights and in terms of the participation of women in public sphere, including labor market and political participation. The status of women in the household, when subject to disrespect and lack of autonomy, leading to situations of economic dependence, unwanted pregnancy or domestic violence, to name a few, jeopardize the possibility of women developing themselves as independent citizens and with autonomy to participate in economic life.

Although having recently elected the first woman president in the country, Brazil has also a low record when it comes to the political participation of women. The number of women as elected officials in the country is among the smallest in the world, and has been growing slowly along the last decade.

It is also important to say that the status of women in Brazil is highly marked by the differences among women themselves in aspects such as class and race or ethnic background. Black and indigenous women in Brazil face the biggest burdens in terms of access to rights, with implications to their well being and to their status in society. It is also acknowledged that class differences, representing the inequalities in terms of education, occupation and income have great influence in the situation of women.

2- Sexual and reproductive health and poverty reduction

A little after the approval of the national Constitution, in 1988, the National Health System was created (SUS) aiming to implement a national health policy that would offer universal health treatment to the whole population, independent of the working status or being contributing to the national social security system.
More than 20 years later, the system has advanced in many national health policies, including the access to basic health care services and the great coverage in terms of prevention and immunization programs. However, there are still many challenges linked to the offer of health treatment, especially when it refers to more complex technologies and long term care.

The access of Brazilian women to public health care is marked by this broader picture of the national healthcare system, its outcomes and the challenges that continue to exist.

In terms of life expectancy, women live more than men, with a rate of 76.08 years for women and 68.81 years for men, in 2007 (GID-DB, 2011). This is due to the fact that men are more exposed to external causes of death, such as accidents and violence, and in general pay less attention to their health conditions along life.

The National Program of Women Health, that was created in the early 1980’s, has been included in the actions of the SUS. When it was created, the access to contraceptive methods by women in reproductive age that accessed the healthcare system was 18.8%. In 2008, data from the Ministry of Health shows that this coverage has reached 100% of this universe of women. The number of childbirths that happened under the SUS system has increased from 31% in 1988 to 98.6% in 2008.

The public health policies in relation to contraception and family planning have been oriented by the Family Planning Law (Law 9263/1996), that establishes “family planning as a group of actions to regulate the fertility and guarantee the equal right to constitute, limit, or increase the number of children by women, by men or by the couple” (Mota, 2010). The law also defines that the public health system shall offer the contraception surgery to men and women that are over 18 years old with more than two children or 25 years old independent of the number of children.

Brazil has also health policies related to prevention and treatment of the results of sexual violence against women and adolescents and to provide humanized attention to abortion in the cases allowed by law. These policies have been defined by two ministerial regulations (called “Normas Técnicas” or Technical Regulations) published in 2004 and 2005. These norms provide orientation for sensitization and training to health
care workers, so that they can provide the required services to women and adolescents that have been victims of sexual violence. They also provide guidelines about how this treatment shall occur, including emergency treatment (providing “day after” contraception pills), HIV/AIDS testing and prevention, orientation and information about the cases in which abortion is allowed by Brazilian legislation.

In Brazil, the Penal Code establishes that abortion is allowed in two circumstances only: a) if there is no others means to save the life of the pregnant woman; b) if the pregnancy is a result of rape and the abortion is authorized by the pregnant woman or her legal representative in case of under age (article 128 of Brazilian Civil Code, Law 2848/1940).

During the constitutional debate in 1987-1988 the issue of abortion was highly discussed in the National Congress, with strong arguments between, on one hand, the groups that supported the “right to life since conception”, eliminating any type of abortion allowed by the legislation; and, on the other hand the groups that supported the legal right to abortion under other circumstances, in case of impossible autonomous life of the fetus after birth and in case of autonomous the decision of the pregnant woman. The right to abortion was not expanded, but the life since conception was also not approved.

In the last decades the debate continues, with the participation of different sectors of Brazilian society, including the feminist and women’s groups, the different religious groups, with strong presence of Catholics and Pentecostal churches that have representation in the National Congress, doctors and other health care workers, the Ministry of Health, the media, and so forth.

In order to give an idea of the high power of mobilization of this issue in Brazilian society, it is worth mentioning that this was one of the key subjects in the agenda of the presidential campaign in the national elections of 2010. This was the first time that a woman, Dilma Rousseff, was running for president with high chances of winning, with strong support from the former president, Luis Ignacio Lula da Silva, aiming to transfer his high popularity to her.
In face of this potential victory of the official candidate, the opposition has started to spread the idea that Dilma Rousseff was supporting approval of abortion and gay rights in Brazil, that she was against “family values” and against religion. In a few weeks, this message was spread all over, with the help of social networks and other internet tools and, as a result, the candidate Dilma Rousseff had to sign a document declaring that she wouldn’t make any changes in the legislation about abortion. This didn’t prevent her from going to the second round of the election against the opposition candidate. Dilma was elected with 56.05% of valid votes, a difficult victory for a candidate that showed in the early opinion polls as possibly winning with majority of votes in the first round.

As the first woman president in the history of Brazil, Dilma brings expectations about how far she will go in advancing women’s rights, include the right to free choice about abortion. Women’s movements will certainly bring this issue to the agenda in the next years, trying to find allies in the Congress and in the Justice system and aiming to gather more support from public opinion for this proposal.

One of the ways in which the issue of abortion is brought to public agenda in Brazil is in relation to its impact in public health, both in terms of the number of maternal mortality and deaths related to unsafe abortions and also in terms of the costs for the public health care system of the consequences of unsafe abortions. The numbers about this are difficult to track, but good estimates show that in 2005 around 1,054 million inducted abortions were practiced in Brazil (Monteiro & Adesse, 2006). This number has been estimated using the same methodology developed by the Alan Guttmacher Institute in a pioneer research about abortion in Latin America, released in 1994. This number shows a reduction of 28% in the number of inducted abortions since 1992 and also a reduction of the annual index of inducted abortions by 100 women (from 3.69/100 in 1992 to 2.07/100 in 2005).

The reduction in number of inducted (illegal) abortions in Brazil has been justified in this research by three main reasons: the advancement in the access to contraceptive methods by women in this period; the higher level of education of women; and the increased use of a drug called misoprostol that, although illegal in Brazil, has been made available in illegal trade under the name of Cytotec.
Research has been made available showing the relation between illegal induced abortions and maternal mortality. Data from research recently released show that abortion is the third cause of maternal mortality in the country (Monteiro & Adesse, 2008).

Although the index of maternal mortality has been reduced by 63% in Brazil between 1980 and 2008, the number is considered high if compared with acceptable international references. In 1980 the country had a average of 149 maternal deaths per 100 thousand children born alive. In 2008 this number has been reduced to 55 per 100 thousand births (BBC, 2010).

There are also huge regional differences inside the country. The North and Northeast regions have much higher numbers than the South, Southeast and Center-West. In 2008, for instance, the Northeast regional has counted 543 maternal deaths, while in the South region the number was 189.

The Ministry of Health analyses that the reduction in the number of maternal deaths in the country is associated with the improvement in terms of pre-birth medical appointments, better medical assistance to the births and more use of family planning. The coverage of pre-birth medical appointments through the public health system (SUS) has grown 1904% in Brazil between 1994 and 2009. However, national data for 2008 show that in the case of 57.1% children born alive the number of pre-birth medical appointments was seven or more and in the case of 32.2% the number of appointments was between four and six. But in the Northeast region of the country the proportion is lower: 41.5% had seven medical appointments or more during pregnancy and 44.6% had between four and six.

Feminist organizations across the country have a critical position in relation to the persistence of this high number of maternal deaths in Brazil. The feminist leader Leila Linhares, for instance, coordinator of the feminist NGO CEPIA has stated that “the existence of maternal deaths in a country that counts with advanced medical technologies in a type of violence against women”. It is known that these deaths occur mostly among poor women, with lower school levels and less access to medical
services. The number of deaths reveals that many women didn’t have access to a good medical service during pre-birth or by the time of giving birth. Leila Linhares also declared that religious dogmas and prejudices are also factors that can contribute to the increase of maternal mortality as, in many cases for religious motivations, legislators insist in criminalizing abortion, and sometimes heath care civil servants don’t provide adequate treatment to women in situation of abortion, and this contributes to an increase of the number of maternal deaths in Brazil.

In the subject about reproductive health and rights it is important to refer to the incidence of HIV/AIDS in female population in Brazil. In general, the incidence of HIV/AIDS in Brazil has been stabilized through strong prevention policies and improved access to testing and to free treatment. Since 1980 until June/2010 592,914 cases were recorded. The index is around 20 cases per 100 thousand inhabitants. In 2009 38,538 cases were notified.

There are more cases of HIV/AIDS among men than women, but this proportion is decreasing along the years. In 1989 it was notified 6 cases among men for each case among women. In 2009, the proportion was of 1.6 cases among men for 1 case among women. Among young people, between 13 and 19 years old, is the only age group in which the proportion of cases is bigger among women (8 cases among men for 10 cases among women). The transmission is mainly caused by sexual relations. In the case of women 94.9% were caused by heterosexual relations and in the case of men, 42.9% caused by heterosexual relations, 19.7% by homosexual relations and 7.8% bisexual relations).

In terms of the general causes of deaths among female population in Brazil, the main causes are circulatory system diseases, followed by cancer, respiratory diseases, endocrine, nutritional and metabolic diseases. It is also worth mentioning that the deaths caused by external factors are the sixth factor of women’s deaths. In this group it is included car accidents and homicides. The latter is responsible for 1/3 of deaths of women between 20 and 29 years old.
There is research showing that, although most people, especially young people, have great knowledge about HIV/AIDS and other sexual transmitted diseases prevention, there is still tendency to growth in terms of the number of cases of HIV/AIDS, mainly among young people. Because of this, many actions related to awareness and education are being developed in order to establish prevention as a habit, especially among young people. The main action is the distribution of condoms, which has increased 100% between 2005 and 2009 (from 202 million to 467 million). A special program to distribute condoms in public schools has started recently and is being tested in 420 schools.

The researches about sexual behavior in Brazilian society show that men and women declare that they use protection in sexual relations, but this of course is based in individual declarations and not necessarily reflect their actual practices. An important research called GRAVAD, conducted among young people in four state capital cities, released in 2006 (Heilborn at alli, 2006) has shown that the majority of interviewees has declared that they have used protection and/or contraception in the first sexual relation. However the research has also shown that there is no explicit conversation about issues related to protection and/or contraception between the partners. In the same research, the occurrence of at least one reproductive episode before 20 years old has been declared by 29.6% of women and 21.4% of men. A proportion of 11.2% of the women interviewed has declared their attempt to provoke an abortion and 20% of men have declared that they had desired that the partner would abort.

The lack of negotiation about sexual practices – that can include risky practices as unprotected sex – has of course close relation with the role of women in Brazilian society. Although women have experienced great advancements in public spaces – like access to education and labor market – in private space the role of women is marked by subordination to men and lack of autonomy and free choice. One of the significant indicators of this lack or autonomy – translated into lack of rights – is shown in the persistent indicators of violence against women in Brazilian society.
The whole debate about sexual and reproductive health has straight relationship with the issues related to economic autonomy of women and, in some extent, with poverty reduction.

The fact of giving birth is seemed as an important step in the lives of young mothers and fathers, according to the research previously mentioned (GRAVAD). Among young people that are in the groups with lower income in society, there is a positive value given to the idea of starting a family and to become mother or father is seem as an strategy of social recognition and path to adult life. As the authors of the study say, “for the young people in these circumstances, the goal of forming a family is frequently more important than other values, such as, for instance, the investment in their education” (Heilborn, 2006).

Another factor related to the young motherhood or fatherhood and its impact in income and poverty levels is the lack of social and public support for childcare, such as the low availability of public and good quality nurseries. There is also lack of specific professional training for young fathers and young mothers in order to get training that can allow them to enter labor market in a better condition and not in informal and insecure jobs.

3- Education, Gender Norms, Fertility and Poverty Reduction

The advancement in education levels of women is often considered as an important indicator of gender equality and is proven to be responsible for changes in income, in the pattern of family roles and in access to information by women.

In Brazil women have experienced advance in educational levels in the last decades. However, illiteracy among adult population is still high – 9.7% of the population over 15 years old in 2009. The greater number of illiterate people is among those over 40 years old (35.5%) and is even bigger among those over 60 years old (42.6%). The proportion of illiterate women over this age is 48.7%. This is related to the greater number of women over this age in comparison to men. On the other hand, if we consider the
younger population up to 25 years old), the proportion of illiterate people is 4.6% and among women in this age group is only 3.0%.

Analyzing the number of school years of Brazilian population according to gender, we notice that women have 7.4 years of school, while men have 7.0. There are variations in these numbers when we look at other variables like living in urban or rural area and region of the country.

Taking into account the population between 18 and 24 years old, we notice that 37.9% have at least 11 years of school. Among women this proportion is 40.6%, above the average for the whole population. The same happen in relation to higher education and this shows that women are doing better is relation to school attainment.

The ration between women and men attending tertiary education was 132/100 in 2005. There was also a higher proportion of women in secondary education in comparison to men, in a proportion of 110/100 (GID-DB), 2011).

Although we see this result for women’s education, it is important to mention that even with more years of study, women have lower average income than men. In 2009, occupied women earned 70.7% of men’s average income. When it comes to formal labor market, this proportion is 74.6%, but in informal labor market the difference is bigger (63.2%). Studies reveal that this difference is also related to less working hours by women in informal labor market. Among women with 12 school years or more, the average income is 58% of men’s income. This happens because of the traditional women’s niches in labor market – like social service, health and education – that often pay less.

Women’s educational levels influence fertility rates in a significant way. In Brazil, women with up to 7 school years have an average of 3,9 kids, while the number of kids of women with 8 school years or more is 1.68. Comparing the extreme regional differences, the distance between women with less education in the North region (3.61 kids) and women more educated in the Southeast region (1.60), the difference is 2,01 kids in average.
Among women with lower education, the age group between 20 and 24 years old concentrates 37% of total fertility and the group among 15 and 19 years old represents 20.3%. Among more educated women, 25% of women are among 20 and 24 years old and among 25 and 29 years the proportion is 24.8% of total fertility.

We can summarize that the data and researches available about educational level of women show the advancement of women’s educational levels in the last decade in Brazil and the better school attainment of women in comparison with men. This higher level of women’s education influences performance in terms of income and also has influence on fertility rates. In the same way as the data about education and fertility shown above, there is evidence of data showing the difference in terms of fertility between women with higher and lower income. The study of Lopes and Pontili, for instance, based in data from household survey in 2005 states: “a wide variety of studies has pointed out evidences that higher level of education and better jobs and family income have negatively influenced on the parents’ decisions concerning to fertility. These studies have stated that better level of education acts positively on the working market and salaries opportunities as well, making the women replace domestic chores by the working power, causing a negative effect on fertility” (Lopes & Pontili, 2006).

It is also worth mentioning that there are great inequalities among women themselves in relation to educational levels. These inequalities are informed by regional differences, by living in urban or rural areas and also by race and ethnic backgrounds.

In relation to education, it is also important to refer to a concern that is present among women activists and also some scholars in relation to the need of developing non-sexist curricula that can be adopted in schools, starting at the very basic levels. Some women organizations have been developing special contents for training teachers – who, by the way, are mostly women – on issues related to non-sexist education. There are pilot experiences of these trainings in different places in the country, with different levels of engagement from the local authority responsible by its implementation. We consider that these experiences should be strengthened and highlighted as concrete ways of
addressing the unequal power relations between men and women that start at family level and should not be reinforced at school (CAMTRA, 2009; AUAD, 2004).

4- Work participation, poverty reduction and fertility

The participation of Brazilian women in Economic Active Population has been growing steadily in the last decades. The data for 2009 shows that this participation has grown from 48.8% in 2008 to 49.7%, while the number continued stable among men, in 69.9%.

The proportion of women in formal jobs in 2009 was 48.8%, while the proportion among men was 53.2%. This shall be seen in the context of a growing economy with positive repercussions in the labor market, responsible for the creation of almost 1 million jobs in 2009, even under the consequences of the international financial crisis.

On the other hand, the proportion of women in the labor market with unpaid work or work for self consumption has reduced from 18.7% in 1999 to 11.6% in 2009. Although these numbers show a positive result in terms of the insertion of women in labor market, it shall be noted that there is a high proportion of women occupied in domestic work, which is frequently informal and less paid. The proportion of domestic workers who are not registered is 72.8%. As registered workers they are considered part of the formal labor market. Thus, there were only 27.8% of domestic workers registered in 2009. This is basically a female niche in the labor market, with women responding for 93% of the people occupied in this profession. The average income among domestic workers is R$ 395.2 (equivalent to US$ 220).

It is also worth pointing that among women aged from 16 to 24 years old, 69.2% of them were in informal jobs. This is also marked by the regional inequalities present in the country: this proportion is 57.2% among the young women in the Southeast region and 90.5% in the same group in the Northeast region.

The regional differences are also present in terms of the school years of women workers. While in the Southeast the women in the labor market have an average of 7.7 school years, this number is reduced to 6.2 years in the Northeast.
However, even with a bigger number of school years if compared to men, women have a lower average income than men. In 2009 the total of occupied women received 70.7% of the average income of occupied men. In numbers of 2009, this represented an average income for women of R$ 861.50, equivalent to approximately US$ 480. One of the reasons for this difference (but not the only one) refers to the average number of working hours among men and women. The average weekly number of hours in all working activities was 43.9 hours for men and 36.5 hours for women in 2009. In the formal jobs this number of hours is bigger both for men and women, as well among men and women with more school years.

Women with low number of school years work in average less hours than the women with 12 school years or more. This probably happens because the women with less school years have fewer good opportunities in the labor market and may choose to limit their participation to contributing with income for immediate needs in the household. This could also be related to fertility and lack of availability of accessible childcare..

This is a situation to a great extent responsible for the existing inequalities between different groups of women. The women that have more school years and earn more are in a better condition to hire domestic workers, one of the biggest occupation groups among Brazilian women.

In terms of family income, it is worth mentioning the results of the national survey on Household Budget (Pesquisa de Orçamento Familiar – POF), showing that the average expenditure of families where the men is the reference person was R$ 2,800 (US$ 1,556) while the average expenditure of families where women are the reference person was R$ 2,237 (US$ 1243), representing a 20% difference (IBGE, 2010c).

In terms of the household income among the poorest families in Brazil, since 2003 there was the increased participation of a specific source of income: the income transfers from social programs, where the most known is the program called Bolsa-Familia (family grant). It has been started in 2003 through unifying the different types of small grants that were given by the government to the poorest families, including support for
electricity, for domestic fuel (gas), for families that had children enrolled in primary school, among others.

Through unifying these programs, the Ministry of Social Development defined the criteria of income and of having children as the main ones for the family to qualify for the grant, and established as counterpart from the families the need to enroll children in school and the health immunization of children.

Since 2003 and up to 2010 the program has followed its target of increasing annually the number of beneficiaries and has reached around 11 million families (around 50 million people) by 2010. The benefits transferred varies from R$ 22 to R$ 200 (from US$12 to US$110) according to the level of income and the number of children in the family.

The benefit is paid in 94% of the cases to the women in the household, following international guidelines which show that this choice provides more empowerment and economic autonomy to women. This happens more in the sense of decision making about where and how to spend the money than in terms of equality in gender relations in the family.

There is general agreement in society about the convenience of the payment to be made to women. Among the family grant receivers, the great majority agree with this and consider that women “know better what is good for their family” and “spend more on food and with the kids” (IBASE, 2008).

According to another research done about this issue in selected state capitals, the role of the husband, in the majority of households, doesn’t have much influence in the way of complying with the counterparts of the family grant recipients. The authors argue that the commitment of the mother is more important than the presence of the father in the decision making about enrolling children at school, going to the health care center or doing other things related with the children’s welfare. “Alone or with a partner, the femininity of the interviewed women is based on their ‘motherhood’, understood as the role of childcare” (Suarez & Libardoni, 2007).
Another study developed by the economist Lena Lavinas (2010) with a sample of more than 120 hundred thousand respondents in selected metropolitan areas of the country show that receiving Bolsa Familia is not a particularly relevant variable to predict the long term engagement of women in the labor market. According to the research, this would be more linked to a previous history of the woman being economically active than related to receiving the benefit. Lavinas states that “Bolsa Familia or any other income transfer program isn’t really a lever to promote the autonomy of women”. This statemente by Lavinas is based on her own research and also in other studies done about the impact of Bolsa Familia to very poor families in Brazil. These studies show that the situation of severe unemployment, low salaries when the person is employed and low education level provide a more structural situation that makes it harder for the beneficiaries of Bolsa Familia – majority of women – to overcome poverty by receiving the income transfer. Lavinas quotes, for instance, that more than 40% of interviewed families in the survey state that the most important would be for them to find a regular job so that they don’t have to be dependent of Bolsa Familia (Lavinas & Cobo, 2010).

Research among recipients of Bolsa Familia has shown that 27% of the women who receive the grant are single mothers; 85% of them are between 15 and 49 years old and 64% are Afro-Brazilians, who are those self classified in the research as black or brown (IBASE, 2008).

The women that receive the grants have answered in the IBASE survey that they feel more financial independent (49%), that they have increased their decision making power in the family (39%) and that they have started to buy more through credit (34%).

The resource received through the family grant is mainly spent in food (87% of cases); school supplies (49%); medicines (22%). Poorer the family, greater is the proportion of the income spent in food.

However, it is important to mention that among the families that receive the grant, 21% of them (around 12 million people) are in situation of severe food insecurity (hunger among people in the family). Although the program is important to improve living
conditions of families, it cannot guarantee the satisfactory food security levels, because this has to do with greater picture of poverty.

An important feature of the pattern of expenditure of families benefited by the grant is the fact that the income transfer happens monthly, in a regular basis, providing the possibility of planning how and when to spend the resources, something that was not possible before.

There is also a measured consequence of greater access to social policies by the women who receive the family grant: 42% said that they started to use more the public healthcare facilities and 33% said they had more access to health exams (Ibase, 2008). This can be explained by the conditionality of the program that the families have to comply with. Women have to go more frequently to the health care center for immunization of children and other health care for children. At the same time, there was an expansion of “Family Clinics” (PSF – Family Health Program) in a greater number of healthcare units, and this leads to greater attention from the healthcare professionals not only to the child, but also the family, particularly pregnant women. The combination of these two factors might explain this increase.

In relation to their situation in the labor market, among those that receive the family grant, there was only 16% that had formal registered job in the month previous to the research (IBASE, 2008), and 44% had some kind of paid work in the previous month. Taking into account that most of the recipients of the grant are women, it is easy to understand that a great proportion didn’t have regular paid work in the previous month, because a greater proportion of women are dedicated to household work.

When asked “did you stop doing some kind of work after receiving the family grant?”, 99.5% of respondents to the research said no (Ibase, 2008). This is an indicator that the family grant is not seen by its recipients as a simple solution for the situation of poverty among millions of families in Brazil and that it doesn’t necessarily contribute to economic dependency on the grant. In fact, asked in the research about for how long the families should receive the benefit, 73% of respondents said that they should stop
receiving at a certain point, defining different criteria for phasing out the program (find a regular job, children are grown up, children finish school, etc.).

Despite this understanding and these evidences, there is a political debate in Brazilian society about the unintended negative consequences of income transfers to attitudes and behaviors of poor families, and poor women in particular. There is a current interpretation that Bolsa Familia would encourage women (and particularly single mothers) to have more children, because the benefit is paid according to the number of children and so they would be able to earn more if they have more kids. There is also a perception that people would be accommodated and would not look for work while they can live of Bolsa Familia.

These impressions are not evidence based but play an important role in the hearts and minds of public opinion and politicians, who often come up with some type of proposal to change the income transfer program. However, popular as it is today in Brazil, having had a significant responsibility in the election of the government candidate in the presidential elections in 2010, these attempts hasn’t got any concrete results so far. But those responsible for the implementation of these policies and also the social movements and women’s movements in particular have a responsibility in proposing new ways of improving the program, making it more accountable, creating opportunities for beneficiaries and providing alternatives for decreasing poverty in a more sustainable and long term basis.

While there are concrete positive outcomes in the life of women because of the family grant, the authors of IBASE research say that there is still low investment in complementary policies that can create conditions for the long term insertion of women in the labor market. Because of this and other similar research results about the impact of Bolsa Familia, the government has started in the last years new initiatives that may contribute to the long term insertion in the labor market of those that receive the family grant, through training programs and job placement, therefore reducing the family dependence on the family grant. In 2011 Brazilian government has launched a new phase of the Bolsa Familia Program, aimed to eradicate extreme poverty in the coming years, through an increase in the amount paid to the poorest families.
There are already some experiences in which the microcredit has been adopted as part of the intervention strategies with beneficiaries of income transfer programs. This is the case, for instance, of an initiative developed by São Paulo local administration between 2001 and 2004, under the administration of Mayor Marta Suplicy.

Among other results, it was verified that the number of recipients of the family grant who were entitled to receive microcredit was proportionally small in comparison with all participants in the program (IBASE, 2008).

It is also important to mention that, beyond the positive results of Bolsa Familia in terms of reducing extreme poverty, Brazilian social structure is extremely unequal and didn't experience substantial changes in the last decades. Although the Gini index has been slightly reduced in the last years (mainly after 2004), the pattern of inequality and low social mobility still remains. The same pattern is applicable to the differences that we see among women, according to their participation in labor market, to living in rural or urban areas, to school years and to race and ethnicity.

A research developed by the International Policy Centre for Inclusive Growth, which is a joint initiative between UNDP and the Brazilian research center IPEA, has shown that, among three potential scenarios of equalizing the situation of men and women in the labor market, the variable that would bring more contribution to poverty reduction would be the promotion of greater women’s participation in the labor market (Costa & Silva, 2008).

The research has analyzed data from eight Latin American countries (Argentina, Brazil, Chile, Dominican Republic, El Salvador, Mexico, Paraguay and Uruguay). It has concluded that investing in increasing the access of women (especially poor women) to the labor market is an essential element of pro-poor public policies.

Although the authors don’t relate directly in their study the role of reproductive health and the promotion of greater participation in the labor market, they point that an important way of increasing women’s participation would be to provide childcare centers available especially for poor women, as the responsibility of childcare increases the probability of women being economically inactive (Costa & Silva, 2008).
“In the case of Brazil, the construction of a welfare society was unfinished. Even with the advance of industrialization in the last 50 years changing the life of women through rapid and uncontrolled urbanization, the agrarian, fiscal and other social reforms were not totally implemented and this has made possible the consolidation of a type of divided society between the organized labor market with access to social policies and a great number of people excluded from the wealth” (Melo & Oliveira, 2009).

In fact, Lavinas, in the mentioned study (Lavinas & Cobo, 2010) and in others, as well as other authors point that the insufficient provision of public nurseries and other childcare facilities as one of the main barriers for full participation of women in the labor market (Lavinas & Nicoll, 2006).

5- Social norms and household bargaining

In Brazil, women spend a great number of hours in household work and taking care of relatives, the so called invisible work. The average number of hours spent by women in household work is twice the number of hours spent by men in these activities. In 2009 this represented 22 hours for women and 9.5 hours for men. Here also there are significant differences between the number of hours spent by women with more (over 12) and less (under 8) school years (over 12). The first spend an average of 17 hours in household work, while the latter spend an average of 25.3 hours.

The unequal division of household work between men and women is only one aspect of the difficulties related to negotiations between men and women at household level. The conflicts that happen at home expose another extreme situation expressed through domestic violence.

In Brazil domestic violence is a sad reality: one in each two women has suffered some kind of violence, including physical, sexual, psychological, against women’s property or other type of abuse practice by men (Venturi at alli, 2004). In the same research, one in five respondents (19%) has declared spontaneously that has suffered some kind of violence practiced by a man: 16% reported cases of physical violence; 2% reported
cases of psychological violence and 1% reports sexual harassment. However, when stimulated, the proportion of women that reported cases of violence doubles, reaching 43%.

The proportion of beating (11%) for the universe that was researched (61,5 million women) indicates that at least 6,8 million women have been beaten at least once in their lives. Considering that 31% has declared that the last occurrence was in the last 12 months previous to the research, we reach the number of 2,1 million women beaten in Brazil per year, meaning 175 thousand per month, 5,800 per day, 243 per hour, 4 per minute, one every 15 seconds (Venturi at alli, 2004).

The authors of this research state that the measures of taking care of women, receiving denounces and hosting them in shelters will be insufficient if the moral basis that legitimate and brings naturalization to the violence against women are not addressed. This demands an educational policy that can actively deconstruct these values and build new values (Ibidem).

As a response to this picture, in August 2006 Brazilian Congress has approved the new legislation on domestic violence (Law 11340/2006), known as Lei Maria da Penha (LMP), in honor of a woman called Maria da Penha who, despite strong violence from her former husband, has survived and was one of the main activist for the approval of this legislation.

This new legislation has represented a great victory for Brazilian women in the struggle against domestic violence. One of the main achievements of this legislation has been the recognition that violence against women happens mainly in domestic environment and are perpetrated by people that had or have intimate contact with the victim, as current or former husbands, fiancés, boyfriends, and for this reason it is required a specific way of work from the police, the justice system and other government bodies.

The LMP legislation has brought important changes in relation to the definition of crimes against women, and new measures to be adopted regarding their repression. The main innovations are:
• Before, domestic violence was considered as “less offensive crime”, thus it was judged in special criminal courts for these types of crime, together with neighbor fights and car accidents, for instance;

• Domestic violence has been defined as a violation of human rights;

• Now the aggressors can be arrested at sight, or have their imprisonment decided by court when they threaten women body integrity;

• The maximum time of imprisonment has been extended from one to three years;

• There isn’t anymore the possibility of the convicted person to pay a fine or do social work;

• New measures to protect women victims have been adopted, such as determining that the aggressor has to stay away from the victim and in some cases from the kids;

• The judge can determine the compulsory participation of the aggressor in reeducation and rehabilitation programs;

• The legislation defines social support measures to the victim, such as her inclusion in eligible group to receive income transfers from the government.

Recent opinion poll has shown that 80% of the population supports the Domestic Violence Act (LMP) and the Brazilian legislation is considered by the UN one of the three best in this matter in the world. However, there are 23 proposals in the Congress that bring changes to the current legislation, most of them changing for worse the current law. The legislation experiments resistance from sectors of the justice system that on one hand, don’t want to increase the penalties of imprisonment as means of justice and, on the other hand, that criticizes the specificity of creating special courts for the crime of domestic violence, among other aspects.
6- Political participation of women and the role of Civil Society

In 2010 we had in Brazil the most “feminized elections” in the history of the country, with the presence of a more significant number of women candidates in all levels, and the election of the first woman president.

Beyond the elected president Dilma Rousseff, with more than 55 million votes, the other woman presidential candidate Marina Silva was in third place in the first round with almost 20 million votes.

In the lower levels (Senate, House of Representatives, State Governors, State level parliaments), the bigger presence of women candidates was benefited by a partial political reform legislation approved in 2009 (Law 12034/2009), which has rephrased the previous legal text saying that political parties have to provide that 30% of electoral lists have to be composed of women. This law also states that 10% of political parties’ advertising has to address issues related to women and 5% of the parties’ funds have to be allocated to stimulate women candidacies (CFEMEA, 2010).

However, the greater number of women candidates didn’t necessarily result in a proportional number of women elected. In the House of Representatives, for instance, the number of women continued the same (45 representatives in a total of 513). A historical perspective gives a summary of the long term limited participation of women in politics:

- Between 1500 and 1932 Brazilian women were excluded from institutional politics;
- Women got the right to vote only in 1932;
- Until 1974, we never had more than 2 representatives in the Congress;
- In 1990 Brazil has elected the first woman senator;
- Only in 1994 Brazil has elected the first state governor (Alves, 2010).
With all these records, Brazil has been classified in 106th place in the ranking of female presence in power spaces, according to the Inter-Parliamentary Union (2010)\(^2\), the fourth worth index in Latin America.

We didn’t find specific research addressing the relationship between women in political or economic decision-making, household income, economic growth and poverty reduction. What we identified, however, are studies showing that, despite the invisibility of women in institutional politics, women have been present and active in many processes of mobilization and political participation in the history of the country, through social movements, human rights organizations and trade unions, among other spaces (Schumaher & Brazil, 2000).

On the other hand, Brazilian State has been developing specific affirmative policies to address women’s rights. Beyond the Special Secretary for Women’s Affairs (SPM), created at national level in 2003, data from 2009 shows that 1,043 municipalities (in a total of 5,565 municipalities in the country) have some kind of institutional structure to address women’s rights. Around 400 municipalities in the country have special police stations for women, while only 262 municipalities have women’s shelters. In 2008 a Special Emergency Telephone service was established to provide information and receive denounces about violence against women (SPM, 2008; 2010).

These achievements and the establishment of these new policies were only possible through the mobilization of a great number of women activists who engaged the fight for women’s rights in the last decades. In the case of Brazil it is very important to recognize the role of these social movements and civil society organizations in order to understand the advances in relation to women’s rights in the recent period of history.

\(^2\) With the election of Dilma Rousseff and the nomination by her of eight women ministers, Brazil will probably advance some positions in this ranking in the next years.
7- The situation of Black women

There is significant amount of literature in Brazil, especially in the last 25 years, revealing the inequalities that cut across the population around racial and ethnic inequalities. The issue in Brazil is particularly in reference to the racial discrimination and the racial inequalities that affect the population of African descent.

Brazil was the last country in the world to abolish slavery of people of African origin, in 1888. Although no formal segregation was imposed after that, former slaves became totally marginalized from the mainstream economy. They were in their majority illiterate, with no job skills and no capital. Beside that, Brazilian government began in the late 19th century to stimulate European immigration, in an explicit attempt to “whiten” the national population. Millions of European immigrants entered the country during the last decades of 19th century and the beginning of the 20th century and this workforce was preferentially hired both on agriculture and by the industries that were flourishing in the main cities.

By the 1930’s, when the country was beginning its industrialization and, at the same time, intellectuals and politicians were struggling with the definition of some kind of national identity, Gilberto Freyre, a Brazilian sociologist who was trained in the U.S., developed the concept of “racial democracy”. Rather than being ashamed by our majority black and mixed population, we should be proud of it, and praise it as a sign of our racial tolerance and integration. After all, we didn’t have legal segregation like in U.S. and South Africa, and we were able to get along well with all races.

After World War II, UNESCO funded an extensive research project on Brazil and its racial democracy, hoping to find insights that could help the rest of the world to deal with prejudice and discrimination. But the results were different from what researchers expected. The scholars found that, although very much culturally integrated, Brazil was a place where racism, prejudice and racial discrimination were firmly entrenched. These practices were disguised by the myth of racial democracy itself, and were often explained by other means, such as class differences. The discourse of racial equality and tolerance prevailed over the reality.
During the 1960s and 1970s, discussion of racial inequality was discouraged by the military dictatorship, which suppressed most forms of free intellectual and political activity. The 1970 National Census didn’t even include a question on race or color in its forms. During the late 1970s, a variety of social movements began to organize, seeking to improve the country’s social conditions. Among them, groups referred to collectively as the Black Movement were dedicated to fight racial discrimination in Brazil. The first civilian government was elected indirectly in 1985 and the 80’s were marked by important advancements in terms of political democratization.

At that time, scholars began once more to address the “race question.” Activists denounced racial inequalities and attempted to understand why the myth of racial democracy was still alive and well. In a country with huge socio-economic inequalities, it was difficult for black people to perceive that their poor living conditions were due to racial discrimination. This has begun to change due to the growing visibility of an active Black Movement, to the presence of a tiny group of black intellectuals and artists who frequently raise the issue and also to government intention to do something on this issue, creating specific agencies to deal with issues of black culture, with the situation of descendents of former slaves and anti-racist legislation.

The Brazilian Census Bureau asks people to classify themselves into one of these five categories: White; Black; Brown; Indian and Yellow (meaning Asians). Blacks and browns constitute 51.1 percent of the whole population. The figures for 2009 were: Whites: 48.2; Blacks: 6.9; Browns: 44.2; Indians/ Yellow: 0.7 (IBGE, 2010).

In Brazil, the concept of race is more related to skin color and physical features than to ancestry. This led some scholars to analyze Brazilian race classification not as “racial groups”, but as “groups of color” (Degler, 1991: 103). Another characteristic of Brazilian race classification relates to our historical background and to the myth of racial democracy that was previously mentioned. As Guimarães explains:

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3 The question about race has been included again in the National Census in 1980.
“The distinctiveness of Brazilian racism or Latin American racism in general, comes from the fact that Brazilian nationhood was not formed, or ‘imagined’, to use Anderson’s metaphor, as a community of ethnic dissimilar individuals coming from all parts of Europe, as was the United States. Brazil is an amalgam of Creoles from different ethnic and racial backgrounds whose race and ethnicity were lost to gain Brazilian nationhood.” (Guimarães, 1995: 215).

Black Brazilians have made little progress entering the professions, establishing their own businesses, and finding white-collar employment. They are still consigned to unskilled manual labor. The disadvantages that accumulated throughout Brazil’s history made it difficult for the Afro-Brazilian population to succeed. Statistics illustrate the present situation (Heringer, 1999; Paixão, 2008; Santanna & Paixão, 1997; Theodoro, 2008).

“More than one century after abolition of slavery, manual work continues to be the place reserved for Afro-Brazilians. In opposition to what modernization theories might have led, the transition structure provided by the fast economic growth in the last decades doesn’t seem to have shortened in a significant way the social-economic distance between racial groups in the population.” (Hasenbalg, 1996:15).

The trajectory of black women as well as indigenous women in Brazilian history is marked by episodes of violence, sexual exploitation and limitations to their autonomy regarding their lives. Indigenous and black women have been slavered in the more than three centuries of colonial rule, up to the 19th century. During this time, the economic and sexual exploitation of black women has taken place, with their image often associated with permissive sexual behavior and prevailing stereotypes of the “hot black female body”, in the figure of the *mulata*. Characterized by strong economic growth and society modernization, the 20th century didn’t reserve a very different destiny for these women. The role assigned to then continue to be a subordinate one, with limited access to healthcare, education and insertion in the labor market.

The struggles to change this reality have been getting stronger since middle 1970’s, with growing participation of black and indigenous women in the feminist movement, as
well as in the national political life. The recent organized actions of these movements have been responsible for important outcomes, including changes in public policies.

Despite the positive results of the educational policies implemented in the last 15 years, the black population still suffers with the inequalities and faces greater difficulties to access education.

According to a study developed by the state run research center IPEA in 2008, the illiteracy rate among white women (over 15 years old) has fallen from 10.8% in 1993 to 6.3% in 2007. Among black women has been reduced from 24.9% in 1993 to 13.7% in 2007 (Zenker & Richard, 2008).

Looking specifically to the participation of women in labor market according to race/ethnicity we see a predominant presence of black women in the domestic work. In the case of black women, the percentage was equivalent to 21.4% in 2007, while among white women it was 12.1%. This means the black women are more exposed to a type of occupation in insecure situation, exposed to long working hours, low salaries and lack of labor legislation enforcement.

In 2007 black women received 67% of the earnings of black men and the equivalent to 34% of the income of white men. White women received 62,3% of the income of white men. It is also important to highlight that according to official data for 2007, 20% of the white population could be defined as below the poverty line. Among black population, this proportion was more than double: 41.7%. This means that by that time there were 20 million more black people below poverty than white people (Zenker & Richard, 2008).

There are also inequalities in the access of black and white women to healthcare. This is exemplified through a study done in 2003 by the Public Heath School (ENSP) which shows that black women had fewer appointments with doctors during pregnancy than white women (Criola, 2003).

Another study has revealed the greater proportion of black women among the victims of maternal mortality. According to Martins (2004), the number of pregnancy related
deaths among black women is three times bigger than among white women, because of lack of assistance during pregnancy and delivery or low quality services.

Since 2003, when was created the Special Secretary for Promotion of Race Equality (SEPPIR), there has been greater mobilization of black social movements, together with government bodies to define the health of black population as a priority for the Ministry of Heath. After a National Seminar about the health of Black People in 2004, a new approach was started, with the beginning of new programs. The main perception that came from this process was that the legal guarantee to universal and equal healthcare services haven’t secured to whites and blacks the same treatment (Rede Saúde, 2004).

The debate about the compulsory sterilization was also an important contribution of the black women’s movement to the broader debate about reproductive health and rights. There was a lot of controversy around this issue. Some activists among the black women’s movement in the 1990’s considered that sterilization should be regulated as a way of limiting abuses, while others thought that this regulation would harm black women, bringing some kind of legitimacy to racist practices in this area (Ribeiro, 1995).

As a preparatory process to the Cairo Conference on Population and Development, the black women’s movement organized in 1990 a National Seminar about Policies and Reproductive Health of Black Women. As a result of this meeting, the black women demanded the reproductive autonomy of discriminated groups, and demanded the role and responsibility of the state in this regard.
8- Conclusions

When we examine the contemporary (last decade) production in Brazil about women’s rights, public policies for women, sexual and reproductive health and rights, social-economic indicators about women and so forth, we notice stronger intersections among some of these issues when we look more specifically to the analysis about the effect of poverty reduction policies – the main example is Bolsa Família – and to some studies about the broader patterns of poverty reduction in Brazil. The different determinants of poverty are analyzed, as well as consequences of different measures and policies to address them. This includes regional inequalities, the fact of living in rural or urban area, race and ethnicity and gender equity.

However, and this is an interesting element for this debate in Brazil, the social and political actors that bring a clearer and louder voice advocating for the influence of gender equity on poverty reduction are mainly international UN agencies, such as UNIFEM, UNFPA and UNDP, and multilateral institutions like IDB and World Bank⁴.

This indicates, in my view, that we need more research to bring evidence of gender equity measures on the reduction of poverty in Brazil. There is a need to go beyond the recognition of the fact that because women are the main recipients of Bolsa Família this implies they will be more empowered, have greater economic autonomy and have improved self-esteem and that this, ultimately, contributes to family well-being.

We went through many researches that show this, and are relevant in terms of documenting the experience of women empowerment in such a disempowered context like being recipients of income transfer to cope with extreme poverty. But it is required

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⁴ An anecdote illustrates this: when searching in the internet using the Portuguese words for “gender equity and poverty reduction”, most of the documents one gets are about African Portuguese speaking countries such as Mozambique and Guinea-Bissau. In these documents there are reports released in Portuguese about strategies of poverty reduction in these countries, but probably originally written in other countries, in another language. When one includes the word “Brazil” to the search, then it is possible to get some data, studies, and political documents about the issue, most of them again produced by UN agencies and focused on monitoring the MDG goals.
that more studies are done in terms of other types of impact over women, beyond the economic impact through receiving the grant.

There are ongoing experiences in terms of pilot projects that are being called “Next Step”, oriented to offering training opportunities for women who receive Bolsa Família, so that they can have better job opportunities in the near future. It is very important to have new researches showing the impact of these trainings, mainly in terms of the new role of women at home and the opportunities for long term income creation.

The other area in which more research in required is about the so called “care/unpaid economy” and its role, on one hand, in disempowering women, and, on the other hand, the still small responsibility taken by the State in terms of providing adequate and good quality child care and elderly care, so that the family – and specially the poor families – doesn't have to rely so much on the role of women for these tasks. Brazilian population is getting older and probably in a few decades women won't be at home mainly to take care of children, but to take care of elders. This is a reality already knocking at our doors and Brazilian society in general is underprepared for this new moment.

Another area that is considered fundamental when we talk about gender equity is the issue of public attitudes and cultural norms relating to gender. The availability of data in Brazil in this field is mainly limited to opinion polls that are done from time to time, developed by private public opinion institutions. Sometimes women’s organizations are able to take part in some of these researches – which in general are very expensive – and are able to access the results as inputs to their political analysis and strategic definitions. Another good example of research done in this era, which continues to be quoted as a reference is the one developed by Perseu Abramo Foundation in 2001-2002, referred early in this article (Venturi & Recamán, 2004).

In terms of data on sexual and reproductive health, the article reveals that there is a lot of information, but in many cases through researches developed in the field of public health and medical science, which not always reach the broader public and have the ability of influencing public debate. In this field it is relevant to have more data with
results available by race/ethnicity and particularly in relation to the health conditions of indigenous groups in Brazil.

The whole field of monitoring public policies is experiencing greater development in Brazil, and new methodologies for this type of analysis are being developed. However, we consider that more research is required in terms of how the policies that are defined at national level reach the “real people”, the individuals in their everyday lives. The connection between the macro level of political definitions and the universe of local interactions that influences in implementation of policies has to be expanded.

The data and the bibliography collected and analyzed for this article show that Brazil has followed an important path towards gender equality in the last decades, but still has a long way to go.

The recent improvements in terms of positive social indicators revealing poverty reduction and even the decrease of inequality in a country that has inequality marking its whole history brings new issues for the debate and lead Brazilian society, including different stakeholders, to debate more deeply which are the scenarios for the future.

In this context of intense political and academic debate, addressing gender equity as a requirement - or, at least, a relevant variable – to influence in poverty reduction is certainly received with a positive view. However, as mentioned earlier in this article, the connection between these two issues has to be better established and defined, in order to demonstrate its possible outcomes and impacts.

As it has been shown, the debate about poverty eradication in Brazilian society today focuses on the impact of income transfers – Bolsa Familia program – and its long term consequences, both generational and also in terms of future autonomy of the current recipients.

Some authors argue that the effect of conditional expected behaviors that recipients should adopt (healthcare and education of children) will be less important in the coming years and that the focus of these programs should be the entitlement to a minimum income by any individual, independent of their previous conditions, age, having or not
having children. If the income transfer program in Brazil evolves to a type of minimum income program, de-attaching it of the “family” characteristics that it has today, maybe the role of women will also go through a change in these programs, and the debate about empowering women as a determinant of poverty reduction will also go through another path.

Currently, this notion of women as the “guardians” of the family income received through Bolsa Familia, as researcher Lena Lavinas has shown, doesn’t really contribute much to women’s long term empowerment and economic autonomy.

The path to gender equity is longer and more complex. The stereotypes related to gender roles, to the role of women in society and to the sexual representation of women and men in Brazilian society play a significant role in the advancement of gender equity and have to be addressed if we are talking about long term changes.

The young people that are being socialized in the current culture of macho behavior and gender violence will hardly develop a new way of looking to the role of men and women in the future and to accept the idea of women emancipation as part of the advancement of the whole society.

In a similar approach, the role of religious beliefs and behaviors also project times of stronger conservative ideas influencing in Brazilian political culture and bringing more difficulties to the implementation of true gender equity, especially in relation to reproductive health and rights.

Finally, it is important to consider the need of advancing gender norms in order to influence in poverty reduction in a sustainable way. This will happen through the broader engagement of different social actors in this debate, through a new approach to gender to be built and strengthened in different institutional spaces as the federal government, the congress, the justice system, the educational system and the media, to name a few.

The strong commitment that Brazilian society is starting to show about the collective duty of eradicating extreme poverty and providing minimum living conditions and
opportunities to the majority of the population will necessarily require an equally strong commitment to gender equality in the long term. It is, in our view, only a question of time, but it will be the result of long term engagement to produce change.

This requires a new way of thinking about development in the long run. The economy growth cannot continue to be based on the traditional role of women as care providers for the family as a “natural” role.

It is also fundamental to recognize that a society that respects and takes care of women, provides them with reproductive and sexual health care and with the conditions for developing their autonomous role in the family and in society will be in a better position to develop a sustainable model for growth.

Finally, we consider that it is necessary not to loose sight of the fact that women are entitled to rights because they are human beings and not because it will benefit poverty reduction or family wellbeing.
Bibliography


Costa, Joana; Silva, Elydia; Vaz, Fábio, 2009. The role of gender inequalities in explaining income growth, poverty and inequality: evidence from Latin American Countries. Brasília:


Inter-Parliamentary Union http://www.ipu.org/wmn-e/arc/world310306.htm. Situação em 30 de junho de 2010 (Single house or lower house).


Melo, Hildete Pereira de, O Brasil e o Global Gender Gap Index do Fórum Econômico Mundial: algumas considerações. Disponível em: 


OECD, 2009. Gender, Institutions and Development Database. Available at: http://www.oecd.org/department/0,3355,en_2649_33973_1_1_1_1_1,00.html

Peixoto, Socorro Leticia Fernandes, As mulheres no programa Bolsa Família: entre consensos e contradições. Fortaleza: UECE, s/data.


THEODORO, Mario (org.), 2008. As políticas públicas e a desigualdade racial no Brasil 120 após a abolição. Brasília: IPEA.

