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Entrepreneurship in the Favela: Negotiating Precarity and Mental Health During Covid-19

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ABSTRACT

This paper aims to explore the impact of the COVID-19 pandemic on the health and mental health of necessary entrepreneurs in Brasilian favelas, the social problems they experienced and implications for public health social work. The study used structured in-person interviews within selected Favela's, with a sample size of 721 entrepreneurs, aged between 16–70 years. All participants both worked and were resident in 15 out of the 27 Brasilian federal states. The bespoke questions explored socio-demographic questions, sought information on their entrepreneurship, health and administered the Warwick-Edinburgh Mental Wellbeing Scale for Health. The results highlighted that many entrepreneurs have engaged in this form of enterprise due to economic necessity, with 64% of women and 43.6% of men identifying increased levels of anxiety through the pandemic, with the presence of children in the family being statistically significant ($p \leq 0.05$ chi-square test) for anxiety. Of the 9.8% sample respondents have accessed the health care service and for women with children, the impact of the pandemic accentuated existing problems of childcare and patriarchy. We conclude by highlighting the importance of universal and accessible health and mental health support and care, their ongoing accessibility, along with the importance of social work during crisis.

KEYWORDS

Health; mental health; favelas; entrepreneurs; Covid-19; Brazil

Introduction

The COVID-19 pandemic has had a profound impact on communities throughout the world, especially those experiencing precarity. Brasil was severely impacted because of the limited laissez-faire Bolsonaro government support provided to "poor" communities, especially due to the levels of inequality. The first case of COVID-19 in Brasil was identified on February 24, 2020. By June 2022, Brasil had experienced a total of 670,229 deaths (Conass, 2022). The Brasilian government's pandemic response highlighted a policy, which has been described by critics as necropolitics (Mbembe, 2003). The government was denounced for its neglect in the United Nations (UN) World Health Organization, UN Commissioner for Human Rights and by Brasilian religious organizations (Latina, 2021). Other critics (Fernandes, Silva, Dameda, & Bicalho, 2020, p. 2) have observed that "the pandemic highlights the cruelty that our form of social reproduction of life imprints on society." This Brasilian health crisis was inserted into a broader and more complex context of aggravated

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economic crisis (Garcia et al., 2021). This also coincided with a platform of ever greater socially conservative policies by the Bolsonaro Government, which has been described as "[. . .] the biggest threat to Brasil's COVID-19 response is its president, Jair Bolsonaro" (The Lancet, 2020).

Brasil is a federal republic with 27 states and 5,568 municipalities and has been subject to neoliberal market reform which has reduced and weakened many traditional government support services including that of health (Marques, 2020). Furthermore, the crisis was aggravated by President Bolsonaro urging Brasilian's to not comply with the Health Ministry guidance, while States calls for social distancing and measures to reduce infection rates (Human Rights Watch, 2020a). The pandemic and the contradictions in policy worsened precarious living conditions of Brasilian workers, particularly those most impoverished, those who are under- and unemployed and those living in Brasilian favelas (Garcia et al., 2021).

Mental health problems during the pandemic were aggravated by efforts to contain its spread through social isolation, quarantine, with resulting negative economic and wellbeing impacts, all of which have received comparatively little attention (Mari et al., 2021). This resulted in Goularte et al. (2021) to call for the pandemic's mental health impact to be recognized as a public health emergency in Brasil. However, the wider intersectionality of poverty, gender, and patterns of labor in society should not be forgotten, along with the need for psycho-social support and the increased demand for care.

This paper explores the impact of COVID-19 on the mental health of Brasilian favela entrepreneurs, the problems they experienced during the pandemic and the importance for social work to be promote, defend, and support service delivery to all citizens, including those who may be more marginalized. Entrepreneurs in Brasilian favelas are important, as they experience place poverty (Pinoncely, 2016) along with their implementation of survival strategies whilst addressing unemployment and the needs of their families. The creation of these informal settlements also offers some diversified services for the communities bordering on the favela. The COVID-19 pandemic has once again highlighted the challenges of poverty, precarity, the survival strategies of people, along with the impact on their health, mental health, and financial security. There was no published baseline research data to identify the psychological impact of the COVID-19 at the start of the outbreak in Brasil (Goularte et al., 2021; Xiong et al., 2020). Although data is now emerging (see for instance Gaudenzi, 2021; Serafim et al., 2021; Serafim, Gonçalves, Rocca, & Lotufo Neto, 2020), this emerging literature has not focused on the experience of Brasilian entrepreneurs in the favelas, a key group of those experiencing precarity and a gap we seek to address.

Favela entrepreneurs are characterized by an action-driven, high-risk approach to the fight against personal poverty and unemployment. According to Data Favela, 76% of favela residents had or intend to have their own business, either because they identified an opportunity or out of financial necessity (Global Forum, 2022).

Brasil's favelas

Favelas are precarious human settlements, a result of the invasion of both private and public urban geographic areas; with what legally distinguishes the "favela" from other forms of precarious land occupation which is common in Brasil i.e. "clandestine" or "irregular" land divisions, is the fact that "favela" dwellers lack any form of property or tenure title (Fernandes, 1993).

It is estimated that 13.2% of Brasilian municipalities (734 cities) have favelas, corresponding to 5,127,747 residents (IBGE, 2020a). São Paulo state had the highest number (1.06 million), followed by Rio de Janeiro state (717,000), Bahia (469,600) and Pará (432,500). Proportionally, the state of Amazonas has the most prevalence, comprising 34.59% of households, followed by the state of Espírito Santo (26.10%), Amapá (21.58%) and Pará (19.68%), respectively (IBGE, 2020a).

The pandemic was a mental health, and humanitarian crisis (WHO, 2020). For the OECD (2021) one in four were at risk of depression in 15 OECD countries in late 2020. Cavalcante (2020) estimated that around 30% to 50% of those experiencing socioeconomic and psychosocial vulnerability could develop some form of mental disorder. In addition to the fear of death,

Ornell, Schuch, Sordi, and Kessler (2020) highlighted that the COVID-19 pandemic had implications for other spheres of life including that of family organization, work routine changes, isolation leading to feelings of helplessness and abandonment. The authors further observed that "it can heighten insecurity due to the economic and social repercussions of this large-scale tragedy" (Ornell, Schuch, Sordi, & Kessler, 2020, p. 232). Residential and working favela entrepreneurs experienced successive periods of COVID-19 lockdown resulting in the stress of no financial income due to the impact on their entrepreneurship, all compounding their levels of stress.

The growing interest in the well-being of entrepreneurs (Wiklund, Nikolaev, Shir, Foo, & Bradley, 2019) has not yet considered the "mental health" impact on "necessity entrepreneurs" i.e., those who depend on entrepreneurship for their survival in life (see Sutter, Bruton, & Chen, 2019). In this context, existing academic discourse of "wellbeing" appears to be a softer expression of the challenge rather than the "naming" of mental health in the entrepreneurial practitioner literature (Murray-Serter, 2020).

The role of social work in the favelas has historically been rooted in two specialisms: the provision of health services and provision of social assistance (financial support) services. Throughout the pandemic, social workers employed in the Social Assistance Unified System (SUAS) (see Carneiro, Bezerra, Nascimento, Pereira, & da Silva, 2020; Couto, Yazbek, Silva, & Raichelis, 2014), delivered social services to poor and extremely poor families, which required social support, including Bolsa Familia cash transfer and Emergency Aid benefit (Garcia et al., 2021). Social worker had identified increased demand for material and financial support, guidance on social distance measures, provision of services to those at highest risk of infection i.e., older people (especially the most vulnerable), those who were homeless, refugees, migrants, those at risk of domestic violence, etc (Garcia et al., 2021).

Throughout this period, social workers are actively engaged in the development and maintenance of social programs which enhanced social rights and social benefits (Garcia, Spolander, & Barbosa, 2022). Given the Bolsonaro governments continued implementation of neoliberal policies which were constraining social support (Garcia, Spolander, & Barbosa, 2022), the profession was actively engaged in defending the erosion of universal, public, free, and high-quality policies that meet the demands of the working class, along with increasing the visibility of social problem in poor communities (Garcia, Spolander, & Barbosa, 2022).

Precarity and necessary entrepreneurship in the favela

Brasilian favelas are associated with economic poverty; but many residents also have poor education outcomes, undertake manual labor occupation, and of being predominantly "black" or "brown" according to Brasilian racial classifications (Silva, 2012). Residents of favela's experience of precariousness of housing, services, and urban utilities; high levels of migration from northeastern Brasil (which are often regionally stigmatized and racialized); along with illegal land occupations; and failures in paying fees and taxes (Silva, 2012, p. 428). However, behind these generalizations, favelas are a social environment, not a homogenous space, with diversity between and within them and, which may best be summarized as rich socially and culturally in black culture, with high poverty rates due to the urbanization process.

Favelas are both spatial and social organizations integral to Brasilian cities, although they also reveal both the structural problems and contradictions of neoliberal urbanism and were a major factor contributing to the spread of COVID-19 amongst the poor (Macedo, Ornellas, & Bonfim, 2020). National state action specifically to support peripheral communities was scarce. The Federal Government instituted emergency aid during the pandemic (R$ 600,00 - approximately US$107 per month) in 2020 for those living in poor communities, but this only marginally benefited favela residents, due to its low value, despite its expressed purpose, before it ended in December 2022 (Brasil, 2020). Within the favelas "hunger was insatiable, just like the virus" (RioOnWatch, 2021) with aid not mitigating the impact of income reductions for informal workers (including necessity

entrepreneurs) and those with low social protection during the pandemic (Garcia et al., 2021). Consequently, the pandemic in Brasil both revealed and amplified the reality of social inequality, including the violation of social rights (Fernandes, Silva, Dameda, & Bicalho, 2020).

Conceptual framework and methods

The authors' approach to the favelas and its entrepreneurs have been rooted in an interest in the concepts of precarity, mental health, exploitation, resistance, and survival. Castro (2002 argues "the State has remained completely disassociated from the favelas: here, its laws are not applicable, nor do its police or courts enforce them; public services do not even reach the favela". We might view this as selective state engagement, whereas Simpson (2013) identified these as attempts of urbanization and positive change, although weakened by top-down approaches and an overemphasis on place at the expense of people. Law enforcement is sporadic and brutal rather than absent, for instance the use of "pacification" policies (de Souza, 2019) and the disruption of community organized food distribution (Avelar, 2021).

Central Única das Favelas (CUFA) is a non-governmental organization within Brasil and in areas affected by poverty (CUFA, 2021), in the tradition of "radical power" (Lukes, 1974, 1985), facilitating communities' self-organization and asset based community development (McKnight & Kretzmann, 1990). CUFA supports education, leisure, sports, culture, and citizenship activities in the favela's (CUFA, 2021). They also were involved in supporting families living in favelas with food, advocacy, and social action for example through the "Mães da Favela" (Mothers of the Favelas) Project (UNESCO, 2021) who organized some activities to support and stimulate entrepreneurship of women in the favela. This provided support to households who had their income affected by pandemic and thus engage with favela entrepreneurs. CUFA sought to fill gaps in state and formal provision through grassroots' engagement (Fernandes, Silva, Dameda, & Bicalho, 2020).

Methods

Locomotiva Institute (a research institute linked with CUFA) conducted 721 face-to-face interviews with entrepreneurs across Brasil providing for this project a snapshot of the entrepreneurial activity in those favelas. This was resourced through the commissioning and payment of community organizations which provided emergency support in those same localities. Our research question was: What was the mental health and wellbeing of favela entrepreneurs, especially their role with one foot inside and one foot outside the "formal" system? Locomotiva Institute involvement in the study was considered key due to their trusted community role, which enabled and provided privileged access to the communities of interest.

Data collection utilized a bespoke questionnaire structured around 4 question topics: socio-demographic data, information about entrepreneurship, health, and mental health, including the use of the 14-point Brasilian version of Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). The WEMWBS was cross-cultural validated (Santos et al., 2015) and its use was due to applicability with groups experiencing special problems or issues i.e., targeted use. WEMBBS is both brief, which along with its one-dimensionality made it suitable to monitor mental wellbeing within the favela. The questionnaire was administered in person by trained Locomotiva Institute interviewers between September and October 2020 in each of the favela's selected. The interviewers were instructed not to intervene or aid in the completion of the questionnaire completion. The presence of Locomotiva supervisors in addition to researchers provided an additional check on the neutrality of its administration.

After the selection of the favela, interviewers recruited participants by approaching people passing through key favela thoroughfares and ascertaining their favela residential and entrepreneurial status. If the inclusion criteria were met, the community researcher explained participation, and sought consent before undertaking an interview with them. Questionnaire responses were recorded on a cell phone/iPad, along with respondents' contact details to enable completion of a second longitudinal questionnaire to provide comparative data on entrepreneurs as their community emerges from pandemic.

Brasilian ethical approval was obtained from the Federal University of Espirito Santo (number CAAE: 32956620.9.0000.5542) and all research was undertaken in accordance with the ethical standards of the institutional and/or national research committee. Data was anonymized and kept securely. No inducements were offered for participation.

Profile of participants

Participants were from 15 out of the 27 Brasilian states within 5 microregions of the country (North, Northeast, South, Southeast, and Mid-West), based on each state's share of the estimated households living in Brasilian favelas (Table 1). Involvement extended between a minimum of 10 (North and Midwest region) and 17 (Northeast) favelas per microregion. Brasil's largest favelas of Rocinha (Rio de Janeiro) and Heliópolis (São Paulo) were included in the sample.

Table 1. Sample by region.

Region	State	Sample	r.weight
North	Amazonas (AM)	52	10966
	Pará (PA)	51	11754
Northeast	Ceará (CE)	31	26315
	Bahia (BA)	30	47892
	Maranhão (MA)	30	19301
	Pernambuco (PE)	30	34584
Southeast	São Paulo (SP)	111	5091
	Rio de Janeiro (RJ)	80	5956
	Minas Gerais (MG)	52	4967
	Espírito Santo (ES)	51	6542
South	Paraná (PR)	50	3798
	Rio Grande do Sul (RS)	50	3534
Mid-West	Goiás (GO)	52	1083
	Distrito Federal (DF)	51	2022

Estimates of entrepreneurs living in favelas in Brasil based on a combination of latest estimates of the Brasilian Institute of Geography and Statistics (IBGE, 2020a), Brasil's 2010 Census Data on favelas (IBGE, 2012), estimated Brasilian household size (IBGE, 2020b), and Global Entrepreneurship Monitor indicators for Brasil (Greco & de, 2020). Using a Power calculation based on a 95% confidence level and 3.65% margin of error, a required sample size of 721 entrepreneurs (382 women, 337 men and 2 others) was identified, aged between 16 years and 70 years (average 38.8 years and a median of 37 years). This was achieved in the study. When post-processing results for extrapolating national and macroregional indicators, the research team adjusted weights correcting for over and sub-representation of micro-regions implied in the covered sample. Replicable procedures were available.

Self-identified Afro Descendants (black and pardo) comprised 66,6% of participants, 68.3% were women and 64.4% men. This number is correlated to the work of Meirelles and Athayde (2014) who found 72% of the favelas' populations identified themselves as black women, men and other.

Results

Education level by race-ethnicity and gender (Table 2. Education level by race-ethnicity and gender) highlighted an illiteracy rate of 12 women (3.1%) and 9 men (2.7%), all aged between 32 and 66 years old (mean 51 years old) in the sample. Furthermore, 22.1% of the sample had not completed elementary schooling, comprising 76 men (22.6%) and 62 women (16.2%) (aged between 19 and 70 years, mean 45 years old). It is estimated that around 11 million of people in Brasil were illiterate aged over 15 years and over (IBGE, 2020), with disrupted schooling being a significant factor due to the need to work (39.1%) and "lack of interest" (29.2%) in education. For women, reasons included pregnancy (23.8%) and household chores (11.5%) (IBGE, 2020) which highlighted the importance and interrelationship of poverty and the gender.

Table 2. Education level by race-ethnicity and gender.

	Women				Men				Other*
Education level	Whiteadd [1] N	Black N	Asian N	Indigenous N	White N	Black N	Asian N	Indigenous N	Black N
Illiterate	3	8	1	-	4	3	2		
Incomplete Elementary School	16	39	3	4	22	53		1	
Elementary School	30	70	2	-	31	65	1	1	1
High School	53	129	1	1	51	89	1		1
Undergraduate	6	15	-	-	5	7	-	-	
Total	108	261	7	5	113	217	4	2	2

Observation, one man and one woman did not identify their race/ethnicity.
*– No gender identified

The data highlighted not only low levels of formal education but that these were highly racialized, 66.5% of participants identifying as black, 55% male and 45% female. The literature (see IPEA, 2016), has also reported a higher average illiteracy rate for black communities of 14.4%, compared to white communities of 7.4%. When gender was factored in highlighted illiteracy levels of 15% for black men and 13.9% for black women, compared to 7.2% and 7.6% for white men and women respectively (Table 2).

Regional disparity in illiteracy was also evident with 24.3 and 15.7% living in the North and Northeast (see Figure 1- Percentage illiterate/Incomplete Elementary School per region) respectively, with both of these regions having higher than average poverty rates namely 26.1% and 47.9%, respectively (IBGE, 2020).

Family size typically averaged 1–2 children (see Figure 2 - Families with children) and varied by region – North – 44.7%; 54.5% Northeast; 52.4% - Southeast; 44% South; and 53.4% in the Mid-West). As the presence of children enabled access to Federal Emergency Aid, 204 women (53.4%) and 191 (56.7%) of men with children received between 1 and 5 months of financial support, while 45.6% of the women and 40.3% of men received support for five months. This was the maximum number of months support could be provided between April and September 2020, when the interviews were conducted. To quantify the level of support, this was converted into monetary value such that the minimum support payment contributed US$ 116.00 to 104 women (51%) and 179 men (93.7%). Emergency Aid funding was used to buy food and pay bills (water and lights), although 109 (31.5%) respondents also used the money to pay rental for their enterprise, which reflected the essential value they placed on continuing to maintain their enterprise.

Legally informal entrepreneurship was undertaken by 77% of participants. Only 3% of the 721 participants were included in the National Register of Legal Entities (Cadastro Nacional de Pessoa Jurídica – CNPJ) and registered at City Hall (17.6%), although the latter varied by region i.e., 30% from South, 23.1% from Northeast, 19% from Southeast, 9.7% from North and 2.9% from Mid-West.

Indicating the necessity of entrepreneurship for survival, 46.3% of women had no job before becoming entrepreneurs. This group was predominantly black (61%), young (average age of 38 years old) and as having children (154 women). “Necessity entrepreneurs” are a distinct and discrete category of entrepreneurs in developing countries, typically represent those unable to find paid employment and who turn to entrepreneurship for survival employment. Their unifying feature is the need to survive.

Among the women who were employed before their entrepreneurship (53.7% of the 382 women), their main occupations included: saleswomen (19%), housekeeper (18.5%), hairdresser/nail technician (8.3%), catering or cook (7.8%), store attendant (4.4%), cashier (4.4%), teacher (3.9%) and caregiver (2%). Domestic workers (housekeeper and cook’s) remain a hidden and undervalued workforce, with the International Labour Organization (ILO) estimating that in 2013, that Brasil had the highest number worldwide. Black women also made up 62% of all domestic workers, while 64% of

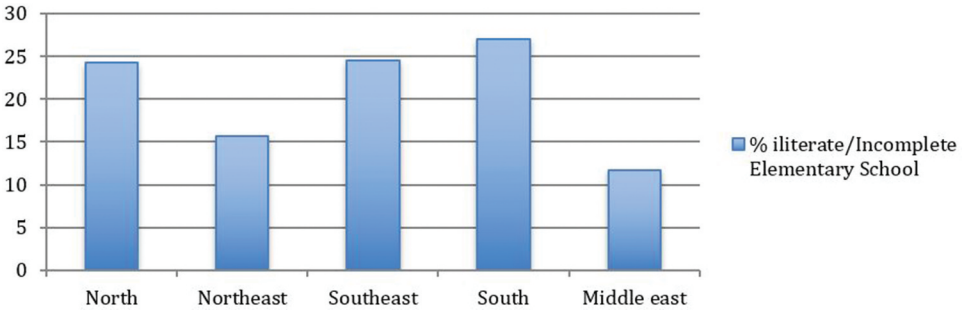

Figure 1. Percentage illiterate/Incomplete elementary school per region.

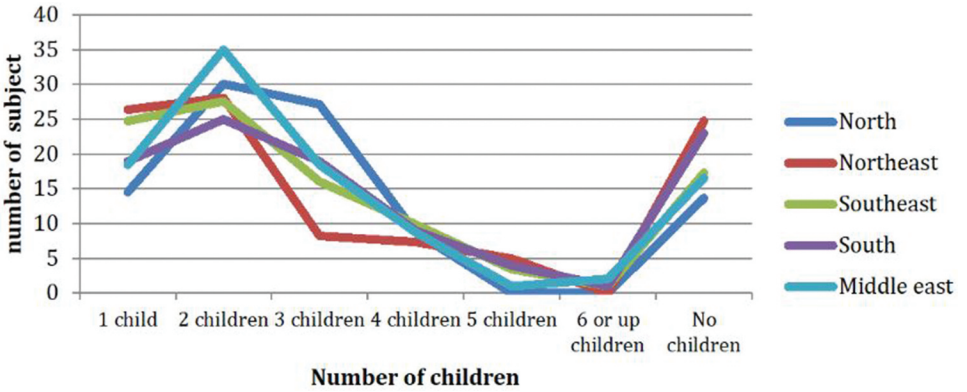

Figure 2. Families with children.

economically active Brasilians with less than three years of schooling are black. This work is both gendered and racialized and typical of other Latin American countries such as Mexico (Salvador & Cossani, 2021).

For participants, 316 subjects (43.8% of the sample) scored 60–70 points in the Brasilian validated WEMWBS. The score for this group by region was: 62.1% of the entrepreneurs were from north and 58% from south. Lower percentages were from the Northeast (30.6%); Mid-West (36.9%) and Southeast (40.1%). Overall, 24 respondents scored the highest 69–70 points: 14 men and 10 women, mean age 38 years old. In this group, six were accessing health care services, four of whom received prescriptions for controlled medicine i.e., psychotropics.

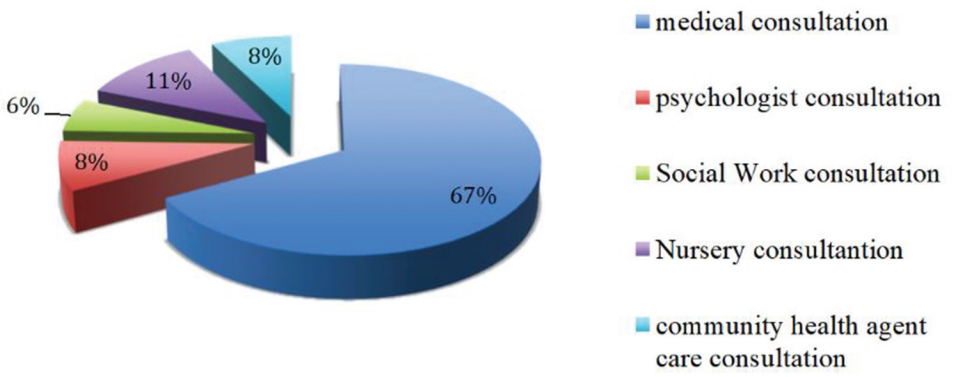

Figure 3. Access to health care service.

The survey was able to identify 71 respondents of the 721 interviewed who accessed health care services (44 women (62%)), although it was unclear how far this number represented a form of self-gatekeeping" through lack of expectation regarding access (Figure 3). Thirty-four (34) of the 721 interviewed had been referred for COVID-19 (4.7%) treatment, although 21 of these participants did not accesses health services despite their diagnosis. The results highlighted that Primary Health Care (PHC) had been overlooked, ignored or impossible to access in the efforts to bolster an overwhelmed health care system (Souza, Gois-Santos, Correia, Martins-Filho, & Santos, 2020).

Table 3. Percentage of favelas' entrepreneurs that experienced anxiety before and during COVID-19 by Brasilian region.

Region	% Before Covid-19	% During Covid-19
Mid-West	4.9	9.7
Northeast	7.4	22.3
North	19.4	36.9
Southeast	23.8	33
South	22	25

Table 4. Chi square test* of health problems between female entrepreneurs.

Variable	pval	No children	has_children
Previous Anxiety	.039	9.5	14.5
Previous Difficulty sleeping	.012	1.4	9.5
Previous fear of getting sick	.018	4.5	7.1
Excessive concern with getting food, medicine or personal supplies	.002	2.1	11.2
Difficult to concentrate to do everyday tasks	.025	1.7	5.5
Flu	.009	4.8	8.3

*$p \leq 0.05$.

The WEMWBS scale was used to identify the mental health state of entrepreneurs and the results recorded a mean score of 56.9 (median of 58 points). While WEMWBS was not specifically conceived as an individual diagnostic tool, community researchers believed this to be a useful indicative tool of individual mental health in these circumstances, shaped by the context of specific points in time as it revealed the pressures respondents were experiencing. WEMWBS scoring indicated that levels of anxiety had increased amongst the entrepreneurs (64% of females and 43.6% of males) (Table 3). Having children was statistically significant ($p \leq 0.05$ chi-square test) for anxiety, difficulty sleeping, fear of getting sick, excessive concern with getting food, medicine or personal supplies and finding it difficult to concentrate on everyday tasks. Fourteen respondents scored 27–28 points on the wellbeing scale (11 women and three men, aged between 25 and 50 years old, with 11 from the Southeast, one North, one Northeast, 1 Mid-West), 10 were black and four white whilst only one had no children (Table 4). Six of the 14 had had no job prior to their entrepreneurship, with the concentration in the food sector being dominant sales of eggs, popsicle, tapioca or for example sale of cleaning products. However, of these 14, only one had accessed health service illustrating further issues to explore regarding expectations and access.

Table 5. Profit expectations.

	Est.	S.E.	t val.	p
(Intercept)	50.27	1.70	29.63	0.00
Decline in profits	2.30	2.00	1.15	0.25
Increase in profits	8.41	1.82	4.62	0.00
No change in profits	9.09	1.90	4.78	0.00

Estimated dispersion parameter = 85.52

For the participants who scored between 50 and 60 points (273 respondents), 84% felt optimistic or very optimistic about their entrepreneurship (Table 5). This group also had a higher education level (45.4% had completed at least high school or more). Prior to the COVID-19 pandemic 18% experienced symptoms of anxiety, although at the time of interview this had increased to 31.5%. Additionally, 19% experienced feelings of sadness, while 16% highlighted difficulties in sleeping, with 25% feared becoming ill. Within this group, 14% had accessed health services (11% received support from their GP and only 1% by a psychologist). Other support received to address their immediate health and mental health problems 22.7% from friends and family 19% and 7% from religion.

Analyzing the data of those respondents (281) who were optimistic that their entrepreneurship profitability would increase, 8% highlighted difficulties, 6.4% feared getting sick, 5.3% experienced irritability, 4.2% were afraid of dying and 4.2% highlighted feelings of being depressed. In contrast, of the 152 people who expected their profits to decline, 22.4% experienced anxiety before Covid-19, but at the time of survey this had increased to 35.5% experiencing symptoms of anxiety, while 11.2% experienced sadness and difficulty in sleeping, 15.6% feared getting sick and 14.8% feared dying. Survey-weighted linear regression indicated that among individuals who expected stable or increasing profits soon, they scored between 5.9 and 9.09 higher in the WEMWBS, compared to those who expected a decline in profits or even the possibility of foreclosing their businesses. The results are robust at a 99% confidence level.

Discussion and conclusion

While some (see Milne, 2020) have suggested that COVID-19 has been the great leveler, others (for instance Mbembe, 2021) have highlighted that those living in precarity and in societies with significant inequality were of higher risk. For those in informal settlements domestic violence and femicide, unsafe households (Burgen, 2020) and loss of livelihood (Human Rights Watch, 2020b) make an already tough life become far worse. Consequently, community self-organization, resilience and resistance was at the heart of the authors' interest in mental health and entrepreneurship given the apparent reduction/shutdown of community mental health facilities during the Pandemic in Brasil.

Inequality in Brasil also has implications for the social determination of health and disease (Laurell, 1982), with stratified access to sanitation, water access, rubbish, all of which were problematic before the pandemic but worsened since. So too, the pandemic preventative measures undertaken by health authorities were better aimed at the richest layers of the populationfor instance, social isolation such as work from home via the internet, or basic sanitary access or jobs that did not involve manual labor.

For women with children living in Brasilian favelas, the pandemic accentuated existing problems, i.e. living in small overcrowded multi-occupancy domestic spaces, precarious conditions, ongoing struggles for survival including no access to public utilities such as water and sewage. In addition, new challenges arose as nurseries and schools were closed (including the children not having access to school meals). In fact, entrepreneurship opportunities also closed, exacerbating the fight for survival, including food, increasing both fear and anxiety.

Any lockdown or restriction to the opportunity to earn a livelihood in these communities is discriminatory, exacerbating the challenges of obtaining basic life sustaining services and support. In this context, it is important that on March 30, the Brasilian Senate approved emergency aid of US$ 116 (R$ 600) per month to informal workers and US$ 232 (R$ 1,200) per month to mothers responsible for supporting the family whilst the rates of contributions to autonomous social services were reduced (KPMG, 2021). Consequently, "necessity entrepreneurship" was also driven throughout the pandemic by family structure and expectations, along with access to emergency state aid, and we expected this to be reflected in the completed WEMWBS scores.

Entrepreneurship was highly gendered, with women's small shop ownership concentrated in the food and beauty sectors (hair salons, nails, afro hair braids and clothes, amongst others).

Countries with high levels of precarity and informal work are associated with high levels of vulnerability and other social inequalities i.e., low levels of income, poor access to health and poor housing also have high levels of COVID-19 mortality (Alves dos Santos et al., 2020). It is important to recognize the importance of greater pandemic preparedness, For instance, prior to the pandemic, the World Health Organization (WHO) in the Global Action Plan (2020–2030) included a specific objective on mental health in humanitarian emergencies, suggesting action plans, prioritized of mental health across national and local emergency committees. The WHO highlighted the impact of COVID-19 and recommended public policies implement quality and permanent services to address mental health challenges (WHO, 2021). However, in the immediate response to the pandemic, many of these mental health services were closed and online alternatives severely limited for those already suffering precarity.

Brasilian favelas are enormously diverse – such that Heliópolis (Sao Paulo) with 200,000 inhabitants or Rocinha (Rio de Janeiro) with 100,000 inhabitants [and at least 25,700 houses) compared to small communities such as Santa Luzia (Federal District) has 12,000 inhabitants or Itararé (Vitória) has less than 8,000 inhabitants. Thus, in considering health and care needs and services, it is necessary to recognize their diversity not only in terms of location, but also political trajectory, community organization, leadership and existing health and care resources in each location; all of which supports and aids those communities' ability to mobilize support, build partnerships and build coalitions (Fleury & Menezes, 2022) and therefore to advocate for resources and services.

Population size is one factor in to consider in the design and implementation of public health and social work service delivery during Covid-19. This is critical when you consider that the Brasilian health system is based on the principles of universal care, comprehensive care and equity of action based on the precept of social justice (Brasil, 1990). The primary health care (PHC) provides the first level of community care, regulation and organization of other health levels and services (Brasil, 2017), with 79.53% of all favela houses being less than a kilometer from their primary health service (IBGE, 2020). However, while primary health service is often geographically close access to the service was problematic during the pandemic for instance due to the availability of medical staff, with many diverted to hospital services, along with the government not following international scientific evidence (da Silva Barbosa, Spolander, & Garcia, 2021).

It should also be noted that the pandemic changed the way in which primary care operated, with priority given to those with respiratory problems and urgent cases (Gois-Santos et al., 2020). While some services such as antenatal services were maintained, others for instance to address hypertension and diabetes were suspended, although prescriptions were still available as well as emergency care (Gois-Santos et al., 2020). Community services, which may have provided preventative and support care for those with health and social care needs were canceled. Consequently, the Brasilian government's response has provided a tragic example of the denial of the pandemic on public health. For instance, the dismissal of four health ministers during the pandemic being an example of the crisis of leadership. Nonetheless, the impact on the lives of those in the favela's who have self-employment may be hidden. While there has been an emerging theme of the importance of mental health and wellbeing in the entrepreneurship practitioner literature (Arora, 2019; Bruder, 2014; Muenster & Hokemeyer, 2021), it is less prevalent in entrepreneurship studies than other academic fields (Wiklund, Nikolaev, Shir, Foo, & Bradley, 2019). The unique contribution of this paper was that the study sought to investigate a group of people who might otherwise be ignored in societal analyses, and who engage in entrepreneurship through necessity, and to explore their challenges of mental health and precarity through the COVID-19 pandemic.

Our focus was on the favelas of Brasil, a geography often "heard" as a pejorative and labeled as "slums," whilst demonstrating strong themes of self-organization, neighborhood creation and endeavor, albeit constrained by the Bolsonaro government's mix of neoliberal policy and practical authoritarianism. In addition to fear of death, the COVID-19 pandemic has implications for other spheres of life (family organization, changes in work routines, isolation, leading to feelings of helplessness and abandonment) (Ornell, Schuch, Sordi, & Kessler, 2020).

The interventions of civic organizations, which provide alternative community health resources, lessened the impact of the withdrawal of the state from the favelas. However, "necessity entrepreneurship" is a key driver of favela economic activity and has an immediacy that is a challenge to the primacy of health messaging. For instance, social distancing which was problematic, especially given the economic necessity of residents and their living conditions. This suggests that the pressures of income generation in spite, and due to inadequate state "security" payments, necessitated increased levels of physical and mental risk when the state withdrew community health support at the time of greatest need (Souza, Gois-Santos, Correia, Martins-Filho, & Santos, 2020). This disproportionately affected black communities given their high representation in the favela's, along with both racialized and gendered membership of the informal economy.

The authors note the managed, even targeted neglect of the Bolsonaro Government, during the pandemic and exacerbated its impact upon favela organization, women and racial minorities and the fragility of the entrepreneurial journey. The authors propose that increased and targeted mental health services which establish a narrative and expectation of access is needed, not only to only support economic but also mental health.

Despite the severity of the pandemics impact and the importance of comprehensive Social Assistance Policy as essential, workers in this key area have not achieved greater recognition or protection. The projected increases in precarity and inequality which occurred during and after the pandemic highlights the important need for wide ranging and comprehensive social protection systems, which recognizes the socio-economic context and constitution of Brasil, which guarantees its implementation. The urgent need in Brasil, and elsewhere globally is for the profession to continue to advocate and support demands for widespread universal social policy support and to reconnect these struggles for social rights to the working class. Social workers too must understand both the limits of the effectiveness of these benefits, as well as the importance of social rights in that society and their importance of public health for all.

Note

1. For race-ethnicity IBGE use white, black, pardo/brown, yellow (for Asian) and Indigenous.

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Data availability statement

The authors confirm that the data supporting the findings of this study are available within the article [and/or] its supplementary materials.

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