Valuing household services in Brazil: a comparison of paid and unpaid care[1]

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This study aims to examine paid and unpaid home care in Brazil, focusing on the differences between various income levels. We have developed a new methodology to integrate data from two major Brazilian surveys, the Pesquisa de Orçamento Familiares (POF) and the Pesquisa Nacional por Amostra de Domicílios (PNAD), to obtain a more comprehensive view of care provision in a context marked by significant inequalities. The POF data captures expenses related to paid care, while PNAD provides information on the hours spent on unpaid direct and indirect care. Our methodology involves categorizing households from the POF dataset based on regional and metropolitan areas and per capita household income percentiles. We then estimate the mean values of paid care for each one of one thousand cells and input the values in PNAD. For PNAD data, we adjust reported time use for unpaid care activities using indirect standardization methods, ensuring a more accurate reflection of hours spent on those activities. Our preliminary findings indicate that paid care is primarily used by higher-income families, while unpaid care remains a significant component of the care economy. Paid services are almost nonexistent for households up to the 75th income percentile. Also, the consumption of paid services increases almost exponentially among the wealthiest 10% of households. By quantifying these dynamics, this study contributes to a better understanding of the socioeconomic factors that influence care provision and highlights the importance of policies that recognize and support all forms of care as essential components of social and economic infrastructure in Brazil.

[1] Preliminary working draft. Please do not quote or cite without authors permission.
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Introduction

People participate in various daily activities related to producing, consuming, and providing care. While some of these efforts are visible, many go unnoticed or undervalued. Care activities can involve transferring time for the benefit of others or engaging in self-care as part of everyone's routine. Such activities can be given as gifts or exchanged for monetary compensation, goods, services, or personal favors. The nature of the exchange is often not immediately apparent, and sometimes, it does not involve a strict quid pro quo arrangement, especially in familial or intimate relationships where everyone contributes what they can. The benefits of given care are often intangible, bringing a sense of fulfillment or satisfaction to the giver. At the same time, the receiver may express gratitude through gestures, financial resources, or emotional support. However, while certain types of care may be intangible and difficult to quantify, others can be readily categorized as labor, leading to a wide range of possibilities between these two extremes.

The home is where most personal interactions occur and serves as the foundation of the care economy. Individuals carry out regular tasks within the household to maintain daily well-being (Duffy, 2005). These activities may be indirect care, such as cleaning, food preparation, and laundry, benefiting all household members. They may also involve direct care services provided explicitly to individuals who require assistance, such as children and adults with health-related needs (Ávila and Ferreira, 2014). Families may hire domestic workers to provide indirect and direct care through formal contracts that comply with legal regulations or through informal agreements between the parties. While such contracted and paid-for care services can be arranged within kinship groups, they are typically obtained through the job market. However, the domestic environment often allows for flexibility in labor contracts, as noncompliance with rules and the extension of work limits are favored.

Addressing household care needs by redistributing time among family members instead of relying on paid services is possible. However, it can be challenging to identify and measure who provides and receives care, as household chores and caregiving are traditionally seen as inherent responsibilities within families. Women have historically taken on caregiving responsibilities, while men have been the primary financial providers for the family. As women take on more financial responsibilities, their exclusive role as

caregivers has held them back personally and professionally. There is a growing effort to address and challenge gender inequities in domestic production. This involves measuring the time family members spend on various tasks and activities to uncover hidden disparities among people of different social classes, races, regions, and other sociodemographic characteristics. When individuals provide care for others, they do so at the expense of other activities that could bring in income, resulting in opportunity costs. Also, unpaid care service is similar to services that can be paid for. Therefore, assigning a monetary value to the time spent on unpaid domestic care recognizes the hidden cost of these tasks and makes it comparable to paid care services.

Paid and unpaid home care play a highly complementary role as they can substitute for each other depending on the availability of time and financial resources (Donehower, 2014). However, simultaneously examining both types of activities, particularly in large and unequal countries in the Global South, remains absent in the literature. Our study aims to fill this gap by quantifying and comparing the extent of paid and unpaid home care across regional, demographic and socioeconomic dimensions in Brazil. By doing so, we hope to contribute to a better understanding of the complexities surrounding care provision and its impact on social and economic development.

Understanding the provision of care services in Brazil is critical for improving the well-being of individuals and families. However, existing data sources have limitations, as no single survey simultaneously measures paid and unpaid household activities. The *Pesquisa de Orçamento Familiares* (POF) is a nationally representative household budget survey that gathers detailed information on the living standards, consumption habits, and financial management of Brazilian families. It captures only spending related to paid domestic services contracts (Guerra, 2017). The *Pesquisa Nacional por Amostra de Domicílios* (PNAD) is a nationally representative household survey that covers changes in the labor market, income distribution, and other critical socioeconomic indicators. It records the number of hours people dedicate to indirect and direct care for children, older adults, and other dependents. Integrating data from these two sources is challenging due to the inability to match the data directly and the need to convert different variables into consistent measures. To address this issue, our study develops a new methodology to combine data from POF and PNAD, providing a more comprehensive and accurate picture of care provision in Brazil.

Research on unpaid care in Brazil

The PNAD first collected time-use data on household activities in 1982 for individuals aged 4 to 18, aiming to assess the impact on youth education. From 1992 to 2000, a single question about unpaid household services was introduced for individuals aged ten and older. In 2001, respondents affirming participation were asked about the total weekly hours spent on these activities. The quality of PNAD's time-use data is uncertain due to its reliance on "stylized questions," which may be less accurate than detailed diary methods. Respondents must estimate time spent on household chores during the reference week, a process sensitive to their education level (Aguiar, 2010). In Brazil, estimates vary depending on whether men or women report the information; men report more hours for themselves when they are respondents (Pinheiro, 2018). PNAD's problems are compounded by the limited list of activities in the interviewer's manual, which may not always be presented to respondents. For example, it omits tasks like minor repairs, household maintenance, organization, shopping, and activities in other households—tasks often performed by men (Nieto, 2014).

Numerous studies have utilized PNAD data to examine unpaid direct and indirect care activities in Brazil (e.g., Fontoura & Gonzalez, 2009; Marri & Wajnman, 2007; Melo & Castilho, 2009; Soares, 2008; Soares & Saboia, 2007; Madalozzo, Martins & Shiratori, 2010). Key findings include: women spend twice as many hours on unpaid care as men across almost all age groups (Soares, 2008); family position affects unpaid care; women do three times more housework than their spouses, while men who are sons of the household head have the lowest workload (Soares & Saboia, 2007); female labor force participation is negatively related to unpaid care (Madalozzo et al., 2010). The gender gap in domestic workloads is also linked to education levels. Higher education corresponds to a smaller gap. Melo and Castilho (2009) found that women with lower schooling levels devote 54% more time to unpaid care activities than equally educated men; at higher education levels, the difference reduces to 37%. Agricultural and service workers spend more time on direct and indirect care.

The role of paid care in meeting Brazil's care demand

The demand for home care services is increasing globally and varies on each country's historical socioeconomic conditions. In countries with significant disparities, like Brazil, affluent households hire domestic workers directly to meet the demand for care. These

workers are responsible for taking care of household chores and looking after the elderly, children, people with disabilities, and the sick. According to estimates from the Brazilian Institute of Geography and Statistics (IBGE), 5.83 million people in Brazil were employed in domestic services in 2022[2], equivalent to 5.9% of the occupied workforce. Of this group, 91.4% were women, with the majority being black[3] (67.3%), aged between 45 and 59 (40.2%), and had less than a high school education (63.5%).

Over the years, domestic work has been the primary source of employment for black Brazilian women, with 16% of all occupied black women working in this sector in 2022. This percentage was even higher at 18.4% ten years earlier. However, there has been a decline in the importance of domestic work in the female occupational structure due to the economic crisis and the COVID-19 pandemic. This decline was also observed among non-black women[4]. In 2012, paid domestic work accounted for 10.1% of the occupations held by non-black women, decreasing to 8.6% in 2022.

Paid domestic work in Brazil has one of the highest deficits in "decent work." As of 2022, only 24.7% of professionals in this field had a formal work contract, and just 35.3% were contributors to the Social Security system, even seven years after the enactment of Complementary Law (LC) No. 150[5]. The average income earned by these professionals was meager, only R$ 1,051.00, corresponding to 87% of the minimum wage in effect at the time. Black domestic workers without a formal work contract earned even less, only R$ 850.00, and the income was even lower in the North (R$ 827.00) and Northeast (R$ 702.00) regions of Brazil.

The presence of domestic workers in the households of wealthy Brazilian families goes beyond just receiving care services. It is a remarkable cultural characteristic of the Brazilian Society. This cultural trait can be traced back to the legacy of slavery. It is also linked to patriarchy, where women were assigned the responsibility of domestic tasks deemed as having low value, such as taking care of the house and family. Additionally, it

[2] Information from the Continuous PNAD, referring to the fourth quarter of 2022.
[3] The category also includes brown (*pardas*) women.
[4] White, Asian and Native
[5] The Complementary Law (LC) No. 150, enacted on June 1st, 2015, regulates Constitutional Amendment No. 72, which was approved in 2013. The law extends several constitutional rights to domestic workers that are already enjoyed by other Brazilian workers. These rights include equal pay, a 44-hour workweek, protection against unjust dismissal, the Guarantee Fund for Length of Service (FGTS), unemployment insurance, maternity leave, accident insurance, recognition of collective agreements and conventions, among others Brasília, DF. (2015) https://www.planalto.gov.br/ccivil_03/leis/lcp/lcp150.htm

is a result of deep socioeconomic inequalities in the country. These factors explain why entire generations of black women and girls continue to live in poverty with no prospects for professional growth. At the same time, a small group of families can afford to hire an abundant and relatively inexpensive workforce to perform time-consuming, repetitive, exhausting, and often unpleasant domestic tasks.

Significant changes have occurred in the demographic profile of domestic workers and the nature of their services to Brazilian families. As seen in other countries, these changes bring Brazil closer to care arrangements. The most notable trend is the aging of professionals in this sector, which is happening faster than the overall occupied female population. According to the IBGE, the proportion of girls and women aged between 14 and 44 years in the total number of occupied domestics decreased between 2012 and 2022. The largest reduction (-50% or -1.3 percentage points) occurred among workers aged 14 to 17 years, followed by those aged 25 to 29 years (-25% or -2.2 pp) and 18 to 24 years (20% or -1.7 pp). On the other hand, there was an increase in the participation of workers aged 45 to 59 years (25% or 8.1 pp) and 60 years or older (70% or 3.7 pp). This indicates a trend toward mature women being more likely to work as domestics, which is a complete reversal of the previously observed pattern in the country. In the early 1990s, this activity was primarily an entry point for young, low-income girls and women into the labor market. This shit is associated with factors such as the overall increased education of the female population and a reluctance among newer generations to pursue this profession due to its lack of prestige.

Also, there have been substantial changes in the labor relations of the paid care sector. For example, live-in domestic workers comprised almost half of all employed workers in the 1970s and are now nearly nonexistent. Another change is the increasing prevalence of daily domestic workers[6]. This trend began in the 1990s due to demographic and socioeconomic changes in Brazilian families, including the rise of new family arrangements (single-person households, childless couples, single-parent families, etc.), smaller family sizes, and the economic challenges faced by the middle class. However, the new law for domestic workers did not provide labor and social protections to daily

[6] Daily domestic workers are those who provide services in more than one household per week or who work in a single household but with a weekly schedule of up to 16 hours, equivalent to two days per week. Monthly workers, on the other hand, are all those who provide services in a single household with a weekly schedule of more than 16 hours. For more details, see Pinheiro et al. (2021), available at: https://repositorio.ipea.gov.br/bitstream/11058/11044/1/Entre_relacoes_de_cuidado.pdf

workers. It only covers those who worked for the same household for more than two days per week. This legal loophole and recent economic and health crises have accelerated the transition from monthly employment to daily work. As of 2022, almost 45% of domestic workers in Brazil were already daily workers, according to the Brazilian Institute of Geography and Statistics (IBGE).

In 2022, most women working in domestic services (74.4%) performed multiple tasks. They managed all household chores and often provided care for family members. However, there has been a decline in the number of multitasking domestic workers, with more focus on specialized roles, especially in the care sector. The percentage of multitasking domestics has dropped by nearly 10 points compared to 2012. Meanwhile, the percentage of child and personal caregivers in the home has increased by almost 9 points.

The term 'caregiver' to describe an occupational category is relatively new in Brazil (Guimarães and Hirata, 2020). In 2010, the Demographic Census was conducted, marking the first time the country had precise estimates about the size and characteristics of this profession. The survey used the Brazilian Classification of Occupations (CBO) of 2002, which includes the families of 'caregivers for children, youths, adults, and the elderly.' Since then, the importance of professional care work has increased so much that workers in these roles have begun to demand a specific legal status to differentiate themselves from domestic workers, who are valued less. However, when it comes to home care, the differences between the two occupations are slight. Black and brown women often perform both professions with low levels of education, remuneration, and social protection. Therefore, drawing an exact boundary between home care work and paid domestic work is challenging, and this remains a distinctive feature of the country.

The way Brazilian families access domestic services is gradually changing due to technological advancements and the growing flexibility of the labor market. While hiring professionals directly from the market, through personal recommendations, or via employment agencies remains common (Cardoso and Pereira 2023), there has been a significant increase in the number of companies specializing in home care and domestic services. Companies using work platforms to sell, organize, and manage these services have gained prominence. These changes present new challenges for the country regarding the working conditions for domestic workers and meeting the needs of families using such services.

Methodology

Data

We used two datasets to calculate the time spent on paid and unpaid domestic direct and indirect care. First, we collected time-use information from the 2015 National Household Sample Survey PNAD to measure the number of hours household members dedicate to unpaid direct and indirect care. Unfortunately, the PNAD only includes a single question about hours spent on household work without distinguishing between different types of work. As a result, it underestimates direct care due to the respondents' misunderstanding of domestic work (Jesus, 2018). Recognizing this issue, Jesus, Turra, and Wajnman (2023) applied an indirect standardization approach to address this. They used the domestic work distribution from the Colombian time-use survey as the standard model. Our study incorporated the 2015 adjusted data, which includes more direct care hours, into the original dataset. This adjustment helps us to prevent bias when measuring unpaid care[7].

Next, we used the Household Budget Survey (POF) data from 2017-2018 to measure paid direct and indirect care. These services include contracts for the direct care of dependents, such as nannies, caregivers, and companions, as well as general paid domestic services like housekeepers and cleaning staff, who mainly provide indirect care to household members. According to the survey, expenses for contracted domestic services amount to around 6.6 billion, equivalent to 0.99% of the 2017 GDP. The distribution of these expenses is as follows: 50% for housekeepers, 31% for cleaning staff, 5% for caregivers, 5% for nannies, and 10% for other types of contracted services (gardeners, caretakers, drivers, cooks, laundry workers, ironers, security guards, companions, pool cleaners, land cleaners, weeders, and live-in employees).[8]

Methods

[7] We rely on the 2015 PNAD as it is the most recent edition before a methodological change that appears to have affected the accuracy of data on hours spent on domestic work, especially among women. Further investigation is needed to fully understand the variation caused by this change. For more details, see Jesus, Turra, and Wajnman (2023).

[8] Unlike other Brazilian household surveys, the unit of observation in the POF is Consumption Units (UCs) rather than households. Since only 0.22% of households have more than one UC, we excluded these households, keeping the 99.77% in which UCs exactly correspond to households.

The Household Budget Survey (POF) only provides information on the amount households spend on domestic services. Still, it doesn't give any data about the number of hours care professionals work (Guerra, 2017). To understand paid and unpaid care consumption, it's necessary to combine the POF's data on care professionals' expenses with data on unpaid care hours from the National Household Sample Survey (PNAD). This requires two steps: (1) incorporating the information on household expenses for contracted care from POF into the PNAD, and (2) estimating the average number of hours of domestic services contracted by households based on the amount spent.

Imputing POF expenses (2017-2018) to PNAD households (2015)

We classified the consumption units, which are equivalent to households, from the POF dataset based on the five primary regions in the country and whether they are metropolitan or non-metropolitan areas. We then assigned households to one of the one hundred categories based on their per capita household income centiles, resulting in 1000 cells. For each of these 1000 data cells, we calculated the mean value of household-paid care expenses using the POF data. To impute expenditure values in PNAD, we used the distribution of mean expenses generated in the POF. We applied it to the combinations of the three variables (regions, metropolitan areas, and income centiles). Finally, we deflated the monetary values from 2018 (POF) to 2015 (PNAD) to adjust for inflation.

To test the validity of our method, we calculated the total expenditure on domestic services reported in the POF, which came out to be R$ 5,209,783,605.21. We also calculated the total spending on domestic services imputed in the PNAD, which was R$ 4,894,056,487. We found that both values were very similar. However, we needed to align the two sources to the same cumulative value, so we calculated a correction factor of R$ 5,209,783,605.21 / R$ 4,894,056,487 = 1.0645124. After applying this adjustment, the new cumulative value from the PNAD was also R$ 5,209,783,636.

Estimating the number of hours of paid direct and indirect care

After we estimated the monetary values of expenses for PNAD-2015, the next step was to convert them into the hours worked by contracted professionals. We used the median hourly wages reported by those who worked as household service workers in PNAD-2015 by region of the country and type of area (metropolitan or non-metropolitan) to estimate them. We then divided expenditures by the estimated hourly wage for each

combination of region and type of area, resulting in an estimate of the number of hours worked by paid professionals.

Preliminary Results

Before examining the combination of paid and unpaid care activities, it is important to look at some statistics from the 2017-2018 POF regarding household services paid by households. Despite the importance of household services in the occupational structure of Brazilian women, only 17.4% of households hire any form of domestic services, as shown in Table 1. This low percentage highlights the need to analyze and understand the factors that influence the demand for household services in Brazil, especially considering the increasing need for care work and the significant gender and socioeconomic inequalities in the country.

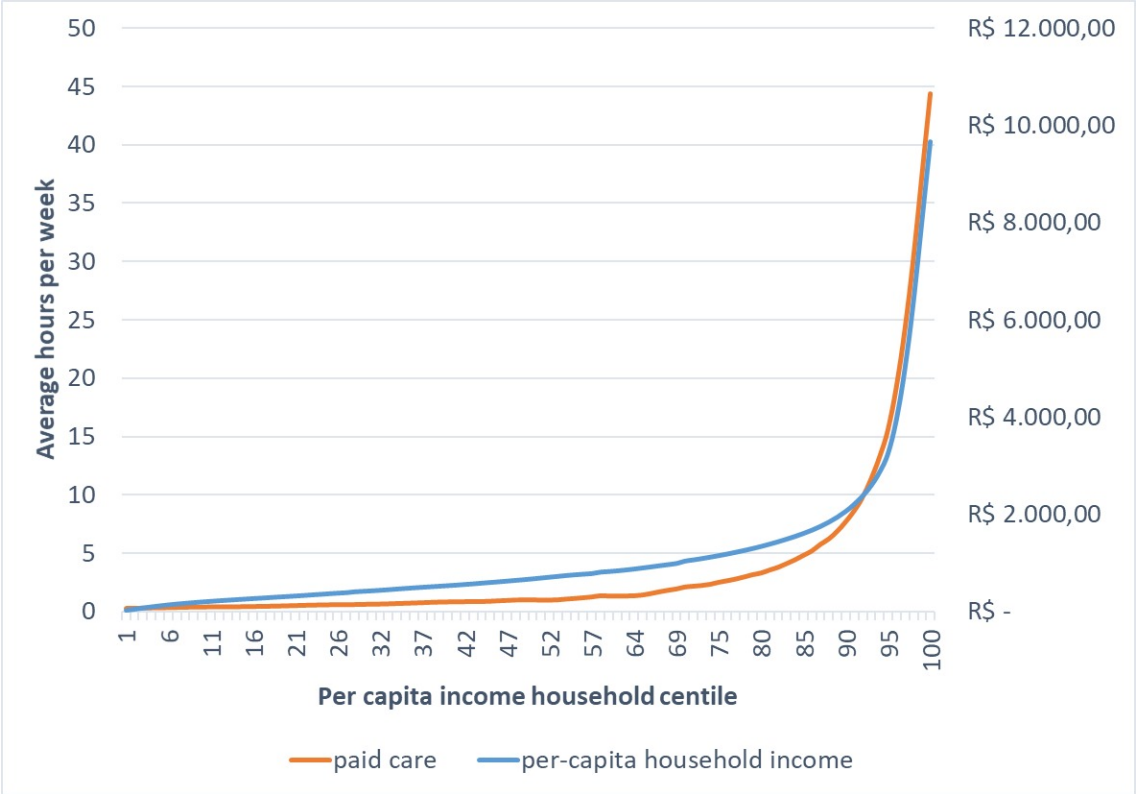
Table 1 - Number of households by consumption of care services, POF 2017-2018

Paid for Direct and Indirect Care Services	Sample Size	Number of Households	%
Yes	8,812	12.000.947	17.4
No	49,227	57.016.758	82.6
Total	58,039	69.017.704	100.0

Source: POF-IBGE, 2018

The distribution of paid household services in Brazil follows a similar pattern to the distribution of per capita income among households. As per capita income is highly concentrated in the top 20% of the income distribution, household services are similarly concentrated in this group, as shown in Figure 2. Surprisingly, paid care services are virtually nonexistent in about 75% of households with the lowest income. For the top 25% of the income distribution, the average per capita income increases slightly slower than the distribution of household-paid care. This pattern shows a more unequal distribution of household service consumption than income. Policymakers need to understand these patterns to design effective measures that promote equitable access to household services, especially for the most vulnerable households in Brazil.

Figure 2 – Average household consumption of paid care and average per capita household income by income centile



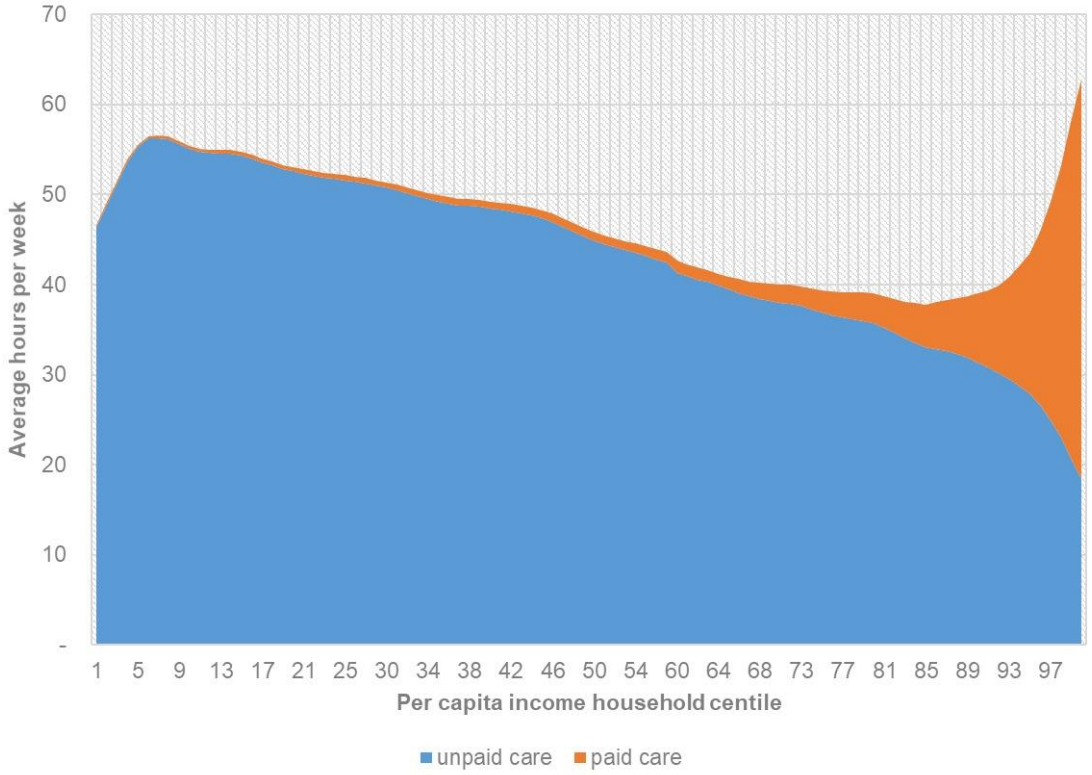
Source: POF-IBGE (2018); PNAD (2015)

Figure 3 displays the average hours worked in households regarding paid and unpaid care services, as derived from the POF and PNAD data. The spending on paid services is minimal for 75% of the poorest households, gradually increasing for the top 25% of the wealthiest. As shown in Figure 3, care activities are mainly unpaid and provided by household members for most of the population. Paid care services tend to increase quickly among the 10% of wealthier households. For the highest income stratum (percentile 99), around 47 weekly hours of household care are divided into 29.3% unpaid care and 70.7% paid care. However, we lack sufficient information to differentiate the type of work done in each group. When households hire paid care services, we assume they may delegate the more strenuous and physically demanding tasks to the paid worker (usually a woman) while retaining the more managerial and decision-making aspects of household care.

Moreover, Figure 3 reveals that unpaid household care decreases as wealth increases. Poorer households tend to perform more unpaid care services because they have relatively more members and less access to technology, such as washing machines, dishwashers, and vacuum cleaners. Additionally, they have fewer non-household services such as

ready-made food (restaurant or delivery), daycares, full-time schools for children, and day centers for the elderly. In less developed and urbanized regions, accessing water, using firewood for cooking and heating environments, and rudimentary sanitation facilities require more time to use and maintain.

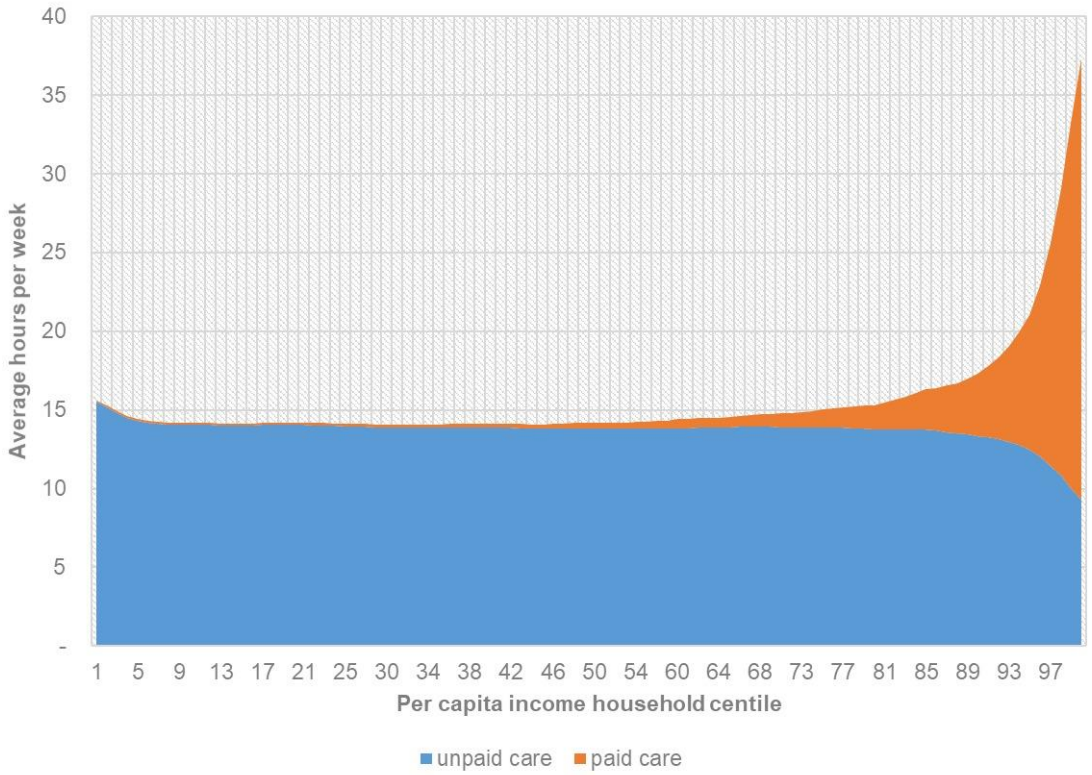
Figure 3 - Distribution of paid and unpaid care services by per capita household income quantiles



Source: POF-IBGE, 2018; PNAD-IBGE, 2015

Figure 4 examines the impact of household size reduction on the number of hours worked per week, considering income level. The distribution of hours per household member is nearly uniform until the 60th percentile. However, after this point, the total mean number of hours per week increases due to more hours from paid care despite the reduction in unpaid care.

Figure 4 – Distribution of per household member paid and unpaid care services by per capita household income quantiles.



Discussion and Next Steps

Our study examined POF and PNAD data to estimate the hours of paid and unpaid care services in Brazilian households. We found that care activities are mainly unpaid and provided by household members, with paid services almost nonexistent for 75% of the poorest households. Also, the consumption of paid services increases almost exponentially among the 10% wealthiest.

The proposed method in our study consisted of different steps, including an imputation procedure and the conversion of expense values into the number of hours of domestic work. We made several simplifying assumptions, and therefore, our work has limitations. First, the reported services in POF may be underestimated. Poorer households may hire informal and irregular services that are not reported in the POF survey. Some care services, especially for children, may be provided in the caregiver's home rather than the care recipient's home (e.g., hired neighbors). Therefore, individuals may not report them as hired domestic services. Also, it is possible that some households do not notify all their informal contracts, as they may not be providing the worker's legal rights and may prefer

to conceal information about these agreements. This scenario differs from reporting informal work in household surveys, where the worker provides the data instead of the employer who is breaking the law.

Second, the estimated number of hours of paid care may be wrong. We used the total expense data from the POF and the average income of domestic workers from the PNAD to estimate the number of hours of paid care, which may not be entirely compatible. To simplify the estimation process, we assumed a standard hourly wage for average domestic services based on geographic area in Brazil. However, the types and levels of remuneration for domestic services can vary, and thus, the estimate of contracted hours may not be accurate.

Third, unpaid direct and indirect care hours in PNAD data may be underestimated. The number of hours dedicated to household work in Brazil reported in PNAD is much lower than that of other Latin American countries. Even with the correction we adopted to account for the underestimation of direct care, Brazil still stands out for reporting fewer hours. Since no time-use data survey exists in Brazil, we cannot confirm that the information is accurately reported.

In our research, we are working on combining different aspects of care within a unified framework. In our final paper, we intend to explore new methods for incorporating POF data into PNAD and assessing the reliability of our current findings. Additionally, we plan to investigate the impact of family structure, as well as regional and racial variations, on the distribution of both paid and unpaid household care, both direct and indirect. Our goal is to expand our analysis to cover all care activities performed and needed by individuals. As shown by our income estimates, Brazil is a very diverse country. However, we believe that income is not the sole source of inequality, and we aim to uncover how other factors influence the use of care.

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