

# COVID-19 pandemic and health professionals: gender and race on the front line

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The discussion on the consequences of the COVID-19 pandemic has also been accompanied by a strong debate on the exacerbation of structural inequalities in Brazil and in the world. While the rapid spread of the disease and the large number of deaths demonstrate that the virus itself does not discriminate who will be infected, gender, race and class markers are vulnerable conditions for infection and coping with COVID-19, causing different social groups to have suffered the impacts of the pandemic disproportionately and diversely (ESTRELA et al., 2020).

Women in general and black women in particular are protagonists in maintaining essential services in health emergencies contexts (WENHAM et al. 2020). They make up 70% of the world's health professionals (WHO, 2020a). In Brazil, according to the 2000 Census, they represent almost 70% of the professionals in the sector, 62% for the higher education and 74% of medium and elementary level categories. Furthermore, in the categories of nursing and psychology, they have a percentage above 80%, and, in the medical category, they represent 36% (PIRES, 2020). Therefore, they are constantly exposed to the risks of contamination (CARLI, 2020; WHO, 2020a; WHO, 2020b).

In addition to the health risk, school closures, travel restrictions and social isolation have increased the workload of care traditionally performed by women, burdening them even more (CARLI, 2020). Moreover, black women suffered the most from unemployment in the crisis (OXFAM, 2020). Highly feminized sectors were the most economically affected during the pandemic and there is a difference in employment relationship determined by race: black workers occupy more informal work positions, with no stable bond, than white women (REDE DE PESQUISA SOLIDÁRIA, 2020).

In Brazil, ethnic minorities, such as indigenous women and *quilombolas*, have been neglected by the state. Despite the Ordinary Law 14021/2020 (BRAZIL, 2020), which provides special attention to these groups, little has been done to put it into practice. Among the problems faced by these groups in the context of the pandemic, we highlight the underreporting of cases and the difficulties of access to basic health care, emergency assistance and water for consumption and hygiene (UN WOMEN, 2020; GÊNERO E NÚMERO, 2020; PONTES et al., 2020).

The public security agencies released indicators that report a decrease in reports of domestic violence during the pandemic period, accompanied by the increased severity of reported cases and femicide, which indicates the occurrence of underreporting (BRAZILIAN PUBLIC SAFETY FORUM, 2020). By 2020 femicide increased by 22% and calls to 180 (Call Center for women in situations of violence) increased by 27% (WORLD BANK, 2020). Records of rape and personal injury due to domestic violence fell in 2020, which represents the difficulty in making complaints during the pandemic (BANCO MUNDIAL, 2020).

Thus, it is essential to have an intersectional look at the gender and race dimensions on the impacts and situation of disproportionate vulnerability in which women health professionals have been exposed during the pandemic. The data presented in this summary are the result of the third stage of the research "*The COVID-19 pandemic and public health professionals in Brazil*". From the perception of these professionals and from a gender perspective, it aims to better understand the effects of the pandemic on the lives of these professionals. The study was coordinated by the Center for The Study of Bureaucracy (NEB/FGV-EAESP) in partnership with Fiocruz and the Covid-19 Humanities Network. The data were extracted from an online survey made with 1,263 public health professionals in Brazil, between September 15<sup>th</sup>, 2020 and October 15<sup>th</sup>, 2020. **The central question that underscores this analysis is how gender and race affect the ways in which health professionals experience the pandemic.**

The respondents' profile was structured according to the crossing of their declared gender and race distributed according to: profession and service, macro-region in which they operate, working time in the area and age group. Most respondents declared themselves white (58%) and women (74%), white women being 45% of the total. Most black men and black/white women work as nurses (29.9%, 28.3% and 30.4%, respectively), while most white men are doctors (25.8%). The group that works the most as Community Health Agents and Endemic Diseases Combat Agents (ACE/ACS) are black women (22,7%); as nurses, white women (30,4%); black men are the majority among those whose professions are contained in the heading "other professions"<sup>1</sup> (40,2%).

The group that most feels their work affected by their race is black men (33% feel that it affects *little, reasonably* or *very much* their work); white men and black women declared the same proportion (26%), and white women are the ones who least feel their work affected by race (23%) – white professionals are, however, the ones who think their race *greatly* affects their work (8.4% of women and 9.7% of men). As for the feeling of impact due to gender, the group that most feels their professional practice affected is white women (36%), and this is also the group that feels most of their work is *very* affected by gender (10,1%). Then, it is the white men group (25% feel the professional practice affected, of which 7.7% consider it *very* affected), black women (24% and 7.2%, respectively) and black men (19% and 4.1%, respectively).

Fear of coronavirus infection also has a different distribution between genders: the proportion of men who answered being afraid of becoming infected with the virus was lower than that of women. 69.7% and 73.2% for white and black men, respectively, compared to 80.3% and 84.2% for white and black women, respectively.

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<sup>1</sup> Here, professionals from psychotherapy, physiotherapy, dentistry, nutrition and other professions of the enlarged team were grouped, in addition to the area of service management and health surveillance.

The feeling of preparation and material conditions are central aspects in the fight against coronavirus for health professionals. The point to be highlighted from the results is the discrepancy in the responses between white men and black women in the dimensions of feeling prepared, receiving equipment and receiving training. While the percentage of men who signaled positively in the three aspects is 66.5%, 71.6% and 58.7%, respectively, that of black women is only 41.3%, 57.3% and 44%.

In critical scenarios, the reception and support of leaders can mitigate negative consequences of fragility, stress and tension contexts. Thus, we asked in the research if the participants received guidance from their managers and support of their supervisors. Regarding the first indicator, the distribution of positive perceptions is: 74% white men, 68% black men, 70% white women and 65% black women. Regarding the perception of receiving support, we observed that while 69% of white men feel that yes, only 54% of black women perceive reality in the same way. Once again, it is noted that the differences are marked more by the race of the respondents than by gender.

The COVID-19 pandemic can aggravate tension, insecurity and pressures in the workplace and relationships with managers and colleagues. Thus, the research sought to map the perception of participants about cases of moral harassment during the pandemic period. In general, 66% said they had not suffered from it and 34% said yes, 16% said it had increased in the pandemic, 7% believe it started with the pandemic and 10% said it remained the same as the previous period. It is possible to notice that black women are those who, comparatively and proportionally, declared there was more occurrence of moral harassment cases (38%), followed by white women (34%), black men (32%) and, finally, white men (25%). Once again, gender and race seem to operate as intensifiers of more critical scenarios. We identified a predominance of testimonies that narrate humiliation, excessive collection, threats and embarrassment regarding the distribution or use of PPEs, mainly practiced by supervisors. As an example, we highlight the following report that shows how women experience these situations differently.

*"Yes, when the pandemic started I thought I was pregnant, and I was still breastfeeding my first daughter. I asked the director to move me to a lower-risk sector, since I was working precisely in the COVID ward of a reference service. I've heard atrocities like: you have risk on the street too, neither you nor your daughter are part of a risk group and the worst in my opinion: how long are you going to breastfeed your daughter?" (Doctor, white woman, São Paulo, Southeast)*

The emotional aspect of health professionals is also paramount in the analysis of working conditions in the front line, and it takes new contours from a gender perspective: women are the majority in the health sector and are therefore at higher risk of infection, in addition to being burdened by housework and the extra care generated by social isolation

(CARLI, 2020; WHO, 2020b). Among the respondents to the survey, 83% of black and white women stated that they had their mental health affected during the pandemic, compared to 69% of black and white men.

*“It has been very difficult and tiring because we have to deal with many adverse situations (...) Feeling like I put my daughter and father to the side because unlike the other people who are helping their children and caring for their elderly, I have to take care of the population. Anyway, I had feelings of tiredness and discouragement because, while I was leaving my own family to protect the population, the population did not care by not complying with the rules. My desire was to take a vacation, but at the moment because of the coordination I am prevented from leaving, and when I go out 1 day to try to recharge or on weekends, my phone does not stop, all the time someone is questioning me and asking for help or information about COVID-19.”* (Doctor, white woman, São Paulo, Southeast)

As for the professionals' emotions in this challenging context, black women were the ones who felt the most fear and mistrust (54% and 28%, respectively) when it came to the relationship with the user during care than white women (51% and 23%), black men (49% and 21%) and white men (49% and 24%). White men and women, on the other hand, indicated that they felt more recognition (17% and 15%) in this period than black men and women (11% and 12%). Among the strategies cited by respondents to feel safe or motivated, black and white women invested more in the purchase of personal PPEs (41% and 35%) than black and white men (22% and 23%). Some respondents also shared statements regarding their expectations for work in the coming months of the pandemic. The statement below illustrates well the emotions and strategies experienced by health professionals:

*“I imagine a job with more caution, being cautious so that there is no spread of the virus in my family and using PPEs needed for all of us to be protected.”* (ACE, black woman, Pará)

Analyzing the Covid-19 pandemic through a gender lens is necessary to make explicit inequities and vulnerabilities that mark professional practices and life in society. According to the epidemiological bulletin of the Ministry of Health published in October, 58.2% of hospitalization cases and 55.4% of deaths of health professionals due to Severe Acute Respiratory Syndrome (SARS) caused by COVID-19 are women (MINISTRY OF HEALTH, 2020). In addition to epidemiological data, it is necessary to evaluate the inequality of social, economic and psychological impacts among people of different genders. In this sense, gender studies and health professionals are fundamental to produce reflections and propositions on the relations between health and care, as well as

on cultural norms that are part of the social structure, engendering subjectivities in men, women and people who identify in a non-binary way.

## Recommendations

Based on the data and reports previously presented, we present a set of recommendations to be considered by the authorities in the three spheres of government (Union, states and municipalities). These recommendations aim to improve, from a gender perspective, the situation in which health professionals work during the health crisis. They are:

- Maintenance and expansion of emotional and psychological support policies for professionals on the front line, using strategies that facilitate access, such as providing psychologists from the same health services to monitor these professionals;
- Creation and consolidation of reporting and coping mechanisms for practices of moral harassment against health workers;
- Inclusion of gender perspective dimensions (violence, sexual and reproductive health, work and income, etc.) in the federal, state and municipal action plans;
- For government actions to address gender demands, it is important that leaders include women in action plans and decision-making in response to the pandemic and recovery plans in the different spheres – municipal, state and federal;
- Insertion of care economy professionals as a priority group for vaccination.

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