

# The shrinking State: exploring the links between public spending and class, race and gender vulnerability in Brazil<sup>1</sup>

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## Abstract

The objective of this article is to understand the class, race and gender profile of persons who would be most affected if the Brazilian State were to stop providing health and education services. The article begins with a review of class, race and gender inequalities in Brazil, and then examines the role of the State in that regard. The second section presents an analysis of public education and health expenditures through a discussion of the class, race and gender profiles of users and a simulation of the elimination of public health and education spending. The third section contains concluding remarks. The article proposes that the elimination of public services would plunge poorer, Black<sup>2</sup> and female populations (categories which often overlap) into severe financial hardship and negatively affect their well-being and could deepen poverty or lead to extreme poverty.

## Keywords

Public expenditures, social security, social policy, health, education, equality, gender, social classes, ethnic and racial groups, poverty, Brazil

## JEL classification

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<sup>2</sup> Racial categories in Brazil are self-identified in official censuses and surveys. The options provided by the Brazilian Institute of Geography and Statistics (IBGE) for official statistics are: *preto* (black), *pardo* (literally brown, meaning mixed), *branco* (white), *Indigeno* (Indigenous), and *amarelo* (literally yellow, meaning of Asian descent). This article will focus on the categories of *branco* and on the additional concept of “*negros*” (which is translated in this article as English as “Black”, but is in fact a combination of the *preto* and *pardo* categories).

## I. Introduction

As highlighted in González (2020) and Carneiro (2011), race and gender remain fundamental to the discussion of class issues. In Brazil, where the public provision of goods and services remains precarious and has been undergoing cuts since 2015, it is important to understand the involvement of the State in historic vulnerabilities.

This article highlights the issue by discussing the links between public spending (especially on education and health care) and vulnerabilities related to gender and race in Brazil. As in Silveira and others (2021), the 2017–2018 Household Budget Survey (*Pesquisa de Orçamentos Familiares*)<sup>3</sup> is used to map the use of public services, which is found by these authors to lower the Gini coefficient in the country. The 2019 National Household Sample Survey (PNAD) and the 2019 National Health Survey (PNS) are also examined. Finally, as in Nassif-Pires, Cardoso and Oliveira (2021), the study reflects on the impact of public spending in Brazil on vulnerabilities related to class, race and gender, thus adding to the literature.

Seguino and Heintz (2012) argue that, in racially heterogeneous communities in the United States, the burden of vulnerability (in their paper, related to unemployment resulting from monetary policy tightening) weighs more heavily on the Black population than it does on women. In other words, race is a more important marker than gender for understanding poverty, inequality and vulnerability in racially heterogeneous communities. On the other hand, in more racially homogenous communities, inequality would be more closely tied to gender. We propose that the first case applies to Brazil and explore the thesis in this article.

The article begins with a review of class, race and gender inequalities in Brazil and then reviews the role of the State as it relates to those inequalities. The second section presents an analysis of public education and health expenditure — discussing the class, race and gender profiles of users— and a simulation of the elimination of public health and education spending. The third section contains the conclusions of the study.

The article proposes that public service cuts would plunge poorer, Black and female populations (categories which very commonly overlap) into severe financial hardship and worsen their well-being and could deepen poverty or lead to extreme poverty. It highlights that when public spending is curtailed, because of financial constraints, families will not necessarily resort to market substitutes for those services or will find precarious substitutes. Therefore, the real effect of such cuts is not only worse budgetary conditions (as estimated in this study) but also denial of the opportunity to obtain health care and education altogether.

## II. Class, race and gender inequalities in Brazil and the role of the State

Brazil has a long history of various types of inequality, but especially regarding race, gender and class. With regard to race, Brazil is a country that has been profoundly shaped by slavery.<sup>4</sup> Over the 388 years of the slavery regime, 5.1 million Africans arrived in the country (Slave Voyages, 2022).

<sup>3</sup> See [online] <https://www.ibge.gov.br/estatisticas/sociais/saude/24786-pesquisa-de-orcamentos-familiares-2.html>.

<sup>4</sup> In Brazil, sexual assaults were historically perpetrated by white men against Black and Indigenous women. This, according to Carneiro (2011), was the “glue” for all gender and race hierarchies, while the role of Black women in shaping national culture has been denied. The concept of *Americanidade*, a blend of “American” and “African” identity, is used by González (1988) to highlight the impact of the Black population in shaping all of Latin American culture. González (1988) argues that this heritage was rendered invisible and classified as “popular culture” or “national folklore”. She argues that this denial of the Black roots of the country explains how racism turns against those who are the living testimony of this impact: the Black population. Even today, Black women are objectified and undervalued by the white women for whom they labour as domestic workers, or are eroticized (Carneiro, 1995).

With regard to gender, the patriarchy, which was established through colonization, is another pillar of Brazilian society, whereby power is concentrated in the hands of white men,<sup>5</sup> and women's and girls' physical and economic autonomy and decision-making is limited (Matos de Oliveira and Fares, 2021; ECLAC, 2021). Lastly, with regard to class,<sup>6</sup> the concentration of power and wealth in the hands of the few is related to racial, gender and regional issues, and also dates back to the colonial model adopted in Brazil (González, 2020; Carneiro, 2011).

As the country is structured around the aforementioned inequalities and few reforms have been enacted that use all available instruments to tackle them, inequality in Brazil remains high and power remains concentrated in the hands of upper-class white men. As an example, according to the Gender Equality Observatory for Latin America and the Caribbean, only 15.2% of seats in the national parliament are held by women (ECLAC, 2022a), and although Black persons make up 55.9% of the population (IBGE, 2022b), they hold only 17.8% of parliamentary seats (O Globo, 2019). Women, Indigenous persons, LGBTQI+ persons and young Black persons are targeted by violence (perpetrated both by the State and by individuals and encouraged by systemic inequalities). The proportion of women and girls aged 15–49 who have suffered physical or sexual violence at the hands of their current or former partner in the 12 months preceding the study is 6.5% (ECLAC, 2022b). In 2019, the homicide rate for Black men was 56.19 per 100,000, while the rate for other men was 20.85 per 100,000 (IPEA, 2022). More recently, Moïse Kabagambe, a Black immigrant, was beaten to death for demanding his wage, which exemplifies how intersectionality is important in analysing vulnerabilities in Brazil. According to the National Association of Transvestites and Transsexuals of Brazil (ANTRA, 2022), Brazil has been the country with the highest murder rate in the world for transsexual persons for 13 years.

Lastly, the intersection of race, gender and class places women and the Black population in the lower echelons of society in terms of class, and they face restricted access to social rights, lower income, and higher unemployment and informality rates. According to the Brazilian Institute of Geography and Statistics (IBGE, 2022a), in 2020, the female unemployment rate was 16.5% and that of men was 11.7%; the Black rate was 15.9% and the white rate was 11.1%; and 44.7% of Black workers were in informal employment, while the rate for white workers was 31.8%.<sup>7</sup>

Disguised as a “racial democracy” (González, 1984; Carneiro, 1995), Brazil is characterized by sexual and racial division of labour. This delegates both paid and unpaid domestic and care work to women. Domestic workers (mostly Black women) are underpaid and undervalued, and yet they are a structural feature of society: they were only recognized as workers in 2013 and obtained partial labour rights with the approval of Constitutional Amendment No. 72 of 2013 (Government of Brazil, 2013).

<sup>5</sup> In economies of colonial origin, the role of master attributed to white men shaped, by opposition, the roles of Black men and women and of white women. Using biological criteria to justify making others feel inferior and subjugating them on the basis of race and sex made slavery “acceptable” and made women (white) servants of the men whose “property” they were (either their fathers or husbands). In addition, the characteristics attributed to white women (purity, fragility and therefore lack of aptitude for productive work) antagonizes the role imposed on Black women (promiscuity and brutality, suitable for heavy work, whether productive, domestic or sexual) (Saffioti, 2013). Therefore, the sexual division of labour established has historically determined that men focus on the productive sphere and white women on the reproductive sphere. Black women were responsible for productive and reproductive work, very often performing reproductive work for pay for a white family and then performing the domestic work of their own families as well. In this manner, the system skilfully devalues both the productive work of women, since it is not their main job, and their reproductive work, since it is done for “natural reasons” and “out of love” (Saffioti, 2013).

<sup>6</sup> Although class is discussed as a category in this article, our analysis will focus solely on income. For a deeper analysis of class, see Mills (1951), Bourdieu and Passeron (2013), Saffioti (2013), Hirata (2014), Engels (1995) and Pochmann (2015).

<sup>7</sup> González (1979) argues that it is not a “coincidence” that most Black Brazilians are marginalized by unemployment, informality and vulnerability (González, 1979). Like the female workforce, the Black workforce functions as a “buffer” that is activated and deactivated according to the economic cycle. The author argues that racial privilege is an important characteristic of Brazilian society, benefiting not only white capitalism but also the poor white population, because when Black persons are competing for a position with material or symbolic rewards, even if they possess the same skills, the results always favour white competitors. In a pluricultural, multiracial and racist society such as Brazil, racism has a considerable impact on gender relations and hierarchies. In this regard, the poverty to which Black persons in Brazil remain condemned to this day is part of the racist strategy of naturalizing social inferiority (Carneiro, 2005).

Throughout history, the Brazilian State has influenced (and been influenced by) these inequalities. Changes in the political system have always been controlled by the ruling forces, thus controlling popular aspirations and blocking opportunities for social reform to reduce inequalities. As income, wealth and power are very concentrated, revolutionary initiatives have always been torn down by conservative forces (Pochmann, 2015, p. 34). More recently, the transition from the military dictatorship to democracy that lasted from 1964 to 1985 was negotiated and controlled by the armed forces themselves. However, following this process and eluding the aforementioned control, Brazil adopted a new Federal Constitution in 1988, which was nicknamed the “citizen Constitution” owing to its avant-garde enshrinement of rights in Brazil, especially the right to health and education. The 1988 Federal Constitution is considered an outlier in Brazilian history (Fagnani, 2017), as it seeks to reduce inequalities. Its third article reads as follows (Government of Brazil, 2023):

Article 3. The fundamental objectives of the Federative Republic of Brazil are:

I - to build a free, just and solidary society

II - to guarantee national development

III - to eradicate poverty and substandard living conditions and to reduce social and regional inequalities

IV - to promote the well-being of all, without prejudice as to origin, race, sex, colour, age and any other forms of discrimination

Regarding Brazil’s health-care system, after pressure from the health movement in the 1980s, a Unified Health Care System (*Sistema Único de Saúde - SUS*) was established in the 1988 Federal Constitution. This public system is not connected to employment or social assistance status and is thus available to everyone on Brazilian soil regardless of their contributory status. The system is decentralized and responsibility for it is split between the federal union, the states and Federal District,<sup>8</sup> and the municipalities. However, Brazil’s private health-care system is also very expansive: 48.4 million Brazilians (22.7% of the total population) had access to it<sup>9</sup> in 2021 (ANS, 2021), and in 2019, domestic private health spending accounted for 59.1% of total current health expenditure in Brazil (World Bank, 2022).

With regard to education, the 1988 Federal Constitution is the first Brazilian constitution to define education as a right. It provides for the prioritization of certain educational levels among the federative entities (the union, the states and the Federal District, and the municipalities). According to article 211, the union manages the federal education system, finances federal public education institutions (mainly focused on higher education) and exerts a redistributive and supplementary function to ensure equalization of educational opportunities through technical and financial assistance to the states, the Federal District and the municipalities. The states and the Federal District focus mainly on primary and secondary education and the municipalities focus mainly on primary and early childhood education. Such a division is also consistent with the constitutionally mandated minimum spending for each of the entities (a fixed percentage of their budget). According to the National Institute of Educational Studies and Research (INEP, 2022), in 2021, 82.57% of students in primary and secondary school were enrolled in public institutions (0.81% in federal institutions, 32.18% in State institutions and 49.57% in municipal institutions), while 17.43% of students at the same levels were studying in private institutions.

Although reducing inequalities is a fundamental objective of the Constitution, the State has not used all the available tools to counter them. For example, the literature shows that although the Brazilian State can reduce inequality by spending on public health and education (Silveira and others, 2021),

<sup>8</sup> Brazil has 26 states and the Federal District, where the capital is located.

<sup>9</sup> This does not mean that they are not also users of the Unified Health Care System, as it provides health monitoring, medication, vaccines, and high-complexity procedures such as transplants, for example, including for those covered by health insurance.

the taxation system is highly unequal (Fagnani, 2018), which allows inequalities to persist. This article focuses on the impacts of public spending (mainly on education and health care) on social inclusion, leaving the issue of taxation for future research.

More recently, the retrenchment of social policies and adoption of austerity (Dweck, Rossi and Oliveira, 2020)<sup>10</sup> have also weakened the State's redistributive capacity.<sup>11</sup> The simulation in this paper is therefore merely an extreme case of the same. Matos de Oliveira and Alloatti (2022) argue that most of the burden of cuts to social spending in Brazil has been borne by women and the Black population, generally those in the lower classes and users of public services. First of all, because the sectors most affected by cuts, such as health and education, are dominated by female workers,<sup>12</sup> these cuts lead to job losses and to a decline in women's labour market participation. Second, retrenchment affects work-life balance, as it reduces the scope for "defamiliarization", which is to say reducing the burden for families of providing these services without pay (Guerrina, 2015; Tepe-Belfrage and Steans, 2016; Gálvez and Rodríguez-Modroño, 2016; Périver, 2018; Power and Hall, 2018). The cuts include a reduced budget for policies that support social reproduction, such as day-care centres, and the curtailment of policies to combat gender-based violence and guarantee women's economic autonomy. Third, the regression of welfare states, through a contraction of social rights and public policies aimed at reducing gender inequalities, worsens conditions for the most underprivileged women (including Black women), risking an increase in the feminization of poverty (Martínez, Dueñas and Meireles, 2020). Underfunding of social policies leads to the entrenchment of temporary solutions, which produces a protracted emergency (Grotti and others, 2019; Thomson, Niedzwiedz and Katikireddi, 2018). Lastly, gender equality and women's rights are directly jeopardized when support for bodies that promote equality is reduced through budget cuts.

Following this overview of gender, race and class inequalities in Brazil and the impacts of cuts on their reproduction, the next section contains an analysis of the gender, class and race profiles of users of public services.

### III. Analysis of education and health user profiles and simulations

This section presents an analysis of public expenditure on education, health and pension systems, using the 2019 Continuous National Household Sample Survey (PNAD Continua) to map the profile of education users in Brazil and the 2019 National Health Survey to map the profile of health service users. Figure 1 shows the share of the population that uses education services, both public and private, by per capita household income. The use rates for education services are higher in the lower income strata, although the rates of use are still significant in the sixteenth to twentieth ventiles (also known as vigintiles), where an average of 19.5% of people use education services. The thirteenth ventile, an outlier in which the income level is concentrated around the minimum wage, corresponds to retirees.<sup>13</sup>

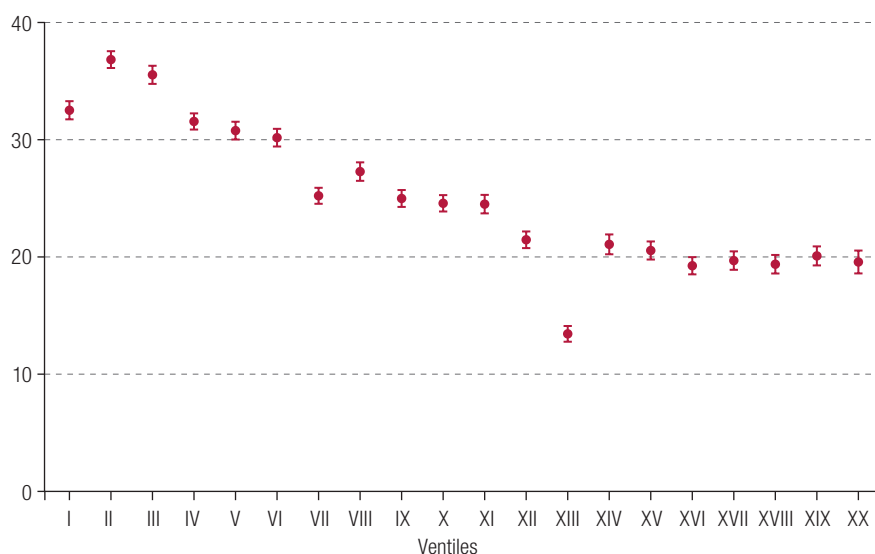
<sup>10</sup> Since 2015, Brazil has shifted its fiscal policy towards what is defined in the literature as austerity (Blyth, 2013). This policy was constitutionalized through Constitutional Amendment No. 95 of 2016. For more information, see Dweck, Rossi and Oliveira (2020) and Matos de Oliveira and Alloatti (2022).

<sup>11</sup> Reducing the role of the State in this way is also a public policy choice, and it can occur at the same time as growing authoritarianism, as exemplified by Pinochet in Chile (Hyman, 2001).

<sup>12</sup> With regard to education, see Matos de Oliveira (2022).

<sup>13</sup> In Brazil, most pensioners receive the monthly minimum wage as a pension.

**Figure 1**  
Brazil: education users, by per capita household income ventile, 2019  
(Percentages)

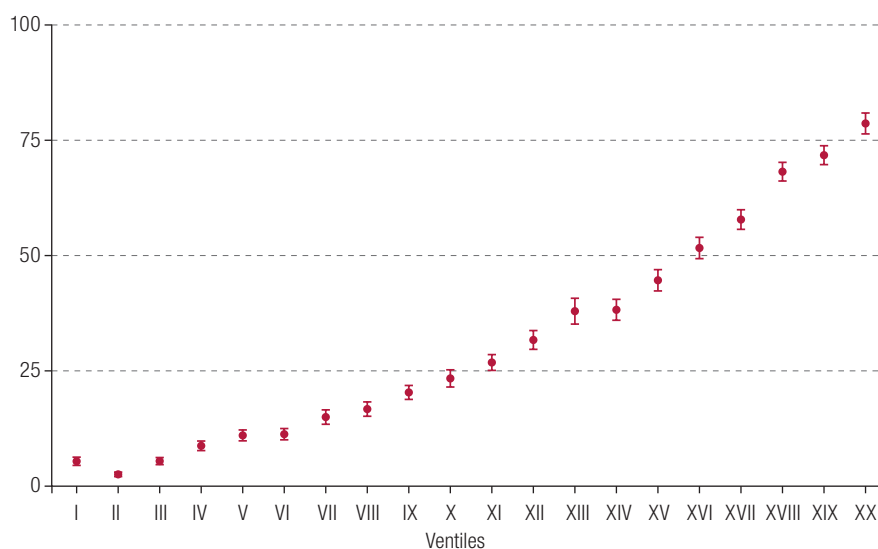


**Source:** Prepared by the authors on the basis of Brazilian Institute of Geography and Statistics (IBGE), Continuous National Household Survey (PNAD Continua), 2019.

**Note:** 95% confidence interval.

Figure 2, which includes only declared users of education services, shows the share who use private education services, by income ventile. As expected, a higher proportion of those in higher income ventiles use private services: in the first ventile, the figure is 5.3%; in the last ventile, it is 78.6%. This means that 94.7% of those in the first ventile use public education services, compared with 21.4% in the last ventile.

**Figure 2**  
Brazil: users of private education, by per capita household income ventile, 2019  
(Percentages)



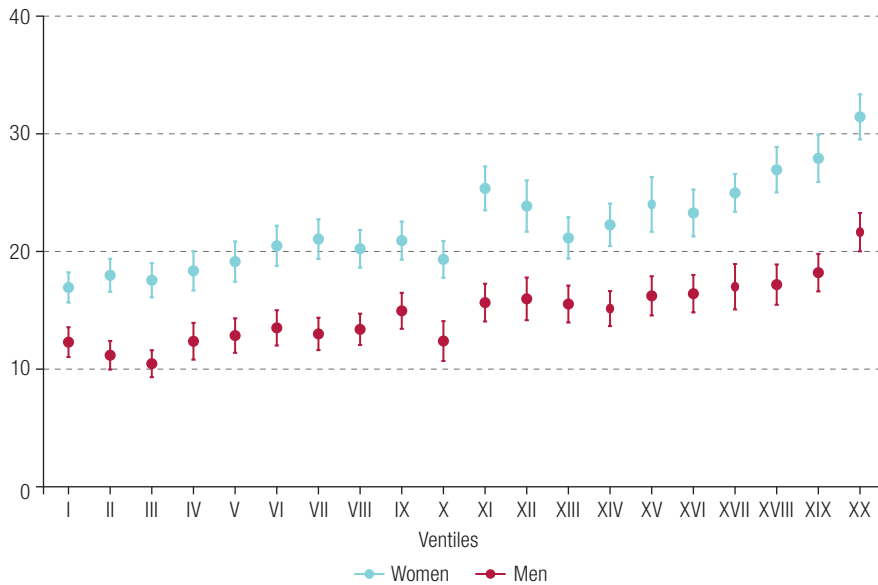
**Source:** Prepared by the authors on the basis of Brazilian Institute of Geography and Statistics (IBGE), Continuous National Household Survey (PNAD Continua), 2019.

**Note:** 95% confidence interval.

Figures 1 and 2 therefore show that lower-income populations in Brazil are more dependent on public education services and are more vulnerable to service cuts.

Turning to health services, figure 3 shows the share of the population that sought health-care services in the two weeks prior to the survey, by per capita household income and sex. The data show that women were more frequent users of health-care services in all income ventiles, but also that the higher people's income, the more they sought health-care services.

**Figure 3**  
Brazil: health-care users in the two weeks prior to the survey,  
by per capita household income and sex,<sup>a</sup> 2019  
(Percentages)



**Source:** Prepared by the authors on the basis of Brazilian Institute of Geography and Statistics (IBGE), National Health Survey (PNS), 2019.

**Note:** 95% confidence interval.

<sup>a</sup> Refers to the sex of the user, not to the sex of a parent or guardian of a person (such as a minor) who accesses health care.

Figure 4 shows that the lower an individual's income, the more likely they are to access public health services. Only at ventile 18 does access to private health services become more prevalent.

Methodologically, the use of health and education services is calculated by individual, but per capita household spending is used to calculate the cost of services. The reason is that spending takes place within a consumption unit (a family or a household). For example, although children do not contribute to education spending, they are the most likely to use those services.

Figure 5 summarizes the distribution of per capita monthly household health-care spending for private health-care users. The median amount spent on health care is 130.43 reais (equivalent to US\$ 25.31 on 19 June 2022).

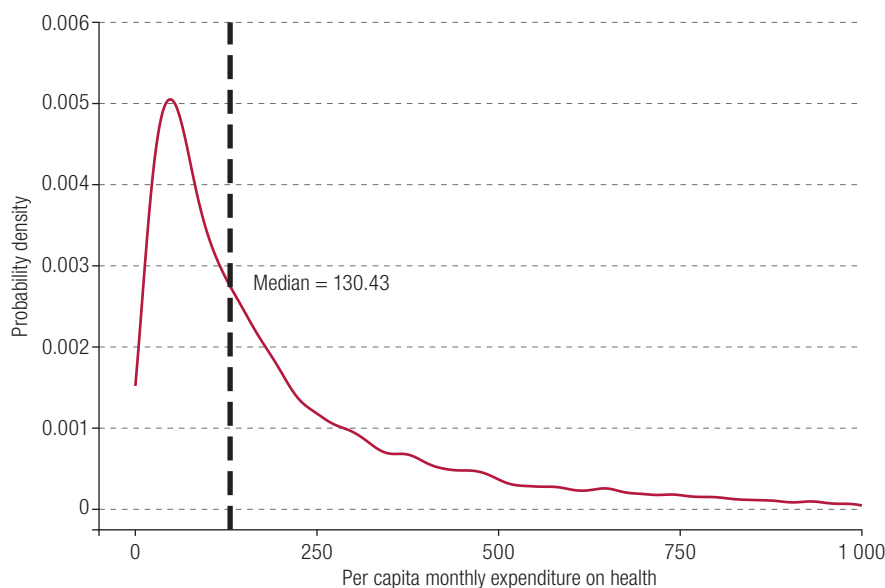
**Figure 4**  
Brazil: public and private health care use, by per capita household income, 2019  
(Percentages)



**Source:** Prepared by the authors on the basis Brazilian Institute of Geography and Statistics (IBGE), National Health Survey (PNS), 2019.

**Note:** 95% confidence interval.

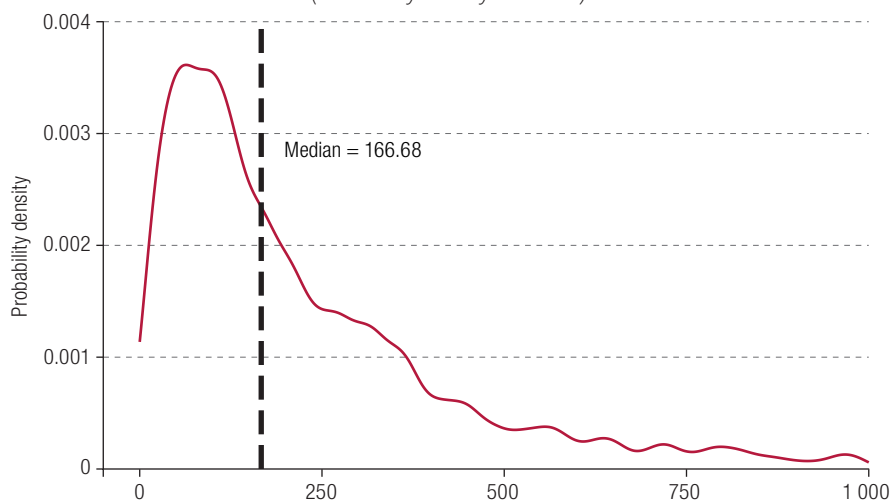
**Figure 5**  
Brazil: distribution of per capita monthly household health-care spending  
for users of private health care, 2017–2018  
(Probability density and reais)



**Source:** Prepared by the authors on the basis of Brazilian Institute of Geography and Statistics (IBGE), Household budget survey (2017–2018), Rio de Janeiro.

With respect to education, figure 6 shows the distribution of per capita monthly household spending on education services. The median amount spent is 166.68 reais (US\$ 32.34 as of June 19, 2022).

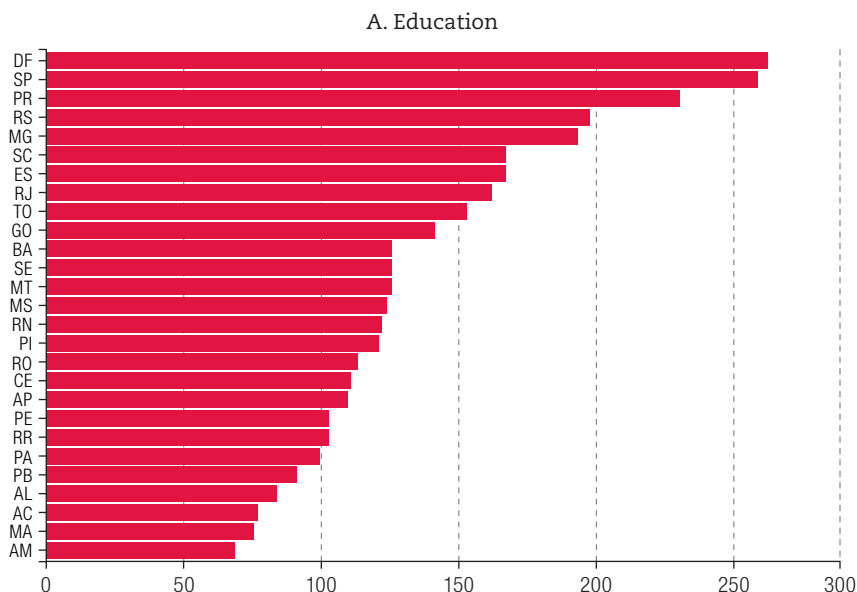
**Figure 6**  
Brazil: distribution of per capita monthly household education spending  
for users of private education, 2017–2018  
(Probability density and reais)



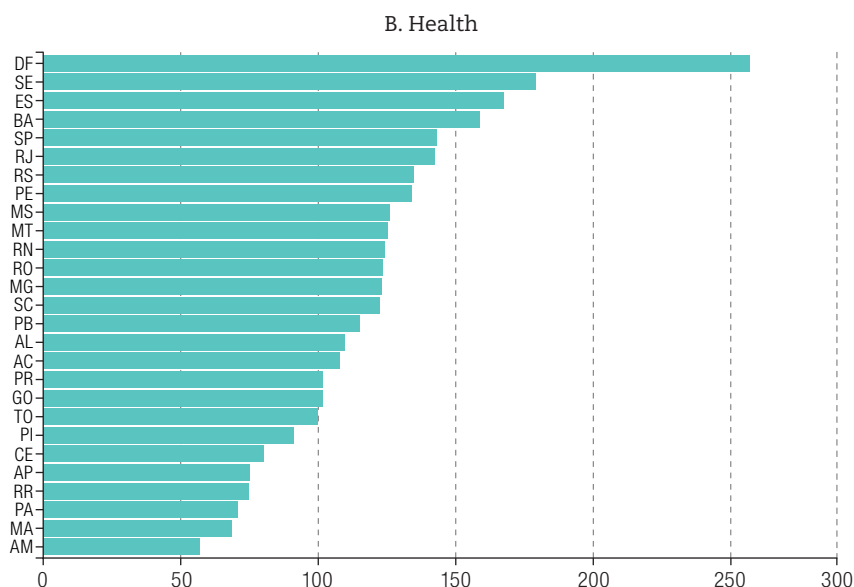
**Source:** Prepared by the authors on the basis of Brazilian Institute of Geography and Statistics (IBGE), Household budget survey (2017–2018), Rio de Janeiro.

However, to illustrate how different the realities are across the country, figure 7 shows how median health and education spending varies by state and in the Federal District.<sup>14</sup> For example, the median disbursement required in the Federal District to access private health care and education is much higher than in the State of Amazonas.

**Figure 7**  
Brazil: median per capita monthly household spending on private health  
and education services, by state and in the Federal District, 2017–2018  
(Reais)



<sup>14</sup> The Brazilian Institute of Geography and Statistics (IBGE) has divided the country into regions on the basis of the socioeconomic and physical characteristics of its states. The five regions are north (Acre, Amazonas, Amapá, Pará, Rondônia, Roraima and Tocantins), northeast (Alagoas, Bahia, Ceará, Maranhão, Piauí, Pernambuco, Paraíba, Rio Grande do Norte and Sergipe), midwest (Goiás, Mato Grosso do Sul, Mato Grosso and Distrito Federal), southeast (Sao Paulo, Rio de Janeiro, Minas Gerais and Espírito Santo) and south (Paraná, Rio Grande do Sul and Santa Catarina). The human development index is higher in the south and southeast.

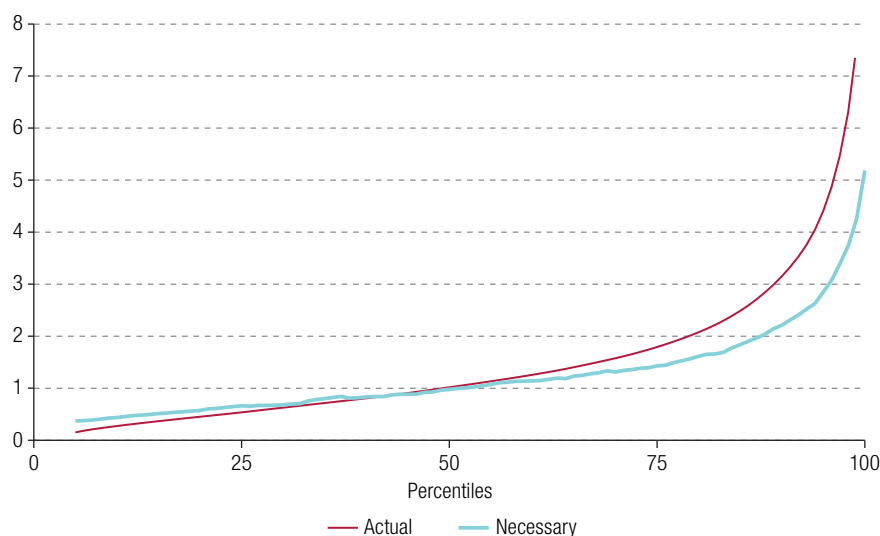


**Source:** Prepared by the authors on the basis of Brazilian Institute of Geography and Statistics (IBGE), Household budget survey (2017–2018), Rio de Janeiro.

**Note:** AC: Acre; AL: Alagoas; AM: Amazonas; AP: Amapá; BA: Bahia; CE: Ceará; DF: Distrito Federal; ES: Espírito Santo; GO: Goiás; MA: Maranhão; MG: Minas Gerais; MS: Mato Grosso do Sul; MT: Mato Grosso; PA: Pará; PB: Paraíba; PE: Pernambuco; PI: Piauí; PR: Paraná; RJ: Rio de Janeiro; RN: Rio Grande do Norte; RO: Rondônia; RR: Roraima; RS: Rio Grande do Sul; SC: Santa Catarina; SE: Sergipe; SP: São Paulo; TO: Tocantins.

Turning to the effects of hypothetical public service spending cuts, figure 8 represents estimated household budget needs compared with the budget effectively available. This shows how stretched household budgets already are, even though lower-income households have access to public health and education services. Households below the thirty-eighth income percentile report that their actual income is not sufficient for their needs. Individuals whose budget does not meet their needs would be in a very vulnerable situation if public health and education spending were cut, either fully or partially.

**Figure 8**  
Brazil: minimum necessary monthly household budget and actual household budget,  
by per capita household income percentile, 2017–2018  
(Thousands of reais)



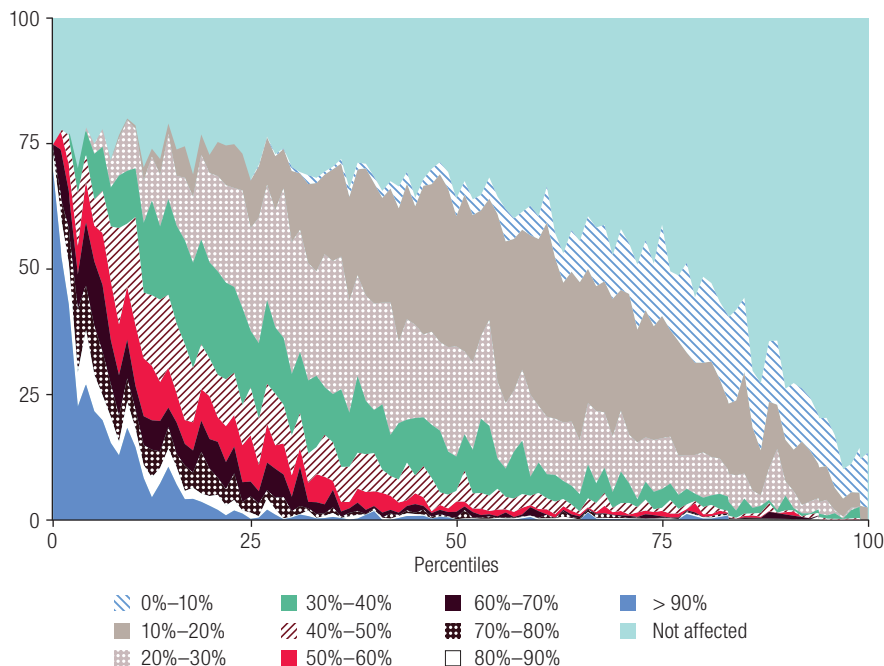
**Source:** Prepared by the authors on the basis of Brazilian Institute of Geography and Statistics (IBGE), Household budget survey (2017–2018), Rio de Janeiro.

However, it is not only those below the necessary threshold who would be vulnerable: figure 9 shows the additional household spending that would be needed to pay for private health and education services. It is important to highlight that this exercise considers what would happen if households were to take over health-care and education costs, paying the median amount in figure 7 for users of private services. In short, the regional amounts calculated in figure 7 are used to simulate the amount that would be needed to pay directly for health and education services if the State ceased to do so. Using the regional median instead of the average median allows for a deeper understanding of the picture, as poverty and vulnerability levels vary greatly from state to state within Brazil, as does median spending on services (which is usually higher in states with a higher human development index). However, owing to financial constraints, households might be forced to opt out of a health or education service or find more precarious solutions, and might not incur the entire additional expense calculated.

That said, figure 9 demonstrates that, for 65.83% of those in the first percentile, if public health and education ceased to exist, spending would increase by at least 90% of their current income, and that for 66.2% of those up to the tenth income percentile (the first decile), public health and education service cuts would trigger at least a 50% increase in spending relative to their current income. The burden of shouldering the costs currently incurred by society through the State would be too great, and households would most likely not be able to afford the services or would be forced to resort to more precarious alternatives. The grey section represents survey participants who did not report having used public health and education services in the week before the data were collected.

**Figure 9**

Brazil: projected additional spending on private education and health care in the absence of State funding, as a share of income, by per capita household income percentile, 2017–2018  
(Percentages)



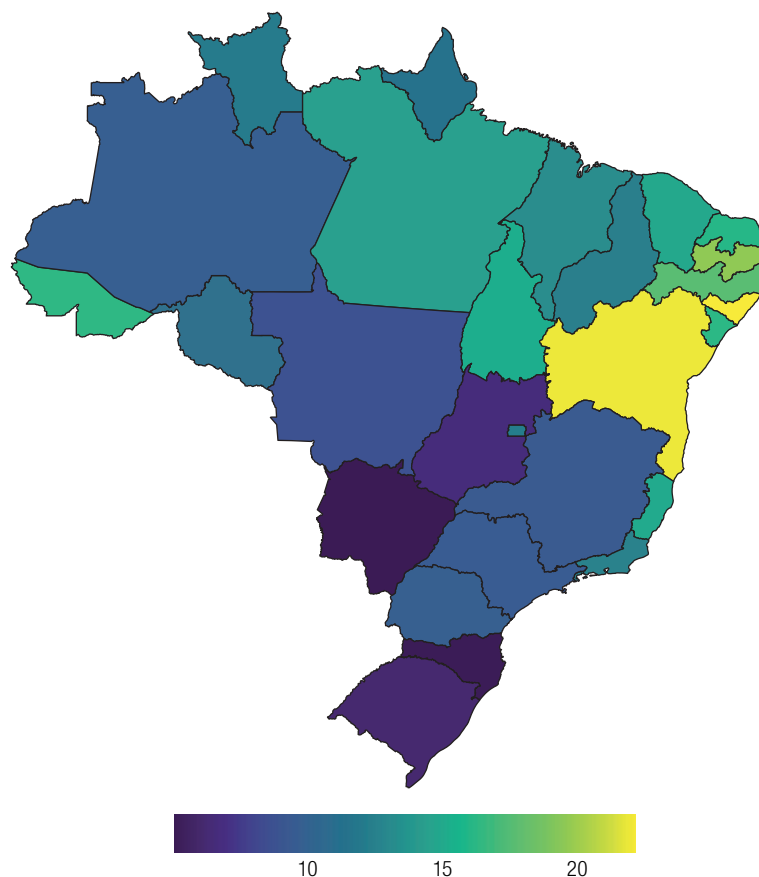
**Source:** Prepared by the authors on the basis of Brazilian Institute of Geography and Statistics (IBGE), Household budget survey (2017–2018), Rio de Janeiro.

Map 1 shows the regional impact of this scenario. As the north-east has a higher incidence of poverty and vulnerability, more of the population would be affected (defined as people for whom spending would increase by more than 50% of their current income). For example, 23.5% of the population of

Alagoas and 22.1% of the population of Bahia would be affected. However, in the Federal District and Espírito Santo, which are located in the mid-west and south-east respectively and where median spending on private services is higher, 15.3% and 15.1% of the population would be affected.

**Map 1**

Brazil: population affected by a hypothetical retrenchment, by state, 2017–2018  
(Percentages)



**Source:** Prepared by the authors on the basis of Brazilian Institute of Geography and Statistics (IBGE), Household budget survey (2017–2018), Rio de Janeiro.

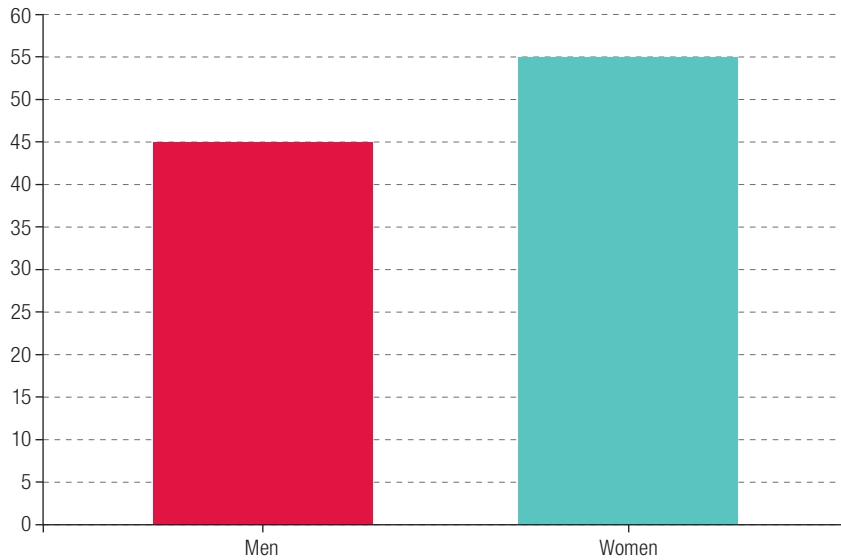
**Note:** Affected population is defined as people whose spending would increase by more than 50% of their current income.

Finally, figure 10 depicts how gender inequalities would increase if health and education services were cut: the number of women who would have to incur an increase in spending of more than 50% of their income is higher (women account for 55.3% of the affected population but only 51.6% of the total population).

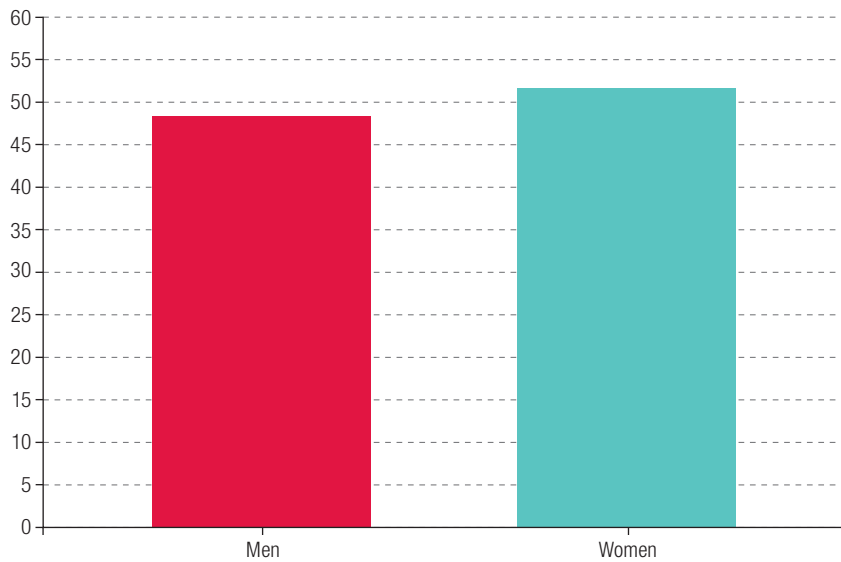
In terms of race, figure 11 illustrates how racial inequalities in Brazil would increase if health and education services were cut: the proportion of Black persons who would have to incur an increase in spending of more than 50% of their income is higher (they account for 66.2% of the affected population but only 54.6% of the total population).

**Figure 10**  
Brazil: population affected by a hypothetical retrenchment and total population,  
by sex, 2017–2018  
(Percentages)

A. Affected



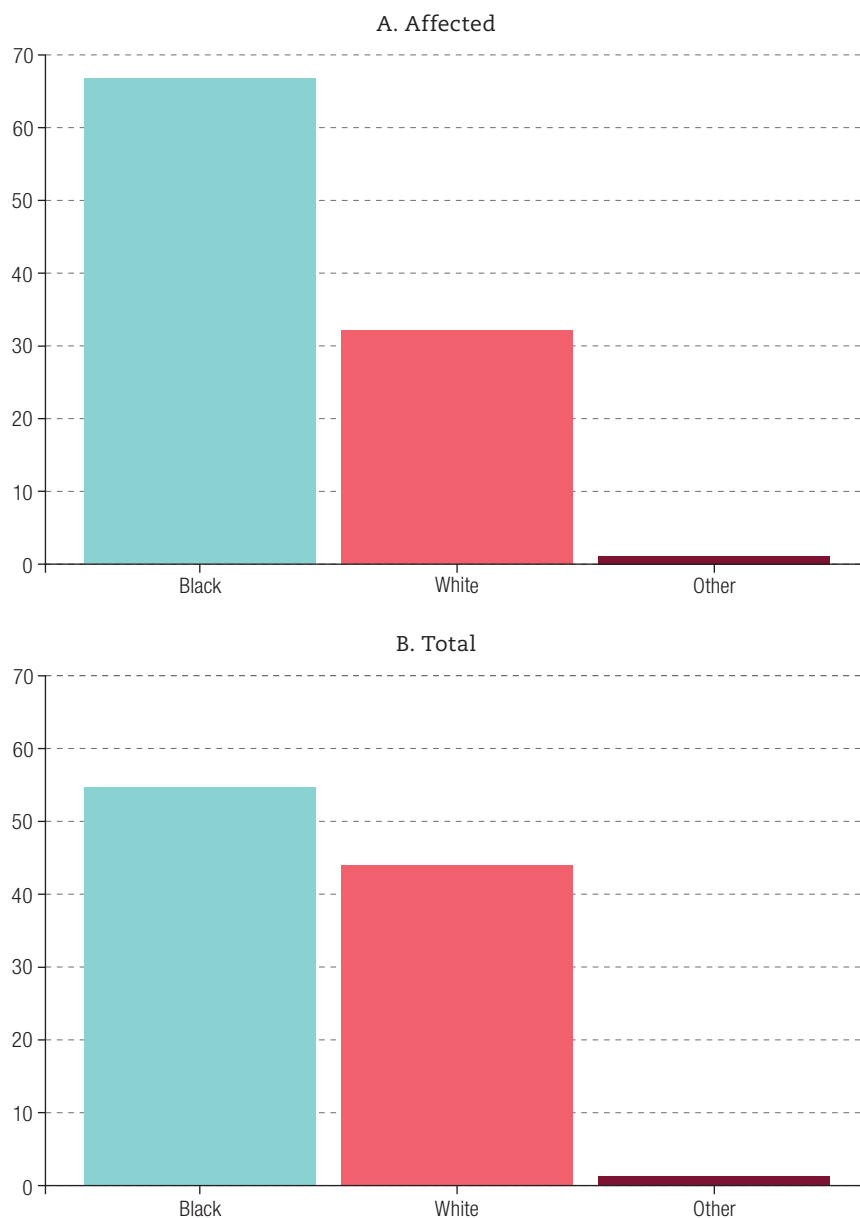
B. Total



**Source:** Prepared by the authors on the basis of Brazilian Institute of Geography and Statistics (IBGE), Household budget survey (2017–2018), Rio de Janeiro.

**Note:** The affected population is defined as people whose spending would increase by more than 50% compared with their current income.

**Figure 11**  
Brazil: population affected by a hypothetical retrenchment and total population, by race, 2017–2018  
(Percentages)



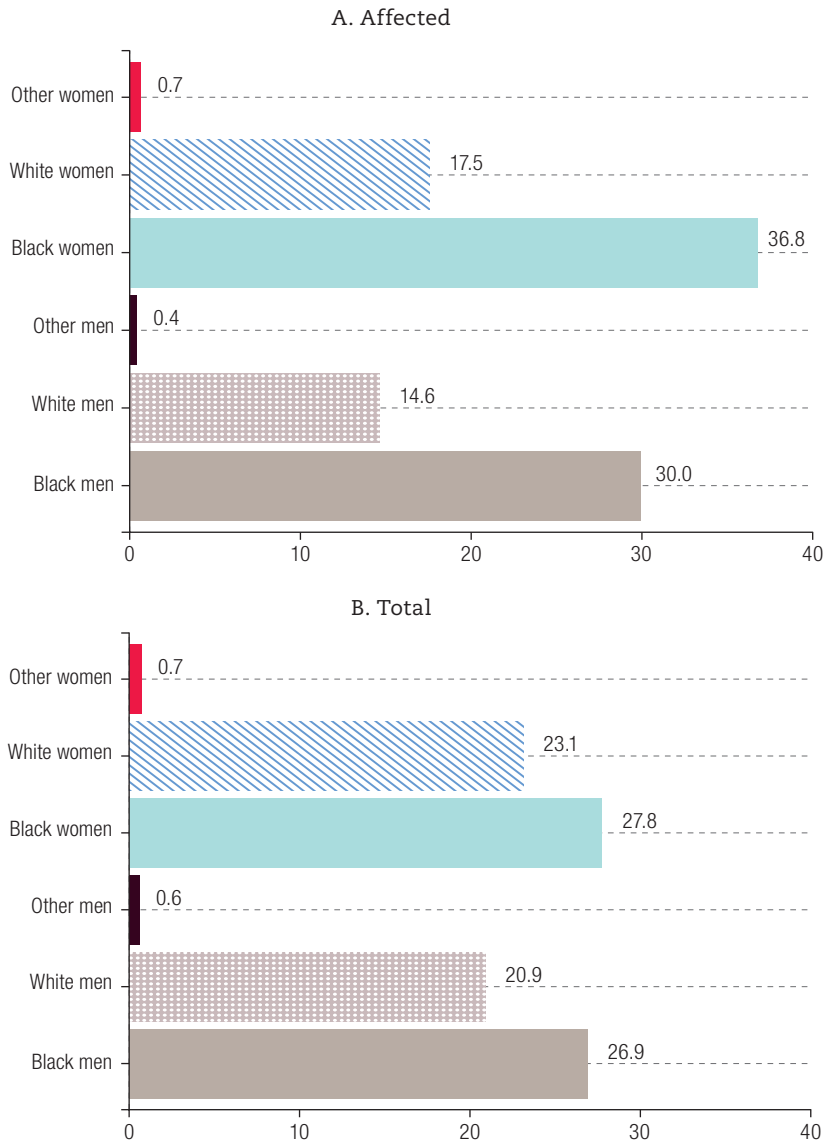
**Source:** Prepared by the authors on the basis of Brazilian Institute of Geography and Statistics (IBGE), Household budget survey (2017–2018), Rio de Janeiro.

**Note:** The affected population is defined as people whose spending would increase by more than 50% compared with their current income.

Figures 10 and 11 highlight the burden that would be borne by women and the Black population if public spending were curtailed. At the intersection of these two groups is another group —Black women— that would be even more vulnerable. It is therefore impossible to dissociate vulnerability analysis (even in hypothetical terms, as done in this exercise, as the monetary impact of social spending cuts is difficult to grasp) from analysis of gender and racial inequalities in Brazil. For Brazil, a racially heterogeneous country (Seguino and Heintz, 2012), race can be an even stronger marker of poverty, inequality and vulnerability than gender, as highlighted by figures 10 and 11.

Using an intersectional approach, figure 12 highlights how Black women are especially prevalent in the affected group (35.8%), at a far higher rate than in the total population (27.6%). Black men are also overrepresented in the affected group compared with the total population.

**Figure 12**  
Brazil: population affected by a hypothetical retrenchment and total population,  
by race and sex, 2017–2018  
(Percentages)



**Source:** Prepared by the authors on the basis of Brazilian Institute of Geography and Statistics (IBGE), Household budget survey (2017–2018), Rio de Janeiro.

**Note:** The affected population is defined as people whose spending would increase by more than 50% compared with their current income.

The data used for this article refer to a time before the coronavirus disease (COVID-19) pandemic. Further studies will be conducted once databases have been updated, in order to understand the impacts of the pandemic on poverty, inequality and vulnerability in relation to gender and race and the role of the public sector (Matos de Oliveira and Alloatti, 2022).

## IV. Conclusions

Brazil has a long history of various types of inequality, but especially with regard to race, gender and class, which have been perpetuated and strengthened over time. In this regard, the 1988 Federal Constitution is considered an outlier in Brazilian history, as it seeks to reduce inequalities (for example, by guaranteeing access to public health and education). However, the possibility of further cuts to health and education services is always present, and even more so since 2015. This exercise, although extreme in that it posits the elimination of such expenditure, helps us to understand the class, gender and racial outcomes of such an action.

As previously argued, although the Constitution stipulates that reducing inequalities is a fundamental objective, the State has not used all the available tools to counter it (such as progressive tax reform), and more recently, social policy regression and the “shrinking” of the State have also greatly affected people who cannot afford to pay for private services.

Following the COVID-19 pandemic, the issue is even more pressing: first, owing to the increased vulnerability of the Brazilian population resulting from the socioeconomic repercussions of the pandemic; second, because the pandemic has highlighted the importance of public provision of health and education services and of prompting State coordination in times of crisis. With updated information, the exercise conducted in this study can be repeated to confirm whether the population has become even more vulnerable following this major watershed event.

The data show that for those in lower income brackets, household budgets are already overstretched (and were even before the pandemic). When public expenditure is curtailed, financial constraints mean that families do not necessarily resort to market substitutes or that they find precarious substitutes for services. Nonetheless, there is a class, gender, racial and regional component to the monetary impact of the hypothetical elimination of public health and education services, as persons living in poverty, women and the Black population are historically more vulnerable and are more dependent on public provision of goods, especially populations in the northeast of the country. The elimination of public services for this population would represent a significant blow to already overstretched household budgets, as figure 8 illustrates, possibly leading to an increase in monetary poverty, to be measured in future studies. The data discussed in this article show that women experience extreme impacts as “recipients” of public policy. Another issue of interest, however, is that women as “producers” of public policy (because they comprise the majority of the health and education workforce) would also be affected. Neither of these effects can be disregarded when discussing the public budget and the importance of social provisions for tackling historical inequalities.

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