

Bolsa Família and gender relations: national survey results

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Abstract

This Policy Research Brief summarises the main results of nationwide quantitative research on the *Bolsa Família* programme (PBF) and gender relations. It finds that the PBF has increased targeted women's access to prenatal care, as well as their decision-making autonomy over domestic issues. Moreover, an econometric analysis did not find significant changes in PBF beneficiaries' degree of participation in the labour market, but there are indications that a reduction in the number of hours dedicated to productive work by targeted women is offset by an increase in the number of hours devoted to domestic chores—which does not occur among male beneficiaries. The document concludes that the PBF cannot evade the criticism that it uses women instrumentally, but to interpret it as a merely maternalistic programme unconcerned with the choices of adult women seems reductionist. First, because the PBF can help women realise their reproductive rights and reduce their need to submit to very precarious labour relations. Second, because the programme's data on beneficiaries contributes to the implementation of other public policies that can and should consider mechanisms to broaden the choices available to targeted women.

Introduction

The *Bolsa Família* programme (PBF) currently reaches approximately 13.8 million households, corresponding to 25 per cent of the poorest population of Brazil. Its primary goals are to fight hunger and poverty; strengthen access to the public service network, especially to education, health and social assistance; promote intersectoral integration and public policy synergy; and encourage sustained empowerment of beneficiary families (Brazil 2004).²

The Ministry of Social and Agrarian Development (*Ministério do Desenvolvimento Social e Agrário*—MDSA), the governing body for the PBF at the federal level, uses three broad activities to try to achieve these goals: direct cash transfers; conditionalities in the areas of health and education; and coordination with other public policies that increase socio-economic opportunities for targeted families.

Regarding the cash transfer component, each month the PBF transfers money to families living in extreme poverty (per capita family monthly income of up to BRL85.00) or poverty (per capita family income between BRL85.01 and BRL170.00) through a bank card. The PBF grant structure varies according to the degree of the family's poverty and its age composition. In short, the programme transfers a monthly amount to families living in extreme poverty that allows each family member to rise above the extreme poverty line (BRL85.00). Poor families are eligible to take part in the programme if they have children or adolescents up to the age of 17, in which case they receive the so-called variable grant—BRL39.00 per child or adolescent aged between 0 and 15 years or pregnant or nursing woman, limited to five grants per family—and a variable grant of BRL46.00 per adolescent aged between 16 and 17 who attends school, limited to three per family. The average monthly amount transferred is approximately BRL182.00.

The conditionalities relate to health and education. In terms of health, pregnant women must undergo prenatal care; nursing mothers must attend mother and infant health monitoring appointments; and children up to six years of age must follow the vaccination schedule. In terms of education, children under 15 must maintain 85 per cent school attendance, while 16- and 17-year-olds must attend 75 per cent of classes. The third dimension—i.e. coordination with other public policies—is not carried out under the PBF but, rather, stems from the programme, allowing beneficiaries to be included in other social policies and programmes to increase their opportunities to improve their lives. This takes place through the Single Registry (*Cadastro Único*), which covers 40 per cent of the Brazilian population (the most vulnerable part) and has, since 2011, emerged as the axis of public policies focused on people living in poverty, used by more than 20 federal programmes.

The design of the PBF determines that the cash be transferred preferably to women, which is the case for 12,677,749 (or 92 per cent) of the targeted families. Although this is not explicitly geared towards addressing the issue of gender roles, it produces a gender bias in the programme. Thus, researchers have often sought to address whether (and how) the PBF influences gender relations.

This paper summarises the main results of nationwide quantitative research on the subject. To this end, it starts by contextualising the PBF in the feminist debate on conditional cash transfer (CCT) programmes. The second section describes the characteristics of targeted women and discusses the results of surveys undertaken to assess the PBF's impact. The third and final section is devoted to conclusions.

Feminist criticism of CCT programmes and the *Bolsa Família*

Although the PBF and many other CCT programmes do not explicitly focus on influencing gender relations, feminist criticism has often indicated that such programmes tend to reinforce social roles traditionally played by the sexes, as they focus on women as the primary person responsible for mediation between the programme and the family—always stressing their maternal responsibilities. This is claimed to result mainly from the definition of women as the grant holders; the conditionality requirement; and the programme's inability to expand women's individual choices (Molyneux 2006; Costa 2008; Carlotto and Mariano 2010).

In Brazil, preferential female grant holding dates back to the administrative definition of the CCT programmes prior to 2003, which were unified under the PBF in that year. From a conceptual point of view, this confirms the existing perspective of these programmes—which is grounded in empirical analysis on household spending—that transferring money directly to women ensures that it will be used to benefit the whole family.

Costa (2008), based on a national survey conducted in 2007, identifies the acceptance of female grant holding by the vast majority of beneficiaries (87.5 per cent), often justified on the grounds that women know best the needs of the family. That is, there seems to be consensus regarding this aspect of the PBF design: "this policy is built from the perspective of women's role in the family, and it is the playing of this role, recognised by the targeted women as part of their identity, that makes them eligible as grant holders" (ibid., 7).

Regarding the conditionalities, feminist criticism tends to be based on the interpretation that the conditions to be met in the areas of health and education would lead to more time spent by women in care-giving activities, reinforcing, once again, the link between female identity and mothering.

In this respect, it is important to clarify two particular features of the PBF with regard to conditionalities. First, the conditionalities are limited to the schedules already established in legislation or health and education protocols aimed at the whole population and not just the targeted families—except for the 85 per cent school attendance for children aged 6–15, since legislation establishes a minimum of 75 per cent school attendance for this age group. Second, compliance with the conditionalities is checked through the public system in each area: public health and education officials in each municipality verify compliance, and record and send the data to the national level. Furthermore, there is no penalty for justified failure to comply, such as illness or the lack of available transportation to get to school. Finally, a family will only be removed from the PBF after repeatedly failing to comply with the conditionalities, in a process that requires the municipality's public social assistance to follow up with the family.

Therefore, the design of the PBF does not explicitly set out to increase the amount of time women dedicate to their family as a result of the conditionalities, and there are no nationally representative data to identify to what extent this actually occurs. However, considering the effects of the PBF in reducing malnutrition and infant mortality (Rasella et al. 2013), an alternative hypothesis is that women perceive the programme as allowing them to devote less time to child care due to a possible decrease in children's susceptibility to diseases. Both cases require investigation.

The third type of criticism refers to the fact that CCT programmes have not extended the range of choices available to women. Such programmes are concerned with keeping younger women in school, but not adult women. Regarded in an instrumental and maternalistic manner by the management of the CCT programmes, these women would not have the necessary support for capacity-building to enable them to expand their range of social choices. In particular, it is claimed that these programmes provide no support for women to choose to dedicate time to more empowering productive work.

It seems inappropriate for this criticism to be directed at the PBF, because it holds a specific programme accountable for issues attributable to a range of public policies—i.e. the broadening of women's choices requires policies that are not part of the PBF and are not linked to its management. For example, access to child care facilities for children up to three years of age, which is very important for women's productive engagement, and provision of vocational training courses and labour intermediation are policies under the federal responsibility of other ministries and implemented in coordination with states or municipalities. In other words, claiming that the PBF fails to promote the expansion of women's choices, when this is due to the insufficiency of the Brazilian social protection apparatus, is to blame only part, and a small part, of the whole.

In any case, federal efforts have been made to target public policies at PBF beneficiaries. In the context of the 'Brazil without Extreme Poverty' plan (*Brasil sem Miséria*—BSM), launched in 2011 and coordinated by the former Ministry of Social Development and Fight against Hunger (*Ministério do Desenvolvimento Social e Combate à Fome*—MDS), various social programmes began to prioritise assistance for these families. For example, the National Programme for Access to Technical Education and Employment (Pronatec), established in October 2011, was coordinated with the BSM, and openings in professional training courses targeted young people and adults under the PBF, with guidance from teachers and the adaptation of course materials to promote learning among low-income populations. In this modality, called Pronatec BSM, 600,000 PBF beneficiaries enrolled in the courses, of which 66 per cent were women (Sousa et al. 2015).

Also in the BSM, there was an attempt to increase the provision of early childhood education to PBF children aged between 0 and 48 months, by transferring additional funds from the federal government to the municipalities, based on the number of PBF children enrolled in day care facilities. Enrolments reached just over 700,000 PBF children in 2014, representing 19.6 per cent of the total in this age group. However, a very significant difference remains in access to day care by income

level: in 2014, among the 20 per cent richest members of the population, 42.5 per cent of children up to 48 months attended early childhood education—more than double the proportion of children under the PBF (Costa et al. 2014).

What the national surveys indicate

Table 1 shows the profile of the 12.7 million PBF female grant holders: they are, on average, less than 37 years old and have just over six years of schooling. They are mostly black or brown and live in urban areas.

TABLE 1
Profile of PBF beneficiaries (May 2016)

Characteristic	Urban	Rural	Brazil
Number of beneficiaries	9,339,049	3,338,700	12,677,749
Average age	36.8	36.2	36.7
Average age of children	11.0	11.4	11.1
Average number of years of schooling	6.7	5.3	6.3
Average per capita income without the PBF (in BRL)	67.6	49.5	62.8
Average grant amount (in BRL)*	155.4	185.5	163.3
Average per capita income with the PBF* (in BRL)	223.0	235.0	226.1
Colour/race			
White	2,346,364	658,813	3,005,177
Black or brown	6,852,202	2,585,929	9,438,131
Other	140,483	93,958	234,441

Source: Senarc/MDS.

*Figures before the most recent increase in eligibility thresholds and amount of the grants, in June 2016.

Brazil has results from national surveys on the well-being of PBF women, conducted in two rounds of the Programme Impact Assessment Survey (AIBF), in 2005 and 2009, and research on the impact of the PBF on families' food security and nutrition status conducted in 2007 by the Brazilian Institute of Social and Economic Analysis (*Instituto Brasileiro de Análises Sociais e Econômicas*—IBASE). Perhaps due to the PBF's maternalistic bias, or even due to the view that it can only have limited effects on gender relations, the surveys on women's well-being focus only on reproductive health and decision-making autonomy in the home.

The AIBF assessed the PBF's impact on women's well-being based on two sets of indicators: number of prenatal care appointments and decision-making in the home. Between 2005 and 2009, the average number of prenatal appointments attended by PBF women rose from 3.5 to 4.4. In the non-PBF comparison group, the figures were 2.9 and 4.3 in the years of the first and second rounds, respectively. The PBF resulted in the targeted pregnant women having 1.6 additional prenatal appointments in 2009, compared with non-targeted pregnant women, but this impact needs to be interpreted with caution, given the limited sample during the study period. There was also a positive reduction in the proportion of targeted pregnant

women who had no prenatal appointments during pregnancy, from approximately 17.7 per cent to 5.7 per cent. However, this impact is not statistically significant (De Brauw 2010).

The two AIBF rounds also questioned the respondents about who made the decisions at home: only the women; the women and their partners; or only the partners. The dimensions addressed related to spending on food; clothes for themselves, their partner and children; children's health; children's school attendance; and durable goods for the home; and whether the woman should work; whether the partner should work; and the decision to use contraception.

In both years, most of the women claimed to make decisions together with their partners, and those who were not accompanied by their partner at the time of the interview tended to claim exclusivity in decisions more frequently. In 2009, the PBF had an impact of approximately 10 percentage points on women's individual decision-making on the use of contraceptive methods. Analysis of this topic by place of residence reveals that the positive impacts of the PBF on women's exclusive decision-making are insignificant in rural areas and are concentrated in urban areas. In urban areas, women's exclusive decision-making increases from 16 per cent to 18 per cent in relation to the use of contraceptives, from 8 per cent to 14 per cent for purchases of durable goods, from 13 per cent to 15 per cent in relation to spending on children's health and from 12 per cent to 15 per cent over children's school attendance, as a result of the PBF (De Brauw et al. 2014).

The increase in exclusive decision-making on domestic issues among women in urban areas implies greater decision-making autonomy, but the result cannot be considered positive in terms of gender equity—after all, it may be a sign of men distancing themselves from the domestic sphere, thus placing a greater burden on women. On the other hand, the decision-making on the use of contraceptive methods clearly means an expansion of women's reproductive rights—i.e. decision-making autonomy over their own bodies and whether to have children. This result may be linked to women's increased access to health care or even to the monetary value of the grant, which may suggest that the PBF has the potential to work as an instrument for ensuring reproductive rights in these areas.

In the IBASE survey conducted in 2007, 42 per cent of the 5000 grant holders interviewed, of whom 94 per cent were women, stated they had increased their use of health services, and 33 per cent had greater access to tests under the Brazilian health system (IBASE 2008). On autonomy at home, 38.2 per cent of grant holders claimed their decision-making power over the family income had increased; 47.7 per cent felt more financially independent, and 27.7 per cent more respected by their partners; while only 3.7 per cent indicated the existence of family conflict over the use of PBF money (Costa 2008).

In this survey, respondents were also asked whether they did not work as a result of receiving the PBF grant. Only 0.5 per cent of the grant holders answered 'yes'. The second round of the AIBF also failed to identify any significant impact of the PBF on the probability of participation of the targeted men or women in the labour market. In fact, the econometric analyses based on national household surveys mostly confirm the findings

of the AIBF, having identified only minor impacts of the PBF on labour supply (Oliveira and Soares 2013). When there is a possible reduction in the number of working hours, the trend is for the targeted women to make up for it with an increase in the number of hours devoted to household chores, which is not the case among the men (Teixeira 2008; Souza 2015).

The results regarding increased time spent on domestic chores among the targeted women are inconclusive and are based on data collected 10 years ago, which requires caution in interpreting them. In any case, they allow both negative and positive interpretations of the women's gains in well-being. On the one hand, if paid work is a source of female independence and autonomy, devoting less time to it and more time to domestic chores would strengthen women's traditional role as care-givers. On the other hand, if the work is insecure and poorly paid, it could indicate that the PBF enables a reduction of female subjection to exploitative relations in the labour market.

Conclusions

Nationwide surveys conducted in Brazil on the effects of the PBF on gender relations are confined to analyses of access to prenatal care and decision-making at home. They indicate that the cash transfer expands the autonomy of the grant holders living in urban areas in decisions related to purchases of durable goods and children's medicines, children's school attendance and use of contraceptives. Women's exclusive decision-making on matters relating to the home and children cannot be easily interpreted as a gender equality gain—it may even denote more difficulty in sharing housework with male partners. However, the programme's impact on the probability of the targeted women living in urban areas deciding individually on the use of contraceptive methods suggests that it can work as an instrument for realising rights, in this case reproductive rights, in contexts in which women are already willing to exercise their autonomy.

With regard to the relationship between the PBF and paid work, impact assessments and other analyses based on household survey data do not find significant changes in the participation of the targeted women or men in the labour

market (De Brauw 2010; Oliveira and Soares 2013). There are, however, indications that a reduction in the number of hours dedicated to productive work among the targeted women would be offset by an increase in the number of hours spent on domestic chores, which does not occur among the targeted men (Teixeira 2008; Souza 2015). This compensation can be interpreted as a negative effect of the PBF on gender equity, since productive work generates female autonomy. However, it may also indicate the expansion of women's choices, if the work exchanged for domestic chores is precarious and a source of exploitation.

The PBF cannot evade the criticism that it uses women as mediators between the State and the family, but it seems reductionist to interpret it simply as a maternalistic programme that does not offer choices to adult women. The structural improvement of the choices available to the poorest women involves access to the PBF but is not limited to it. It requires the understanding that gender equality is a long-term process of change that depends on public policies in various areas. As a specific social programme, one cannot expect the PBF to do more than it already does: fight poverty and encourage education and health care among poor households.

Moreover, perhaps the best that the PBF can offer to improve women's living conditions and choices is its social information platform, which includes identification data and socio-economic characteristics of 40 per cent of the country's population. This platform allows other public policies, including social assistance services, to operate more successfully to reduce gender inequalities in several dimensions. Any other responsibility attributed to the PBF to expand women's choices seems to be beyond the scope of its goals and mandate. ■

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2. Decree No. 5.209, of 17 September 2004, regulates Law No. 10.836, which creates the *Bolsa Família* programme and sets out other provisions.

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