

THE CONTEMPORARY PARENTING PRACTICE AND EARLY CHILDHOOD CARE NETWORK¹

Nathalia Teixeira Caldas Campana²

Isabel Cristina Gomes

Universidade de São Paulo, São Paulo-SP, Brazil.

ABSTRACT. The possibility for women to engage in professional career and the fact that men are more involved in caring for their children raise awareness to the need for research on contemporary parental practice. The aim of this study was to check for changes in the form parents take care of their children, the key challenges they face and how pediatricians and school workers participate in this process. The methodology used is qualitative and based on semi-structured interviews with five middle-class heterosexual couples who have children up to three years old and their respective pediatricians and school supervisors. Results show that parenthood is transitioning from the traditional model to a more egalitarian practice. Pediatricians act as advisors and parents share with school workers the direct care for children. It is suggested that naturalistic perspectives and time for paternity leave must be questioned in order to promote an egalitarian parenthood.

Keywords: Parenthood; care network; gender.

O EXERCÍCIO PARENTAL CONTEMPORÂNEO E A REDE DE CUIDADOS NA PRIMEIRA INFÂNCIA

RESUMO. A possibilidade de as mulheres se dedicarem à carreira profissional e a constatação de que os homens estão mais participativos nos cuidados com os filhos instiga a investigação do exercício parental no contemporâneo, com o objetivo de verificar se existem modificações nessas relações de cuidado, quais os principais desafios encontrados e qual é a participação dos pediatras e das escolas quanto a este assunto. De metodologia qualitativa, cinco casais heterossexuais, pertencentes à classe média, com filhos de até três anos e os respectivos pediatras e coordenadores educacionais participaram do estudo por meio de entrevistas semidirigidas. Os resultados indicaram que a parentalidade está em um período de transição entre o modelo tradicional e igualitário. O pediatra ocupa o lugar de orientador, enquanto as escolas dividem diretamente com os pais o cuidado com a criança. Sugere-se que, para o estabelecimento da parentalidade igualitária, sejam questionadas as posições naturalistas e a ínfima licença paterna.

Palavras-chave: Parentalidade; rede de cuidados; gênero.

EL EJERCICIO PARENTAL CONTEMPORÁNEO Y LA RED DE CUIDADOS EN LA PRIMERA INFANCIA

RESUMEN. La posibilidad de que las mujeres se dediquen a la carrera profesional y la constatación de que los hombres están más participativos en los cuidados con los hijos instiga la investigación del ejercicio parental en el contemporáneo con el objetivo de verificar se existen modificaciones en la manera de los padres cuidar a los hijos: principales desafíos y cuál es la participación de los pediatras y de las escuelas en este cuidado. De metodología cualitativa, cinco parejas heterossexuales, pertenecientes a la clase media, con hijos de hasta tres años de edad y los respectivos pediatras y coordinadores educacionales participaron del estudio por intermedio de entrevistas semiestructuradas. Los resultados indican que la parental está en un período de transición entre el modelo tradicional e igualitario. El pediatra ocupa el lugar de orientador, mientras que las escuelas dividen directamente con los padres el

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² E-mail: nacampana@gmail.com

cuidado al niño. Se sugiere que para el establecimiento de la parental igualitaria sean cuestionadas posiciones naturalistas y la ínfima licencia paterna.

Palabras-clave: Parental; red de cuidados; género.

Introduction

The model of the Brazilian nuclear family, constituted in the post-colonial period, composed of the heterosexual couple with children and divisions of specific and clearly delimited task between the genders, has undergone a series of changes throughout the years. We understand that the definition of family in the contemporary embraces a plurality of expressions both in terms of configuration (in the case of single-parent families by choice, homoparental or reconstituted families) and in the way individuals relate. And it is precisely in this second scope that the present work aims to contribute. Among the changes that have taken place, we highlight the fact that women are engaging more in professional careers and men are becoming more participative in the care and education of their children. But would the possibility of mothers engage in careers bring a new way of parenting? Would couples who follow the model of the traditional nuclear family, because men are responsible for the financial provision of the family, also be affected by these possible changes? What are the challenges in the exercise of parental functions today and their relationship with the network of caregivers?

Recent research reports a tendency for parents to delegate care to their children to third parties (Amazonas, Vieira, & Pinto, 2013) and this leads us to think about what is occurring in practice from the point of view of pediatricians and schools. Both the changes in the contemporary family organization and the need for social support of the parents in the exercise of parenthood, seeking institutions and assigning their functions to specialists, makes us raise the hypothesis of outsourcing care as a result of a movement started in the twentieth century. Thus, if on the one hand there is the promotion and protection of children, combined with the scientific production that sets optimal criteria of education and care, on the other, ends up devaluing parental knowledge.

Before we advance in the results of the review, we must define that we understand parenting as a process of construction that begins with the arrival of a child and can be developed in both men and women. However, like all construction, it takes time to consolidate and may or may not occur. That is, parenting is neither guaranteed nor defined only by biological links. The concept of parenting does not imply an undifferentiation of maternal and paternal function within the family, nor does it refer to the homogenization of care, but rather to the possibility of parental functions being exercised in more flexible ways and taking into account the relations of belonging and affectivity. The literature reports that contemporary paternity is in the process of transition and that, in this way, the traditional role of provider and authority and the new role of caregiver, more sensitive and participatory, coexist (Jager & Bottoli, 2011; Arruda & Lima, 2013). However, although there is a valorization movement of the father, the studies still highlight the gender inequalities between men and women, indicating, for example, that the father tends to participate more in the moments of leisure with the children (Vieira & Nascimento, 2014), becoming more effective in caring for children when they are older (Seabra & Seidl-de-Moura, 2011). The paid activity of the father in the public environment is considered as an obstacle to participate more in the routine of the house, due to the long working day associated with the absence of policies in the companies that contribute to the male participation in the domestic environment (Bruschini & Ricoldi, 2012). In this perspective, Cia and Barham (2014) warn of the importance of thinking about public policies that favor involvement of men in the care of children from gestation to the first days in the maternity, including at the moment of breastfeeding.

Recent studies point to the difficulty of women in reconciling career and family (Prado & Fleith, 2012), because even with the changes that are under way, women are still considered the main responsible for the care with the children, which can result in an experience of overload. Regarding this, the literature does not refer to a consensus of what this female overload can lead to the conjugal life. Jablonski (2010) did not observe an increase of conflict in the relation of the couple by the excess of feminine work and suggests that the women have difficulty to renounce to the idea constructed socially,

that the children must be cared for mainly by their mothers. The research by Prado and Fleith (2012), in turn, indicated that among the factors that could negatively influence the family dynamics of dual-career couples is the fact that women feel dissatisfied because they do not have husbands to help in housework and childcare. Another aspect related to the theme that was not consensual in the literature concerns the influence of the mother for the father to be more participatory in the care with the children, because if on the one hand some authors understand that the maternal attitudes can encourage or inhibit the involvement (Jager & Dias, 2014), others disagree with this correlation (Castoldi & Lopes, 2014).

The same way that paternity is in a transitional period, we observe that women are going through a process of transformation of motherhood, which oscillates between the demands and beliefs belonging to the traditional model (such as, for example, private space and the role of taking care of children is for woman) and the demands of today that advocate a more democratic division of family functions. This issue emerges when discussing the possibility of enrolling babies in daycare centers, because while the nursery is considered a legitimate support for mothers working outside, it is also seen as unnecessary in the case of mothers who do not work professionally (Bruschini & Ricoldi, 2012). Given this fact, we can hypothesize that, at least in Brazil, daycare is considered as a substitute or extension of maternal care, a concept that increasingly includes educational aspects (Silva, 2014).

Araújo, Gama and Silva (2013) affirm that if in the early days the daycare offered basic care for the survival of the baby, today this concept has expanded favoring the global development of children. The authors evaluated parental expectations regarding the kindergarten and understood that families seek nursery school as one of the institutions responsible for the education of their children, but the professional performance of the parents continues being the main reason for the admission of children in daycare centers. However, concern for early childhood leads non-working mothers to enroll their children in daycare as a means of socializing that brings the benefit of living with differences in relationships with adults and other babies. Still in relation to parents' expectations, Silva (2014) adds that trust is a central element of the daycare-child-family relationship and that up to the child's three years parents are concerned with safety, health and wellness issues.

Gabriel and Lopes (2016) investigated the transformations in the paternal involvement during the first six months of the baby at the daycare center and concluded that the parents began to share more with the mothers the care with the child and to be responsible for activities related to the school. The authors emphasize that professionals should recognize the father as the caregiver of the child, providing him with the necessary information about his child.

Beyond the school, in this article we intend to discuss the participation of pediatricians in the network of early childhood care. Most of the studies attribute to the physician the function of taking care of the physical health of the baby regarding prevention and treatment, but more recent research begins to advance in this matter. Carvalho and Martins Filho (2016) analyzed the perception of the pediatric guidelines by the mothers during private consultations and concluded that they follow the recommendations when there is certification of the updated recommendations and support/recognition by the pediatrician regarding the maternal role during the follow-up process. Access to knowledge of mothers through social networks was considered an element that makes pediatric follow-up difficult. Dickstein, Verztman, Dias and Andrade (2017) argue that pediatrics is a complex specialty because the child is not always the focus of the consultation and it is not possible to understand the child outside of his/her family context. However, the authors claimed that family dynamics can only be known when the pediatrician decreases his/her own idealizations regarding children and their families and, as in the study cited above, the maternal expectation regarding the pediatrician is that the pediatrician adopts an empathic posture.

It is interesting to note that Brazilian research is restricted to the female conflict to reconcile care with children and career (Bilac, 2014). We did not find any article that proposed an investigation from the man perspective or that considered the possibility of the man choosing to stop working to dedicate himself to the children and the house. We believe that this result may be related to at least three factors: perpetuation of the social belief that men play the role of provider and that women face the issue; the dissemination of traditional discourse in the scientific community; or even works that discuss

the transformations and gains of women since feminism, but considering men as secondary in this process.

In the international literature, we have observed that in some countries, such as Sweden, Holland and Canada, the discussions are more developed and consolidated about contemporary parenting. For example, while Brazilian studies discuss the challenges faced by women to reconcile family and career, international research (Rehel, 2014) advances in this area including the conditions and implications of parental leave in different countries.

Van Hoff (2011) individually interviewed the members of twelve British heterosexual couples, between 20 and 35 years of age, considering that this age group has more resources to establish egalitarian relations. The analysis of the semi-structured interviews revealed that all couples aspired to develop equal roles, but only one couple showed that they actually related in an egalitarian way.

Lyonette, Kaufman, and Crompton (2011) studied part-time jobs as a way to alleviate the conflict between work and family in dual-career couples. Eighty-three American and English parents were interviewed in order to prioritize the masculine discourse on the subject. The results were discussed articulating three aspects, the need for two sources of income for family support, the costs that are involved when the couple works full time and need to resort to other sources of care that are paid and the potential of the work activity in part time. But if on the one hand, this can be a solution to reconcile work and family, on the other hand it can limit professional growth. Kosakowska-Berezecka et al. (2016) suggest that in order to reduce conflicts between work and family it is necessary to denaturalize the association between maternity and renunciation.

Quek, Knudson-Martin, Orpen and Victor (2011) argue that co-parenting, in the sense that men and women perform parental functions more evenly, may occur in the following circumstances: the woman's career is valued by the couple, the man take into account domestic activities to organize his work agenda, parental responsibility is shared and negotiated, and when there is assurance of support for the couple by the extended family and the companies or institutions in which they work.

We mentioned previously that in the Brazilian studies we found no discussions about male difficulties to reconcile career and fatherhood, or the possibility of men giving up paid work for their children. Nevertheless, international studies refer to the phenomenon called stay-at-home fathers to designate a paternal decision to temporarily or permanently give up their careers for their children and domestic activities while women assume the responsibility of providing the family financially (Rehel, 2014).

Some theoretical concepts, including psychoanalytic concepts, are influenced by the historical, social and cultural circumstances prevailing at the time of their creations. Thus, it seems relevant to review some aspects of what Winnicott (1964/2008) described as a good enough environment: composed of a mother and father with rigid divisions of roles and functions in the care of their children. As a pediatrician and psychoanalyst, Winnicott developed his work during and after the Second War, when many women were alone at home with their children. His well-known statement that there is no baby without maternal care and that the mother should reach an exacerbated state of sensitivity, termed by him of *Primary Maternal Preoccupation*, not only shows the importance of the mother-baby relationship, but also marks the psychoanalyst position, who stresses the importance of women early in the life of their children, but tells us little about fathers.

The reading of Winnicott's texts about the early stages of infant emotional development highlights the maternal figure as the main reference for the child, with the father being the support role of the mother and, later, protector of the mother-baby relationship, offering protection to the wife from the child's destructive attacks (Winnicott, 1964/2008). Thus, due to the emphasis throughout the text on the importance of maternal care and the poor reference to paternal care, it would not be surprising if we affirmed that, in the first year of the child's life, the father is assigned a secondary role, and is up to the mother, including by biological determinism, the care for the young child. Contemporary psychoanalysis already has studies that understand the parent-baby, or baby-educator relationships, from an interactionist perspective, but without emphasizing maternal exclusivity in infant care. We refer here to the researches that have been and are being developed with the clinical indicators of risk for child development (IRDI) (Kupfer, 2014). The 31 clinical indicators evaluated the parent-baby relationship in the first 18 months of the child's life and were proposed from the psychoanalytic theory.

In order to understand how couples belonging to the upper middle class, with higher education degree and with children up to three years of age, experience parenting, we interviewed five couples and their pediatricians and school workers. Based on the content analysis of the material from semi-structured interviews, we propose a reflection that considers the discourse and the experience of couples regarding parental exercise, as well as the perceptions of pediatricians and education coordinators about their roles in the care of the children. The material that will be presented below is part of an ongoing PhD research.

Method

Participants

Five heterosexual couples, belonging to the Brazilian upper middle class, with income from 10 minimum wages, according to the Brazilian Institute of Geography and Statistics (IBGE), between 30 and 40 years of age (period in which they may already have developed working life), with at least higher level of education, and with the first child up to three years of age, with no history of organic problems that could interfere with child development. The choice for this family profile was due to the elimination of other variables that directly influence the parental exercise beyond that proposed here. The professionals interviewed provided their services to the families that participated in the study.

Instruments

The semi-directed interviews were carried out following a script previously prepared by the researchers, with the intention of favoring other communications beyond the manifest discourse.

Three interview scripts were produced:

a) With parents, divided into seven parts: 1) general identification; 2) questions regarding conjugality and previous ideas about what the couple imagined would be being father and mother; 3) the gestation period and expectations about the baby; 4) the experience of the couple in the postpartum period and changes occurred; 5) the parenting constructed by each member of the couple; 6) the couple's understanding of the function and role of the pediatrician in their lives; 7) to investigate the role and participation of the school in the life of the couple and the child.

b) With the pediatrician, divided into three parts: 1) general identification; 2) how the doctor understands and practices pediatrics and how he/she understands his/her role in the life of the families he/she serves, the parent-child relationship and the overall development of children up to three years of age; 3) how the pediatrician understands the specific development of the child of the couple interviewed and how he/she establishes the relationship with the couple.

c) With the school coordinator, divided into three parts: 1) general identification; 2) how the coordinator understands and performs his/her role and how he/she understands his/her participation in the lives of families with children in school, the parent-child relationship and the overall development of children up to three years of age; 3) how the coordinator specifically understands the development of the child of the couple interviewed and how he/she establishes the relationship with the couple.

The elaboration of these interview scripts was based on psychoanalytic studies on the parent-baby relationship (Winnicottian theory and IRDI) and clinical experience.

Procedure

Data collection

The interviews were recorded and, after each one, the researcher made a record of impressions perceived during the process. The use of the recording is justified, not to guarantee the literal of the interviewees' discourse, but to allow retakes during which the contact with the concrete characteristics

of voice, timbre, inflections and expressiveness, as well as the content itself, is renewed. In order to preserve the participants' identities, literal transcriptions were transformed into interview reports.

The participation of the interviewer/researcher is an important part of the process, not only because her conscious, immediate, empirical and sensorial experience is involved, becoming the research instrument itself to attribute meaning and apprehend the object of study (Turato, 2005), but also because it is understood that her presence interferes with the field of research (Bleger, 1980/2003).

Couples were interviewed in their own homes, since the direct perception of the family environment can provide information about the dynamics of the couple. Educators, in a room at the school; the pediatricians, at their offices. We prioritized the participants' availability to schedule the interviews, with a maximum duration of two hours with the couples, and an hour with the professionals.

Participants received clarifications on the content of the research and signed a Free and Informed Consent Form in which they were informed clearly and precisely about the objectives, procedures and justification of the study, as well as the guarantee of secrecy and anonymity in the reports produced with the purpose of scientific publication.

Data analysis

The criterion adopted to end the research was the saturation or repetition in the material collected. For content analysis and creation of categories, the interviews were taped and written in full, as proposed by Bardin (1977). From this analysis, we defined three categories of content: 1) the possibility of egalitarian parental care; 2) child rhythm versus parent rhythm; 3) the roles of pediatricians and school workers in the contemporary world.

Ethical considerations

The research project was approved by the Ethics Committee on Research Involving Human Beings of the Institute of Psychology of the University of São Paulo with protocol # CAAE: 42434815.9.0000.5561.

Discussion

With partial results, we present the data of the five couples and then discuss the three categories mentioned above, always preserving the identities of the participants.

Couple 1: parents of a seven-month-old baby. The father is 35 years old, he is an administrator and his career is in progress. The mother is 37 years old, she is a chef, with a career in training (she returned to work when her daughter was six months old). Her income is considered fundamental to the family budget. The pediatrician is 66 years old and the education coordinator of the school attended by the baby is 31 years old. The father is participative in the care of the child, but waits for his wife's instructions, with little initiative of his own. The school is considered by the couple as a fundamental support in the care division, since the child was inserted in the institution after the end of the maternity leave. The pediatrician is considered as a coach who guides issues related to physical health and accompanies the overall development of the child.

Couple 2: parents of an eleven-month-old baby. His father is 36 years old, he is an engineer and his career is in progress. The mother is 37 years old, a hotelier, but she has never worked in her area. She takes care of the house and the child, who does not go to school. The pediatrician is 46 years old. The couple maintains the traditional division of roles, although the father adopts an empathetic posture and has initiative in the care of the child when he is at home. The mother does not have a support network to care for her baby. They value the pediatrician, to ask specific doubts, but do not even include him in the care network.

Couple 3: parents of a baby of eighteen months. The father is 38 years old, is an economist with a great focus on the development of his career. The mother is 36 years old, is a fashion producer, but she interrupted her dedication to her career with motherhood. Her income has never been considered as fundamental to the livelihood of the family. The pediatrician is 62 years old and the education

coordinator of the school attended by the baby (when he completed 18 months old) is 50 years old. The couple maintains the traditional division of roles and the father participates punctually in the care with the son, in a tacit agreement between the couple. The mother centralized the child care function by dividing the task with the network of caregivers (pediatrician and school), but she was hesitant about trust in these latter.

Couple 4: parents of a child of thirty-two months. The father is 40 years old, he is a psychologist and his career is in progress. The mother is 36 years old and she is a chemist. She interrupted her career during gestation and only went back to dedicating herself to it when her daughter turned one-year old. Her gain has never been considered as fundamental to the household livelihood, but she considers it important to have her own source of income. The pediatrician is 68 years old and the education coordinator of the school attended by the child is 51 years old. The care network relies on the daily participation of the child's grandparents. To the school is assigned a socialization function and the pediatrician is valued beyond his technical know-how, being considered as a guide for questions of physical and emotional development of the child and the parent-baby relationship.

Couple 5: parents of a child of thirty-six months. His father is 37 years old, he is a psychiatrist and his career is in progress. The mother is 33 years old, also a practicing psychiatrist. She tried to interrupt her career to dedicate herself exclusively to child care, but chose to resume her professional activities, fulfilling a more flexible workload in the first months of the baby's life. The pediatrician is 43 years old and the education coordinator is 62 years old. The couple maintains a traditional division of roles with the father being not very participative. The mother counts on the school in the division of the physical and emotional care of the son mainly as a function of her career. The pediatrician was considered a member of the care network, but secondary to the more frequent participation of the school.

The possibility of equal parental care

Of the families interviewed, women were the main references for young children - even when men were more participatory in caring for children, the belief that "mother is a mother" (Avena & Rabinovich, 2016) and everything knows regarding their children, remains:

I've never had a flair to hold a newborn, she's a mother, it's different... she is more present in the routine and ends up being the one picking on, but when Pati feels threatened with a new situation, she runs to the mother, which is natural in my opinion, the mother is the reference (Father 3).

Normally, it is the mother who takes the conversations with the pediatrician, but I think that is great, because in fact she knows everything about Mary (Father 4).

Women were divided between wanting greater participation of husbands in the care of their children, but without losing the place of being those who all-know about children. As much as in their manifest discourses it appears that they are willing to divide parenthood with their husbands, what emerges in practice is that they often expect men to behave according to their wishes, to follow their instructions as to how it should be the care with the children.

My relationship with him (son) comes in a crescendo. For a long time that joke of being the trainee at home fit us a lot... in the first months the father is practically of no use, that was my experience. It was always her (mother) asking me to "do it please", so really the boss is her and I am the trainee... I complained because it was always her asking me, then she said that I needed to take on more things. Good, we tried: so, I'll clean the baby. Then I cleaned him, but she said that I had to comb his hair the other way, that the shirt was not the right one because he was going to leave and so on. Then I said: look, if it's up to me to decide, then I'll decide, if not, I'll decide what you decided and we go back to scratch (Father 5).

Thus, on the side of women, there is a conflict between the desire to maintain the traditional role of motherhood and to dedicate to careers or personal interests. Consequently, more than valuing husbands' participation in the development of the father-son relationship, what emerges most forcefully is the statement that women want to share care so they have more time for themselves. This also appears in the discourse of men who say, for example, that they gave the baby a bottle for the woman

to rest, or that they took the child for a walk so the wife could have time for herself. Although the tiredness of mothers is legitimate, we emphasize this point so that we can understand that, although one speaks of an ideal of egalitarian care between men and women, a traditional thinking still remains, in which the participation of men is suppressed by that of women in education and childcare.

In fact, compared to the traditional model, men are more participatory in their children's lives, but entering into the mother-baby dyad to set triadic relationships is not an easy task, as fathers cannot count on the benefits of a longer paternity leave to spend more time next to their babies. In addition, they feel that their wives are more important than them, especially in the first year of life, because of breastfeeding and all the biological transformations that suffer from gestation and that would make them more capable of giving the baby what he/she needs.

Psychoanalytic theories, such as the Winnicottian theory of emotional development, meet this logic that validates the special place of the mother in the life of the baby; the father is, at first, only a support for her. Besides that, in the five interviews conducted, fathers seem to accept a supporting role in their children's lives to avoid marital problems:

I arrive early to stay with her from six to eight thirty at night, on the weekends he realizes that I want to be more with her, so I think he respects this and although he also wants to spend more time with her, let me stay (Mother 1).

And the father completed: Yes! All I have to do is to put her to sleep! (Father 1).

Rhythm of the child versus the rhythm of the parents

From an in-depth analysis of the material, we understand that another contemporary challenge concerns the constant tension between trying to reconcile the rhythm of children with that of the parents - this is most evident in dual-career couples, but it is not exclusive to this group. This issue arises especially at times when parents feel they are giving up their own needs in favor of their children:

Although today I spend little time with him, I feel that the older he gets, the easier it gets. At first, he was only crying, had no interaction and gave me work. It was a moment of pure dedication of mine at a time when I wanted to be resting (Father 5).

Although the speech of this father is explicit, we find the same conflict in the other interviewees. This was the case, for example, of Mother 3, who chose to stop working for motherhood, but after eighteen months, enrolled her daughter in school to take time to resume sports and personal care activities.

This situation was also present in the discourse of pediatricians and schools:

The main challenge I face in my professional practice is the issues that have arisen with the "modern consumerist world", couples who work and only rely on school to take care of their children - when the child becomes ill and the school refuses to receive it, the parents get lost, they expect that with a dose of antibiotic the child will be fine, but the biology of the human being requires patience and calm (Pediatrician, Couple 3).

In schools, this is also an important point, as it is not uncommon for parents to request that they remain in operation for more than twelve hours and receive their children during vacation and holidays. In addition, there are parents who pick up their children an hour earlier weekly because of the São Paulo municipal car rotation - which restricts the circulation of motor vehicles in the city once a week. In the words of a professional in the area of Early Childhood Education:

Children are smarter, more attentive to the world, but are not being respected in their needs, for example, they sleep very little and are subjected to an excess of activities: sports, English classes, music classes, because parents are working or believe they have to offer their children everything they did not have (Education Coordinator, Couple 4).

Faced with this, schools in particular seem to come up with the following aspect: what is the role of the kindergarten school? Working on the boundary between caring and educating, based on pedagogical principles or responding to the demand of agenda and expectations of the parents of

children? The educators interviewed acknowledge that among the functions of the school is to set a partnership with parents in the process of educating children, but it is not uncommon for them to feel that this education is being delegated to them and that parents of young children expect schools to be an extension of the houses:

This is not a problem in terms of giving love, kindness, but we cannot follow the particular rules of each family, or even if we wanted it would be possible, there is no way to school ban birthday cake, become vegan or prohibit a boy playing with dolls because the mother only wants him to play ball ... (Education Coordinator, Couple 3).

What are the roles of pediatricians and schools in the contemporary

Pediatricians and educators are the first professionals to get in touch with parents and young children, so they are very important with regard to the types of care that families are provided with, especially in the transition to parenting. Although much is referred to the decline in parental knowledge and a tendency to outsource care from parents to specialist professionals, what we understand from the interviews is that couples require the pediatrician to be especially reliable and welcome in issues of well-being of their children, but if the doctor makes room for them to talk more about their experiences as parents, he/she is easily called upon to play a guiding role both in matters concerning the conduct of parents and in relation to the behavior of children. Pediatrician 4 said that in order to offer what he/she considers to be a good care for his/her patients, he/she seeks not to put himself/herself in the position of a counselor, and tries to establish a *differentiated listening*, since the parents use the consultations to communicate anxieties that emerge in the exercise of parenting. He/she notes that sometimes a conversation with parents is enough to make a childhood symptom disappear: *"having a child at a table is no more pediatrics than having a couple here talking about their child"*.

With the schools it is different, since in fact the education professionals divide the care with the parents, at least for half period, this when they do not occupy twelve hours of day of the children. In these circumstances, the relationship that the parents establish with the educators differs from that established with the pediatricians. First, school sometimes becomes the main living environment for children, which can cause them to confuse the family space with the educational space. Coordinator 1 said that because the school functions full-time, parents expect the educators to take on a variety of responsibilities, such as:

rules of behavior that go beyond social, moral, and healthy eating habits, because according to most parents, no matter their children do not eat well on weekends, the main thing is that they feed well when they are at school during the week... parents consider today that the school function is to educate in the general and the moral issue, what is right, what is wrong, they do not argue much at home and much is up to the school, regardless of whether or not they are dual-career parents.

Second, educators feel that mothers, more than fathers, can establish a bond of rivalry with them and try to interfere with the day-to-day life of the school with opinions about what they believe to be the best, as they consider that caring is something they know. In this sense, all the coordinators interviewed mentioned some episode in which they felt invaded or even disrespected in their professional function.

The professionals interviewed were different in terms of: age and professional experience, a fact that was not enough to produce variations in the answers related to the category in question. Thus, it is suggested that the result presented is due to the contemporary and not to the particularities of each interviewee.

Final Considerations

We consider that contemporary parenting is in a process of transition between a division of rigid functions defined by the gender of the couple members and the possibility of a more egalitarian division of tasks within families. In this way, explanations based on the biological, the so-called naturalistic explanations, justify a woman's greater ability to care for children, especially in the first months of the child's life, and such belief can be found in both female and male discourses - in this context, it is the responsibility of man to provide the home. Changes were found in the couples interviewed that suggest

the possibility of a more egalitarian parental exercise, but we emphasize that the greatest challenges for this to actually consolidate involves the dissociation between biological factors such as breastfeeding and the ability to care of the child, which makes the mother the most apt person; as well as the tiny paternity leave. Currently, some companies in Brazil, especially foreign, recognize the importance of the father in the first months of the children's lives, which results in the extension of the paternity leave.

Contrary to what was found in the literature, the work of the mother did not prove to be a differential for the consolidation of egalitarian care. In three cases, the woman's income was not considered as fundamental for the family budget, but even in cases where it was, or the wife and husband had the same formation, the woman still considered herself and was considered by the partner as the main responsible for the child. Even though this may be a particularity of the couples interviewed, the reports of pediatricians and educational coordinators reaffirmed this finding.

It is worth mentioning that in the composition of the sample, we had a certain socioeconomic level in which the couple, and especially the mother, may choose to give up their career or work in order to take care of the baby. Moreover, we characterize a particular type of care in the network of caregivers, when we approach children's schools and private pediatricians, which is different from what occurs in terms of supply and demand in public services and families with lower economic status.

Besides the technical knowledge, the place occupied by the pediatrician in the contemporary would be added to that of a counselor who protects the parents in this moment of vulnerability and inexperience - a function that in the past was occupied by the grandmothers or friends of the mother. It is interesting to note that only one of the couples interviewed included the grandparents in the network of caregivers. We do not identify any questions from parents or physicians regarding their place in the network, but the same cannot be said of schools. While the relationship with pediatricians seems to be well situated, with schools the ambivalences are more evident. This is possibly due to the fact that the educators divide the care with the parents over a long period of time, adding to this the motivation for early school entry due to the mother's return to work or not. Of the cases analyzed, there was greater confidence in the school, especially in mothers who resumed their professional activities after maternity leave or within the period of 12 to 18 months of the baby's life.

We suggest that future studies should focus on the role of the school in the psychic constitution of children up to three years of age, in order to investigate if we could attribute to this institution the function of alterity that in the past was attributed to the father in the passage of the mother-baby dyad, to the father-mother-baby triad. Probably, feelings of rivalry, jealousy, and ambivalence would remain, but perhaps we could withdraw the status of "outsourcing" from the participation of professionals in the lives of families, since this term carries a certain sense of judgment and guilt in the parents, which reinforces conflicts.

In fact, one path pointed out in the literature that could contribute to the establishment of egalitarian parenting would be to denature the established relationship between motherhood and renunciation - which would also imply the revision of some concepts of developmental psychology and psychoanalysis.

Far from exhausting the challenges that couples are experiencing in the exercise of parenting, this article points out the need to expand our knowledge about the specific experiences of the contemporary family so that we can better understand the suffering of patients in the clinic and think about interventions that will favor individuals, the relationships between members of a family and that may have prophylactic scope in terms of children's emotional development.

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Nathalia Teixeira Caldas Campana: Master in School and Human Development Psychology. PhD student at the Department of Clinical Psychology and member of the Couple and Family laboratory: clinic and psychosocial studies. Institute of Psychology - University of São Paulo.

Isabel Cristina Gomes: Full Professor at the Clinical Psychology Program. Coordinator of the Couple and Family laboratory: clinic and psychosocial studies. Institute of Psychology - University of São Paulo.