



POLICY BRIEF

PROMOTING GENDER JUSTICE IN THE CARE OF OLDER PEOPLE IN POOR COMMUNITIES IN BRAZIL: THE CASE OF THE OLDER CARE PROGRAM (PMC)

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“Initiatives to strengthen care policies in Latin America and the Caribbean”

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Peter Lloyd-Sherlock y Karla Giacomini

Introduction

This report presents an overview and the main findings of the study “Promoting Gender Justice in the Care of Older People in Poor Brazilian Communities,” conducted by the Brazilian Care Association (Frente Cuidadosa) in collaboration with the Municipal Departments of Social Assistance and Human Rights and Health of the City of Belo Horizonte between June 2024 and August 2025.

This project evaluates the gender justice potential of an innovative intervention. The Maior Cuidado Program (PMC) has been operating in Belo Horizonte since 2011. Since 2023, it has expanded to other locations in Brazil with support from the Ministry of Health and local governments of Salvador (BA) and Contagem (MG).

The PMC supports dependent older adults living with vulnerable families in poor communities. Trained paid caregivers provide families with 10 to 20 hours of weekly support. Previous research showed that PMC benefits older people and reduces unnecessary use of health services. It was anticipated that PMC would also have significant gender-related effects, but these had not previously been evaluated.

Study Objectives

Main Objective 1:

Evaluate whether PMC reduces the harmful effects of caregiving (“care burden”) experienced by family caregivers and increases their ability and confidence to provide good care.

Main Objective 2:

Evaluate whether the new professional category of family

care support worker is merely an extension of the low-status, predominantly female paid care work typical in Latin America and the Caribbean, or whether it empowers paid caregivers and (for male caregivers) challenges gender norms.

Methodology and Design

The study used a mixed-methods design, including both quantitative and qualitative data collection.

The methodology focused on key stakeholders involved in the implementation of PMC.

Methods included:

1. A gender care norms questionnaire for 78 trainee caregivers.
2. Inclusion of family caregiver and care burden data in PMC records collected by Belo Horizonte (n = 401).

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| <p>3. Questionnaires for all families participating in two new PMC pilot programs outside Belo Horizonte (n = 90).</p> <p>4. 18-month PMC pilot interventions for 50 families each.</p> <p>5. In-depth interviews with 12 PMC families.</p> <p>6. In-depth interviews with 6 PMC caregivers.</p> <p>7. Two focus groups with PMC caregivers.</p> | <p>this is unfair. However, responses revealed inconsistencies.</p> <p>Some believed women made better caregivers due to “essential” feminine traits like patience and sensitivity. Respondents disagreed on whether these were socialized or innate.</p> <p>One exception: some participants noted that caring for overweight, immobile elders requires physical strength—where men are seen as more suitable.</p> | <p>families in poor urban neighborhoods.</p> <p>Interviews and focus groups revealed high levels of recognition and support from social and health professionals, which boosted caregiver confidence. PMC caregivers were well accepted in communities, on par with community health workers. Their demanding role in poverty-stricken areas was widely acknowledged.</p> <p>Most PMC caregivers were satisfied with their public sector employment. However, dissatisfaction with pay was notable, especially in wealthier cities where better-paid alternatives exist. PMC caregivers earned no more than private agency staff despite their greater responsibilities. There were calls for more professional development and support for those facing difficult experiences.</p> |
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Key Findings

After analyzing surveys and interviews and reviewing data on caregiver burden, results broadly show that gender norms remain a major obstacle to program redesign.

Social Norms and Male Participation in Paid and Unpaid Elder Care

“As a male caregiver, you have to show your entire work history. Otherwise, they just won’t trust you... The older men I care for never get the proper physical care from me. Their families say: ‘Oh, he’s fine bathing himself,’ even when he never does it.” - PMC Caregiver

Survey results showed that trainees agreed, in theory, men and women should share equal responsibility for elder care. They also agreed that in practice, women bear this role disproportionately—and that

Findings from surveys, interviews, and focus groups consistently revealed strong resistance from older people and their families to receiving care from men—especially for intimate tasks like bathing or toileting. This resistance reflected general mistrust of men as caregivers.

PMC Caregiver Experiences: Professional Role or Low-Status Work?

“The PMC uniform is taken very seriously... But it also gives us a special responsibility. We’re on display. We carry a heavy load.” - PMC Caregiver.

PMC caregivers are distinct from private agency workers or long-term care staff. They:

- Work in the public sector.
- Are expected to collaborate with local health and social service teams.
- Work with highly vulnerable

Who Provides Elder Care in PMC Families?

“She works all day and lives on the second floor with her two young daughters. Her mother can’t get up the stairs... At night, whenever she hears something, she has to come down to check... Some days her mother’s trying to cook, seeing people who aren’t there... She still knows how to turn on the stove and might forget it’s on all night...” - PMC Caregiver

Data from over 400 PMC families show that 75% of main

family caregivers are women. A significant share (38%) are age 60+, and 17% are 70+.

More than half of family caregivers reported high or very high care burden—with no significant difference between men and women. Burden levels were higher among older caregivers.

Qualitative data show that while caregiving is sometimes shared, it is most often the sole responsibility of one person—usually also responsible for housework and child care.

Effects of PMC on Family Caregivers

“PMC is only there for two hours on the clock. It’s not enough time to do anything. Some families complain it’s not worth it. But when I say, ‘OK, we’ll withdraw your family from PMC,’ they

suddenly shout, ‘Oh, for God’s sake, please don’t!’” - PMC Supervisor

Families are selected for PMC based on the high care needs of an older member and broader social vulnerability. Despite joining PMC, care burden remains high, as 10–20 hours of support weekly only covers a small portion of needs. Though PMC doesn’t eliminate caregiver stress, it significantly reduces it by:

- Preventing injury and health risks from physical care tasks—PMC caregivers assist and teach safer methods.
- Allowing family caregivers to attend to neglected personal health needs while PMC staff are present.
- Giving caregivers time to rest and recover, which

helps prevent physical and mental health problems.

PMC can also help alleviate poverty in two ways:

- Caregivers work with local social service teams to ensure families receive entitled benefits.
- Some family caregivers can do paid work during PMC visits—even informal, low-paid jobs can help with tight household budgets.

Remaining Challenges

There was little evidence that PMC promoted a more equitable distribution of caregiving duties within households. PMC caregivers felt they lacked authority to encourage such changes and feared being seen as intrusive. Typically, caregiving roles only changed when the primary caregiver became ill.

Policy Recommendations

PMC-Specific Recommendations:

Evidence from Belo Horizonte and pilot programs confirms that PMC can be implemented across municipalities and brings powerful, cost-effective benefits. It should be expanded nationwide as part of Brazil’s new National Care Plan.

Key considerations:

1. PMC Working Conditions: Pay should balance affordability, job demands, and local labor markets. Ongoing training and counseling should be provided.
2. Gender Representation: Since most PMC caregivers are women, targeted measures should encourage men to apply, while complying with anti-discrimination laws.
3. Caregiver Data Collection: Following Belo Horizonte’s 2024 decision to collect caregiver data, this practice should be adopted nationwide.

Broader Policy Recommendations for Gender Justice in Elder Care in Latin America:

PMC directly addresses a fast-growing form of gender injustice and focuses on three highly affected groups:

1. Unpaid caregivers in socially vulnerable families in disadvantaged neighborhoods. In the case of PMC, 75% of them are women and more than half are older adults. This is broadly consistent with the findings of other studies in the region.
2. People employed in the care of older adults, a low-status and rapidly growing workforce that faces difficult working conditions. In the case of PMC, the vast majority of these paid caregivers are women from relatively disadvantaged backgrounds.
3. Older people with care needs who live in socially vulnerable families in disadvantaged neighborhoods. This is a highly female group: in Belo Horizonte, 70% of the older people included in the PMC are women.

Interventions such as PMC do not eliminate gender injustice, but they do contribute significantly to reducing it.

While many unpaid caregivers continue to face high levels of stress and burden associated with their work, PMC provides essential support by allowing caregivers time to address other responsibilities and personal needs. Likewise, PMC helps mitigate the adverse health effects resulting from caregiving without adequate support.

People employed by PMC are granted the status of professional public sector workers, closely integrated with other local services. They enjoy the rights and protections of formal state sector workers, although their level of remuneration is low in relation to the demanding work they perform. The positive effects of PMC on older people with care needs were not a specific focus of this project, as they have been well documented in other studies. Nevertheless, the study indicates that improving the situation of paid caregivers and reducing the burden on unpaid caregivers enhances the quality of care and the quality of life of the caregivers.

This project also provides insights into how to increase the participation of men in the care of older people. Our data show a notable reluctance on the part of both older people and their families to accept elder care provided by men.

Therefore, increasing male participation requires explicit public engagement policies to address this deeply rooted social bias. In this regard, public engagement interventions must emphasize the synergies between elder care and positive masculinities, so that men feel more comfortable in this role.

In general, PMC offers valuable lessons and is a positive policy model that could be extended to all countries in Latin America and the Caribbean.

