

## Women's lives in times of crisis in Brazil: The COVID-19 pandemic, social and gender relations

This brief presents the partial results from the research “COVID-19 pandemic and women’s reproductive practices in Brazil”, conducted by the Research Group RepGen<sup>1</sup> as part of the project “COVID-19, risk, impact and gender response”<sup>2</sup>, which aims to understand how the pandemic affects women’s lives, their health, and their access to health care and services, with an emphasis on their sexual and reproductive health. The study includes both quantitative and qualitative approaches. During the quantitative stage, which took place in 2021, an online, self-applied questionnaire was used, which contained questions regarding several topics related to women’s health and lives during the pandemic. At the end of the instrument, the following question was presented, open-ended and not compulsory to be answered:

*“Would you like to leave a final comment regarding any of the questions above or any other subject that you consider important? Feel free to write about it on the designated field below.”*

Women were welcomed to address a wide variety of topics. The results of the answers analysis were presented by means of two technical notes: “Women’s lives in times of crisis In Brazil: The COVID-19 pandemic, social and gender relations” and “Women’s sexual and reproductive health during the pandemic in Brazil”. The notes can be read independently, as they focus on different subjects. The first note focuses on women’s comprehension of the sanitary and political crisis, as well as the significant changes to social and gender relations in the pandemic context, while the second note focuses on topics regarding women’s health and care<sup>3</sup>.



### Method

An online questionnaire was used, hosted on the RedCap platform, which consisted of 113 closed-ended questions and one open-ended question at the end. The instrument was available from July 15 to October 30, 2021 and was answered by 8,313 women aged 18 or above, of whom 1,838 used the open-ended question field to express themselves. The answers to this question were analyzed with a qualitative approach. The following categories were identified: analyses of the sociopolitical scenario, accounts of life and health experiences during this period, feelings and emotional states, suffering, discoveries, and strategies to face the pandemic context. The respondents also made use of this open-ended field to assess the questionnaire itself, making compliments, suggestions and pointing out its flaws, asking the Research Group for feedback on the results of the study, and even asking for guidance and/or assistance with several issues.

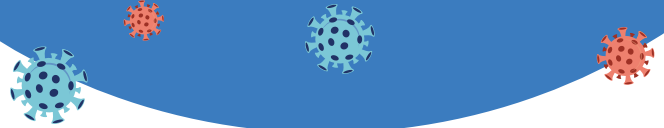
### Profile of open-ended question respondees

Among the 1,838 women who answered the open-ended question, a little over a half are from the Southeast Region (52.9%, n=974), the most populous in Brazil, 25% (n=460) are from the Northeast Region, followed by the South, Central Western and North Regions. Among them, 53.8% (n=989) declared themselves as white, 41.3% (n=760) as black, and the rest of them were from Asian, indigenous and other ethnical backgrounds. As regards age group, 48.4% (n=886) ranged from 18 to 39 years of age and 51.6% (n=949) were 40 years of age and above. The majority are married or in a marital situation (52.3%, n=962) and the rest referred to other sexual-affective situations. 82.8% (n=1,522) are heterosexual and 58.4% (n=1,074) have children. Three quarters of those women have a major degree (73.9%, n=1,359) and many of them also have post-graduate certification.

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<sup>3</sup> The RepGen Group thanks researcher Brunah Schall for her theoretical and technical contribution to this work.



## Prominent topics

In this technical note, the main topics identified from a content analysis are presented, with an emphasis on the social and gender relations present in this material. From this perspective, the topics which stand out are: the sociopolitical scenario; deterioration of work conditions, unemployment and financial difficulties; social distancing; sociability and affectional bonds; work overload, exhaustion and gender; emotional overload; reports of violence, especially domestic violence; acknowledgement of social inequalities and operationalization of the notion of privilege; beginning, continuity and interruption of studies; and the narratives regarding science.

## Sociopolitical scenario: criticism regarding government inaction

In Brazil, the fight against COVID-19 has faced politico-ideological obstacles and government inaction, particularly from the federal government. In the open-ended question, there has been a considerable amount of reflection regarding governmental inaction, culminating with the formulation of this category, which comprises the social and political aspects emphasized in the narratives. The women who reflected on this topic highlighted the consequences of the denial of the pandemic's severity by government, their incompetence and omission in the management of the sanitary crisis, their delayed actions in response to the necessity of reorganizing the provision of health services, as well as issues such as income and the confrontation of social inequality when faced with the pandemic; and its implications in their personal lives and in their own health. Some of them considered these governmental attitudes as part of a project, conscientiously executed by means of the banalization of death of individuals, considered as secondary and disposable, what Mbembe (2016) discussed as necropolitics.



In this sense, women have understood that poor management of the pandemic has contributed to the death of thousands of people, as one of them affirmed:

***“The lack of interest from the federal government in taking care of the population is the main cause for so much pain, disease and losses.”***  
White, 40 years of more, Pernambuco

The perception of the insufficiency and/or absence of adequate public policies to assist the population during the pandemic led women to use terms such as “genocide” and “misrule” to characterize the federal government.

***“Living in a country commanded by a negationist genocide has made the pandemic, which is already by itself a concern, something unbearable! The political situation has produced a lot of suffering these days.”***  
Brown, 40 years or more, Rio de Janeiro

***“[...] My family fell ill with COVID-19. And my mother didn't make it. She passed away at 63 years of age, a month before the vaccination of her age group. She could still be here, among us, if the vaccine hadn't been denied to the people. She was the victim of a genocide. So, my feelings are of revolt and of non-elaborated grief. An accumulation. A fear of the imminence of death. Not knowing what tomorrow will be like.”***

Brown, 40 years or more, Bahia

***“I believe that much of how my mental health was affected has to do with how the president has been dealing with COVID-19, besides isolation itself.”***

White, 25-29 years, São Paulo





## Deterioration of work conditions, unemployment and financial difficulties

The COVID-19 pandemic has increased social inequality in Brazil and throughout the world in specific ways, depending on different contexts and social classes. Deterioration of work conditions, job losses and financial difficulties were reported. Some women mentioned the insufficiency of the sum provided by Emergency Aid and other governmental benefits.

**“I am an artisan fisher and we are going through a lot of financial difficulty. I get 89.00 [reais] from Family Aid and Fishing Prohibition Season Security [a benefit granted to the artisan fisher] every year. The food basket from the [fishing] colony has not been delivered. I have three grandchildren, two of them go to school and they only got the [food] basket from their school in May.”**

**Brown, 40 year or more, Bahia**

**“I am afraid of trying to start something new. I don't even know where to start from. I was from Caraguatatuba and I had to come to Caçapava do Mato to work for a family. I was dismissed and now I have no work and a wife and children, living on a rent in an unknown place, which I don't know how I'm going to pay for next month.”**

**White, 30-39 years, São Paulo**

## Social Isolation

In order to avoid virus transmission, public health measures were taken including social distancing. The women expressed different perspectives on social distancing, many using the term “social isolation”. There were very few testimonies against this action. Mostly, women recognized this action as necessary to avoid virus dissemination.

**“I want to emphasize this, regarding isolation... although we may be exhausted, anxious and missing all our family and friends, the most important thing at the moment is to remain in isolation. I say that due to a specific case, because we are part of the risk group. Both myself, my husband and my daughter are in constant prayer and isolated. I have Faith in God that all this will be over.”**

**White, 40 years or more, Pernambuco**



Picture credit: Marcos Fabricio - Prefeitura de Maricá

The pandemic instigated a significant social shift: the constant contact with those who lived in the same household. On the one hand, the compulsory physical distancing among relatives, friends and neighbors who live in different households was considered an obstacle to demonstrations of affection and a responsible agent for the waning of friendship bonds, as well as the absence of physical contact; on the other hand, isolation appeared as an intensifier of relations among those who lived in the same household, sometimes in a way that made the excessive interaction a cause of tensions and even marital separation. and for others it was considered positively, as the testimonies below reveal:

**“Luckily, I was able to take care of myself and had no one near me seriously affected by the disease. However, I miss very much having physical contact: embraces, meetings with friends and family. I hope to be able to ‘socialize’ again as soon as possible.”**

**White, 40 years or more, São Paulo**

**“To me, the pandemic brought me time and proximity with my family. Looking closer after my children, to follow and watch their development. Before that, there was no time for it. I moved to another house in another city, all this to improve life quality and to be able to stay close to my children after the pandemic. This has made me very happy and united my family even more. We got to value family even more!”**

**Brown, 30-39 years, Rio de Janeiro**



**“After 3 months from the beginning of the pandemic, my husband and I split up, and it’s been almost a year that I am in a new relationship. Marital problems increased a lot during isolation.”**  
White, 40 years of more, São Paulo

The testimonies revealed the ambiguities that women experienced during the period of social isolation. Added to that, feelings of sadness, anxiety, fear, anguish and loneliness were highly experienced.

**“The pandemic had a negative effect in my life! I’ve overcome part of it, but I still feel the effects, especially regarding isolation, because I had to stay away from my family and friends.”**  
Black, 40 year or more, São Paulo

**“It’s been 7 years that I live alone, but, due to the pandemic, I had to move back in with my parents. It’s been a challenge, because it is an environment that brings back bad childhood memories. I always had everything, education, food, clothes, everything. But I was always spanked, it was an environment in which I felt under pressure, mostly academically, and to be back made me increase self-demands and anxiety, and made me afraid of my mother and of seeing her as a figure of “punishment” again. Many arguments here to adjust our routines.”**  
Black, 25-29 years, Bahia

Other important data regarding social isolation reveals women’s insecurity with the return to activities and with the resocialization undertaken by means of in-person meetings, after a period of reclusion. Besides that, they reflected and criticized the idea of a “return to normal”, not possible nor desirable, as Krenak discusses (2020).

**“I don’t wish for a return to that previous routine. Isolation is not something totally bad for me. I just feel for not being able to be with the people I love. I wouldn’t like to go back to work conviviality as before. I want to change a lot of things in my life. But I know that this atmosphere of death and uncertainty makes us really confused.”**  
Black, 40 years or more, Rio de Janeiro

Isolation has also made possible for women to have self-knowledge experiences, by means of participation in self-help and psychotherapy activities. The following accounts reveal this tendency:

**“Social isolation forced us to be much more with ourselves, to analyze and get to know ourselves, not always in a positive way.”**  
Black, 40 years or more, Rio de Janeiro

**“Despite isolation and its consequent loneliness, I am in a stage of self-knowledge and self-rescue that I would never have had if there hadn’t been this halt in my life routine with the pandemic.”**  
White, 40 years of more, Paraná



## Sociability and affectional bonds

The demand for social isolation during the pandemic resulted in a change of behavior regarding sociability and the construction of new affectional bonds, which took place mostly online. This situation favored interaction through messaging apps, video chat and online games, which increased in popularity.

**“It was during the pandemic that I met my boyfriend, I had been alone for two years and was not expecting to find a relationship. We waited until both of us had the 2 doses (of the vaccine) to meet each other in person.”**

White, 40 years or more, Minas Gerais



## Work overload, exhaustion and gender

Women recognize that, although the pandemic affects everyone, it strikes them unequally.

**“Women were much more affected in this pandemic, with professional work overload, domestic work, child care, men don’t know what this is.”**

Brown, 30-39 years, Bahia

However, while they report exhaustion and negative changes in their routine, they recognize the significance of having the possibility to accomplish their professional tasks remotely, something which was not accessible for every woman.

**“Remote work helps women to better manage their routine, it’s really important that companies continue with this modality and get to know the opinion of their employees as regards this.”**

White, 25-29 years, Minas Gerais

Remote work modality, which had its use increased due to the pandemic, was commonly associated to work overload and exhaustion, once women had to conciliate working from home with domestic tasks and care for their relatives, mostly their children, thus revealing gender inequalities in the division of labor, especially for “solo mothers”.

**“In the present scenario, women in a general way were the most affected by the pandemic. Without mentioning the increase in the cases of domestic violence and femicide, mental disorders also showed a significant increase, probably due to the work overload and social isolation.”**

White, 30-39 years, Bahia

## Emotional overload

The pandemic aggravated problems that were already experienced by some women. Work overload, child care, physical distancing, intense family interaction, unemployment, financial difficulties, death and the aggravation of illness symptoms were highlighted as responsible agents for triggering feelings of anguish, sadness, anxiety, stress, weariness, low self-esteem, insomnia, loneliness, and hopelessness among others.

**“Women’s work overload increased considerably, especially in the case of solo mothers.”**

Black, 40 years or more, Rio de Janeiro

**“The pandemic affected my emotional side way too much. Especially after being diagnosed with COVID-19. Since then I feel a lot of anguish, loneliness, sadness, insomnia, depression, anxiety. I was never the same anymore. I don’t feel motivated for anything. I force myself to go to work. I don’t have energy to take care of the house, of my husband and my daughter, who is a teenager going through a critical moment. I am way too stressed, exhausted, without any more words.”**

Brown, 40 years or more, Pernambuco





Apart from feelings and sensations experienced during the pandemic caused by physical distancing, new social dynamics and different relations were imposed in some homes, also causing sadness, as described by a woman:

***“With the pandemic, freelance work and school stopped... my children got involved with [drug] dealing – sale – and this hurts me a lot, it makes me really sad.”***  
Black, 40 years or more, Amazonas

Care taking strategies were mentioned as a way to confront the problems occasioned by the pandemic and the social distancing measures adopted:

***“There should be support groups for the people emotionally and psychologically affected by the pandemic. The service in public health clinics is precarious, there is none!”***  
White, 25-29 years, São Paulo

### Reports of violence

Some women, mostly in younger age groups, experienced difficult situations, such as repression and family violence. There were reports of violence from their partners, which pointed to a tendency for an increase in these cases during the pandemic:



***“We women are very exposed to several kinds of violence in this pandemic context. Psychological, financial, physical and emotional violence. We are at the tip of contradictions, left to our own devices.”***  
Brown, 30-39 years, Rio de Janeiro

***“It was during the pandemic that a guy I used to go out with – diagnosed with bipolar disorder – did not accept the end of the relationship and started to harass me and all my friends and family. It was at that time that I got a restraining order and started therapy with a psychoanalyst [...]”***  
White, 20-29 years, Tocantins

Violence has had several consequences for women. From one of the accounts, the questioning of the definition of “home” and the notion of “psychological disease” stand out, as a state of weariness and psychic exhaustion associated to violence and other kinds of issues (financial ones, for instance):

***“Unfortunately, this period of pandemic has brought me many frustrations, especially related to my 17-year marriage. Despite the fear, I had to reinvent myself in order to make money, since the municipality is not forwarding resources to the NGO (Non-governmental organization). I think violence and the financial situation were the main causes of my psychological disease during this period of pandemic. I hope this research helps other women not to reach this point in which I got, having violence inside the place we should call home.”***  
White, 40 years or more, Rio de Janeiro

There was also a report of a rape case that occurred during the pandemic:

***“[...] I was victim of a rape during the pandemic, more specifically in February 2021. I did not run the risk of getting pregnant, because the perpetrator (man) had had a vasectomy (I know that because I knew him from college). However, I had other health complications, such as mouth/throat and gynecological inflammations. After that, I no longer could flirt with anyone, online or in person, neither men or women. I am afraid of meeting people I don’t know and being victim of a new episode of violence.”***  
White, 18-24 years, São Paulo

## Having privilege/being privileged

“Privilege” is a word that has come up in many testimonies, expressing various conditions, not necessarily pointing to economic and social class relations. Some women judged themselves privileged for not having lost their lives or their loved ones during the pandemic; others demonstrated that, given the political context, having a job was a synonym of being privileged; there were also those who stressed the access to health services as enjoyment of privilege, out of reach to a significant amount of women.

**“I am privileged for having been able to get health insurance for when I decided to get pregnant and to have humanized attendance during pregnancy.”**

Black, 30-39 years, Minas Gerais

**“I’m hugely privileged for being healthy and for all that life has given me. We are in total isolation since March 2020 and now, even being vaccinated, we follow all possible precautions. I know that, unfortunately, this is a situation for only a few in this misrule we’ve been living in.”**

White, 40 years or more, Rio de Janeiro

It is interesting to note that the acknowledgment of privilege follows comparative testimonies regarding the reality experienced by different women. At the same time, such acknowledgement is mobilized by feelings of anguish.

**“I had COVID-19, considered as a mild case, and even so, that was a shock. I am well and recovered, and I feel that this pandemic affects people unequally, especially the most vulnerable. As I had assistance, I was able to have access to health care, I was well fed and isolated in a room with a toilet. I was aware of this privilege and, at the same time, really sad that a good part of the population does not have the same conditions. I think this aggravated my sorrow and affected my sadness condition. 532,000 lives were lost, many avoidable ones, many. It was difficult to keep your head high and be well with this tragic scenario. Now I’m much better and more positive. This shall pass.”**

White, 40 years or more, Rio de Janeiro



## Beginning, continuity and interruption of studies

As regards academic life, the pandemic was an opportunity for some women to begin or to get back to their studies, thanks to the remote modality available for work and school. The great offer of live streaming events and free online courses were taken up by some. Others, nonetheless, reported the necessity to stop studying, when faced with the difficulties generated by the pandemic, such as the overload of domestic work, as it was previously mentioned.

**“In this pandemic, I also grew, got back to studying, I am going to college.”**

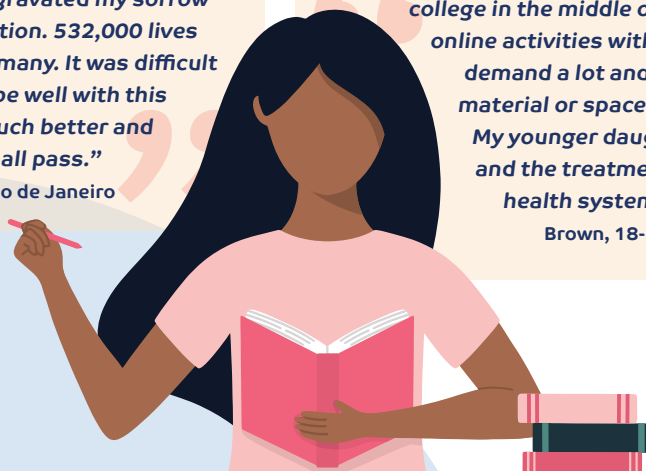
White, 40 years or more, Rio Grande do Sul

**“I would like that, at the end of the pandemic, some services such as remote teaching in public schools would remain available for adults who wish to finish their studies, this option has been helping me a lot to get back to studying, since I work/study and I am a solo mother.”**

Branca, 18-24 anos, São Paulo

**“The mental overload has made me drop off college in the middle of the pandemic to follow online activities with my daughters, schools demand a lot and we don’t have enough material or space to accomplish them [...] My younger daughter has special needs and the treatment offered by the public health system was paralyzed [...]”**

Brown, 18-24 years, São Paulo



## Narratives regarding science

Information regarding the sanitary crisis was disseminated in a heterogeneous way throughout the world. This multiplicity of information renewed the debate over the relevant role of science to confront the pandemic. In Brazil, favorable and unfavorable voices to the scientific recommendations spread at the same rate as the virus throughout the nation's five regions.

In the face of an infodemic and misinformation, women wanted reliable information, transmitted in a reasonable way, with an educational nature. The ones who mentioned this subject widely criticized the dissemination of fake news in social networks, the negationist attitude given to the vaccination programs, as well as the manipulation of news, which were ostensibly transmitted in different media. They positioned themselves in favor of science, of preventive measures defended by the WHO and of the demonstrations supporting vaccination.

***“I just want vaccination to be faster, so that my children can be soon vaccinated and all of this goes quick away.”***

**Brown, 30-39 years, Pernambuco**

***“The president has worked towards herd immunity, the use of medicine without proof of effectiveness, campaigned against vaccination, the use of masks and personal hygiene. And also stimulated misinformation. We are a country capable of producing vaccines to immunize the whole population. Besides the health situation, which has destabilized even more the economy, unemployment rates are up again, leading to hunger, homelessness, social insecurity... and sadness!”***

**White, 40 years or more, Pernambuco**

## Final considerations

This technical note aimed at demonstrating the main challenges and feelings faced during the pandemic by the women who answered the open-ended question, and the strategies they used to deal with the present moment. Their effective participation, through their testimonies, and also their declarations regarding gender inequality and violence should be highlighted. Sharing their own experiences and the experiences of other women is of use for us as basis for the comprehension of how different women experienced the pandemic.

Many of those who shared their comments and testimonies with us strongly remarked on the non-assistance of governments, demonstrating a critical approach in the evaluation of the pandemic management. Added to that, there was the criticism regarding denialism and the dissemination of fake news in the communication field. Still, there is a general consensus that the pandemic was experienced according to social, racial and gender differences. Among the impacts on women in Brazil, and on the research participants themselves, these women noticed physical and emotional exhaustion; unpaid domestic work; the responsibility to be caretakers, for their children or other relatives; and their own feelings when faced with the pandemic. These aspects were common and a founding part of the participants' experiences.

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