

OTHER ISSUES

SOCIAL INCLUSION POLICIES IN CONTEMPORARY BRAZIL AND THE EDUCATION OF MOTHERHOOD

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ABSTRACT

This article discusses the production and diffusion of representations of motherhood, based on social inclusion policies in contemporary Brazil. It is anchored in the notion of “politicization of women and motherhood”, which refers to a discursive network that delineates pedagogies which, while educating women as mothers, place them alongside the State. Thus, they become co-responsible in coping with structural issues of poverty, since they are presented as strategic partners who must act decisively in resolving broader social problems. In this way, women-mothers are positioned in numerous social inclusion policies as key agents for solving social problems.

PUBLIC POLICIES • GENDER RELATIONSHIPS • FAMILY • MATERNITY

GENDER, HEALTH AND EDUCATION: A REFLECTION

T HIS ARTICLE¹ IS AIMED AT DISCUSSING one of the political aspects that involves formulation and implementation of public policies and government programs for education, health and/or social inclusion in contemporary Brazil, specifically, their intersections with gender and the effect on family and education regarding normalization of motherhood and fatherhood. We argue that such policies, with investment in social inclusion through the promotion and recovery of health (in the broad sense) of the population, are also dedicated to forming individuals as women and men, mothers and fathers as determined types. In doing so, they have an objective to produce, re-assign and present more “natural” and “adequate” ways to care for the self, and for health, control and education of children and young people, among other aspects. Our discussions of these policies are above all primarily based in the field of gender studies, which explicitly rejects the use of biological characteristics as justifications to explain male-female differences, considering masculinities and femininities— which includes bodies and personalities characterized as being more or less feminine and/or masculine – to be produced socially and culturally, in the context of power relations.

¹ A shorter version of this paper was presented at the 1st Simone de Beauvoir Colloquium: Motherhoods, Fatherhoods, Partnerships and Policy, taking place on April 27 - 30 2009, promoted by the Human Sciences Institute at the Federal University of Juiz de Fora, in the state of Minas Gerais - ICH/UFJF/MG.

Joan Scott (1995) argues that, in the political context, concepts relating to gender have been employed to legitimize and build certain practices and behaviors in society, and it may be observed that some changes in gender relations can be produced through considerations and requirements of the State, in the same way as changes in gender relations may require other forms of functioning of the State and

its institutions. This means that gender – understood as the social construction of masculinity and femininity – as well as politics, are mutually implicated, continually repositioning men and women in distinct social places.

In this sense, one of the ways in which the State exercises control over the population (families) includes the delimitation of features and attributes to be included in the bodies of women and men through assumptions linked to the notion of the existence of a supposed essence – generally characterized as psychological and/or biological in the area of healthcare – that is male or female. Feelings and social behaviors represented by some groups as true and valid can become imperatives for policies and proposals for education and health directed to the whole of the population or to other groups that are part of it. The proposals developed in the framework of these policies, which often underlie campaigns and educational activities for some means of living and feeling – assumed as inherent to individuals – are examples of the definitions of family, maternity and paternity, along with some meanings regarding acting as caregiver. Therefore, our goal is precisely to discuss these policies, with reference to investigations carried out in our research group, to argue, from the point of view of gender power relations, that the promotion of social inclusion, and relatedly, improvement of socioeconomic and health conditions, does not always result in the changes that they explicitly aim to promote.

POLITICS AS EDUCATION OF WOMEN FOR MOTHERHOOD: WHAT HAS CHANGED?

We can consider the ways of representing motherhood in our culture as a constant target of discussion and negotiation. Different social groups compete for representation and identity in fighting for power to represent and to represent others. These considerations can be useful in discussing representations of motherhood and fatherhood transmitted and valued within the framework of programs and policies for social inclusion. Who is authorized to talk about motherhood and fatherhood? What is said and how does one educate based on this? What conflicts and tensions do these educational processes incorporate and reproduce? For what and for whom?

In order to answer some of these questions, we present results of a few studies conducted in our research group, on what Meyer (2006) defined as “politicization of the feminine and motherhood”, referencing a discursive network that outlines pedagogies as such, to educate women as mothers, together with the State, in order make them co-responsible by addressing structural issues of poverty. Presented as strategic partners of the State, the women should contribute decisively to the

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This is a conditional cash transfer program. Created in 2004, it is symbolized by the umbrella that hosts four social programs: Bolsa-Escola (School Allowance), Cartão-Alimentação (Food Card), Bolsa-Alimentação and Auxílio-Gás (Food Allowance and Gas Allowance).

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Families with monthly income of up to R\$ 70.00 per person may participate in Bolsa Família, regardless of the age of its members.

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It is the fulfillment of these commitments that ensures the permanence of the program: enrolling children and teenagers from 6 to 17 years in school, ensuring a minimum of 85% monthly attendance, monitoring lessons, always in dialogue with the teacher and attending school meetings. Students between 16 and 17 years old must show at least 75% attendance.

Those responsible for children under 7 years must keep an updated vaccination calendar, in addition to bringing the children to be weighed, measured and for clinical examinations, conforming to the Ministry of Health calendar. Pregnant women and breastfeeding mothers must have prenatal care and attend appointments at the health unit, do postpartum follow-up in accordance in accordance with the Ministry of Health timetable, present the Maternity Card and participate in the educational activities proposed by health teams on breastfeeding and nutrition (BRASIL, 2006). More information at: <<http://www.mds.gov.br/bolsafamilia>>.

resolution of social problems such as violence, hunger, malnutrition, drug addiction, teenage pregnancy, etc. This means that women who are mothers become positioned in numerous social inclusion policies as fundamental agents for promoting problem-solving designed and addressed as “public health”, as well as clearly responding to the needs/ goals of reducing spending on public safety, health and education.

Such objectives are aligned with our ways of thinking and living in the present. We refer especially to the neo-Liberal rationale which proposes contraction and reduction of the State. This, instead of providing and ensuring broad public services, free and of quality, operates through campaigns, public policies, programs mainly targeted at the poorest, in the sense of “helping people to help themselves”, placing on individuals the responsibility for adoption of healthier “lifestyles”, “more appropriate” ways of caring for oneself, in order to “enable” them to engage and take responsibility for their lives and their families (MEYER, 2005; CASTIEL; ÁLVAREZ-DARDET DÍAZ, 2007).

In this sense, our discussion seeks to give visibility to some processes that deal with investing in the body, health, means of educating and caring for family and children and living conditions, fundamentally for women who are mothers, in order to draw attention to the fact that, among other things, such processes regularize and conform to certain forms of family life and in them motherhood and fatherhood are exercised. In this manner, formulating numerous programs and public policies – developed through campaigns, marches, manuals, guides, magazines, newspapers, advertisements and other means of interaction – models are incorporated, re-updated and disseminated, with prescriptions and lessons consistent with this rationale, while at the same time seeking to respond to the demands of various social movements.

Thus, contemporary public policies link together social objectives and health and social objectives, aimed at aligning them with promises and achievements directed at a portion of the Brazilian population at the so-called “poverty line” and below it. An example of this is the Bolsa Família (*Family Allowance*) Program,² that benefits families in poverty (with monthly income per person between R\$ 70.00-R\$ 140.00), with children between the ages of 0-17,³ or women who are pregnant or nursing. Of the families benefiting, the federal government demands “commitments and responsibilities” regarding the education and health of all family members, above all children, adolescents and pregnant women.⁴ It is interesting to note that, while it is the responsibility of the “family” to reach these conditions, the benefits card is still being made, preferentially, in the name of the woman, who should be legally responsible for the family.

There is a movement invested in reducing social problems through the tutelage of families. Thus, these measures do not just intervene in the conformation of bodies, but also act upon the shaping of subjectivities, by making use of certain appropriations and conditions capable of establishing and consolidating the fulfilment of a set of practices to be incorporated in counterpart with some sort of benefit or remuneration.

This operates on the assumption that, based on a set of skills offered and disseminated under health and education social policies and programs, for example, it is up to the individual to take an educational project, make it his or her own, and concomitantly, increasingly take responsibility for individual well-being and that of the family. The individual, supposedly guided and informed, must become capable of acting on competent and healthy choices, being responsible for the care of the body, hygiene, health, home, etc., and proving able to manage resources to achieve all these purposes. In the case of women who are mothers, that “should be” includes responsibility for caring for offspring.

This context refers to a process of politicization of motherhood that means to allude to a political sphere, in which the behaviors, care and feelings that makes motherhood at the center of an educational process, surveillance and monitoring. In 2003, when analyzing the National Bolsa Escola (*School Allowance*) Program (KLEIN, 2003), which is now part of the Bolsa Família, we could see how – from arguments about the process distribution of income and social inclusion – it sought to invest and rebuild gendered social relationships, modifying and/or reiterating locales, spaces and roles for men and women. What is emphasized here are policy actions directed at income distribution, which saw eradication of child labor and for 100% attendance of children in school as easily reachable, if there was commitment, dedication and willingness of Brazilian women and mothers.

In a report in the newspaper *Correio do Povo*, the then-Minister of Education Cristovam Buarque (2003), when opening the celebrations for International Women’s Day, said that education begins while in a mother’s womb, and upon seeing a pregnant woman, would think: “[she] is carrying a student, it’s just a matter of waiting four or five years”. For the Minister (BUARQUE, 2003), the topic of the celebration allowed for public recognition of the importance of women in the educational process and in Brazilian life: “I’ve been saying for a long time that the struggle to solve the social problems of Brazil passes through a woman’s senses. I’ve always said that we need to feminize the economy”. It doesn’t take much effort to recognize the meaning that the Minister assigned to the phrase “it is necessary to feminize the economy”, in which women were/are convened to manage/administer

(among other functions) the domestic affective and educational spheres and care of Brazilian children. And it was with this focus that Buarque (2003) also emphasized the need to bring to the whole country the sense of urgency in solving social problems which, he said, are a “woman’s own”. And he added: “It is not possible to expect Brazil to be rich, developed, to begin to solve the problem of education, health and diet of the Brazilian people”. In this way, with bio-psychological assumptions that historically attribute certain characteristics and feelings to women and not for men, women who are mothers, and the poor, the then-target of Bolsa Escola Program returns in redressed form, being positioned as mainly responsible for resolving social problems in Brazil – even able to improve health, education and nutrition⁵ indices.

Gender representations conveyed under programs and Government policies must then be analyzed not only in what they say or demonstrate, but also in what they put on the backburner or silence. In the Bolsa Escola Program, women were positioned differently from men, with it falling to them to fulfill the exercise of a given motherhood. Named as “the regulators of education,” the women should have a central role in the “rescue” of citizenship and social progress. Named as “inspectors of education,” they should play a central role in the “rescue” of citizenship and social progress. Realizing that this indicates the need to discuss processes, strategies and social practices that produce and/or educate individuals as women and mothers of certain types within the policies may be defining, in the same movement, positions and responsibilities of fatherhood (KLEIN, 2003, 2005a, 2005b). After all, the production of gender is a relational process in the production of certain possibilities of femininities is directly embedded with the production of certain possibilities of masculinities.

In this way, being a “good mother” happens to be a product of a particular time and space, which is involved with what is defined as being “good father”. It is these “ideals” that have influenced/influence heavily what is thought and discussed about motherhood and fatherhood. In this context, a large number of publications, advertisements, movies, among other cultural products fight for space in order to say, above all to women, how to be full time “good mothers”.

The logic produced by this discourse links the sound development of children to the imperative that all women should fulfill their duties of mother, having little or no space reserved for social or cultural considerations that may prevent or hinder, for some women, the exercise of motherhood. Silencing different ways of living and thinking regarding a woman’s life is part of what Aminatta Forna (1999) called the “language of myth”, that leads us to believe “that all women are made of the same mold, with the same biologically programmed responses”. Elizabeth Badinter (1985) also considers maternal love as a

5 Andrade (2008) argues that, in Brazil, investment in the education of women-mothers is not something new: it has been reiterated and updated since the hygienist and the eugenics movements. Thus, it is intended that women, by their higher levels of education and knowledge, would be able to follow medical recommendations better, to adopt good hygiene and nutrition habits, keep the children’s vaccines updated and increase their levels of school attendance and approval, actions that would reduce both public spending and social vulnerability.

“myth” able to strengthen the belief in a mother-child relationship that is complete, perfect, immaculate and unconditional. In deconstructing that argument, the author points to the transformation of childcare practices throughout the ages, as well as demonstrating how economic, social and political factors may be directly related to the rhetoric of the caring and natural mother.

Thus, the political subject “woman partner of the State” is postulated as a subject able to learn constantly to multiply her abilities as a parent, caregiver, provider in the nuclear family, agent of social inclusion and a promoter of health, education and healthy child development. For that, she needs to assume the obligation to care for, feed, shop, organize household tasks and timetables, clean, sanitize, vaccinate, have regular checkups, stimulate, play, and finally, leverage and generate actions regarding health, body and her own well-being, in order to do same for the whole family.

Claudia Fonseca and Andrea Cardarello (2009) underline the importance of us analyzing the discursive processes in which certain classifications are used to describe and produce political subjects like “the woman-mother partner of the State”. The authors help to consider the social and historical creation of certain categories, such as poor, vulnerable, women and children, and their incorporation and presentation in recognitions, documents, laws and institutions. This is what Fonseca and Cardarello call “stewardship power of words” – the way for example, a poor childhood is delineated as a “social problem”, followed by the need to educate mothers to be protective and self-sacrificing – whose analysis raises disputes, negotiations and effects on the use of certain terms. One of the movements of this “stewardship power of words” we reviewed is the increasing substitution of the term “mother” for the term “family” in public policy texts, suggesting that the family would be the focus of such actions, while effectively and concretely calling the woman-mother in the day-to-day to be its partner. That is, public policy is traversed by discourse that currently positions the woman at the center of the family, as she performs the functions culturally assigned as maternal, both in terms of care as in provision and management. And it is this movement that we will discuss.

CARE, PROVISION AND MANAGEMENT: THE EDUCATION OF THE MOTHER IN THE FAMILY PARTNERSHIP

In the context of a movement based on a particular family organization (consanguineous, nuclear, marital, heterosexual, living under the same roof), through a set of pre-determined rules and teachings, it is intended that this family becomes the basis for promotion of education

and health and even the anchor for a more stable and long-lasting network of social relations. Maria do Carmo Brant de Carvalho (2003) points out the centrality that the family occupies contemporary social policy. That centrality, which also is not new, has been updated and become more complex, with the family becoming the privileged target of Government attention, and among the main beneficiaries of social programs and services. Considered as a formative, social and protective hub, the family has been called upon to act as a strategic partner in implementation and execution of public policies for social inclusion, in a broad sense.

In this sense, it may be interesting to begin by asking: at what kind of family does this policy directed? The results of our research allows us to say that the family as considered through policy is an idealized family, most of the time, given that in fact children do not always live with their mothers, for example, as pointed out by Claudia Fonseca (2000) in a study on “the movements of children”. Thus, the idea of bond, intrinsically linked to cohabitation, in which the policy is based, is essentialist, based on the myth of instinctive maternal love and mother-child bond, but low-income Brazilian families (and not only them) tend to create several alternative arrangements for survival. Often, this means establishing the grandmother or aunt or even a neighbor as child’s caregiver or guardian in the absence of the mother. Links between spouses also exhibit a certain degree of movement. The current data about weddings and separations indicate that, even for legal weddings (recorded in the marriage registry), the number of remarriages has increased. In this context, according to Fonseca (1987), longer term alliances tend to be established among blood relatives. In these transits and separations, it is no longer the biological mother who stays with the child most of the time. Children circulate among paternal relatives, especially aunts, grandparents, or some relative without children. This does not imply in any way prejudiced idea of unstructured family; the issue is that some family links crumble, new marriages are organized and, with them, other children and other links. Families become combined, extensive and complex. It is also necessary to reflect on the fact that women have increasingly assumed positions of providers and/or heads of family; these positions are not necessarily coincident, though they are addressed by policies and implementers as if they were the same thing. We argue that policies must be attentive to the changes and transformations in customs and lifestyles. In this case, the progressive entry of women into the labor market requires domestic reorganization and modifies its dynamics, in regards to who educates, feeds and cares for the children, since, in most cases, the mother cannot do it because she needs to earn money to ensure the family’s survival (MEYER et al., 2008; MEYER; KLEIN; FERNANDES, 2012).

Some developments related to this centrality of the family, and within it, to maternity, were also analyzed by Klein (2010) under the scope of the *Primeira Infância Melhor (Better Early Childhood) – PIM* –,⁶ in which she emphasizes that, in the exercise of motherhood, the woman should alternate and multiply her capabilities, preparing to develop a range of skills in order to build a “better childhood”. Upon confirmation of pregnancy, the woman must meet a set of requirements, in order to prepare to be a mother. The language used by the policy brings some clues of the bodily dimensions that express such logic:

It is important to avoid sources of caffeine such as coffee, “cola”-type soft drinks and black tea, because these substances in excess can harm the health of the baby; [...] perform oral hygiene, trying to brush your teeth after every meal; [...] now, you’ll have a Maternity Card, which will be your document throughout pregnancy [...] you should consult the doctor every month, in case you haven’t started prenatal care, don’t lose time, start now; [...] try not to gain too much weight; avoid smoking and drinking alcoholic beverages; [...] do some moderate physical activity, such as walking; [...] have six smaller meals daily, instead of three large ones. (RIO GRANDE DO SUL, 2007a, p. 9, 12, 14, 15, 17, 18)

The recommendations to be careful with food, weigh gain, medical treatment and appearing at appointments become ways to intervene and control the process of conformation of bodies in order to fit them in so-called normalities (SMITH, 2006). Also in this sense it is important to investigate and understand how women who are the target of the PIM react to these forms of managing their lives. How do individuals interact to this normative and how are they situated within the positions imposed by policies such as the PIM? What forms of following, resignation or resistance will be contained in these educational processes? *The Maternity Guide* reiterates exhaustively imperatives which seek to ensure conformation with the standard through the use of prescriptive expressions, such as “you should”, “you need”, “keep organized”, “follow medical advice”:

The pregnant woman should consult with a doctor monthly [...] keep organized all the tests carried out in chronological order, always have pregnant chart and keep it current with important dates, follow medical advice regarding diet, medications and exercises. (RIO GRANDE DO SUL, 2007a, p. 28)

In delineating risk factors and “obligations” related to pregnancy and maternity, the PIM produces a sense of health and normalcy, as

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On April 7, 2003, World Health Day, the PIM was released by the then-Governor of the State of Rio Grande do Sul, Germano Rigotto. Based on theoretical-methodological experience of the Cuban program *Educa tu hijo*, coordinated by the Latin American Center of Reference for Preschool Education – Celpo – became public policy on July 3, 2006, by State law n. 12,544/06. Its main goal is to guide “families in the development of activities tailored to the needs and potential of their children during the most important period of family formation: pregnancy until the age of six” (RIO GRANDE DO SUL, 2006a). Among the criteria for selection of areas “benefited” by PIM is the number of families registered in the Bolsa Família, the lower number of children assisted in schools, higher rate of infant mortality and of social vulnerability.

opposed to pathology and abnormality, and such placements have concrete effects in the life of individuals and societies. The PIM uses discursive strategies to discuss topics related to the body: violence, drug use, family organization, pregnancy, childbirth, breastfeeding, sexuality, health care and education of children, food consumption, domestic hygiene, personal care among others. And such topics are addressed through a rationality based on the language of risk, circumscribing each individual, positioning these women as subjects of learning and correction, enabling them for the imperative of taking responsibility for themselves (MEYER et al., 2006).

In this way, the State will give support to mothers who are unsupported, who should, starting in the first few months, take responsibility for every detail of pregnancy and the formation of the “citizen” fetus. But where are the policies that guide the mothers, aunts, grandmothers, single women and godmothers who work and who raise children of several people temporarily, and for months and years? Where are the policies that, instead of teaching “how to be” and “should be”, directly face institutional and social problems that make it feasible for these women to overcome their difficulties with work, food, health and housing?

Will linking the social benefit to the number of children under the mother’s guardianship be the most appropriate way to ensure that children remain in school? Wouldn’t it be more effective to increase the number of day cares and schools on the outskirts of cities, providing effective institutional support to mothers in the State?

The constructions of particular forms of maternity and paternity are formed in a social sphere, of culture, of history and politics, aiming to invest in childhood as a “social and future project” (RIO GRANDE DO SUL, 2007b). The realization of this investment in early childhood is justified within the PIM when, for example, actions are promoted such as the 1st International Symposium: Early Childhood in Sustainable Economic Development, which took place on March 13, 2006, aiming to “raise awareness among public and private institutions in investing in early childhood” (RIO GRANDE DO SUL, 2006b). On that occasion, James J. Heckman, Nobel Prize Winner in Economics for 2000 attended the symposium:

Each dollar invested in a preschool-age child is able to generate in the future a savings of up to eight dollars. According to Heckman, this occurs for the following reasons: adequate stimulation of cognitive and socio-emotional abilities; promotion of schooling; and as a result, reduction of crime; better training for the workforce; less spending on training; reduction of prison rehabilitation programs;

less spending on public security; less subsidies for health/education. (RIO GRANDE DO SUL, 2006b, p. 1)

The economist does not simply address a particular way of being a family or child in society, but a specific way to care for and educate that must coexist alongside the paring down of public expenditures, and formation of the so-called “generation that is more productive and better prepared for the labor market”. It can be thought that care, feelings, participation, health habits and ways of organizing resources necessary to maintain the family and children are the responsibility of the individual, who must become “capable” or “competent” to do so.

In the pedagogy focused on a childhood and maternity policy proposal like the PIM, lessons are described and reaffirmed that are required in effective social relations—relationships that involve education, care and maternity, naturalized become invisible in a quotidian way in our culture. Thus, the process of learning and of teaching is intrinsically connected to the construction of borders and belonging, to the control and education of bodies, the inclusion and exclusion of habits and behaviors, to the apprehension of ways to assess and prioritize feelings, tastes, preferences. The practice of this pedagogy does not imply the existence of a pedagogue, but everything in it that, in their social relations, “is positioned as emitter of discourse and practitioner of given types of activities in proposing to modify the bodies and subjectivities of the people, modelling them, leaving markings, issuing rules for being in the world” (ALBUQUERQUE JÚNIOR, 2008).

With this reflection, we reinforce the assumption that it is through the processes of socialization that we rebuild and update the sense of things, such as educating, caring or being a mother. It becomes important to think that, in the set of teachings offered by the PIM, for women, there’s discursivity that, while at the same time attempting to outline what is correct, in a relational way also delineates what is deviation, deficit, negligence or ignorance, aspects considered central to a vulnerable childhood.

During the 2nd International Seminar on a Better Early Childhood, the city of Porto Alegre received a monument called *Mãe-Bebê* (Mother-Baby), with was created to exalt “motherhood, translated by the figure of a pregnant woman⁷”. For the ex-State Health Secretary Osmar Terra, the monument was built to highlight “the permanent concern with the beginning of life and the need for love and affection for babies”, as was reported by the newspaper *Correio do Povo*, on November 26, 2005. In the formation of this extensive social network, based on education, whose focus is the healthy development of the child (even while still unborn), it is intended, by education, to raise awareness of families and the community to achieve goals such as: infantile and maternal

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The statue is located in front of the Children’s School of the Fernando Ferrari Administrative Center and is coated in bronze; it is five meters tall and weighs about 1.5 tons (MONUMENTO exalta mulher grávida. *Correio do Povo*, Porto Alegre, 26 nov. 2005).

mortality reduction, healthy development of children from 0 to 6 years, facilitation of educational process of children throughout their lives and reduction of social risk.

The policy is based on the already quite outdated notion of motherly love as part of the female nature, and not socially constructed, which in fact it is. Does the policy ever consider the possibility that a child is not wanted in a certain house, family or by the new stepfather? What effects and implications are enforced, by means of any public policy, if a child is kept in a home where he or she is not desired or welcome, as in cases of second or third marriages? Similarly, what about when “returning to the home and the family” those children and youth who flee because they hungry, are subject to violence and then circulate/exist/live in the streets, creating other networks and relationships (FERNANDES, 2008b)? The children who move, throughout their early childhood, among several relatives or neighbors, but do not lose and do not want to lose the links with the family of origin? The families who host children of relatives or neighbors? These families and children are supported by which policies?

Could it be that the policy does not want to make even more vulnerable the woman who is already vulnerable by poverty (and therefore also the children who want to protect)? Does forcing her to keep her children in the same house or under her guardianship not violate individual rights of choice about what the mother imagines to ensure a better future for her children, such as letting the child live with a guardian who is non-related, but who can assure good care? But the State establishes, in a variety of ways and through a discursive polyphony, a single possible model of motherhood, mother-child relationship and family relations.

We understand that, in this process of gendering, requirements are created that might overpower the goals of the persons concerned. The PIM, in establishing its focus almost total accountability of the family (through the mother) for the healthy development of children, diverts away from important discussions and social problems, such as the precarious conditions of (access to) employment, housing, basic sanitation, as well as the lack of access to (qualified) services in early childhood education and health – problems, we believe, are experienced daily by the target individuals of the proposed activities.

Meyer et al. (2008), among other objectives, sought ways of discussing notions of family developed within the federal government’s Family Care Program – known as PAIF – implemented in the municipality of Viamão (Rio Grande do Sul). In asking agency workers and participants about why the program’s participants consisted mainly of women, the responses indicated time (availability), options, and also the configuration of the assisted families. However, it was important

to realize that the issues raised in those meetings were more clearly addressed to mothers who are women, as the men barely participated in the discussions.

In one of the discussions with the PAIF workers, noted were narrations of the family as a “natural place” for protection of children and young people and, within it, the woman-mother as “naturally” inclined to make decisions for the good of the family. “Most [mothers] care, want to learn and improve as a mother and as a woman, [...] the mother is concerned for their children; I think this is one of the positive points to be redeemed: she tries to be a unit” (Interview, 3/1/2007). Fairly fixed representations of gender were noticed in the discussions among the workers: “most men or work outside the home or they [mothers] take on the whole family, [...] I also think there is the issue of time” (Interview, 1/3/2007). The large numbers of unemployed men in these family settings does not modify the logic that the man is responsible to work outside the home and not for housework and childcare; additionally, the woman-mother is seen as responsible for men-father’s lack of involvement in domestic work and childcare, because they would of the men’s difficulty in entering into a family “totally taken over” by women. We argue that the public policy addressing the poorest layers of the population delineates the growing accountability of women-mothers as agents of social inclusion. The services and the professionals who implement program actions, however, do not just accept with “naturalness” women’s expansion of responsibility as they develop skills needed, increasingly more and better. When questioned about this, one of the workers surveyed is silent for a brief moment and then reflects this position:

I think it’s screwed up! For the Bolsa Família, the card has to be in the name of the woman, except a few exceptions, of course, like if the woman dies and the children stay with their father, the Família Cidadã also, [...] in fact these programs make the woman keep the family, be the provider, give an account of everything, I think it’s screwed up [...] the wife is extremely overloaded, has to conceive, endure the entire pregnancy, nine months, giving birth to a child, after having all the post-partum responsibilities, then has to keep going with all this responsibility, look, I think it’s very cruel. (Interview, 21/12/2006)

These studies indicate that the incorporation of families in public policy such as these has sought to ensure the family commitments through “women-mothers”, who need to become “competent” and able to manage an extensive amount of care and responsibilities towards children (KLEIN; DAL’INGA PERSON, 2012). With this, we can say that

the Government policies and programs reviewed here have invested in a particular way of being a member of the family structure – mother, father, son/daughter or other – by setting and, paradoxically, teaching behaviors understood as “natural”, suitable and indispensable to the healthy development of children.

The sliding use of the term “family” for the term “woman-mother” is also indicated in the research performed by Leticia Fernandes (2008b), which for nine months follows the routine of educators and social workers tasked with reintegrating children and young people into their families, through the Social Street⁸ Education Service. It was through experiences with the program’s approaches that the author could highlight the “centrality of attending to boys and girls, as well as public policy and psychological discourses given to women-mothers, making them the main link between policies of social inclusion and the improvement of living conditions” (FERNANDES, 2008a), through their accountability. For the author,

[...] what is produced is a determined form of single parenthood that assumes the physical absence of a father at home, but a way of positioning one another in parenting relations. Even with a father and mother, it is the woman-mother that will be called upon, mobilized and legitimized to create and educate the couple’s children. (FERNANDES, 2008a, p. 5)

As we already pointed out, an important element to be considered in these analyses refers to the process that invests in the construction of feelings and in the formation of the following equation: maternal presence equals healthy child development. The equation is also marked by the presence of social markers that delimits its addressing: social class, gender and violence. Stated another way, those statements linked to government policies seek to conform and standardize modes of being a mother and wife. For this to occur, there must be emphasis on specific forms of motherhood, as it is through them that women can be assessed as “good mothers”, as well as reflecting on difficulties, experiences and learnings.

SOME FINAL CONSIDERATIONS

In the context of these studies, we try to give visibility to considerations that deal with political dimensions involved in the processes of education and health targeted at families, women and mothers. The deepening of discussions about motherhood, from a gender perspective, leads to social and symbolic difficulties in aspects and situations shown in the analysis of material research cited in this article, which may seem very

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Fieldwork was conducted under Serviço Ação Rua, of the Social and Citizen Assistance Foundation of Porto Alegre (RS).

commonplace, since they are present in human relations. However, it is these relationships which, when discussed, can show individual and/or collective forms of care, children's education and participation aimed at women; it can indicate how they are repeated, updated and modified in a comprehensive and complex context of teachings in which, like health and education professionals, we are also involved.

In describing statements that seek to set a certain standard for motherhood, which acts in the regulation of practices – defining, for example, the appropriate number of doctor's appointments, feeding, the correct age for motherhood, how to educate children and care for them – we indicate some important reflections that need to be taken into account in the formulation of public policies. An example is the women who find ways to resist the teachings, probably for not recognizing herself close to this “ideal”. This is precisely why we emphasize the need to recognize diversity in ways of living and give value to other ways of being a mother/father in these contemporary times.

The purpose of this article was not to evaluate the effectiveness of policies, nor to negate impact regarding reduction of infant mortality, increase in child and adolescent school attendance, nor increased access to some public facilities and social participation. Venturing in another direction, we seek to strengthen and enlarge the analytical field in which we have operated, to discuss some of the ways within which such “materiality” that which is known as social inclusion becomes intelligible, expressed and reflected in certain programs. These also define and regulate- in differentiated ways – both the lives of the different groups that they reach within the heart of the culture as well as the vocational training and the implementation of actions of attention and care for education and health that are involved with the promotion of social inclusion. This is, what is sought via this perspective is discussion of what comes “together with” and which therefore establishes and intersects such knowledge and practices that, ultimately, transform us (or not) into a determined type of subject, with very concrete, powerful effects on our lives.

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