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ABSTRACT

This article, derived from doctoral research, aims to analyze Hospital and Home-Based Pedagogical Care as an educational public policy with implications for regional development, considering women's presence, professional agency, and participation in institutional and decision-making processes. A qualitative case study was conducted at the Hospital and Home-Based Educational Care Center in Goiás, Brazil, through bibliographic research, documentary analysis, questionnaires, and semi-structured interviews with five managers, 15 teachers, ten students, and ten family caregivers. Data produced between March and September 2016 were examined through thematic content analysis, using deductive and inductive categories. The research was approved by a Research Ethics Committee. The results reveal the feminization of the service and representations associating teaching, care, and motherhood. However, women's numerical predominance does not necessarily correspond to decision-making power, since their central role in implementation coexists with limited participation in planning, unstable employment relationships, insufficient training, and emotional overload. The study concludes that the service contributes to regional development by guaranteeing the right to education, but socially just implementation requires professional recognition, democratization of decision-making, and overcoming care as a naturalized female responsibility.

Keywords: Gender. Teaching. Hospital and Home-Based Pedagogical Care. Regional Development. Female Protagonism.

RESUMO

Este artigo, derivado de pesquisa de doutorado, objetiva analisar o Atendimento Pedagógico Hospitalar/Domiciliar como política pública educacional com repercussões no desenvolvimento regional, considerando a presença das mulheres, sua agência profissional e sua participação nos processos institucionais e decisórios. Trata-se de estudo de caso qualitativo realizado no Núcleo de Atendimento Educacional Hospitalar/Domiciliar de Goiás, mediante pesquisa bibliográfica, análise documental, questionários e entrevistas semiestruturadas com cinco gestoras, 15 docentes, dez educandos e dez responsáveis familiares. Os dados, produzidos entre março e setembro de 2016, foram submetidos à análise de conteúdo temática, com categorias dedutivas e indutivas. A pesquisa foi aprovada por Comitê de Ética em Pesquisa. Os resultados evidenciam a feminização do atendimento e representações que associam docência, cuidado e maternidade. Entretanto, a predominância numérica das mulheres não corresponde necessariamente a poder decisório, pois sua centralidade na execução convive com participação limitada no planejamento, vínculos instáveis, insuficiência formativa e sobrecarga emocional. Conclui-se que o atendimento contribui para o desenvolvimento regional ao assegurar o direito à educação, mas sua efetivação socialmente justa requer valorização profissional, democratização das decisões e superação da naturalização do cuidado como responsabilidade feminina.

Palavras-chave: Gênero. Docência. Atendimento Pedagógico Hospitalar e Domiciliar. Desenvolvimento Regional. Protagonismo Feminino.

INTRODUCTION

Hospital and Home-Based Pedagogical Services (APHD) are part of the set of public policies that ensure continuity of schooling for students temporarily unable to attend school because of hospitalization, medical treatment, or convalescence. By connecting education, health, social protection, the school of origin, families, and public administration, APHD goes beyond a compensatory measure and constitutes a policy aimed at realizing the right to education in specific circumstances of illness and vulnerability (Brasil, 2002).

Education is a central dimension of human and regional development. This understanding is reflected in the United Nations 2030 Agenda, particularly Sustainable Development Goal 4, which seeks to ensure inclusive, equitable, and quality education, and Sustainable Development Goal 5, which calls for gender equality and the empowerment of women and girls (Organização das Nações Unidas, 2015). The connection between these goals demonstrates that expanding access to education must be accompanied by efforts to address the inequalities affecting both the students served and the professionals responsible for implementing public policies.

From this perspective, regional development cannot be reduced to economic growth or the quantitative expansion of services. It involves expanding human capabilities, democratizing opportunities, strengthening institutions, fostering social participation, and reducing territorial

inequalities. Sen (1999) understands development as a process of expanding substantive freedoms, including access to education. Brandão (2007), in turn, emphasizes that development processes must be analyzed in light of different territorial scales and the power relations that structure regional spaces.

APHD is implemented in a professional field deeply shaped by gender relations. The predominance of women is related to the historical feminization of teaching and the cultural association of femininity with education, motherhood, and care. According to Louro (1997), representations of femininity and masculinity are historical and social constructions permeated by power relations. The concentration of women in educational and care-related activities therefore does not stem from a natural predisposition but from social processes that distribute responsibilities, opportunities, and forms of recognition unequally.

In APHD in Goiás, data for the period investigated indicated that approximately 90% of professionals were women. This finding demonstrates the feminization of the field but does not, in isolation, establish female protagonism in terms of leadership, autonomy, or decision-making power. Numerical presence must be examined in conjunction with the concrete conditions governing women's participation in the formulation, planning, implementation, and evaluation of public policy.

In this study, female protagonism is understood as a relational, historical, and institutionally situated condition. It encompasses the capacity for agency, professional recognition, participation in shaping actions, influence over decisions, and the possibility of transforming the structures within which work takes place. This conception makes it possible to distinguish women's operational centrality, expressed in the day-to-day delivery of services, from political and decision-making protagonism, related to effective participation in defining priorities, guiding documents, resources, and institutional conditions.

This distinction is necessary because women's participation in educational and care settings may coexist with work overload, professional devaluation, limited participation in decision-making, and the naturalization of skills regarded as feminine. Biroli (2018) observes that women's presence in public and professional spaces does not automatically eliminate inequalities, particularly when the sexual division of labor remains unchanged. The concept of protagonism must therefore not

obscure the material and symbolic conditions that constrain these professionals' autonomy and recognition.

Against this background, the research question can be formulated as follows: how are women's presence and work in Hospital and Home-Based Pedagogical Services in Goiás related to the realization of the right to education and to regional development, and to what extent does their central role in service delivery translate into professional agency and political participation in decision-making?

This article aims to analyze Hospital and Home-Based Pedagogical Services as a public policy that guarantees the right to education and to discuss their relationship with regional development, examining women's presence, professional agency, participation in institutional and decision-making processes, and the contradictions arising from the association between teaching, care, and femininity.

Specifically, it seeks to understand how these professionals contribute to realizing the right to education, identify the conditions that expand or restrict their participation, and critically examine the limitations of interpreting women's numerical predominance as evidence of protagonism.

The findings are understood as a historical snapshot of the configuration of the Hospital and Home-Based Educational Services Center (NAEH) in 2016 and do not constitute an up-to-date assessment of services in Goiás. Subsequent regulatory, administrative, training-related, and institutional changes may have altered the organization of the policy and the profile of its professionals. Nevertheless, the historical nature of the data does not diminish their analytical relevance, as they make it possible to understand tensions related to the feminization of work, teacher professionalism, participation in decision-making, and the implementation of an educational policy at a particular point in its development.

METHODOLOGY

The investigation adopted a qualitative approach, considering the interpretive nature of the subject and the need to understand experiences, representations, and meanings attributed to Hospital and Home-Based Pedagogical Services (APHD). According to Minayo (2014), this approach addresses values, beliefs, practices, and social relations that cannot be reduced to the measurement of variables. Regarding its design, a qualitative case study was conducted at the Hospital and Home-Based Educational Services Center (NAEH), which was then linked to the Goiás State Department of Education, Sports, and Culture (Seduce/GO). This setting was selected because of its role in managing and delivering APHD throughout the state of Goiás. For Yin (2015), a case study enables the examination of a phenomenon in its real-life context, taking into account relationships among individuals, practices, documents, and institutional structures.

The research combined a literature review, documentary analysis, and fieldwork. The literature review covered education, public policies, gender, the sexual division of labor, the care economy, teacher professionalism, and regional development. The documentary analysis examined the 1988 Federal Constitution; Resolution N. 41/1995 of the National Council for the Rights of Children and Adolescents; Law N. 9,394/1996; the document Classe hospitalar e atendimento pedagógico domiciliar (Brasil, 2002); the National Education Plan (PNE) (Brasil, 2014); the Education for Diversity Program from an Inclusive Perspective (PEEDI) (Goiás, 2003); and state resolutions (Goiás, 2006, 2010).

Fieldwork was conducted between March and September 2016. Participants were purposively selected based on their involvement in managing, delivering, or receiving the services. Participants included five female managers; 15 teachers, 13 women and two men; ten students, six boys and four girls, aged six to 17; and ten female family caregivers, including mothers, grandmothers, and aunts. The inclusion of different groups made it possible to compare institutional, professional, student, and family perspectives.

Questionnaires and semi-structured interviews were used. The questionnaires, administered to managers and teachers, collected information on sociodemographic and professional profiles, education and training, length of service, working conditions, institutional participation, and challenges. The interviews addressed perceptions of APHD; meanings attributed to teaching work; relationships

among education, care, and professionalism; gender representations; preferences for female or male teachers; institutional participation; and difficulties and potentialities of the services. Participants were identified using codes such as “Manager 1,” “Teacher 2,” “Student 3,” and “Family Caregiver 1.”

The corpus, comprising questionnaires, interviews, and documents, was subjected to thematic content analysis (Bardin, 2011). During pre-analysis, materials were organized, an initial exploratory reading was undertaken, and recurring themes, divergences, silences, and units of meaning were identified. During exploration, words, expressions, and segments of discourse were coded according to thematic proximity, considering frequency, relevance, and contradictions among the accounts.

Category development combined deductive and inductive procedures. The a priori categories were: feminization of teaching; relationships among gender, care, and professionalism; women’s presence, professional agency, and decision-making power; and APHD as a policy of inclusion and regional development. The emerging categories included preference for female teachers, resistance to male presence, insufficient training, turnover, unstable employment relationships, limited participation in the Political-Pedagogical Project (PPP), emotional overload, and difficulties related to pain, loss, and grief.

Female protagonism was examined across three dimensions: numerical presence; professional agency in everyday service delivery and in coordination with students, families, schools, and healthcare institutions; and political participation in decision-making during the formulation, planning, and evaluation of activities. The interpretation compared the perspectives of different groups and triangulated questionnaires, interviews, institutional documents, and the theoretical framework.

The research complied with Resolutions N. 466/2012 and N. 510/2016 (Brasil, 2012, 2016) of the National Health Council. Consent, assent where applicable, anonymity, confidentiality, voluntary participation, and the right to withdraw were ensured.

The time period constitutes a significant limitation: the data represent the NAEH’s configuration in 2016 and cannot be interpreted as a current assessment. Subsequent regulatory, administrative, and training-related changes may have altered teams, employment arrangements, service coverage, and participation processes. The study is also limited by its focus on a single center and the predominance of women among participants. Nevertheless, the material retains historical and analytical relevance for critically examining feminization, professionalism, and decision-making power.

GENDER, TEACHING, AND CARE WORK

The predominance of women in teaching, particularly in the early stages of basic education and in educational settings associated with care, must be understood in light of the historical feminization of the teaching profession. This phenomenon refers not only to the quantitative growth of women's participation but also to the social construction of teaching as an occupation associated with attributes culturally linked to women, such as affection, patience, dedication, and willingness to provide care.

The feminization of teaching was also related to social and economic transformations affecting the teaching profession. Apple (1988) observes that the expansion of women's participation occurred alongside a decline in the prestige, autonomy, and remuneration associated with teaching. This process should not be interpreted as a direct consequence of women's presence, but rather as the result of social relations that devalue activities historically performed by women and associated with the reproduction of life.

The symbolic transformation of the female teacher into an "aunt" illustrates this deprofessionalization. This designation associates the teacher with an affectionate, readily available family figure, relegating her training, pedagogical authority, and public responsibility to the background. Afonso (2005) demonstrates that social and cultural representations of the teacher-mother reinforce the idea that teaching is an activity guided by vocation, dedication, and instinct, rather than a profession grounded in specialized knowledge, labor rights, and adequate institutional conditions.

Kergoat (2009) defines the sexual division of labor as a form of social organization based on two principles: the separation of work considered masculine from work considered feminine, and a hierarchy that assigns greater value to activities socially associated with men. In education, this logic contributes to concentrating women in stages and settings linked to childhood, affection, and care, while potentially restricting their access to positions with greater prestige, remuneration, and decision-making power.

From this perspective, care work does not correspond to an inherently feminine disposition but rather to a set of material, relational, and emotional activities essential to sustaining life. Hirata

(2014) emphasizes that care requires skills, knowledge, responsibility, and availability, although it frequently remains invisible and undervalued. Its concentration among women generates overload and contributes to the reproduction of gender inequalities in domestic and professional settings.

Tronto (2013) further argues that care has an ethical, social, and political dimension and should not be treated as women's private responsibility. Its democratization presupposes the distribution of responsibilities among individuals, families, institutions, and the State, as well as recognition of those who perform this work. This conception is particularly relevant to Hospital and Home-Based Pedagogical Services (APHD), in which teaching takes place in conjunction with illness, vulnerability, pain, and the need for individualized attention.

Freire (2006) contributes to this distinction by arguing that female teachers should recognize themselves as professionals and reject the replacement of their teaching identity by the familiar figure of the "aunt." For the author, this refusal does not represent a denial of affection but an affirmation of the political, pedagogical, and professional nature of educational work. Teaching entails care and human commitment while also requiring training, pedagogical authority, public responsibility, and dignified professional working conditions.

Ceccim (1999) emphasizes that the presence of education in hospitals is not limited to occupying children's time or providing recreational activities. Pedagogical work enables continuity of learning, preservation of ties with the school, and reconnection of students with aspects of everyday life that extend beyond their status as patients. In this sense, teaching involves cognitive, affective, and social processes and must be recognized as a complex professional practice.

The convergence of education and care nevertheless creates a tension. On the one hand, attention to each student's particular circumstances, attentive listening, and the development of relationships are indispensable to service provision. On the other hand, automatically associating these competencies with femininity can obscure professional training, justify excessive workloads, and assign women responsibilities that institutions should assume. Valuing hospital and home-based teaching therefore requires recognizing care as a qualified dimension of educational work without naturalizing it as a feminine vocation or obligation.

This perspective makes it possible to understand that women's predominance in APHD does not, in itself, constitute evidence of protagonism, autonomy, or decision-making power. Rather, it reveals the feminization of a professional field characterized by the intersection of education and care. Accordingly, analyzing women's protagonism requires moving beyond their numerical representation to consider working conditions, professional recognition, participation in institutional decision-making processes, and their actual capacity to influence the formulation, implementation, and evaluation of public policy.

EDUCATIONAL POLICIES, REGIONAL DEVELOPMENT, AND WOMEN'S PLACE

From this perspective, regional development must be understood as a multidimensional and territorially situated process aimed at reducing inequalities, expanding opportunities, and strengthening institutional capacities. Brandão (2007) cautions that development dynamics must be analyzed at multiple scales, taking into account the power relations that structure territories. This approach avoids assigning local actors sole responsibility for overcoming inequalities produced by broader historical, economic, and political processes.

Boisier (2004) understands territorial development as the result of interaction among resources, knowledge, institutions, social actors, and forms of organization within a given space. Its realization depends not merely on the existence of policies or public facilities, but on the capacity to establish institutional connections that transform available resources into improved living conditions. In discussing territorial governance, Dallabrida (2020) adds that development presupposes social participation, coordination among institutions, and the inclusion of different actors in public policy formulation, implementation, and evaluation.

On the basis of these theoretical contributions, Hospital and Home-Based Pedagogical Services (APHD) can be situated within the debate on regional development because of their connection to guaranteeing the right to education during illness. Continuity of schooling and coordination among schools, families, health services, and public administration are potentially relevant dimensions of expanding educational opportunities. In this study, this relationship is discussed in theoretical and institutional terms, without measuring the effects of the services on territorial inequalities.

However, the formal existence of these services does not, by itself, guarantee their territorial effectiveness. Their geographic distribution, continuity, funding, team stability, professional training, intersectoral coordination, and stakeholder participation must be considered. Concentration of services, teacher turnover, insufficient training, and limited professional participation in decision-making may compromise the quality, reach, and sustainability of the policy.

The gender dimension is part of this discussion because public policies are not implemented in neutral spaces. They take shape through the work of individuals situated within social relations marked by inequality. A socially just regional development policy cannot base its effectiveness on naturalizing care as a female responsibility or on overburdening professionals subjected to precarious working conditions and limited participation in decisions.

When guaranteeing the right to education depends predominantly on women's work but does not ensure their recognition, stability, adequate training, and proportionate influence in institutional processes, a contradiction arises. The policy may reduce educational inequalities among students while simultaneously reproducing gender inequalities among the professionals responsible for its implementation. Regional development therefore presupposes both the expansion of students' rights and the recognition and democratization of female professionals' working conditions.

Under the Brazilian legal framework, education is recognized as a right of all and a duty of the State and the family under Article 205 of the 1988 Federal Constitution (Brasil, 1988). The National Education Guidelines and Framework Law—Law N. 9,394/1996—regulates this right and, since the inclusion of Article 4-A by Law N. 13,716/2018, guarantees educational services to basic education students hospitalized for prolonged medical treatment in hospital or home settings (Brasil, 1996, 2018).

In Goiás, the institutional history of these services is linked to Projeto Hoje, part of the Education for Diversity Program from an Inclusive Perspective (PEEDI). The first initiatives were implemented in 1999 in the pediatric unit of Hospital Araújo Jorge and at Albergue Filhinha Nogueira, institutions affiliated with the Goiás State Cancer Association. Subsequently, services were extended to other hospital units and home-based situations, expanding from Goiânia to municipalities in the interior of the state (Goiás, 2003).

Institutionalization at the state level was strengthened by regulations issued by the Goiás State Education Council, including Resolution CEE/CP N. 7/2006 and Resolution CEE/CLN N. 41/2010, concerning the regulation and organization of the services. During the period investigated, the Hospital and Home-Based Educational Care Center (NAEH) was linked to the organizational structure of the Goiás State Secretariat of Education, Sports, and Culture (Seduce/GO) and performed coordination and implementation functions for hospital and home-based services. To avoid anachronism, this description must be understood with reference to the institutional context of data collection in 2016.

During the period analyzed, approximately 90% of the professionals affiliated with the services were women, while around 10% were men. This finding demonstrates the feminization of the field, which is particularly pronounced in a setting at the intersection of education, health, and care. Nevertheless, numerical predominance should not automatically be interpreted as protagonism, leadership, or decision-making power. It must be examined in relation to the distribution of responsibilities, access to management positions, participation in institutional processes, and the actual conditions under which the work was performed.

BETWEEN NUMERICAL PREDOMINANCE AND DECISION-MAKING POWER

The predominance of women among managers, teachers, and family caregivers should not automatically be interpreted as proof of female protagonism. The data indicate that women constituted the principal workforce responsible for implementing and sustaining Hospital and Home-Based Pedagogical Care (APHD) in Goiás. However, their central role in carrying out daily activities does not necessarily correspond to effective participation in planning, policy formulation, and decision-making bodies. For this reason, the analysis distinguishes three dimensions: quantitative presence, professional agency, and political and decision-making participation.

The data collected in 2016 revealed professionals with extensive teaching experience but relatively recent involvement in hospital and home-based educational services. The managers, permanent civil servants of the Goiás State Secretariat of Education, Sports, and Culture (Seduce/GO), had between eight and 25 years of service. Among teachers, 16 to 25 years of teaching experience predominated; however, 67% had worked at NAEH for between one month and two years, whereas 33% had up to six years of

experience at the Center. According to Tardif (2014), professional knowledge and identity are constructed through the interplay of professional trajectories, experience, and the work context.

The relatively short period of service of a substantial proportion of the team must be analyzed alongside their forms of institutional affiliation. During the period investigated, 61% of teachers were assigned to other institutions and merely supplemented their teaching hours at NAEH. This arrangement suggests fragile stable ties with the Center and may compromise the continuity of pedagogical processes. For Bondía (2002), experience does not arise merely from a succession of events but from the possibility of attributing meaning to them, which requires time, continuity, and openness to the construction of meaningful relationships.

Regarding academic qualifications, 38% of the professionals held degrees in Pedagogy and 25% in Languages and Literature. The others had qualifications in Geography, Philosophy, Mathematics, Social Sciences, Biology, Physical Education, Chemistry, Physics, History, Social Work, and Speech-Language Pathology. Such disciplinary diversity may favor interdisciplinary work, but it also highlights the absence, in that context, of common and specialized training for pedagogical practice in hospital and home settings.

The testimonies confirmed gaps in initial teacher education. One manager reported: “in Speech-Language Pathology we studied language in Special Education, but in Pedagogy we did not [...] there were students graduating in Pedagogy without ever having heard about Special Education” (Manager 1). A teacher, in turn, stated that she had no specific training but had completed specialization courses: “no, but I completed some specializations: Inclusive Education, Psychopedagogy, which help me” (Teacher 2). These statements indicate that entry into APHD occurred, in many cases, without specific preparation, transferring to the professionals themselves the responsibility for seeking additional knowledge.

Nóvoa (1992) understands teacher education as an ongoing process constructed through the articulation of academic knowledge, professional experience, and reflection on practice. In hospital and home-based educational services, this training must encompass not only curricular content and teaching procedures but also the specificities of intersectoral work, students’ health conditions, relationships with families, and the emotional challenges of everyday practice. Matos and Mugiatti (2009) emphasize that pedagogical training provides an indispensable foundation for hospital-based teaching but requires continuous improvement in view of the complexity of this field.

In everyday practice, participants mentioned student turnover, conditions of pain, distances traveled to provide services, and recurrent contact with situations of suffering. One participant highlighted “student turnover and the state of pain” (Manager 5), while a teacher pointed to “the distance to reach some students” (Teacher 6). These accounts demonstrate that the realization of this policy depends on territorial, logistical, and emotional conditions extending beyond the individual efforts of the professionals.

Care-related overload disproportionately affects women, particularly when professional demands are added to domestic and family responsibilities socially assigned to them (Calero; Dellavalle; Zanino, 2015). In APHD, this overload assumes specific characteristics, since teaching involves direct contact with illness, physical limitations, disruptions to school routines, and, in certain situations, experiences of loss and grief.

Ceccim and Carvalho (1997) emphasize that working in hospital environments involves cognitive, affective, and relational dimensions, requiring institutional support to enable professionals to sustain their practice. One teacher stated: “this is a phase of grief [...] the teacher’s presence comes to bring clarity; it is like a light for the student” (Teacher 10). The testimony highlights the humanizing dimension attributed to pedagogical work, while also revealing the emotional intensity accompanying this practice.

Valuing this affective dimension must not lead to the individualization of suffering or to the expectation that professionals face situations of pain and loss alone. Psychological support, continuing education, team supervision, and stable employment relationships must be understood as institutional responsibilities. Otherwise, the naturalization of women’s supposed capacity to care may conceal precarious working conditions and transform complex professional demands into presumed expressions of vocation or personal dedication.

Participation in preparing the Political-Pedagogical Project (PPP) constitutes an important, though not exclusive, indicator of the political and decision-making dimension of protagonism. Only 30% of teachers reported effective participation in drafting the document, while 70% reported limited or no participation. Given that the team was predominantly female, this result demonstrates that women’s numerical predominance did not automatically translate into collective participation in institutional decisions.

The realization of female protagonism therefore requires more than recognition of women's quantitative presence. It demands the democratization of management bodies, effective participation in formulating and evaluating actions, recognition of knowledge developed through experience, and institutional conditions enabling professionals to influence decisions governing their work. Protagonism must be understood as a concrete possibility for action and transformation, rather than merely as responsibility for implementing a public policy.

"A FEMALE TEACHER. MEN ARE BAD": PREFERENCES AND GENDER STEREOTYPES

Structures of symbolic domination operate through naturalized representations and practices, causing hierarchies to be perceived as normal or inevitable (Bourdieu, 1998). In the material collected in 2016, one relevant finding was the preference expressed by some students and their caregivers for services provided by female teachers. This choice should not be interpreted as an individual or natural characteristic, but rather as an expression of social representations associating women with affection, motherhood, protection, and care.

One teacher stated that female teachers would be more readily accepted "because women are more affectionate, because of the maternal side" (Teacher 2). This statement does not describe an inherent capacity of women but reveals how teaching competence is interpreted through gender expectations. According to Scott (1995), gender organizes social relations and produces meanings of power, attributing different qualities to men and women and influencing their professional inclusion and recognition.

The same participant (Teacher 2) linked this preference to families' apprehension about the presence of men in individualized educational services, mentioning harassment and pedophilia. This testimony represents the participant's perception, not an objective finding concerning male teachers. The immediate association between masculinity, abuse, and risk may produce generalized suspicion, while the absence of such suspicion toward women creates a false sense of safety grounded in stereotypes. Safeguarding protocols must be institutional, transparent, and applicable to all professionals.

Another teacher reported that, in activities involving physical contact, such as working with students with visual impairments, guidance was given that a male intern or pedagogue should work

accompanied by a female teacher or the student's mother (Teacher 10). Supervision procedures may be necessary in situations of vulnerability; however, when applied only in the presence of men, they reinforce the image of women as naturally trustworthy caregivers and men as potentially threatening figures. Butler (2003) observes that social norms regulate bodies and define which presences are considered legitimate.

The same participant stated that some students without a male figure in their everyday lives developed an affinity with male interns or pedagogues, a bond she interpreted as a "lack of a male figure" (Teacher 10). The statement does not establish a causal relationship between family absence and pedagogical affinity, but it demonstrates that the preference for female teachers was not homogeneous. Gender relations are permeated by negotiations and contradictions and cannot be reduced to fixed patterns (Connell, 1987).

The preference was also explicitly expressed by students and caregivers. One student stated: "A female teacher. It is easier to deal with a female teacher" (Student 3); another declared: "A female teacher. Men are bad" (Student 5). Caregivers associated female teachers with "maternal instinct," affection, and attentiveness. These statements do not objectively describe professional competencies; rather, they reveal socialization processes that present patience, affection, and care as naturally feminine qualities. This naturalization legitimizes the concentration of women in lower-prestige activities (Saffioti, 2004).

Stereotypes also affected men. One female teacher observed: "They do not stay; they soon leave. I think it is because they experience this prejudice firsthand" (Teacher 10). This account does not prove that male turnover resulted exclusively from prejudice, but suggests that suspicion, family resistance, and a sense of not belonging could affect retention. The naturalization of feminine competencies overburdens women and discourages men from engaging in care work (Hirata, 2014).

The situation was therefore ambivalent. The acceptance of women favored their inclusion and recognized their contribution to the right to education; however, it was partly grounded in motherhood, patience, and emotional availability, attributes that could obscure specialized knowledge and diminish professional recognition. Women's presence does not eliminate the structures that distribute responsibilities, resources, and power unequally (Biroli, 2018). Overcoming these stereotypes requires gender education, universal safeguarding protocols, recognition of teachers' professional knowledge, and the participation of women and men across the different dimensions of educational services.

IMPLICATIONS FOR REGIONAL DEVELOPMENT AND GENDER EQUALITY

The findings allow for a discussion of the potential contributions of Hospital and Home-Based Pedagogical Care (APHD) to regional development, considering its purpose of supporting the continuity of schooling for students absent from school due to health conditions. From Sen's (1999) perspective, the expansion of educational opportunities is part of development understood as the expansion of human capabilities and substantive freedoms. This theoretical connection, however, does not permit the claim that the research demonstrated impacts of the service on regional development.

From a territorial perspective, the contribution of APHD is not limited to providing pedagogical activities in hospitals and homes. The policy requires coordination among the school of origin, the family, health services, education professionals, and public administration, forming an intersectoral network for guaranteeing rights. Brandão (2007) emphasizes that regional development must be analyzed at different scales and in light of the institutional and power relations that organize territories. In this sense, the effectiveness of the service depends on the State's capacity to ensure its continuity and reach beyond the more developed urban centers.

According to the data compiled by Jesus (2017), between 2014 and the first half of 2017, NAEH recorded 3,842 instances of educational service provision in hospitals and homes. This figure indicates the service's activity during that period but does not, in isolation, make it possible to determine its territorial coverage, the number of distinct students served, the quality of the service, or its effects on educational trajectories. Assessing these dimensions would require data on municipal distribution, unmet demand, the regularity of activities, continuity of learning, and coordination with the schools of origin.

APHD may help reduce the educational effects of absence caused by illness, such as the disruption of ties with school, learning gaps, and the risk of school dropout. However, such contributions should not be presented as automatic consequences of the existence of the service. They depend on the availability of qualified professionals, team stability, intersectoral coordination, and the material and institutional conditions provided for policy implementation.

Boisier (2004) emphasizes that territorial development results from coordination among actors, resources, knowledge, and institutions. From this perspective, APHD constitutes a policy with the potential to promote regional development when it strengthens public protection networks and expands access to education in territories and circumstances in which this right might otherwise be interrupted. Dallabrida (2020) adds that territorial governance requires participation by the individuals involved and coordination among institutions, dimensions that are also fundamental to the organization of hospital and home-based educational services.

Nevertheless, the educational and social benefits of this policy coexist with contradictions related to the working conditions of those who implement it. The concentration of women in the service, associated with unstable employment relationships, insufficient specialized training, and emotional overload arising from contact with situations of pain, suffering, and loss, demonstrates that the implementation of an inclusive policy may occur through the reproduction of gender inequalities.

For APHD to contribute to socially just regional development, policies are needed that operate in a coordinated manner across different dimensions. These include strengthening initial and continuing education for work in hospital and home settings; stable employment relationships; salary recognition; ensuring material conditions for travel and service provision; establishing mechanisms of psychological support for teams; and expanding professionals' participation in institutional and decision-making processes.

It is also necessary to challenge the naturalized association between care and femininity. Federici (2019) emphasizes that care constitutes socially necessary work, although it has historically been rendered invisible or assigned to women as a natural obligation. Recognizing it as a collective responsibility entails distributing it among the State, institutions, families, women, and men, while ensuring the resources and conditions required to perform it.

Tronto (2013) associates the democratization of care with participation, shared responsibility, and social justice. Applied to APHD, this perspective indicates that valuing the service cannot be restricted to symbolic recognition of female teachers' dedication. It requires the development of institutional structures that sustain the work, protect professionals, expand participation in decisions, and prevent the policy from depending on women's emotional availability and individual overload.

The relationship between APHD and regional development must be examined by considering both the educational opportunities offered to students and the working conditions of professionals. The findings of this research contribute primarily to understanding the latter dimension by identifying tensions related to training, institutional affiliation, participation in decisions, and gender representations. The analysis highlights conditions that may facilitate or constrain policy implementation, without establishing a causal relationship between the service and changes in regional development.

FINAL CONSIDERATIONS

This study analyzed Hospital and Home-Based Pedagogical Care (APHD) in Goiás as a public policy related to guaranteeing the right to education and to regional development, considering the gender relations present in its implementation. The 2016 data showed that women constituted the main professional workforce responsible for organizing practices, coordinating with schools, families, and health services, and ensuring continuity of schooling in situations of illness.

This operational centrality represents significant professional agency but does not automatically correspond to political and decision-making protagonism. The limited participation of a substantial proportion of teachers in preparing the PPP revealed a disconnect between responsibility for implementation and influence over planning instruments. Protagonism proved to be unequal and internally differentiated.

Working conditions also revealed contradictions: the recent entry of part of the team, the supplementation of teaching hours, insufficient specialized training, and recurrent contact with pain, loss, and grief. As these activities were carried out predominantly by women, such vulnerabilities affected women's work in particular and could be concealed by the notion of a vocation for care.

The testimonies revealed representations associating female teachers with motherhood, patience, and a natural capacity to care. These conceptions favored the acceptance of women but obscured specialized knowledge and created barriers to male participation. Overcoming stereotypes requires institutional safeguarding procedures applicable to everyone, gender education, and recognition of teaching as a profession.

For regional development, APHD is strategic because it preserves educational trajectories and strengthens intersectoral protection networks. Its effectiveness, however, depends on territorial distribution, funding, stability, training, psychological support, and professionals' participation in formulating and evaluating actions. An inclusive policy does not fully realize its potential when it depends on the overload of those implementing it.

The democratization of management is a condition for transforming operational centrality into institutional influence. It is also necessary to recognize care as socially necessary work and as a responsibility shared among the State, institutions, families, women, and men, translating its recognition into appropriate resources and conditions.

The conclusions refer to the context of 2016 and do not constitute a current assessment. Despite this limitation, the study demonstrates that guaranteeing the right to education cannot be dissociated from working conditions and gender relations. The inclusive and emancipatory potential of APHD depends on professional recognition, the democratization of decisions, and the social redistribution of care.

The analysis makes it possible to situate APHD as a policy with the potential to contribute to regional development through its connection to continuity of schooling and coordination between education and health. The research, however, did not measure territorial impacts or demonstrate effects on learning, dropout, or the reduction of inequalities among municipalities. Its contribution lies in highlighting professional and institutional conditions that must be considered in implementing the service. Realizing its potential requires funding, teacher education, continuity of teams, institutional support, and professionals' participation in planning and evaluation processes.

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