Articles

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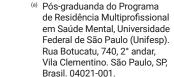
"Porque yo tenía que cuidar": significados de cuidado para mujeres cuidadoras de niños atendidos por un servicio de Salud Mental (resumen: p. 16)

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This paper presents the results of a study intended to identify and understand the meanings assigned to caregiving by women taking care of children assisted at a Child and Adolescent Psychosocial Care Center (CAPSij) during the Covid-19 pandemic. The ethnographic research was based on semi-structured interviews with five female caregivers: two grandmothers and three mothers. The interviews were held through telephone calls, complying with social isolation measures implemented at the time. These women considered that "providing care is necessary," "providing care is life-changing," and "providing care means maintaining a routine" and kept providing care even during the pandemic. These women's caregiving role is deeply rooted in everyday practices, highlighting their socially vulnerable condition as female caregivers, characterized by inequalities compared to men.

Keywords: Care. Meaning. Women. Children. Covid-19 pandemic.

Introduction

The social dimension of vulnerability has been emphasized because it reveals that groups experiencing situations in which their rights are violated, whether they concern gender, race, or generation violations, were more seriously affected by the Covid-19[1] pandemic, facing difficulties in accessing healthcare and maintaining life. Since the pandemic, the caregiving role has received special attention, considering its ethical and political dimensions, from an anthropological and philosophical perspective, as a "concern for others"[2] (p. 12).

From this perspective, caregiving emerges in the lives of female caregivers as an important object for reflection, especially in the pandemic's context, given its impact on the lives of vulnerable groups of the population, such as children and those responsible for taking care of them, usually women. Generational and gender social markers intersect with others, such as social class, highlighting challenging situations of social vulnerability, which people must overcome, considering consequences represented by the various forms of suffering that require care.

Attention to the mental health of children and adolescents has intensified since the beginning of the pandemic, given the stress caused by uncertainties, fear of being away from family members, or fear they would die, in addition to the impact of social isolation, which impeded people from keeping social relationships. In addition to the significant increase in these groups' mental problems, the children assisted by Psychosocial Care Centers for Children and Adolescents (CAPSij) during the social isolation required special attention, considering that such services were interrupted or restricted. Hence, mental health workers, family members, and other people involved had to face several challenges to provide the care required by these individuals.

This ethnographic study was conducted in this context and focused on the experiences of female caregivers of children assisted by CAPSij. The objective was to identify and understand the meanings they assigned to the care they provided during the Covid-19 pandemic.

Mental health care provided to children and adolescents

Historically, mental health care provided to children and adolescents in Brazil has been restricted to the educational and social assistance spheres[3]. There were no specific policies intended to include children and adolescents in mental health services, despite the implementation of the Brazilian National Health System (SUS) determined by the 1988 Constitution. Only in 2001 was this topic emphasized[4] at the III National Conference on Mental Health, leading the SUS to implement specific services for children and adolescents, the Psychosocial Care Centers for Children and Adolescents (CAPSij), and intersectoral strategies to provide integral care for these groups.

Incorporating children and adolescents into the SUS' mental health services was important for creating different care mechanisms. CAPSij comprise multidisciplinary teams guided by the "logic of daily care, networking, intensive and community-based care, aimed to expand social ties with each patient and family members"[4] (p. 34-5).

Networking enabled different agents to care for children with mental disorders: mental health and education professionals, family members, and guardians.

Pegoraro and Caldana[5] emphasize the double role of families within a networking modality, as they "support the patients' treatment by helping them carry out daily activities and report the patients' life histories to the health staff" and are also the "the team's direct object of intervention" (p. 83, free translation), especially in critical situations, when its performance is fundamental in welcoming the singularities of its members[6].

The importance of the family in promoting the patient's well-being is highlighted, mainly because of the Brazilian tendency to transition from formal to informal care. Informal care that family members usually provide is not based on technical knowledge and is not paid; hence, "[...] the women from the nuclear or extended family, such as mothers, sisters, or grandmothers, become responsible for providing care to those attending extra-hospital psychiatric services"[5] (p. 83). Thus, the vital role women play stands out, considering that historically and culturally, women are responsible for caring for children, adolescents, and the elderly[7-9].

The care provided by women

The complexity of care provided in situations of an illness or disability[10-12], particularly among children, evidences the responsibility of women. Maintaining the family's health is a woman's role: "it is the mother, or another woman in the family, who is in charge of meals, hygiene, making appointments to doctors, and administering medicines"[13] (p. 102, free translation). Traditionally, female caregivers are portrayed as selfless individuals[14], good listeners, and the ones preparing meals[15]. Women are expected to meet expectations such as doing home chores and providing care[16].

The literature addressing this topic shows an emphasis given to the feminization of the caregiving role, highlighting "the naturalization of caregiving," placing women "in the same inferior social position traditionally assigned to women and consequently to their work"[17] (p. 11, free translation).

Contrary to the tendency to naturalize caregiving as women's intrinsic role, Thomas[18] points out that even though, from a sociological perspective, women play the role of caregivers, this role stems from the "historical and contemporary articulation of the sexual division of labor, [...] within the public and domestic spheres" (p. 666). Caregiving has been problematized from a socio-historical and cultural perspective in studies on social relations of work and gender. Guimarães and Hirata[19] note the relevance of these studies as they support understanding the moral issues supporting and corroborating the feminization of the caregiving role.

The results presented here enable reflecting upon some of these dimensions of caregiving, highlighting reports that tend to naturalize and value caregiving as an exclusively female role of mothers or grandmothers whenever caregiving is associated with the care of their children.

Method

A preference was given to ethnographic research, focused on semi-structured interviews conducted over the telephone, with the female relatives of children cared for by CAPSij due to the pandemic and restricted face-to-face activities. Note that this strategy did not impede following the ethnography's assumptions, considering that some authors have already reported using alternative means, such as the Internet[20,21].

Thus, the purpose of this study, which was to address the caregiving role from an anthropological perspective, was met. It is noteworthy that ethnography is inseparable from anthropology[22], and both work toward the development of knowledge about human experiences, which include child mental health care. The ethnographic method proved to be the most adequate to approach this matter, that the care performed by women, caregivers of children assisted by CAPSij, may assume different meanings, depending on their sociocultural contexts. Inspired by interpretive anthropology based on hermeneutics proposed by Geertz[23], ethnography enables the identification of the various meanings or interpretations of "others" regarding their particular contexts.

From this perspective, the interviews enabled "listening" to the participants, accessing their explanations so that the experiences and meanings they assign to the care they provide to their children would reveal "native explanations [that] could only be obtained, through an "interview", therefore, through careful and attentive listening"[24] (p. 19, free translation).

Note that semi-structured interviews were chosen to enable a process[25] that is produced by both researcher and interviewees, allowing them to incorporate matters not foreseen in the literature while recognizing the importance of the researcher's participation in this dialogue[26].

One of the service's workers helped with the first contacts, and five interviews were held with female informal caregivers of children attending one CAPSij in Santos, SP, Brazil, between November 2020 and February 2021. The first time the researcher contacted each participant was through a telephone call, when she introduced herself, explained the study, read the free and informed consent form, and asked if the interview could be recorded. If the person did not answer the phone, a brief message was sent in which the researcher identified herself, asking the best time for their first conversation. Instead of video calls, telephone calls were chosen because of the socioeconomic context of the individuals assisted in the service, as many of these women might not have Internet access.

After explanations were provided in the first phone call, the women were asked if they agreed to participate in the study. If they consented, another time was scheduled for the interview, with the researcher emphasizing the importance of reserving some time and a private room to answer the questions and reinforcing the request for recording. All the women agreed to participate in the study, and the interviews lasted 35 minutes on average, with no interruptions or problems resulting from the presence of other people during the telephone conversations.

The interviews were transcribed verbatim and later analyzed. Data collection ceased based on a preliminary analysis of the results when the meanings assigned to caregiving became recurrent, indicating that the interviews held so far were sufficient to respond to the study's objectives.

The reports were read in detail during data analysis, seeking to interpret and acquire a "secondhand"[23] (p. 11) interpretation of the meanings assigned by these women to caregiving. Note that the researcher's interpretation was not dissociated from the data produced by the participants; on the contrary, "[...] it is grounded on them, to whom she will be accountable at some point in her Writing"[24] (p. 24, free translation). In this sense, the interpretative analysis was only possible based on the data from the field, i.e., what the women revealed about their caregiving experiences and the meanings they assigned to these experiences. However, in this secondhand interpretation, we also looked at the empirical data through the lens of our "theoretical glasses," which illuminated the text redaction[24].

Regarding this study's ethical aspects, all the female caregivers who agreed to participate were informed about the study, free and informed consent form, and were ensured that their identities and interviews would remain confidential. Hence, fictitious names were used in the excerpts to protect the identity of the participants and their children.

Following ethical recommendations, this study was approved by the Institutional Review Board at the Federal University of São Paulo and by the Health Department of Santos, according to Resolution No. 510 from April 7th, 2016, of the National Health Council (CAAE 34588920.7.0000.5505).

Results and discussion

Five women participated in the study: two grandmothers and three mothers. The grandmothers were 52 and 64 years old. The first had three children, and the second had six. Both lived with three other family members, one of them being the grandson they care for, aged 10 and 9, respectively.

Regarding the mothers, the youngest was 27 and lived with four other family members, three of whom were her children, including a 2-year-old daughter receiving treatment at CAPSij. The second mother was 37 and lived with four other family members; one was her only daughter, aged 6, who received care at CAPSij. The third mother was 38 and lived with three other people, including a son and a daughter, who attended the CAPSij.

Despite generational issues, these women revealed through their experiences as caregivers the complexity of the social relationships established around the caregiving role in their daily lives, not only with the children cared for but with other social actors.

The interpretative analysis of the interviews revealed the different meanings these women assigned to their experiences: "providing care is necessary," "providing care is life-changing," and "providing care means maintaining a routine."

Meanings female caregivers assign to the caregiving role

"Providing care is necessary" means it is a necessity, as two grandmothers express: "because I had to take care of Igor and Ian" (Irene, grandmother) and "I had to stay at home with him." (Rita, grandmother).

According to Tavero et al.[8] and Pitilin et al.[7], the perspective of the caregiving role as an obligation stems from the socially constructed idea that providing care is a woman's duty. Hence, women's obligations are based on their usefulness in the relationship with others. It is explained by the fact that "the care ethics placed in the foreground moral values considered feminine: care, attention to others, solicitude"[27] (p. 3).

Caregiving as a necessity is close to the aspects appointed by Thelen and Leutloff-Grandits[15], when they also refer to two grandmothers, one of them mentioning the act of providing care to their grandchildren as a natural process of self-donation. At the same time, the other grandmother defined it as self-sacrifice, expressing her dissatisfaction.

The fact that only grandparents were identified in this category suggests a generational specificity worthy of further investigation. Furthermore, as the following category shows, the understanding that "providing care is necessary" brings important consequences to women's lives.

The caregiving role seems to assume a central place in the interviewees' lives, who place other tasks and personal aspirations in the background. Therefore, if "providing care is necessary," the idea that "providing care is life-changing" is almost an inevitable consequence of providing care.

We highlight how caregiving has the potential to change these women's lives, considering they have stopped doing things, as one of the mothers reported: "here at home, I left the house chores for a bit so I could spend more time with her [the daughter], and then she got better" (Aline, mother).

One of the grandmothers said she avoided leaving the house to protect the grandson she cared for:

> [...] I avoid leaving him playing on the street so he does not get involved in any problem. Another child may go and break someone's toy, and then Renato may be blamed, [...] but like, even with the girl here, I stay 24/48 at home, I don't let them go anywhere, and I avoid going out much because of that. (Rita, grandmother)

These reports show how the care women provide can affect how they relate to other people when "providing care is life-changing." It is, therefore, necessary to understand the meaning of this change and its impact on their experiences, especially considering how care is established in social relationships within the family context and outside it, re-signifying "relationalities" considered natural[28].

The women's reports raise two issues: on the one hand, these women provide care to the detriment of domestic chores, also assigned to women, and on the other hand, there is a conception that caregiving is about protecting so they keep the child and themselves isolated. These two aspects lead to a reflection upon these women's roles and how they relate to the caregiving role. In the first case, the female roles overlap, as they have to do the housework and care for their children. The second case indicates that the role of mothers/grandmothers is strengthened as caregivers[11], in the sense of "taking care of children"[19] (p. 31) who demand care due to vulnerabilities associated with mental health conditions.

Two other narratives related to life changes bring two aspects to the analysis: that of having a paid job and the mothers facing the dilemma of being absent. As for the first narrative, one grandmother reported abandoning her paid job to care for her grandson.

> [...] I used to work, but my life stopped after Ian was born [...] It kind of came to a halt; it stopped, [...] because I had to take care of Igor and Ian, so I asked the girls to stay. I have two daughters and a son, but then there comes a time when you can no longer bother others. [...] So, I gave up everything to care for Ian [...] I [quit working] I think it was almost nine years ago. (Irene, grandmother)

Thelen and Leutloff-Grandits[15], report that two grandmothers left their jobs to care for their grandchildren so that their daughters or daughters-in-law, i.e., for other women in the family, to work. Thus, these women are willing to change their lives due to the (always) need to provide care.

As for the second narrative, one mother moved to another city due to her daughter's condition: "we came here [to Santos] because of her diagnosis" (Sabrina, mother). Sabrina moved to Santos to live with her mother, who helps her with their two children, but her husband stayed in the city where they lived and only visits the family on weekends:

> [...] my mother is a great partner, so she's together with me facing all the problems; we are on the same boat... and try to keep aligned. She even allowed us to live in her house here in Santos so we can enroll her [Sabrina's daughter] in the kindergarten, and she is cared for by CAPSi, you know? (Sabrina, mother)

Despite generational differences, Aline, Rita, Irene, and Sabrina highlight the complexity of caregiving. More than a simple task assigned to women, caregiving reveals the social relationships organized around dependence and vulnerability[27]. Their reports show how their lives are associated with the role of mothers/grandmothers who are caregivers. Aline stopped working on domestic chores to care for her daughter and mentioned that her husband remained the breadwinner and "even helps" at home. Rita isolated herself to prevent her grandson from going out and having problems in the neighborhood. Irene quit working to care for the children, while her husband remained the provider. So, she asked other women to help her care for her daughters when needed. Finally, Sabrina changed her life, left her home to care for her family, and went to live with her mother, another female caregiver.

Another meaning that emerged from the interviews refers to the notion that "providing care means maintaining a routine" is part of these women's concerns as caregivers. One of the grandmothers reported her effort in making her grandson sleep at a suitable time:

> [...] there have been about 15 days that we were managing to put him in bed early. Yesterday, he went to bed at about 10 pm, [...] but then, Saturday and Sunday when his mother is at home, then... [...] his sleeping routine, which I was trying to keep, changed. (Rita, grandmother)

Barbara highlights that she has requested her daughter to maintain a routine, establishing schedules for activities:

> [...] I say, "Bianca, let's go take a shower, now it's time to eat, or now it's time to study". For example, when she is in another task and doesn't want to stop, like stopping watching her favorite cartoon, she says, "let me watch a little bit more." I say, "Bianca, I'll let you watch another episode, but it's about time, and you need to get ready" [...]. (Barbara, mother)

Irene describes the hygiene tasks she has to carry out with her two grandchildren; only one of them, Ian, receives treatment from CAPSij: "I take care of his nails, ears, [inaudible], his teeth."

These statements indicate that part of these women's care involves taking responsibility for maintaining and organizing daily life. From this perspective, according to Laugier[27] (p. 4), care "emerges "when someone wonders who was in charge of our daily functioning: who tidied up the room, who disposed of the garbage, who demanded it?" (free translation)

Considering the interviewees' reports, we may also ask ourselves: who paid attention to the schedule so that no one was late, who determined the bedtime, or who performed the hygiene tasks?

This meaning assigned to care includes a concern with the details of everyday life, that is, what keeps these women's and children's lives functioning.

The meaning of care associated with routine maintenance, however, was transformed during the Covid-19 pandemic, which influenced the lives of these women and the care provided to their families. According to the interviewees, one of the main consequences of the pandemic in the family context was that schools were closed, and the children stayed home. This change in the family routine seemed to impact the lives of some women, especially those who worked or who needed to find a job after becoming unemployed as a consequence of the pandemic. Although this is a very complex issue and requires further study, the pandemic changed the notion that "providing care means maintaining a routine," mainly because of the time children no longer spent at school:

[...] they [the children] used to go to school and be home only at night. For this reason, they had less time to play, quarrel, or hit each other; they spent less time at home [...] Now, with the pandemic, they stay home day and night, Saturday, Sunday, and holidays. (Rita, grandmother)

This and other reports show that the time the children were at school was necessary for their routines to keep going: "the time the children stayed at school was what I needed the most. So, I'd go seek for a job, or work... and the pandemic made a mess." (Sabrina, mother).

Despite the changes the pandemic caused in their routines, the women seemed to reaffirm in their experiences that "proving care is necessary," "proving care is life-changing," and "proving care is maintaining a routine". When they realized the pandemic's changes in their daily lives, the need to provide care intensified and required them to readjust their routines or even change their lives, as some interviewees reported. Therefore, reflecting on the meaning of providing care in these women's lives is essential to understand why they continue providing care regardless of the context.

What these women's care reveals about "relationalities"

An analysis of the interviews revealed the meanings female caregivers assign to the care they provide their children and that their actions are based on numerous social relationships. Caregiving is strategic and deeply rooted in their daily practices[27]. It implies relationships not restricted to the private sphere, as the school, health services, neighbors, and other family members are also included, according to the "logic of care that does not operate through individuals, but through collectives"[29] (p. 231).

Two perspectives on caregiving, based on the five interviewees' reports, complement the analysis of the aspects raised here: the studies focusing on caregiving inspired by feminist issues, which highlight inequality problems and how the care provided by women is, as discussed by Joan Tronto[19] (p. 32-3), undervalued, and also French studies, whose precursor authors corroborated Tronto's line of thought, "both postulating the inseparability between politics, ethics and work and emphasizing that care is an activity anchored on gender, race and class inequality"[19] (p. 37, free translation). These two perspectives show that the ethics driving caregiving is the one that enables the ordinary production of life, keeping the world functioning, by being concerned with others[27] (p.3).

The fact that women change their lives to provide care, adapting to the challenges imposed by it and to unforeseen situations, such as the Covid-19 pandemic, suggests that they abandoned their desires or supposed responsibilities and provided care as their most important task[30], because, according to them, "providing care is necessary". The changes imposed on their lives by their caregiving role incite us to reflect on the fact that it "the caregiving role is influenced by the cultural milieu based on daily domestic chores, where people end up sacrificing their individual projects"[7] (p. 17, free translation). Several studies highlight the infeasibility of reconciling a paid job with caregiving[6-10,12], which according to Smeha et al.[10], would occur if a paid job had a positive impact on these women's lives, giving their pleasure and increasing the family income.

The men, on the other hand, did not feel compelled to do the same. Some interviewees reported the absence of these men in care provision and said that their partners were responsible for all of the family income, or at least for a large part of it.

From this perspective, Hooks[31] notes that

Middle- and lower-middleclass women who were suddenly compelled by the ethos of feminism to enter the workforce did not feel liberated once they faced the hard truth that working outside the home did not mean work in the home would be equally shared with male partners[31]. (p. 42)

The fact that men do not suffer from the dilemma between providing care and working outside the home cannot be analyzed in isolation; it is necessary to consider the relational nature of gender[32]. That is, compared to women, men less frequently provide care and are generally responsible for financially supporting their families.

The interviewees' experiences providing care to their children also revealed important aspects for the discussion on the relationship between social vulnerabilities and care, which became even more apparent during the pandemic.

The meanings assigned to care reveal the consequences of the caregiving role in these women's lives and the socially vulnerable condition in which they find themselves as female caregivers, whether mothers or grandmothers. The central aspect of the social dimension of vulnerability standing out is that, compared to men, women find themselves in a place marked by inequalities.

In this sense, we emphasize that the reports concerning these experiences regarding caregiving require deepening the discussion about the social relationships established within the family context and also outside, giving new meaning to "relationalities" considered natural, such as kinship, as pointed out by Fernandes[28], and a tendency towards the "feminization of care," according to Contactore et al.[17].

Hence, we ask ourselves if these relationships of duty, love, frustration, and commitment are naturally established because they are familiar or they are "seen as shaped by the ordinary, everyday activities of family life"[33] (p. 6). Without the intention to exhaust the matter but to deepen it, we believe that the bonds described here are strengthened by everyday care relationships rather than genetics.

Caregiving is part of the domestic and family routine of the mothers and grandmothers interviewed as if it were a natural consequence of the kinship ties with the children cared for, emphasizing that "Differentiation, hierarchy, exclusion, and abuse are, however, part of what kinship does or enables – in Euro-American contexts or elsewhere"[34] (p. 247).

The naturalization of kinship ties reinforces the ideal role of female caregivers, mainly due to moral issues that also define their roles. This aspect is apparent in an expressive statement by Fernandes[35] (p. 217), based on her findings in the field: "'It results due to the lack of a mother. You can see that the one who had her mother was supported;

however, the one left without a mother lacked structure. These reports refer to a child who lives only with his father." (free translation). Hence, female caregivers seem to play a crucial role in the success or failure of new generations. Caregivers seem to play a unique role, as their presence is indispensable and determinant for raising a child, regardless of other parental figures. At the same time, the absence of a mother is associated with guilt and is the main reason for a child to present negative behavior.

Unlike men, women are not granted the right not to exist. The absence of men in the care scene highlights the social possibility of renegotiating[36] parenting, while women do not enjoy the same opportunity: both their absence and presence are blamed. In other words, female caregivers are not offered the possibility of not being present without being blamed.

Note that the changes the interviewees reported in their lives cannot be considered choices but consequences arising from providing care as a duty of women[10]. "Providing care is necessary" and is often associated with the notion of "sacrifice," causing important changes in these women's lives, such as not being able to work, which adds another layer to the discussion, the one of working a double shift, insofar these women give priority to caregiving instead of their jobs. However, men do not have to abdicate their jobs to provide care.

From the point of view of the "relationalities" we intended to reveal here, it is highlighted that, although care has been restricted to the family and domestic dimension, therefore seen as "naturally" feminine, reinforces "another facet of male domination, elementary terrain of unequal relations between men and women"[28] (p. 11).

The caregiving experiences and the meanings the interviewees assign to them show that women are not naturally caregivers. However, this role is assigned to them due to the unequal relations between women and men, reinforced by the moral regime that assigns care a universal value, restricting the "right of not providing care" because they are women.

Conclusion

The need to provide care emphasizes these women's sense of duty, changing their lives due to this burden. In this sense, their kinship with the children they care for seems rooted in everyday life[33], showing that the paradigm of care being women's exclusive and primary role has not yet been overcome. This daily care is explained in the maintenance and organization of routine. The pandemic significantly influenced the latter, forcing a drastic re-adaptation of daily life. Thus, the concentration of childcare in the family, often under the responsibility of women, especially during the pandemic, differs from theorizations that indicate that care has left the family domain[16].

The matters discussed here provide important information for the follow-up of children by CAPSij, as the family members proved to be essential[8] in the provision of care, investing their efforts on a daily basis[27,37], establishing social relationships in the care that involve other social actors, in addition to the children.

The meanings revealed by the women are expected to contribute to a reflection upon other caregivers, discussing their roles in the provision of care, as well as the place caregiving occupies in their lives, deepening debates associating caregiving and gender with social vulnerabilities. Understanding the complexity and plurality of this category of "female caregivers" seems essential to understanding aspects guiding public policies aimed at other women in their various intersectionalities, especially in the context of the Covid-19 pandemic, when many women became, by duty and/or sacrifice, caregivers.

Finally, we highlight that debates on caregiving and gender converge due to the possibility of analyzing caregiving from an ethical and political perspective, as proposed by socio-anthropological and philosophical studies[19,27,37], as a necessary value to guide practices aimed at the various vulnerabilities, especially when caregiving, shaped by sociopolitical relations of gender, class, race, and ethnicity, impacts the meaning assigned to the responsibility with other people's lives.

Authors' contribution

Both authors actively participated in all stages of preparing the manuscript.

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Conflict of interest

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O artigo apresenta resultados de uma pesquisa que teve como objetivo identificar e compreender os significados de cuidado elaborados por mulheres cuidadoras de crianças usuárias de um Centro de Atenção Psicossocial Infantojuvenil (CAPSij), durante a pandemia de Covid-19. A pesquisa etnográfica, realizada entre novembro de 2020 e fevereiro de 2021, baseou-se em entrevistas semiestruturadas de cinco mulheres cuidadoras: duas avós e três mães. Respeitando as orientações de isolamento social, essas entrevistas foram realizadas por telefone. Para essas mulheres, "cuidar é preciso", "cuidar é mudar de vida" e "cuidar é manter uma rotina", mesmo no contexto pandêmico, pois elas seguem cuidando. O cuidado necessário e profundamente arraigado nas práticas cotidianas dessas mulheres evidencia a condição de vulnerabilidade social em que se encontram como cuidadoras mulheres, em um lugar marcado por desigualdades em relação aos homens.

Palavras-chave: Cuidado. Significado. Mulheres. Crianças. Pandemia de covid-19.

El artículo presenta los resultados de una investigación cuyo objetivo fue identificar y comprender los significados de cuidado elaborados por mujeres cuidadoras de niños usuarios de un Centro de Atención Psicosocial infanto-juvenil (CAPSij) durante la pandemia de Covid-19. La investigación etnográfica, realizada entre noviembre de 2020 y febrero de 2021, se basó en entrevistas semiestructuradas de 5 mujeres cuidadoras, dos abuelas y tres madres. Respetando las orientaciones de aislamiento social, dichas entrevistas se realizaron por teléfono. Para esas mujeres "cuidar es necesario", "cuidar es cambiar de vida" y "cuidar es mantener una rutina", incluso en el contexto pandémico, puesto que ellas siguen cuidando. El cuidado necesario y profundamente enraizado en las prácticas cotidianas de esas mujeres pone en evidencia la condición de vulnerabilidad social en que se encuentran como cuidadoras mujeres, en un lugar marcado por desigualdades en relación con los hombres.

Palabras clave: Cuidado. Significado. Mujeres. Niños. Pandemia Covid-19.