

# Country WID Profile

## (Brazil)

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Japan International Cooperation Agency  
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### Table of Contents

Abbreviations	Page
1. Basic Profiles	
1-1 Socio-Economic Profile .....	1
1-2 Health Profile .....	2
1-3 Education Profile .....	2
2. General Situation of Women and Government Policy on WID/ Gender	
2-1 General Situation of Women in Brazil .....	3
2-2 Governmental Policy on WID/Gender .....	5
2-3 National Machinery .....	7
3. Current Situation of Women by Sector	
3-1 Education .....	8
3-2 Health .....	12
3-3 Agriculture, Forestry, Fisheries .....	19
3-4 Economic Activities.....	23
4. WID/Gender Projects by Other Donors.....	28
5. WID/Gender Information Sources	
5-1 List of International Organizations/NGOs related to WID /Gender	29
5-2 List of Report and References related to WID/Gender .....	31
6. References.....	32

Abbreviations  
(Brazil)

BACEN	Brazilian Central Bank
BNDES	Social and Economic Development Bank
CNDM	National Council for Women's Right
CFEMEA	Feminist Organization based in Brasilia
DIEESE	Socioeconomic Studies and Statistics Inter-Union Depart
EAP	Economically active population
FGV	Getulio Gargas Foundation- A Center of Studies on Economics
FNDE	National Educational Maintenance and Development Fund
FUNDEF	Education Development and Teacher Valuation Fund
IBGE	Brazilian Geography and Statistics Institute
IPEA	Economic and Social Research Institute
MTE	Ministry of Labor and Employment
OEAP	Occupied economically active population
SEBRAE	Brazilian Service for Micro and Small Enterprises Support
SOF	Feminist Organization based in Sao Paulo
SUDENE	Northeast Development Superintendence
SUS	Unified Health System. A public, federal system, intended to be decentralized and participatory in nature, and provides comprehensive care.
UNDP	United Nation Development Program

# 1. Basic Profiles

## 1-1 Socio-Economic Profile

Socio-Economic Profile						Ref.
Economic Indicators	GNP/Capita	Growth rate of real GDP		Inflation Rate*	Gini coefficient*	
1998年	US\$4,800	3. 1%(90-97)		1.8%/8.94% (1998/99)	0.59(1996)	1, 2
Public Sector	Health	Education	Social Welfare	Defense	Others	
Expenditure(% of GDP)	3.2%(98)	4.6%(96)	0.45%(99-Fed.Gov.)	1. 25%(98)	5.1%(99)	2, 8
Population( 96 )	Total	% of urban population		Population growth rate(91-96)		2
Total	157million	79. 6%		1.40%		
Women	79.6million	80.9%		2.11%		2
Industry/GDP	Agriculture	Industry(Manufacture/Industry)		Service		3
	8.42%(98)	33.96%(98)		62%(98)		2
Proportion of workers	Agriculture	Industry	Service	Aid/GNP		3
Total (97)	24.2%	20.0%	51.4%	0.78% (Fed Govern.)		3, 8
Women	20.2%	9.5%	66.4%			3
Labour Indicators	Total No.(97)	Unemploy. R.	Minim. wage	Women income/Total income*		
Men	59. 6%	6. 8%(98)	US\$76(a)	63%(97)		3
Women	40. 4%	7. 4%(98)	US\$76(a)			3
Decision-making	Women/Total			Women/Total		
Member of parliament	6.1%(CFEMEA 98)			Managers('96)	13%(Sao Paulo)	3
Ministries(1995)	4.3% (UNDP 96)			Technicians(97)	7.3%(Sao Paulo)	7, 3
Deputy ministries('95)	15.1% (UNDP 96)					7
Law for Women		Year	Details			
Marriage Law		1988	man and women under 21 need parents' authorization			9
Election Law		(b)1934/1988	Optional from 16 years old and compulsory from 18 on			9
Ratification and signature of international law for women				Ratification	Year	
CEDAW				Yes	1981	
Policy of WID						
Domestic Violence		National Programme for Prevention of Domestic and Sexual Violence				
Employment Equality		National Programme for Worker Qualification				
Governmental organization of WID						
National Machinery		Consello Nacional dos Direitos da Mulher, Ministerio da Justicia				

### References

1. Bacen
2. IBGE
3. DIEESE
4. Human Development Report 1996
5. Brasil, Government of 1994
6. Cooperation Information File by Country: Brazil
7. Human Development Report, 1999
8. Brazilian Government 1999
9. Brazilian Constitution

\*Refer to Definitions (P32)

(a)Remark: Countrywide average payment for men and women is, respectively,US\$244 and US\$107 (Ref.IBGE, 1999)

(b)1934 is the year when women got the right to take part in the electorate and apply for elective positions

## 1-2 Health Profile

Health Profile					Ref.
Life expectancy( '97 )	Male 63.9 Female 71.4		Population growth rate	1.4 %('91-'96 )	1,2
Expansion of health ser.	Population /Doctor (96)	769	Population/Nurse and Midwife	2,364	1
Government expenditure to health (% of GDP '98)	3.2%				2
Infant mortality rate(per1,000)*			% of the vaccinated	1-year-old child.	1
Total	36.7persons( '98 )		BCG(97)	100%	6
Female	36.4% (F), 48.0%(M)(98)		DPT('97)	83%	2
Under-5 mortality rate(per1,000)*			Polio('97)	83%	
Total	60.7persons(98)		Measles('97)	88%	1
Family planning	Contraceptive rate(97)	77%(c)	Total fertility rate(98)*	2.25	1
Births attendance rate*	85.6%(96)		Age at first marriage	24('95)	1,2
Maternal anemia rate*	25%-44%(98)		% of infants with low birth weight*	8% (97)	
Maternal mortality rate	152persons per 0.1million(97)				1
Nutrition			Oral rehydration therapy use rate*	54%(97)	3
Iodine deficiency	5% (1997)		Malnutrition	Under-5 child growth disorder	16%
Community health service('99 )					
Access to safe water	urban 88 % rural 25 %		Access to adequate sanitation	urban 80% rural 30%	6
HIV/AIDS	HIV infected		AIDS cases	Cause	Sexual Trans.
Statistics( '99 )	338,000to450,000(estimat.)		169,480(24.1%femme) Aug 99	66%	1

## 1-3 Education Profile

Education Profile					Ref.
Education system	Compulsory education ( 8 year), Primary education ( 8 year)				
Public expenditure on education	1.92%('96)				
% of GNP(1996)	4.6%				4
Adult literacy rate(97)	male 85.5 %, female 85.2 %				4
by race	W91.0%, B77.8%, C77.8% (a)				2
Primary education('97)	Net enrollment ratio*	Completing Rate	Drop out Rate		3
Male	100. 3%	20. 0%('95)	11. 1% ('96)		4
Female	94. 3%				4
Secondary educ.('97)	Net enrollment ratio*		Female ratio of higher education		
Male	65%		education	NA(b)	
Female	67%		humanities(98)	30.1%	4
			social sciences	40.1%	4
Higher education('98)	Enrollment ratio		natural sciences engineering	14.7%	4
Total	4.0%(99)		medical	15.1%	4
% of Female	55.0%(99)				

### References

1. Ministry of Health
2. IBGE
3. UNDP
4. Ministry of Education
5. Brasil, Government of 1994
6. UNICEF
7. Health in the America 1998 ed.

### \*Refer to Definitions

- (a)W:white, B:black, C:colored (Pardo)
- (b)Education has not been specifically pointed out in statistics, but included as part of Social Sciences and Humanities.
- (c)Among of 40.1% Female sterilization, 2.4% Male sterilization, 20.7% Oral, 23.3% None (Ref. IBGE 1999)

## 2. General Situation of Women and Government Policy on WID/Gender

### 2-1 General Situation of Women

#### General Situation of Women in Brazil

- The northeastern region with 46% of the poverty groups in Brazil (ref.IPEA) lags far behind the other regions. Maternal mortality rate is 40% higher, 152 per 100,000, and literacy rate is the lowest, 71.3% comparing to 85.5% of the national average.
- Afro-Brazilian and Women earn the lowest wage regardless to the job or the rank.
- Female-headed households has reached 22% in urban centers whose family often lives in severe conditions with 57% less earnings than that of men.

Brazil, 5<sup>th</sup> largest nation in the world, is a large country in South America. It recorded an economic growth rate of nearly 10% annually from the late 1960s to the early 1970s and achieved economic growth once referred to as the “economic miracle of Brazil”. Since then however, Brazil has suffered from long-pending economic stagnation. After that, Brazil had its morale lifted again by bringing down inflation from an annual 1,246% rate in 1993 to 1,8% in 1995, thanks to “Real” Stabilization Plan in mid 1993. Then some improvement in real GDP - 5,9% in 1994 - as well as in people's standard of living were noticed. However it is now suffering the consequences of a inefficient fiscal policies along with its high interest rates(approximately 15.0%), high tariff charge and a governmental deficits reaching 9.3% of GDP. The net debt is 48.6% of GDP (ref. Bacen 1999). Unemployment rate has been pushed higher, 7.6% in 1998 and an estimated 11.0% by the end of 1999; as well as the number of people living in poverty. Concerning the GDP per capita, figures appeared as 2.3% and (-)1.25% respectively in 1997 and 1998.

Despite Brazil being the seventh world economy in terms of GDP largeness, there exists great social, regional and urban/rural gaps. The agricultural sector growth has been decreasing since 1995. Many people migrate from rural to urban areas to seek employment opportunities, so the proportion of total population in urban areas has increased to 79,6%(ref. IBGE 1997). However, as long as these rural people are unable to obtain enough income, mainly due to low educational level, large-scale slums have been created in various cities and towns. Accordingly, water pollution, shortage of educational facilities, deterioration of public health and lawlessness are some of the major problems.

Regionally, in the drought stricken area of Northeast, a delay in development and corrective measures are still major problems. Although the region has presented growth in real GDP, the GDP per capita in the Northeast is still 55,8% of the national average (ref. 1997 FGV/IBGE, 1998 SUDENE report), and migration takes place.

Health and educational indicators, also display a delay of development in that

region. The infant mortality rate is almost three times higher than other regions-60 per 1,000 against 26 in Southeast. The specific fertility ratio is around 2 in the Southeast, while 3.1 in the Northeast (ref. IBGE 1998), showing a considerable reduction of 60% from 1970 to 1996 (ref. 1998 Brazilian Magazine of Population Studies), but, still true versus that of the Southeast one, reported in the 1980's. Concerning education/literacy rate, the Northeast is left wanting, it is the lowest of the five regions. Literacy rate in rural areas is 68.0%, 66.5% male and 70.5% female (ref. IBGE 1997)

Slavery composed of African people during the colonial period and an acceptance of other immigrants have helped create an extremely diversified society. However, the great majority of the population have adopted Roman Catholicism and speaking Portuguese, and the features and cultures brought by said immigrants have spread and intermingled within Brazilian society, thus forming a cultural homogeneity.

In gender relationship, normally the man is accepted as to be the stronger element. Emphasis is given to the female role as being the wife and mother, although there is a gradual change to the better for the younger Brazilian women.

Despite the recognized importance of women participation in the labor force - 40.1% (ref. IBGE 1997) - and considerable advance in their educational level – 55.0% of higher degree education enrolments in 1998 were women's (ref. Ministry of Education 1998) - they still have to face struggling difficulties in leading their lives. As labor force, most of women are inclined towards those jobs regarded as women's and also take part in the informal sector with no legal protection and being limited to job classifications of both low wages and social status. Female-headed families, due to low wages and shortage in adult labor, are leading their lives in severe conditions, mainly in those whose heads' educational level is low and with low-age children. Considering the combination of gender-ethnicity, the situation of Afro-Brazilian women is much worse in all fields. Women's average pay still remains as to 63% of those of men (ref. IBGE 1997).

Educationally, for the same stereotype reason, major fields of study are prone to be towards humanities or health and medical services.

Concerning violence, it is clearly practiced in Brazilian society regardless to socioeconomic strata or ethnical group and can be noticed mostly in family domestic premises. Rape and sexual abuse by relatives and/or unknowns frequently happens. Involvement in Sex industry is a present problem, as well. In recent years, there has been a surge in girl prostitution, estimated now to be 500,000 nationwide (Silva et al, 1997).

Although Brazilian civil code almost ignores women's rights, the Federal Constitution ensures protection to the family and grants spouse equality, not just to that family set upon the civil law, but also to that based on a cohabitation and mono-parent.

## 2-2 Government Policy on WID/Gender

### Government Policy on WID/Gender

- In 1979 the UN approved the Convention of the Elimination of All Forms of Discrimination Against Women, followed by complete commitment by Brazil only in 1994.
- A National Policy for Women was publicly announced in 1997 as a policy on gender based on the Beijing Conference in 1995, although since 1995 some plans have been put in to practice, accordingly the measures for improving women's conditions that lie in the Strategies of Equality.

#### (1) Alleviation of Poverty:

**.Income and Employment Generation Programme (PROGER)** - established in 1995 prioritizing household-head women, this programme provides access to easy term credits along with techno-managerial training for men and women to form or to improve their own enterprises;

**.Minimum-Income Programme** – is still being experimentally carried out in three cities - Belo Horizonte, Campinas and Vitória - all of them in the Southeast region, and permanently in the Capital, Brasília, the programme supplements the budget of low-income families whose children are at the most 14 years old aiming to prevent the children from working instead of attending school; also providing literacy courses and professional skill. Again, prioritizing woman-headed families;

**.Community in Solidarity Programme** - action is taken in partnership with other governmental programmes, being run by a team composed of government, civil society and entrepreneurship members. Distributes food baskets of much needed victuals and provides professional education for women workers. Also performs towards infant mortality reduction;

**.Letter of Credit Programme<sup>(1)</sup>** - credit facilities for house purchase and dwellings, priority being given to household-head women;

**.Land Reform Programme** – plans have been made to settle 260,000 families during the 1995-1999 period; until 1998 180,000 families have been settled among of, 25% is household-head women (ref. Min. of Agriculture);

**.Pro-Dwelling Programme-** developed by Federal and State governments to provide access to dwellings for men and women with the same priority as mentioned above.

#### (2) Education:

.Actions to promote the prevention of gender stereotype in curriculum,



educational books and in strategies for teacher training.

**(3) Employment:**

.**National Programme for Worker Qualification (PLANFOR)** - provides professional education regardless to gender, stating that at least 30% of the places are to be granted for women. In 1996 a Working Group was formed coordinated by the Ministry of Labor and Employment to put in to practice the elimination of discrimination in employment and occupation.

**(4) Health:**

.**National Plan for Maternal Mortality Reduction** - to avoid cesarean births and vaccination against tetanus to pregnant women;

.**National Campaign Against Uterine, Breast Cancer and Cervical cancer;**

.**Special Attention to Prevent AIDS/STD;**

.**Approval of Law Granting Contraception assistance by SUS**

**(5) Violence:**

.**National Programme for Prevention of Domestic and Sexual Violence** - provides guidelines on how to give assistance to women victims of domestic and sexual violence and budget appropriation to construct more shelters for them; proposals for changing the penal code related to rape and for the aggressor being given an appropriate and more just punishment; campaigns drawing the attention to human rights. Nowadays, there exist 276 police stations throughout the country specially to attend to women victims of violence (ref. National Council of Women's Rights 1998);

**(5) Access to Power:**

.National programme for promoting Equality of Opportunities to government positions.

**(6) Communication:**

.Newsletter "Dito e Feito" feeds society, NGO's, International Organizations etc, with information on what is going on concerning to WID; CNDM Internet Home Page under installation by the time of this survey; connection between CNDM and radio and TV network for Brazil-wide transmission of debates and interview concerning WID is now underway.

## 2-3 National Machinery

National Committee for the Advancement of Women (NCFAW)	
National machinery	National Committee for Woman's Right, Ministry of Justice
No. of Staff	1 President and 20 Councillors (Appointed by Brazilian President)
Budget	US\$500,000 (Expenditure in 1999)
Function	Coordinating between ministries and agencies for planning and implementation of the national policy for Woman.

### ◆ Main implementing matters related to WID/Gender by other ministries and agencies

Agency	Implementing matters
Ministry of Justice/CNDM	<ul style="list-style-type: none"> <li>• Establishment of police stations specially attending to women victims of sexual violence</li> <li>• Construction of more shelters for women</li> <li>• Establishment of center for law assistance in order to protect women's right</li> <li>• Provision of means of communication such as Newsletter, Internet Home Page, and TV Network to share information on WID</li> </ul>
Ministry of Education & Sports	<ul style="list-style-type: none"> <li>• Elimination of gender stereotype in curriculum, educational book.</li> <li>• Implementation of the Teacher Evaluation Fund intended to improve teacher's salaries and provide them educational training (female forms the great majority of basic educational teachers)</li> </ul>
Ministry of Health	<ul style="list-style-type: none"> <li>• Maternal mortality and Infant mortality reduction</li> <li>• Nutritional education, improvement of health services and implementation of family planning</li> </ul>
Ministry of Labour and Employment	<ul style="list-style-type: none"> <li>• Provision of professional education through the National Programme for Worker Qualification, stating that at least 30% of the places are to be granted for women</li> <li>• Establishment of the Income and Employment Generation Programme, providing access to easy terms credits along with techno-managerial training for men and women to form or to improve their enterprises</li> </ul>
Land Reform Extraordinary Ministry	<ul style="list-style-type: none"> <li>• Settlement of families through the Land Reform Programme, attention being given to household-head women</li> </ul>
Partnership between Federal, State, and Municipal government and Society	<ul style="list-style-type: none"> <li>• Credit facilities for house purchase and dwellings</li> <li>• Establishment of the Minimum Income and Community in Solidarity Programme, giving special attention to women-headed families</li> </ul>
National School of Public Administration	<ul style="list-style-type: none"> <li>• Access to power regardless to gender through a national program for promoting equality of opportunities in the government</li> </ul>

### 3. Current Situation of Women by Sector

#### 3-1 Education

Education
<ul style="list-style-type: none"><li>• Nowadays, there are around 188,662 public school for basic education(66.5% rural) employing 1,423,840 teachers (18.4% rural), 85% of those being female.</li><li>• Although the net enrollment rate of primary education is high(105%), dropout rate (four among five) is also high .</li><li>• Set of action emphasizing the prevention of gender discrimination is planned.</li><li>• The greater part of federal expenditure is spent on higher education and decentralization of fund is encouraged..</li></ul>

#### [General Situation]

The Educational System in Brazil comprises three levels. The first 8-year is called Primary Education and is compulsory for 7-year old children and over. Next comes the Secondary or Technological Education which is 3-year, followed by Higher Education, that may last from 4 to 7 years. In addition, there is the Preschool providing day care for children under 7 years old, where children initiate the first steps to literacy. For all the mentioned levels there are public and private schools. Until the Secondary level, the wealthiest go to private schools, which provides a better quality of education, whereas to the others rest the Public ones. Once the higher level is reached, the scenario inverts and a very small number of students from public school have enough skill to pass the entrance examination for the universities and colleges and when they do some, most of them go to private ones whose exams are generally considered easier. Normally, the less privileged goes to a night school and pays for it.

Among public schools for basic education, the Northeast region accounts for 45.9% of all schools (77.0% rural) and 29.5% of teachers (32.4% rural) and the Southeast 21.6% (40.4% rural) and 38.9% (8.9% rural), respectively (ref. Ministry of Education, 1998 report on basic education). The lack of rural teachers is more evident in the Southeast region.

#### [Government Policy and Budget of WID]

In March 1996 a Cooperation Protocol was established between the Ministry of Education and the Ministry of Justice, this latter represented by its National Council for Women's Rights (CNDM), with the view of implementing a set of actions emphasizing the prevention of gender stereotype in curriculum, educational books and in strategies for teachers training, such as:

- Promote gender equality as a component of the strategies for teachers training;

- Curricular revision focusing the ban of all kinds of prejudice and discrimination;
- Implementation of the National Programme for Educational Books highlighting gender equality, classifying them as “recommended”, “reservedly recommended” or “excluded” as they present any trace of prejudice and/or discrimination;

Since 1998 has been in effect the Teachers Valuation Fund, intending to improve teacher’s salaries and provide them educational training. Since the great majority of basic educational teachers are female, government claims this is the greatest measure towards the improvement of women's wages.

Federal expenditure with education was 1.33% and 1.65% of GDP, respectively in 1997 and 1998 (ref. BACEN 1999), the greater part of that being spent on higher education. Federal budget appropriation for 1999 is 1.71% of GDP. Available data concerning all the Public expenditure on education - federal, state, and municipalities - only refer to that of 1996, which was 4.6% of GDP (ref. Ministry of Education, the Situation of Brazilian Basic Education 1999).

Since 1995 the National Educational Maintenance and Development Fund (FNDE) has been developing programs in order to promote federal decentralization of funds for all schools throughout the country, so local governments themselves manage the funds received from the federal government to enhance school facilities and to the teaching-learning process. As a whole, the program covers:

-Annual Work Plan: local governments present an Annual Work Plan and the federal government may finance construction or enlargement of school premises, plus purchase of furniture, equipment and teaching materials requirements;

-Program of Technical Assistance: budgeted funds are given to States and Municipalities to get TV sets, VCR's and parabolic antennas.

-National Program of Text Books: distribution of text books through schools all over the country.

In 1996, 83% of the schools had been reached by the programs cited above and the expenses represented about 7% of the expenditure in education during the year (ref. Ministry of Education 1998 report).

At the end of 1996, the National Congress approved a Constitutional amendment creating the Education Development and Teacher Valuation Fund (FUNDEF), in order to promote improvement in quality of teaching and to reduce regional distortions in literacy, teaching quality, and teacher’s wages at the basic education level. Each state and correspondent municipalities contribute to the mentioned fund and later receive its part according to the number of students enrolled. The Ministry of Education determines the minimum expense per student, being approximately \$ 170.00 US for 1999. Federal

government supplements what lacks.

#### [Primary Education]

In addition to high dropout rate, there is a high incidence of grade repetition, so it takes an average of 11 years for a student complete the first 8-year course (ref. Ministry of Education 1998). In many cases of grade repetition students drop out. Boys are more likely to abandon school prematurely, due to their early participation in the family's income. The major reasons for dropouts are poverty, and difficulties in instruction for higher-grade children because many teachers work without formal teaching certificates. In addition, many other reasons exist, such as a low awareness of parents who did not have an opportunity to receive education, work to help the family, low motivation of teachers and the inadequacy of facilities, curricula and teaching materials, creating a vicious circle of poor quality-educational services. Thirty-two percent of Brazilian workers over 15 years old, have on average less than 4 years of school attendance (ref. IBGE 1997).

#### [Adult Education]

Some companies and foundations have become involved with this question. Companies for instance, provide literacy classes after or before working hours, attending employees desire and the needs for improving productivity. Foundations basically act via distance education broadcasting TV educational programs. Concerning to the Northeast, where there are municipalities with illiteracy rates above 55% (ref. Ministry of Education 1998), in 1995 the government launched a program called In Solidarity with Literacy, based on a partnership involving federal government, companies, universities and local governments to the attacking of illiteracy; no specific results have been published as yet.

#### [Impact of Economic Policy on Educational Policy]

The main problem is insufficient investment in the sector, considering and comparing the great educational needs the country has and what it actually receives, whilst almost eight times that of the educational budget is channeled in to other purposes: payment of interest related to intern and external debts and social security. As a result, various education-related problems still exist, such as the low quality of teachers, curricula that does not meet social and economic needs, a geographical gap in education, many dropouts, a shortage of educational facilities and teaching materials, and budgetary deficits. To grant a better living condition to their families, some teachers work or moonlight in a second job because their regulated salaries as civil servants are inadequate,

which in turn promotes further deterioration of educational quality.

Brazil is deeply incorporated into the global economy through its participation in the Common Market of the South and its currency stability because of the Real Plan. Therefore, training of a high quality labor force has become essential likewise improvement with educational quality from the bottom up.

Table 1 Adult Literacy Rate per Region (%)

	1984	1997 (Increase rate)
National	72.9	85.3(17.0%)
North	77.8	87.3(12.2%)
Northeast	52.8	70.6(33.7%)
Southeast	81.9	91.4(11.6%)
South	81.8	91.7(12.1%)
Middlewest	75.0	87.6(16.8%)

Source: IBGE 1997, 1998 Annual Report

Table 3 Level of Education per Region&Sex(%pop.)

	Urban		Rural	
	F.	M.	F.	M.
Educ. less than 1 year	13.3	12.0	32.9	36.5
Primary ed. completed	8.1	8.3	2.9	2.9

Source: Silva et al, 1997

Table 2 Adult Non-literacy Rate per Region&Sex

	Total	Female	Male
Urban	10.7%	11.5%	9.8%
Rural	32.0%	30.5%	33.5%

Source: IBGE 1997, 1998 Annual Report

Table 4 Female Rate per educational level(%)

	1970 年	1980 年	1989 年	1998
Primary	49.2	50.1	50.9	51.0
Secondary	50.7	53.4	57.1	52.7
Higher	42.4	49.2	52.9	53.5

Source: Government of Brasil, 1994 and IBGE, 1999

### 3-2 Health

#### Health

- Recent overall improvement mainly concerning infant and maternal mortality rate, with reduction from 152 in 1996 to 99 in 1998 per100,000, can be seen although disparities between urban and rural, among regions, states and municipalities still remain.
- Cesarean birth, 40.5% of births country wide, is prevalent, and anemia is a problem especially among pregnant women and children under two, whose average rate is 40%.
- Iodine Deficiency has recently drawn attention due to insufficient iodine ratio in 31% of the salt marketed in the country during the 90's.

#### [General Situation]

There are overall 205,828 physicians (31.9% female) and 66,857 nurses and 63% of physicians and 51% of nurses are in the Southeast, contrasting to other regions where the indicators are, respectively, 20% and 22% in Northeast, 7% and 16% in the South, 7% and 6% in Central-west, 4% and 5% in the North. Generally, in the Southeast and Southern regions, there are medical facilities providing the latest medical services. However, it is difficult for rural residents and for those living in the areas surrounding the big cities to enjoy basic health and medical services. They have to face long queues, lack of places in hospitals, and uncommitted health service personnel. There exist 6,370 SUS hospitals in Brazil, being 2,113 in the Northeast; 1,903 in the Southeast; 1,138 in the South; 725 in Central-West; and 491 in the North (ref. Ministry of Health 1998).

#### [Government Policy and Budget]

In the health sector, Federal expenditure for 1998 was 1.84% of GDP and budget appropriation for 1999 is 1.65%, presenting a slight difference in relation to 1998. The reason for this could be explained as to be the government tougher budget constraint after the big fright of the Russian and Asian crisis. In addition, discontinued reception of resources from tax on financial transactions (CPMF) during January through May 1999, also reduced funds for health. Now, considering the pluriannual plan recently announced by the government that covers the next four years from year 2000 onwards, we see that federal expenditure in health appears to be an annual average of 2.10% of the yearly projected GDP, and represents 13.33% of the total social expenditure for that period (ref. Brazilian Government 1999). Considering federal and local governments expenditure all together, expenses in health was 3.2% of GDP in 1998 (ref. Brazilian Government 1998).

To reduce regional disparities, the Government demonstrated a Unified Health System (UHS) (*Sistema Unico de saude: SUS*) in 1990, for the purpose of creating a new health system throughout the country by strengthening regional health administration.

The system involves the following three key points: (i) decentralization (mandate of authority to states and municipalities), (ii) providing of comprehensive medical services for prevention and medical treatment in local communities (emphasis on public sanitation projects, such as the control of infectious diseases and environmental sanitation) and (iii) participation of residents.

#### [Iodine Deficiency]

The present Brazilian law concerning the matter states that the ratio of iodine in salt for human consumption must be at least 40 to a maximum of 60 milligrams of iodine per kilogram of the referred to salt. However, during the 90's, survey on the sample of the salt marketed in the country led to the conclusion, in 1996, that 12% of those contained zero iodine, and 19% did at most 10mg/Kg. Therefore, considering the above mentioned law, 43% of the salt in existence in the country contained less than the minimum demanded amount. Furthermore, taking into account the least human daily iodine intake necessity, which is 0.075mg/day, and that each Brazilian consume around 6 to 7 mg/day of salt, 31% of said salt would be jeopardizing population's health. The highest incidence of iodine deficiency has been chiefly noticed in the middle-western region of Brazil (Goias and Mato Grosso do Sul states), and in the western part of Bahia State and northeastern Minas Gerais state. Precise figures concerning the overall iodine deficiency in the country, after the disclosure of the mentioned problem, has not been published yet (Ref. Yara Pereira Simoni de Silva, Coordinator of the National Program for Iodine Deficiency Control, 1999).

#### [Reproductive Health]

Data from the Ministry of Health dating from 1996 say that in the last decade the number of pregnant women attended under a proper medical way increased 16%, where 86% had some pre-natal care, of which 66% had their first appointment during the early three months and 8% had more than 7 ones; 96% of births in urban areas took place in health care institutions and 78% of those of rural areas. Forty-five percent of women received immunization against tetanus. Cesarean births still remain high, specially in the more advanced areas. Regionally the indicators are: 29.4% in the North, 25.0% in Northeast, 49.2% in Southeast, 43.5% in the South and 50.5% in Central-west, while countrywide 40.5% of births (ref. Ministry of Health 1996, IBGE 1998 report). Government explains it in association with the opportunity to perform tubal ligation sterilization, but that could be related to the expense of the whole service as well - cesarean births cost double the price of normal ones. To grant access to health services in



the poorer areas, the government launched the Health Promotion, focusing on families and their relations within a given area, aiming at development of community-based health care and the organization of basic health activities at the local level. For this, Health Agents, mostly women, follow up on the health of families, provide health education, check babies weight and the vaccination control card; theoretically. In practice, there is lack of agents and equipment, and the training they are given simply does not keep up with the task they are assigned to. Iron deficiency **anemia** is also a problem among pregnant women, ranging from 25% to 44%, with a very worrying mark of 65% in northern Pará state (ref. Health in the Americas, 1998 edition). Government planning dating 1996, intended to reduce it to 20% until 1999. However, only 18% of what was planned had been accomplished until December 1998 (ref. Ministry of Health, Aug 1999). Incidence of **low-weight birth** shows a slight decrease: 10.0% in 1989 (ref. WHO, Health in Americas, 1998 Edition) against 8.0% in 1997 (ref. Infancy World Situation, UNICEF, 1999 Edition).

#### [AIDS and STD]

The incidence of **congenital syphilis** dropped to 4.7 cases per 1,000 live births in December 1997(ref. Ministry of Health 1999). Concerning **AIDS**, the absolute total number of AIDS case is 169,480 for the country, and 24.1% of that refer to women, having reached the 3:1 ratio (ref. Ministry of Health Aug 1999 Epidemiological Bulletin). The estimated number of HIV infected people ranges from 338,000 to 450,000 countrywide (Ministry of Health 1999). Changes in the epidemiological profile of the disease have been noticed in recent years. Sexual intercourse continues to predominate with 66% of all cases. However, from 1990 on, cases in homosexual and bisexual males began to decline and the number in heterosexual males and females to increase. Many women have been infected in the last years showing the difficulties women have to deal with their partners about safe Sex, reflecting a power inequality in the sexuality field as well.

#### [Family Planning]

The law concerning it has been in effect since 1997. Its contents are as follows:

- The right to surgical sterilization to everyone aged 25 and over, as well as those of at least 21 years old, and having two children;
- Prohibition of surgical sterilization during birth or abortion, except for special approved situations and successive cesarean births;
- Compulsory report to the SUS on all surgical sterilization performed;

- Prohibition of encouragement of surgical sterilization, as well as the demand of any kind of certificate of sterilization or non-pregnancy for any purpose;
- Register, inspection and control by the Ministry of Health of all institutions that perform family planning research, assuring that only the ones which can provide all the reversible contraception means may be allowed to perform surgical sterilization;
- Establishment of penalties to all health professionals who break the law.

Later, in Aug 1998, law 9,600 was approved regulating contraception assistance by SUS, consisting of reversible contraception provision and surgical sterilization in SUS hospitals and in accredited ones.

The contraception prevalence in Brazil is 77% (ref. World Infancy Situation, UNICEF 1999). Among those women who are not sterilized, the methods and respective rates are: oral contraceptive 73.3%; IUD, diaphragm etc 10.5%; condom 9.2%; traditional ones (discontinued sexual intercourse, for instance) 7.0%. The percentage of contraception use in Southeast is 25.9%, against 18.0% in Northeast. Among women aged 30-39 years 36.6% have been sterilized, whereas among those aged 40-49 years the rate is 42.7%. The main reason is to avoid pregnancy, according to urban females. For rural ones it is to preserve health, since their access to health services is more difficult (ref. IBGE 1997 report).

#### [Use of Water and Housing]

A 1997 law states Brazil's national policy on hydro resources, granting public access to water. The percentage of total population with access to safe water and adequate sanitation, respectively, is: Country-wide 76.0% and 70.0%; Urban 88.0% and 80.0%; Rural 25.0% and 30.0% (ref. UNICEF 1999 report). The North and Northeast regions, and shanty-towns around Brazilian cities present a very severe situation of disgrace and a shame on a country that makes aircraft, computers, developed electronic appliances, missiles etc. Several World Bank projects for the cleanup of rivers, bays and watersheds; and for implementation of plumbing and sanitation systems are currently under way. This latter is supposed to benefit more than 3.0 million people in poorest areas, involving the communities, where women's organizations have prominent roles, by taking part in the projects (ref. World Bank 1997 and 1998 annual report). From 1995 to 1996 the national housing system invested \$ 2.83 million, benefiting 393,000 families in overcrowded centers (ref. WHO, Health in the Americas, 1998 Edition, volume II).

Nevertheless, access to water is still a very sensitive question in Brazil, mainly in the aforesaid drought stricken Northeast region, in relation to sanitation, treatment and lacking, due to monetary, climate and political reasons. In the above referred region water

plays an important role in infant mortality cycle since non-safe water is used to prepare powder milk to feed the malnourished babies who suffer from discontinued breastfeed long before it should be, causing diarrhea. It is hardly credible, but the same contaminated water is even used to prepare home serum to cure diarrhea...! (ref. "Folha de São Paulo Journal, the 1999 Aug 8<sup>th</sup> edition, page 11).

[Actions concerning the WID]

-National Plan for Maternal Mortality Reduction:

Owing to measures such as avoiding cesarean births and vaccination against tetanus in pregnant women, there was overall reduction in maternal mortality ratio. However, these indicators are very controversial since only recorded deaths are taken into account, since in poorer areas there may be deaths, which are not even registered. Also, indicators do not show reduction of cesarean births.

-National campaign against uterine, breast and cervical cancer calling upon low-income women to undergo on exams and treatment in government hospitals and in those accredited by SUS. The main aim is to reach women from 35 to 49 years of age who have never undertaken such exams. From 1996 to June 1999 about 3,600,000 women were examined, which is 42% of the objective defined in 1996 for the four following years (ref. Ministry of Health 1999);

-Prevention of AIDS/STD from expanding, linking maternity hospitals to SUS, in order to provide AZT treatment and so diminish virus transmission to newly born children. To continue attending this until year 2002, in 1998 a new contract with the World Bank was established to the sum of \$ 300,000,000 US. From 1996 to 1998, an average of 30% of the infected people has had ongoing treatment (ref. Ministry of Health 1999);

-Contraception distribution and assistance by SUS since August 1998, have provided reversible contraception, also surgical ones;

-Assistance to women victims of sexual violence including legal abortion provided by SUS to those whose pregnancy was caused by rape. The Ministry of Health has publicly announced this, but in practice abortion has not been performed due to discussions still underway since 1991 in the National Congress to put it in the form of a national law (ref. Interview with CNDM coordinator);

-Assistance for incomplete abortion (curettage procedure): in 1998 the number of hospitals for this service reached 14 all over the country;

-Family health program: Teams attending families at home, composed of general practitioner, nurse and health agent<sup>(1)</sup>. Each team is responsible for a certain number of

families, ranging from 600 to 1,000. Basic attention is provided at home and specific ones such as pediatrics, gynecology, obstetrics, medical clinics and small surgeries are performed at health units. By June 1999 there were about 3,201 teams, covering 7% of total population (ref. Ministry of Health, Aug 1999).

[Economic policy impact on health]

It could be better explained referring to the long and endless national budget restraint, since late 1970's so far. According to the pluriannual plan covering the year 2,000-2,003 period, federal government budget for health would be 2.1% annual average of projected GDP, only approximately 0.3% higher than the one in existence today. Now, just considering the future yearly-expected increase of population, one may ponder if another northern region will come into existence in comparison with today's present one, in terms of population, by the year 2,003. Therefore, "uncertainty" is the best definition for those who hopefully depend upon the Brazilian health sector.

Table 1 Reasons of Maternal Death

Reasons	Rate(%)
Toxemia of pregnancy	30
Hemorrhage	18
Infection	15
Abortion	12
Others	25

*Source:Silva et al, 1997*

Table 2 Infant Mortality Rate by Region (per 1,000, %)

Region	1979	1984	1989	1997
National	85	77	59	36.7
North	87	88	69	35.6
Northeast	117	115	92	59.0
Southeast	64	52	35	25.2
South	67	53	39	22.5
Middlewest	71	50	41	25.4

*Source:Kunibetsu-Iryokyoryoku –File and IBGE 1998*

Table 3 Reasons of Infant Death

Reason	Rate
Abnormal delivery	47.1
Digestive Infections	16.4
Pneumonia	11.4
Congenital disorder	7.6
Nutritional deficiency	4.6
Blood poisoning	3.0

*Source:Kunibetu-Iryokyoryoku-File*

Table 4 Total Fertility Rate par Region(1991/1997)

National	3.53	2.40
Northeast	4.96	2.70
Southeast	2.96	2.10
South	3.04	2.20
Middlewest	3.38	2.20

*Source: UNICEF, 1995 and IBGE,1998*

### 3-3 Agriculture, Forestry and Fisheries

#### Agriculture, Forestry, Fisheries

- Although women actively participate in agricultural works, they still remain in a supportive role and access to land ownership or small credit is limited in spite of laws.
- Some women associations started to undertake rural activity extensions.
- Although government policy and budget specifically for WID in this sector is hazy, some programmes have been announced lately as follows.

#### [General situation]

Since the 1960s agriculture in terms of GDP has gradually decreased in line with industrialization until it reached a level of 10% in the 1970s. Therefore, the rate of employment for persons engaged in the agriculture sector was approximately 25% (Cooperation information file by country, 1996). Leading exports include agricultural products such as sugarcane, oranges, and soybeans, while Brazil is proudly the world's largest exporter of coffee, sugarcane, oranges, soybeans and corn. However, the Government has not supported agriculture enthusiastically so that efforts to improve output have not been realized.

An tremendous gap exists between large-scale farmers with large plantations and small-scale farmers family-operated farmers. When the proportion of exporting products in the agricultural production increased in the 1980s and agricultural modernization progressed, many small-scale agricultural producers suffered and tried to diversify production. However, only a small number of these farmers succeeded. In the future development of the agricultural and livestock sectors, there will be a need for development of agricultural products suitable to national conditions, greater variety, creation of employment opportunities by promoting the livestock sector and conversion of cultivating methods from slash-and-burn agriculture to other methods in order to prevent desertification

#### [Government Policy and Budget]

-Income and Employment Generation Program (PROGER): established in 1995, it gives priority to household-head women and provides access to easy term credits along with techno-managerial training for men and women, urban or rural, to form their own enterprises or develop their land. From 1995 through 1997 access rate to loans by women was 48%, corresponding to 46% of all the resources allocated to this program (ref. Brazilian government 1999);

-Land Reform Program: aims at settling 260,000 families from 1995 through 1999. Until 1998 180,000 families have been settled and 25% of these have been woman headed families (ref. Brazilian government 1999);

-Program for Strengthening Familiar Agriculture (PRONAF): aims at encouraging family agriculture, paying attention to small-land-owner families. According to Federal Government 1999 report, federal and state banks invested in 1998 about 45% of Ministry of Agriculture expenditure in the same year, which was 0.45% of GDP. Since its implementation, 1,127 assistance offices have been modernized, having assisted 467 thousand rural families including projects designing, with 27 state projects for technical assistance being implemented, having skilled 2,378 technicians (ref. Ministry of Agriculture 1999). Assistance related to WID is not mentioned.

#### [Situation of Rural Women and Extensive Activities ]

Since female workers in agriculture accounted to 37.9% of the total agricultural labor force (Government of Brazil; IBGE 1997), women participate actively in agriculture. In the agricultural and livestock sectors, although generally speaking the partial role of men is to produce grain and of women to breed livestock, women assist during seedling and harvesting. Furthermore, if households engage in both agriculture and fisheries, in many cases men take charge of fishing and women shoulder all responsibilities of agricultural labor. In Brazil, sales of agricultural products are generally the responsibility of men. In recent years, women have obtained land ownership, so the rate of women participating in agricultural workers' unions or cooperatives has increased. Consequently, women have become active producers. Membership of agricultural worker's unions has reached 2 million persons, 22% of the total population. However, only 6% of managerial posts are held by women (Silva et al, 1997).

The smaller the scale of farmers, the greater the role that women discharge in agricultural production. In many cases, female labor is regarded to be auxiliary to their husband's. Therefore, "domestic chores" or "unemployment" is usually entered as their occupation during census taking. Accordingly, the roles of women in agricultural production are not socially recognized, and are not reflected fairly in statistics. As a result, measures for women are excluded from agricultural policy.

While the conditions of small-scale farmers are deteriorated due to a failure to diversify or a drop in prices of the primary products, cases where a husband selects to migrate or abandon his family have increased dramatically. In such cases, remaining females are forced to become the head of the household and shoulder the livelihood of the family. However, wages obtained by females as agricultural workers are less than that of

males. It is difficult to obtain enough income because they are treated as periphery workers. Furthermore, of such households, farmers with no land suffer the most and for many families their dwellings are less than adequate.

From government departments along with rural associations, programs concerning to extension activities for women basically focus on the stereotype of female roles promoting handicraft transformation of agricultural products. Women are considered as the ones who give a hand or supplement men's work, such as looking after the livestock, milking and other duties around the house. Therefore, most of them are not registered by census as rural workers, and are excluded from the legislation regarding these workers. Moreover, due to patriarchal background, access to agricultural machinery is also difficult: the broader the mechanization, the more excluded women are. Now, in regard to introducing gender in agricultural affairs, and an intensive way of searching for conscience on rights and equality, promoting debates on social relations, women's participation in rural associations aimed at gaining social rights and political citizenship, governmental official involvement is hardly ever noticed; thus this is left to unions, international organizations, NGO's and others to undertake some. Since women are not included in economic and social initiatives rural workmen associations have been performing, rural women worker associations have undertaken some rural activity extensions. One of them being the production of soap, established in 1998 by "Lago do Junco" rural women workers association, even successfully exported the product to United States (ref. SOF Family Agriculture and Gender 1998). Another activity now gradually expanding is the cultivation of medicinal plants.

#### [Fisheries]

It nothing related to WID has changed over the years. The activity is mainly performed in a small scale, being the family the principal character. A gender gap does not exist in the fisheries with respect to rights. However, fishing is traditionally a male role, and women are usually responsible for upgrading fishing equipment such as nets. Women are also involved in gathering seaweed or shellfish and making handicrafts thereto.

#### [Access to Land and Small Credit]

Federal constitution brought into being in 1988 presents no inequalities between gender regarding land ownership. According to last agricultural census carried out by IBGE in 1995, among the owners 32.8% are women. However, just a few of this percentage have acquired land by their own efforts and negotiations, most land having



been inherited from parents or husband, the property usually being run and managed by an elder son or husband.

Access to small credits is something also assured by law for both male and female, since it does not discriminate by gender or whatsoever. But, in the agricultural field, family and economic activity go hand in hand with one another. So, therefore even having an important role within the group, women do not trespass the boundaries of family position. Therefore, negotiations and marketing rest with the man of the family. Since 1997 a governmental institution called the Bank of Land has been operating. In its directions on how to access the funds, there are no references considering WID. In other words, it seems that the simple establishment of a law granting equal rights for both men and women is not able to change women's conditions as easily as the click of a finger, due to the above mentioned cultural aspects. So, besides laws and some generic programs, intensive actions concerning coherence by the State, between what is written up on WID and what action should have been taken is almost non-existent. Family agriculture is viewed as an economic and social agent, basically to prevent migration, and its component roles are not being given considerations.

[Personnel for disseminating agriculture]

Agricultural dissemination including technical dissemination is being implemented at both the federal and state levels. The number of dissemination personnel has reached 16,580 persons nationwide who disseminate to approximately 150,000 persons engaged in agriculture in 37,200 districts through 3,973 regional offices (Silva et al, 1997). Women accounted for 23% of all personnel (as mentioned earlier). Dissemination toward females is being implemented as technical support for domestic management or agricultural operations. However, as mentioned earlier, since agricultural female labor is regarded to be supplementary to their husbands, dissemination tends to emphasize nutrition and sanitation rather than support for agricultural production through improvements in productivity or variety.

Table 1 Yield of Major Crops par Region(1996)

	National (t/ha.)	Northeast (t/ha.)
Corn	2.60	0.79
Bean	0.59	0.39
Rice	2.60	1.40
Soya	2.20	2.20
Cotton	1.31	0.48

Source: Government of Brazil, SUDENE 1999

Table 2 Change of Proportion  
of Workers in Agriculture

Year	Rate
1960	52.0%
1997	24.2%

Source: DIEESE, 1997

### 3-4 Economic Activities

#### Economic Activities

- The economically active population (EAP) and occupied economically active population (OEAP) in Brazil are about 48.0% and 43.9% of total population, respectively; among these 40.4% and 39.5% are represented by female.
- The percentage of women worker in private and public sectors is 96.1% and 3.9%, respectively, of the total female occupied population – 39.5% of OEAP - (ref. DIEESE , Gender Issues Map 1999).
- Informal sector is widespread in Brazil and women working as maid form is very significant.

#### [General situation]

The manufacturing industry has grown rapidly after the 1960s and became the largest industry replacing agriculture, accounting for nearly 40% (Cooperation information file by country, 1996). At the beginning of the 1990s, industry and manufacturing promoted large-scale reorganization of production. However, despite a single year increase in manufacturing productivity of 9.6% in 1992, employment fell by approximately 4%. Therefore, the employment situation remains severe. Although the economy is also likely to improve in the next few years, many cases of non-payment of wages are still being reported. So it appears that unstable employment will continue to dominate the lives of many. In many cases, employers are ignoring their responsibilities or obligations to employees and hamper administrative organs from carrying out effective audits, so the rights of workers are not protected.

#### [Policy for WID]

National Program for Worker Qualification, in effect since 1995, aimed at professional education training regardless to gender. An agreement between Ministry of Labor and Employment (MTE) and the National Council for Women's Right (CNDM) establishes that at least 30% of all places should be for women trainees. So, according to MTE 1998 report, female participation was 49% and 52% in 1996 and 1997, respectively; and expenditure on this program since 1995 until 1998 was about 3% of MTE total expenses during the same period, having trained approximately 7% of labor force all together. Data referring to women's participation in 1998 was not available by the time of this work. However, Brazil has lagged behind in this policy. The average school attendance years by Brazilian workers are 6.4, whilst yet in 1992 Chilean and Argentinean workers had more than 8 years (ref. IBGE 1998 report).

#### [Participation in labor]

In the process of economic growth from the late 1960s, industrialization rapidly progressed. At the same time, employment opportunities are increasing so that female participation in labor is also increasing rapidly. Even at the time of increasing unemployment and an economic crisis, female participation in labor continued to increase, especially in urban areas. The annual increase rate of male participation in labor (10 to 60 years of age) in the 1980s was 2.8%; whereas it was 5.0% for females. In the background, the industrial structure during a depression in the 1970s and 1980s shifted from the agriculture and industry sectors to the services sector, easily absorbing many women while social attitudes toward female labor have changed. Since female participation in labor is remarkable not only in poverty groups but also in high-income groups, 50% of housewives whose per capita income is three times the minimum wage work in the city.

Female labor still tends to be typically female oriented. Women with limited education are usually in domestic work, or working on farms or in factories as non-skilled workers. While women with secondary education work as secretaries or waitresses. Women with higher education take up common female roles, such as teachers or nurses. When observing the rate of female participation in labor by age-group, as before, the participation rate peaks at less than 24 years of age. After that, due to an increase in work at home, female participation in labor decreases. However, since the 1980s, of all age groups women who participate in labor are primarily 30 to 39 years of age. However, the peak in labor participation is still age 20 to 24 years in the Northeast.

#### [Employment]

During the 1990s, although the industrial sector indicated good conditions due to improvements in productivity, employment figures did not show a corresponding increase. Furthermore, job classifications absorbing female labor were concentrated in the services industry. However, many job classifications are evaluated low in a society and wages, as a result, obtained by females remain at 55% of male wages. Moreover, to earn the same as men do, women have to study more; accordingly, woman-workers with complete secondary educational level make the same as do man-workers with complete fundamental one (Ref. DIEESE, Map of Gender Issues, 1999). As businesses in which many women participate prone to lower wages, female-headed families are strongly affected. Of those, many such households face extreme poverty.

#### [Informal sector]

It has grown from 41% in 1990 through 48% in late 1997 (ref. IPEA 1998). The

most recent survey about it performed by IBGE dates from 1997 and focuses only on urban informal economy. Accordingly, there were approximately 9.5 million informal enterprises in Brazil by October 1997, most of them in the Southeast, employing approximately 13.0 million of the people, being self-employed, informal employers, informal employed, and unpaid family members. Male predomination occurs in the first three categories, which amounts to 64%; whereas females are in the last one with 62%. In general, women have earned 85% to that of men, and represent 35,77% of people involved in the informal sector. Working hours appears to be more than 40 weekly, and wages are \$ 140.00 US for men and \$ 118.00 US for women, on country-wide average.

The kind of work of the female population in informal enterprises is as follows:

<u>Manufacturing industry</u>	<u>6.20%</u>
<u>Building</u>	<u>0.11%</u>
<u>Comerce</u>	<u>12.40%</u>
<u>Lodging and board service</u>	<u>4.30%</u>
<u>Transportation service</u>	<u>0.17%</u>
<u>Repairing service</u>	<u>7.46%</u>
<u>Technical service</u>	<u>5.13%</u>
<b><u>Total</u></b>	<b><u>35.77%</u></b>

(ref. 1997 Urban Informal Economy, IBGE 1999 Edition)

Although not specifically referred to in the IBGE survey, some 5.0 million women perform maid form of service, mainly due to having a low educational level, also many of them having come from rural areas. The last study of this category indicates that Afro-Brazilians are predominant with an average of 56.0% Brazil-wide, peaking in the Northeast with 79.5%. Informality is very common in regard to maids, they indicate an average of 82.0% country-wide, increasing to more than 90.0% in North and Northeast regions. Also 300 thousand men have come under this category in the last decade, and informality thereto has reached 61.3%, earning 15.0% more than do women over a country-wide average. This makes it very clear that even in a task considered typical female role, men are more favored and women are being discriminated against (ref. IPEA 1998 Diagnostic of service sector in Brazil – Paid domestic service, by Hildete Pereira de Melo).

#### [Vocational Training]

Its performance has been granted thanks to the mobilization of 1,323 professional education institutions all over the country. The original intent was to train 5.8 million workers – which figures out at 7.7% of EAP –from 1995 until 1998, but

actually 4.8 million workers had been benefited during that period.

Access to loans for micro enterprises and training is basically via SEBRAE supervision. A project is subjected to SEBRAE for appraisal and, if approved, monetary resources are awarded via BNDS, with SEBRAE continuing to give orientation. There is not a specific procedure regarding to WID from SEBRAE or BNDS; however, the so called Women's Bank operates specially for women applicants in regard to this question. Previously there existed three ones throughout the country and now, owing to lack of funds, only one exists in precarious situation in Rio de Janeiro. For how long no one knows as it functions via donations.

#### [Support System for Women Worker]

It is very controversial. According to DIEESE 1997 research, maternity license (120 days) has been accepted by 20.0% of the work categories and therefore incorporated into work contracts; Child Nursing 64.2%; Work Stability during pregnancy 85.5%; Paternity License 34.7%; Educational Aid 18.9%; Time Intervals for breastfeeding 16.8%; Abortion License 2.1% (4 weeks). All of the quoted are stated by law and even so not completely fulfilled. There are many others not under the law, however they are being pursued and are under discussion between the unions and companies, but the ones applied account for an average of less than 5.0% of the work categories. Promotion for women workers is also under discussion by workers and firm representatives. However, only 13.0% of occupied female workers have reached executive positions within São Paulo city in 1996, their earnings are approximately 60.0% that of men in the same position and doing the same work(ref. DIEESE 1999 Gender Issues Map).

#### [Cooperatives]

In Brazil there exist 300 cooperatives divided in 150 agricultural, 100 credit and 50 others comprising consumption (supermarkets, stores etc), habitation, health, education and services. Females association is only 14.0% among approximately 3.5 million people associated. Analysis on the range of cooperatives activities shows that women's participation varies from 4.3% in agricultural to 44.0% in health ones. The number of women employed by cooperatives ranges from 22.0% in agricultural through 78.0% in educational ones, being 28.0% the nation-wide average rate of women clerks in cooperatives. Fourteen percent of decision-make posts – ranging from 2.0% in agricultural to 39.0% in habitation ones - is held by women, much less than those in other Latin-American countries such as Colombia 32.0% and Panama 29.0% (ref. FGV, First Brazilian Cooperative Census – Gender Analysis in Cooperatives, 1997).

Table 1 Labor Indicator

% of Women among total labor force ('97a)	40.4%	
% of per-capita Income Proportion ('97b)	Female 29.3%	Male 70.7%

Source: (a) IBGE, 1988 Report; (b) Human Development Report, 1999

Table 2 Woman's Labor Population by Schooling Year (%)

Schooling year	Rate
0-1	12.4
1-3	15.1
4-7	29.6
8-10	14.3
Over 11	28.3

Source: DIEESE, 1997 Map of Gender Issues, 1999

Table 3 Ratio of Woman's Income by Region (Female/Male, %, 1988))

Region	Ratio
North	46.8
Northeast	47.1
Southeast	42.3
South	41.2
Middlewest	43.3

Source: IBGE, 1998 1999 Report

Table 4 Ratio of Labor Participation par Region/Sex(%)

	National				Northeast				Southeast			
Region	Urban		Rural		Urban		Rural		Urban		Rural	
Sex	F	M	F	M	F	M	F	M	F	M	F	M
1981	33.7	71.5	30.6	82.5	30.2	66.9	27.8	80.9	34.9	72.7	25.7	81.9
1990	40.1	72.8	36.0	82.4	37.7	68.9	34.1	80.4	40.7	73.1	32.0	82.3
1997	45.5	71.5	54.9	83.1	43.6	68.9	54.0	82.2	44.9	71.2	49.5	80.7

Source: Government of Brazil, 1994; IBGE, 1997-1998 Report

#### 4. WID/Gender Projects by Other Donors

Title	Implementing Agency	Donor	Duration	Budget (1,000US\$)	Content
<b>Women/General</b>					
1) Women in Development	1) AIMJ	1) BID	1) 1995-2000	1) 650.0/year	1) Provide needed knowledges for applying international rules concerning women's rights.
2) Women in Development	2) "Rede Saúde" – Health Network	2) FNUAP	2) 1997-2000	2) 248.1/ year	
3) Women in Development	3) Ministry of Justice	3) UNIFEM	3) 1997-1999	3) 45.0/year	2) Strengthening policies for women.
4) Women in Development	4) IDAC	4) BID	4) 1996-2000	4) 1,919.8	3) Support in preparing for the Fourth conference on women.
5) Women in Development	5) Ministry of Justice	5) BID	5) 1998-2001	5) 3,250.0	4) Support for women training center in leadership in Brazil. 5) Support program for women leadership and representation.
<b>Education</b>					
<b>Health/Medicine</b>					
1) Reproductive health, gender and family education	1) CONTAG : Agricultural Workers National Association	1) FNUAP	1) 1997-1999	1) 350.2	1) Support for reproductive health, gender and family education.
2) Infant-maternal health improving in Brazilian Northeast.	2) State Secretariat of Health-Ceará State	2) JICA	2) 1995-2000	2) 5,850.0	2) Maternal health improvement in Ceará State – Brazil.
3) Reversible contraception for SUS family planning	3) CNDM: National Council for Women Rights	3) FNUAP	3) 1998-2000	3) 181.5	3) Reversible contraception for SUS family planning services.
4) Special Attention to Mother and child health improvement	4) Santa Casa	4) BID	4) 1998-2001	4) 4,690.0	4) Special attention to mother health improvement
<b>Agriculture, Forestry, Fisheries</b>					
1) Gender introduction in Land Reform	1) INCRA: National Institute for Colonization and Land Reform	1) FAO	1) 1999-2001	1) 250.0	1) Gender introduction in land reform
<b>Economic Activities</b>					
1) Canadian Gender Fund	1) CEERT: Study Center for Work Relations and Inequality	1) Canada	1) 1998-1999	Not Available	1) Treatment on human resources diversity.

## 5. WID/Gender Information Sources

### 5-1 List of International Organizations and NGOs related to WID/Gender

	Name of Organizations	Contact Person (Specialty)	Results	Reports/Writers	Contact
<b>Government Organizations</b>	1) CNDM: National Council for Women's Rights – Ministry of Justice.  2) Ministry of Health – Social Assistance Secretariat- Women's health.  3) ABC: Brazilian Cooperation Agency.	1) Mrs. Antonia Lobo  2) Drs. Tânia Lago  3) Dr. Amélia Fernandes Alves- Ph.D	1) Information on government's actions concerning WID.  2) Information on what is being done for improving women's health in poorer areas .  3) Information on projects related to WID sponsored by Cannada.		1) Tel. 224.3105 Fax 226.9526 E-mail cndm@mj.gov.br  2) Tel. 223.5591  3) Tel. 411.6852 Fax 4116894 E-mail amelia@abc.mre.gov.br
<b>Consultants</b>	1) Cannadian Embassy Gender Fund	1) Mrs. Neusa Zimmermann		1) Family Agriculture, Gender and Rural Women Workers Associations – by João Carlos Sampaio Torres and Maria Salete Escher – Aug 1998	1) Tel. 349.6902
<b>Research Institutes</b>	1) IPEA: Social and Economic Research Institute.			1) Diagnostic on services sector in Brazil: Paid domestic service – Hildete Pereira de Melo – 1998	
<b>NGOs</b>	1) SEADE Foundation			1) Paper on “Access to work by women”, SEADE Foundation 1999.	
<b>Others</b>	1) CFEMEA: Feminist Organization 2) CONTAG: National Association of Agricultural Workers	2) Raimunda Celestina de Macena	1) Information on its lobby in the National Congress for the approval of laws of women's interest.	2) Project of education in reproductive health, gender and family.	1) Tel 328.1664 Fax 328.2336 E-mail cfemea@ax.ibase.org.br  2) Tel. 321.2288



♦ **Contracted Consultants**

<b>Name</b>	<b>Position/Address</b>
Arnaldo Roarelli Júnior	Address: SQS 214 – Bloco A – Apto. 205 Brasília-DF - CEP 70293-010 Tel. 345.6998 E-mail lar@tba.com.br

♦ **Interviewed People**

**.Government**

<b>Name</b>	<b>Position/Address</b>
1) Maria Liz de Medeiros Roarelli 2) Antonia Lobo 3) Amélia Fernandes Alves	.Federal Budget Consultant at Brazilian Senate – Tel 311.3322 .General Coordinator of CNDM – Tel 224.3105 .International Technical Cooperation Advisor at ABC – Tel. 411.6852

**.NGO**

<b>Name</b>	<b>Position/Address</b>
1) Raimunda Celestina de Macena	.Responsible for the national coordination of the Project of Education in Reproductive Health, Gender and Family - CONTAG - Tel. 321.2288

**.International Organization**

<b>Name</b>	<b>Position/Address</b>
1) Junia Puglia 2) Eliana Maria Martins Ferreira 3) Neusa Zimmermann	.UNIFEM – WID projects - Tel 329.2163 .FAO – Responsible for the Project of Gender Introduction in Land Reform - Tel. 343.2299 .Gender Consultant to the Canadian Embassy - Tel. 349.6902

## 5-2 List of Reports and References related to WID/ Gender

Title	Writer	Year Published	Where to get
<b>General</b>			
Human Development 1999 Report - UNO	United Nations	1999	With the Consultant
Social Indicators 1998 - IBGE	IBGE	1998	IBGE
National Commission of Population and Development - CNPD	CNPD	1999	IPEA
<b>Education &amp; Training</b>			
Sinopse Estatística da Educação Básica	Ministry of Education	1999	Ministry of Education
Basic Education Teaching Profile	Ministry of Education	1997	Ministry of Education
Basic Education Situation in Brazil	Áurea Queiroz Davanzo	1999	Ministry of Education
<b>Health &amp; Medicine</b>			
Ministry of Health Data Bank	Ministry of Health	1999	<a href="http://www.saude.gov.br">Http://www.saude.gov.br</a>
Epidemiological Bulletin – AIDS and STD	Ministry of Health	1999	Ministry of Health
World Infancy Situation/Health, Nutrition and Infant Mortality in Maranhão State	UNICEF/Sueli Tonial and Antonio Augusto Moura	1999/1999	UNICEF
<b>Agriculture, Forestry, Fisheries</b>			
Gender and Family Agriculture	Miriam Nobre, Emma Siliprandi, Sandra Quintela, Renata Menasche	1998	SOF – Feminist Organization
Women Integration in Silvânia Small Farmer Associations	Brazilian Agricultural Research Entrepreneur- EMBRAPA	1997	Ministry of Justice Library
Agricultural Census/Situation and Perspectives for Brazilian Agriculture	IBGE/Landless Movement – MST	1996/1998	IBGE/ <a href="http://www.mst.org.br">www.mst.org.br</a>
<b>Economic Activities</b>			
Urban Informal Economy/The Paid Domestic Service in Brazil	IBGE/Hildete Pereira de Melo	1997/1998	IBGE/IPEA
Gender Issues Map/Gender Equality in Collective Negotiations	DIEESE	1999	DIEESE
PLANFOR-Managerial Evaluation/Woman Experience	Ministry of Labour and Employment	1998	Ministry of Labour and Employment
<b>Social/Gender Analysis</b>			
Positive Discrimination: Searching for Equality	CFEMEA	1996	CFEMEA
Brazilian Family: Basis for Everything	UNICEFE	1994	UNICEF
Women Against Violence: Breaking the Silence	Ana Maria Brasileiro	1997	UNIFEM
<b>Social Development</b>			
Social Exclusion in Brazil-International Labor Organization	International Institute for Labour Studies	1998	INST@ilo.org
World Bank Annual Report	World Bank	1997/98/99	World Bank
<b>Others</b>			
Brazilian Constitution	Brazilian Congress	1988	With the consultant
First Brazilian Cooperatives Census	FGV	1997	Brazilian Cooperatives Organization

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- JICA, 1992 Kunibetsu-Iryokyoryoku-File( Country Report on International Cooperation In Health Sector), JICA
- JICA, 1994 Report of Basic Research on Maternal/Infant Health and Population in Brazil, JICA
- JICA, 1996, Kunibetsu-Kyoryokujouhou-File: Brazil (Cooperation Information File by Country: Brazil), JICA
- Association for Promotion of International Cooperation, 1990, Economic and Social Situation in Brazil, APIC

All of Above, Original in Japanese

- UNDP 1996, Human Development Report 1996, UNDP
- UNICEF 1996, World Children Report 1997, UNICEF
- Government of Brasil, 1994, Country Report for the 4<sup>th</sup> International Conference on Women in Beijing (Original in Portuguese). Government of Brazil
- Silva, da Jairo Ribeiro et al, 1997, Country Profile Study on WID: Brazil, JICA, Brazil
- UNESCO, 1995, World Education Report, UNESCO
- UNICEF, 1993, Situation Analysis: Country Programme 1994-2000: “Children and Adolescents: Rights to have Rights”, UNICEF, Brazil
- UNICEF, 1995 Country Summaries of Girls and Women in Latin America and the Caribbean, UNICEF Regional Office for Latin America and the Caribbean.
- DIEESE, Map of Gender Issues 1999, DIEESE