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RESEARCH

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THE GENDER RELATIONSHIP AS A DETERMINING FACTOR IN THE CHOICE OF THE DOMICILIARY CARE OF DEPENDENT PERSONS

A relação de gênero como fator determinante na escolha do cuidador domiciliar de pessoas dependentes

La relación de género como factor determinante en la elección del cuidado domiciliar de personas dependientes

Luciana Pessoa Maciel[1], Maria Lúcia Silva Servo[2], Fernanda de Oliveira Torres[3], Priscila Thamiris Pinheiro Filgueira[4], Emilly Vitória Macedo Lima[5], Maiana da Silva Santana[6]

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ABSTRACT

Objective: To understand the gender relation as a determining factor in the choice of the caregiver domicile of dependent people. **Method:** This is a descriptive study with a qualitative approach, carried out with home caregivers of people dependent on an area assisted by a Family Health Unit in the city of Petrolina. **Results:** 13 home caregivers participated in the study through a semi-structured interview it is possible to identify that some factors are conditioned by the choice of the person responsible for the implementation of the care and that the gender issue is closely tied to the caregiver's election. **Conclusion:** In the perspective of this study, it was possible to verify the remarkable presence of the female figure as custodian. The remnants of a macho culture contributed to the conceptualization that caring became a synonym for domestic duties, being underestimated in their practices and embedded in women.
Descriptors: Gender; Caregivers; Caring, Woman.

1 MSc in Nursing from the State University of Feira de Santana - UEFS. Assistant Professor of the Nursing Course at the University of Pernambuco - UPE, Campus Petrolina - PE, working in the areas of collective health and maternal and child health with a focus on Primary Care.

2 Full Professor of the Nursing course of the Feira de Santana State University - UEFS; PhD from USP, member of the Feira de Santana Education Academy, working in Collective Health, Research and Administration in Health Services / Nursing and Teaching, Researcher on nursing related issues, supervision, management, stress, Theory of Social Representations, work process, health planning, care production.

3 Graduate in Nursing from the University of Pernambuco - UPE.

4 Graduate in Nursing from the University of Pernambuco - UPE.

5 Nursing undergraduate from the University of Pernambuco - UPE.

6 Nursing undergraduate from the University of Pernambuco - UPE.

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RESUMO

Objetivo: compreender a relação de gênero como fator determinante na escolha do cuidador domiciliar de pessoas dependentes. **Método:** trata-se de um estudo descritivo com abordagem qualitativa, realizada com cuidadores domiciliares de pessoas dependentes de uma área assistida por uma Unidade de Saúde da Família no município de Petrolina. **Resultados:** participaram da pesquisa 13 cuidadores domiciliares através de uma entrevista semiestruturada sendo possível identificar que alguns fatores estão condicionados com a escolha do responsável pela implementação do cuidado e que a questão de gênero está intimamente atrelada na eleição do cuidador. **Conclusão**: na perspectiva desse estudo, foi possível constatar a presença marcante da figura feminina como detentora do cuidar. A mulher é culturalmente responsabilizada pela prestação do cuidado. Os resquícios de uma cultura machista contribuíram na conceituação de que o cuidar se tornasse um sinônimo de atribuições domésticas embutidas na mulher que, por sua vez, tem sua prática subestimada.

Descritores: Gênero; Cuidadores; Cuidar; Mulher.

RESUMEN

Objetivo: Comprender la relación de género como factor determinante en la elección del cuidador domiciliar de personas dependientes. **Método:** Se trata de un estudio descriptivo con abordaje cualitativo, realizado con cuidadores domiciliares de personas dependientes de un área asistida por una Unidad de Salud de la Familia en el municipio de Petrolina. **Resultados:** Participaron de la investigación 13 cuidadores domiciliares a través de una entrevista siendo es posible identificar que algunos factores están condicionados con la elección del responsable por la implementación del cuidado y que la cuestión de género está ligada en la elección del cuidador. **Conclusión:** En la perspectiva de ese estudio, fue posible constatar la presencia de la figura femenina como poseedora del cuidar. Los restos de una cultura machista contribuyeron en la conceptualización de que el cuidar se convirtiera en un sinónimo de atribuciones domésticas y embutida en la mujer.

Descriptores: Género; Cuidadores; Cuidado, Mujer.

INTRODUCTION

Mutual care is essential for the existence of all species, including humans. It is because of this care that everything lives, is maintained and transformed. Men and women with the purpose of guaranteeing the life of their species are organized according to their fundamental needs, such as sustenance, defense of their territory and protection in common.[1]

Caring for others as a gender issue and the division of labor between men and women is an aspect of human history. From the beginning, our ancestors in their nomadic way of life, based on hunting and gathering, distinguished the attributions for men and women, with men responsible for obtaining meat and defending the group and women responsible for collecting fruits, leaves and roots, food preparation and caring for young children.[2]

This gender-based division of tasks, full of symbolic value, defined the place of men and women in social and economic life and, since then, the action of caring has been associated with women. They are responsible for all care of everything that grows and develops, thus including children, the sick and those in the terminal phase, in palliative care. Thus, women began to be considered as the main symbol of care and men as not part of this function.[3]

Gender therefore is to be considered as the basis for analysis that determines everything that is social and cultural, in addition to establishing historical gender differences. The concept of gender is used to observe and understand the characteristics that each era attributed to masculinity and femininity, factors that favor domination and oppression over women.[4]

Within this perspective, the understanding of gender underlies knowledge that provides meanings to bodily differences and builds their values based on physical characteristics. The man would be endowed with the ability to lead while the woman would need to follow and care for her daily struggle. In this context, the dominant and the dominated were historically defined and rooted in a patriarchal culture, where the woman would be conditioned to perform activities restricted to the home due to a physical and submissive aspects.[5]

Notably, the act of caring is associated with a social devaluation of the caregiver's role, mainly due to the centralization of actions in the figure of the woman, especially when this practice is restricted to the home. To think of care as essentially feminine is to make generalizations which lead to the construction of stereotypes, prejudices and discrimination.[6]

In this perspective, being a woman becomes a primary factor in defining who provides care within the home environment, leading to the proposal of the present study to understand and clarify the following question: how gender relations, associated with the female figure, are determinant for the choice of caregiver of dependent people?

The search is for a historical and social understanding of gender relationship with care practices, which may support a better understanding of the socio-cultural processes in determining the responsibility of the woman for the continuity of care within the home environment.

Given the above, the present study aims to understand gender relationship as a determining factor in the choice of home caregivers of dependent people.

METHODS

This is a descriptive study, using a qualitative approach, carried out with home caregivers of dependent people within the coverage area of a Specialized Multi-professional Care Unit (AME) Rosa Maria Ribeiro, in the city of Petrolina-PE, in the periods of October 2016 to July 2017 and again between January and March 2018.

To collect data for the present study, a semi-structured questionnaire was used, containing objective questions and questions related to the object of the study, guided by the following research question: how can gender-related issues be linked to the choice of home caregivers of dependent people?

Thirteen home caregivers were included in the study based on the following criteria: Being the primary caregiver of a dependent patient, being within the coverage area of a

Community Health Agent and being a full-time caregiver. T o ensure confidentiality and the rights of caregivers, they were identified by the letter C, followed by a number, as follows: C1, C2, C3.

Survey continued until the saturation of the data resulting from the responses of the participants included in the research. In this sense, we sought to understand the meanings of the speeches and behaviors of the caregivers, with the research including the information obtained from thirteen caregivers. After collecting data of the semi-structured interviews,

the information was organized into categories according to the statements of the participants and their common points. These data were grouped in a descriptive manner, always focusing on responding to the objective of the study.

This study was part of a larger project entitled "Home caregivers of dependent people: knowledge of their concepts and practices as a strategy to ensure the continuity of care in primary care", which was submitted to the Ethics Committee in Research with Human Beings at the University Pernambuco and followed the precepts established in Resolution Nº. 466, of December 12, 2012, of the National Health Council (CNS, 2012), having been approved under CAAE: 58944316.6.0000.5207.

RESULTS AND DISCUSSION

The act of caring is inherent to human relationships, it is the manner that permits the being to preserve his/ her physical and psychic integrity through self-care actions or through the actions of other people. Care permeates dimensions that seek to promote human biopsychic and social well-being. Some factors may be conditioned by the choice of the person responsible for providing the care and gender issue is closely linked to the choice of such caregiver.

The analysis of the subjective material collected through the interviews allowed the emergence of manifest and latent contents of the participants who were aligned in the core meanings and, from these, were grouped in the following categories: socio-cultural context: A historical perception of the female caregiver; Gender as a determinant of care; Female caregiver: difficulties and limits of an imposed responsibility.

Sociocultural context: a historical perception of the female caregiver

Throughout the history, women were attributed the task and all the responsibility related to the provision of care. The ability to feel, protect and preserve the home has always been attributed to her, responsibility that requires great commitment and dedication and that culminates in the almost sole handedly guaranteeing care for everyone within her social environment.[7]

In the present study, we observed that the female figure is notably dominant in care provision. We found that 84.62% of home caregivers of dependent people were women and only 15.38% of the caregivers interviewed were men and in their speeches they still highlighted the need to have a woman to help and share functions. Femininity is associated with delicacy, good treatment, patience, as if they were innate characteristics of women. This attitude is evident in the following speeches:

> *(...) because a man is different from a woman, you know, a woman to care is different from a man and to me as a man it is difficult, certainly if there were a woman it would help a lot more (...).* (C5)

> *(...) there was no difficulty, especially because I took turns with my wife, there was my sister who stayed here with her too (...).* (C7)

In the study, we observed that being related to the care dependent was unanimous. All the respondents had a family bond and were daughters, wives, nieces and sisters. In this context, 46.15% were wives and daughters of dependents; 38.46% had another relationship (nieces and sisters), only 15.38% of the interviewees were men who provided care (husbands or sons).

A person dependent on care needs special attention in all aspects, from simple assistance to the most elaborate care. During the conversations, situations and activities carried out by these caregivers were presented, such as care for changing the position or help with movements, follow-up consultations, hygiene, administering medication and feeding. Let us observe the following statements:

> *(...) I do everything, I put him in a wheelchair, I brush teeth, I bathe, I give the medication, I give the food, I put him in bed, I put a diaper, I clothe him (...).* (C3)

> *(...) Yes, I prepare meals, I give snacks, you know? I take care of the medicines, I do that (...).* (C6)

The home caregiver performs activities vital for a person who is no longer able to perform them. To attend to these needs, physical and psychological vigor is needed. 92.31% of the caregivers interviewed were between the ages of 44 and 79 years old, an age when physical efforts require more attention to self-care. The time period when they are dedicated almost exclusively to care provision counts as an aggravating factor, where 38.46% of the interviewees provided care between 10 and 20 years and 61.54% between 2 and 8 years.

Basic human needs need to be met and in addition each dependent has his/her own special conditions. This makes assistance even more difficult, with 53.85% of respondents saying that they survive on a family income between 1 and 2 minimum wages and 46.15% reported having a little more than 2 wages. This context complicates efficient care for a dependent, mostly elderly and debilitated, who needs special food, support, differentiated material, and appropriate medication, among other needs.

It is still common to see women accept care as their obligation. This fact is evidenced by the following statements:

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(...) I will not abandon him at all (...). (C10)

(...) so, adore, adore, I don't, but I am a daughter, right! You really have to take care (...). (C11)

(...) Our Lady, I give myself, my time, my health, everything for them (...). (C12)

(...) Of course, it's my job (laughs), what can I do? (...). (C13)

To improve the understanding of the relations between the sexes, we must consider that the meaning of the masculine and the feminine, in society, is defined in terms of the relation between both and in the broader socio - historical context. Being a man or woman defines the way of valuing and acting in a given culture.[6]

From the sociological point of view, the concept of gender involves historical and contemporary aspects of unequal relations between men and women. Women would be docile and sensitive due to the physical fragility built by culture and historical processes. The man, in turn, would be endowed with strength and knowledge, being responsible for the work, sustenance and family protection.[5]

The difference in the attributions of the caregiver based on gender and consolidated throughout history is clear, since men are attributed the role of the provider of their home. On the other hand, the woman would be obliged to care for the dependents, since based on the values attributed to her, she has the gift of caring. This aspect is confirmed by the following statements:

(...) I have a lot of difficulty with my brothers, because they say like this: I have my family, I have my house but don't see that I also have it (...). (C8)

(...) when the girl is not there, he does help (...). (C12)

(...) Her son helps like that, to go to the doctor, to take her by car, that's all. But like that, caring, that's up to her (...). (C13)

It is necessary to consider the context of a patriarchal culture, considering that these issues are socially and culturally constructed, not looking at care only from the female perspective, but understanding it as a set of actions that are essential for the formation and maintenance of a society formed and cared for by both sexes.[8]

One of the main ways to interpret the prevalence of women as caregivers is the subordinate social position attributed to them. Due to their lower status in the social hierarchy, women were given less valued tasks such as caring for the home or family members. Since they did not produce exchange value, these tasks would have had their social value reduced.[2]

Such behaviors imposed on women by society in a hierarchical and authoritarian manner, directly impact on the way of thinking and acting of these women, where their social value was in accepting the conditions that were imposed as evidenced in the excerpts below:

(...) because like this: I'm from Amélia's time, that the final word is always the man's, the decision was his and I just had to accept it (...). (C9)

(...) I am 80 years old, and since I was a child I never had a childhood, I was always a slave (...). (C3)

The feeling of duty to fulfill and the affection that the relationship brings, reinforce the impression that it is an obligation to be the caregiver. In 53.85% of the interviews, the participants, all women, stated that they provide care of their own free will, even though they demonstrate situations that led them to it, the other 43.15% said that they provide care because no one else wanted to do it or because they had it as an obligation. This aspect is evidenced in the following statements:

(...) Because nobody else wants to take care, because there are hours when I get bored, tiredness arrives (...). (C4)

(...) by my own will. My mother had 17 children, but they died a lot, they left a lot. The only daughter is me, right? (...). (C6)

(...) it's my obligation. Because there is only me, I am a daughter, you know (...). (C11)

Following historically defined precepts, the female essence is understood as caring and any deviation from this standard is not well regarded or accepted socially. Caring for the other has become an extension of domestic activities that in turn will only be done well if they are performed by a woman. There is still a strong male presence linked to strength and leadership, thus, the man must not demonstrate his feelings or perform activities related to the care of the home. This sexist view is still common and strongly marks the lives of home caregivers of dependent people, whether women or men.

Gender as a determinant of care

Taken as a formative element of social relations between men and women, gender is a social and historical construct. According to the cultural context, this construct is based on symbols, norms and institutions that define concepts of masculinity and femininity, as well as standard behaviors that are acceptable or not for men and women. Understanding gender relations and their influence on society is necessary since gender delimits fields of action for each sex, it is the basis for the formulation of laws and how they should be applied.[9]

Gender inequalities lead to other social inequalities. It is due to how the society organizes these relationships, that women and men are conditioned to different patterns of suffering, illness and death. The discussion about gender brings positive contributions to socio-cultural and emotional aspects, thus impacting social life. This can help find models of cultural changes that deconstruct inequity, opening space for this discussion thus favoring the empowerment of women.[10]

This study demonstrated that the standardization of what is female and what is male attribution, as a norm, is still in force. The female caregivers reported giving up their life expectations, personal and / or professional growth in order to dedicate themselves to their family and especially to the relative who needs care. The following reports corroborate this finding:

> *(...) my freedom is over, I no longer have freedom. It is prison, the right word is prison, because the person cannot leave (...).* (C11)

> *(...) I always lived for others, got married, and I was never a woman to go to the salon to do a pedi, do hair. My business is taking care of him and my home (...).* (C3)

Women were educated for care. Take care of their home, their husbands and children, their family. When the first possible professions for them appeared, they were always linked to care. Women could be nurses, teachers and seamstresses, professions that were understood as a continuity of domestic actions.[4]

Despite being deeply rooted, this division between men and women is gradually changing, making it possible to find men who do not see problems in practicing care actions. Even so, this process takes place in the context of discomfort when the option of a female caregiver is not available or for not finding a person capable of taking care of the relative. Even as the last alternative, the man is taken by the circumstances into providing caring, as evidenced in the following statements:

> *(...) the financial situation was no longer good, so I put someone in charge here and the person mistreated them a lot. And she is with this disease, with this Alzheimer's, then she sometimes repeated the questions and the person was very irritated. I am already retired, I have nothing else to do. I will at least take care of her.* (C5)

> *(...) I think there are a lot of women who don't do the same thing as me and I don't even talk about men. I think that few men take care of a person in this situation. Because the man is more like an animal, he has no feelings, then most of the men, the men I know around here, what they do is to abandon.* (C7)

Gender is to be considered as the basis for analysis that determines everything that is social and cultural, in addition to establishing historical gender differences. The concept of gender is used to observe and understand the characteristics that each era attributed to masculinity and femininity, factors that favor domination and oppression over women.[4]

Assigning characteristics according to gender is to limit the possibilities that a human being has. Everyone is born with the need for mutual care, this is a condition for maintaining life. Everyone, regardless of their gender, can develop any socio-cultural skill they intend to learn.

Family ties that unite a caregiver to the dependent are decisive factors in the care relationships. The woman in a mixture of feelings, where she carries the weight of the center of emotions historically defined and linked to her, cannot fail to serve and help the member of her family. Man, in turn, centered on his role of reason, is oblivious to the demonstration of feelings, making emotions something far from his reality.

Society throughout its historical process has always placed the domination of emotion over reason as a female characteristic. Feelings such as love, zeal, understanding are considered a part of the woman, with an obligation and a duty to express her feelings to others through actions such as caring. Care is inherent to the very existence and essence of the human being, it is associated with zeal, care, attention, good treatment and solidarity and such feelings have always been placed as attributes of the female soul.[11]

It is a set of actions in which altruistic attitudes are present. Such feelings have always been placed as attributes and a continuation of the female soul. The woman in the midst of family relationships assumes the responsibility for care. The reports below demonstrate that:

> *(...) I couldn't see myself without my mother and I still don't see myself, I have been with her since I was born and she always took care of me, so I have this gratitude and recognition of everything she did for me.* (C8)

> *(...) because my father was that explosive person. Then, I think it was a mystery that God made, for my father to like me and I started to like him, to love, to take care, you know (...).* (C2)

When care was performed by men, it is noticeable, in the present study, that the demonstration of feeling is more discreet or even reluctant in its expression, becoming something more mechanical or common, as shown in the statements:

> *(...) at first, I was tougher, then I started to change. I went looking for people who cared for the elderly as it was, then they were saying what the disease was like, then I started to change. I will help her. I'm sure that if I were like this, she would help me.* (C5)

(...) A reflex, I needed it, I was there. I didn't even think about those feelings, just something that I did because I needed to, and I was there. Boy, I'm not sure if it's a feeling. (C7)

The influence of gender as a decisive factor in the definition of a dependent's home caregiver is strongly present in today's society. Women remain the majority and embrace this role as part of their human nature. In addition, most men characterize women as being "better" than they are at performing this function. Thus, the definition of who will be responsible for the care ends up being imposed on the woman, even if in a hidden manner, surrounded by feelings and family relationships.

Female Caregiver: difficulties and limits of an imposed responsibility

It is a common practice for women to take care of the home, children, or even sick family members, while the man works outside to guarantee family's financial resources. This limits his free time, which makes it difficult to take care of himself and his private activities, since taking care of others is imposed on him as an obligation, his priority. Generally, when men participate in care, it is in a secondary way, such as through material help, in the transportation of the dependent, in the purchase of medication or any other external activity that is not linked to personal treatment.[4]

This obligation imposed by society on the female gender ends up transforming the way of being and the quality of life of these women who, in turn, stop taking care of themselves to take care of others. These intense obligations and difficulties in the act of caring transform their way of living, thinking and acting, as demonstrated by the following statements:

(...) so what I think is the worst thing is that I have no freedom to go out, I get stuck, I don't have time to take care of myself, I take care of her more than me. (C1)

(...) because they say like this: I have my family, I have my home, but you don't see that I also have, I have a small daughter, who also needs care and attention. (C8)

(...) everything changed, my freedom is over, I no longer have freedom. I say I'm going here, tomorrow I'm going there, tomorrow I can't go, I already gave up. It is prison (...). (C11)

The role of caring in the Brazilian context is essential for the total or partial rehabilitation of those who need care, and is performed, in most cases, by a family member and almost always by the woman. Thus, wives, daughters, sisters, among other women trusted by the dependent person, become increasingly responsible for care within this environment.[12]

It is easy to see that the action of caring is an activity defined by gender, both in the social environment and in private life. In society, gender roles define that men be "careful with" and women "take care of". "Careful with" is associated with business, money, everything outside the home, while "caring for" is still closely linked to the female figure and is seen as a minor job, with no social relevance.[4]

The perpetuation of care centered on the female figure is clearly demonstrated by this study, with the obligation for men focused almost exclusively on financial care and daily care is still required of women, as seen in the statements below:

(...) I had a son who lived here with me, he helped me with everything because of the strength he had, but he went to work outside to be able to help at home, right, and now only me and my daughter stayed, I feel a greater difficulty in handling (...). (C9)

(...) I need a man's physique, sometimes I need to put her in the chair, or take her somewhere, I need a masculine strength but I have a lot of difficulty with my brothers because they say they can't come on their own employment (...). (C8)

(...) it's just me, she has three brothers, and you know, men don't take care, because it is usually very difficult for men to take care, they work a lot (...). (C10)

Providing care cannot be underestimated as an inferior activity, much less conditioned to a specific gender because it was mistakenly viewed as a lesser activity. On the contrary, caring requires complex attitudes, decisive choices, strenuous physical effort and altruistic behaviors and women assumed their execution and historical and social responsibility of caring.

CONCLUSION

From the perspective of this study, it was possible to verify the dominance of the female figure as the provider of care. Women are culturally responsible for the provision of care and for all the nuances of this practice, almost as a natural extension of their gender.

The historical bases were decisive in the consolidation of concepts that conditioned the attribution of responsibilities for care to the female gender. The remains of a macho culture contributed to the perception that caring is a synonym for domestic duties embedded in women who, in turn, have their practice underestimated.

Unilateral responsibility for home care for dependent people placed on women can lead to a series of physical, emotional and social disorders that can affect the quality of life of many women and, thus, perpetuate the submission of gender constructed throughout the historical process.

Although a satisfactory result was obtained from the research, there were limitations, among which can be mentioned: The approach to caregivers through their Community Health Agents (CHA), given the difficulty of scheduling and availability of the ACS; The initial insecurity that caregivers had when they had to express their personal dissatisfaction in dealing with the dependent, most of the

time their relative. In addition, there is a shortage of literature that directly addresses the topic of gender limitations to the caregiver.

In this context, it is necessary to recognize care as a valuable tool for ensuring the continuity of health actions at home, this attribution being not and obligatory responsibility of a single gender, but rather a joint action that guarantees health promotion of the person that demands care, as well as that of the one who provides care, which is also an essential figure in the health-disease process. Furthermore, this research increases the number of studies focused on this theme, which still has a reduced focus in scientific investigations.

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Corresponding author
Luciana Pessoa Maciel
Address: Rodovia BR 203, Km 2, Vila Eduardo
Petrolina/PE, Brazil
Zip code: 56328-903
Email address: luciana.diniz@upe.br

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