saúde
EM DEBATE

ESSAY

Care work on the health agenda: Invisibility, overload, and strain on female workers

O trabalho de cuidados na agenda da saúde: invisibilidade, sobrecarga e desgaste de mulheres trabalhadoras

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ABSTRACT Care work is complex and multidimensional, embracing a wide range of activities, whether paid or unpaid, from household chores and caring for children, older adults, people with chronic illnesses or disabilities, places, cities, and nature. We underscore the need to recognize the centrality of care in capitalism for the reproduction of the workforce and the functioning of the economy and society. Historically, care work has been associated with women and naturalized as feminine, which perpetuates gender inequalities. This kind of work is often invisible and undervalued socially and economically, which contributes to its precariousness. Double- and triple-work shifts, informality, low wages, and physical and mental overload cause distress, strains, and illness among workers, especially Black women. The need for articulated public policies that recognize care work as essential for the community and promote its appreciation and redistribution is advocated. Considering social reproduction work as a relevant political and social problem, Occupational Health must include the debate on care work on the agenda and develop actions to preserve, protect, and promote the health of working women.

KEYWORDS Caregiver burdens. Gender. Race. Public policy. Occupational health.

RESUMO *O trabalho de cuidados é complexo e multidimensional, abrangendo uma ampla gama de atividades, remuneradas ou não, desde as tarefas domésticas e o cuidado de crianças e idosos, de pessoas com doenças crônicas ou incapacitadas até o cuidado dos lugares, das cidades, da natureza. Destaca-se a necessidade de reconhecer a centralidade do cuidado no capitalismo para a reprodução da força de trabalho e o funcionamento da economia e da sociedade. Historicamente, o trabalho de cuidados tem sido associado às mulheres e naturalizado como feminino, o que perpetua as desigualdades de gênero. É um trabalho frequentemente invisibilizado e desvalorizado social e economicamente, o que contribui para sua precarização. Dupla e tripla jornada de trabalho, informalidade, baixos salários e sobrecarrega física e mental causam sofrimento, desgaste e adoecimento das trabalhadoras, principalmente de mulheres negras. Defende-se a necessidade de políticas públicas articuladas que reconheçam o trabalho de cuidados como essencial para a coletividade e que promovam sua valorização e redistribuição. Considerando o trabalho de reprodução social como um relevante problema político e social, a Saúde do Trabalhador e da Trabalhadora deve incluir na agenda o debate a respeito do trabalho de cuidados e desenvolver ações para preservação, proteção e promoção da saúde das trabalhadoras.*

PALAVRAS-CHAVE *Sobrecargas do cuidador. Gênero. Raça. Políticas públicas. Saúde da trabalhadora.*

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Introduction

> "That thing they call love, we call it unpaid work"[1(40)].

Care should be considered a human right. Built on feminist struggles, the notion of care as a right and the right to care includes prioritizing the value of social reproduction and recognizing women's invisible input to the societal sustainability and well-being, the workforce's survival and maintenance and, consequently, the promotion of human, environmental, and national economic development. In this essay, care work should be considered generically, encompassing a wide range of occupations, but we also address reproductive work as any activity that aims to preserve human life, regardless of whether it is remunerated or not, inside or outside the domestic environment.

Care work can be considered a paradigm of the sexual division of labor by expressing power relations in society, marked by unequal and hierarchical social relations between genders[2]. Naturalized as 'feminine', this type of work actually conceals profound exploiting, oppressive, and devaluating relationships[3]. This perception stems from the subjective foundations of the sexual division of labor that manifest themselves in gender systems. Such systems were socially built to promote male participation in public life while simultaneously hindering and discouraging women from taking on roles and careers outside the domestic sphere in traditionally male occupations that are economically and socially valued[4].

Notably, inequalities between women and men in the labor market persist unabated in the Brazilian backdrop. A special bulletin from the Inter-Union Department of Statistics and Socioeconomic Studies (DIEESE)[5] on International Women's Day 2025 states that, despite the increase in Gross Domestic Product (GDP) and the creation of 1.7 million formal jobs in 2024, women continue to have the highest unemployment and precariousness rates, the lowest wages, and the accumulation of domestic and care tasks, including activities related to caring for other people and places, a task that many perform as paid work outside the confines of their homes, marking the context of gender inequalities in the country.

Since 2022, women have become responsible for more than half of Brazilian households, surpassing men as household heads (52%)[5]. Furthermore, in single-parent households, where an adult lives with their children without a spouse, female headship reached 92%[5(1)]. On the other hand, women earned, on average, 22% less than men[5]. Also, in that year, women in management and executive positions received, on average, approximately BRL 40,000 less than men in the same functions[5].

Women are primarily responsible for care work in Brazil, which includes household chores and activities outside the family environment, as well as caring for children, older adults, and people with disabilities. In 2022, the proportion of women who performed household chores was 91.3%, while this proportion was 79.2% among men[6]. Regarding care work, the proportion of women who performed this work was 34.9%, and among men, the rate was 23.3%[6].

In 2022, the average number of hours spent on household chores or caring for others was estimated at 17 weekly hours. Regarding skin color/ethnicity, brown (17.4 hours) and Black people (17.1 hours) spent more time on these activities than white people (16.5 hours)[6]. To better characterize this average, a distinction was made by gender and occupational status:

> Thus, unemployed women dedicated, on average, 24.5 weekly hours to household chores or caring for people, while unemployed men dedicated a little more than half of that time (13.4 hours) in 2022. This gap between women and men remained high even when only employed people were considered: employed women dedicated, on average, 6.8 hours more to these activities than employed men[6(7)].

On the other hand, a study by Camarano et al.[7] – on people who perform the role of domestic worker and paid caregiver based on data from the National Survey on Domestic Work and Paid Care Work conducted by the Institute of Economic Research (IPEA) in partnership with the Ministry of Racial Equality in 2023 – revealed that 93.9% of employed people are women, most of whom are Black (65.7%)[7]. This backdrop reinforces the importance of this type of occupation as a source of income for many Brazilian women.

Essential for the reproduction of capital and society, care work remains undervalued and invisible. It is also poorly recognized as a determining factor in the health-disease process of Brazilian workers. This is a current and highly relevant topic that directly affects women in all their plurality and diversity – but especially racialized women, who provide daily care within the family and outside their homes, both unpaid and/or paid – and causes work overload and physical and psychosocial strain, even leading to burnout. Despite this, care work has not yet been properly highlighted and incorporated into priority discussions in the field of Occupational Health (OH).

Gender and racial inequalities in the Brazilian labor market

Gender and racial inequalities structure the Brazilian labor market, a country with dependent capitalism and a colonial and slave-owning past, which faces problems related to the limited capacity to create formal jobs, chronic unemployment, and low wages. A study by Feijó[8] published on the Fundação Getúlio Vargas (FGV) portal, based on microdata from the Continuous National Household Sample Survey (Continuous PNAD) from the 4th quarter of 2022, showed a lower proportion of women in the Brazilian workforce than men: on average, only five of every ten women of working age participate in the labor market as employed people or looking for a job; in contrast, among men, 7 in 10 are in the workforce. During this period, more than half of the unemployed were women. This reflects difficulties in accessing and remaining in the labor market, where gender inequalities limit female participation.

Regarding unemployment, data from the third quarter of 2024 from the Continuous PNAD[9] showed that Brazil had 91 million women aged 14 or over, of which 48 million were part of the labor force. A total of 3.7 million women were unemployed: the unemployment rate for women was 7.7%, 2.4 percentage points higher than the male unemployment rate (5.3%)[5]. About 31% of women who were out of the labor force said they were unable to work because they had to care for household chores, children, or other relatives. Conversely, only 3% of men who were out of the labor force said that household chores or caring for others prevented them from working[5].

Regarding education, analysis of the fourth quarter of 2022 of the Continuous PNAD[8] showed that unemployment was higher among people who had completed High School but differed between men and women. The unemployment rate among men with up to completed Elementary School II was 7.7%. Among women, it reached 13.4%, indicating that men, even with low schooling levels, can be absorbed by the labor market more easily than women with the same schooling level[8]. Data from the Continuous PNAD, third quarter of 2024, regarding ethnicity, indicated that the unemployment rate for Black women (9.3%) was higher than Black men (6%), non-Black women, and non-Black men (5.8% and 4.4%, respectively)[9(1)].

The increased insertion of women into the labor market has created a 'tension' between the spheres of productive work and unpaid work – "a tension that falls especially on women, leading to the well-known double- or triple-work shift"[10(197)]. The double weekly

work shift overloads Brazilian men and women, but especially women. Men work 53 hours a week and women 55 hours on average, not including commuting time[5]. With family work and caregiving activities, there is a clear overall work overload among women, which ultimately affects other areas of life, such as socializing, leisure, education, self-care, and political participation[11].

> [...] this 'invisible economy', made up of unpaid care work activities – such as food preparation, caring for children, the sick and older adults, and household cleaning, among others – is fundamental in the reproduction of the workforce and enables the economic growth of countries, representing a kind of 'subsidy' to national economies. A 'subsidy' is raised against the very women who perform this work, preventing them from expanding their capabilities, achieving economic autonomy, and exercising other rights[11](22).

In addition to the sexual division of labor, a racial division of labor persists in Brazil, as Lélia González warned[12](50):

> Being Black and a woman in Brazil, we repeat, is being subject to triple discrimination, as the stereotypes generated by racism and sexism place her at the highest level of oppression. While her husband is the target of police persecution, repression, and violence (for Black Brazilians, unemployment is synonymous with vagrancy; this is how the Brazilian police think and act), she turns to providing domestic services for middle- and upper-class families.

Analysis of the compound labor underutilization rate more clearly reveals the dynamism of the labor market beyond unemployment, enabling a more accurate analysis. According to the Brazilian Institute of Geography and Statistics (IBGE) classification, the compound labor underutilization rate encompasses three categories: the unemployed (people without work and actively seeking employment), those who worked fewer hours than they desired, and those who would like to work but, for some reason, were unable to do so[13](56).

> The racial, gender, and class discrimination to which Black women are subjected – as exposed by Lélia González – results in some disadvantages in the labor market, such as confinement to informal, more precarious jobs, without labor rights, and lower wages, even during economic growth, which, in turn, generates higher unemployment, discouragement, and underemployment rates[13](56).

When observing labor force underutilization measures that more accurately estimate the population's labor demand, the overrepresentation of Black women becomes clear. According to data from the Continuous PNAD compiled by DIEESE[5](3), for the third quarter of 2024, the underutilization rate was 19.4% among women and 12.6% among men. Among Black women, 23.2% were underemployed. In the second quarter of 2024, underemployed Black women represented 72% of the total unemployed, while among white women, this proportion was 66%[13](53). Regarding the total unemployed, discouraged Black women represented 45%. In contrast, among white women, the percentage was 32%. For Black men, discouragement corresponded to 43% of the unemployed, similar to the percentage of Black women[13](53).

Paid care work: domestic and care work in Brazil

Domestic and care work employs a large number of Brazilian women. There is no rigid boundary between the work of domestic workers and so-called professional caregivers, and there is also a complex balance between paid care in several forms and unpaid care. Similarities include the fact that they are performed mainly by Black and brown women, as well as the precarious work nature, combining

low wages and limited social protection with extended working hours. The only distinguishing feature appears to be schooling, a socioeconomic characteristic that, in fact, differentiates the two groups – domestic workers and caregivers – with a considerably higher schooling level among caregivers[14,15].

The study by Guedes and Monçores[14], based on data from the PNAD from 2002 to 2015, using the analytical dimensions of individual characteristics, working conditions, degree of labor and social protection, home situation, and isolation/belonging, showed that there are more similarities than differences between the group of domestic workers and those called caregivers, a term popularized in the country from the 2000s onwards. Both occupations share precarious working conditions, characterized by low wages, little social protection, and long (paid and unpaid) working hours. The predominant profile in both is Black and brown women. The only notable socioeconomic difference between the two groups is the schooling level, which is higher among caregivers and is a fact that has not yet had economic repercussions. According to Araujo, Monticelli, and Acciari[16(149)], there is

> [...] a significant number of women, generally Black, older, working informally and earning less than the minimum wage, either as caregivers or domestic workers.

Estimates from the 2023 Continuous PNAD[17(2)] indicate that approximately 5.5 million people were employed in domestic services in Brazil, corresponding to 13% of the country's female workforce. Around 92% of this total were women, mostly Black (66%), aged 45-59 (42%), and with less than High School level (63%). The proportion of Black women whose primary source of employment and income was domestic services was even higher compared to non-Black women (16% and 9%, respectively)[17(2)]. Regarding schooling, Camarano et al.[7(99)] highlighted that 52.4% of Black domestic workers did not complete High School. Compared to non-Black women, this percentage was 42.9%, which reinforces the inequality by race among women who perform the same activity.

In 2023, most domestic workers worked without a formal contract: 77% of Black women were employed in domestic services, and 75% of non-Black women worked informally, resulting in low social security coverage for domestic workers[17(2)].

Approximately 67% of Black domestic workers and 60% of non-Black domestic workers did not regularly contribute to social security, against 39% of Black workers in general and 28% of non-Black domestic workers. Regarding income, domestic workers earned, on average, less than half (45%) of the average income received by all employed women, lower than the minimum wage in force at the time[17(2)].

The 2023 Continuous PNAD[17(4)] also revealed that more than half of the 37,948 thousand households with employed women had a woman as the family head (51.4%). In the case of households with domestic workers (5,362 thousand households), the proportion of these professionals as the family head was even higher: 57.1%[17(4)]. Regarding socioeconomic status, compared to all employed women, poverty is more acute among domestic workers. The percentage of employed women in poverty was 10.5% and 3.2%, respectively: 19% of domestic workers were in poverty, and 7.1% were in extreme poverty[17(3)]. Once again, the 'racial division of labor' is evident when we note that the concentration of Black domestic workers in poverty was even higher: 22% of them were poor and 8.5% extremely poor in the period under consideration, compared to 13.3% and 4.4% in the case of non-Black domestic workers[17(3)].

In Brazil, after intense mobilization by workers, in April 2013, Constitutional Amendment Nº 72 was enacted, which became known as the Domestic Workers' PEC, which guaranteed equal labor rights between domestic workers and other workers, including

maternity pay, sickness benefits, accident benefits, survivor's pension and disability retirement, age, and contribution time. It also set the working day at 8 hours and a 44-hour week. The Constitutional Amendment (PEC) was regulated in 2015 by Complementary Law Nº 150, which expanded the guarantees provided to the category, such as the mandatory contribution to the Severance Indemnity Fund (FGTS). However, 12 years later, we are far from guaranteeing health and social protection for these workers, the vast majority of whom remain informal.

In the case of caregivers, this role was only incorporated into the Brazilian Classification of Occupations in 2002, a category that encompasses nannies, elderly caregivers, social mothers, and health caregivers[16]. Despite the efforts of social movements, to this day, the occupation of elderly caregivers has not been regulated in Brazil. In 2019, the bill was approved by the House of Representatives and the Senate but was ultimately vetoed in its entirety by then-President Jair Bolsonaro. It was then returned to Congress, which upheld the veto. Notably, as a Representative, Bolsonaro was the only member of Congress to vote against the 'Domestic Workers PEC'. His justification was that the laws would result in higher costs for employers and restrict the free exercise of their profession[16].

Despite some advances regarding the guarantee of rights, such as the law on domestic workers and State Law Nº 7.332 of July 14, 2016, of Rio de Janeiro, which regulated the occupation of elderly caregivers with the requirement of a schooling level and specific training[16], many employment contracts have been performed through the well-known MEI, that is, as an Individual Microentrepreneur, in which the fallacy of 'entrepreneurship' only covers up the increase in precariousness, exempting employers from tax burdens and duties guaranteed by the Consolidated Labor Laws (CLT). Elderly caregivers and day laborers have primarily used this contract type, and despite guaranteeing some rights, these workers do not receive vacation pay, bonus salary, or severance pay[18]. They also lack protection for their health and safety at work, not to mention the cases of slave-like labor that are still reported in the country today. Lack of recognition, devaluation, informality, and lack of health protection persist as hallmarks of Brazilian domestic workers and caregivers.

Care as work and social policy

The concept of care in scientific literature is polysemic and can be considered still under construction. From the perspective of gender studies, care conceptualization refers to "all activities and practices necessary for the daily survival of people in the society in which they live"[4(23)]. Throughout the life cycle, all people need or will need care, and not everyone has care networks, families with female caregivers, or the financial means to pay for care.

Historically assigned to women, caregiving has become naturalized as a 'female task'. Capital globalization and population aging have shaped a new international division of labor and made the limited supply of care a global issue. This situation has led to the opening of this labor market to occupations such as domestic workers, nannies, caregivers, and others, with positions traditionally reserved for women, especially migrant and racialized women[19].

In Batthyány's view[4], care is one of the dimensions of social well-being, like the right to work, health, or social security, and should be linked to social protection policies. We must view care as a universal right for all, considering the circumstances surrounding those who receive care and those who provide it, including self-care, besides the bonds and affection that can be produced through care.

The need to incorporate care into the field of rights lies in the recognition of a highly

unequal society within a power structure that constructs asymmetrical social relations between genders[20]. Society must take responsibility and ensure a collective response to care demands and needs[21,22]. As a matter of social well-being in dialogue with the sexual division of labor, care should not be the sole responsibility of women, who cannot be the only alternative to provide it. The principal issue today is how to socially organize care more justly and equitably from a gender perspective[20].

In Brazil, household chores were not considered 'work' for a long time, and the time spent on them only began to be recorded by the IBGE in 2001[23]. Starting in 2019, household chores began to be classified as 'other work forms', such as consumer activities or volunteer work. Recording the time spent on these so-called 'unproductive' tasks allowed for some visibility into the work of social reproduction and comparisons between countries, also exposing gender inequalities in the family environment, which can be considered a step forward[24].

There was a long-standing idea that doing housework – that is, performing unpaid domestic and care work in general – should be considered an act of love or a female obligation. These tasks traditionally assigned to women and made invisible or considered of lesser value are practically the same (low) paid activities performed by domestic workers. This group still struggles to secure labor and social security rights.

In a country known for extreme social inequality, it is necessary to provide care to those in need fairly, at a cost socially distributed among the State, family, and society[24]. Cultural changes are needed to remove women from their naturalized role in society as those responsible for family care. Furthermore, the State needs to implement public policies that ensure adequate care services, understanding that "care tasks are part of human existence and, as such, are the duty and right of all people"[25(2)].

> Public care policies have a greater impact on women's lives, as they are primarily responsible for providing care, whether unpaid – when they perform these tasks for their families – or paid when they provide these services to other families in exchange for payment. The time that family caretakers, mostly women and girls, dedicate to these activities adversely affects the quality and likelihood of their participation in the labor market. Indeed, these individuals have less or no economic independence, professional fulfillment, or income from wages and retirement benefits[25(2)].

Federici[26] discusses how capitalism has historically benefited from the exploitation of unpaid care work as a means of reproducing life and labor power, freeing men to enter the labor market and fostering capital accumulation. She also links the devaluation of care work to patriarchy, a system of power that subordinates women and naturalizes gender inequalities. The author believes that capital always finds a new source of accumulation, which occurs primarily through the exploitation of female and racialized bodies. In opposition to neoliberal ideology, Federici's work has been fundamental in driving debates and demands around the care economy in Latin America, inspiring and mobilizing feminist movements in defense of rights and the creation of care policies toward a more just and egalitarian society.

The Brazilian Government joined the movement to create a national care policy and plan by establishing an interministerial working group in 2023, which included representatives from more than 17 ministries, as well as members of states, municipalities, and academics. In July 2024, a bill was introduced to Congress, and on December 23, 2024, Law Nº15,069, the National Care Policy (PNC)[27] was signed into law. Its main objective is to guarantee the right to care, both for those who receive it and for those who provide it. The PNC defines the policy's priority target audience as children and adolescents, with special

attention to early childhood; older adults and people with disabilities who require assistance, support, or help to perform basic daily activities; and caregivers, whether paid or unpaid[27].

With shared responsibility among the State, families, the private sector, and civil society, the PNC aims to guarantee the universal right to care, promoting a fair division of this task between men and women. The actions proposed through the National Care Plan must be implemented in an integrated, cross-cutting, and intersectoral fashion, encompassing several areas, such as health, social assistance, education, human rights, labor, and social security[27].

From the Occupational Health perspective, coordinated actions are expected to promote decent work through formalization, professional qualifications, and guaranteed labor and social security rights for paid caregivers, combating the sector's precariousness. Regarding social reproduction work, the policy should promote visibility for unpaid care work, performed mainly by women, and create support policies, such as expanding full-time daycare centers and schools, day centers for older adults and people with disabilities, besides community laundries and kitchens to reduce the burden of domestic work.

Care work and female workers' health

The significant entry of women into the workforce has not exempted them from or reduced the burden of household chores and caregiving activities, which, of course, affects their physical and mental health. Productive work and unpaid domestic and care work end up generating the now-familiar double- and triple-work shifts. With the population aging, the socio-environmental crisis, and the impoverishment of families, care work will become increasingly necessary, and this responsibility directly affects the lives of women, especially Black women. The lack of recognition of unpaid domestic work as 'work', despite efforts, time, and dedication to the tasks, reflects an unfair naturalization of female labor exploitation.

Furthermore, as shown previously, social class intersecting with gender and race/ethnicity sustains the construction of a historical-structural model of marginalization and social exclusion in Brazil based on distinct oppressive axes[28]. Unemployment, underutilization, precarious work, and less social prestige are the hallmarks of women's work resulting from the injustice that characterizes their inclusion in the world of work. Women's work, while crucial, remains hidden in the macroeconomic models from which public policies and their financing originate[29].

> [...] this 'invisible economy', made up of unpaid care work activities – such as food preparation, caring for children, the sick and older adults, and household cleaning, among others – plays a vital role in the reproduction of the workforce and enables the national economic growth, representing a kind of 'subsidy' to national economies. A 'subsidy' that stands against the very women who perform this work, preventing them from expanding their skills, achieving economic autonomy, and exercising other rights[29](22).

Gender inequalities affect physical and mental health. Work-related musculoskeletal disorders, depression, and anxiety are known to be more common among women. The literature also refers to maternal or parental burnout as a form of exhaustion resulting from the high-stress burden of women with young children[30]. Household and caregiving tasks require physical efforts and emotional and emotional availability. Besides the workload, invisibility, devaluation, and the unequal division of tasks between men and women ultimately increase women's burnout and lead to health problems and illnesses.

Taking domestic workers once again as a reference to discuss the morbidity, health

problems, and illnesses profile of female caregivers, a scoping review of working conditions and their impact on the health of domestic workers in national and international literature revealed important issues, such as violence and moral/sexual harassment at work, occupational risks and Work Accidents (WA), respiratory problems, stress, anxiety, and depression was performed. Perceptions about labor rights, the impacts of informality, and the unionization of female workers were also highlighted[31]. A Brazilian integrative literature review[32] on work and health in domestic work highlighted a wide range of topics, such as musculoskeletal diseases, emotional and sleep disorders, humiliation, sexual harassment, prejudice, discrimination, and child and early labor.

Interviews conducted in a study by Tamanini[33] revealed that the most common complaints of domestic workers were "physical and emotional fatigue, insecurity, resentment, lack of motivation, guilt, loneliness, and sadness, aggravated by the awareness of prejudice"[33(59-60)] reflected in the body and mind as "rheumatism, scoliosis, knee pain, muscle pain, arthritis and allergies generally associated with depressive conditions"[33(60)]. In this case, psychological burdens overlapped physical and other burdens in the representations of the workers interviewed. Although mentioned, WAs were poorly considered in the women's representation of the health-disease process[33].

Tamanini's study[33] echoes that of Lucena and Zambroni-de-Souza[34] on the pandemic impacts on the work activity and mental health of female daily domestic workers. The loss of paid work was widespread during the COVID-19 pandemic, further exacerbating family subsistence and food or housing insecurity – adverse conditions that affected women's health. Notably, domestic workers were not entitled to quarantine or social distancing because they worked in essential sectors or they were informal workers, lacking social security or labor rights.

> Some of them were unpaid at the time of the interview, most of them with very few and poorly paid daily allowances. All were experiencing the effects on their subjective bodies, which translated into anxiety, insomnia, tension, anguish, despair, fear of the backdrop of deprivation or extreme uncertainty about the subsistence of themselves and their families, also because of the awareness of their vulnerabilities or social helplessness[34(11)].

A study by Souza and Almeida[35] using notifications of occupational accidents involving domestic workers from the Notifiable Disease Information System (SINAN) from 2016 to 2020 identified 13,957 WAs registered for this occupational group. Occupational accidents involving non-white women and men, those with more than eight schooling years, and formal workers were more frequent, although most of these cases did not generate a Work Accident Report.

Most WAs occurred with women aged 40-59 and younger men aged 18-39[35]. The occupation of caretaker accounted for almost all WA records on SINAN among men, while the most frequent occupations were general services and day labor among women. Diagnoses of falls, impact or contact with sharp objects, and traffic accidents were the most common. Although the proportion of WA records between both sexes is similar, men have some indicators of greater vulnerability, and the greater formality of their records indicates the invisibility of women and informal workers[35].

> Domestic workers are among those at risk of workplace accidents. Although studies and statistical data show that women are more likely to perform informal domestic services, the records still seem to favor men and formal workers, highlighting the vulnerability and invisibility of women, especially those in the labor market without social protection[35(119)].

Iriart et al.[36] analyzed the representations and perceptions of informal employment

contracts and health risks among informal workers who suffered accidents. The study involved construction workers and domestic workers. Both groups of workers considered themselves responsible for the accident, which they perceived as the result of a moment of carelessness, inattention, or negligence. The workers recognize the importance of formal work and the guarantee of labor rights, revealing the symbolic devaluation of informal work, which affects self-esteem. Both groups tended to minimize the risk of workplace accidents and did not associate informal work with a higher risk of accidents or illnesses[37].

At this time of recognized increase in global demand for paid care, with a growing number of countries facing problems related to population aging and high unmet care needs, the International Labor Organization (ILO)[37] draws the attention of governments, workers' organizations, and employers to the need to guarantee access to labor rights and social protection for domestic workers and their inclusion in care policies.

It is estimated that women represent three-quarters of the 75.6 million domestic workers worldwide[37]. Given the massive presence of women, domestic workers' rights are fundamental to achieving gender equality. According to the ILO[37], even today, most workers lack access to care rights and services for themselves and their families, maternity protection, childcare, and long-term care services. In this sense, lack of protection and access to services are more common among those who face multiple forms of discrimination, such as race/ethnicity and immigration status[37].

According to ILO data[38], 2.1 billion people required care in 2015, including 1.9 billion children under 15 and 200 million older adults. By 2030, this number was estimated to reach 2.3 billion, driven by an additional 200 million older adults and children. The growing female labor market participation and nuclear families and single-parent households are increasing the demand for caregivers. Furthermore, the shortage of care workers and the lack of actions to guarantee the quality of this work could trigger a global care crisis, further increasing gender inequalities.

Final considerations

OH cannot fail to include the debate on care work on its agenda and genuinely contribute to preserving and protecting the health of women who work tirelessly inside and outside the labor market. The field's reflection and intervention derive from the achievements of workers against capitalist exploitation and the production of invisible labor and disposable lives. As Vergès[39] emphasizes, it is the tireless work of racialized women in caring for and cleaning the world that gives us comfort and sustains our society. When addressing, for example, unhealthy, insecure, and precarious work, OH can never disregard the patriarchal system that operates within capitalism and the intersectionality of race, gender, and class oppression that affects Brazilian workers, especially Black women.

Tronto[40] believes that democracy and care maintain a close political relationship as we all take care of and are cared for at some point in our lives: "We need to commit to transforming care into a central value in democratic societies and democratizing it"[40(298)]. In short, we are all vulnerable. This is why care practices should be thought of from a political, democratic, and collective perspective.

Occupational Health needs to challenge the sexual and racial division of this type of work in our society and the attention and care provided to working women, besides contributing to the strengthening and implementation of care policies that can minimize social injustice. Care work has been inextricably linked to persistent gender inequalities in the labor market (and beyond). Some actions and strategies need to be implemented to promote social recognition of care work as an activity essential to individual and collective well-being. Care work and its workforce must be valued and rights should be defended, favoring

the implementation of policies to formalize contracts, guarantee a real minimum wage, and ensure health and safety and labor protection by companies and employers, including maternity protection.

Supporting education and sensitization initiatives on the importance of shared care, encouraging cultural changes that promote shared responsibility between men and women in providing care, and expanding shared and flexible parental leave policies are also necessary measures. Furthermore, it should promote public policies and integrate existing ones to strengthen a national care system, aiming to create quality health, assistance, and care services for women and children; encourage collaboration between families, communities, and public institutions; and strengthen community support networks. Finally, OH should consider care work as a determinant of the health-disease process of working women and act as a driver in fostering research that can delve deeper into the topic's knowledge.

Prioritizing, protecting, and promoting the health of female workers is a commitment and a struggle. By intervening to implement these changes, I believe we can move toward a more just, equitable, and sustainable Brazilian healthcare system, one that does not penalize women and their health and one where everyone has access to the resources and support they need for self-care, family care, and the care of nature and communities. In this context, OH cannot shy away from reflecting, debating, developing strategies, and being part of this journey.

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Collaborator

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