

# MONITORING CARE, PRODUCING FAMILIES<sup>1</sup>

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## ABSTRACT

In this article, we discuss the results of ethnographic research conducted between 2013 and 2020 in the city of Rio Tinto, on the north coast of Paraíba. We seek to understand how assumptions about gender and family are present in the implementation of two distinct but interconnected government programs: the *Bolsa Família* Program and the *Criança Feliz* Program. By aligning ourselves with the field of studies on the correlations between motherhoods, families, and government technologies, we reflect on how these government policies, while aimed at mitigating inequalities, often end up reproducing them by relying on a narrow understanding of family reduced to the mother-baby relationship and by promoting a persistent evaluation of the care practices of the families they work with, as well as questioning family and care arrangements.

## KEYWORDS

Social programs; Care; Families.

## *MONITORANDO CUIDADOS, PRODUZINDO FAMÍLIAS<sup>4</sup>*

## RESUMO

Neste artigo, discutimos os resultados de pesquisas etnográficas desenvolvidas entre 2013 e 2020 na cidade de Rio Tinto, litoral norte da Paraíba. Buscamos compreender como pressupostos sobre gênero e família estão presentes na implementação de dois programas governamentais distintos, mas interligados: o Programa Bolsa Família e o Programa Criança Feliz. Aliando-nos ao campo de estudos sobre as correlações entre maternidades, famílias e tecnologias de governo, refletimos como estas políticas governamentais, ao mesmo tempo que são elaboradas para mitigar desigualdades, acabam, muitas vezes, por reproduzi-las ao partir de um entendimento de família reduzido à relação mãe-bebê e ao promover uma persistente avaliação das práticas de cuidado das famílias com que atuam, assim como questionamentos sobre os arranjos familiares e de cuidado.

## PALAVRAS-CHAVE

Programas sociais; Cuidados; Famílias.

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<sup>1</sup>A preliminary version of this work was presented at the 34<sup>th</sup> Brazilian Meeting of Anthropology (Year 2024).

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<sup>4</sup> The title, the summary, and the keywords in French were translated with the help of the DeepL translator ([www.deepl.com](http://www.deepl.com)).

## *LE SUIVI DES SOINS, LA PRODUCTION DES FAMILLES*

### RÉSUMÉ

Dans cet article, nous discutons des résultats d'une recherche ethnographique menée entre 2013 et 2020 dans la ville de Rio Tinto, sur la côte nord de Paraíba. Nous cherchons à comprendre comment les hypothèses sur le genre et la famille sont présentes dans la mise en œuvre de deux programmes gouvernementaux distincts mais interconnectés : le programme *Bolsa Família* et le programme *Criança Feliz*. En nous alliant au champ d'études sur les corrélations entre la maternité, les familles et les technologies gouvernementales, nous réfléchissons à la manière dont ces politiques gouvernementales, bien que conçues pour atténuer les inégalités, finissent souvent par les reproduire en partant d'une compréhension de la famille réduite à la relation mère-bébé et en promouvant une évaluation persistante des pratiques de soins des familles avec lesquelles elles travaillent, ainsi que des questions sur les arrangements familiaux et de soins.

### MOTS-CLÉS

Programme social ; Soins ; Familles.

## *MONITOREANDO CUIDADOS, PRODUCIENDO FAMILIAS*

### RESUMEN

En este artículo discutimos los resultados de investigaciones etnográficas desarrolladas entre 2013 y 2020 en la ciudad de Río Tinto, litoral norte de Paraíba. Buscamos comprender cómo los supuestos sobre género y familia están presentes en la implementación de dos programas gubernamentales distintos, pero interconectados: el *Programa Bolsa Família* y el *Programa Criança Feliz*. Aliándonos al campo de estudios sobre las correlaciones entre maternidades, familias y tecnologías de gobierno, reflexionamos sobre cómo estas políticas gubernamentales, al mismo tiempo que son elaboradas para mitigar desigualdades, acaban, muchas veces, reproduciéndolas al partir de un entendimiento de familia reducido a la relación madre-bebé y al promover una persistente evaluación de las prácticas de cuidado de las familias con las que actúan, así como cuestionamientos sobre los arreglos familiares y de cuidado.

### PALABRAS CLAVE

Programas sociales; Cuidados; Familias.

## INTRODUCTION

The purpose of this work is to discuss, based on the results of ethnographic<sup>5</sup> research conducted between 2013 and 2020 in Rio Tinto, a city in the interior of Paraíba, the assumptions about gender and family present in the implementation of social inclusion programs such as *Criança Feliz* (*Programa Criança Feliz* - PCF) and the *Bolsa Família* Program (*Programa Bolsa Família* - PBF). By situating ourselves within the field of study that is interested in the correlations between motherhoods, families, and government technologies, we aim to reflect on and deepen issues previously addressed [by authors] such as how these government policies, while being developed with the purpose of reducing inequalities, eventually contribute to reproducing them.

Although these are state actions with distinct focuses and objectives, we understand that it is possible to establish connections in the way the people to whom these initiatives are aimed, and their families, are perceived. In this way, we want to highlight how these programs have a very specific understanding of family, reduced to the mother-baby relationship. By aligning ourselves with studies that view these initiatives as generators of the feminization of inclusion and the politicization of motherhood (Meyer, 2005; Fonseca, 2012; Pires, 2013; Dal'igna, Klein; Meyer, 2014), we will discuss how these public policy orientations and their legal framework promote a persistent evaluation of the care practices of the families they engage with, as well as questioning the diversity of family and care arrangements.

The fieldwork was developed in different stages, in alternating periods, over a period of about 7 years. To this end, we used different methodological strategies. In general, our data were constructed through engagement with the teams of professionals from the local Health and Social Assistance Departments; in the waiting lines of these services, interacting with people seeking to have their demands met, but also in lottery houses and post office agencies; accompanying home visits by the Family Health Strategy and actions of health agents in controlling the conditions of the *Bolsa Família* program; visiting the homes of individuals contacted in the waiting lines, conducting interviews; and analyzing the legislation and official guiding documents of these programs.

To present our argument, we divided the article into two parts. In the first, we will present some programmatic characteristics of the analyzed policies and then present some elements of what we are calling a production of families based on the care agenda - with

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<sup>5</sup> In this research trajectory, the project initially received support from the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq) (Nascimento, 2016) and later from the Programa Institucional de Iniciação Científica (Pibic) at the Universidade Federal da Paraíba (UFPB). It was approved by the Research Ethics Committee (CEP) of the Health Sciences Center (CCS) at UFPB (CAEE: 17781913.6.0000.5188. Report: 435.317).

children, but not only - through an analysis of the political assumptions and the relationships established between state mediators and the involved families.

## UNDERSTANDING THE *BOLSA FAMÍLIA* PROGRAM AND THE *CRIANÇA FELIZ* PROGRAM

In order to characterize our field of research, we find it necessary to provide a brief description of the social programs we focused on between 2013 and 2020. The *Bolsa Família* Program (*Programa Bolsa Família* - PBF) is a conditional cash transfer policy created in 2003 during Luís Inácio Lula da Silva's administration as a way to unify various programs established in previous governments such as *Bolsa Escola*, *Auxílio Gás*, *Bolsa Alimentação*, and *Cartão Alimentação*, with the aim of improving the management and effectiveness of the state's social spending and increasing the value of the transfers (Silva, 2007). Regarding the mentioned policies, the PBF stands out for not overseeing how the received money should be spent, giving families greater autonomy to decide how to apply the benefit according to their needs.

The objectives of the PBF are announced as breaking the intergenerational cycle of poverty, promoting food and nutritional security, and facilitating access to basic public services. The Program operates on three main axes: Income supplementation through a monthly cash benefit for immediate relief from poverty; access to education, health, and social assistance, which is enforced through conditionalities; and coordination with other social policies.

At the time the research was conducted, the target audience of *Bolsa Família* was families categorized as living in extreme poverty, with a monthly per capita income of up to R\$ 89.00, and the poor, who had a monthly income of R\$ 89.01 to R\$ 178.00 per person. The latter needed to have children or adolescents aged 0 to 17 in the family composition to be eligible for the benefit. The basic benefit was R\$ 89.00 per month, an amount that could be increased by variable benefits if the family had pregnant women, nursing mothers, or children and adolescents in its composition, being able to accumulate up to 5 variable benefits or a total of R\$ 372.00 per month from all of them.

The *Criança Feliz* Program (*Programa Criança Feliz* - PCF) is more recent, created in 2016 by the government of Michel Temer and announced as the first measure to meet the guidelines of the Legal Framework for Early Childhood (*Marco Legal da Primeira Infância* - MLPI), approved the same year. The initiative is inspired by the Rio Grande do Sul program *Primeira Infância Melhor* (PIM), created in 2003 under the responsibility of the Health Department. The PCF aims to fulfill one of the objectives of the *Bolsa Família*, breaking the intergenerational cycle of poverty, which was already known to not be achievable solely

through cash transfers, as stated later by the then Minister of Citizenship<sup>6</sup> Osmar Terra (who had been Secretary of Health of Porto Alegre at the time of the implementation of the PIM) in an interview given in 2018 (Terra, 2018).

The *Criança Feliz* program is presented as an intersectoral initiative aimed at “promoting the integral development of children in early childhood, considering their family and life context” (Brasil, 2016) and has two main operational pillars: Home visits, carried out at the homes of families enrolled in the program by professionals known as “visitors,” and the intersectorality of its actions. Family participation is voluntary.

Your proposal was based on providing services to pregnant women, children aged zero to six years, and their families, with priority given to the following groups: beneficiaries of the *Bolsa Família* Program (PBF) or the *Benefício de Prestação Continuada* (BPC); children separated from their families due to protective measures; and families registered in *CadÚnico* (this last demographic became a target population starting in 2019).

In the period between 2018 and 2020, we sought to understand, among other issues, how assumptions about family and childhood were articulated with certain moralities regarding women, children, and the “poor”<sup>7</sup> in the formulation of the *Criança Feliz* Program (*Programa Criança Feliz* - PCF) and its implementation in Rio Tinto/PB, which resulted in the author's thesis. The PCF gains centrality in our research for being initially directed at the beneficiaries of the *Bolsa Família* and because of the notions it articulates (gender, family, maternal moralities) [authors]. Based on the data produced in the field, “we understand the Happy Child Program as a government technology aimed at educating mothers to make them competent to care for and educate their children, while simultaneously reinforcing the stigma about the poor as those who are negligent” [author], propagating a specific motherhood to be exercised by them.

## THE FAMILY THAT *BOLSA FAMÍLIA* AND *CRANÇA FELIZ* PRODUCE<sup>8</sup>

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<sup>6</sup> At the time, the PCF was coordinated by the Ministry of Citizenship and is currently under the responsibility of the Ministry of Development and Social Assistance, Family and Fight Against Hunger (*Ministério do Desenvolvimento e Assistência Social, Família e Combate à Fome* - MDS). The program has been renamed to Early Childhood in SUAS and has a broader target audience. For more details about the current target audience, please consult the program's website: [https://www.gov.br/mds/pt-br/acoes-e-programas/crianca-feliz/copy\\_of\\_o-programa](https://www.gov.br/mds/pt-br/acoes-e-programas/crianca-feliz/copy_of_o-programa).

<sup>7</sup> The quotation marks were chosen to emphasize the categories that were used by the interlocutors in the field.

<sup>8</sup> The title of this topic is directly inspired by Parry Scott in his text “The families that public health programs build in Brazil” (Scott, 2011) by analyzing how traditional notions of gender and generation are at the core of the structuring of the Family Health Program, highlighting “the reinforcement of the continuity of power confrontations, and the reference to an idealized model of family” (Scott, 2011, p. 45-46).

In the first stage of the research, focused on the *Bolsa Família* Program and its connections with the Family Health Strategy, one of the main results was the perception of an instrumental use of the conditionalities by the professionals, which ended up being one of the main strategies in managing the daily lives of the women receiving *Bolsa Família*. Thus, it was possible to understand the recurrence with which we heard health agents state that “*Bolsa Família* has helped us a lot” [author]. In other words, the information that compliance with the conditionalities could impact the continuation of receiving the money was used to achieve the program's service goals: “Just mention *Bolsa Família* and everyone gets moving,” we heard from different professionals.

At the same time, the loss, suspension, or blocking of the benefit was initially seen - by the professionals, especially, but not only by them - as an indication that something wrong had been done by the women. This was what we could observe, for example, when we encountered women in the Health or Social Assistance Departments seeking solutions for issues regarding access to the *Bolsa Família* money. They were constantly trying to understand what they, the women, might have failed to do that led to deductions or even discontinuation of the monthly payments. It was of little use for a woman to say that she had fulfilled all her “obligations”. In one of these situations, we followed a woman at the health department who was trying to understand why there had been a reduction in the amount she received. After a lengthy inquiry, the professionals realized that the “problem” was that she lived in an “uncovered area,” meaning a region that did not have a health agent to bring her information to the health department where “the system” was updated. Thus, what was a “system failure” - there is no professional, so the information is not forwarded - ended up being seen as a “failure” of the woman herself who was trying to solve a problem (Nascimento; Lima, 2018).

Deepening the understanding of women's accountability, we would like to bring the emblematic image of Lena, a resident of one of the rural areas where the research was conducted, who has her house practically in front of the health unit. The professionals in that area referred to Lena from the beginning of the research because she had “many children.” Lena had twelve children. Besides her, we only learned of one other woman who had a larger number of children in that community, eight. The others maintained the declining fertility profile identified in the country (Berquó; Cavenaghi, 2006). Even so, every time a conversation about “the poor” or places seen as “problematic” emerged, it was the high number of children of these people that came up. The specter of the “Malthusian couple” pointed out by Foucault was always present (Foucault, 1988). The same neomalthusian perspective that often slipped into the accusation that women were precisely having more children in order to benefit from the Federal Government's social programs (Castro; Santana; Stephanou, 2009).

The persistence of this matrix allows for continued insistence on the relationship between population growth and economic growth (Carvalho; Brito, 2005). In other words, when people consistently used the same example of Lena to support their thesis, they were updating a discourse that blames the poorest segment of the population and its supposed higher number of children for the conditions of poverty in which they live, despite the indicators of declining fertility in the Brazilian population as a whole and specifically for this segment of the population (Berquó; Cavenaghi, 2006).

Furthermore, the reports about Lena were that she “did not take care of herself.” The health agents always commented with some perplexity that Lena never agreed to undergo sterilization nor did she use contraception. They also mentioned that she, being obese, never followed the prescriptions of the nutritionist at the health unit. Sometimes when we talked to Lena and this topic came up, she would simply say that she was afraid of taking medication and undergoing surgery. At other times, besides fear, she would say she felt “very ashamed.” Not just about going to the doctor, but also, for example, when she needed to go to the Social Assistance Department for a registration update or to resolve some other issue. Our intention in presenting these issues related to Lena is not to propose what the ‘explanation’ is for any discrepancies between her expectations and those of the professionals she dealt with. The issue is much more about evoking an image that is always present in the dialogues we accompany in this research.

Our interest in monitoring the health conditionalities of the *Bolsa Família* Program is centrally related to the goal of reflecting on possible effects that the daily interaction between beneficiaries, potential beneficiaries, neighbors, and state agents may generate. Thus, we seek to build clues to understand how the monitoring of conditionalities can reinforce certain places of gender and class.

In all stages of the research, it was possible to perceive a general understanding of conditionalities as a way to pressure the beneficiaries to meet the targets set by health services. The way the requirement for conditionalities has been understood locally can be seen as a form of monitoring the practices of the beneficiaries of policies in the field of health, but also in education and social assistance. It is a form of control over the population that resembles hygienist practices as they see the poor as those who need to be taught proper practices of raising children and taking care of their health<sup>9</sup> (Nascimento; Melo, 2014).

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<sup>9</sup> This understanding is also present in diverse contexts, as explored by Carla Teixeira when analyzing the Brazilian indigenous health policy, in which the author perceives “the persistence (over time and in scope) of the emphasis placed on lack of hygiene and the need to change such behaviors among indigenous peoples” (Teixeira, 2012, p. 568-569). We can consider that what is stated regarding the “Indians” can be compared to what we refer to here about the “poor:” [...] “the way hygiene practices are updated today in the Brazilian indigenous health policy allows for a deeper understanding of these daily relations of symbolic and political domination that occur in



The *Criança Feliz* Program, as the name suggests, assumes that children from poor families are unhappy, and it is up to the workers involved to bring happiness to these families through periodic home visits. The visits usually last around 20 minutes and follow a logic of three stages: Welcoming the child, developing the activity, and concluding the visit. In the field, we could observe how these stages are put into practice. In the first moment, the visitor arrives at the family's house and calls out the name of the pregnant woman or child, or the name of the responsible person in the registry (the mother or another female relative in all cases we followed), asks a few initial questions about the well-being of both, and the conversation flows in a relaxed manner, especially in families that have been receiving assistance for some time.

Next, an activity is proposed to be carried out by the mother with the child. The visitor advises that the “caregiver” (a term used by the visitors to refer to the woman responsible for the child) helps the daughter/son to complete it and rewards correct answers with compliments such as “Very well!”, “Congratulations!”, among others, and corrects the child when necessary. Meanwhile, the professional explains the role that material has in child development and advises that the caregiver reproduce it with objects available at home, so that she can continue the activity during the week. Finally, she collects the material and asks for the beneficiary's signature on the visit form.

During the visits, women also seek to clarify doubts about potential problems related to receiving their *Bolsa Família* benefits and any other bureaucratic hurdles such as registering a newborn baby, seeking a medical appointment, or an examination, etc. In this context, both the visitors (PCF) and the health agents (PBF) act as mediators of information and problem resolution, thereby fulfilling a relevant role with the served population.

In 2019, the program team had doubled in size with the hiring of 5 more visitors, who were still in training when we began the fieldwork. Therefore, they should also double the number of families served, and for that, they were conducting active searching campaigns in some neighborhoods of the city. During one of these searches, we asked the supervisor why a certain location (a district in the rural area) was chosen, to which she replied that there were many children playing in the street and this would be an indication that the team's activities would be necessary in that place. It is therefore assumed that the ideal of care here would be to keep the children playing inside the house (Nascimento; Lunkes, 2022).

Another reason for some discomfort on the part of the interlocutors, besides the issue of mothers not reproducing the activities, refers to the absence of some of the women

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bodies in contemporary democratic contexts and, more specifically, that are developed in the name of the advancement of rights for indigenous peoples” (p. 569).



on the days of visits. In Jaraguá, a location where cell phone operators do not have wide coverage, two women were reprimanded for not being home. One of them had not been found the previous week, and the other, after we knocked on her door and only the child's grandmother answered, crossed paths with us on the street as we were on our way to another house. In both cases, the visitor tells the child, jokingly: "You shouldn't let mommy go out!" The central issue in this context is the demand for full-time motherhood, always available to attend to activities related to children, even when there is no pre-established and negotiated schedule for home visits with the women. Only the day and shift of the visits are communicated. The professionals understand that it is the woman's responsibility to wait for them during an entire morning or afternoon, regardless of any unforeseen circumstances; otherwise, it is interpreted as a lack of interest.

Considering that there is a difficulty in reaching the served locations and also in communication between the team and the mothers, the guidance given by the program supervision to the visitors is to "abandon" the "problematic families," described as those who are not found at home after 3 visit attempts or those who do not receive the visitors even when the professionals notice that someone is at home.

In the home visits we observed, fathers were rarely present, and when they were, they left the responsibility of receiving the visitor and carrying out the proposed activity to a woman, whether she was the child's mother or not. And even when present and visibly interested in the play activities, as in a visit I accompanied in Jaraguá, they are not encouraged to interact with the children. All guidance is directed towards women, even though in our conversations the visitors indicate that they seek to include men in the process.

During a visit to a family deemed by the visitors as "the poorest" they assist, near the end of the morning shift, we found the mother filling a pot with water from a faucet close to the ground, an improvised water source from a pipe pulled from the street to the backyard. The visitor introduces me and comments that the child will turn three years old the next day and will no longer be assisted by her<sup>10</sup>. The mother makes a comment about not wanting this to happen and the professional jokingly replies that she then "has to move Brazil forward!", implying that she should have more children. The woman smiles and says it's easy to talk, as she has 7 living children and 2 have died. Ellen makes the same joke with the 13-year-old daughter of the beneficiary, who seems to feel embarrassed. The visitor hands over the proposed activity to the girl, who leads it along with her younger sister. This speech

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<sup>10</sup> Beneficiary families of the *Bolsa Família* program stop being assisted by *Criança Feliz* in Rio Tinto when their children turn three years old or when they gain access to daycare. This criterion that children with access to daycare cannot participate in *Criança Feliz* was not identified among the federal government's guidelines on the management of the program.

gives us clues about how families are perceived: While those who have children as a way to access the social programs offered by the State.

## FINAL CONSIDERATIONS

The understanding that the family, through the figure of the caregiving mother, has been instrumentalized for the purpose of controlling populations is not recent (Donzelot, 1986). In this process, the state increasingly aims to govern all forms of human activity (Foucault, 2008a), and the “art of governance” will be concerned with how to “introduce economics, that is, the correct way to manage individuals, goods, and wealth within the family” (Rabinow, 1999, p. 39). This articulated attention to the population, the family, and the economy is, according to Foucault, indicative of a new political rationality, characteristic of contemporary societies (Foucault, 2008a).

In the analysis undertaken here, at every moment it is the images of what a mother who knows how to care for her family that are at stake. Women are expected to do everything that is under their responsibility for the well-being of their family, maximizing the results that are expected from *Bolsa Família* and *Criança Feliz*. This is done based on an expectation that refers to the production of the subject produced by neoliberalism, which, according to Foucault, expects the conversion of the individual into an “entrepreneur of oneself” (2008b, p. 311). This undertaking would aim at the development of human capital, as it is called “insofar as, precisely, the machine-competence that it yields cannot be dissociated from the human individual who is its bearer” (Foucault, 2008b, p. 311-2). This centrality of women, as the main target of actions (Sarti, 2010, p. 95; Scott, 2011), is also associated with a certain understanding of family that guides governmental policies. This perspective was synthesized by Cynthia Sarti while analyzing the role of the family in health policies, which helps us think about social policies in a broader way:

[...] the notion of family that professionals operate with corresponds to the one that characterizes their cultural world. Health agents, especially community ones - but not only them - operate in their professional activities with the very idea of family. Based on this idea, they exercise their disciplinary role. It is an idealized model of family based on biological unity (father, mother, and children) (2010, p. 96).

In this context, the woman is defined from a traditional gender standpoint, being seen and placed in the role of mother and caregiver. Research conducted by other researchers - especially female researchers - in Brazil has also pointed out how the application of so-called “social inclusion policies” - not just *Bolsa Família* - is compromised by a

certain morality and, in this way, can be part of a broader process of “education for motherhood” (Fonseca, 2012; Meyer; Klein; Fernandes, 2012; Klein; Meyer; Borges, 2013; Pires, 2013; Dal’igna; Klein; Meyer, 2014). Similarly, internationally, there has been an identification of a process of reinforcement of traditional gender standards and the expectations associated with motherhood (Molyneux, 2006; Gammage, 2011).

This analysis does not intend to reinforce the polarization in the analysis of public policy, negating its widely disseminated positive effects - at least in the case of the *Bolsa Família*. These results are pointed out not only from an economic perspective. It is considered that the *Bolsa Família* could be understood as a first step in a broader process of empowerment that would require other coordinated efforts (Rego; Pinzani, 2014). The focus placed here on the broader criticism that a feminist approach to the *Bolsa Família* brings - the reinforcement of the woman/home relationship; woman/motherhood - does not aim to detach the debate about female ownership of the program and the conditionalities of the general scope of the policy.

In this sense, the analysis from a gender perspective presented cannot be disconnected from the broader class discussion, in which the *Bolsa Família* updates specific meanings regarding the poor. For this reason, we can also question to what extent the *Bolsa Família* Program, while being perceived as an important initiative for tackling and overcoming poverty, is associated with practices that may reinforce inequalities that have been historically reproduced in Brazil. Paradoxically, it may be reducing poverty while at the same time reinforcing perceptions of the poor as a kind of “other” in Brazilian society, contributing to the reproduction of social subalternity (Cohn, 2012).

By assuming that poor families do not have sufficient knowledge about how to care for children, it is considered necessary to educate them so that they can appropriately care for and “stimulate” their children (PCF), and to monitor compliance with the conditions to ensure care regarding health and education (PBF). The focus of actions is placed on women, holding the maternal figure responsible for the problems faced by the family unit and for enduring structural inequalities. In both cases, a hierarchy of caregivers is established, where the mother is positioned as the primary caregiver, and in her absence, this role is taken by other women, such as grandmothers, aunts, and sisters of the child, rarely by men. Furthermore, additional activities are delegated to the caregiving demands of women, such as the requirements of the conditions and the activities passed on by the visitors.

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Received on March 25, 2025.  
Approved on April 29, 2025.

