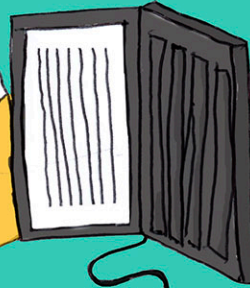


Andreia Silva de Souto-Marchand
Editor & Founder



MOMMY!!!



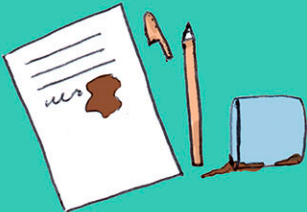
WOMEN SCIENTISTS and the PANDEMIC CHALLENGES of MOTHERHOOD



MOM!

Vol. 1

ARTICLES PRODUCED DURING THE
COVID-19 PANDEMIC IN 2020



Women Scientists and the pandemic challenges of motherhood



United Nations
Educational, Scientific and
Cultural Organization

In cooperation with
**Brasilia
Office**

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Women Scientists and the Pandemic Challenges of Motherhood

Volume 1

Articles produced during the Covid-19 Pandemic in 2020

Editor

Andreia Silva de Souto-Marchand
Founder of "Collective of Mothers Scientists"



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Preface

*Marlova Jovchelovitch Noletto*¹

The year 2020 will undoubtedly be a memorable year for the history of science. Never before, paradoxically, has it been so confronted or questioned. Well into the 21st century we are witnessing “pockets” of scientific denial in many countries, the reemergence of the anti-vaccine movement and the spread of misinformation and fake news about the causes and mechanisms of Covid-19 contagion. On the other hand, the pandemic has also brought renewed faith in science and, fortunately for many, the conviction that scientific knowledge remains the only answer to the enormous challenge facing humanity.

For the United Nations Educational, Scientific and Cultural Organization (UNESCO), the pandemic has naturally caused a profound impact by further laying bare the deep-rooted and historical social inequalities of countries, while also affecting the enjoyment of fundamental rights such as the right to education or the right to culture. Countless cultural facilities, schools and universities had to close their doors due to Covid-19. An estimated 1.5 billion children and youngsters were deprived of their right to education at the height of the social distancing measures. Conversely, this new reality, which many insist on calling the “new normal,” has induced and catalyzed new paradigms, new disruptive technologies and new ways of social interaction or even of viewing the world.

For UNESCO’s natural sciences program – which has always been guided by two important principles: access to scientific progress as a

¹ Director of the UNESCO Brasilia Office

human right and the need to reduce severe asymmetries and gaps in the scientific community – the pandemic reinforced the importance of advancing even further towards those goals.

International scientific cooperation and multilateralism have thus never been so relevant. Facing a global problem necessarily requires global responses involving academic cooperation in the broadest sense of the term. Emerging issues such as future pandemics or even the consequences of climate change will demand a great effort of international concertation in order to “leave no one behind” – as stated by the motto of the Sustainable Development Goals (SDGs).

Therefore, a common imperative would be to reduce the huge historical inequalities in science, of which perhaps the most striking is that of gender. Despite a relative gender parity in access to higher education in numerous countries, UNESCO data show that only 28% of researchers worldwide are women. The causes behind this phenomenon vary widely, including the lack of mentoring programs and encouragement for women to embrace STEM careers, numerous cases of harassment at work, poor professional recognition, lack of encouragement from peers and often from the actual family, and – equally important – the persistent wage gaps between men and women, not to mention the difficulties women encounter to reach positions of supervision and leadership in the academic milieu.

In the context of the pandemic and the resulting drawn-out social distancing, which naturally brings about greater personal and professional concerns, being both a scientist and a mother is a double challenge. Motherhood in science is a field that requires deeper understanding and study. As if the challenges listed above were not enough, it is still very common to see women with exhausting working hours burdened by the complexity of reconciling career and family life.

The following publication, produced by *Coletivo de Mães Cientistas* (Scientist Mothers Collective), compiles articles written by mother scientists of different specialties, representing 37 institutions. It is a

powerful portrait of the challenges imposed by the pandemic in a setting already deeply marked by gender inequality.

We believe this compilation not only raises relevant issues and questions about women's rightful role in science, but also revives the importance of a new ethics in science. The answer to the current crisis requires a new interpretation of what we call humanity, as well as a new level of empathy and solidarity.

Who knows, this might finally be the opportunity to reformulate the world as a more humane and supportive place in which science can – once again – set an example.

The scientist mothers collective: from utopia to possibility

*Andreia Silva de Souto-Marchand*¹

A brief introduction

Throughout the year of 2020, today's society faced numerous issues resulting from the Covid-19 pandemic, such as the risk of contracting an unknown disease with no effective treatment or even a vaccine²; the uncertainties of worldwide economic changes and growing unemployment; the reality of working from home with no formally defined schedule or actual separation between public and private spheres; abrupt adaptations in family life with immediate needs expanded to the dynamic and constant use of collective spaces; schools closed and children at home with a routine of distance learning requiring technology on site and almost full-time adult supervision; social distancing with its direct impacts on the mental health of all of us; among so many other challenges and unfamiliar situations that emerged during this period. However, it was the domestic overload that ended up overwhelming women³ and

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² WERNECK GL, CARVALHO, MS. A pandemia de COVID-19 no Brasil: crônica de uma crise sanitária anunciada. *Cad. Saúde Pública* 36 (5) 8 may 2020. Available from: <https://doi.org/10.1590/0102-311X00068820>

³ STANISCUASKI, F. KMETZSCH, L. ZANDONA E. REICHERT F. SOLETTI, RC. LUDWIG ZMC. LIMA, EF, NEUMANN A, SCHWARTZ, IVD. MELLO-CARPES, PB, TAMJUSUKU, ASK. WERNECK, FP. RICACHENEVSKY, FK. INFANGER,

raising the discussion of the historical role of women as a socially indispensable maternal figure⁴ in contrast to the professional achiever currently required by the market and academia.

During the first semester of 2020, many women who are mothers were cut off from their working groups and from the support networks they had before the pandemic and accumulated roles they had never imagined. One must bear in mind that the Covid-19 pandemic is merely aggravating previously existing gender inequalities,⁵ that technical and affective isolation were the aspects most reported by mother scientists during the development of this project, and that despite the active participation of partners in the mothering process, contemporary society burdens mothers with an “anti-motherhood” load⁴ and as we endlessly seek to balance profession, love and motherhood, we place ourselves in constant “self-conflict”⁶ e culpability.

In the early hours of May 2020, faced with the reality of unemployment, physically distressed with “having to cope” with all the housework and mentally exhausted with my motherhood that didn’t “fit” the new family format imposed by the outbreak, I was drowning in a tsunami of pandemic problems. So, I decided to browse social media and realized that other women were experiencing the same and that we would not be able to produce or publish anything alone at that moment. Something had to be done, urgently! I remembered an old dream of fostering science through the creation of support networks for researchers who needed temporary assistance during a career transition period. It was time to create that “something else that had to be done.”

C. SEIXAS, A. STAATS, C. OLIVEIRA, L. Gender, race and parenthood impact academic productivity during the COVID-19 pandemic: from survey to action. Doi: <https://doi.org/10.1101/2020.07.04.187583>

⁴ CORREIA, M. Sobre a maternidade. *Análise Psicológica Journal*. Vol 16: 1998. Available from: https://www.researchgate.net/publication/277823731_Sobre_a_maternidade

⁵ ESTRELA, FM. SOARES, CF. CRUZ, Mada. SILVA, AF da. SANTOS, JRL. MOREIRA, TMO. LIMA, AB. SILVA, MG. Pandemia da Covid 19: refletindo as vulnerabilidades a luz do gênero, raça e classe. *Ciência & Saúde Coletiva*, 25(9), 3431-3436. <https://doi.org/10.1590/1413-81232020259.14052020>

⁶ BRUNER, J. *A Cultura da Educação (The Culture of Education)*; trad. Marcos A. G. Domingues; revisão Maria Clara Bueno Fischer; 186 p. Edit. Artmed; Porto Alegre, RS: 2011.

Ideally, all female researchers should be able to have produced at least one paper during the pandemic period. So, after extensive reflection on how we might achieve that goal together, I ended up proposing on social media that we produce a book comprising a collection of scientific articles. The aim was to form groups of scientist mothers that would serve as a support network for each other. For the sake of unity, I drew on the concept of “empathy” to have everyone accept the differences and availability of each scientist mother involved in the project and thus reduce the problems typical of group work⁷. Surprisingly, a few hours later, what seemed to be a utopia received the support of hundreds of scientist mothers, as well as of several volunteers who were not parents but offered their time for the success of the proposal.

And that was how the Scientist Mothers Collective project was born. Today we have the support of UNESCO, the assistance of several groups active in issues of parenting in science, the unity and work of scientists representing numerous institutions, which has allowed us to go beyond a dream come true. The collective emerges now as an activity of support with multiple reverberations that empower these mothers who do research and work as professionals and parents to produce a better world in every way possible.

The practice of empathy as a collective project

During the process of producing this book, we sought to develop empathy⁸ in the working groups and their multi or transdisciplinary

⁷ NUNES, FC; FARINHA, MG; VALENTIM, F; BARBOSA, MA & RUA, MS. (2020). Dinâmica de grupo e pesquisa-ação em saúde: Possibilidades de aplicação. *Millenium - Journal of Education, Technologies, and Health*, [s. l.], v. 2, n. 11, p. 65-71, 2020. Available from: <<https://revistas.rcaap.pt/millenium/article/view/18991>>.

⁸ SAMPAIO, LR. CAMINO, CPS. ROAZZI, A. Revisão de aspectos conceituais, teóricos e metodológicos da empatia. *Psicol. cienc. prof.*, Brasília, v. 29, n. 2, p. 212-227: 2009. Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-98932009000200002&lng=en&nrm=iso>. Visited on Nov 5, 2020. <https://doi.org/10.1590/S1414-98932009000200002>.

backgrounds⁹. The groups drew on the scientific grounding of the participants due to the limitations imposed by each one's household and family duties. Over time, a form of solidarity gradually developed and was expressed online, the only mean possible in the face of the pandemic's restrictions, but which proved to be a powerful tool to reduce distances and facilitate interaction among people from different regions in Brazil and worldwide.

In the process of collective construction, we learned that having clear instructions on participation within the groups, defining the role of each participant, setting deadlines for execution, and, especially, maintaining clear and direct communication without intermediaries can facilitate the production and achievement of team goals. Group work dynamics are often pervaded with tension, conflict, rejection, attraction, sharing, communication or pressure. It is worth mentioning that, in this process, the dynamic aspects of interaction and communication constitute ways and strategies used by the group¹⁰ to organize and develop the task at hand, since the process is active and in permanent motion. Thus, if the group members are aligned with the goals of the action to be developed, there will be more active participation in performed tasks and the results will be more easily obtained. And the more accessible the rules of collective work are, the more efficient its products will be.

Little by little, the use of empathy associated with transdisciplinarity proved to be an almost utopian dream that required a lot of personal commitment from all of us. The effort to accomplish something different from academic practice was especially difficult for those who were not used to working in groups. Such individual discomfort led to veritable revolutions in our collective, and many reflections occurred along the way. Among the biggest challenges faced in this first project of the Scientist

⁹ LIBÓRIO D. Multidisciplinaridade, interdisciplinaridade e transdisciplinaridade – Diferenças e convergências. Available from: <https://canaldoensino.com.br/blog/multidisciplinaridade-interdisciplinaridade-e-transdisciplinaridade-diferencas-e-convergencias>.

¹⁰ NUNES, FC; FARINHA, MG; VALENTIM, F; BARBOSA, MA & RUA, MS. (2020). Dinâmica de grupo e pesquisa-ação em saúde: Possibilidades de aplicação. *Millenium - Journal of Education, Technologies, and Health*, [s. l.], v. 2, n. 11, p. 65–71, 2020. Available from: <<https://revistas.rcaap.pt/millenium/article/view/18991>>

Mothers Collective, we highlight group work and empathy, which demanded a greater effort from participants to deal with the new interactions imposed by the pandemic, to “accept and understand” that the obstacles and personal limitations of other members could directly interfere in the amount of individual production delivered to the group, and that any gaps had to be filled by those members who were in better conditions to produce. However, we continued adjusting daily and providing constant support and guidance, and thus the concept of empathy at the core of the entire proposal was reviewed numerous times, resulting in immensely rewarding learning at all stages of the project.

The methodology applied and the background of the collective

This book was developed over five distinct stages. At each stage, methodology adjustments and changes were made in the process of producing the articles and constructing the group’s self-knowledge. In other words, as we progressed, we also learned.

- Stage 1: Call for participation on social media and registration of interested participants.

An invitation was made for mother researchers to sign up to take part in a collective work project; a spreadsheet was set up to enter the personal information of participants and their suggestions of article subjects; an invitation was made to volunteers who wanted to help with coordinating the working groups (WGs); rules for forming groups and the text layouts were defined. Communication was active and necessary to bring together everyone interested in taking part.

- Stage 2: Formation of groups and definition of subjects.

The groups were formed according the participants’ alignment with the subjects suggested in stage 1; there was direct induction for the creation of groups aimed at trans or multidisciplinary; joint writing of articles was started and the first submission deadline was set; an overall coordination group was formed to oversee the work of the WG coordinators, comprising the originator of the idea and two volunteers, which ensured task allocation and a multidisciplinary view on this point as well. Communication remained active in this stage to support the project’s initial actions and schedule group meetings.

- Stage 3: Writing and submission of papers, blind peer review, feedback and resubmission.

This stage resulted in the collective production of 18 articles, which were submitted to blind peer review to ensure the quality of the manuscripts included in the book. Following the review, 15 articles met the standards defined for the work. Of the 18 articles produced, one was rejected for presenting inconsistent data, one was rejected for including previously published material and one did not meet the rules defined for the groups, which prevented its inclusion in this publication. Communication in this stage became more infrequent as it required greater monitoring of the groups by their actual members;

- Stage 4: Adjustments to the project, rearrangement of group coordination and consolidation of the collective's mission.

The WG coordination teams were discontinued; some groups chose to submit their articles to scientific journals independently from the collective and asked to leave the project; an overall evaluation was carried out of the project and the actions developed so far; we reviewed the guidelines of the collective's inception and concepts; it was decided to preserve empathy as a basis, respect as a principle and scientific integrity as a means to perform the collective's activities. Communication became more intermittent to ensure the smooth progress of the bureaucratic work required for publication, becoming restricted to updates. It was suggested that the Scientist Mothers Collective remain active, continuing the work of the groups.

- Stage 5: Consolidation of the book's content, negotiations and support agreements with UNESCO and the publisher.

Closing stage of the collective's first project. Contacts were made requesting support and sponsorship for the work; negotiations with publishers were continued to ensure terms and quality; partnerships were actively sought to give visibility to the work; the complete material was compiled, adjusted and formatted for submission to the publisher. Communication at this stage was maintained for updates and to provide unity and support.

Overview of the Scientist Mothers Collective

Within a few hours of the first call for participation on social media, 173 women responded to the invitation and signed up to take part in the collective writing of scientific papers. However, many dropped out as the

project got underway. A survey of all those enrolled in the collective was performed to identify “who we are” and direct contact was made with those enrolled in stage 1 to understand the reasons that prevented them from continuing working with the collective.

The results of those enquiries are shown in Table 1 and Graph 1.

Table 1 –Project stages, number of participants and withdrawal per stage.

Project stage	No. of participating authors	% active	% withdrawal
Stage 1: Call	173	100	0
Stage 2: Group Formation	93	54	47
Stage 3: Writing	56	32	40
Stage 4: Adjustments	37	22	34
Stage 5: Completion	37	22	0

Source: Scientist Mothers Collective data (2020)

Withdrawal rates were higher between Stages 1 and 2. According to the survey, such figures can be explained thus: candidates became interested by the call and signed up, but faced with the rules and deadlines defined, decided to leave during the working group formation stage as a form of self-protection, to avoid taking on even more chores than they already had due to the pandemic.

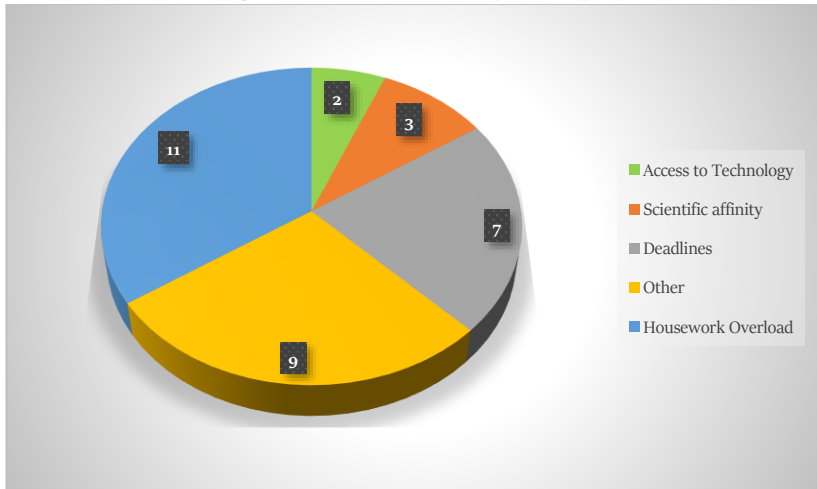
In Stage 3 participants gave up mainly due to the requirement to comply with the rules defined for the formation of groups (multi or transdisciplinary, no multiple authorship, minimum and maximum number of authors per chapter). Some participants reported as reasons to drop out the deadlines that were set, not being able to “get involved” with the groups for lack of affinity or not being acquainted with other members, and the practice of empathy that at times defied common sense and allowed abuses in the development of the collective material.

Some participants who left between stages 3 and 4 decided to publish the paper produced independently in scientific journals while others did not wish to remain aligned with the collective’s proposals.

In stage 5 there were no withdrawals as it involved little activity for the GTs but intense activity for the organization of the book.

The main reasons reported for leaving the project in stages 2 and 3 are shown in Graph 1.

Graph 1- Reasons for withdrawal in Stage 2 and Stage 3.



Source: Scientist Mothers Collective data (2020)

Between stages 2 and 3 of the project, 37 women abandoned the group activities, but we were only able to contact 32 researchers, as shown in Graph 1. The main reasons highlighted for leaving were: deadline to complete the assignments, scientific affinity with other group members, interest in writing about the subjects proposed by the actual group members, lack of access to required technologies at home, housework overload, and lack of “quality time” for dedication to more than one assignment. Thus, housework overload was reported by 34% of the scientist mothers who abandoned the activities, and 21% stated that the deadline for submitting the text was the main reason for leaving. About 6% of those initially interested in taking part in the project claimed lack

of access to technology to work remotely while 9% said they were not scientifically involved with the subjects or had no affinity with the work done by the group. And 28% of the researchers did not inform or did not know why they abandoned the project's activities.

We can highlight the following lessons learned in the construction of this collective (and that might be valuable tips for the work of other groups):

- The project involved dynamic processes and took shape during its development – therefore, one must be flexible and open to change;
- Set working schedules at the outset of the project and allow for adjustment periods;
- Any planned structure can be changed following evaluation;
- Evaluation and necessary adjustments should be ongoing processes;
- Work plans, expected deliveries, required quality and assessment methods should be defined and disclosed to everyone;
- Responsibilities and duties should be defined at the outset of the project, as well as the limits of the different functions;
- Clear rules should be defined and understood by everyone;
- Efforts should be made to know the strengths and weaknesses of the group members;
- Collective work requires the definition of strategies for specific support;
- Risk and conflict management should be a proactive process;
- Communication must be preserved in any situation;
- When the project reaches maturity, the groups should be able to carry on independently as replicators of the collective's actions.

Reflection on highlights

The challenge of creating the Scientist Mothers Collective, and exercising empathy during the development of this book through transdisciplinarity, went far beyond merely striving to achieve the final result of a collective intellectual production. This book was the way we found to raise our voice, as scientist mothers, and call attention to the work overload with which we are burdened, to the multiple conditions and

realities of isolation, of idealized motherhood imposed by society, of the countless professional and family problems stemming from the pandemic caused by the Sars-Cov-2 virus.

The diversity of thoughts, scientific fields, kinds of knowledge, institutional origins, employment relationships or lack of them, regions, races, classes and choices is expressed through the different standpoints in this book, which draw on the various lenses of science in their analyses, including of their condition as professionals and mothers. In view of the differences, understanding the limitations and specificities of each mother was more than paramount. For example, some mothers could only work on the project at night, others were able to work during the day, and a few had only their cell phones as technology to support their remote work.

The construction of the groups' identities and the empathetic encouragement provided ensured support to those who believed to be technically and emotionally isolated. The project went a long way in taking apart established preconceptions about transdisciplinarity and empathy. The group activities facilitated the formation of new support networks and created bonds of solidarity through new partnerships, benefiting to some extent professional and family lives in face of the chaotic context in which we were immersed. For many participants, this was the incentive they lacked to carry on with their daily chores.

In addition to the above, we were able to produce this book with discussions on the romanticization of motherhood, the overload of women, social distancing of older mothers, the reality of atypical families with the interruption of their support networks, the history of mother's collectives, postpartum depression, toxic positivity, among other difficulties that we, mothers and women, face during life and that often go unnoticed by society. Thus, we continue respecting and supporting one another to offer the general public a small taste of this mixture of concepts, knowledge and experiences.

Enjoy the book and believe that ***“better (women’s) days will come”!!!***

Motherhood, work and temporality: relevant dialogues in Covid-19

*Raquel Silva Barretto*¹

*Laís de Souza Monteiro*²

Cross sections of women in COVID-19

On March 11, 2020, the World Health Organization (WHO) characterized Covid-19 as a pandemic. Almost eight months after the first confirmed cases, over 15,250,804 cases have been recorded and more than 623 thousand deaths have been confirmed worldwide so far.³ This public health emergency has prompted the global scientific community to produce answers in different contexts, with the largest number of papers consisting of clinical, biomedical and pharmacological trials. However, collective health draws attention to an approach that goes beyond the biomedical model to analyze social, cultural and psychological conditions of some of the most vulnerable groups, such as mothers.

The Covid-19 health emergency revealed and widened the gap between social groups, between marginalized segments and those who effectively have the right to practice social distancing with dignity, protected in their homes and without exposing themselves to the

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³Data taken from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>. Visited on July 23, 2020.

widespread risk of contamination. However, social distancing is a safety measure that also causes other disturbances in people's lives.

One of the first mental health investigations of Covid-19 included the participation of residents of Wuhan and neighboring cities. The administration of an online questionnaire made it possible to establish a correlation between post-traumatic stress disorder and women.⁴ Later, similar studies carried out in Italy,⁵ Spain⁶ and Turkey⁷ also found a greater incidence of depressive symptoms, anxiety and stress in women. Although some countries have already overcome the need for more restrictive measures related to contagion, emotional impacts are still widespread and the results of studies call for a gender-based approach. Women have experienced greater tension in the face of changing routines and the compilation of social roles.

The more roles there are, or the greater the importance attributed to them, the greater the internal demands will be to fulfill them. In this case, working mothers have reported strong impacts during the pandemic. According to an article in the Portuguese newspaper *Expresso Notícias*,⁸ by late April 2020 the Portuguese economy had 50,000 fewer jobs compared to February of the same year. Strikingly, according to data from

⁴ LIU, Nianqi ; ZHANG, Fan; WEI, Cun; JIA, Yanpu Jia; SHANG, Zhilei; SUN; WU, Lili; SUN, Zhuoer; ZHOU, Yaoguang Zhou; WANG, Yan; LIU, Weizhi. Prevalence and predictors of PTSS during COVID-19 outbreak in China hardest-hit areas: Gender differences matter. *Psychiatry research*, v. 287, 112921, 2020. Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7102622/>. Visited on Jun. 28, 2020.

⁵ MAZZA, Cristina; RICCI, Eleonora; BIONDI, Silvia; COLASANTI, Marco; FERRACUTI, Stefano; NAPOLI, Christian; ROMA, Paolo. A Nationwide Survey of Psychological Distress among Italian People during the COVID-19 Pandemic: Immediate Psychological Responses and Associated Factors. *Int. J. Environ. Res. Public Health* 17, n. 9: 3165, 2020. Available from <https://www.mdpi.com/1660-4601/17/9/3165>. Visited on July 10, 2020.

⁶ GONZÁLEZ-SANGUINO, Clara; BERTA, Ausin; CASTELLANOS, Miguel Ángel; SAIZ, Jesús; LÓPEZ-GÓMEZ, Aída; UGIDOS, Carolina; MUÑOZ, Manuel. Mental health consequences during the initial stage of the 2020 Coronavirus pandemic (COVID-19) in Spain. *Brain, behavior, and immunity*, v. 87, p. 172–176, 2020. Available from <https://pubmed.ncbi.nlm.nih.gov/32405150/>. Visited on July 1, 2020.

⁷ ÖZDİN, Selçuk; ŞUKRYE, Bayrak Özdin. Levels and Predictors of Anxiety, Depression and Health Anxiety during COVID-19 Pandemic in Turkish Society: The Importance of Gender. *International Journal of Social Psychiatry*. 2020. Available from <https://journals.sagepub.com/doi/10.1177/0020764020927051>. Visited on July 1, 2020.

⁸ RUSSANOV, Valentin. “Covid 19. Quase 90% dos empregos destruídos eram de mulheres.”. 2020. Available from <https://expresso.pt/sociedade/2020-06-15-Covid-19.-Quase-90-dos-empregos-destruidos-eram-de-mulheres>. Visited on July 10, 2020.

the National Statistics Institute (INE) reported in the conclusion, 90% of these lost jobs belonged to women.

In an investigation on work and motherhood in Brazil⁹ that included 7 thousand respondents, at least 60% reported pressure to reconcile motherhood and professional life during the Covid-19 period. More than 70% claimed to have undergone emotional change and, among psychic suffering, anxiety was by far the most cited disorder. Within a reality of social inequality, there is no way to state that all Brazilian mothers suffer in the same way, or even that all of them deal with suffering in the same way. However, a key element concerns the perception and organization of demands in the face of time, which seems to be increasingly reduced.

Motherhood and work

In our view, motherhood is a social construction that has been changing over time and still determines women's place in society. From the 18th century onwards, the ideal of motherhood underwent great change, including the naturalization of maternal feelings. In previous centuries in Europe, it was common and widely accepted to hand children over to wet nurses and caregivers for at least four years. Only after 1760 are publications found that naturalize the "maternal instinct" with the exaltation of spontaneous love between mother and child. From the late 19th century and early 20th century, science, with the contribution of medicine, starts viewing the ideal of motherhood from a scientific perspective, using the functioning of the female body to impart a moral sense to a biological function such as procreation.¹⁰

Feminism, which emerges from women's struggle for civil and political rights, is also an extremely fertile theoretical-epistemological field

⁹ R7. Pandemia de Covid-19 faz dobrar casos de ansiedade, diz pesquisa. Available from <https://noticias.r7.com/pandemia-de-covid-19-faz-dobrar-casos-de-ansiedade-diz-pesquisa-09052020>. Visited on July 23, 2020.

¹⁰ ZANELLO, Valeska. Saúde mental, gênero e dispositivos: cultura e processos de subjetivação. Curitiba: APPRIS, 2018.

in its problematizations, criticizing Western androcentric culture and the scientific knowledge production system. Feminists argue that oppression through gender, ethnicity and social class pervades society over time and supports discriminatory practices.

One of the subjects of feminist studies was the role of motherhood, especially in the post-war period, when conservative forces upheld family values and morality.¹¹ One of the radical elements of feminist criticism related to motherhood concerns the biological determinism that assigned to women the social role of mothers.

Among the achievements of feminist struggles is the concept of reproductive rights as the guarantee of freedom of reproductive choice, that is, the right of women to decide whether, when and how they want to have children. Sexual rights, in turn, concern equality and freedom in the exercise of sexuality with pleasure and autonomy, free from coercion, discrimination and violence.¹²

Female emancipation, in search of the right to choose, has been evolving towards autonomy. Marriage, for long women's only option of having a social identity, becomes one possibility among many others. Thanks to feminist criticisms and struggles women are able, albeit with difficulty, to make different life plans.

From the 1960s, middle class women in Brazil start entering the workforce in increasing numbers. It is worth noting that for black and poor women, work has always been a reality and a need, even as domestic workers for other white women of the middle and upper class.

Such growth stemmed from a combination of economic and cultural factors, such as increasing industrialization and the consequent changes in means of production, the growing process of urbanization, besides

¹¹ SCAVONE, Lucila. A maternidade e o feminismo: diálogo com as ciências sociais. Cadernos. Pagu, Campinas, n. 16, p. 137-150, 2001. Available from http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-83332001000100008&lng=en&nrm=iso. Visited on July 27, 2020. <https://doi.org/10.1590/S0104-83332001000100008>.

¹² CORRÊA, Sonia; PETCHESKY, Rosalind. Direitos sexuais e reprodutivos: uma perspectiva feminista. Physis: Revista de Saúde Coletiva, [s. l.], v. 6, n. 1-2, p. 147-177, 1996. Available from http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73311996000100008&lng=pt&tlng=pt. Visited on July 4, 2020.

decreasing fertility rates associated with the discovery of the contraceptive pill and the dissociation between sex and reproduction.⁹

Concerning work related to motherhood, however, one notes that women's daily routine involves numerous chores: caring for and raising children, providing affection, protection and help with homework. In addition to these tasks, depending on the profession and/or position of women in the labor market, there is an overload of work and managerial activities because work is not limited to its execution in the formal workplace, but often extends to nights, weekends and holidays.¹³

Recent studies on women in science¹² show that science is a field of power relations and that women are still at a disadvantage. Although the number of women dedicated to a scientific career is increasing, in global terms it is still inferior compared to the number of men in the most different areas of science.¹⁴

Women who manage to enter academic life are still poorly appreciated in the different fields of science, where gender stereotypes evidence a number of obstacles related to situations of gender inequality and prejudice in the workplace.

According to the review by Rodrigues and Guimarães (2016)¹⁵ studies indicate lower productivity of women, with women publishing throughout their careers, on average, less than half than their male peers, which suggests that gender is an important source of variation. They also show that there is no consensus regarding such disparity nor any universally

¹³ Souza, Iris Ferreira., Teixeira, Karla Maria Damiani., Loreto, Maria das Dores Saraiva de., & Bartolomeu, Tereza Angélica. Não tem jeito de eu acordar e dizer: Hoje eu não vou ser mãe! Trabalho, maternidade e redes de apoio. *Oikos: Revista Brasileira de Economia Doméstica*, 22(1), 46-63, 2011. Available from <http://www.seer.ufv.br/seer/oikos/index.php/httpwwwseerufvrseeroikos/article/view/21/8> Visited on July 13, 2020.

¹⁴ LINO, Tavares Rogéria; MAYORGA, Cláudia. As mulheres como sujeito da ciência: uma análise da participação das mulheres na ciência moderna. *Saúde e Transformação Social/Health & Social Change*, 7(3), p. 96-107, 2016. Available from <http://incubadora.periodicos.ufsc.br/index.php/saudeettransformacao/article/view/4239/4651>. Visited on July 7, 2020.

¹⁵ RODRIGUES, Jeorgina Gentil; GUIMARAES, Maria Cristina Soares. A Fundação Oswaldo Cruz e a ciência no feminino: a participação feminina na prática e na gestão da pesquisa em uma instituição de ensino e pesquisa. *Cad. Pagu, Campinas*, n. 46, p. 197-222, Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-83332016000100197&lng=en&nrm=iso. Visited on July 14, 2020. <https://doi.org/10.1590/18094449201600460197>.

accepted indicators to adequately measure the different levels of productivity between men and women.

The inequalities increase when the academic career is combined with motherhood, and women often find themselves facing the difficult choice between family, motherhood and career. When trying to reconcile all three (family, motherhood and career), the issue of productivity and work routine emerges as an important obstacle, since the prevailing culture in academia is based on the “male model.”¹⁶ The Covid-19 pandemic further highlighted this situation with the changes imposed in the work routine and its restriction to the household.

Temporal notions and reconfigurations in the field of labor

Birman (1999)¹⁷ attributed to modernity the monetization of time as a means to introduce the quantification of human time in monetary terms. This process of capitalization was a source of suffering for limiting freedom and associating free time with loss. People interiorized the logic of production linked to a sense of usefulness. In turn, “free time,” which should signify a recovery of people’s freedom as a way to disconnect from tasks viewed as inherent to work, starts to repeat this interiorized behavior. One of the paradoxes:

(...) is linked precisely to the condition of non-freedom of this time that is not occupied by work. As if it were an extension of the non-freedom of working conditions, free time continues to preserve behaviors typical of factory work, so that factory restraints seems to be present also in the voluntary use of free time.

(MORAES; LOFFREDO, 2019, p. 68).¹⁸

¹⁶ SILVA, Fabiane Ferreira da; RIBEIRO, Paula Regina Costa. Trajetórias de mulheres na ciência: "ser cientista" e "ser mulher". Ciênc. educ. (Bauru), Bauru, v. 20, n. 2, p. 449-466, 2014. Available from http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-73132014000200449&lng=en&nrm=iso. Visited on July 26, 2020. <https://doi.org/10.1590/1516-73132014000200012>.

¹⁷ BIRMAN, J. Mal-estar na atualidade: a psicanálise e as novas formas de subjetivação. Rio de Janeiro: Civilização Brasileira, 1999.

¹⁸ MORAES, Débora Ferreira Leite de; LOFFREDO, Ana Maria. Tempo e trabalho na contemporaneidade: notas para uma agenda de pesquisa no campo da psicanálise. Cad. psicanal., Rio de Janeiro, v. 41, n. 40, p. 65-82, jun. 2019.

If in normal conditions free time is already encroached on by the temporal continuum created by work, in certain circumstances, as observed during the pandemic, the overlapping became even more evident.

The continued and at times increased demands of work and the pressure to meet productivity goals will reconfigure labor in the current context. Health restrictions require people to work from home, which has a strong impact on the field of labor, especially for working women.

The combination of precarious working conditions and work overload contributes to intensify and extend the working day, configuring a new temporality of labor with possible consequences for women's health, especially mental health.

With many company employees and also a number of self-employed workers forced to work from home, free time is increasingly displaced along with previously established routines of meeting breaks, lunch time and exit time. Nighttime meetings and contact by bosses, supervisors or colleagues at previously inappropriate hours according to social rules are not exceptions, but situations that have become part of a "new order."

Faced with a "different reality" imposed by the pandemic, workers who somehow needed to maintain their work routine were also unable to escape the volatility of time. Attempts at homeschooling entered all homes, together with new requirements for full-time care and education of children.

If the pandemic has forced on everyone a new relationship with time and its perception, for women, mothers and scientists time is at once fleeting and pressing. If we mothers-women-scientists feel that we have lived years in six months, we also feel that time has been scarce when we look at our children, at the work and demands that have been waiting for time and attention.

Time, or rather lack thereof, is also expressed by women's difficulties to engage in self-care. Understanding self-care as the ability to take care of oneself, doing activities for one's own benefit that provide pleasure, health and well-being, it is clear that owing to the volume of chores and responsibilities, caring for oneself comes last in the list of priorities of women-mothers.

When they do care for themselves, in turn, they are guilt-ridden, as if time devoted to self-care were time lost and wasted. Such factors affect the psycho-emotional health of women and expand the possibilities of illness, especially when there is no support network in place to help them cope with the demands.

Beyond the psychological and socioeconomic reasons that make women plan motherhood in their lives (having children later or earlier), or choose not to have this experience, its social meaning and implications will always be an issue. This meaning reveals that despite the significant social changes undergone by women, motherhood still largely compromises their life projects and reveals an important facet of the logic of androcentrism of our society.⁹

Added to that, the demands of the labor market and/or academia sometimes favor inequalities and lack of care by disregarding the individual context of women and historically constructed inequalities.

Conclusion

When we talk about the social changes experienced by women, especially in the 20th century, we must keep in mind that this process will never be neutral: it encompasses all the social, historical and cultural factors of the past that are inscribed in the present. When seeking to enter the labor market, women had to further manage time; time involved at home, in social relationships and in motherhood (chosen or not).

When modernity inserted work into free time, this increased women's difficulty to balance work, since it also involves responding to

social demands of other ages. To the requirement to be a “good mother” and “good wife” was added the need to be a “good employee” or “good enough boss.” Many ages and identities intersect in women’s lives in such a way that they have less and less time for themselves, and the little they do have is pervaded with guilt that “something has not been done.”

In the current experience of the pandemic, the demands were not so much discontinued as reconfigured, in such a way that working hours were extended, bosses started to share virtually the household routine and teaching was transported to screens. In this sense, it was recognized worldwide that women took on the greatest burden and suffered the greatest impacts.

Scientist mothers (who are part of a space that is still restricted for women) had more problems to keep up their production, women were fired after their children caused a disturbance during the company’s online meeting and maids died for having to continue working at the home of quarantined employers. These examples portray only part of the massive reality of what women are experiencing during the pandemic. Therefore, this paper does not intend to offer an in-depth analysis of the subject, but to structure the many elements that affect women’s mental health and produce or further aggravate internal suffering. It is hoped that the discussion will serve as input for future research, as it is impossible to discuss the pandemic while denying the relevant gender issues it raises.

The challenges of social distancing for mothers of children with neurodevelopmental disorders

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Neurodevelopmental disorders comprise changes in the initial stages of brain development that persist throughout life. They originate during gestation or in childhood and involve deficits in social interaction and communication skills that affect social and academic performance. Losses range from limitations caused by intellectual disabilities to learning disabilities.⁶ Neurodevelopmental disorders also include specific limitations in learning or executive functions, and even social skills deficits, affecting the academic achievement of individuals, who need

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⁶ Miranda, M. C., Mello, C.B. & Muszkat, M.(2012). Neuropsicologia do Desenvolvimento: Transtornos do Neurodesenvolvimento. Rio de Janeiro, Editora Rubio

adaptations. The main neurodevelopmental disorders are: Attention Deficit Hyperactivity Disorder (ADHD); Autistic Spectrum Disorder (ASD); and Learning Disorders.

Families of children with atypical development undergo a long string of consultations with doctors, hospitals and health professionals of different specialties before reaching the diagnosis, when they are challenged to grieve for the “perfect” child often idealized by parents.⁷ The diagnosis requires from families significant changes in their dynamics to meet therapeutic and academic needs, and special emotional strength to deal with the specificities of children with atypical development.

Regarding children diagnosed with ASD, all family members must reorganize their life and routine to meet the child’s specific needs. However, the biggest changes are in the life of the mother, who takes on the greatest burden for the child’s care.

Faced with the abrupt change in the dynamics and routine of the family to meet the needs of this child, mothers sometimes dedicate themselves entirely to caring for the child and the new household routine. Many women give up their professional life to take care of a child with atypical development,⁸ which has a significant psychosocial impact, especially on the mother’s professional life. In addition, the routine of caring for a child with special needs often creates a physical and emotional overload, compromising the mental health of women experiencing this atypical motherhood.

In this chapter we aim to highlight the role of mothers who care for children with atypical development and the consequences on their mental health. In addition, we propose to discuss the transformations and possible worsening of the mental health of mother and child triggered by the Covid-19 pandemic. First of all, it is important to address the social and historical role of women in caring for children, older adults, sick persons

⁷ Favero-Nunes, M. A. & Santos, M. A. (2010). Itinerário terapêutico percorrido por mães de crianças com transtorno autístico. *Psicologia: Reflexão e Crítica*, 23(2), 208-221.

⁸ Belgin, Tunali & Thomas, G. P. (2002). Coping by redefinition: Cognitive Appraisals in mother of children with autism and children without autism. *Journal of Autism and Developmental Disorders*, Vol. 32, No. 1, February, 2020.

and family, and to reflect on the restrictions to the presence of women in the public sector and their historical confinement to the private sector and domestic life by structural sexism.

Mothers of Children with Neurodevelopmental Disorders

The gender-based division of labor is founded on the dichotomy between public and private. In this division men have the role of providers while women have the social role of caregivers. For long the social roles of each sex were assigned based on the biologicistic discourse of “natural destiny.” The socioeconomic transformations triggered by the struggle of the feminist movement in the 20th century and the cultural revolutions enabled the emergence of new social configurations and undermined the social model of men as providers and women as caregivers.⁹

Despite the significant changes and advances of recent years regarding the insertion of women in the labor market and their greater participation in the public sector, women continue being mainly responsible for the care of children, older adults, sick people and children with special needs. This situation overburdens women, since they gained access to the labor market while continuing to bear the silent and invisible burden of housework, which doubles or triples their working day. There has been no reorganization of housework on more egalitarian terms, resulting in a significant negative impact on women’s mental health.

DaWalt and et al. did research focused on the physical and mental health of families of children with special needs. They found that mothers of adolescents and adults with ASD were three times more likely to experience a stressful event during the day than mothers of children of the same age with typical development.¹⁰ Mothers of children with fragile X

⁹ Sousa, L. P., & Guedes, D. R. (2016). A desigual divisão sexual do trabalho: um olhar sobre a última década. *Estudos Avançados*, 30(87), 123-139.

¹⁰ Smith, L. E., Seltzer, M. M., & Greenberg, J. S. (2012). Daily health symptoms of mothers of adolescents and adults with fragile x syndrome and mothers of adolescents and adults with autism spectrum disorder. *Journal of autism and developmental disorders*, 42(9), 1836-1846

syndrome or ASD suffered more days from headache, back pain, muscle pain, fatigue and hot flashes than mothers of children with typical development. Mothers of children with special needs seem to be particularly at risk of health problems, which evidences the need for lifelong comprehensive support for such families.

The same group of researchers studied the daily experiences of 174 couples who had a child with ASD compared to 179 couples who had a child with typical development. The parents filled out a 14-day journal reporting time spent with partner, support from partner, closeness to partner, positive and negative interactions between couples and level of positive and negative affection. The results showed that parents of children with ASD reported less time with partner, less closeness to partner and fewer positive interactions than couples in the control group.¹¹

The challenges of motherhood are intensified for parents and caregivers of children with special needs. Among the many challenges, these families first need to know and learn about their child's need, deal with the emotional and physical demands of caring for a child who requires different treatments and therapies, know and learn to defend their rights to ensure appropriate school interventions, adjustments and adaptations, and manage household budgets in order to offer treatments and equipment not covered by health insurance companies or the state. With so many adjustments required to meet their child's needs, the burden of stress is great for parents of people with special needs. A recent study found that mothers of adolescents and adults with ASD had levels of stress hormones similar to combat soldiers.¹²

¹¹ Hartley, S. L., DaWalt, L. S., & Schultz, H. M. (2017). Daily Couple Experiences and Parent Affect in Families of Children with Versus Without Autism. *Journal of autism and developmental disorders*, 47(6), 1645-1658

¹² Diamant, M (2009). Autism Moms Have Stress Similar To Combat Soldiers. *Disability Scoop*, November 10th, 2009. <https://www.disabilityscoop.com/2009/11/10/autism-moms-stress/6121/>

Care of Children with Special Needs during the Pandemic

Due to the Covid-19 pandemic and the ensuing social distancing imposed as a measure of prevention and control, everyone was forced to stay home: men, women, children, all together, sharing the same space. This environment, previously dedicated to rest and being with the family, became the office of fathers and mothers, a space for the development of remote school and academic work and, in many homes, also a space for therapeutic care. And how to manage all this in the same setting? And who took over the housework and helping with children's distance learning?

One might think that with more hands at home during the quarantine, the housework would be redistributed among everyone, but that was not exactly what happened.¹³ The greatest burden was and has been borne by women in this context of pandemic and social distancing. Women continue to do the housework and care for children¹⁴ and also continue being exclusively or mainly responsible for caring for the family.

However, with the pandemic, the housework and childcare previously invisible to many men were perceived to some extent. Whether they were recognized or valued is another matter, but certainly all the demands of caring for children and keeping the house became more evident.

Children were removed from their school environment and interaction with peers, and had to do their schoolwork remotely and deal with the fear of the threatening virus. If that was already hard enough for neurotypical children, imagine how painful this whole readaptation process was for children and adolescents with atypical development, and the consequences for and regression in their social and academic development.

¹³ Santos, B. S. (2020). A cruel pedagogia do vírus. Coimbra: Almedina. Available from <https://www.cpalsocial.org/documentos/927.pdf>.

¹⁴ Wolff, C. S., Minella, L. S., Lago, M. C. S. & Ramos, T. R. O. (2020). Pandemia na necroeconomia neoliberal. *Revista Estudos Feministas*, 28(2), e74311. Epub June 05, 2020.

According to the Center for Disease Control and Prevention (CDC), children with medical complexity, neurological, genetic and metabolic conditions or congenital heart disease may be at high risk of developing severe forms of Covid-19 compared to other children.¹⁵ Faced with this risk, many families opted to interrupt face-to-face treatment altogether and started to attempt online treatment for their children. Other families have completely canceled their children's therapy due to the risk of contagion, the personal demands of the family and the lack of communication resources such as computers, tablets and internet. Teletherapy (therapy offered by telephone or online video) was the most commonly used alternative, providing the possibility of continuing treatment during social distancing. If online therapy sessions had been offered before the pandemic, many would probably have been skeptic about it.¹⁶ Online therapy seems to go totally against the role of the therapist, whose direct interaction with patients was thought to be indispensable. What was previously inconceivable is now an acceptable treatment strategy, complying with current social distancing measures and providing continuous progress of patients who depend on systematic monitoring for a better quality of life for them and their families.

The development of a child with special needs depends a lot on the joint efforts of the child, parents, teachers, doctors and therapists. The pandemic has physically separated students/patients and families from the support systems of teachers, therapists and assistants, leaving parents in sole charge of all aspects of their child's care. At specialized schools or clinics, they receive individualized attention from trained professionals who are deeply familiar with their unique ways of thinking, perceiving and processing. Transforming caregivers overnight into special education

¹⁵ Centers for Disease Control and Prevention (CDC). Last Updated July 17, 2020. Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/>

¹⁶ Gottlieb. L.(2020).The surprising intimacy of online therapy sessions during the pandemic. *Washington Post*, Opinions, MAY 18, 2020.<https://www.washingtonpost.com/opinions/2020/05/18/surprising-intimacy-online-therapy-sessions-during-pandemic/?arc404=true>

teachers providing occupational therapy, speech therapy or physical therapy is a totally different task.

In a recent interview,¹⁷ parents reported that they did not feel able to provide their children with the necessary stimulation, and that even with virtual care it is very difficult to keep children focused in front of a screen, especially at home where they normally did not have to do schoolwork or therapy exercises, which often left them confused and irritated. It was all very new, for both education professionals and therapists and families that struggled to keep up the same standard of quality in teaching and clinical treatment. In addition, they also had other duties to attend to, with the need to introduce a new routine in the family. With this new model, many emotional issues arose, especially the frustration of not knowing how to use technological tools and the difficulty to perform the tasks at hand. It was up to teachers and therapists to learn to reinvent themselves in record time to help families.

Inclusive Education during the Pandemic

Social distancing in times of pandemic brings about changes in education and requires adaptation by children, adolescents, families and educators. The United Nations points to the great possibility of this situation increasing the existing gap between students due to their different life contexts, leading to an increase in school dropout rates and learning difficulties, with a greater impact among more vulnerable students.¹⁸ This impact may be even greater for the population with neurodevelopmental disorder, since they normally already experience very difficult and challenging situations.

¹⁷ Grayer, A., Jarrett, L. & Pomrenze, Y. (2020). Parents of teens with special needs find themselves alone in Covid-19 lockdown. CNN, Updated 8:59 AM ET, July 6, 2020. <https://www.cnn.com/2020/07/06/us/coronavirus-special-needs-education-wellness/index.html>

¹⁸ UNITED NATIONS COORDINATED APPEAL (2020). Global Humanitarian Response Plan to COVID-19. Available from: <https://www.unocha.org/sites/unocha/files/Global-HumanitarianResponse-Plan-COVID-19.pdf>.

UNICEF¹⁹ argues that many countries have deployed several resources that can be used in distance learning and suggests providing safe and accessible distance learning platforms for children with special needs, teacher training and measures to ensure the continuity of their education. It also suggests offering support to caregivers of children with atypical development.

This view enables the analysis of the role of family members as mediators of the teaching-learning process. This role has been challenging for everyone involved in this process. The successes and errors deriving from adaptation to changes and the attention required by children with special needs have impacted the development of the process.

Among the countless challenges, one of the main ones seems to be access to resources, which include internet connection, computers and a suitable place to study at home.

The survey of the Center for Information and Coordination of Dot BR²⁰ shows that many Brazilian households, especially among lower classes, are unable to perform remote work via internet and computers. That center identified that 58% of households of the less privileged classes did not have access to computers or the internet, and among middle class households, 33% had internet connection only and 43% had computer and internet.

Conclusion

It is not yet known what the long-term impact of social distancing will be on children with special needs. Some scholars and researchers predict a major setback in learning, with students showing significant

¹⁹ UNICEF (2020). COVID-19 response: considerations for children and adults with disabilities. 2020, p.3. Available from: https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf.

²⁰ Núcleo de Informação e Coordenação do Ponto (2020). Acessibilidade e Tecnologias: um panorama sobre acesso e uso de Tecnologias de Informação e Comunicação por pessoas com deficiência no Brasil e na América Latina. São Paulo: Comitê Gestor da Internet no Brasil, 2018, p. 106. Available from: https://cetic.br/media/docs/publicacoes/2/12225320191028-tic_dom_2018_livro_eletronico.pdf.

regression when they return to school. This phenomenon already occurs, especially in special education students, during winter and summer vacations, and the more students interrupt their treatment, the greater the likelihood of regression or stagnation. Students with ASD in particular will not develop social skills during the pandemic since they have been deprived of collective environments, interaction, shared attention or cause and effect situations. These losses are significant for the development of social skills, severely harming the children and challenging families to work on this stimulus, needing help and guidance at this stage.

Some children with atypical development will find a way, even if compelled, to deal with their inflexibility. However, the period of social distancing can also be a particularly good learning experience, where breaking the routine and control of predictability has become the new normal, and not attending school or therapy every day is now a given. Understanding that levels of stress and frustration vary and that not all children were able to derive positive lessons from this situation, when we talk about inflexibility and adaptability in people with neurodevelopmental disorders, breaking the routine can actually be considered something positive.

Another aspect to be discussed is the visibility afforded to housework and childcare during the pandemic. Men who previously were not exposed to the home environment and schooling and therapeutic care for children have had contact with all of these demands. Thanks to such visibility, many aspects related to accepting the children's development were discussed in family, and the search for diagnostic or therapeutic evaluation was questioned. Besides mothers, fathers have also been exposed to the daily reality of hyperactive children or children with learning difficulties.

Already tired of being challenged throughout history, motherhood was even further challenged by the pandemic. We have been teacher mothers to help with distance learning, we have been therapist mothers to help children deal with the anxiety caused by fear of the virus and the distance from school friends, we have been working mothers and so many

other new roles that have been thrust on us by Covid-19. And tired of receiving long lists of suggestions of play-based activities to do with children via social media and messaging groups, we have sometimes handed our children over to electronic devices and screens to have a moment of peace and not freak out. This behavior has caused us guilt, the maternal guilt that insists on plaguing us. It seems that women's daily and historical efforts to acknowledge that the responsibility of caring for their offspring and the home is not only theirs are still insufficient to rid us of the ubiquitous maternal guilt.

We, women and mothers, are intensely familiar with the sense of guilt and the feeling that we are always failing. When we talk about raising a child with atypical development, this blame seems to increase. The social and historical role of women and of perfect motherhood is a construction of the patriarchal system we live in, a model that seems to benefit structural sexism. The feeling of guilt ties us to a motherhood that punishes us and prevents us from fully enjoying it.

And when the burden of this motherhood feels too heavy, we often resort to our essentially female support network of therapist mothers, teacher mothers, peer mothers and grandmother mothers. With social distancing we had no one to share our anxieties with, since the support networks we were used to counting on were undermined. This created an opportunity for the transformation and redefinition of social roles in the family. In many families there was a redistribution of housework and childcare, while in others women continued to bear the whole burden alone, evidencing and shedding even more light on the overwhelming sexism present in our relationships.

The only certainty for motherhood in these times of pandemic is that we grow stronger in our relationship with other women. It is in this union that we produce, it is in this exchange and support that we break the shackles with which sexism insists on restraining us, it is in sorority that we find mental health and the possibility of exercising liberating motherhood.

Pluralities of motherhood experiences in times of social distancing

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This chapter aims to reflect on the various possibilities of motherhood experienced by women during social distancing related to the Covid-19 pandemic. To this end, it briefly addresses reflections on the realities experienced by black, indigenous and impoverished mothers, in order to understand motherhood from a plural approach based on diversity rather than a homogeneous pattern of being a mother.

We are currently facing a worldwide health emergency triggered by the advance of Covid-19, an infectious disease caused by the newly discovered SARS-CoV-2 coronavirus. People infected with Covid-19 may experience mild, moderate symptoms and/or severe respiratory conditions.

With the rapid spread of the virus, the World Health Organization (WHO) officially declared it a pandemic. And as it is a new disease, with

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no specific medication or vaccines, the recommendations to prevent and stop contagion relate to basic measures of hygiene and avoiding contact with others, which means staying at home to comply with quarantine periods, social distancing, lockdown and other strategies.

Given this context, finding themselves socially isolated, people daily reinvent possibilities to deal with this period. Among women, especially mothers, one notes new forms of survival being created and consolidated. Indeed, countless motherhood experiences are observed, marked by social, historical, cultural and economic issues.

The social distancing imposed by the pandemic changes the dynamics of everyday life. Motherhood faces unexpected and sudden challenges, beside those it normally deals with, ranging from taking on new roles, such as educator, since daycare centers and schools are closed, to raising children's awareness of the importance of certain precautions, like washing hands. These roles change not only according to children's age, but also to different kinds of motherhood with challenges of their own.

There are different demands and interests related motherhood, since its processes are not determined and/or standardized experiences. Interests that involve urban mothers, for example, are different from the realities of mothers in *quilombo* (descendants of fugitive slaves) or indigenous communities. Therefore, considering the issues of the pandemic or social distancing, it is paramount to understand the diversity of experiences related to motherhood processes, which vary according to issues of race, class, generation, ethnicity, region and other social markers of differences.

Coronavirus and Social Distancing

Covid-19 has caused a lot of concern in recent months due to its rapid contagion and our unfamiliarity with the new disease, and the population is alert. The virus is relatively new and was first described in 1965;

however, in December 2019 it was identified in the city of Wuhan in China, from where it spread quickly to different countries.

Thus, the World Health Organization (WHO) declared on January 30, 2020, that the disease caused by the new coronavirus is a global health emergency, and on March 11, 2020, it was officially qualified as a pandemic.⁵

According to WHO (2020)⁶ a pandemic occurs when a disease has a high rate of transmission. In this sense, the term is based on the idea that an epidemic that affects a specific region spreads quickly across different countries and continents, then becoming a pandemic.

Covid-19 is an infectious disease triggered by the SARS-CoV-2 coronavirus, which may cause from asymptomatic clinical conditions to severe respiratory conditions. The symptoms range from a simple cold to severe pneumonia, the most common being loss of smell, fever, cough, runny nose, sore throat, difficulty breathing and others.

The virus is transmitted by close contact with infected persons through sneezing, coughing, phlegm and saliva droplets, when, without proper hand cleaning, contact occurs between hands and eyes, mouth and nose. As it is a new virus with no specific medication and vaccines to date, WHO recommends sanitization measures to stop the disease from spreading.

These include washing hands with soap and water or rubbing them with a 70% alcohol hand sanitizer; wearing a face mask; keeping at least one meter away from others; covering mouth and nose with forearm when coughing and sneezing; avoiding touching face with hands; not sharing personal items; keeping environments clean and ventilated; among others.

According to WHO (2020), for now the only way to prevent the disease is to avoid contact and stay at home, following precautionary measures. Therefore, several Brazilian cities have imposed social

⁵ <https://www.paho.org/bra/>.

⁶ <https://www.who.int/eportuguese/countries/bra/pt/>.

distancing, aiming to prevent the increase of Covid-19 infection cases by limiting opportunities for crowding and social interaction.

The forms of social distancing adopted are diverse, with each Brazilian state and city enjoying autonomy to impose the most beneficial and specific measures according to the local reality. However, the most widely used measure of social distancing consists in shutting down several businesses and allowing only the operation of essential services, such as supermarkets, hospitals and drugstores.

Initially, staying at home seemed a simple task, but in Brazil there are many socially vulnerable people who live on the streets and are therefore more susceptible to contracting the disease. In addition, a large part of the Brazilian population is unable to stay at home for various circumstances, the most common of which is the economic issue that generates poverty and hunger.

In view of this situation, Law No. 13,982, dated April 2, 2020,⁷ was created during this period, providing a monthly emergency aid of R\$ 600 (six hundred reais) for informal and low-income workers, individual contributors to the National Institute of Social Security – INSS and individual micro-entrepreneurs.

Unfortunately, this emergency aid instituted in Brazil does not reach the entire population, as many people had their request for the benefit denied and were left with no support from the state. Without income, they are forced to return to their informal jobs, exposing themselves to the risk of contracting the disease, while in other cases workers were not even released from their duties during this period.

Popularized during the pandemic, the saying “we are all in the same boat” is misleading. The number of deaths in disadvantaged areas where social distancing is unfeasible, as is the case of favelas, which have a large number of residents living in smaller spaces, is greater than in more affluent regions, where the inhabitants have privileges such as the possibility of working from home, health insurance or private care, among

⁷ http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2020/lei/l13982.htm.

others. Inequality is present in situations such as washing hands, the most basic measure to prevent the virus, which cannot be adequately performed in homes that have limited access to water, as well as in purchasing protective equipment.

Observing the reality of black women, for example, one notes that many of them are domestic workers who, despite the pandemic, are forced to continue working to survive. Moreover, with the closure of schools, working mothers often have to take their children to work.

That is the case of Mirtes Renata, mother of five-year-old Miguel Otávio. While she was out walking the family dog, her son was left alone in the elevator by her employer, Sari Mariana Côte Real – wife of the mayor of Tamandaré, Sérgio Hacker – a situation of abandonment of an incompetent person. This led to the death of Miguel, who fell from the ninth floor of a luxury residential building in the city of Recife. Sari Côte Real paid a R\$ 20 thousand bail and was released. The judicial decision, which set the price of the life of a black child, the son of a poor black woman, lays bare the socioeconomic inequalities existing in Brazil. What message is the state sending black, underprivileged and subaltern mothers when it determines that the life of a five-year-old child is worth 20 thousand reais? And if it were the other way around, how would this black mother woman be treated by the same state?

This is all happening in the midst of a pandemic in the country that least tests its population for Covid-19, where there are 20 million households, just under 10% of the Brazilian population, in which women are breadwinners. According to the 2019 PNAD household survey,⁸ women make up the majority of Brazil's population, 51.8%.

Considering the context of the pandemic, in which drastic changes have been imposed on daily life, it is evident that women are affected the most, especially mothers, with increasing demands and pressure at home. Thus, it noteworthy that these differences exist also between mothers, as

⁸ Pesquisa Nacional por Amostra de Domicílios. <https://www.ibge.gov.br/estatisticas/sociais/populacao/9127-pesquisa-nacional-por-amostra-de-domicilios.html?=&t=0-que-e>.

the reality of black, indigenous and/or underprivileged women contrasts sharply with the experiences of white middle-class women. Therefore, understanding the impacts of the pandemic on the lives of mothers requires understanding how motherhood is experienced by different women.

Plural mothers experiencing motherhood

Reflecting on motherhood involves observing the narratives and experiences of different mothers in diverse contexts. Motherhood is not a fixed, single experience; its common traits develop in different ways, so when addressing the theme of motherhood, one must observe the dimensions and issues that involve different mothers in society.

Early feminist studies saw motherhood processes as means of submission, domination and control of the female body, thus refuting motherhood as a single and mandatory destiny for women. According to Scavone (2001),⁹ motherhood later came to be understood as a social practice, which shows that the domination of one sex over the other can be explained in social rather than biological terms.

However, nowadays there are trends that claim that women's bodies are controlled by the requirement to fulfill a reproductive role. They argue that male domination happens through motherhood, and women are key to capitalism as reproducers of labor.

Indeed, it is extremely important to understand women's connection to the home environment, as well as the origin and consolidation of the processes of domination and control of female bodies. However, it is necessary to reflect on the social construction of being a woman in its different formats, as well as the motherhood processes that assign to women the main role in human development, especially black women.

Although initial studies and discussions on the processes of domination and oppression through motherhood are important, they

⁹ SCAVONE, Lucila. A maternidade e o feminismo. *Cadernos Pagu*. Campinas: Unicamp, n. 16, p. 137-150. 2001

address womanhood and the experiences related to motherhood in a general way. Pregnancy, childbirth, breastfeeding, care, education, affection and other issues can be subjected to the social control of women, but motherhood experiences are different in various contexts.

Sueli Carneiro (2005)¹⁰ argues that black women have undergone different experiences compared to the oppression of white women, as well as motherhood processes. Thus, one notes that the issues involving pregnancy, childbirth and motherhood are marked by experiences influenced by numerous contexts, whether cultural or social.

In reflecting on the theme of motherhood, one must always consider historical processes, as well as cultural, social and economic issues. Therefore, the term motherhood embraces the multiplicity of experiences involved in the process of being a mother, reflecting the plurality of motherhood processes.

Motherhood processes differ according to issues of class, race, generation, gender, ethnicity, region and other social markers. For example, the demands and interests of rural, lower-class young and teenage mothers may be similar to or completely different from those of urban, middle-class young and teenage mothers.

Urban underprivileged mothers, in turn, have specific needs and demands, ranging from places in daycare centers and schools to access to basic sanitation and paving, issues that directly affect health. Social distancing itself is an uneven experience among mothers depending on where they live. Those who live in city outskirts must face public transport when commuting. With the closure of schools, they have to take their children along. In addition to the pandemic, underprivileged mothers must face previously existing problems such as social vulnerability and violent police repression.

There are numerous motherhood realities. Observing the historical issues of the black population, it is clear that black women did not have

¹⁰CARNEIRO, Aparecida Sueli. A construção do outro como não-ser como fundamento do ser. São Paulo: FEUSP, 2005. Tese de Doutorado.

the right to exercise motherhood. Understanding this context requires analyzing the historical processes of colonization and slavery in Brazil, the slavery period, which lasted over three hundred years and was marked by exploitation, violence and dehumanization of the black population.

Blacks were considered a commodity and black women were instruments for the (re)production of labor. Besides doing housework, they were frequently raped. Consequently, they were responsible for the care of white children, breastfeeding, serving and raising them while their black children were sold as mere commodities.

In this sense, the motherhood experiences of black women are quite different compared to other women. In addition, these historical factors involve consequences that are currently being unleashed through the violence, inequality and discrimination faced by the black population.

Therefore, motherhood as experienced by black women is marked by the construction of strategies of daily struggle and resistance to survive in a structurally racist environment. From this perspective, a brief description is in order of the experiences of black, *quilombola*, indigenous and underprivileged mothers in the last few months of social distancing.

We are currently undergoing difficult political times, marked by disregard, neglect, disinterest, omission and indifference. In addition, the Brazilian population is daily beset by prejudice and inequality, and the bodies marked and attacked day after day by racism have color and class.

The black, indigenous and underprivileged population remains the most vulnerable and affected during the coronavirus pandemic. It is observed that mothers play extremely important roles in the daily struggle against violence and inequality. Black mothers, for example, create daily survival strategies to keep their sons and daughters alive.

Racism daily kills from children to older adults. During the pandemic, violent stories like that of João Pedro, a fourteen-year-old teenager murdered at home, in the Salgueiro favela in the metropolitan area of Rio de Janeiro, moves us deeply. Every day black children are victims of racism and their lives are cut short by social and racial prejudice.

Such social factors are no different when facing a global health issue; on the contrary, it is observed that the pandemic reinforces the idea that certain lives have no value. In the state of Roraima, indigenous mothers of the Yanomami ethnicity begged for a month to have back the bodies of their babies killed by Covid-19, buried far from the village at a site unknown to their relatives.

It is these tragic situations that show us that black and indigenous mothers have very different realities and demands compared to other mothers. And all of these issues relate to the colonial and slavery periods when these populations were dehumanized, raped, attacked and exploited for years.

It has been only one hundred and thirty-two years since the abolition of slavery, and the black population consequently still suffers the effects of that period. It is noteworthy how black and indigenous mothers appreciate a basic right of all human beings, the life and survival of their children. Keeping their children alive amid so many social problems poses huge challenges. Thus, following social distancing rules, facing daily obstacles, creating and reinventing new possibilities to stay at home in the fight against Covid-19 is a different reality of resistance and struggle for these women.

Conclusion

As authors, anthropologists and mothers (black, indigenous and underprivileged), we experience these motherhood difficulties on a daily basis, with particularities that we collectively exchange among our peers. However, we are hardly ever seen as subjects in our own right. Most studies that focus on the theme address white motherhood as “single and stable,” that is, an opposite reality to ours.

Although there are studies or reflections on the reality of black or indigenous women, they insist on portraying us as a “research sample” rather than subjects of research. Thus, the main goal of this paper was to

show the importance of discussing the theme of motherhood mainly from the adversities faced by women who are mothers.

It is necessary to consider the social, cultural and historical issues, which are divergent and have unique particularities. Reflecting about motherhood in times of social distancing requires reflecting about common situations in general, but with their marked subjectivities; reflecting about motherhood in times of social distancing means exposing the reality of black women; reflecting about motherhood in times of social distancing means considering the experience of teenage mothers; reflecting about motherhood in times of social distancing means understanding the existence of the diversity of indigenous mothers; reflecting about motherhood in times of social distancing means respect the tradition of *quilombola* mothers.

Reflecting about motherhood in times of social distancing means reflecting that being a mother is not fixed template, but a process, marked by cultural, social and historical issues.

Experiences of scientist mothers on the frontline of nursing care of Covid-19 patients

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The risks that health care staff daily face in their professional practice are well-known. However, in a pandemic such as this one of Covid-19, the procedures and direct care of patients further increase the risk factors, exposing these professionals to the virus and consequently the disease.⁷ Moreover, there is an increase in other occupational risks such as:

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⁶ Specialist in Hospital Management- Federal State Servants Hospital-High General management of nursing and high complexity care of COVID-19; vsnxavier@gmail.com

⁷ Hernandez, E. S. Ci e Vieira, L. A guerra tem rosto de mulher: trabalhadoras da saúde no enfrentamento à Covid-19/ANESP, 2020. Available from: <http://anesp.org.br/a-guerra-tem-rosto-de-mulher-trabalhadoras-da-sade-no-enfrentamento-covid-19> Visited on: 9/07/2020.

psychological distress due to feeling under pressure, stress, fatigue, and burnout syndrome, which can be aggravated by excessive working hours.^{8,9} These risks directly and indirectly affect the lives of these professionals.¹⁰

Based on this context, this chapter reports the experiences and direct and indirect implications of the pandemic for nurses who are mothers and work directly in the management or patient care of Covid-19, a time that will undoubtedly mark our lives in a striking way.

By Cristiane Barreto

From Florence Nightingale to contemporary nurses, nursing is a profession predominantly made up of women, who expose their lives to provide care.¹¹ According to Splendor and Roman (2003),¹² “Examining the history of nursing, women and care, we find that they are deeply intertwined, so that one is directly or indirectly linked to another.” Our workload has always been exponentially greater than that of men, for besides working in the hospital, we also have to work at home. I am a black mother and nurse, the sole provider of my household, and I summarize the current moment in a single word: Distress!

The pandemic came as an avalanche, sweeping all before it, yet my life was not put-on hold. Despite the recommendation to “stay at home” I was unable to stay away from work. As a health care professional, I was

⁸ Organização Mundial da Saúde/OMS -. *Coronavirus disease (Covid-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health*. Available from: <https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-Covid-19.pdf> Visited on: 09/07/2020.

⁹ Organização Panamericana de Saúde/OPAS-2020. Available from: https://www.paho.org/bra/index.php?option=com_content&view=article&id=6130:covid-19-materiais-de-comunicacao&Itemid=0#boatos. Visited on: 09/07/2020.

¹⁰ Oliveira, A.C. Desafios de enfermagem frente ao enfrentamento da pandemia do COVID-19 Revista Mineira de Enfermagem. Vol.25 e-1302, 2020.

¹¹ Costa, R; Padilha, M. I; Amante, L. N; Costa, E; Bock, L. F. O legado de Florence Nightingale: uma viagem no tempo Texto contexto-enfermagem. vol.18 n°.4 Florianópolis Oct./Dec. 2009

¹² Splendor, V., & Roman, A. (2013). A Mulher, a Enfermagem e o Cuidar na Perspectiva de Gênero. Revista Contexto & Saúde, 3(04), 31-44.

on the frontline from the outset. Nursing works hard to preserve lives. We prepare beds to receive patients, forward and collect specific exams, such as swab and fast tests, support patients who are distant from their families, keep medical records, administer pertinent therapies, work very long hours and are greatly exposed.

My routine remained the same. I continued working on my specialization degree in health quality and patient safety at FIOCRUZ/ENSP, which was already a distance learning course. However, the situation and my feelings changed in the face of this new demand. My expectations for 2020 were certainly very different, as I had already started my applied research in mitigating damage to patients and developing an action plan to prevent the risk of falls, aiming at the six international patient safety goals.

I work in a federal health institution that offers a good environment and adequate working conditions, as there was no lack of personal protective equipment. However, de-gowning is a moment of great tension for me, due to the anxiety to leave the Covid-19 ward as soon as possible, the tiredness of the long working hours and emotional exhaustion. In addition, I am concerned about the possibility of bringing the disease home to my daughter, despite taking all precautions.

Another devastating aspect was seeing friends get sick and realizing how fragile and helpless we are in the face of such a sinister virus. Luckily, our leadership is active and committed to our safety, providing everyone with clear and accessible guidelines. I did not lose any close friends to Covid-19, but my heart goes out to the many brothers and sisters in the profession who fell in battle. I always wonder: who will take care of people like us, who take care of others? Who provides psychological support to those who are 24 hours on the frontline?

The current situation has shed light on the indispensable service provided by nursing, which needs to be recognized by society and its representatives by implementing principles to ensure the protection of

these professionals. When this is all over, I would like to receive due recognition for my work.

By Viviane

I am a nurse and work both in general nursing management in fighting Covid-19 and in care of highly complex patients in a federal hospital, besides being a graduate student in hospital management at Instituto Alberto Luiz Coimbra/Federal University of Rio de Janeiro (COPPEAD/UFRJ). I accepted the challenge of writing about this world event from my perspective and will do my best to portray what I have experienced up to now as a human being, woman, mother of two, daughter, wife and health care professional working in direct patient care and hospital management.

While the news continued highlighting the thousands of lives lost to the coronavirus, mainly affecting older adults and people with comorbidities, here in Brazil uncertainty, fear and anxiety prevailed. Despite the government's hesitation, extreme decisions and measures were taken, as the country's situation required it. Given this context, we had no alternative but stay and fight to help the people who would succumb to the coronavirus. Therefore, we decided to send our children to stay with my in-laws in the interior of Minas Gerais, for their protection.

At the hospital, the days became long, intense, and extremely challenging, for I had recently taken over as director and needed everyone to commit to doing their best. We have held numerous meetings with all groups participating in management, which included, in addition to us, care coordinators, hospital infection control committee, administrative coordinators, engineering, storeroom, supplies, epidemiology, cleaning and nutrition. In other words, we created a veritable task force, with each area contributing from their perspective to reorganize the hospital. In addition, we needed to physically restructure the hospital with emergency

facilities, based on ordinance 356/2020.¹³ New service flows were introduced and elective procedures were canceled, among other routine changes. Day by day we created a “new” hospital.

In the month of April, chaos ensued with our first Covid-19 patient. Fear and anxiety prevailed among the hospital staff. Many lost friends, relatives, got sick, were hospitalized. Approximately 300 health care workers were put on leave. I’ve never experienced anything like it. I saw tough people break down and cry. Every day we had fewer staff, and to this day we haven’t been able to test everyone, as test kits are scarce.

The shifts became more tense, but surprising, and reading manuals, articles and technical notes was not enough to provide comfort and safety.^{14;15;16} Every time I put on or took off protective equipment, touched a patient, inhaled and exhaled, I thought I could be contaminated. I was overwhelmed by fear and anxiety, a most palpable feeling.

In April I experienced an emotional roller coaster! I had waited so long for my 40th birthday and when it arrived, I hardly noticed it. My children were away and only my husband and my mother, who refused to go to Minas Gerais, were with me. However, my main goal was to survive, so I thought: I’ll soon call them to celebrate. That was the spark of hope that kept me sane.

At the hospital, we improved the facilities and the PPE. Nevertheless, we were visited by organizations such as the Regional Nursing Ethics Council (COREN), trade unions and the ombudsperson accusing us of

¹³ BRASIL, Ministério da Saúde. Regulamentação e operacionalização que estabelece as medidas para enfrentamento da emergência de saúde pública. Diário oficial da união-Portaria nº 356, de 11 de março de 2020, edição: 49, seção: 1, | pág. 185. Available from: <https://www.in.gov.br/en/web/dou/-/portaria-n-356-de-11-de-marco-de-2020-247538346>

¹⁴ BRASIL, Ministério da Saúde, Critérios técnicos para triagem clínica do coronavírus (SARS, MERS, SARS-CoV-2) Nota Técnica Nº 25/2020-CGSNT/DAET/SAES/MS <https://portalarquivos.saude.gov.br/images/pdf/2020/May/07/Nota-t-cnica-N---25-2020-CGSNT-DAET-SAES-MS.pdf>

¹⁵ BRASIL, Ministério da Saúde. Nota técnica gvims/ggtes/anvisa nº 07/2020 orientações para prevenção e vigilância epidemiológica das infecções por sars-cov-2 (COVID-19) dentro dos serviços de saúde. Available from: <portal.anvisa.gov.br>

¹⁶ BRASIL, Ministério da Saúde. Secretaria de Vigilância em Saúde. Boletim Epidemiológico nº 02 Secretaria de Vigilância em Saúde SVS/MS-COE - Fev. 2020. Available from: <https://portalarquivos2.saude.gov.br/Boletim-epidemiologico-COEcrona-SVS-13fev20.pdf>

various atrocities, complaints made by actual nursing staff. Life in management is very ungrateful, but as the work we do is serious and well-founded, the complaints came to nothing, despite causing many hours of extra work and sleepless nights.

In spite of the difficulties, we feel proud. Even though we are not a referral hospital for Covid-19, we cared for more than 60 patients hospitalized simultaneously, between positive and suspected cases, while continuing to receive our regular patients, since the other diseases did not disappear. So far, we have lost two staff members to the disease, which was very sad and shocking for the whole group. This raised our awareness of our responsibility to ourselves and our co-workers.

Currently, the reduced number of Covid-19 patients admitted to the hospital gives us some hope, and the prevailing question is: is it over? My realistic side says no, but the longing to see my kids makes me want to believe so. It's been 4 months, 120 days without touching them, without hugging them. I cling to my vocation and my duty and responsibility as a nurse. What drives me to do my best to see this through to the end is my maternal feelings, because I need my children to be happy again!

By Ana Paula

I have been a nurse for 24 years; I have 3 children and my husband is a pharmacist. In December, at the end of my vacation, I visited my parents, who live in another city, and during the visit my mother had a heart attack. That was the beginning of yet another preoccupation in my life, as I had been supporting my father in his fight against cancer. This all happened before we had even heard of coronavirus in Brazil.

At the hospital, the first cases appeared among patients and colleagues, and despite being at risk, as I am diabetic, I did not stay away from work. I kept on working! We prepared a ward, adapted to receive patients who tested positive. But until it opened we struggled a lot. We underwent many training sessions, armed with expectations and hope. I

helped the nursing team set up this ward, which for me was a relief, as I was able to ensure the nursing teams' safety. Each staff member who falls ill saddens me, as they are part of “our family” in clinical practice. In May it was finally opened and everything went well, including the reduction in staff contamination. And each one who recovers and returns is a victory and a reason for celebration.

We had to make adjustments in the care for patients with hematological neoplasms undergoing chemotherapy, which caused the staff great concern. Therefore, many infusions were postponed and patients who were already hospitalized were moved further away. According to Ferreira et al. (2013),¹⁷ cancer patients are more vulnerable to developing the more severe form of Covid-19, which can lead to the patient's early death.

Despite everything, I continued to support my parents. In March I had all the symptoms of Covid-19 and felt very ill, but thought it was a common cold. I went to the lab to collect a blood sample for testing, and coughed and sneezed while I waited, but I thought: It's nothing serious! However, worried about my flu-like condition, I kept a safe distance from people, especially pregnant women and older adults. However, the staff looked at me with wide eyes. I feared the disease and the risk of passing it on to my loved ones, until I finally took the quick test and the result was negative. Now I must take care of myself and my loved ones, because the disease is still out there and can be fatal.

By Luciana

At first, when cases of infection were still restricted to China, we did not have so much information about this new virus. The New Year celebration with the family was one of the best ever. A lot of joy, happy

¹⁷ Ferreira, J. D.; Lima, F. C. da S. de; Oliveira, J. F. P.; Cancela, M. de C.; Santos, M. de O. Covid-19 e Câncer: Atualização de Aspectos Epidemiológicos Revista Brasileira de Cancerologia 2020; 66:e-1013 1

moments and goals for 2020, but none of them could be fulfilled due to the pandemic.

February arrived with the return to school, followed by Carnival and the feeling that the year had come to a halt. A few meetings were held at the hospital to discuss the possible flow of cases for hospitalization. Admission was regulated by a system outside the institution's control and the estimate for PPE had no historical means of comparison. It was difficult to work with an unprecedented situation in so many ways.

The beginning of March was normal, but the virus was already spreading across Europe and we imagined it would arrive here soon enough. On the 13th, my daughters' school closed. As a health care professional, I already expected it. It was the right thing to do. Pandemic? Quarantine? I never imagined how difficult and delicate a situation like this could be until I experienced it. Especially when you are the mother of two girls and lead a team of approximately 1300 professionals. By then we already had more information, but how to explain to a child and teenager that they would have to stay home for the next few months, with no contact with anyone else? And how to explain the imminent risk that I, as a health care professional and mother, would be living daily?

I considered the possibility of taking them to my sister's house, in Serra, because I imagined they would be safer there. The pressure and fear of dealing so closely with a new virus are immeasurable. In 2014, one of my daughters was suspected of having H1N1, which evolved to respiratory failure in just 24 hours, so the fear of exposing them to a situation as serious as the current one was unimaginable. I chose to leave them at home, because if something happened, I would be around.

April and May were difficult months in hospitals. Much crying, fear and trying to predict what would happen next week, next month. Infected patients began to arrive and staff were sent home due to the disease and

the risk of becoming ill.¹⁸ And how to deal with it with no Human Resources department? How to decide on team size to provide care safely? At the same time, control of personal protective equipment (PPE) had to be improved, since the more the disease progressed, the more the staff became insecure and, consequently, used PPE. Most frightening of all was witnessing friends and staff exposing themselves to the virus to save lives, relatives and colleagues getting sick and dying, being distant from my mother, my family. We were experiencing not only the disease, but also the pain of social distancing.

With the increasing number of cases, the days became repetitive and the weeks endless. At first, suspected cases of Covid-19 were admitted to different sectors of the hospital, increasing the number of staff sent home due to exposure to the disease. I was concerned about managing the bed situation and estimating precisely the demand for inputs and equipment, in order to minimize the team's risk of exposure. In view of the hospital's new epidemiological profile, we learned to deal with the situation by creating barriers to reduce risks, and all management strategies were reviewed weekly.

With the easing of distancing measures, most people felt relieved, as it was synonymous with improvement. With shops reopening and schools considering having students back, it seems that things are gradually returning to “normal.” However, we hospital staff know that it's not quite like that, this “normal” will not return so soon. Despite the drop in the number of hospitalized patients, it does not mean that the disease is being eradicated. Without a vaccine we have to remain alert and respect safety measures.

The expectations for this year were certainly different, but I learned above all that we have to live in the present, appreciate every minute and be thankful for all the opportunities that life gives us.

¹⁸ BRASIL, Ministério da Saúde. Nota técnica gvims/ggtes/anvisa nº 07/2020 orientações para prevenção e vigilância epidemiológica das infecções por sars-cov-2 (COVID-19) dentro dos serviços de saúde. Available from: portal.anvisa.gov.br

By Marcia

I am the mother of two daughters, and I also take care of my mother, who has become my third daughter. I have two professions related to the health area. In the first, from which I earn my living, I work as a nurse technician, providing direct care for patients with various diseases, including Covid-19 (BRAZIL/Minister of Health, 2020),¹⁹ in a tertiary hospital in the state of Rio de Janeiro, Brazil. In the second I work as a biologist/external student, doing research in the area of education and health in the prevention of infectious diseases, at the Molecular Virology Laboratory of Instituto Oswaldo Cruz/FIOCRUZ.

Although I have a master's degree in tropical medicine from FIOCRUZ, two concluded specialization degrees and one in progress, I find it hard to enter the job market for lack of opportunities and, nowadays, because of the current situation in Brazil. This difficulty is shared with many other women in our country.

Before the first cases of Covid-19 appeared in the world, in addition to working at the hospital, I had been working on research in the area of education and health at FIOCRUZ, in the prevention of Hepatitis B. However, the onset of the pandemic tripled our workload at the hospital and we were required to take courses on protection and individual gowning and de-gowning to adapt to the new standards, including the Ministry of Health's course²⁰ on strategic action to fight the coronavirus, courses that have undoubtedly helped in the fight against the disease. Although research work was consequently delayed, luckily I managed to do the most essential part, which was the field work, in the second half of 2019. The analysis and final writing were concluded and submitted to the

¹⁹ BRASIL, Ministério da Saúde. Institui a ação estratégica "O Brasil Conta Comigo", para o enfrentamento à pandemia do coronavírus (COVID-19). Portaria nº 492, 23/03/2020

²⁰ BRASIL, Ministério da Saúde. Dispõe sobre as medidas de proteção para enfrentamento da emergência de saúde pública de importância internacional decorrente do coronavírus (COVID-19). Diário oficial da união-Portaria nº 428, de 19 de março de 2020, edição: 55, seção: 1, | pág. 149

examination committee in early July 2020, with the conclusion of the microbiology specialization scheduled for August and submission of the paper for 2021.

At the hospital, in turn, as the pandemic progressed a few colleagues were put on leave due to the disease. This impacted all of us at the hospital, leading to anxiety and increased fear of catching the disease, as well as of taking the virus home. One of the cases that affected me was of a friend and working partner who was hospitalized due a urinary tract infection caused by staying in a closed sector for long hours, without being able to drink water or go to the bathroom. Like her, other colleagues had the same problem, resulting in an overload of patient care.

My personal life was also disturbed as I had to stay longer away from home due to the shifts and exhaustion. My daughters, who were already somewhat overwhelmed by the changes made to adapt the house to the needs of my elderly mother, who has Parkinson's disease, and by the daily running of the house and caring for their grandmother, suffered with the increased burden of those chores, which have always been divided between the three of us. All of these facts affected their lives, as they had to interrupt their work and postpone study projects. I confess that I felt guilty for them having to take on so many responsibilities and chores and for my not being able to help with running the house. Despite everything I thank God for not bringing the disease home and for being healthy.

By Amanda

The year 2020 brought a heavy load of intense and challenging feelings, especially for health care professionals. In my 15 years as an assistant nurse, I thought that I had already experienced all the pains and pleasures that my profession could provide. Surprisingly, the coronavirus pandemic came along, requiring me to urgently reinvent myself.

There was no time to lament the physical and psychological burden I would have to face, as I had to act quickly and efficiently with the clinical

practice managers to reorganize the facilities and care flows, implementing newly created protocols to care for patients diagnosed with Covid-19. At the same time, we needed to train the entire multidisciplinary team in the sector on the importance of using PPE and safe gowning/de-gowning procedures to avoid contamination by frontline staff.²¹ In addition, it was necessary to pass on to doctors and nurses the step by step of the swab technique for the diagnosis of coronavirus.

Through the Teaching and Research Division, I was honored to be invited as a member of the Training Group to record institutional videos posted on the hospital's website, focusing on PPE, intubation technique for suspected or confirmed patients (in partnership with the anesthesiology team) and simulation of swab-based collection. According to the Epidemiological Bulletin No. 2, available on the Brazilian Ministry of Health website, the laboratory diagnosis for the identification of the Covid-19 virus is performed using RT-PCR techniques and partial or total sequencing of the viral genome, hence the importance of training most professionals in the technique.

Amid the torrent of information and high anxiety levels – after all, I'm a mother and have a personal life that cannot be left aside during the crisis – I can say that being actively involved in this whole process contributed to my personal and professional growth, not only for my efforts to keep abreast of scientific studies, but also for feeling useful in helping to prevent people getting infected and falling ill with Covid-19 because they are unaware of individual protection techniques.

Finally, at the height of the epidemic I made some reflections on the challenges and physical and emotional repercussions of being on the frontline and called it “Our daily gowning.” Perhaps it is an invitation to a deep reflection that will allow us to delve into our true essence, review our working relationships, once again acknowledge the fragility of life, have

²¹ BRASIL, Ministério da Saúde. Dispõe sobre as medidas de proteção para enfrentamento da emergência de saúde pública de importância internacional decorrente do coronavírus (covid-19). Diário oficial da união-Portaria nº 428, de 19 de março de 2020, edição: 55, seção: 1, | pág. 149

greater empathy for the human being under care and analyze coldly the fine line that separates us. Here it is:

“When we are gowned up, we are certainly disfigured. Our own colleagues no longer recognize us, the glint of the eyes is blurred by the barriers of goggles and face shield. The smile that has the enduring power to change someone’s day is no longer seen, the tone of voice is muffled by the mask, the humane and warm touch is no longer possible, since gloves and gowns are indispensable.

How to identify what kind of professional you are if badges can no longer be worn? Is it worthwhile to place ourselves on a same level as a team? Most certainly! We are all rowing in the same boat, using the same equipment, vulnerable to the same virus and the same weaknesses. We are depriving ourselves of contact with loved ones, in a painful attempt to protect them. We number several cases of absence from work due to suspected or confirmed infection, we grieve for friends and relatives who cannot resist, we swallow the tears, the fear, the anxiety, the tension of de-gowning, and as we remove the protective equipment, we slowly resume identifying ourselves by name, surname and occupation.

It took the emergence of an invisible trap to try to corner all the vanity and individualism that still exist inside and outside hospital walls. A virus capable of transforming even the most privileged economic classes into patients submitted to protocols yet to be scientifically validated. In the face of such a scenario, it is inevitable that we understand that science will save us, that we are indeed interdependent beings in terms of care and common sense, that our home has always been the safest place, and that what doesn’t kill us makes us stronger.

Perhaps more united and stripped of the superhero armor forced on us during the pandemic, assuming our weaknesses and sensitivity in the face of the suffering of humanity as a whole, we will continue to fight for all of us. Thus, our daily gowning may at times disfigure us, cause discomfort, shortness of breath, distress and a lump in the throat, dried airways, impersonality, but we must continue resigning ourselves to

wearing it, as it is still the best guarantee that we will be safe at the most delicate and important moment, which is providing direct care for patients infected by the coronavirus.”

Final reflections

In short, despite all the tribulations, fear and distress, feelings intensely experienced and reported in detail by all of us, we carry on in the hope of better days, envisioning a solution to this whole problem, so our lives may go back to “normal.” The art of providing health care is intrinsic to all nurses, and therefore we hope that the experiences undergone will foster female empowerment so we may objectively face adverse situations based on scientific knowledge and on our potential for decision and transformation.

Social and family implications of the Covid-19 pandemic in the daily life of elderly mothers

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Introduction

Covid-19 (Coronavirus disease - 2019), a disease caused by the SARS-CoV-2 virus, was officially recognized as a Public Health Emergency of International Concern on January 30, 2020 by the World Health Organization (WHO) and as a pandemic on March 11, 2020 (PAHO - Pan American Health Organization, 2020). According to PAHO data,⁶ by July 17, 2020, 13,616,593 cases of people infected by Covid-19 had been

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⁶ OPAS/BR. Organização Pan-americana de Saúde (Brasil). Folha informativa-COVID-19. Available from: <https://www.paho.org/bra/index.php?option=com_content&view=article&id=6101:covid19&Itemid=875>. Visited on: July 20, 2020.

confirmed worldwide, with 585,727 deaths. In Brazil,⁷ by July 19, 2020 there were 2,098,389 confirmed cases, with 79,488 deaths, a mortality rate of 37.8/100 thousand inhabitants.

Examining mortality rates broken down by age group, the high lethality found among older adults is impressive. At the beginning of the pandemic, in March 2020, researchers at the Imperial College of London⁸ called attention to the rates of 4.3% for people aged 70-79 and 7.8% for those aged 80 and over. In Brazil, in April, in the state of Rio de Janeiro,⁹ the mortality rate was 11.8% for people aged 60 to 69, 12.6% for those aged 70 to 79 and 26.7% for those aged 80 and over. In Pernambuco,¹⁰ one month later it had already reached 29% among people aged 60 to 69, 31% for those aged 70 to 79 and 37% among those aged 80 and over.

In Brazil, an aging country with more than 28 million older adults, the spread of Covid-19 has caused concern and changed the social dynamics of those who live or interact with elderly family members. We will particularly address the influences of the pandemic on nuclear families of/with elderly mothers from the perspective of gerontology and social sciences. To this end we will draw on the professional experience account of one of the authors in regular contact with 180 older adults – through a Referral Center for Older Adults in a city in the interior of the state of São Paulo – and online news stories on the subject, published between March and July/2020.

⁷ BRASIL. Ministério da Saúde. Painel de casos de doença pelo coronavírus 2019 (COVID-19) no Brasil pelo Ministério da Saúde. Available from: <<https://covid.saude.gov.br/>>. Visited on: July 20, 2020.

⁸ VERITY, R. et al. Estimates of the severity of coronavirus disease 2019: a model-based analysis. *Lancet Infect Dis*. Published online, v. 20, n. 6, p. 669-677, mar., 2020

⁹ ABDALA, V. RJ: um em sete casos de covid-19 em idosos resulta em morte. Agência Brasil - Rio de Janeiro. Available from: <<https://agenciabrasil.ebc.com.br/saude/noticia/2020-04/rj-um-em-sete-casos-de-covid-19-em-idosos-resulta-em-morte>>. Visited on: July 20, 2020.

¹⁰ LEITE, C. Letalidade do novo coronavírus chega a 32% entre idosos a partir de 60 anos em Pernambuco. 2020. Available from: <https://jc.ne10.uol.com.br/colunas/saude-e-bem-estar/2020/05/5607943-letalidade-do-novo-coronavirus-chega-a-32--entre-idosos-a-partir-de-60-anos-em-pernambuco.html>. Visited on: May 2, 2020.

Motherhood and aging in times of Covid-19

Elderly mothers experience motherhood differently according to social class, ethnic group, religion and local culture. Different situations are leading to the formation of different family arrangements, including an increase in the number of older people living alone. Situations such as absence of children, death of spouses or even being autonomous and independent, resulting in the desire to live alone, raise issues like independence and freedom in aging,¹¹ but also lack of formal and informal social support in times of acute crises, such as that caused by Covid-19.

For example, the study *Saúde, Bem-Estar e Envelhecimento* [Health, Well-Being and Aging], recently published by Agência Fapesp, reports that 290,771 older adults live alone in the city of São Paulo, accounting for 16% of the city's residents over 60 years of age. Of these, a large part is long-lived (22,680 are 90 years old or more) and have no one to rely on if necessary (more than eight thousand older adults). This is the case of mothers of children who live far away and were not able to be with them at this time, or of mothers with a history of long-term illnesses whose relatives cannot care for them or who do not feel comfortable receiving care outside their home and privacy.

With the pandemic, those who can count on their children's support to buy food or medicine sometimes don't even have any contact with them, as they leave the items at the front door. Besides distancing from children, there is also distancing from grandchildren and daughters-in-law/sons-in-law, sometimes with no face-to-face or remote contact and a history of conflicting family relationships, hindering their food security or access to resources, as they have no one to help. On the other hand, among those who live with other family members, the effects of seclusion were more deeply felt due to the situation of constant permanence.

¹¹ PERSEGUINO, G. et al. A família frente a realidade do idoso de morar sozinho. *Revista Brasileira de Enfermagem*, v. 70, n. 2, p. 251-257, 2017.

These women often play different social roles and are the main providers of care and aid to the family. They take care of grandchildren or have partners/family members who depend on them for some daily activity. Given the family dynamics, these women are exposed to Covid-19 due to their daily proximity to children and grandchildren who do not live in the same household, or because they have to run errands outside the home. They are more exposed because social and health care services and networks for older adults are unprepared to deal with emergency situations in general, a consequence of disinvestment and frozen social spending and the lack of an institutional culture of prevention. As a result, older adults must care for themselves or depend on their family networks, which are sometimes dysfunctional or violent.

Unfortunately, family relationships are not only made up of affection, care and support, but also exploitation, authoritarianism and violence. Therefore, the household environment that should provide protection reveals relationships of power, domination, and gender and generational inequality, culminating in domestic violence.¹²

Violence against women occurs and reoccurs mainly within the family. Among older adults, other risk factors are added such as illnesses, the history of family relationships and exposure to social vulnerabilities. Violence against older adults is considered a public health issue, defined as one or repeated acts, or lack of appropriate action, occurring in any relationship that causes harm or negligence.¹³ It involves physical, psychological, sexual and institutional violence, and financial and equity abuse, as well as neglect, self-neglect and abandonment.

The Continuous National Household Sample Survey, published in 2018 by IBGE,¹⁴ shows that by 2017 Brazil had surpassed the mark of 30.2

¹² BIROLI, F. Gênero e desigualdades: os limites da democracia no Brasil. São Paulo: Boitempo, 2018.

¹³ TOLEDO, L. M. (Org.) Violência: orientações para profissionais da atenção básica de saúde. / organizado por Luciano Medeiros de Toledo e Paulo Chagas TellesSabroza. - Rio de Janeiro, ENSP/Fiocruz, 2013.

¹⁴ IBGE. Instituto Brasileiro de Geografia e Estatística. Número de idosos cresce. 2020. Available from: <https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/20980-numero-de-idosos-cresce-18-em-5-anos-e-ultrapassa-30-milhoes-em-2017>. Visited on : July 20, 2020.

million older adults, with a higher percentage of women. This feminization of old age is a phenomenon that “entails several positive and/or negative factors, for both women themselves and their families, since it may be associated with greater social risk and, at the same time, with a restructuring of the relational space, since older women are an important link in the family support network.”¹⁵

The changes that occurred after the 1970s, such as the feminist movement’s defense of women’s rights – through the use of contraceptives, legalization of abortion in several countries and the massive entry of women into the labor market – led to a new relationship of women with motherhood. However, “the blending of woman and mother persists as a means of control and restriction of the citizenship of this group.”¹⁶

Among the roles assigned to women, the ideal of motherhood, as well as housework and care for children and family, “naturalizes certain social responsibilities based on gender differences.”¹⁷ These are roles that, problematized from a viewpoint of gender relationships, underscore the inequalities between men and women as a social construction. Thus, old age does not bring about any changes in what was socially constructed concerning men and women, but sustains the differences, revealed in longevity and in the new role of being an older adult, whether man or woman.

Regarding motherhood, a noteworthy aspect is the naturalization of the separation of mothers into two beings: those that reproduce and those that no longer reproduce. Women of a reproductive age come first, as if being a mother were synonymous with joviality and functionality. The others are elderly women who have already raised a family and ensured the necessary care to strengthen their kin. Their individuality runs

¹⁵ ALMEIDA, A.V. et al. A Feminização da Velhice: em foco as características socioeconômicas, pessoais e familiares das idosas e o risco social. *Textos & Contextos*, Porto Alegre, v. 14, n. 1, jan./jun., 2015.

¹⁶ BIROLI, F. *Gênero e desigualdades: os limites da democracia no Brasil*. São Paulo: Boitempo, 2018.

¹⁷ SAFFIOTI, H. I. B. *Gênero, patriarcado, violência*. São Paulo: Editora Fundação Perseu Abramo, 2004.

through the senses, presenting a new female condition, that of being an elderly mother. Such conditions reinforce prejudices related to motherhood and evoke stereotypes of elderly women, such as being “mother hens” to everyone, ready to serve and repay in excess for any affection they receive, thus undermining their right to free choice.

The assignment of caregiving roles to women endorses not only the naturalization of housework, but also the preservation of the exhausting double duty and self-sacrifice for the family. Women, elderly mothers, on the fringes of society, without access to pensions and government benefits, are even more prone to risk situations when they depend on informal work or help from children and family members.

Even in the exchange of favors among the parties involved they are placed in asymmetrical relationships leading to oppression and intra-family and domestic violence. Most do not react but remain silent in the face of fear, threat and feelings of guilt, given that the aggressors are usually their own children or close family members.

In times of social distancing, not only violence, but also social, racial/ethnic and gender inequalities and prejudices in Brazilian society have been aggravated. According to Nascimento (2020), the pandemic has skin color and gender. Because blacks, browns, and ethnic and social minorities are historically groups with unequal access to goods, services and work, which includes women in informal employment and underemployment, they are more vulnerable to exposure to the disease, with reduced chances of survival when unable to care for themselves or be cared by others.¹⁸

Regarding prejudices and stigmas, as of the 20th century one notes a change in the way older adults are perceived and addressed. The creation of a new vocabulary to refer to older adults in a more respectful way arises with the need to link them to traits such as “active” and “independent.”

¹⁸ NASCIMENTO, E. A pandemia tem cor e gênero, diz Elaine Nascimento sobre as desigualdades no Brasil da Covid-19. Reportagem de Ana Cláudia Peres, Radis, publicada em 09/06/2020. Available from: <http://www.ensp.fiocruz.br/portal-ensp/informe/site/materia/detalhe/49154>. Visited on: July 20, 2020.

Stigmatized old age became amenable to good things, enabling a positive view of the process, although the means by which this occurred were largely related to frequent prescriptions of a healthy diet and physical, social and cultural activities as the secret to successful aging.¹⁹

This logic of individualizing the responsibility for “good” aging is embodied in the belief, nurtured over the last decades, that it is possible to achieve a high-level control of our lives through health care and individual improvement,²⁰ sometimes dictated by the medical and pharmaceutical industry, by society or by state regulation in biopolitical practices at different levels of government, that is, practices linked to the management and control of populations and their segments. However, this positive image suffered a setback during the pandemic, as observed by the users of the Referral Center for Older Adults, when older adults were blamed and offended for needing to run daily errands, such as going to the market and pharmacy, even though they had no formal or informal support networks to assist them.

Discourses about the lethality of Covid-19 in the older population led to increased social stigma about old age and aggravated the negative effects of existing stereotypes. In the context of the pandemic, older adults were often treated differently from others, being labeled, stereotyped, discriminated against and mocked. Ageism can directly impact the ability of older adults to access services and goods,¹⁴ as reported by the head of the Referral Center for Older Adults:

“Older adults used to have this independence, this autonomy to go to places, but not anymore. It is social discrimination to criticize older adults for having a daily life. The authorities are not seen standing up for older adults. The impression is that they are no longer have any value. The pandemic brought

¹⁹ DEBERT, G.G. Velho, terceira idade, idoso ou aposentado? Sobre diversos entendimentos acerca da velhice. Revista Coletiva, v. 5, n. 1, p. 2-5, 2011.

²⁰ ROHDEN, F. As promessas de aprimoramento e o retorno à fatalidade. Anpocs, 2020. Available from:

<http://www.anpocs.com/index.php/ciencias-sociais/destaques/2328-boletim-n-16-as-promessas-deaprimoramento-e-o-retorno-a-fatalidade#.Xpldx3m_yxA.whatsapp>. Visited on: Apr. 16, 2020.

out this generalized feeling against older adults, that they can only stay home and that's it" (Nilva Rodrigues, June/2020).

Since the beginning of the pandemic, the government has been unconcerned with drawing up a concrete plan for public policies to address the health crisis in Brazil, especially among the groups considered most likely to die in emergencies. The pandemic phenomenon affected the population differently, hindering access to resources for health promotion, disease prevention and isolation support. The impact was also different for women, mothers and older women of different social classes and functional profiles, revealing isolation within isolation.

During the pandemic, social isolation rules (social distancing and self-isolation) were imposed in an attempt to decrease the spread of the disease²¹ among different segments of society, especially at-risk groups. During this period, such rules should consider different conditions and realities,²² as well as the different functional profiles observed in old age, such as senescence (aging with greater preservation of functional and cognitive capacities) and senility (with frailty and decline in those capacities), with different degrees of dependence and autonomy.

For elderly mothers in Long-Term Care (LTC) institutions, for example, distancing and isolation are not merely a matter of personal or family initiative, but of compliance with local regulations prohibiting visits. In cities and towns in the interior of São Paulo, the rapid spread of Covid-19 in such institutions led to severe cases and deaths among residents. In Campinas,²³ half of those infected in these institutions died.

²¹ LE COUTEUR, D. G.; ANDERSON, R. M.; NEWMAN, A. B. COVID-19 is a disease of older people. The journals of gerontology. Series A, Biologicalsciencesand medical sciences, mar, 2020.

²² ONU. Organização das Nações Unidas. Issue Brief: Older Persons and COVID-19. Available from: <<https://www.un.org/development/desa/ageing/news/2020/04/issue-brief-on-older-persons-and-covid-19-a-defining-moment-for-informed-inclusive-and-targeted-response/>>. Visited on: Apr. 11, 2020.

²³ GLOBO. Reportagem exibida em 23/06/2020. Covid-19 mata metade dos idosos infectados em asilos de Campinas, diz Vigilância em Saúde. Available from: <<https://globoplay.globo.com/v/8644789/>>. Visited on: July 20, 2020.

In São Paulo and Espírito Santo,²⁴ the combined number of confirmed cases had already exceeded 850 by June 2020. Isolation in LTC institutions can expose not only elderly mothers but also all residents to situations of violence, whether financial, physical, psychological or institutional, as warned by the international community.²⁵

The implications of the pandemic are many, running through the areas of subjectivity, emotions and the psyche. Being distant from children and grandchildren, not being able to hug, talk face-to-face or share a meal with loved ones has psychological impacts on these mothers. Reports of sadness, crying, lack of energy and excessive or poor sleep have been frequent, as observed in the Referral Center for Older Adults and also in the media. Control over the lives and bodies of these elderly mothers, shared by state and family, are a reminder of the persisting relevance of biopolitics as discussed by Michel Foucault in the 1970s, and while it aims to protect this social segment, it can also increase its vulnerability and susceptibility to falling ill.

Psychotropic drugs are sometimes used to address the situation, without complementary non-drug or “non-medical” strategies. The medicalization of life²⁶ reflects a continuous search for the quality of life, healthy aging and happiness imperative sold by the pharmaceutical and medical industries and the current performative society. However, the means of coping during the pandemic must be multidimensional, given the complex ways in which it affects the life of this population.

²⁴ FOLHA. Eliane Trindade. Asilos da cidade de São Paulo registram 190 mortes de idosos por Covid. Available from: <<https://www1.folha.uol.com.br/cotidiano/2020/06/asilos-da-cidade-de-sp-registram-190-mortes-de-idosos-por-covid-19.shtml>>. Visited on: June 17, 2020.

FOLHA VITÓRIA. Relatório do MPES revela que 239 pessoas contraíram a covid-19 em asilos do Espírito Santo. 17/06/2020. Available from: <<https://www.folhavitória.com.br/geral/noticia/06/2020/relatorio-mpes-revela-que-239-pessoas-contrairam-a-covid-19-em-asilos-do-espírito-santo>>. Visited on: June 17, 2020.

²⁵ GARDNER, W.; STATES, D.; BAGLEY, N. The Coronavirus and the Risks to the Elderly in Long-Term Care, *Journal of Aging & Social Policy*, v. 32, n. 4, julho, 2020.

²⁶ ILLICH, I. A expropriação da saúde: nêmeses da medicina. Tradução de José KosinskideCavalcanti. 3ª Edição. Rio de Janeiro: Nova Fronteira, 1976.

The pandemic brought the need to plan and implement responses that are inclusive.²⁷ Virtual strategies, via apps, video lessons, video calls and WhatsApp groups have been important tools to face social distancing and give new meaning to daily activities among family members, friends and services.²⁸

Various services for older adults and companies have adapted to meet this new reality. At the abovementioned center for older adults, video calls were essential for the continuity of collective activities, although at first there were difficulties with the technology, such as access to cell phones and computers for video calls:

One strategy to promote interaction was to teach them to call three other residents and chat freely. Other teachers were called in to help diversify physical, memory and strength-building activities. . . What worked best was the WhatsApp conversations with few people (Nilva Rodrigues, June/2020).

It is important to keep the family and friends' networks of older adults active at this time. Being able to count on friends, relatives, acquaintances and even neighbors makes them feel safe. The social support network is a dynamic, complex structure that involves exchanges among individuals to face the challenges of aging during the Covid-19 pandemic.²⁹ One of the ways to provide social support is through social media, due to the possibilities of exchanging information and contacts. Therefore, social support and social network are integral to each other through face-to-face and digital social interaction.²³

Even so, despite the popularization of the cell phone, which provides connection to the social media of messaging apps and audio and video

²⁷ ONU. Organização das Nações Unidas. Issue Brief: Older Persons and COVID-19. Available from: <<https://www.un.org/development/desa/ageing/news/2020/04/issue-brief-on-older-persons-and-covid-19-a-defining-moment-for-informed-inclusive-and-targeted-response/>>. Visited on: Apr. 11, 2020.

²⁸ LARA, R. Coronavírus: Isolados, idosos ressignificam rotina com ajuda da tecnologia. Publicado em 04/04/2020. Available from: <<https://jovempan.com.br/noticias/brasil/isolados-idosos-rotina-ajuda-tecnologia-coronavirus.html>>. Visited on: Jul. 29 jul, 2020.

²⁹ MARCHI, A. C. B.; SCORTEGAGNA, S. A.; COLUSSI, E. L. Inclusão Digital de Idosos: Possibilidades e Desafios para o Envelhecimento Ativo. *NuevasIdeas en Informática Educativa*, 1 (4), 681-683, 2013.

communication, not everyone has access to these technologies, either for not being able to afford consumer goods and internet services or for having difficulty in using them, which excludes people from the benefits of digital technologies. Although there is a digital divide,³⁰ people value communication as an essential resource for work, relationships, information, entertainment, education, health, among others. Therefore, strengthening the means of communication with older adults can help cope with the consequences of the pandemic, such as isolation, social distancing and loneliness.

Final reflections

In a situation of public calamity like the Covid-19 pandemic, social constructions on aging can change abruptly. Despite the search for a positive view of the aging process and the continuous improvement of health, there have been setbacks in these areas in the pandemic.¹² In the current discourse on the disease^{9,14} older adults are seen as the group that is most at risk of death and most susceptible to the complications of the disease, associating them with an “old people’s disease” and increasing discrimination against this age group. This has consequences, during and after the crisis, for their self-esteem and physical, psychological and social well-being.

The way aging is experienced and perceived varies according to psychological, cultural, social and gender elements. An older being is constructed with life experiences that are influenced by several factors, and therefore there is no single aging process or older being, but a relative construction.³¹

There are limitations to the scope of our reflections. The considerations did not include elderly mothers living in rural areas, in

³⁰ CASTELLS, M. O digital é o novo normal. 2020. Available from: <<https://www.fronteiras.com/artigos/o-digital-e-o-novo-normal>>. Visited on: Jul. 30, 2020.

³¹ GOLDENBERG, M. A bela velhice. 7^a.ed. Rio de Janeiro: Record, 2017.

traditional communities, in situations of homelessness or incarceration. Further studies are needed to include different groups of mothers in order to understand how they are affected and cope individually and with the support of family and society, during and after the Covid-19 pandemic in Brazil.

Finally, we conclude our reflections by reinforcing the forms of coping discussed herein. In situations of public calamity, it is essential that action planning – whether public, private or by any kind of organization – consider more carefully socioeconomic conditions, intra-family relationships, conditions of access to goods and services, and also the psychic resources these mothers may or may not draw on in acute crises.

This may seem unfeasible at first given the emergence and urgency of the measures that must be taken to ensure the safety of the population. However, being prepared for multi-risk scenarios, investing in prevention and preparation, is achievable and essential to minimize the impact of situations such as those observed in the Covid-19 pandemic.

Knowing the target public of actions is a basic first step for their success. When this knowledge is collectively constructed, the chances of long-term success increase, as the actions are built *with* and not just *for*. Let us be increasingly prepared, supportive of and sensitive to the other, who is not another, but part of a great whole.

Motherhood and academic production under quarantine: experiences and reflections of sociologist mothers

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*Isis Maris Lovato*²

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*Emmanuelle Pereira Brandt de Azeredo*⁴

Opening remarks

This chapter is an invitation to delve into the combined reports and insights of sociologist mothers during the quarantine period and their experiences of academic production. Produced collectively, the text stemmed from the encounter of four women that share two essential aspects: motherhood and participation in the same graduate program.⁵ It is important to stress that we came together even before the quarantine through shared experiences in classrooms, cafeterias, corridors and halls of the university, since motherhood had already connected us. This was due to reciprocal solidarity, since we know how difficult and complex it is to be a mother and researcher at the same time, especially with a master's or doctoral research just starting or in progress.

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The initiative to write about our experiences results from the urgency to problematize the condition of “being a mother” under quarantine, coupled with the need to express the difficulties of reconciling academic production and motherhood, besides so many other chores in this period of social distancing. Therefore, the goal of this text is to share the authors’ subjective experiences in the light of reflections on how motherhood is experienced by us and how it marks this “process of being affected”⁶ during academic research, seeking to problematize to what extent the “myth of maternal love”⁷ continues to reinforce prior problems to the Covid-19 pandemic by extolling, once again, the organization of the social structure that causes female researchers to bear what we call “mental load”⁸ – increased threefold during the pandemic.

Individual voices that resonate in the Women’s Collective: presenting the authors’ reality

This text is a collective production of women who, despite being researcher mothers working in the same area of knowledge, sociology, individually experience specific and singular realities and, naturally, a personal style of feeling, seeing, perceiving, reflecting and writing. For this reason, this section is reserved for their subjectivities. Below are presented individually the daily narratives of these researcher mothers and their academic production under quarantine. This afforded each author the freedom to think about their own way of narrating their reality.

Ariane

Mother of Maria, feminist, human rights activist, consultant in the field of the criminal and prison justice system, researcher in the area of

⁶ FAVRET-SAADA, J. Ser afetado. *Cadernos de Campo*, n. 13, p. 155-161, 2005.

⁷ FAVRET-SAADA, J. Ser afetado. *Cadernos de Campo*, n. 13, p. 155-161, 2005.

⁸ HAICAULT, M. La gestion ordinaire de la vie en deux. *Sociologie du Travail*, n°3-84, 268-277. 1984

crime and public security, and doctoral student in sociology of crime. In 2017, my first year of doctoral research, with daily classes and a heavy reading program, pregnancy came along: a joy and a reality, many hormones transforming a body and changing physical and intellectual routines. The second year of doctoral research was a different phase: when my baby was two months old, I resumed the classes, breastfeeding, hardly sleeping and with great cognitive impairment. I had no idea what that meant, but little by little I discovered that it is what many people call “double duty,” reconciling the puerperium and my professional and academic life. But what about now? What about the pandemic in my life? Maria is already two years and seven months old, quite a little partner, and now we are both at home; recently divorced, I found myself faced with a burden I had never expected throughout my life. From the day I learned that social distancing would be introduced in Brazil due to the serious health crisis, I radically adopted all safety measures, staying indoors the whole time, except for taking the garbage out, and, of course, I continued with my virtual therapy sessions. I suspended all help I had at home, on full wages, and started to share my daughter’s routine with her father, each in their own house, on alternate days. Maricota was having fun at first, loving the idea of having a whole day with just mommy or daddy. Thus, passed the first three months of the pandemic, dedicated to simply everything: housework, shopping (butcher’s, grocer’s, supermarket – I must give my daughter’s father due credit for buying such items, diapers, etc.), lunch, dinner, laundry, and everything one does to keep sober, but exhausted, this woman who takes care of her small child and everything else that appears every day. But everything would have been different without working from home or doing doctoral research. A lot of people said it would be good for me, as I would have time to produce and write the thesis, since I would be at home. What to answer to this type of comment? I don’t even know what to say.

The question is: how is it possible to produce intellectually at home with a small child and everything else I do, my hard work in the criminal

justice system, the intellectual production in the research group, housework and everything else? Writing a thesis requires some immersion and synchrony in production. And the lingering question for me in the “quarantine” is: how to produce intellectually during this period? Let’s agree that this reality cannot and should not be considered a “new normal.” There are other names that, sociologically, this text intends to address that have a key connection with role of the researcher mother and whose existence the pandemic has laid bare.

ISIS

With a master’s degree in progress and two children at such different stages of development – a sixteen-year-old teenager and a sixteen-month-old baby – I feel the impact of the pandemic on my academic and maternal activities with special intensity, even with the crucial participation of my partner to execute them. If before the social distancing measures, it was possible to carry out a study routine in the peaceful environment of the university library, with set days and times, such a routine does not even exist today: research activities take place between the baby’s naps, during the short intervals between household chores, or late at night, when physical and mental exhaustion have peaked, making concentration and writing extremely difficult.

The home environment is in no way conducive to academic production and intellectual enjoyment. In the rare moments dedicated to research (secured with great difficulty after much negotiation), I am interrupted countless times to meet all sorts of family demands. If the baby falls and hurts himself, it is me he seeks for comfort; if he is sleepy, I have to put him to sleep; if the teenager has difficulties with distance learning, I am the one who helps her; if she fell out with her boyfriend, it is I who consoles her. During the pandemic, there is no double duty: it is threefold, fourfold, fivefold. With no support network nowadays, I note that my activities as a mother and researcher have not only increased in quantity, but become interwoven and merged over the days.

Emmanuelle

Antonella came into my life while I was undergoing a process of change and renewal. It was after I had finally decided to abandon the tough world of “civil service competitions” and dedicate myself to my great passions, which are academia and teaching. So, in the first semester of 2019 I applied for a master’s degree. I fondly recall how, on the first day of class in the program, I laughed and sang all the way home in the car. I had decided to take as many subjects per semester as I could reconcile with my work as a police officer. I think my heart guessed what was coming. In May of that year, I found out that I was carrying my baby in my womb. A whirlwind of questions: would I be able to cope? How to take on two major projects like these simultaneously? I was never one for being daunted in the face of challenges. Then, in the following semester, I enrolled in the rest of the subjects required for the completion of the course, and all that remained was to start the field research and finish writing the dissertation. However, the news soon came that the world would face a pandemic, which seemed like a grain of sand close to the demands of the puerperium. What I didn’t know is that the experience of being a mother in “normal” times is quite overwhelming, as it involves, in addition to constant care for the baby, breastfeeding on demand, doing housework and so many other challenges. Before you know it you are immersed in so many demands that you end up disregarding simple daily routine actions such as showering, brushing your teeth, keeping sleeping hours, eating. In a pandemic, this whole process becomes even more difficult, since it involves mothering and caring for others (who never are the mother) and culminates in an avalanche of weaknesses and neglect of the many female dimensions, such as professional life, marriage, leisure and self-care.

With the pandemic, I feel that I was heavily affected emotionally due to the restriction on having contact with family and friends, which made the mothering process even more difficult for the impossibility of having a support network, other than the supportive, generous and participative

presence of my partner. The distancing also caused huge difficulties in terms of work and production. Despite being on leave from the police force, I was unable to satisfactorily resume my activities as a researcher. Physical and mental fatigue, sleep deprivation and loneliness, associated with the impossibility of reasoning and coordinating ideas, not to mention the impaired creative and reflective process, became a huge challenge for me as a woman, mother and researcher. The lack of control over time and my own body prevented me from acquiring the rhythm, flow and dedication that are so essential for research work.

Without giving up, despite having almost no strength left, I gradually realized that it would be necessary, at this moment, to adopt a new version of myself: full-time mother, student and researcher. So, I started using little Antonella's nap times to try to read excerpts from the texts and make small inclusions to enhance the new project, which underwent constant reviews by the co-supervisor, besides staying constantly tuned into the news and social media, which have a wide range of information about my research subject, linked to the pandemic. And so it goes on, between naps, sleepless nights, breastfeeding, crying, diapers and toothless smiles, painstakingly, day after day, using every minute available, piecing together this huge and complex puzzle that is master's research while I learn to deal with the situation of becoming a mother a few months after the world was faced with a pandemic that requires social distancing, an arduous routine of extremely rigorous hygiene measures and care for our physical and mental health.

Simone

I usually say that Antônio, my only son, is the same age as my academic life, a little over ten years old. We joined this world together in 2009, for I was pregnant when I started the graduate program in social sciences. So he was raised knowing that he had a researcher mother, that sometimes he needs to keep quiet and that occasionally I will be absent,

among other realities of a researcher mother. To reconcile motherhood and academic life I had to resort to a strategy adopted by most black women throughout history, who, like me, have always accumulated work duties: shared care. Therefore, I have always shared Antônio's care needs. Besides his father, several family members have contributed effectively in this sense and formed a support network without which I would not be a doctoral student today. This is because I usually view the responsibility of caring for a person from birth to adulthood as a collective family mission.

However, with the pandemic, my support network was reduced to my partner, and my involvement in care activities increased in a manner akin to the breastfeeding period – exclusive dedication to the child. Therefore, my experience of being a mother and researcher during quarantine has been a dichotomous process, marked by mixed feelings. On the one hand, I am happy to dedicate more time to him, helping him with school work and becoming closer to him. More and more he seems to be the light that gives me the strength to continue dreaming in such difficult times as these. Therefore, our interaction provides me with tranquility and peace. On the other hand, I feel extreme physical and mental fatigue, I have never been so uncontrollably anxious and a thousand things occupy my mind at the same time. At times I have internal short circuits that erupt as bouts of anger or crying, and I feel like I'm going to explode. The task of writing a quarantine diary to record both the development of the research and my current feelings has proved to be an excellent strategy to externalize the emotional outbursts at this time.

Collective Reflections: Affect, mental load and the myth of maternal love

Based on the reports presented above it seems evident that, for many women, reconciling motherhood and graduate studies is a great challenge, even in periods of apparent “normality.” With the current Covid-19 pandemic and the new social dynamics it has imposed, the obstacles faced

by these mothers have become even more formidable, as their support networks have been considerably reduced or even discontinued during this period. Many of us researcher mothers are able to perform both roles thanks to the crucial support of grandparents, friends, siblings, educators and caregivers who share childcare and housework with us. However, social distancing has restricted the participation and presence of these important actors and forced us to incorporate in our routines a string of endless activities and numerous chores that we did not perform alone previously.

Given the outlined reality, our aim is to offer reflections based on a few aspects related to the following theoretical triad: affect, mental load⁹ and the ideology of maternal devotion and sacrifice.¹⁰ Regarding the first aspect, in using the expression “being affected,” the anthropologist Jeanne Favret-Saada argues that affect is more than a human construction and plays a central role in human experience. The author presents arguments that point to the possibility of conducting research even when we are affected by it in some way, as long as the researcher undergoes a process of acceptance and recognition of the affect, and affirms that “allowing oneself to be affected does not mean identifying with the indigenous¹¹ point of view, nor taking advantage of fieldwork to exercise one’s narcissism. Allowing oneself to be affected, however, involves the risk of seeing one’s intellectual project fall apart.”¹² Being aware of affect enables us not to get lost in our feelings and research activities. However, here we would like to expand the debate proposed by Favret-Saada, seeking to reverse the process of thinking about such affect. We do not wish to reflect on how we are affected by our research activities, but rather to reflect on how our subjectivities as mothers generate affect in both research and the academic milieu as a whole.

⁹ HAICAULT, M. La gestion ordinaire de la vie en deux. *Sociologie du Travail*, n°3-84, 268-277. 1984

¹⁰ BADINTER, E. Um amor conquistado: o mito do amor materno. Rio de Janeiro: Nova Fronteira, 1985.

¹¹ In anthropology, “indigenous” refers to the participants in the research.

¹² FAVRET-SAADA, J. Ser afetado. *Cadernos de Campo*, n. 13, 2005.p. 160.

What we mean is that being researcher mothers places us almost automatically in a position to view other mothers and perceive the impact of motherhood on the lives of women, that is, we develop sensitivity regarding motherhood issues. We do not wish in any way to essentialize our argument, as if this perception were something inherent to women; on the contrary, we want to say that motherhood as an experience is a permanent exercise in refining our perceptions as women. In other words, the fact of being a researcher mother and viewing motherhood with a sensitive eye is inevitable; not doing so would be akin to be completely detached from our realities. The very initiative of publishing this book is an example of such solidarity and sensitivity among mothers. Thus, being a researcher mother means allowing oneself to be affected twofold (threefold, and so on...) by both research and motherhood, in a trend that, at the same time, allows you to also affect those around you. However, in times of the Covid-19 pandemic, being a mother and a researcher means being infinitely affected by the accumulation of multiple chores related to being a mother in a situation of social isolation – some of these chores are easy to account for, but there are others that we have already stopped counting, otherwise the figures won't add up.

Beyond the tangible routine of housework and daily chores done mainly by women, there is also an invisible and poorly acknowledged task that often falls to them, which relates to the constant mental effort exerted in planning and managing family life. This kind of work makes up the second aspect we intend to address here.

Originally used in the field of sociology of work to describe the pressures exerted on the workers' psyche, the concept of "mental load" was first used in the sphere of domestic work by Monique Haicault, in her article entitled *La gestion ordinaire de la vie en deux* (1984), to refer to the amount of non-physical and unpaid effort undertaken by working women at home. According to the author, the mental load is felt as a constant tension to adjust different spaces and temporalities, with rhythms, schedules and deadlines that are almost always inextricable.

The mental load is thus made of these perpetual adjustments, of the viscosity of time that is only rarely rhythm and much more often immanence, where the body is lost, where the head is killed, to calculate the incalculable, to make up for time and with time, time lost, to do, to manage (p. 275).¹³

In times of pandemic, being confined to the home environment also intensifies women's overload of mental work. Although other members of the family spend more time at home and occasionally share the housework, women are most affected by the well-known feeling of "having to take care of everything." It is as if the mind did not stop working a single minute, involved in an endless list of chores, planning, concerns, aggravated by the typical anguish and uncertainty of the current times. This all leads to intense physical and mental tiredness, as well as other emotional states that negatively interfere in the academic productivity of researcher mothers.

Turning to the third aspect, we observe that motherhood affects us because we know how complex an experience it is: sometimes irreconcilable/incalculable, this mental load that we incorporate in modern times does not seem to balance out a woman's life choices. It is known that despite women's struggle for more equal rights in both the public and private spheres, for over a century sociology has studied and proven that marriage largely benefits men to the detriment of women. It is known that the cost of married life falls largely on women, who find themselves overburdened with housework and childcare while sustaining losses in their professional careers and income.

Badinter (1985), shows that motherhood is influenced by the ideology of maternal sacrifice and accountability. This ideology is fueled by the "myth of maternal love," in which the "development of the mother's 'accountability' process radically modifies the reality of women, increasing their material and emotional workload. And even when they work, women in the 20th century remain infinitely closer to their children and

¹³ HAICAULT, M. La gestion ordinaire de la vie en deux. *Sociologie du Travail*, n°3-84, 268-277. 1984, p.268.

concerned about them than in the past.”¹⁴ The myth of maternal love is structured by a conception of motherhood of the mother’s exclusive devotion to her children. This gives widespread visibility to the strong “idealization of motherhood,” making future mothers see only love and happiness, when, in fact, the task involves a considerable level of anxiety, frustration, loneliness and guilt, with an accumulation of chores, tiredness, anguish and exhaustion. In a pandemic context, these aspects are intensified as a result of social distancing. Therefore, we are experiencing a fall in professional productivity, whereby the academic environment is undoubtedly hard hit.

Final reflections

In a context in which women bear the greatest load of housework and childcare, academic productivity is drastically reduced. We feel that activities that are crucial for quality academic production, such as continuous reading and more in-depth and critical reflection, become increasingly complex to perform. In addition to physical and mental fatigue, constant concern with the risk of illness, to both ourselves and our relatives and acquaintances, leads to total vulnerability and impairs our capacity for writing, reading and other forms of data collection that are vital to consolidate research.

Understanding the reasons why we women experience these aspects so intensely is simple. It suffices to grasp that, in the collective imagination, the concept of how the “sexual division of labor”¹⁵ works is structured by two organizing principles: (i) division of labor (distinction between female and male work); and (ii) hierarchization (with male work considered more important and superior to female work). Thus, this sexual division “is characterized by mainly assigning productive work to men and

¹⁴BADINTER, E. Um amor conquistado: o mito do amor materno. Rio de Janeiro: Nova Fronteira, 1985, p. 248.

¹⁵ KERGOAT, D. Divisão sexual do trabalho e relações sociais de sexo. In: HIRATA, H. et al. (orgs.). *Dicionário Crítico do Feminismo*. São Paulo: Editora UNESP, p. 67-75, 2009.

reproductive work to women.”⁶ This explains why we women feel so tired in a context in which it is difficult to compute the working hours we accumulate. That is why we feel unmotivated and unproductive. Although it seems obvious, we still experience the burden of this symbolic and unequal division of chores between men and women. The most important chore at the moment – care – is what weighs most heavily on women. In this mission of daily caring for children, home and others, those who provide the most care and spend the most time devoting themselves to care are certainly, and most of the time, those who are least cared for.

Is it really about the pandemic? Possible paths for researcher mothers

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What if we can find a breach in academia to talk about this, and that breach becomes a window, which becomes a door, which becomes a ceiling, and one day makes a house that shelters all of us? (WERNECK, 2016⁵).

The essay of a birth, the birth of an experience

This text is, above all, a political act. It gives shape to an essay, in an attempt to invade the words hegemonically produced in academic spaces and make them procreate... create. To give birth to other words and, with them, perhaps place the present moment and its normativity on hold. To create strategies for the production of a present that shelters all of us and our creations. Creations of the world, for the world.

A text by birth-givers – in their various possibilities – which aims to reflect, in times of pandemic and home confinement, on what it means to

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⁵ Werneck J. *Palestra*: “Para romper com isso!”. II Seminário de Feminismo do IESP-UERJ 2016. Available from: https://www.youtube.com/channel/UCoUc_wjflAUKj9H6Vlx37w.

be a researcher mother in a reality where motherhood is made invisible. After all, the experience of researcher mothers during the pandemic challenges us to think about the reality of mothers in the usual routine of their regular lives, about motherhood and its invisibilities in an academic territory that does not recognize or support them with their children – a space that, despite being put on the pedestal of critical thinking, reproduces logics that makes us give birth to such an experience.

The choice of the essay format is also a means to escape the subjective forces of the greater academia. Drawing on Larrosa⁶ (2014: p.31), we start out with the idea of an essay as an "experimental way of thinking," of writing and of life. Essay as a "language of experience, as a language that modulates, in a particular way, the relationship between experience and thought, between experience and subjectivity, and between experience and plurality."

Women's (over)load in motherhood is still so naturalized – under the perspective of unconditional love and total dedication – that taking on other activities requires a daily, constant and lonely exercise of circumventing countless obstacles. Invisibility lies precisely in the concentrated accumulations of caregiving, in the burden that is not shared or that is, at most, poorly distributed. We begin from this overflowing experience and, through it, we claim for debate spaces that go beyond women's collectives.

Delivered, but not mentioned: experiences illuminated by the opaque

Academia not only lacks discussions about parenthood and its effects on the daily lives of mothers – as a subject worthy of academic productivity – but is also devoid of the viewpoint of researcher mothers, first and foremost because it hinders their presence and permanence where strict

⁶ Larrosa JA. Operação Ensaio: sobre o ensaiar e o ensaiar-se no pensamento, na escrita e na vida. Educação e Realidade. 2004; n° 29.

deadlines and formats follow a steadfast logic, and, consequently, because it prevents research and writing by those who give birth.

The first obstacles materialize in the lack of facilities in academic spaces to receive our children and in the lack of sensitivity of colleagues and faculty who feel bothered by, and often do not tolerate, the presence of children. In other words, the image of children in the academic setting threatens the invisibility of childcare – so convenient for the sexist and patriarchal society, which views education from the expectation of a supposed result, as if there were no process, literally day after day.

In another way, the absence of children in academia's field of vision presupposes the obliteration of numerous aspects of childcare: activating and managing a support network – when there is one – so that the mother may dedicate herself to activities and studies; managing food issues – from purchase and production to actual feeding; attending specialized care and monitoring possible medication; putting children to sleep, in addition to endless daily challenges involved in raising children, which are so evident in the daily routine of our bodies – physically and emotionally – and deliberately made invisible in most academic spaces. Finally, it is evident that we are referring to the omissions of a sexist and patriarchal society, which assigns mainly to women the roles of education and childcare.

Maternal overload – which is being increasingly reported by mothers, especially on social media – is present at all times, as it relates precisely to the unequal distribution of workload and time under discussion. However, it was in the context of the pandemic that this topic went beyond the limits of our homes and experiences shared. With social distancing and remote work, children insist on appearing either as "invaders" in virtual meetings or in the echoing of their shouting; in the untidy background of video conferencing; in scribbled papers, left on the table and mixed with work materials.

Therefore, the question in the title of this essay is a provocation: is it really about the pandemic? Most certainly not. Reflecting about this

moment, which is not detached from the reality we produce, requires linking it with our ways of life and social organization. In this regard, Rolik⁷ (2018) instigates us to diagnose the present times.

Encroaching on this field implies diagnosing the current mode of subjectification and the unconsciousness regime intrinsic to it, and investigating how and by what means a qualitative shift in its guiding principle is feasible. Without this, the highly acclaimed proposal for collective reappropriation of the creative force as prophylaxis for the pathology of the present will not go beyond the laboratory of ideas, at the risk of remaining confined to the imaginary plane and its beautiful encouraging illusions – which are themselves capturing devices. (RONILK, 2018, p. 36).

At home, our sons and daughters appear in the corner of screens claiming for visibility, presence, and calling on everyone to reflect on the collective responsibility of educating children. In times of confinement, they are the ones who intrude into the space-time of virtuality, to demand that motherhood be a political struggle. With them, we problematize the issue of mothering in/with spaces of research and production, in this ethical-political commitment.

Such a commitment drives us, mother scientists, to write this text as a strategy to collectivize issues that often affect us alongside the experience of loneliness, which is a further reason to potentiate the collective spaces of mothering. We believe there is something powerful in sharing oneself.⁸ A power of life, of producing with life. And inspired by Evaristo's life writing (2017)⁹, we write with the experience of mothering – as a strength and a struggle. We agree with the researcher mother Oliveira (2020)¹⁰, when she points to the need to "reflect on daily spatiality from the viewpoint of the mother who brings mothering to the theoretical and

⁷ Rolnik S. Esferas da insurreição. Notas para uma vida não cafetinada. São Paulo: n-1 edições; 2018.

⁸ The term is inspired by the book: Rago M. A aventura de contar-se: feminismos, escrita de si e invenções da subjetividade. Campinas: Unicamp; 2013

⁹ Evaristo C. Becos da Memória. Rio de Janeiro: Pallas; 2017.

¹⁰ Oliveira AL. A espacialidade aberta e relacional do lar: a arte de conciliar maternidade, trabalho doméstico e remoto na pandemia de Covid-19. Rev. Tamoios. 2020; São Gonçalo (RJ), ano 16, (1); Especial COVID-19: 154-166.

political debate for believing that 'theory' arises from life and that the 'personal is political'" (p.154).

“The night never sleeps in the eyes of women”

- She won't keep still, right? / - How can you stand it? / - Wouldn't it be better for you if she had stayed at home with someone? / - Is this a suitable place for her? / - How to make her stop crying? / - Shouldn't you breastfeed her?
(Words often heard by mothers in the public space, for example, in the context of academia)

Certainly, any mother who has attended a class, congress or other university event as a student and researcher, accompanied by small children, has met with looks and expressions of criticism and/or disapproval. It is very likely that she left the room before the end of the activity due to the pressure of handling the kids and the looks.

They are looks and expressions that expose how academic production spaces operate: within the walls of universities, children are usually not welcome. Rather than reveal the intolerant and uncomfortable looks directed at children and mothers, and the unwillingness of people to tolerate the crying, the emotional immaturity and the excessive playing and talking of our sons and daughters, our aim is to reflect on the rationalities (co)engendered in these ways of looking at and feeling maternal and infant bodies in spaces of knowledge production.

A possible reflection is the intrinsic relationship of such repulsion and discomfort with the positivist approaches of science¹¹, of research, of "true knowledge," which are hegemonic in the academic space. A conception of aseptic, objective, neutral research/researchers that are "unnerved" by the space occupied by the body of the woman/mother/researcher and her offspring – the breast milk, the crying, the talking, the running around, the diapers, the carrying and comforting. Rationalist science, which claims

¹¹ On the power relations between subjects and knowledge, see the essay: FOUCAULT, M. O que são as Luzes? In: *Ditos e Escritos*. V. II. Rio de Janeiro: Forense Universitária, 2005.

to be universalizing and neutral – based on a classist, sexist, racist, ableist discourse – affords no visibility to other voices and denies that daily life and its flows belong to the field of research. Franca and Padilla¹² (2014, p.48) observe that, in view of "such a conservative and sexist tradition, the subordinate and inferior place reserved for women in society is reproduced in the sciences."

One would do well to reaffirm that the main points of feminist criticism of science concern the denunciation of its particularistic, ideological, racist and sexist character: Western knowledge operates within the logic of identity, drawing on reflective categories, unable to consider difference. [...] It is based on the viewpoint of a universal concept of man as white-heterosexual-civilized-of-the-First-World, leaving out anyone who does not conform to this model. Likewise, male practices are more appreciated and hierarchical compared to female ones, the private world being considered of less importance than the public sphere, in the Western collective imagination. (RAGO, 2000, p. 5)¹³

Researcher mothers in social confinement with their children – often unable to count on a support network, due to the actual precautionary health measures – expose the universe produced as “private” in a society that individualizes housework and care based on a sexist logic.

It is a logic that, based on the discourse of pregnancy/motherhood as a natural desire of women, reinforces the burden, responsibility and even loneliness of those who give birth (FISCHER, 1996).¹⁴ The old saying “it’s not my baby” is a normative discourse of this reality: whoever gave birth is exclusively responsible for providing care, revealing the domestic overload experienced by many women, inside and outside academia. Social distancing, basically practiced as home confinement, endorses statements about the “opportunity” for greater interaction, for being more

¹² Franca T, Padilla B. Epistemologias feministas e mobilidade científica: contribuições para o debate. Configurações; 2014. Available from: <https://doi.org/10.4000/configuracoes.2203>

¹³ Rago M. Epistemologia feminista, gênero e história. Pedro JM, Grossi MP (Org). Masculino, feminino, plural. Florianópolis: Editora Mulheres; 2000.

¹⁴ Fischer RMB. Adolescência em discurso: mídia e produção de subjetividade. Tese de Doutorado. Porto Alegre: Universidade Federal do Rio Grande do Sul; 1996.

present in the raising of children, something that is not experienced in the same way by men: researcher fathers are not involved in caring, educating and raising. In other words, women’s overload is increased by the romanticization of motherhood and its discourses, which generates an attempt to undermine our challenges and struggles.

This overload is evidently sustained by numerous factors, some of which we consider more urgent to stress: the construction of fatherhood in the collective imagination, the sexist division of roles between men and women in a heteronormative society, the romanticization not only of motherhood but of conjugal or family relationships.

In this context, we experience and follow stories of women who accumulate chores and are responsible for raising children alone, reflecting a society that shirks its co-responsibility with the education and care of children. It is urgent to revive the idea that children are the responsibility of everyone: mothers, fathers, grandmothers, grandparents, uncles and aunts, their own and of others. Or at least they should be if people recognized that the construction of a collective, democratic, fair and egalitarian society – an ever-present discussion at academic events, by the way – is directly related to how we raise our children.

Thus, while women accumulate domestic and academic work – even more so in the context of social distancing – more flexible deadlines for mothers, for example, are rarely discussed. It is a discourse that relates to the concept of self-entrepreneur,¹⁵ wherein the individual – in this case the woman/mother/researcher – recognizes herself as “a free project,” “active, entrepreneurial, able to evaluate her actions based on the logic of the market, of cost effectiveness, including in aspects of her private, love or family life, since investment in the growth of one’s human capital is the main goal and the confirmation of one’s success” (RAGO, 2019, p 07).¹⁶

¹⁵ Sobre a *Governamentalidade Neoliberal e o Empreendedor de Si*, conferir: FOUCAULT, M. *Nascimento da biopolítica*. São Paulo: Martins Fontes, 2008.

¹⁶ Rago M. Estar na hora do mundo: subjetividade e política em Foucault e nos feminismos. *Interface* (Botucatu). 2019. Available from: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-2832019000100150&lang=pt

Therefore, we return to the question: is it really about the pandemic? We insist that it is not. We believe that these are daily confrontations, a struggle faced by motherhood on different fronts, even before the child's birth.

For example, Brazil is a world leader in cesarean sections and violent practices at childbirth. According to the survey *Nascer no Brasil* [Childbirth in Brazil] (2014),¹⁷ coordinated by Fiocruz, only 5% of Brazilian women have the chance to give birth without interventions during labor, since surgical interventions for childbirth have been used on a large scale, reaching a rate of 56% (88% in private hospitals). In other words, the politics of mothering also involve the struggle for the right to give birth with dignity.

After that, we experience daily battles in our female bodies: the right to breastfeed, equal childcare between fathers and mothers, the mental load, the return to work, the invisibility of mothers and their demands in society – at school, at university, in academic life – the struggle of black mothers to keep their black children alive (and there are many other struggles contained in this ellipsis). There is struggle in the verses by Conceição Evaristo:

*The night never sleeps in the eyes of women
The night never sleeps / in the eyes of women / the female moon, our fellow
being, / in watchful vigil invigilates / our memory. / The night never sleeps /
in the eyes of women / there are more eyes than sleep / where suspended tears
/ punctuate the lapse / of our wet memories. (EVARISTO, 2008).¹⁸*

Our research is configured as our space – among others – of resistance. Every day, our bodies, the dignity of our children and the strength of that presence – in the spaces of the university – are targets of attempts at silencing. However, in times of remote work, our children cry

¹⁷ *Nascer no Brasil: Parto, da violência obstétrica às boas práticas*. Diretor: Bia Fioretti. Produtor: Bia Fioretti. (20min.): Ntsc, Son., color, 2014.

¹⁸ Evaristo C. *Poemas da recordação e outros movimentos*. Belo Horizonte: Nandyala; 2008.

out for their place. Typically, tireless, they “infiltrate” our screens demanding to be seen and heard. An “opportunity” we may actually have in this pandemic is to look at children and listen. After all, our research has been pervaded by Anas, Marias, Ninas, Bias, Benjamins.

On overflowing and affects

This essay proposes some considerations about our recent experiences as researcher mothers and the possible paths we have built to harmonize our work with the demands of motherhood and align it with the affects we experience in our daily lives. One of these paths has been to question the scientific rationality to which our research is submitted and which has often left it void of meanings and affects.

Based on the supposed neutrality of science, such rationality differentiates between production of the object and production of the researcher – as if it were possible to separate experience and affect from the analysis of research objects – thus causing the deletion of our life experiences, of our relationships and learning outside the academic milieu.

We have argued, in our intellectual productions, that the overflowing of affects produced by motherhood displaces us, changes the way we view things, feel events and undergo experiences.

We are taken over by a state that has no corresponding image, word, or gesture, and which, however, is real and apprehensible by this form of cognition I call “body-knowledge.” It is no longer about an individual’s experience, nor is there a distinction between subject and object, since the world “lives” in our body in the form of “affects” and “percepts” and is part of its/our composition in process. These form a kind of germ of the world that comes to inhabit us and causes feelings of strangeness for being, in principle, untranslatable in the current cultural cartography, since it is exactly what escapes it and puts it at risk of dissolution. (ROLNIK, 2016)¹⁹

¹⁹ Rolnik S. A hora da micropolítica. [Entrevista concedida a] Aurora Fernández Polanco. Revista Humboldt Online. 2016. Available from: <<https://www.goethe.de/ins/br/pt/kul/fok/rul/20790860.html>>.

Faced with the current pandemic – one of the most challenging moments of our generation – we, mothers, are overflowing with issues imposed by the situations experienced in the context of social distancing. These are questions that lead us to recognize the need for changes in academic life and beyond, so we may keep on pulsating. The experience of confinement has also produced displacements – from the places where we are, from those where we want to be and from those we can occupy. The lenses provided by the current situation have changed the focus of perception. Therefore, our research will also undergo changes. In the words of Oliveira and Paraíso (2012)²⁰: "The life of a research project is quite intriguing: subject to fortune, time, place, situation, danger. Always twirled by improvisation. Maybe researching really does mean walking in the rain, crossing an ocean, without an umbrella, without a boat" (p.163).

Taking this into account means opening the possibility for the invention of other rationalities, recognizing that this one offered to us, in the university and in most undergraduate and graduate programs, does not account for the effects of mothers.

The present – in its challenges – calls us to open possibilities so we may continue being researchers-women-mothers. Scientists who, while reading, writing and debating, also clean baby bottoms; write to the sound of Pokémon, Paw Patrol, Masha and the Bear, Peppa Pig; cook, make bread, enjoy a text they have just read; take courses (...). Our struggle is to have this reality declared, recognized and included in the criteria of deadlines and evaluations, and not having to give up one thing or another. That such criteria consider the encounter of researchers and their research – so close and in tune at times, at others like two strangers –, the displacements that cause strangeness, refutation, support and that provide us with other meanings. We seek to make room for the composition of research and researcher based on what vibrates, what

²⁰ Oliveira TRM, Paraíso MA. Mapas, dança, desenhos: a cartografia como método de pesquisa em educação. *Pró-Posições*. 2012. 3(23): 159-178.

affects, what overflows. In short, that after the pandemic, our productions, research and publications will be able to contain "affects and overflowing."

In this invitation-essay, we call on mothers to form alliances, strengthen each other and defend other ways of doing research. We hope that the "post-pandemic" society opens up possibilities for research composed from the territory we inhabit, permeated by bubbling hormones. We no longer tolerate, after months of childcare at home, being pigeonholed into a model of masculinized science, which expects from the researcher skills understood as male: "Focus, concentration, distancing, precision, body stiffness, toughness in the face of the dryness and loneliness of intellectual work" (ROQUE, 2015)²¹.

A model that hardly – if at all – considers mothers who, more than ever, are overwhelmed with housework, childcare, playing, distance learning, waking up, days and days spent in a seemingly endless cycle of children's stories, demands and games. Research undertaken outside the university, often pervaded by the feeling of not belonging to a group of people without childcare demands. By insisting on questioning such a logic, we "rid" ourselves of the blame for not being able to conform to the model or meet the criteria.

The pandemic requires us to look at the research process, to create other meanings, to weave other logics, to open up other paths, to think about the nuances of the journey and to believe in the invention of research and researchers as mothers. Being a mother and concurrently inventing research and researcher: extra challenge, exhaustion, breastfeeding, sleepless nights, requirements from programs and departments, from CAPES, evaluations, exhaustion.

We make a huge effort to meet academic production based on cognition policies that require attention and concentration, and are centered on a sequence of cognitive structures and stages. Cognitive politics followed by an invariant order, incompatible with motherhood,

²¹ Roque T. As mulheres e a objetividade. *O Globo* cultura. Agora é que são elas. 07 de novembro de 2015. Available from: <<https://oglobo.globo.com/cultura/agoraquesaoelas-17984852>>

with the chaotic life with children and its multiple variants. For Kastrup, Tedesco and Passos (2008),²² “taking such a stance requires a U-turn, a reversal of the naturalized attitude, which requires, in principle, an effort. But which, with practice, may become an incarnate attitude, configuring a new cognitive policy” (p.8).

We hope that the pandemic experience – the sensations and effects of these times – will guide our research based on an understanding that cognitive development is a drift, created from connections with the forces of the world (KASTRUP; TEDESCO and PASSOS, 2008). Thus, we set out on the journey and detach ourselves from the ready-made relationship between research and researcher, subject and object; we break with the representational logic at the intersection of mothering, researching, becoming a researcher, inventing research.

For a journey that intersects motherhood and the production of science, reality consists of our encounters and relationships, through strangeness and non-recognition. There is a need to forge a place in academia that connects us to our beliefs, that is produced through marginal encounters and the formation of marginal groups, that strengthens our narratives and gives us other/new/inventive meanings to what is “given as real and true.”

Not concluding: for continuity in affects

A world is needed in which women occupy public spaces and where the absence of children is as striking as their presence” (D’ÁVILA, 2019)²³.

This essay-manifesto was written by researcher mothers driven by the desire to see the field of research and the contest of narratives permeated by warmth, love, by the making of friendships, the fabric of intimate relationships, of care – nurtured by hugs, empathy, concern,

²² Kastrup V, Tedesco S, Passos E. Políticas de Cognição. Porto Alegre: Sulina; 2008.

²³ D’ávila M. Revolução Laura: reflexões sobre maternidade & resistência. Caxias do Sul: Ed. Belas Letras; 2019.

availability of interaction. Anticipated and anxious encounters, sure smiles, conjectures, many disagreements and different views making up the possibility of producing worlds. Production in the here-now, in the space-time of research, in the academic year, in the space-time of the meeting of our research groups, in the space-time of the discussion of texts that leave a mark and in the sharing of those marks that are made in each other.

This overflowing of affect and caring lightens the burden of deadlines, anxieties, the exhaustion of the process, the constant demands we make of ourselves. To nurture academic life with affection, cake and coffee. To choose the subjects, the paths in the labyrinths of our universities' hallways, based on meetings, the sharing of knowledge, of candy, of a few beers and cheap wine. That way, we invest in strengthening our groups, we weave relationships of friendships and love in this field of disputes.

The invention of this journey of research and women researchers has resonated with us in this pandemic and we hope its lessons and prospects may contribute to strengthen other rationalities in academic production. We want to turn the mandatory isolation into a moment of respite, of pause, a break that affords a shift in academic life and an opening of the body to other connections and couplings of other senses.

Without the romanticization of the overload, the idea is to open the body and allow ourselves to shift, asserting power in other – transitory, unfinished, procedural – ways of producing knowledge, of contesting narratives, of opening up territories and, especially, of weaving networks among mothers, allowing our productions to engage with each other. We assert that – from/deep within – we, mothers, are inventing other ways of doing research and becoming researchers.

Historical records of the emergence of national mother collectives in universities and the strengthening of the motherhood struggle in current Brazilian science

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Introduction

The evils of patriarchy, the neglect of women after birth, and social distancing and its impact on the lives of mothers are topics of widespread concern. Initiatives that discuss and address the rights of mothers are necessary in all spaces. The emergence of national mothers collectives in universities and the strengthening of the motherhood struggle in Brazilian

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science have been a milestone in the last ten years that indicate the urgent need for new parameters in the university environment that include respect, support, dignity and gender equity.

The analysis of the different spheres of life in Brazil in the report *BRASIL: Retrato das desigualdades de gênero e raça* [BRAZIL: Portrait of gender and race inequalities] revealed the gaps between women and men and between whites and blacks, stressing that black women, victims of intersected racism and sexism, are the most vulnerable group.⁵ Therefore, reflecting about motherhood in Brazilian universities should be essentially linked to the racial issue. The living conditions of these women directly affect the conditions of their children, generating poverty cycles that will only be broken with the design of effective social policies. There are currently approximately twenty collectives of student mothers established in Brazil⁶ and several new ones that have emerged with great intensity and activity.⁷ The dialogue on the insertion of mothers in society in an active manner that meets their needs. Creating world citizens requires offering women greater support after birth. Motherhood should be a topic discussed by society as a whole, and not just by mothers; after all, everyone is born from someone. Achieving equity in society is an ongoing struggle.

⁵ INSTITUTO DE PESQUISA ECONÔMICA APLICADA (IPEA). Dossiê mulheres negras: retrato das condições de vida das mulheres negras no Brasil. Brasília: Ipea, 2013.

⁶ Among the oldest collectives are the “Group of University Student Mothers and Fathers/UFSCar (GMPU),” formed in 2010, and “Mothers, fathers and children: their place in university - UFRGS,” formed in 2013. We noticed a significant increase in the creation of collectives, starting in 2016, and the expansion of research in the area of motherhood. On social media we found collectives, pages and research groups related to the existence of scientist/student mothers in the academic environment.

⁷ Among these we can mention: the “Mothers of UFRJ” collective, the “Scientist Mothers Collective,” the “Women Scientists and Plural Motherhoods WG (UFG),” the “Intersectional Center for Motherhood Studies (NIEM),” the “Mothers in Graduate Studies” group, the “*As Puc que Pariu*” collective, the “*MãEstudantes* Collective/UFSC,” the “UFG Mothers Collective,” the “University Student Mothers Collective - Unimontes,” the “Women in Science WG/UFF,” the page “Mothers, fathers and children: their place in university - UFRGS,” the “Pachamamá Mothers Collective,” the “UFABC Mothers and Fathers Collective,” the “Dandara Collective of Mothers and Pregnant Women of Unirio - Colodanda,” the “UFF Mothers Collective,” the “UFMG Student Mothers and Fathers” collective, the “UFRRJ Fathers and Mothers Collective,” “Center for Mothers and Fathers of Unifesp (NMPU),” the “University Student Mothers and Fathers Group/UFSCar (GMPU),” the “UFBA Mothers Collective,” the “Copama Fathers and Mothers Collective UFRRJ ITR,” the “National Collective of Mothers in University,” the “Mothers in University” page, the “Parent in Science” movement and the “Women Scientists and Plural Motherhoods WG (UFG).” In addition to these collectives, research groups and pages, others are currently being formed, such as collectives at UnB and USP.



Laws and projects for mothers in society and academia.

Article 205 of the Brazilian Constitution of 1988 provides that education is the right of all and the duty of the state and the family, being important not only for the exercise of citizenship, but also for qualification for the job market. Having access to and concluding higher education is a means by which mothers can become financially independent. However, according to a recent survey carried out by the education module of the 2019 PNAD household survey, published on July 17, 2020 by IBGE, the main causes for school dropout among women include pregnancy (23.8%) and housework (11.5%).⁸ School dropout is a problem related to the way society is structured, generated by gender inequality, patriarchy, sexism, misogyny and racism, factors that increase social inequality and place Brazilian mothers in a vulnerable condition.

Regarding legislation, we currently have three laws addressing student mothers. Decree-Law No. 1,044, dated October 21, 1969, ruling on special treatment for students with congenital or acquired conditions, infections, trauma or other morbid conditions, provided in Article 2 that these students should make up for their absence in class by doing assignments at home that were compatible with their health conditions, duly monitored by the school. This decree was amended in April 1975 by Law No. 6,202⁹, which extended the home assignment regime to pregnant students. The law ensured schooling support at home from the eighth month of pregnancy, conditional on the submission of a medical certificate to the school board.

⁸ See: PNAD Educação 2019: Mais da metade das pessoas de 25 anos ou mais não completaram o ensino médio. Available from: <<https://agenciadenoticias.ibge.gov.br/agencia-sala-de-imprensa/2013-agencia-de-noticias/releases/28285-pnad-educacao-2019-mais-da-metade-das-pessoas-de-25-anos-ou-mais-nao-completaram-o-ensino-medio>>. Visited on: Sep. 28, 2020.

⁹ BRASIL. Lei nº 6.202, de 17 de abril de 1975. Atribui à estudante em estado de gestação o regime de exercícios domiciliares instituído pelo Decreto-lei nº 1.044, de 1969, e dá outras providências. DF, 1975. Available from: <http://www.planalto.gov.br/ccivil_03/leis/1970-1979/l6202.htm>. Visited on: Oct. 1, 2020.

Law No. 13,536¹⁰, providing the extension of grants given by research funding agencies in cases of motherhood and adoption, was only enacted in December 2017. The law enables grant terms to be extended by 120 days due to childbirth, adoption or guardianship. However, in cases of adoption or guardianship, the term cannot be extended for two students. In the event of death of the grant holder, the extension is given to the partner or spouse. In addition, the law guarantees the interruption of the grant holder's academic activities. Unfortunately, the law does not apply to mothers without grants, who end up depending on the interpretation of their graduate programs for the extension of their qualification and defense terms.

Throughout the history of Brazilian education, few laws have been created to legally ensure the permanence of mothers. In this sense, the struggle for survival in the school or academic environment is largely solitary. However, for several years now, at universities and research groups in various parts of Brazil, mothers collectives have been formed that problematize essential questions to ensure that rights to education, citizenship, professional qualification and better living conditions are respected. Some collectives have had success, but there is still a lot to be done.



Intersectionality of spaces and urgent need for debate about black mothers in academia

When motherhood in everyday life is addressed, the discourses mostly elaborate on “the delights of being a mother,” “the fulfillment of women” and sometimes refer to the bittersweet experience of being a mother. However, when it comes to black mothers, much more perverse themes come into focus: police violence, poverty, father abandonment and

¹⁰ BRASIL. Lei nº 13.536, de 15 de dezembro de 2017. Dispõe sobre a prorrogação dos prazos de vigência das bolsas de estudo concedidas por agências de fomento à pesquisa nos casos de maternidade e de adoção. DF, 2017. Available from: <http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2017/Lei/L13536.htm>. Visited on: Oct. 1, 2020.

other vulnerabilities. This is a clear picture of the reality experienced by black women at the base of the country's social pyramid.

In the area of health care, Oliveira¹¹ shows that medical interventions in childbirth and gynecological procedures are still predominantly performed on black women, with those with the lowest educational levels constituting the highest number of victims of obstetric and gynecological violence in Brazil. Poor access to health policies and misinformation are elements that favor precarious health care during the entire pregnancy of Brazilian black mothers. Silva¹² argues that education to face racism is an almost exclusive concern of black families, of any socioeconomic condition, and, like other care and education chores, usually falls to the mother.¹³

We know that poverty is a strong impediment for most black mothers to seek alternatives to improve their lives. Therefore, believing in the potential for social advancement afforded by higher education, many black women seek the university to break the cycle of poverty. However, in Brazil, with its history of exclusion of the black population from educational environments and the wrecking of public education,¹⁴ competition in entrance exams becomes unfair and admission to university presents difficulties every step of the way.¹⁵

On the other hand, those who manage to enter university still face difficulties to remain, as many depend on student aid and research and

¹¹ OLIVEIRA, Ellen Hilda Souza de Alcântara. Mulheres negras vítimas de violência obstétrica: estudo em um Hospital Público de Feira de Santana - Bahia. 2018. 119 f. Dissertação (Mestrado em Ciências) - Instituto Nacional de Saúde da Mulher da Criança e do Adolescente Fernandes Figueira, Fundação Oswaldo Cruz, Rio de Janeiro, 2018.

¹² SILVA, Juliana Marcia Santos. Mães Negras Na Pós-Graduação: uma abordagem interseccional. 2020. 150f. Dissertação (Mestrado em Estudos Interdisciplinares sobre Mulheres, Gênero e Feminismo) -, Faculdade de Filosofia e Ciência Humanas, Universidade Federal da Bahia, Salvador, 2020.

¹³ In this sense, cases like that of Marcos Vinícius da Silva (14 years old), killed in 2018 in a police operation while going to school, and the various reports of black youngsters roughly handled by the police or even "mistaken" for criminals cause such mothers specific and devastating worries, such as: urban violence, state violence and the various harmful forms of structural racism.

¹⁴ HENRIQUES, Cibele da Silva. Do trabalho doméstico à educação superior: a luta das mulheres trabalhadoras negras pelo direito à educação superior. *O Social em Questão*, Rio de Janeiro, ano XX, n. 37, p. 153-192, jan.-abr. 2017.

¹⁵ There are several situations in which students drop out of university. In these countless cases, underemployment, precarious employment with no labor rights or domestic work become the "possible alternatives" for these women. This type of situation only feeds back into the social and economic inequalities of the Brazilian racist project, since low wages result in low purchasing power and greater difficulties to support a family, especially when they are the main or only providers.

extension grants. However, these amounts are insufficient to ensure their livelihood or to cooperate to the household budget.¹⁶

Therefore, to help black women enter and remain in both university and their jobs, women's care and support networks play an important role, especially for the most deprived. These women set up such networks not only with people from their immediate family, but also with friends and neighbors for the sake of survival, as shown by Fonseca:¹⁷ “Poor black families living in conditions of great economic precariousness can only survive because they create extensive mutual aid networks.” It is these networks that enable other experiences beyond the household, such as leisure, work and study.

The intersection of racism and sexism in the lives of black mothers creates different conditions that are not observed in the experiences of white mothers. Thus, there is a need to design policies outside the homogenous notion of motherhood in the collective imagination, taking into account the difficulties in access to and permanence in university.



Organization of motherhood movements and struggles: background of the importance of national mothers' centers and collectives

The working groups and study centers are formed by faculty and/or researchers with the main goal of providing a theoretical framework to develop the subject, encourage its insertion in popular discussion agendas and, through democratization of knowledge, reflect on the insertion of women/mothers in public spaces and universities. The mothers collectives in universities are formed by students to defend their right to remain in university, organizing their agendas and dialoguing with the universities

¹⁶ SILVA, J. M. S. Mães adolescentes negras na UFBA: As Intersecções entre maternidade, raça, trabalho e ensino. 2017. 81 f. Monografia (Graduação em Serviço Social) – Instituto de Psicologia, Universidade Federal da Bahia, Salvador, 2017.

¹⁷ FONSECA, Claudia. Concepções de família e práticas de intervenção: uma contribuição antropológica. Saúde e sociedade, São Paulo, v.14, n.2, 2005. p.52.

to implement public policies to prevent student mothers from dropping out of university. Social media play a key role in the creation of networks of exchange, experiences, meetings and discussions.

In 2012, the discussion of the permanence and rights of mothers drew attention at the Federal Rural University of Rio de Janeiro – UFRRJ, when the Prosecution Office notified the president’s office regarding a complaint of children living in student residence halls. As a result, the student mothers and their children were evicted from the residence hall. Two years after the event, the president’s office issued a decree providing that to be eligible for daycare aid, student mothers and fathers had to give up their rights to the residence hall. This issue led to the founding of the UFRRJ Mothers and Fathers Collective – Copama, which later split into two groups.

In 2016, the Mothers of UFF collective was founded following the eviction of a pregnant student from the residence hall. The group’s hallmark is the concept of a support network to publicize the specific needs of student mothers. The group held a demonstration against the banning of mothers and children from the university restaurant. That same year, Copama organized the “I Forum for the development of permanence policies for mother and father students of UFRRJ” with the aim of introducing the collective to the academic community. The event served as a showcase for the cause and the difficulties faced by students who are pregnant or have children. Such was the impact of the event that the university revoked the requirement to give up the right to university accommodation and opened up a discussion for the regularization of children.¹⁸

In 2017 several collectives were created focused on the discussion of motherhood, such as the group “Mothers in Graduate Studies,” a sorority that brings together student/professor/scientist mothers from all over

¹⁸ In some universities mothers are allowed to live on campus with their children, such as at Crusp (the student residence hall of USP), which is managed by the USP Social Assistance Office, which, since 2002, thanks to an initiative by the then mayor Martha Suplicy, managed to reserve a wing for student mothers to live together, thus helping their internal support network.

Brazil, and the “Parent in Science” movement, which emerged addressing gender issues and, above all, the impact of motherhood (and fatherhood) on productivity in academic life, from the perspective of faculty and researchers, and which carried out a study that confirmed the fall in academic productivity with motherhood, drawing attention to and exemplifying the burden borne by mothers.¹⁹ It is a new moment of struggle and implementation of equitable rights for mothers in academia.

As the motherhood struggle in universities relates to all scientist mothers in the academic milieu, the collectives of university student mothers have multiplied, adding strength to this new way of understanding the academic environment, in which everyone has an equitable right to education and a university degree.²⁰

In 2018 the UFG Mothers Collective was created, securing a physical space – a room –for its activities. Thanks to the constant search for organization of the UFF Mothers Collective – which gathered information and experiences from leaders of collectives from other universities – the Intersectional Center for Motherhood Studies (NIEM) was born. Based on the demands of the UFF Mothers Collective, PROGRAD-UFF and PROAES-UFF encouraged academic events organized by NIEM through the UFF Mothers Collective.²¹

¹⁹ A noteworthy fact is the beginning in 2019 of the “Motherhood in Lattes” movement in the CNPq curriculum, created by Parent in Science.

²⁰ The basic rights of women in society are still recent, dating from the creation of the National Policy for Women in 2004, whose main guidelines are: equality; respect for diversity; equity; women’s autonomy; state secularism; universality of policy; social justice; transparency of public acts; participation; and social control. Only in 2006 was the Maria da Penha Law enacted aiming to repress and prevent all type of violence against women.

²¹ PROGRAD also started installing baby changing facilities, actively supporting the students’ right and providing the furniture for the mothers’ support room, renovated and managed by Proaes. These changes have not yet been concluded as they were interrupted due to the pandemic. The renovation, adaptation and painting of the old storeroom had already started when the pandemic lockdown began. The room was requested and negotiated by NIEM for the UFF Mothers Collective, showing that the institution’s partnership and support are essential to improve conditions of students and faculty who are mothers. During the pandemic UFF was the only university to recommend a flexible workload for professors involved with caring for children, older adults and people with disabilities, and the student mothers were observed in all digital inclusion notices. See the news report at: <http://www.uff.br/?q=noticias/09-10-2019/ser-mae-na-uff-conquistas-e-desafios-na-construcao-de-uma-universidade-de-todos> Visited on: Oct 1, 2020, and See the news report at: <https://www.noticias.unb.br/publicacoes/112-extensao-e-comunidade/2258-espaco-acolhe-filhos-de-alunas-e-servidoras-na-fe>. Visited on: Oct 2, 2020.

That same year, the “I Brazilian Symposium on Motherhood and Science,” organized by Parent in Science, contributed to the understanding of the female students’ agenda as academic study centers, thus helping organize what was intended to be NIEM.²² The symposium was also important for the formation of the Women in Science WG at UFF, as the group’s professors were speakers at the event and received an invitation to present the lecture at CAPES, after which they were invited to set up a gender WG at this institution, with scientists from all over Brazil. The year 2018 was productive for the motherhood struggle also for the emergence of the National Collective of Mothers in University, which aimed to unite all Brazilian collectives and facilitate dialogue and the search for strategies and actions for achievements at national level. At UnB, although there is no formalized collective, the female students managed to obtain a “room with toys, books, computers, microwave oven, refrigerator and a baby changing station.”²³ Recently, the “Women’s Socialization Center” of UnB published a letter from student mothers to the academic community and senior management highlighting the difficulties experienced by mothers, demanding better conditions to remain in university.

The struggle of university student mothers has been successful in many ways in different parts of Brazil. The silence has been broken: there is greater awareness of the rights of breastfeeding women, driven by the debate on scandals of lactating students being sent out of the classroom; new ways of devising student accommodation for mothers (as in the case of UFFRJ); the issue of the university restaurant;²⁴ the installation of baby changing stations, which is an improvement imbued with symbology and support: having a baby changing station in the university shows that mothers and their children are welcome there. It is a possible utopia that

²² Information collected with the coordinator of the UFF Women Scientists WG, Dr. Leticia de Oliveira, in October 2020.

²³ See the news report at: <http://www.uff.br/?q=uff-reconhece-direito-de-maes-no-edital-pibic-2019>. Visited on: Oct. 1, 2020.

²⁴ At UFF, which revoked the ban on the entry of mothers with children in the university restaurant, although mothers can enter, children do not yet have the right to have meals. <http://www.uff.br/?q=coletivo-maes-da-uff-garante-acesso-de-maes-alunas-ao-restaurante-universitario>. Visited on: Sep. 30, 2020.

should be pursued to raise awareness of active parenting and as a symbolic division of childcare.

In 2019, among the achievements of this motherhood struggle, UFF – through the Office of the Dean for Research and Innovation – innovated by introducing a policy for gender equity that was taken up by other universities. Faculty who had taken maternity leave in the previous two years were awarded proportional scores in the 2019 PIBIC grant tender proceedings. Since then, the need for similar tenders nationwide has been increasingly publicized. Also, at UFF, the so-called FOPESQ-2020-Research Promotion Program awarded a special bonus of up to 5 points for applicants who had taken maternity leave in the previous two years. And we must highlight other achievements: similar tenders for students, bonus scores for student mentors awarded by the Office of the Dean for Undergraduate Studies and the PET/PROPET quota for mothers. Also, in 2019, Parent in Science held the “II Brazilian Symposium on Motherhood and Science” and NIEM organized the “I Seminar on Motherhood (UFRJ)” and the “I Colloquium on Motherhood and University (UFF).” In the same year, the Women in Science WG/UFF, with the collaboration of the Intersectional Center for Maternity Studies (NIEM), published the booklet entitled *Policy Proposals to Support Motherhood in University*, available on the working group’s page.²⁵

In 2020, NIEM compiled existing Brazilian research related to the subject of motherhood and released online the First Library of Research on Motherhood in Brazil.²⁶ In the same year, during the pandemic, the group posted YouTube content with approaches and lectures on motherhood issues.²⁷ Between May and August 2020, motherhood themes were shared on social media for different and broader audiences through

²⁵ The booklet entitled *Policy Proposals to Support Motherhood in University* is available from: <https://www.mulheresnaciencia.org/?fbclid=IwAR3OmkKB2BqopHiHUerdE6ZRb3CXfuFXBHceULsnMa5w4RPAPepsrQU5IY> Visited on: Oct. 2, 2020.

²⁶ Available from the NIEM website: <https://nucleoniem.wixsite.com/niem> Visited on: Oct. 1, 2020.

²⁷ See: <https://www.youtube.com/c/Niimm> Visited on: Oct. 1, 2020.

live streams, with several participants,²⁸ thus reaching beyond the academic environment. Twelve live sessions were streamed addressing different themes related to motherhood.²⁹ These sessions provided relevant exchange between researchers of the subject, gathering the main names in the area in Brazil at the time, besides being an incentive for new organizations.

It should be noted that the collectives and groups continue working. The II Colloquium on Motherhood and University (UFF) has been held and the II Seminar on Motherhood is scheduled for 2020, thus affording visibility to the debate and integrating nationwide research addressing the relevant intersectionality required by the subject. In this same year, marked by struggles and intense production, the Women Scientists and Plural Motherhoods WG was created at UFG, resulting directly from initiatives in the struggle for visibility of scientist mothers in the academic environment, contributing to the struggle for academic qualification of women/mothers in Brazil. On October 15, 2020 the book *Plural Motherhoods: Different reports, adventures and oceans of scientist mothers in the pandemic* was released, drawing on the strength of over 140 reports by national and international scientist mothers and the democratic and volunteer efforts of the members of that WG and of the collectives Mothers in Graduate Studies, NIEM and GEPEG/FH-UFG/CNPq, in partnership with the publisher Bindi, which will distribute

²⁸ Our guest speakers included leading researchers in Brazil such as: Valeska Zanello (Professor of the Department of Clinical Psychology at the University of Brasilia), Fernanda Stanicuask (founder of Parent in Science), Letícia Oliveira (one of the coordinators of the UFF Women's WG), Alexandra Anastacio (dean of undergraduate studies at UFF), Ana Carolina Coelho (Anpuh Gender WG/Go, GEPEG/UFG/CNPq WG and Women Scientists and Plural Motherhoods WG UFG/CNPq), Vanessa Clemente Cardoso (Mothers in Graduate Studies, National Collective of Mothers in University, Mothers in University page and Women Scientists and Plural Motherhoods WG UFG/CNPq), Janete Ribeiro (researcher in education and blackness), Camila Eulálio (master's degree in motherhood studies and manager of the Dandara Collective of Mothers at Unirio). Mediators: Camilla Cidade, Juliana Marcia Santos Silva, Amanda Brtes and Mádhava Hari Cezar dos Anjos.

²⁹ The following topics were addressed: Women at UFF come together to talk about different aspects of the pandemic; University Student Mothers Collectives: Emergence, Outlooks and Achievements: UFF, Rural and UFSC; Mothers around the world and their quarantines; The university we want: public policies and university student mothers; Solo Motherhood: Prejudice against and accountability of mothers; Motherhoods and academic careers: historical challenges and legacies; Dr. Mother: Motherhoods in graduate school; Black Women, Spaces of Power and Intellectuality; Graphite, gender and representativeness; The coronavirus and home schooling. Through the online meeting; Vulvodinia, vaginismus and other taboos.

the book for free on its online page. The motherhood struggle is made up of the weaving of sororities. It is clear that unity among women/mothers is essential and indispensable for a more just and egalitarian academic environment.

In this process of organization, data collection and analysis of the emergence of collectives in Brazil, one notes common traits and the importance of creating an action strategy which affords visibility to the social group of student mothers and, consequently, the creation of channels of communication and negotiation with the deans' offices. In this regard, the promotion of academic events on the subject contributes to the evolution of ideas and debate in the institutions.

The formation of mothers' collectives and women's working and gender research groups in universities plays an important role in the development of new insertion policies for mothers in the academic space, which resonates the discussions on mothers' rights and inclusion across society. Motherhood issues have come to stay and benefit from increasingly improved theoretical frameworks, which in practice results in new cultural policies for women's belonging and right to all spaces, especially mothers.

In universities, studies on and contributions to gender issues are encouraged. Despite the great advances in the agenda of mothers, there is still a lot of work to do and several demands to realize in order to achieve equal access to spaces of power. The hierarchical differences must be highlighted. If mothers in faculty and administrative staff lack adequate rights and support policies, governed by employment contracts and public university regulations, for student mothers they are practically nonexistent. The rights of student mothers are not universal in Brazil. There is no national regulation of any kind to ensure rights and policies of permanence in university, or to fight dropout rates among female students.

Social organization and knowledge sharing for strong unity. Each small achievement is a huge transformation in the lives of those involved,

boosting their self-esteem and self-confidence by offering security and a sense of belonging, which directly impacts the life of student women/mothers, renewing their energy to persist in the dream of permanence in and completion of a university education, giving a new meaning to the issue of universities' hospitality to mothers and, mainly, creating trends that resonate in society.³⁰ Better (women's) days will come!

³⁰ Between 2018 and 2020, for example, some collectives are formalized through interaction with NIEM, among them: "Nupes-Cria - Intersectional Research Center for Health Education and Children's Rights" (USP), the "Dandara Collective of Mothers and Pregnant Women of UNIRIO – COLODANDA," the "Mothers Collective of Puc-Rio," the "Unimontes University Student Mothers Collective" and the "UFBA Mothers Collective." In this way, NIEM is grateful for the opportunities for debate and construction throughout its integrated and necessary trajectory.

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Shortly after the closure of many cities due to the increase in cases of Covid-19, teleworking and virtual classes filled the houses with activities that were previously restricted to environments outside the home. And so, there was the overload of domestic work that added to professional obligations and the maternal need to “have to handle everything”. Faced with the pandemic picture of innumerable problems, which went beyond public health, the initiative of the “Collective of Mothers Scientists” emerged, which turned out to be the first interventionist proposal to the scenario in which many scientists were abruptly thrown. The intention was to guarantee at least one publication for women who, due to the work overload, were reducing their professional productivity, and who, by themselves, would not be able to publish any paper during this period. As a result, this book brings 9 of the 18 scientific articles that were produced during the months of activities to support the collective production of these scientists who are mothers and who work in different institutions in Brazil and abroad. Actions like this show the potential of Science to face the different difficulties that arise in the spheres of life.



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