

Shared care: negotiations between families and professionals in a child day care center*

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ABSTRACT

Based on a case study of a qualitative nature, this text analyzes the relationship between families and professionals in a child day care center in the process of sharing care during early childhood, using the techniques of observation, interviews and document analysis. The research studied the families and the professionals of a government-run day care center in the city of São Paulo. The conflicts between these social actors became evident, mainly, with regard to care related to feeding and hygiene. The task of sharing care demands from these professionals not only technical preparation, but training in listening to children and their families while taking their uniqueness into account, a requirement that can lead to reflections on the type of care that is most appropriate for the specificity of the group in question, considering the characteristics of locality in its historical and social context.

Keywords: Child rearing. Child day care centers. Child care. Pediatric nursing. Family.

Introduction

Child care provided on a daily basis is the foundation of the child's health promotion and includes activities that also integrate child rearing: sheltering, feeding, cleaning, comforting, protecting, consoling and providing a playing environment and interactions that encompass situations in which the children learn about themselves, the other and the culture in which they are inserted. Child care implies constant interaction between adults and children, during the teaching and learning process

* Based on Maranhão, 2005.

of social rules and cultural practices related to satisfying basic human needs. Thus, child care is the link that integrates child rearing and health (Maranhão, 2000 a).

Providing child care means understanding the child's singularity as a being that is undergoing a continuous process of growth and development. It also means helping and teaching the child to identify and satisfy its needs in each phase and situation, so that the child is able to constitute its identity, to gradually acquire autonomy, and to socialize (Veríssimo, 2003; Maranhão, 2000 a).

In the human species, the newborn's dependence, together with its capacity to express its basic needs through cries, facial mimicry and other body movements, awakens in the adult emotions and caring attitudes. At the same time, it enables the necessary interaction between the newborn and the caregiver, humanizing it.

In this process, the child gradually constitutes itself as a person separated from the mother and defines its similarities and differences in relation to its environment. The expressions and gestures of the person who takes care of the child and interacts with it are its first mirror. The reactions of the mother or of another caregiver to the child's body or manifestations inform it about who the child is and about the cultural environment where it lives (Wallon, 1995).

The construction of body awareness – the image of the representations that the child learns with the other – is shaped by life's concrete conditions, by language, customs, beliefs and by the knowledge of each period of time. This "notion of one's own body", in turn, will be permanently integrated into the development of personality before the other, defining the child's relationships to the environment (Wallon, 1995).

Throughout the times, human groups have developed relationships, knowledge and technologies with the purpose of taking care of and educating their younger members, as well as maintaining the health of individuals and of the group.

The social changes that derive, among other aspects, from birth planning and from the insertion of women in the labor market have resulted in the organization of other forms of providing and sharing child care on a daily basis. One of them is the increasing search for a child day care center, an institution that was created to assist low income families, but that has gradually become a specialized space for child rearing and care.

The family must choose the day care center where the child will receive, in a complementary way, education and care. Frequently, the impossibility of meeting the demand in government-run day care centers or the high cost of private day care centers do not allow families to choose based on their principles, values and criteria. This impossibility may determine an *asymmetric relation* between users and the institution, according to Sarti (1998).

Conflicts between professionals and the family regarding child rearing and care may affect the child not only from the standpoint of its process of learning and global development, but also from that of its health (Maranhão, 2005).

Obviously, body care is part of health care; however, beyond the criteria mentioned by biomedicine, body perception and its classification as "normal", "pathological" or "deficient", "clean" or "dirty", are guided by cultural meanings that correspond to the worldview and social organization of the group to which the individual belongs (Douglas, 1966). Thus, health and illness are hybrid phenomena, for they articulate biological, psychic and socio-cultural dimensions, as has been

extensively pointed out by the literature (Sarti, 2001; Canguillem, 2000; Maranhão, 2000 b; Berlinguer, 1998; Ferreira, 1994; Helman, 1994; Douglas, 1966).

Families have perceptions and evaluations regarding children's health problems that are based on their own explanatory models of illnesses and their treatments (Loyola, 1984). A health practice that originated and is valued in the family environment may be considered inadequate in the day care center. This mismatch constitutes the central axis around which conflicts develop in the relationship between families and day care center professionals, as each one of them will try to affirm his or her own point of view.

Adhesion to the institution's values, considered positive in the professionals' perspective, may not be so in the family's opinion. To the family and, consequently, to the child, it may bring confrontation with their values and customs, something hard to cope with.

Some families may resist, even though non-deliberately, and maintain their practices in an attempt to preserve their social and cultural identity. This procedure can be analyzed in two different ways: as a problem related to class subordination, since professionals and services' users may belong to different economic strata (Boltanski, 1984), and through differences in values, beliefs and knowledge regarding what good child care is. Here, we try to situate this discussion both in the social and cultural planes.

The aim of this work, based on a case study, was to analyze the relationship between families of children assisted by a day care center and the institution's professionals, in the process of sharing child care in early childhood. This relationship, which is asymmetric, is pervaded by mutual expectations whose intensity enables the emergence of conflicts, tensions and possibilities that must be constantly dealt with, in order to promote joint actions of child care.

Methodology

Given the study's object – the analysis of relationships in a day care center -, the qualitative methodology was used, more specifically, the case study method (Becker, 1999). Ethnographic techniques of data collection were utilized: analysis of the basic guidelines contained in the institution's documents, participant observation of the day care center's daily routine, and open interviews (based on a script) with ten professionals, thirteen relatives (father or mother) and eight children.

Fieldwork was developed between November 2001 and January 2003, at a government-run day care center located in the south region of the city of São Paulo. This region was classified in the fourth position regarding the Human Development Index (HDI), compared to the city's other regions, but the major part of the families lives in regions with lower HDI. In order to situate the place from which the subjects spoke, a "skeleton" of the institution and its users was constructed, based on quantitative data, constituting what Malinowski (1980) called "group anatomy". Afterwards, the daily facts that were observed were analyzed, which, in the language of the same author, are "the flesh and blood", the expressions and discourse of "the natives" who constitute the "spirit" of the researched group. The perspectives of the professionals, families and children were taken into account (Maranhão, 2005).

The analysis articulated the different discourses collected in the interviews and data from the participant and documental observations, aiming to apprehend the point of view of the investigated subjects concerning the family-professional relationship in the process of sharing child care. Based

on data triangulation, four thematic axes of analysis were outlined: the construction of a partnership between the family and the day care center; the care that is shared between them and the child; the relationship between the day care center and the family, seen in the child's perspective; and, finally, the necessary complementariness between the day care center and the family for the child's adequate care.

This article presents results referring to the second theme. Feeding and hygiene were focused, as they constitute significant axes around which conflicts between families and professionals were revealed, causing the need of permanent negotiations.

The research project was approved by Unifesp's Committee for Ethics in Research (process no. 0177/02), complying with all the requirements of Law 196/1996 of the Ministry of Health, which regulates research involving human beings. The consent was given by the interviewed adults and by the children's mother or father. Names are fictitious to ensure secrecy.

Results and discussion

Feeding: I was gradually changing, and they were too...

One aspect of care that worries both mothers and child educators is the transition of food habits from the domestic scope to the day care center, mainly when the child rejects the food offered in the institution. This is interpreted as a form of child language that expresses some level of refusal. Many authors state that when the child refuses the food, this may trigger in the mother, or in another person who plays the maternal role, a feeling of guilt and rejection of her care, as was observed in the behavior and discourse of the subjects in this study (Ferreira, 2006; Nakano, 2003; Brazelton, 1990).

Feeding, like any body occurrence, involves biological aspects related to organic survival, highly intertwined with psychism and cultural practices. To the human baby, oral experiences that take place in the act of feeding are the first link with the environment (Vygotsky & Luria, 1996).

In the baby's development process, the food that comes through its mouth and satiates its hunger informs it about what is internal and external, helping it construct, gradually, the perception that it has a body separated from its mother. This process will be the basis of its identity (Wallon, 1995). Providing food is the first maternal role. During pregnancy, this happens through the physiological symbiosis between the fetus and its mother and, after birth, through breast-feeding, a role that is full of affectivity (Ferreira, 2006; Nakano, 2003; Brazelton, 1990). Due to this, sharing this role is a challenge to mothers, who conceive it as theirs par excellence, a role that constitutes their identity. It is challenging also to educators, mainly when they take care of newborns that are being exclusively breastfed. They have to console the babies between breastfeeding sessions, while the mother has not arrived yet or when she leaves.

(...) when she was admitted, she only had milk from my breast. And here she used to drink milk from a small glass, never from the milk bottle. Then, later, she started to eat a kind of porridge that they gave to her, and everything was going fine. I was gradually changing, and they were too... (Mother of one and a half-year-old Licia)

Many deals are made by mothers and educators: the type of food, the way of offering it, the menu that gradually changes according to the child's growth and increasing independence. Thus, not only objective information is shared, but also subjective information. In the weaning process, generally associated with the baby's admittance to the day care center, the mother may feel "lost" when she realizes that her child can survive without her. The mother's experience of loss is one of the dimensions that must be dealt with in the child's adaptation to the day care center.

I was very insecure. I used to come to breast-feed her at noon and I saw that she was calm. But, afterwards, they said that when she saw me, she cried more. So, after the second week, I didn't come anymore. Oh, it's horrible, isn't it? Because during eight months, I stayed only with her, everyday, and all of a sudden we separated. I got lost, I stayed at home and I didn't know what to do, I kept tidying her things up... (Mother of one and a half-year-old Licia)

Licia came to the day care center at the age of eight months, an age in which she could already be receiving other types of food, complemented by her mother's milk in the morning and at night. Thus, the educators "negotiated" with her mother the substitution of the midday breast-feeding session for lunch. It was "negotiation", because the offer of any food to the child, by the mother, has an affective meaning.

I stay here to make her eat because I think she won't eat. After she does, I leave. She still cries everyday. I go in, drink coffee with her, stay there keeping her company, then I go to the room and play for a while. She realizes I'm leaving and starts to cry, and then I have to hand her over to one of the educators and leave. (Mother of one and a half-year-old Licia)

After some time, the mother notices that collective conviviality has advantages in terms of a broader food repertoire. In addition, the child learns to help itself and taste food that, at home, was either not offered or not accepted. Sometimes, the child eats food at the day care center and does not accept it at home, some mothers say. The child behaves in a different way because it realizes that the home and the day care center are distinct places and in each one there are people with different social roles.

And now she eats, I didn't know it, but she loves vegetables. I didn't think so, because children usually don't like vegetables, but she loves them. Now, we try to give her more vegetables. She eats better when she is with other children, because she doesn't like to eat alone. I guess she eats well here. (Mother of one and a half-year-old Licia)

In the perspective of the interviewed children – between five and six years of age – who have been attending the day care center for a longer period of time, experiences at home and at the day care center are important references. The experienced situations are classified as good or bad, according to what each place provides of pleasure or annoyance.

I prefer having lunch at my home, because when we can't take anymore, when we don't want to eat any more food, we don't. At the day care center, we have to eat everything; the teacher says we must grow strong. But I didn't want to stay only at home because my grandpa gives me a big plate full of food! (Karen, six years old)

When the food scheme at home is very different from that of the day care center, a transition period is necessary, during which the child's habits and customs are maintained, and the child gradually adapts to the new menu.

Marcos is two years old and was admitted to the day care center this year. His mother wanted us to give him the milk bottle in every meal, because, according to her, he didn't accept other types of food. She used to bring the milk and the thickener. One day, he accepted to have lunch and I asked the girls to give the milk back. The mother was very angry because we hadn't given him the milk bottle at lunchtime. My God, she hit the roof, she arrived here very nervous, swearing at everybody. How could we let her son starve, and so on. "No, look – I said -, he's eating bread, drinking milk, there's no need to give him the milk bottle. He doesn't use the milk bottle anymore". I showed her that it wasn't necessary, because he was eating well. "When he gets home, you give him the milk bottle. But there's no need to do it here, he eats food." In this way, you don't do what she wants, but you don't make her feel sad, either. In fact, I think that, to the mother, the milk bottle has a meaning: I'm not there, but if the milk bottle is, it is in my place. (Nursing Technician)

This nursing technician understood the meaning that the milk bottle has to this mother. She helped her realize that her son is not a baby anymore and can eat food that is more suitable to his age, with autonomy, trying not to make the mother feel sad.

When the initial difficulties are overcome, the families praise the day care center for the food, the menu's diversity and the hygiene in preparing the meals. It is not only the recognition of nutritional aspects that is at stake, but also the educational and emotional aspects.

Another thing they love that we find interesting is the food. Today, Wilson eats everything, because he learned to eat here. (Father of six-year-old Wilson).

Associated with affection, the ways of feeding the child are constructed in culture and are influenced by the type of food available in each region, by customs and values, including religious ones. The day care center professionals accept food restrictions when they are prescribed by doctors. This not always occurs when they are determined by family customs. One mother converted to the Hare Krishna religion and requested that they did not give meat to her daughter, but they did not accept her request: they argued that, in the collective context, it was hard to prevent

the child from eating the meat offered in the menu – which reveals the professionals' difficulties in taking into account the users' singularities and values.

All the children will eat what there is to eat, if they want to. We won't let them itch for meat because the mother doesn't want them to eat it. At her home she won't give them meat, but here we have it and the child will eat it. (Nursery educator)

Another family, which was Adventist, requested that the child did not eat pork. As this type of food was not part of the day care center's menu, her request was accepted.

When we arrived here, we didn't force anything, but we made two requests: "Look, we'd like that every activity on Saturdays, and anything with pork was not given to Juliana, because we're educating her in this principle, and we try to be coherent. (Father of two-year-old Juliana).

From the child's point of view, the day care center offers opportunities of access to values, food habits, care and knowledge that can be different from those of the families, providing other opportunities for development (Wallon, 1995). In the family, with its own values, beliefs and habits, the child has a structural place of identity that will accompany her permanently. Thus, her development process involves dealing with all these references, and with the implied conflicts and gains (Sarti, 2004).

Hygiene: I think it is more related to care...

In etymological terms, *hygiene* derives from the Greek word *hygeinos*: *what is healthy*. However, common sense has attributed to it a more restricted meaning: neatness and cleanliness. The dictionaries of the Portuguese language identify this double meaning: a science that aims at health preservation, illness prevention and at cleanliness (Maranhão & Vico, 2004; Vigarello, 1996). In the 17th century, the term "clean" begins to acquire moral connotations and starts to mean, also, distinction, elegance, order (Rodrigues, 1999; Vigarello, 1996).

Since the end of the 18th century, the healthy, clean, valid body, the purified, limpid, ventilated spaces, the medically perfect distribution of individuals, places, beds, utensils, the interplay between 'care' and 'careful', have constituted some moral laws that are essential to the family. (Foucault, 1979, p.199)

Hygiene rules are cultural constructions and, as such, they reveal more the human need to order form and function, to put something that seems chaotic in order, than a technique based on the knowledge of diseases transmission or causes (Douglas, 1966).

The day care center professionals use it as synonymous with cleanliness. They refer to conflicts caused by the children's untidiness, which is frequently attributed to the mother's lack of attention and poverty.

Sometimes, the mother cut a piece of the sheet, transformed it in a diaper and brought the little girl here wearing that. Sometimes, she didn't have a cloth, anything, and the child arrived here wearing panties, holding poo. We tried to advise her in the best way we could, but it is very difficult to advise this kind of mother. They went to visit her at her house, and beside the washboard there was a pile of clothes. They had been there for more than two weeks and the pile was growing. I don't know what she did with those clothes, I don't know if she washed them or not. We had to bathe the child everyday and dress her with clothes from the day care center, because her clothes smelled badly. She was a beautiful child, but she was not well cared for. I used to be shocked and tried to advise the mother: "Let's do things in this way...". (Pedagogical Coordinator)

Taking care of children with different social conditions implies dealing with diverse customs. Also, it implies recognizing the day care center's limitations before the families' economic and cultural problems, associated with precarious dwellings and difficult access to health services and goods that are essential to the children's wellbeing. Besides the limitations imposed by poverty on families and educators, each family reacts to and copes in its own way with its life conditions. When the educators deal with these differences, even though they recognize that the lack of conditions at home may hamper child care, this does not prevent them from giving moral connotations to the fact, and child care becomes one of the axes used to judge the family in moral terms.

The mother was careless, she knew that, when the girl arrived here, she would be bathed and we would dress her in clean clothes. We asked her to return the clothes, but she never did. She got more and more careless because she saw that the day care center helped a lot, right? The mother reached a point... It seems they were facing serious economic difficulties, she had no husband, she was always with a new husband. We thought she was prostituting herself. People commented, we can't judge a person by her clothes, but sometimes the weather was very cold and the mother arrived here wearing shorts and a top, you know, she was always wearing strange clothes, and people commented that they saw her at the Alleyway (a street near the day care center with prostitution houses and hotels) talking to men, you know? We heard the mothers commenting on it. (Kindergarten educator)

The families are evaluated by the educators according to the children's appearance and also to the way in which they behave and present themselves at the day care center. Although they try to understand the difficulties faced by the poorer families, they compare and praise those that, despite being poor, are *clean and careful*.

I got to know many kinds of families. There were mothers who didn't care much about the child, who

didn't care about the child's clothes. Other families, despite being very poor, cared too much for the child. We interviewed the mothers to investigate how her hygiene with the child was at home. There was a family that lived in a slum, with a washboard for collective use, but they had hygiene notions and washed the clothes inside a bucket, so as not to mix their clothes with the others'. It was a model! (Babies' Caregiver)

Thus, by observing the child's body, the educators evaluate and criticize the families they think are negligent. However, they take good care so that the researcher will not think they have prejudiced opinions. This derives from the current tendency, in child education, of revising the view about poor families as "needy", "incapable", "unstructured", "negligent".

I think it is more related to care. I don't like to talk like this because it seems we have prejudice – and I don't – I try to be humble in my daily work, I try to reach the... (family?) level. We are all equal, but some mothers are not hygienic with her kids. They don't separate the clothes that the child peed on, everything gets mixed in the backpack and starts to smell bad, and then they don't wash the backpack! (Kindergarten Educator)

The professionals are aware that hygiene standards may be different in different contexts. However, at the same time, they deny the prejudice and make associations that reaffirm it.

I am from Curitiba and there we try to follow some hygiene standards, taking care not to promote contamination. At home, we know it is never like this, even at our own home, we have our lapses, right? As we assist families with different incomes, we see that, generally speaking, those with lower purchasing power show lack of hygiene. For example, Edilson's mother improved a lot the children's hygiene, but not her own. Oh, poor thing, it is because she is married to an old man, right? (Nursing Technician)

The association the professionals make between the family's carelessness, particularly hygiene, with the children's episodes of illness changes the focus of the day care center's planning. The employment of standard precautions, instead of the adoption of measures relating only to the ill child, would avoid stigmas experienced by the children (Maranhão & Vico, 2004; Maranhão, 2005).

Sometimes, we drink juice in the glass and the teacher sticks Sellotape on it. Then, we have to remember it, otherwise we spread diseases to our colleagues. It is not everybody that will have Sellotape stuck to the glass. Only that person who is sick... The boys laugh, but the girls don't. (Karen, six years old)

Body care also includes esthetics, ornaments and accessories used by the families to "protect" the child, to thank for divine favors, expressing their beliefs and values. The educators may find these

strange, which reveals a mismatch between professionals and families, a source of disagreements that leads, once again, to negotiations:

Some mothers make promises: “After my son’s first birthday, I’ll cut his hair and take it to Aparecida do Norte”. But the thing is, his hair was this long and full of lice. One day, the educator cut the boy’s hair without talking to the mother. She was trying to help: “I think I’ll cut this boy’s hair, the mother probably doesn’t have money to have it cut”. Then, the mother came here and made a scene. She wanted the boy’s hair because, after his first birthday, she would take it to Aparecida do Norte. And the educator had already thrown the hair in the garbage. Because we thought we had to keep the child clean, shining, smelling good, his hair short, because this was our role. The mother, poor thing... We had to search for the hair in the garbage, so that his mother could take it. And then we learnt one more lesson: I won’t cut anybody’s hair anymore!
(Pedagogical Coordinator)

The cultural differences that pervade the process of sharing care with the families teach the educators about the limits regarding what they consider “the best for the child”. Their judgment of what the best care is involves religious, esthetic, and gender values, which reveal prejudices based on different perceptions. By referring to the mother as “poor thing”, they devalue her perspective. Some families enforce their authority, like the right to choose what they think is best for their children. Other families, due to fear of social rejection, end up changing their practice, in view of the professionals’ arguments.

Before Leo came to the day care center, I took him to see a *benzedeira*¹, I thought he was weak, small. My neighbor used to say: it is a spell, the evil eye, right? The *benzedeira* confirmed: “It is the evil eye.” After three days, the same thing, he was feeling blue, I took him to see the *benzedeira* again. “The evil eye affects him very much, I’ll do something that will prevent this from happening.” And it worked all right. Then, the day care center asked me what this was [the amulet]. I said that... I thought: Maybe the day care center doesn’t like it. Then I took it out. I thought that the day care center didn’t like it. Nobody said anything. They asked me, I reckoned the day care center didn’t like it. Then I took it out. I was like... maybe the day care center doesn’t like it. Then I took it out. (...) After three days, I was afraid he was going to pull it out [the pin]. Then I took it out, he was a little baby. Then I got scared, after that he pulled it and I took it out. I’m more afraid that he pierces himself. He had already grown up a little, I was afraid that he would pull it, pierce himself, and then I took it

¹ A woman who blesses children to protect them against diseases, the evil eye, etc.

out. He was just a little baby, I was afraid. (Mother of three-year-old Leo).

Our interpretation of this case is that the mother searched for what she considered to be spiritual protection for her son's body, which could become weak due to the *evil eye*. This protection was performed by an amulet, a red accessory stuck with a pin to the child's clothes. When she became user of the day care center's services, she realized it corresponded to a practice that was considered inadequate, implying her son's rejection. Which was the biggest fear? Of the illness or of the stigma? Or of rejection? She transformed the protection into culturally accepted forms, such as wrapping him up, breastfeeding him, watching over his health.

Everything she couldn't do during the day, she wanted to do before leaving: changing his clothes, putting five sweaters on him, four pairs of trousers, breastfeeding! She thought he was not putting on weight, because he was always ill. She wanted to know if he was all right, if he had a fever, until she realized he could be fine at the day care center. It took her a long time. I mean, she was very kind to everybody, but she was so insecure! She agreed with everything you said, but you noticed she was scared, desperate: "Why was he sick? Does he have a fever again?" She called from her work to know if he had a fever, what he had eaten. It was just like that (...) You are right there and then she goes to the educator and confirms what you had just said. And by confirming things, she gradually created a bond with the team. Not just with the nurses. Then she realized that you were really participating in what was happening to her son. (Nursing Technician)

Two dimensions underlie the conflicts that occur in the process of sharing care related to feeding: one concerns the affectivity that is implicit in the act of feeding, which requires sensitivity to identify the meaning of this act to the family, helping them to understand that the construction of autonomy by the child is related to the development of the child's capacity to provide its own food. The other dimension refers to cultural, regional or religious differences. If they cannot be accepted and gradually incorporated, they must, at least, be recognized.

In the conflicts involving hygiene care, the disciplinary posture of the professional team can be clearly noticed, associated with customs moralization. However, there are evident cases of negligence that go against children's rights and require that some work is carried out with the family, so as to reflect, with it, on the meaning of care in the process of identity construction. Dealing with the adult's negligence towards the child, classified as ill-treatment, is a complex, subtle and delicate task, for it regards looking at the other. It can reveal several kinds of prejudices. What is seen as "negligence" can express a different form of care.

Final remarks

Conflicts are inherent in the relationships between professionals and relatives of children who attend day care centers. They become evident in the process of sharing care, mainly related to feeding and hygiene.

Sharing child care requires that the professionals are prepared and willing to listen to children, parents, grandparents and the community, recognizing their uniqueness. This should constitute a reflection forum about what the best care and the best education would be to this specific group, in its historical, social and cultural context.

In this task, the conception of parents' participation is that of co-builders of the child rearing and care project, through a joint definition of conceptions, norms and rules. This implies a professional attitude, taking into account the store of accumulated knowledge on child development, education and care and on standards of what constitutes a good day care center, as well as knowing them, questioning them, and reflecting on their applicability to a specific context. It implies, also, in opening the way to "non-scientific" knowledge that illuminates the family practices, and which also constitutes knowledge forms.

Although this research study focused on the process of sharing child care in the context of a day care center, it can contribute to the reflection of professionals who work in family health programs and at basic health units. These professionals should take into account the complexity and the dynamics of the relationships that are established around child care.

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