An Analysis of Women's Work and Illness

Uma Análise Sobre Trabalho e Adoecimento Feminino

Análisis Sobre el Trabajo y el Padecimiento Femenino

RESUMO
Este artigo analisa a relação entre a sobrecarga de trabalho e o adoecimento das mulheres, argumentando que a divisão desigual do trabalho, somando os trabalhos remunerado e não remunerado, contribui significativamente para o desgaste físico e emocional feminino. Utilizou-se dados estatísticos para demonstrar a sobrecarga de trabalho e o maior adoecimento físico e psicológico das mulheres. A pesquisa evidencia que, embora as mulheres cuidem mais da própria saúde, recorrendo com maior frequência a serviços médicos, elas apresentam índices superiores de doenças crônicas, transtornos de ansiedade e depressão quando comparadas aos homens. O texto discute a invisibilização do trabalho doméstico e sua contribuição para a desigualdade de gênero, além da necessidade de políticas públicas mais abrangentes para a saúde integral da mulher. Proposta de ressignificação do trabalho de cuidado, sugerindo modelo mais equitativo e sustentável, que valorize e redistribua essas responsabilidades, promovendo maior justiça social e bem-estar para as mulheres.
DESCRITORES: Adoecimento das mulheres; Sobrecarga de trabalho feminino.

ABSTRACT
This article analyzes the relationship between work overload and women's health deterioration, arguing that the unequal division of labor combining paid and unpaid work significantly contributes to women's physical and emotional strain. Statistical data were used to demonstrate the work overload and the higher prevalence of physical and psychological illness among women. The research highlights that, although women take better care of their health and seek medical services more frequently, they exhibit higher rates of chronic diseases, anxiety disorders, and depression compared to men. The text discusses the invisibility of domestic work and its contribution to gender inequality, as well as the need for more comprehensive public policies to support women's overall health. It proposes a redefinition of care work, suggesting a more equitable and sustainable model that values and redistributes these responsibilities, promoting greater social justice and well-being for women.
DESCRIPTORS: Women's Health Deterioration; Female Work Overload.

RESUMEN:
Este artículo analiza la relación entre la sobrecarga laboral y el deterioro de la salud de las mujeres, argumentando que la división desigual del trabajo, que combina el trabajo remunerado y no remunerado, contribuye significativamente al desgaste físico y emocional femenino. Se utilizaron datos estadísticos para demostrar la sobrecarga laboral y la mayor prevalencia de enfermedades físicas y psicológicas en las mujeres. La investigación destaca que, aunque las mujeres cuidan más de su salud y acuden con mayor frecuencia a los servicios médicos, presentan índices más altos de enfermedades crónicas, trastornos de ansiedad y depresión en comparación con los hombres. El texto aborda la invisibilización del trabajo doméstico y su contribución a la desigualdad de género, además de la necesidad de políticas públicas más integrales para la salud de las mujeres. Se propone una resignificación del trabajo de cuidados, sugiriendo un modelo más equitativo y sostenible que valore y redistribuya estas responsabilidades, promoviendo una mayor justicia social y bienestar para las mujeres.
DESCRIPTORES: Enfermedad de la mujer; Sobrecarga de trabajo femenino.

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INTRODUCTION

Work overload is making women sick. There is a consensus when discussing women's health that women seek out health professionals and services more than men, as demonstrated by the National Health Survey. [1] Among the hypotheses, seeking care would be a sign of self-care and concerns about their health and that of their family. This demand is a consequence of a greater level of illness presented by Brazilian women, which may be related to being overworked, including caregiving, which does not allow them to think about dying. This greater level of illness, resulting from the overload of female work and greater demands imposed by culture and society, can be considered earlier in relation to men. These issues concern us as women and workers, because in our daily lives, fatigue and the feeling of being overwhelmed accompany us, and as a consequence, we are more likely to suffer health problems, whether physical or psycho-emotional.

Work is what, from a human point of view, the fact of working implies: gestures, know-how, an engagement of the body, the mobilization of intelligence, the capacity to reflect, interpret and react to situations; it is the power to feel, think and invent. [2] In other words, work mobilizes us entirely, body, mind, emotions, composed of many layers of subjectivity, and goes beyond the hours worked agreed in the contract; it mobilizes the person completely.

According to Dejours [2], Work is not only about producing, it also involves transforming oneself and, in the best case scenario, it is an opportunity offered to subjectivity to test itself and even fulfill itself. The author also highlights that the organization of work, management and administration in contemporary times sacrifices human subjectivity in favor of profitability and competitiveness, generating individualized behaviors and the appeal to generalized competition. The result of all this is illness, the emergence of new pathologies, increased suicide rates, violence at work, overload and an explosion of harassment pathologies. People get sick because the system is sick, corrupted by the idea of excessive profit and isolation of people.

Public policies and women's health programs are directed at reproductive life, related to motherhood, sexuality and prevention of cervical and breast cancer. The integral health of women is still a goal to be achieved. Even programs that should be more integrative and serve as a gateway to the Unified Health System, such as the Family Health Strategy and Primary Care, still do not meet the diverse needs of women in terms of health care. And even those who defend universalization and rights perspectives end up proposing immediate (short-term) actions that include women at risk. [3]

The Public Health System faces many difficulties, mainly with the incorporation of technology and the increase in health costs. There is a lack of resources for all demands and the proposal for universal care is not fully implemented. In addition, the aging population increases the demand for medium and high complexity, with higher costs. [4] Health actions for the female population cannot be left solely to federal government initiatives; they require the mobilization of social movements and women's groups in different geopolitical spheres, with a regional focus that understands the different realities experienced by women in a continental country like Brazil.

To address the issues that mobilize us, we propose as an objective to present the health situation of Brazilian women and its relationship with work overload, using secondary data from official sources and a bibliographic review for support and expansion. In short, our hypothesis is that women work and get sick more than men throughout their lives, as a result of the imbalance in sociocultural, work and emotional relationships experienced by contemporary women.

METHOD

This study adopts a methodological approach based on documentary research and literature review. Among the surveys used in the data analysis,

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the Demographic Census, the Continuous National Household Sample Survey in its different versions (quarterly and annual), among others, supported the topic of work. Health information was based on the National Health Survey (2019), conducted by IBGE in partnership with the Ministry of Health, being one of the largest surveys carried out in the country and covering different topics, ensuring the reliability of the information. Reports from the Ministry of Health and Labor and Employment were also used. All databases are in the public domain with aggregated data and without identification of individuals, therefore, according to CNS Resolution No. 510, of 2016, article 2. [5]

At the same time, a literature review was conducted with the aim of contextualizing the topic and deepening theoretical understanding, using academic references and previous studies on the illness of women living in Brazil and female work overload. Data analysis followed a quantitative approach, allowing a critical and well-founded interpretation of the findings.

RESULTS

Part 1: Women and work overload

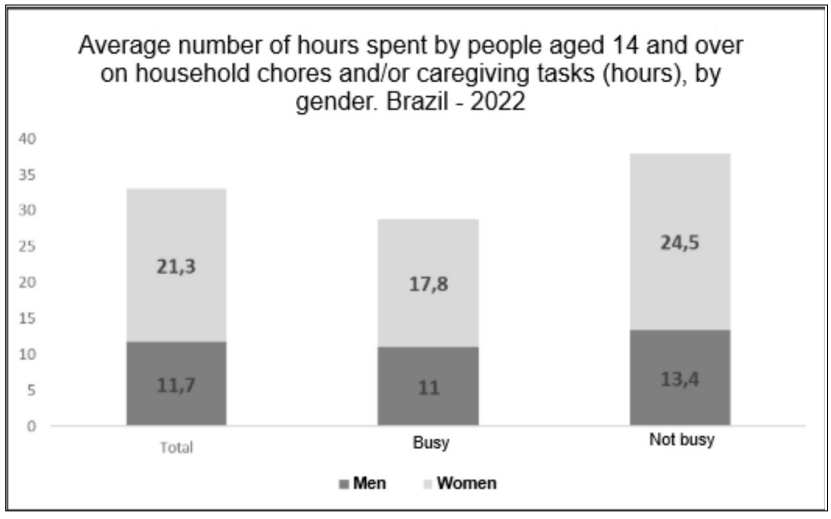
In the 1970s, there was a significant increase in women's participation in the labor market. In the search for a reduction in working hours at home, some innovations occurred during this period, but none were more impactful than the invention and production of contraceptive pills, which allowed women to seek to reduce workload by reducing the number of children they had. As a result, countries around the world are experiencing a rapid aging process and the production of new technologies is being directed at this target audience. [6] In other words, women's search for change is changing the logic of economic, productive and reproductive relations globally.

Women have always worked hard, and access to the paid labor market has made this situation worse. Employers found it easier to make women cope with overwork than men. During the industrial revolution, women worked more and were paid less, reaching a ratio of 5 hours of work for a woman for every hour of work for a man; currently, this ratio has become 2 hours to 1, considering domestic activities. [7]

Analysis of demographic census data records the increase in the insertion of women in the Brazilian labor market and their relevance for the economically active population gained strength between the 1950s and 1960s, with an increase of 61.7% of economically active women, mainly employed in the service sector, rising from 2.5 million to 4 million women between the two decades. [8] With an increase between 1960 and 1970 of 51.8%, rising to a total of 6.1 million Brazilian women in the job market. (8) And so, progressively, women were entering the world of work, reaching 48.1 million employed women in 2024, representing 58.2% of women aged 14 or over (working age), according to the Continuous National Household Sample Survey - in the third quarter of 2024. [9]

In Brazil, the total number of salaried employees in companies was 50.2 million people, of which 22.7 million were women (45.2% of the total). The groups of activities that employ the most women are public administration, defense and social security (19.77%), commerce (18.68%), human health and social services (11.22%), manufacturing industry (10.7%), education (10.13%) and administrative activities and complementary services (9.95%). Men, on the other hand, are more present in the manufacturing industry (20.08%), commerce (19.23%), public administration, defense and social security (12.28%), administrative activities and complementary services (10.74%) and transportation, storage and mail (7.44%). In companies, men receive on average 3.1 minimum wages, while women receive 2.7 minimum wages. [10]

The data shows that women are occupying spaces in the job market that were previously predominantly male, opening up a range of possibilities for future generations. However, domestic work and caring for people, including children, the elderly or the sick, still fall more on women's shoulders (92.1% of women and 80.8% of men perform these activities), with an average of more hours, regardless of whether they are working outside the home or not, as we can see in the graph below. [11]



Source: IBGE, Continuous National Household Sample Survey.

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Research on time use carried out by the International Labour Organization in 64 countries indicates that the time spent on unpaid care work worldwide amounts to 16.4 billion hours per day, of which 76.2% is carried out by women, equivalent to 2 billion people working 40 hours per week in unpaid work. [12] Globally, men spend an average of 83 (1h23min) minutes per day on unpaid care work, while women spend 265 minutes (4h25min). In one year, considering an 8-hour workday, this data means 201 days worked by women and 63 worked by men. [12]

In Brazil, the Ministry of Labor and Employment clearly highlights the gender issue involved in work. Of the total number of work accidents reported by the MTE between 2021 and 2023, 64.2% occurred with men and 35.1% with women. Among the reasons reported for the accident/illness among men: typical factors or commuting factors are the percentage; occupational diseases are relatively more frequent among women. The largest number of work accidents, intersected with the Brazilian Classification of Occupations, was among service workers, which included domestic workers. It is interesting that a large number of workers are not included in these statistics, such as informal workers, which include domestic workers without a formal contract, and unpaid domestic work.

Women start working before men, regardless of whether this employment relationship is paid or not. Among the evidence, we can highlight that a total of 38.3 million children and adolescents between the ages of 5 and 17 living in the country performed work activities in 2023, with the percentage distribution by sex being: 51.2% were men and 48.8% were women. [13] However, when we look at data on domestic work and care for family members, women's rates of performance are higher than men's, regardless of age. Women have rates that vary between 87.4% in the 14 to 24 age group, 95.8% in the 25 to 49 age group and 89.7% for women aged 50 or over. [13] This leads us to conclude that women, even when working at an early age, work more in family and home care activities, while men, from a young age, preferentially work in paid activities.

Part 2: Emotional impacts and women's illness

The emotional impacts of the expectations and demands placed on women in relation to care and domestic work are profound and multifaceted. Productive work is the center of men's lives, while women experience an attempt to balance and mediate the duel between productive and reproductive work, as protagonists of their agenda. [14] The invisibility of this work and the lack of recognition often lead to feelings of devaluation and low self-esteem. When these activities are not seen as legitimate work, but as a "natural duty" for women, they can internalize the idea that their contribution to the family and society is less important.

Data analysis reveals family dynamics that are harmful to women. For example, men who depend on their wives for money compensate for this imbalance in the relationship, in terms of masculinity, by doing less housework. Similarly, women who work full-time do more housework when their husband or partner is unemployed. And when the woman earns more and the husband works less, the division of tasks is even more unequal, with these women doing more housework than their partners. [15]

Furthermore, the emotional overload of constantly meeting the needs of others can lead to mental and physical exhaustion. The phenomenon known as *caregiver burnout* is common among women who accumulate domestic, professional and emotional responsibilities without adequate support. This state of exhaustion can result in anxiety, irritability, depression and even physical health problems, such as insomnia and chronic pain.

As an example, it is interesting to note that the incidence of autoimmune diseases is higher for women worldwide. It is estimated that autoimmune diseases affect 3% of the world's population and result in the body's failure to maintain tolerance to its own molecules due to factors that include variants such as genetics, hormonal conditions, exposure to xenobiotics, pathogens, epigenetic variables - the relationship between the interaction of genetic factors with environmental factors, diet and stress. [16] According to this study, women are more susceptible to autoimmune diseases, such as rheumatoid arthritis or cancer, due to hormonal variations. However, stress is a very important variable, which we could assume is the result of all the overloads that women are subjected to throughout their lives.

Ramos [17], reinforces the argument in her research, women diagnosed with rheumatoid arthritis were associated with an obsessive and hyperactive relationship with work, especially domestic work. This result may be a reaction to the low value given to domestic work. Bringing a more symbolic look to this exemplified situation, the woman in her trajectory, internalizes guilt, anger, despair, among other emotions, which are often not admitted or cannot be named. The results are felt by every cell.

Data from the Public Health Observatory [18] show that hospital admissions related to anxiety disorder, in 2024, were twice as high for women (67.2%) compared to men (32.8%), especially affecting younger women between 25 and 34 years old and women who identify as brown.

The National Health Survey [1], According to a health survey conducted by the statistics agency throughout the country, women reported being sicker than men. In Brazil, among the chron-

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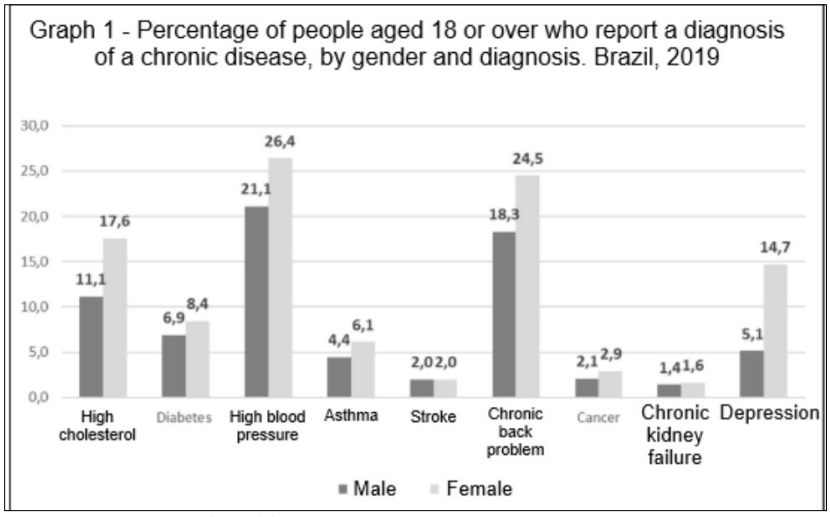
ic diseases reported by people aged 18 or over, a total of 22.3 million women were diagnosed with high blood pressure (26.4% of all women), above the 21.1% of men diagnosed. The same occurs with women diagnosed with diabetes, with a total of 7.1 million (8.4%), while men had a total of 5.1 million diagnosed (6.9%).

The data does not stop there, women had higher percentages of diagnoses of high cholesterol, asthma, chronic back problems, cancer diagnoses, chronic kidney failure, with depression standing out, which is up to three times higher than that of men (Graph 1).



Source: IBGE, National Health Survey, 2019.

In 2012, most preventable deaths in women aged 5 to 74 (74.1%) were related to chronic non-communicable diseases (NCDs), while in 2021, this percentage fell to 45.5%, but remained the most important group of preventable causes. Of the 149,000 deaths from preventable causes related to NCDs recorded in 2021, the majority were caused by neoplasms (31.1%), followed by ischemic heart disease (15.3%), cerebrovascular disease (14.4%) and diabetes mellitus (13.5%). Among infectious diseases, respiratory infections stand out, including pneumonia, influenza and COVID-19 (39.1% of preventable causes in 2021), as well as human immunodeficiency virus disease - AIDS (11.9%).[19]

Morbidity and mortality from NCDs is higher among socially vulnerable or disadvantaged people than among those with higher social positions. This inequality is due to differential exposure to harmful products, such as tobacco, and unhealthy eating habits, in addition to disparities in access to health services. It is observed that the premature mortality rate among women is not the same when the color/race variable is introduced. Black, brown and indigenous women saw an increase in this rate in the period analyzed from 2000 to 2020. "In Brazil, black women had twice the risk of death than white women. Remnants of a slave society, structural racism is still latent, resulting in a black population with lower education levels, worse working conditions and high social vulnerability".[19]

It is estimated that 12.7% of women are heavy drinkers, below 25% of Brazilian men; 6.7% of women are smokers, while 11.8% of men are smokers. Women also regularly consume more fruits and vegetables than men (41%, 26.2%, respectively), which is considered a protective factor against NCDs. Women had higher percentages of obesity and lower prevalence of physical activity than men, especially for black and brown women.[19]

In addition, women are more victims of various types of violence, which is another risk factor for their psychophysical illness. The National Health Survey [1], showed that 16.4 million adult Brazilian women were victims of some form of physical, psychological or sexual violence, representing 19.4% of this population, compared to 17% of the male population. The prevalence of sexual violence against women (in life) was 3.6 times higher than the prevalence among men.

A World Health Organization Study [20] on Mental Health points out that the prevalence of mental disorders in the world affects 970 million people, especially women (52.4% of cases). Depressive and anxiety disorders are approximately 50% more common among women than among men throughout their lives, especially during pregnancy and childbirth. Worldwide, more than 10% of pregnant and postpartum women experience depression, mainly in low- and middle-income countries, and it is estimated that this percentage is significantly higher. In addition, women who have experienced violence by intimate partners or sexual violence are particularly vulnerable to developing mental disorders, with significant associations between victimization and depression, anxiety, stress conditions, including PTSD (post-traumatic stress disorder), and suicidal ideation. Women living with serious mental disorders are much more likely to have experienced domestic and sexual violence throughout their lives compared to other women.

By cross-referencing the information from different studies, it is observed that women, despite taking better care of their health through healthier practices (diet) and lower alcohol/tobacco consumption, are sick-

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er than men, especially black, brown and indigenous women, who are more socioeconomically vulnerable. This corroborates that biological aspects are insufficient to justify the differences, but rather social determinants, such as double or triple work shifts, difficulty in accessing services, greater exposure to psychological, financial and sexual violence than men, pressure to perform at work and at home, devaluation and non-recognition of domestic work as work, being related to the condition of being a woman. How can one not get sick in the face of so many demands and, at the same time, barriers that need to be overcome by women collectively?

DISCUSSION

Reflections on women, work and health

Many women's first work experience occurs long before they formally enter the job market. It often happens at home, in the domestic environment, when they perform care activities that, historically, have not been recognized as "work". Federici [6] comments that unpaid domestic work has given this socially imposed condition an appearance of naturalness, linked to the idea of femininity, when in fact, it is the primary cause of women's weakness or devaluation in the job market.

These activities, naturalized as part of "female responsibilities", make their value invisible and have an impact on women's personal and professional development. [21] This dynamic not only perpetuates inequalities, but also shapes the way women view their own worth, often tied to their ability to serve others. [22]

One of the consequences of this is the emotional overload that accompanies these expectations. Women are expected to perceive needs before they are even verbalized, to be always available, and to do so with patience, dedication, and without complaints. This pressure to play the role of perfect caregiver limits women's possibilities for personal and professional fulfillment, while reinforcing inequalities in the family environment and in the job market. [23]

The sociosexual division of labor in capitalist social relations of production. The intersection of labor with reproduction, in the capitalist structure, serves capital not only by exploiting the female labor force in the productive space, but also in domestic activities that ensure the maintenance of new workers for the world of work. The roles associated with femininity or masculinity are not the product of biological destiny, they are social constructs. And even when women accept this situation for emotional reasons, nothing changes the reality of oppression, making the situation even more complex. [22]

Criticism of capitalist society cannot be limited to the analysis of exploitation and precariousness in the productive space, however important this may be. It must encompass deep and multifaceted aspects of this logic, such as the understanding of the oppression present in the reproductive space, represented by the structure of the patriarchal family that imposes an unequal division of labor for women. [22]

Making domestic work visible, necessary and everyone's responsibility is an important step. Federici [6] calls for the remuneration of domestic work and its introduction into economic indicators of work and income, placing it where it should be.

"Productive consumption that takes place at home has a marginal existence in economic thought. Because this work is unpaid in a society in which work is synonymous with salary, it becomes invisible as work, to the point that these services are not included in the Gross Domestic Product (GDP) and their providers are absent from calculations of the national workforce." [6]

Despite the trend towards desexualizing domestic work, most of the work is still done by women, especially after the birth of children. This is due to the reduction in men's wage benefits when they take time off to care for children. Even innovations such as flexible working hours are insufficient to ensure that domestic work is truly shared equally, given the decline in living standards when men take time off work. [6]

All of the work overload mentioned and contextualized is felt by women in all countries of the world, especially in the least developed ones. A report by the International Labor Organization assessed that regulations on childcare are still insufficient, with less than half of the countries offering tax incentives or financial support for families with young children. And with the aging population in many countries of the world, including Brazil, allowing yourself the luxury of discarding or undervaluing half of your population is a big mistake. [24]

According to the report, the indicators for "Safety, Entrepreneurship and Childcare" show the most room for improvement. Key areas such as labour market regulation, affordable quality childcare, support for entrepreneurship and women's safety are far less developed than others. [24]

If we add violence and harassment to the statistics, we can see that the overload of the many jobs performed by women is not dissociated from routine situations of abuse and violence, increasing the chances of women becoming physically or mentally ill. A study evaluated the responses on social networks of working women about the meaning of being a worker. Among the conclusions, women portray experiencing contradictions: to have guaranteed autonomy, financial independence is necessary; however, the inequalities that arise prevent equal conditions in the occupation of

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work spaces. Women continue to fight for emancipation and the conquest of their identities and subjectivities through individual and collective resistance and insistence. [22]

The interaction between domestic and paid work is a key aspect in understanding the differential impact of working conditions on the health of men and women. Little is known about the impacts of the unequal division of labor, emphasizing the "invisibility" of domestic work in its effects on health. The authors suggest that by reviewing the male-female and public-private polarities, not only women but also men can benefit. [25]

CONCLUSION

The toll on women's physical and mental health as they increasingly enter the job market, which was designed by men for men, is still poorly measured. The current inclusive agenda is still very incipient given the pent-up demand from women. It is an attempt to patch up a patchwork quilt. Perhaps this is not the solution, but a new structure, agreed upon on new premises and conformities, with dialogue between the different parties involved, making it a truly more inclusive and healthy environment for everyone.

Statistical data proves that women work from an early age, due to sociocultural influence, in domestic care and chores, and continue to perform this type of work throughout their lives, generating overload and social injustice. Considering intersectionalities, poor, brown or black women are more vulnerable to precarious work and health than white women. However, the suffering of contemporary women is universal, the result of a patriarchal logic that favors men.

Women are more likely to get sick than men, and yet women live longer than men, take on more and more responsibility, and become heads of households and leaders. The potential of women is gaining more and more strength, despite criticism and misogyny. To overcome this situation, both men and women need to redefine care work, share it, and value it. A counterculture that opens the doors for new work models and relationships to be established, benefiting everyone with more justice and biopsychophysical and social health.

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