CARE AND DOMESTIC WORK IN THE CONTEXT OF COVID-19 PANDEMIC IN BRAZIL

Authors:

Mariana Eugenio Almeida
Universidade Federal de Minas Gerais (UFMG)

Simone Wajnman
Universidade Federal de Minas Gerais (UFMG)

Nadya Guimarães
Universidade de São Paulo (USP)

Anna Bárbara Araújo
Universidade Federal do Rio Grande do Norte (UFRN)

Maria Laura Miranda
Universidade Federal de Minas Gerais (UFMG)

Abstract:

The Covid-19 pandemic had impacts on inequalities in the world of work in different spheres. In Latin America, it brought attention to the central role of care and domestic work on life's sustainability and female employment. This paper analyses the effects of the Covid-19 pandemic on care and domestic work in Brazil, from a gender perspective. Based on descriptive and longitudinal data analysis, it brings reflections on long-term effects and the need for specific actions and public policies. We use data from household surveys of the Brazilian Institute of Geography and Statistics from 2019 to 2021.

Key words: Care economy; Domestic workers; Gender; Covid-19.

Subject area: The Covid-19 pandemic (6. A pandemia do Covid-19).

Introduction

The Covid-19 pandemic had impacts on inequalities in the world of work in different spheres. In Latin America, it brought attention to the central role of care and domestic work on life's sustainability and female employment. The global crisis points out to a "care crisis", which in Brazil is anchored on structural aspects related to the organization of care and domestic work.

This background shows vulnerabilities that already existed and contributed to deepening gender, race, and occupational inequalities in the Brazilian labour market. Within the care economy, the effects of the pandemic were heterogeneous. Paid domestic work had an expressive retraction in 2020, putting women, especially black women at risk of poverty or more exposed to health risks. Paid care work, for instance, increased significantly, even during the crisis. However, vulnerabilities remain considering the lack of regulation of these occupations, which is even more relevant for the caregivers that work in the domestic sphere.

A survey on the impact of COVID-19 on domestic workers in 14 Latin American countries reveals massive employment and social crisis, with high unemployment and no access to social protection for about half of the respondents (Acciari; Britez & Pérez, 2021). The pandemic has created the conditions of a new crisis of social reproduction, with strong long-term effects for women and families. In Brazil, pre-existing vulnerabilities related to domestic work have deepened. First because of the nature and conditions of this work, which exposed workers to the virus during the pandemic. And second, because this activities in Brazil are historically related to the lack of social protection (Pinheiro; Tokarski & Vasconcelos, 2021). These vulnerabilities affects both domestic workers and caregivers, in multiple and heterogenous ways.

This paper analyses the effects of the Covid-19 pandemic on care and domestic work in Brazil, from a gender perspective. Based on descriptive and longitudinal data analysis, it brings reflections on long-term effects and the need for specific actions and public policies. We use data from household surveys of the Brazilian Institute of Geography and Statistics from 2019 to 2021.

Theoretical focus

Gender and care: from an unequal background

The engagement of women in economic activity in Brazil started in the 1970s but was consolidated in the 1980s and 1990s, with the expressive increase of female participation rate in the workforce in parallel with the demographic transformation that is reflected in the reduction of fertility rates (Bruschini, 1998; Lavinas, 1997). From an occupational point of view, the consolidation of the feminization of certain activities, such as services in education and health and activities in the field of care, is a relevant trend.

However, traces of "bipolarity" remain within female employment in Brazil: one pole is characterized by occupations with lower income levels in addition to low rates of formalization and social protection, and on the other pole, there are the "good occupations", that is, those with higher wages, formal and with guaranteed social protection (Bruschini & Lombardi, 2000). According to the authors, ironically what unites these two poles is domestic work, as the professionals who are in the "good occupations" rely on the work of the domestic servants to dedicate themselves to their own careers.

Even though women have entered the labour market, there have been no significant changes regarding the sexual division of unpaid domestic work, carried out within the family. Women continue to be solely or primarily responsible for household chores and care activities. Inequality in the distribution of unpaid domestic work and the difficulties of reconciling work and family can be considered the two most important factors for the so-called "incomplete revolution" in gender relations in Brazil (Wajnman, 2016).

In this context, care and domestic work play a central role on female employment in Brazil, but heterogeneities exist within this field. The social and institutional construction of care is a more recent phenomenon than the emergence of the term "caregiver" in Brazil (Guimarães; Hirata & Sugita, 2011). Although we have a growing institutionalization and recognition of care as an

occupation, that is, an approach focused on the field of professional work, there is still an approach centred in the sphere of the private, the domestic and the family (Guimarães; Hirata & Sugita, 2011).

Domestic work has historically been the form of occupational insertion for many Brazilian women, but it is characterized by the lack of labour and social protection, despite recent advances. It was only in 2015 that domestic workers gained important rights, but challenges remain, especially for those who are informal or who work for two or fewer days a week, called "daily workers". Of the total number of domestic workers, 72% are in an informal labour situation and, therefore, do not have access to the rights provided in the law approved in 2015.

Domestic work is recognized in the field of gender studies as a highly precarious work, with low levels of salaries and poor working conditions (Sanches, 2009), socially devalued (Chaney and Garcia Castro 1999 [1989]), understood as disqualified (Gutiérrez-Rodríguez 2007) and which brings together female workers with multiple social disadvantages in terms of gender, race and class (Crompton 2006; Sorj 2014). In this sense, it is important to emphasize that social inequalities, especially of class, race and gender, in their articulation, help to build a stigma on domestic work and its workers (Lima and Prates 2019).

Brazil is in the cluster of countries in which paid domestic work represents a high percentage of female employment. In 2018, 14.6% of Brazilian women employed in the labour market were domestic workers, which meant the second largest occupational grouping of women in the country, just behind trade sector (Pinheiro et. al., 2019). It is also a sector with a large concentration of black women. These make up 63% of all domestic workers (Idem). Informality in the sector has always been quite high. Access to registered employment, covered, in 2018, only 28.6% of the category (Idem). In recent years, the importance of the daily worker, who works up to two days a week in the same household, has grown. According to legislation approved in 2015, those who hire day laborers are not required to make social security and labour contributions.

Paid domestic work supports the social reproduction of the richest families in Brazil. In 2009, 17.5% of Brazilian households had at least one domestic worker. Among the highest-income households, this number reached 51.7% (Sorj and Fontes, 2012). High income is the most important factor that explains the hiring of domestic work in the country (Guerra, 2017).

The great dependence of the richest families on paid domestic work at the same time indicates the great income inequality that marks the country - since it is a job that employers pay with part of their own salary - as a result of the absence of public policies for effective and comprehensive care, causing families to externalize part of their care demands and a context of low participation of men in these activities. This dependence is also revealing of a great intra-gender inequality, as women from higher classes guarantee their professional and career success as they release part of the domestic and care activities, transferring them to poor, low-schooling and, for the most part, black women.

Defining care work

Care is the core of existence and reproduction of societies. It can be defined as a relationship of service, support, and assistance, which may or may not be paid and which implies a relationship of responsibility for the life and well-being of another person (Kergoat, 2016). The concept of care is, therefore, related to the dimensions of work, family and gender and its various modalities are constructed differently in distinct societies.

The social and institutional construction of care is a more recent phenomenon than the emergence of the term "caregiver/s" (Guimarães; Hirata & Sugita, 2011). Therefore, two distinct movements can be observed. On the one hand, a growing institutionalization and recognition of care as an occupation, that is, an approach focused on the field of professional work. And, on the other hand, an approach centered on the sphere of the private, domestic and family (Guimarães; Hirata & Sugita, 2011). The concept of care comprises multiple analytical dimensions, among which we highlight: domestic tasks, childcare and care for dependent people, especially the elderly and people with disabilities (Guimarães; Hirata & Sugita, 2011). The way in which the provision of care is distributed among the State, the market, the family and other forms of organization (such

as community and voluntary organizations) differ in each of these fields (Guimarães; Hirata & Sugita, 2011).

In Brazil, the current debate on care is located on the frontier of studies on professional regulation and "care work". On the one hand, we see that the recognition of the work of a "caregiver" as a socially recognized occupation only took place in 2002, with its inclusion in the Brazilian Occupational Classification (CBO). This recognition made it possible to visualize the various facets of care as an occupation in the labour market. On the other hand, we need to deepen the understanding of the plurality of forms of care, which, however, are not even recognized as care work (Guimarães; Hirata & Posthuma, 2020).

According to the International Labour Organization (ILO), the "care economy" is the sum of all forms of care work, including both workers who perform for-profit or paid care work and provide health services, education, and domestic workers who provide care services in the home. This paper is based on a comprehensive approach of care work, which includes care activities, as well as activities related to social reproduction. In this sense, there are two kinds of care activities: *direct*, face-to-face, personal care activities and *indirect* care activities, which does not include face-to-face personal care (ILO, 2018). Care work can be paid or unpaid.

In this paper we focus on paid care and developed a typology of care occupations considering a comprehensive approach, which is summarized in Box 1[1]. In other to identify heterogeneity within paid care, we divided care occupations into three categories, according to the nature of the interaction. Direct care can be towards a dependent or and independent person. According to Box 1, direct and dependent care includes occupations which can be considered the core of care and that in the context of the sanitary crisis remained demanded. Direct and independent care includes most of health occupations as well as education and beauty related occupations. Indirect care, for instance, is most represented bur domestic workers, but also includes people employed in care sectors.

BOX 1: Summary of care occupations typology

Direct and dependent	Direct and independent	Indirect
Child and elderly caregivers	Health professionals in general	Domestic workers
Pre-school teachers	Psychologists, social workers and middle school teachers	Directors at care institutions
Nurses and physiotherapists	Hairdressers and specialists in beauty treatment	Cleaning and personal services workers

Table 1 shows the number of care workers by care category and gender and the proportion of care work in relation to total employment, by gender. Paid care work represents 26.5% of total employment in Brazil. This percentage is 46.1% for women and 11.2% for men.

TABLE 1: Employed by care category and gender – 1st quarter of 2020, Brazil

	Men	Women	Total
Direct and dependent	426,158	4,055,685	4,481,843
Direct and independent	1,636,644	5,151,212	6,787,856
Indirect	3,762,236	9,387,483	13,149,719

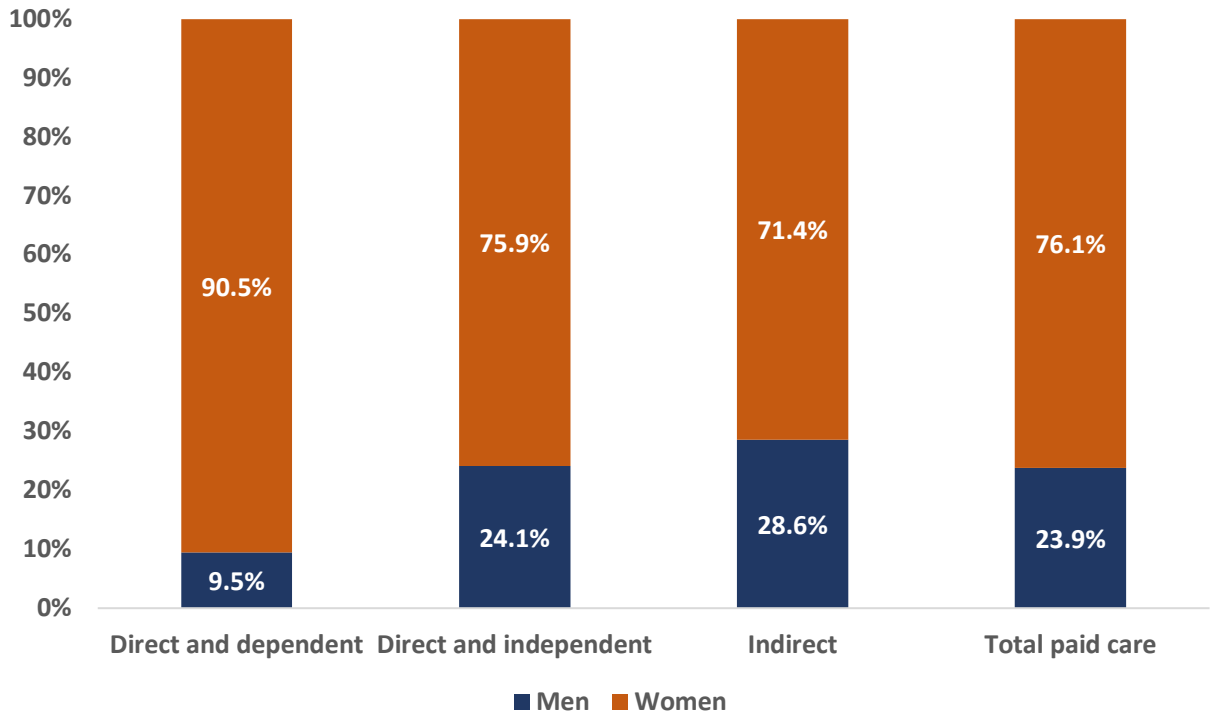
[1]The complete typology can be found in Annex 1.

Total care workers	5,825,038	18,594,380	24,419,418
Total employment	51.862.008	40.361.388	92.223.396
% of care work in relation to total employment	11.2%	46.1%	26.5%

Source: PNAD Contínua – IBGE.

Whitin paid care, women are the majority and represent 76.1% of total paid care in Brazil. When we look at the care categories, we can see that women are overrepresented specially in direct and dependent occupations.

GRAPH 1: Gender distribution of paid care, by care categories – 1st quarter of 2020, Brazil



Source: PNAD Contínua – IBGE.

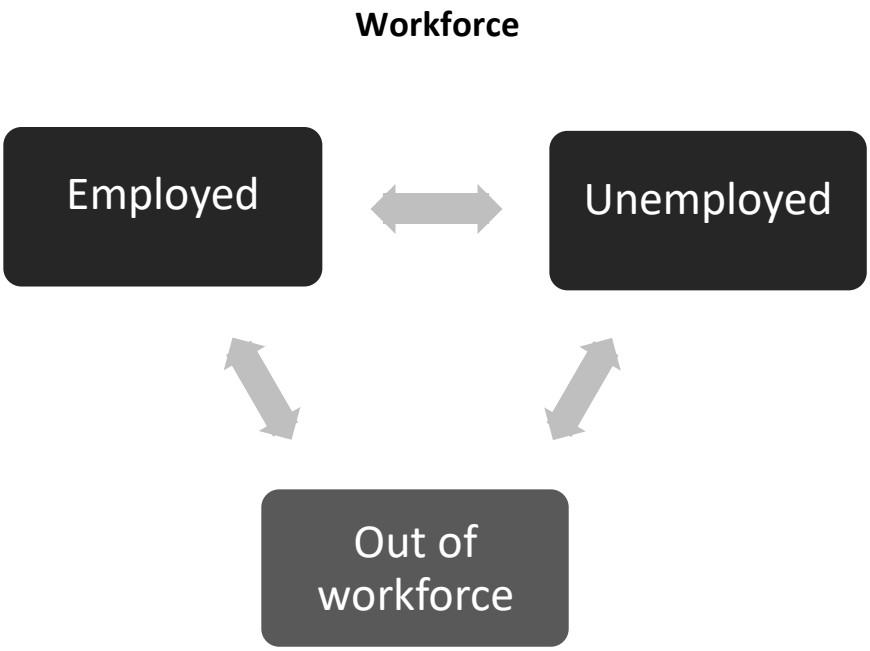
Preliminary data shows, thus, that the analysis of paid care is intrinsic related to gender inequalities in the labour market.

Data and research methods

Data have been obtained from the Continuous National Household Sample Survey (PNAD Contínua) produced by the Brazilian Institute of Geography and Statistics (IBGE). The survey provides labour force data and quarterly microdata allows longitudinal studies to be carried out. We use data for Brazil, from 2019 to 2021, so we cover the period before, during and after the crisis for the working age population in Brazil, which includes people aged 14 or older.

Data analysis is divided into two stages. In the first one, we explore descriptive data in order to understand the short-term effects on Brazilian labour market from a gender perspective. In the second stage, we analyse the occupational status transitions from the first to the second quarter of each year, using longitudinal data from "PNAD Contínua". By definition in a labour force survey, a person can either be in the workforce or out of the workforce. Being in the workforce means that a person is employed or unemployed (Figure 1). We aim to understand how care workers experienced the following transitions: i) employment to unemployment and; ii) employment to out of the workforce.

FIGURE 1: Occupational status transitions

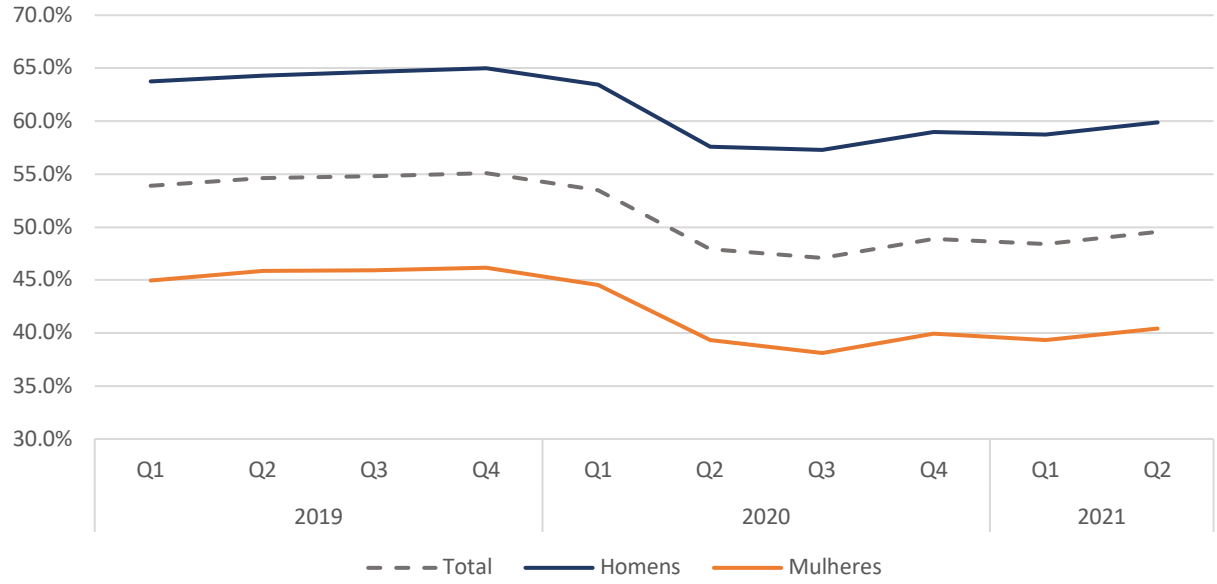


Results

The Covid-19 and Brazilian labour market – descriptive data

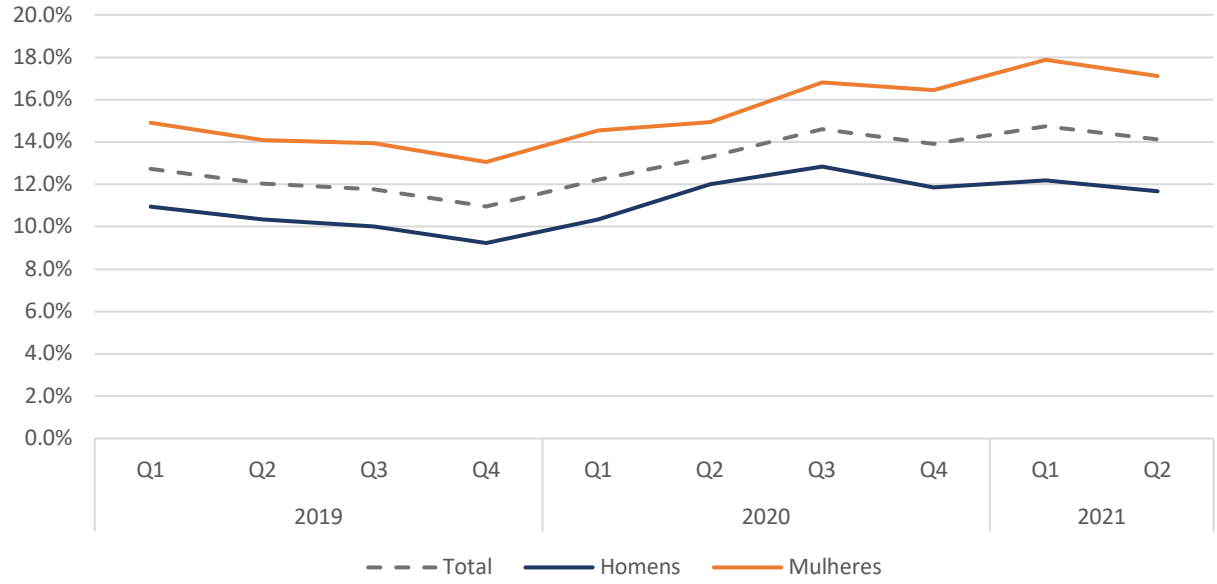
The Covid-19 pandemic had an expressive effect on the Brazilian labour market, contributing to deepening inequalities, especially related to gender and race. For the first time since 2012, the occupation level was under 50% and for women it reached under 40% (Graph 2).

GRAPH 2: Occupational level, by gender – 2019 to 2021, Brazil



As presented in Graph 3, unemployment rate raised, but what stands out is the significant decrease in the participation rate, especially for women (Graph 4).

GRAPH 3: Unemployment rate, by gender – 2019 to 2021, Brazil



GRAPH 4: Participation rate, by gender – 2019 to 2021, Brazil

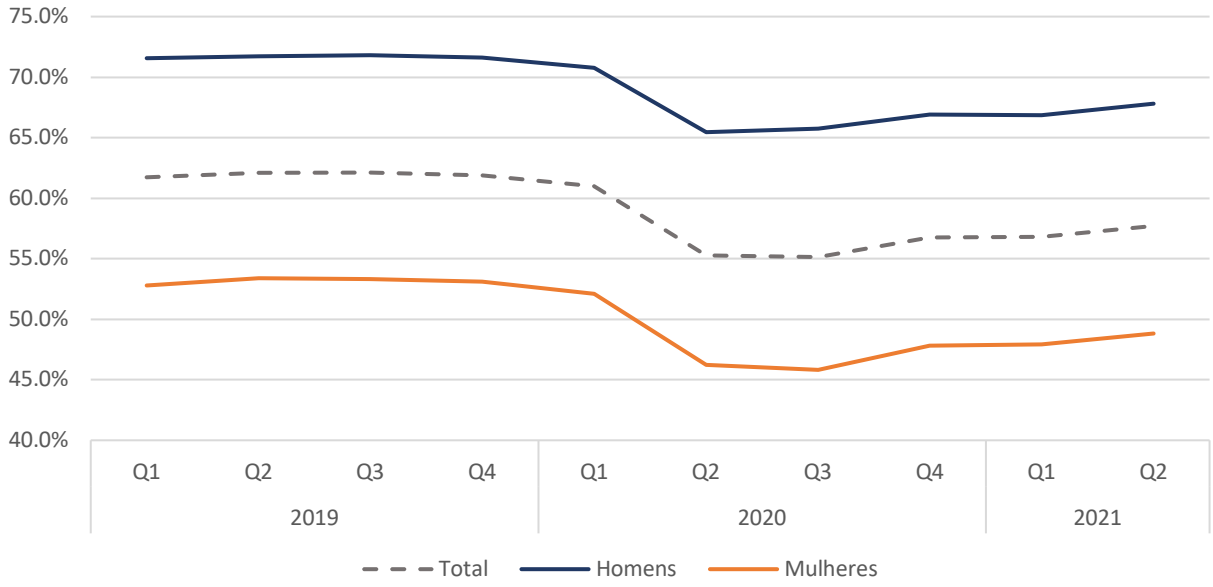


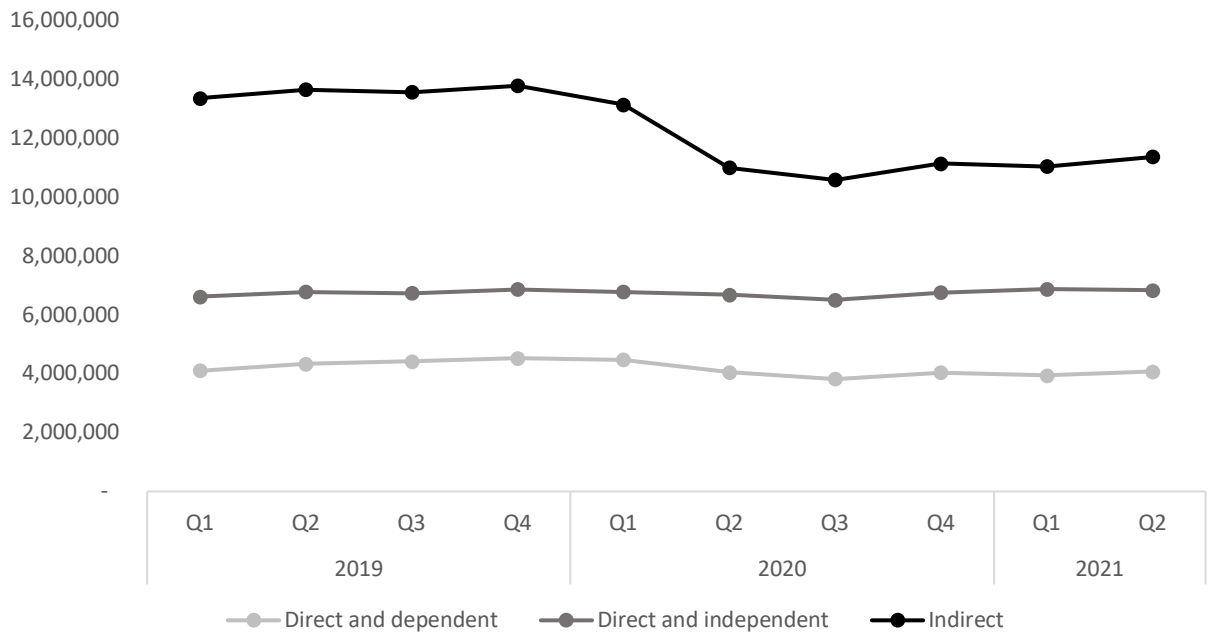
Table 2 summarizes the absolute and interannual variation of main labour market indicators, by gender, considering the second quarter of 2019 and 2020. Almost 10 million people left the workforce during this period and the amount of people out of the workforce increased 20.1%.

TABLE 2: Absolute and interannual variation of main labour market indicators, by gender – 2019 to 2021, Brazil

	Absolute interannual variation Q2/2019-Q2/2020			Relative interannual variation (%) Q2/2019-Q2/2020		
Occupational status:	Men	Women	Total	Men	Women	Total
Workforce	- 4.731.002	- 5.239.236	- 9.970.239	-8,1%	-10,9%	-9,4%
Employed	- 5.138.286	- 4.856.427	- 9.994.714	-9,8%	-11,8%	-10,7%
Unemployed	407.285	- 382.809	24.475	6,8%	-5,7%	0,2%
Out of workforce	5.283.286	7.741.007	13.024.292	23,0%	18,5%	20,1%

Considering the number of people employed in paid care, Graph 5 shows a decrease on indirect care category during the pandemic, relative stability on direct and independent care and decrease on direct and dependent care.

GRAPH 5: Employed by care category - 2019 to 2021, Brazil



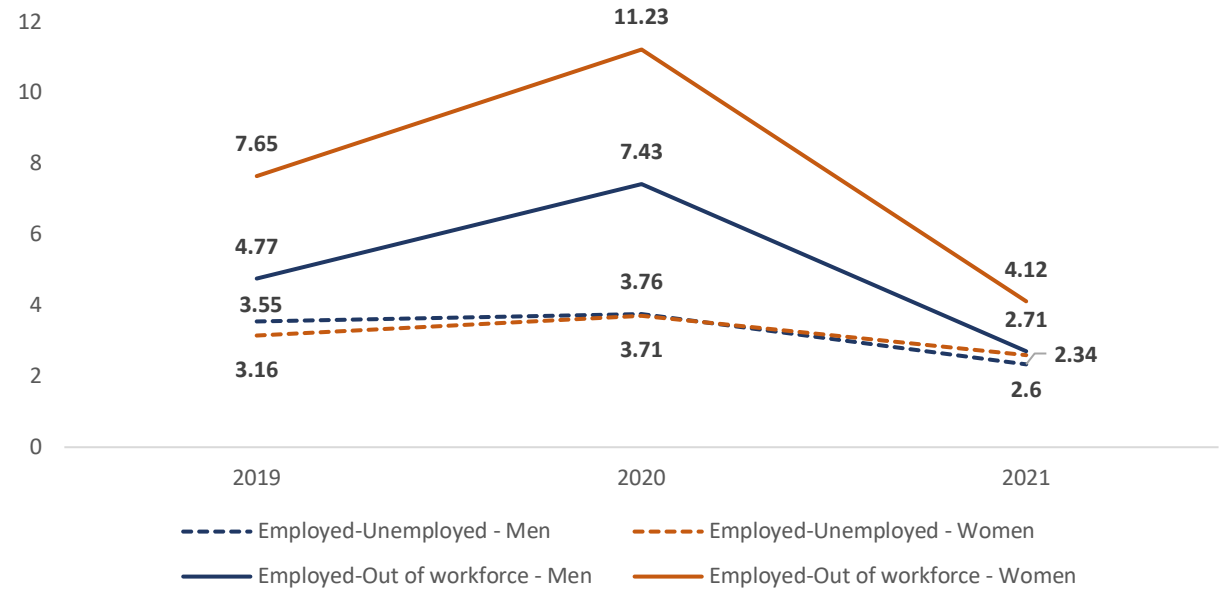
Occupational status transitions

Descriptive data points out to different labour market crisis effects when we compare to previous periods. Employment was seriously affected, resulting on almost 10 million people leaving the workforce. Occupational status transitions analysis based on longitudinal data allow us to identify if the people who left employed became unemployed or if they left the workforce.

Graph 6 shows occupational status transitions from 1st to 2nd quarter, by gender, considering the period from 2019 to 2021. The bottom lines represent the percentage of people who moved from employment to unemployment and the top lines represent the transition from employment to out of workforce.

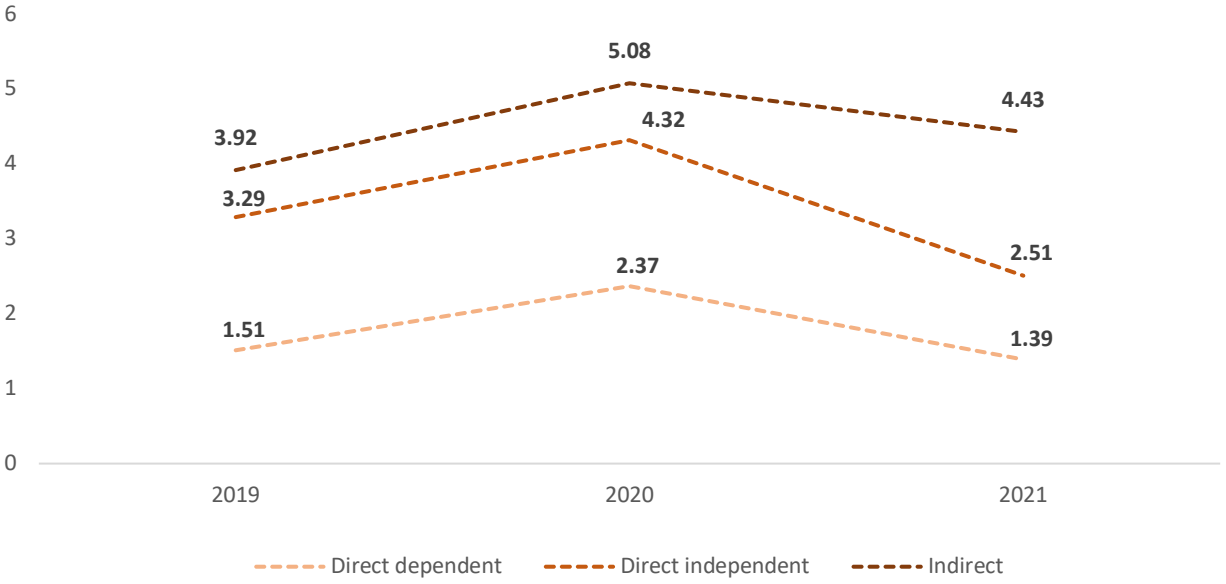
Regarding the transition to unemployment, we can see that the difference between men and women is not very high, and we have a small increase in 2020. However, when we look at the employed-out of workforce transition, we see a percentage much higher and also a bigger distance between men and women, putting women in a much worse situation. In 2020, around 11.2% women moved from employment to out of the workforce and 3.8% of women moved from employment to unemployment.

GRAPH 6: Occupational status transitions from 1st to 2nd quarter, by gender – 2019-2021 (%)



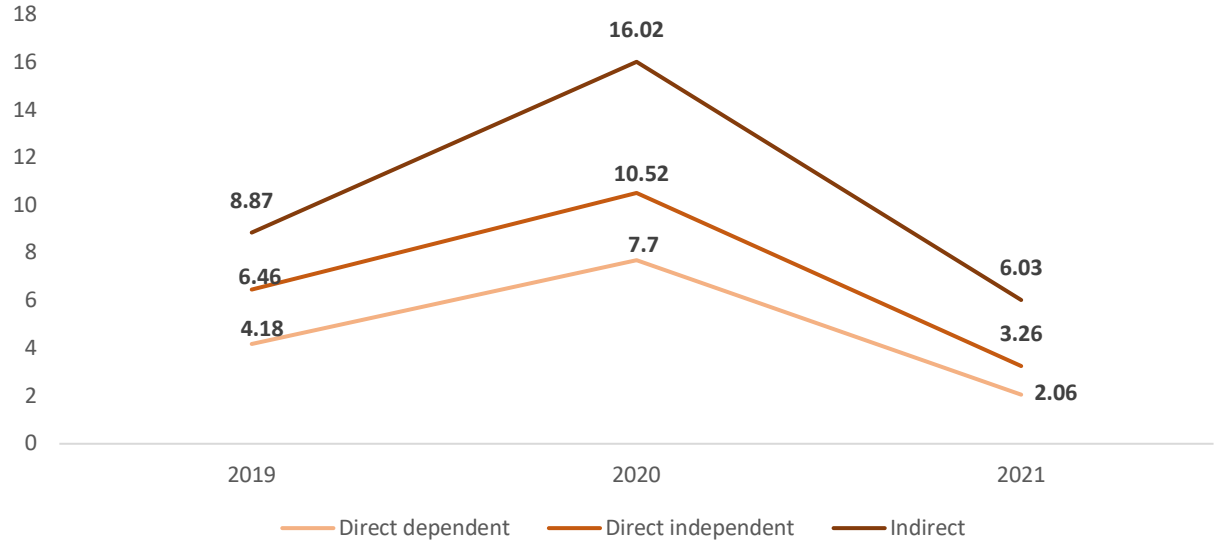
Graph 7 presents the transition from employment to unemployment, considering female care workers. We see a big difference among care categories, putting indirect care at the worse situation, followed by direct independent and direct dependent care. Around 5% of independent care workers moved from employment to unemployment in 2020.

GRAPH 7: Transition from employment to unemployment, by care category, women - 1st to 2nd quarter, 2019-2021 (%)



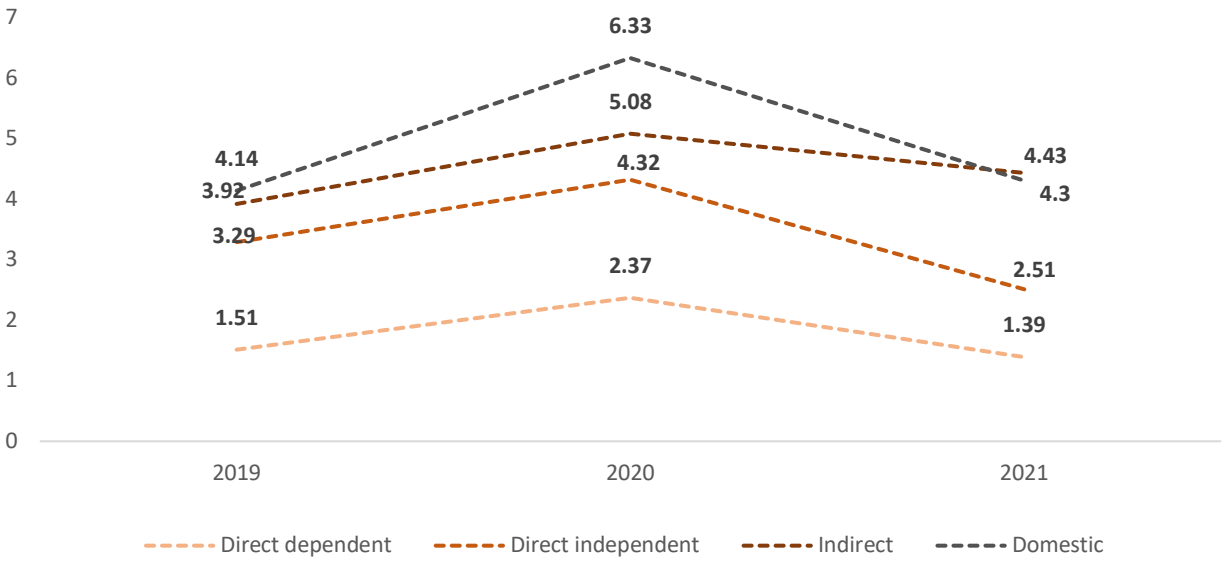
Graph 8 presents the transition from employment to out of workforce, considering female care workers. It is clear the difference among care categories, but within this transition the distance between indirect and direct care is bigger. It shows that around 16% of indirect care workers moved from employment to out of the workforce during the pandemic in Brazil.

GRAPH 8: Transition from employment to out of workforce, by care category, women – 1st to 2nd quarter, 2019-2021 (%)

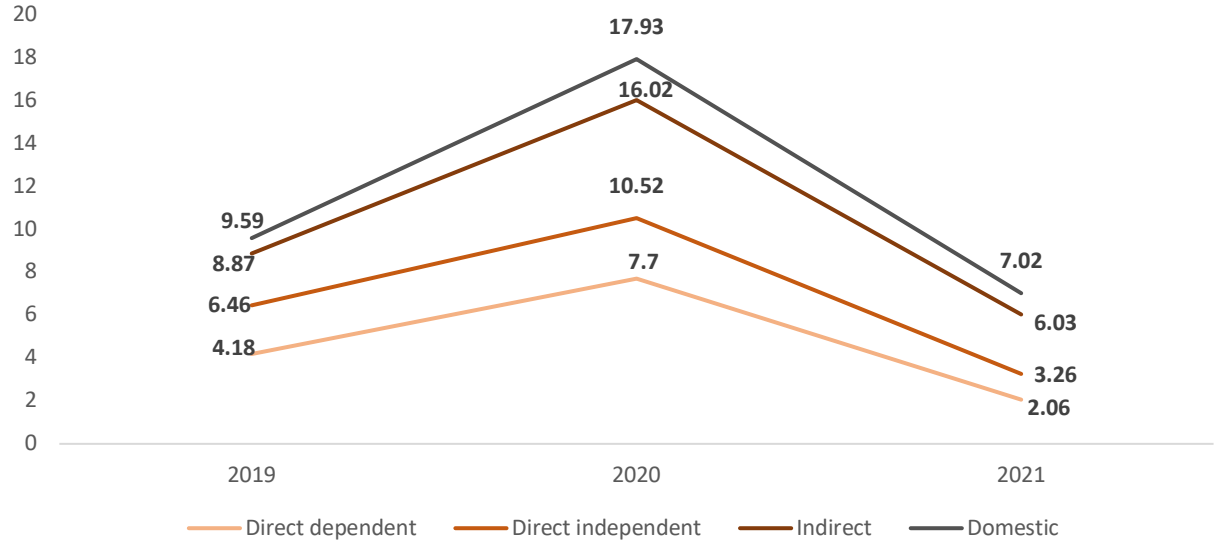


Graphs 9 and 10 highlight the situation of domestic workers, which within the indirect care category are in a more vulnerable situation. It shows that during the Covid-19 pandemic in Brazil, 6.3% of domestic workers moved from employment to unemployment and 18% moved from employment to out of the workforce.

GRAPH 9: Transition from employment to unemployment, by care category and domestic workers, women - 1st to 2nd quarter, 2019-2021 (%)



GRAPH 10: Transition from employment to out of workforce, by care category, women – 1st to 2nd quarter, 2019-2021 (%)



Conclusion and next steps

Comparing to the previous crises during 2015 and 2016, the impact of the Covid-19 pandemic on the Brazilian labour market was not only stronger but it was characterized by an intense transition of workers to open and hidden economic inactivity. The effects were even stronger on female employment.

The analysis of paid care in Brazil shows that not only the inequality between men and women has deepened. But also, the inequality within female employment. And it was largely due to the negative impact on domestic work. In this context, the interdependence of gender, race and class domination relations is a fundamental approach for the field of care (Kergoat, 2010), especially in a country marked by structural and historical inequalities in Brazil. The diversity and heterogeneity of the profiles of care workers contrasts with the fact that, in Brazil, such occupations have lower wages and are socially less valued (Hirata, 2014). Both paid and unpaid care work is predominantly performed by women and, in Brazil, both housekeepers and caregivers are mostly black women (Guimarães; Hirata & Posthuma, 2020).

One of the factors that brings together the dimensions of gender and class in the labour market is the organization of care and domestic work in Brazil. The effects of the pandemic on these workers, however, are heterogenous. The demand for paid care work increased significantly but vulnerabilities remain considering the lack of regulation of these occupations, what is even more relevant for the caregivers that work in the domestic sphere. Furthermore, care penalties were observed in some countries, while workers in care service jobs earn less than other essential works (Folbre, Gautham & Smith, 2021).

Finally, we question if the Covid-19 crisis has boosted a “care crisis” and whether the impacts on female employment are long-term impacts. The results presented show that the transitions from employment to unemployment and from employment to out of the workforce in 2021 are lower compared to 2021. But this apparent “improvement” can be misunderstood if we do not consider the number of people, especially women, who left the workforce in 2020 and did not go back. In this sense, further studies are needed in order to deepen the understanding of the characteristics of paid care workers who lost their jobs during the pandemic and to analyse the conditions in which the recovery is taking place.

Since this is a work still on progress, future research includes updated analysis for 2022 and alternative models of transitions, for example, from inactivity to employment. Furthermore, we aim to develop the typology of care occupations, considering more disaggregated occupational categories.

REFERENCES

BRUSCHINI, C. "Gênero e trabalho feminino no Brasil: novas conquistas ou persistência da discriminação? Brasil, 1985 a 1995". Comunicação apresentada no seminário "Trabalho e gênero: mudanças, persistências e desafios", Abep/Nepo, Campinas, 14-15 abr, 1998.

BRUSCHINI, C; LOMBARDI, M. R.. A bipolaridade do trabalho feminino no Brasil contemporâneo. Cad. Pesqui. [online]. N.110, pp.67-104, 2000.

CHANEY, Elsa; GARCIA CASTRO, Mary (Orgs.). Muchacha/cachifa/criada/empleada/ empregadinha/sirvienta y... más nada: trabajadoras domésticas en América Latina y Caribe. 1º edição [1989]. Venezuela: Ed. EPU. 1999

COSTA, J.; BARBOSA, A.; HECKSHER, M. Desigualdades no mercado de trabalho e pandemia da Covid-19. Boletim de Mercado de Trabalho. IPEA, 2021.

CROMPTON, Rosemary. Employment and the Family: The Reconfiguration of Work and Family Life in Contemporary Societies. Cambridge: Cambridge University Press. 2006

FOLBRE, N.; GAUTHAM, L.; SMITH, K. Essential Workers and Care Penalties in the United States, *Feminist Economics*, 27:1-2, 173-187, 2021.

GUERRA, Maria de Fátima Lage. Trabalhadoras domésticas no Brasil: coortes, formas de contratação e famílias contratantes. Tese (Doutorado). Programa de Pós-Graduação em Demografia da Universidade Federal de Minas Gerais, 2017.

GUIMARAES, N. A.; HIRATA, H. S.; SUGITA, K. Cuidado e Cuidadoras: o Trabalho de *Care* no Brasil, França e Japão. Sociol. Antropol. [online]. Vol.1, n.1, pp.151-180, 2011.

GUIMARAES, N. A.; HIRATA, H; POSTHUMA, A. El cuidado: sus formas, relaciones y actores. In: El Cuidado en America Latina. Ciudad Autónoma de Buenos Aires: Fundación Medifé Edita, 2020.

GUTIÉRREZ-RODRÍGUEZ, Encarnation. The "Hidden Side" of the New Economy: On Transnational Migration, Domestic Work, and Unprecedented Intimacy. Frontiers: A Journal of Women Studies (28) 3: 60-83. 2007

HIRATA, H. Gênero, classe e raça Interseccionalidade e consubstancialidade das relações sociais. Tempo soc. vol.26 no.1 São Paulo Jan./June, 2014.

ILO. International Labour Organization. Care Work and Care Jobs for The Future of Decent Work. International Labour Office – Geneva: ILO, 2018.

KERGOAT, D. Dinâmica e consubstancialidade das relações sociais. Revista Novos Estudos, São Paulo, n. 86, p. 93-103, Mar. 2010.

LAVINAS, L. "Emprego feminino: o que há de novo e o que se repete". Dados, 40 (1): 41-67, 1997.

LIMA, Márcia; PRATES, Ian. Emprego doméstico e mudança social: Reprodução e heterogeneidade na base da estrutura ocupacional brasileira. Tempo Social (31) 2: 149-172. 2019

PINHEIRO, L.; TOKARSKI, C.; VASCONCELOS, M. Vulnerabilidade das trabalhadoras domésticas no contexto da pandemia de Covid-19 no Brasil. Nota Técnica Nº 75. IPEA, 2021.

PINHEIRO, Luana et. al. Os desafios do passado no trabalho doméstico do século XXI: reflexões para o caso brasileiro a partir dos dados da PNAD contínua. Textos para discussão. Instituto de Pesquisa Econômica Aplicada (IPEA). Brasília: IPEA, 2019.

WAJNMAN, S. “Quantidade” e “qualidade” da participação das mulheres na força de trabalho brasileira. In: ITABORAI, N. R.; RICOLDI, A. M. Até onde caminhou a revolução de gênero no Brasil? Belo Horizonte: Abep, 2016.

Annex 1 – Typology of care occupations

1. DIRECT AND DEPENDET CARE WORKERS				
Code	*Name*	*Frequency*		
		2º/2019	*2º/2020*	*2º/2021*
2221	Nursing professionals	387.017	451.005	404.126
2264	Physiotherapists	182.113	191.106	230.900
2342	Preschool teachers	635.894	695.994	660.523
2352	Special Needs Educators	22.475	25.106	23.315
3221	Mid-level nursing professionals	937.631	1.049.795	1.006.176
3255	Physiotherapists technicians and assistants	59.963	39.911	53.946
3258	Ambulance Helpers	21.782	14.863	19.730
5311	Child caretakers	1.002.043	690.455	720.500
5312	Teacher's assistants	321.125	285.251	222.427
5321	Personal care workers in institutions	66.790	41.455	58.465
5322	Personal care workers in household	640.939	506.598	605.257
5329	Personal care workers in health services not previously classified	56.098	61.021	70.511
Total		**4.333.870**	**4.052.561**	**4.075.873**

2. DIRECT AND INDEPENDET CARE WORKERS				
Code	*Name*	*Frequency*		
		2º/2019	*2º/2020*	*2º/2021*
2211	General Doctor	110.547	122.154	174.065
2212	Specialist doctors	300.548	306.705	360.093
2222	Childbirth professionals	-	-	-
2230	Traditional and alternative medicine professionals	3.298	2.250	3.346
2240	Paramedics	-	567	-
2261	Dentists	302.753	277.865	258.494
2263	Health and occupational and environmental hygiene professionals	3.838	9.244	2.176
2265	Dietitians and Nutritionists	97.646	115.774	100.690
2266	Speech therapists and logopedists	32.336	36.599	53.972
2267	Optometrists	1.891	1.320	948
2269	Health professionals not previously classified	40.862	40.058	42.091
2351	Specialists in teaching methods	341.718	363.659	384.522
2634	Psychologists	231.245	235.354	267.323
2635	Social workers	114.731	159.545	102.753
3222	Mid-level childbirth professionals	5.953	2.505	2.260
3230	Middle-level professionals in traditional and alternative medicine	17.494	14.957	25.929
3251	Dentist assistants	93.967	77.089	78.146
3253	Community health workers	452.265	488.012	468.227
3254	Optometry and opticians technicians	229	26.672	3.344
3256	Medical assistants	34.430	25.113	38.946
3259	Middle-level health professionals not previously classified	25.493	21.951	25.863
3412	Middle-level social workers	96.374	106.337	107.266
5141	Hairdressers	1.160.521	979.596	985.329
5142	Specialists in beauty treatment	1.088.459	858.978	976.469
2330	High school teachers	693.421	755.971	777.695
2341	Elementary school teachers	1.528.337	1.653.896	1.595.337
Total		**4.556.599**	**6.682.170**	**6.835.282**

3. INDIRECT CARE WORKERS

Code	*Name*	*Frequency*		
		2º/2019	*2º/2020*	*2º/2021*
1341	Child care service Ddirectors	10.506	10.349	28.877
1342	Health service directors	36.055	51.673	35.807
1343	Elderly care service directors	1.555	1.370	898
1344	Social welfare service directors	1.679	1.033	2.515
1345	Education services directors	168.296	153.946	146.286
3434	Chefs	40.659	29.629	42.412
5120	Cooks	1.577.845	1.263.684	1.295.758
5131	Waiters	483.828	266.576	234.204
5132	Bar attendants	248.323	113.243	118.392
5151	Maintenance and cleaning supervisors for buildings in offices, hotels and establishments	20.186	25.235	11.903
5152	Housekeepers and house butlers	24.949	15.876	18.368
5153	Doormen and janitors	826.186	799.135	758.013
5162	Escorts and private servants	5.560	1.484	1.115
5169	Personal services workers not previously classified	9.660	6.114	4.573
5212	Food service street vendors	435.499	290.678	337.844
5246	Food service clerks	427.385	304.127	341.862
6112	Farmers and skilled workers in the cultivation of vegetable gardens, nurseries and gardens (domestic only)	121.463	87.648	93.902
7512	Bakers and pastry chefs	871.771	792.930	856.638
7513	Workers in the pasteurization of milk and the manufacture of dairy products	83.861	84.244	91.372
7514	Fruit, vegetable and similar conservation workers	46.269	69.827	21.221
8322	Car, taxi and pickup truck drivers (domestic only)	39.297	22.588	22.411
9111	Household workers in general	4.777.784	3.617.952	3.859.946
9112	Interior cleaning workers for buildings, offices, hotels and other establishments	2.561.126	2.293.746	2.333.770
9121	Clothes washers and hand irons	57.500	52.967	43.379
9123	Window cleaners	3.498	1.148	7.867
9129	Other cleaning workers	15.052	18.070	25.285
9214	Elementary gardening and horticultural workers (domestic only)	564	202	210
9411	Fast food preparers	91.553	87.906	116.250
9412	Kitchen assistants	673.307	536.742	522.335
Total		**13.661.215**	**11.000.119**	**11.373.410**