



PARENTAL CONCERNS: COMPARATIVE STUDY BETWEEN A GROUP OF PORTUGUESE PARENTS AND A GROUP OF MOZAMBIKAN PARENTS

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RESUMO

Tendo por objectivo a validação de um instrumento de medida de preocupações parentais realizámos um estudo comparativo entre um grupo de pais de crianças Portuguesas e um grupo de pais de crianças Moçambicanas.

Em estudos anteriores construímos uma escala de preocupações parentais, com 25 questões divididas por 5 sub-escalas, Problemas Familiares e Preocupações Escolares, Desenvolvimento Infantil, Preparação, Medos e Comportamentos Negativos.

O grupo de pais Português foi constituído por 302 pais de crianças entre 0 e 12 anos, a frequentar Estabelecimentos Educativos no Concelho de Oeiras. O grupo de pais Moçambicano foi constituído por 61 pais de crianças entre as mesmas idades, recolhido em Serviços de Saúde Infantil e em contexto Educativo na Cidade de Maputo.

Ambos os grupos obtêm a maior média de preocupação na sub-escala I, Problemas Familiares e Preocupações Escolares. A menor média de preocupação do grupo de pais Portugueses é obtida sub-escala V, Comportamentos Negativos, correspondendo à segunda maior média de preocupação dos pais Moçambicanos. A menor média de preocupação dos pais moçambicanos surge na sub-escala III, Preparação, onde os pais portugueses obtêm a terceira maior média de preocupação.

Para comparar os dois grupos escolhemos o teste t-Student com a correcção de Welch para a heterogeneidade de variâncias, analisado no SPSS 15. Foram encontradas diferenças significativas nas sub-escalas I, Problemas familiares e Preocupações escolares ($t(355) = -2.075$; $p = 0.039$) e V, Comportamentos Negativos ($t(348) = 2.250$; $p = 0.025$) e quasi-significativas na sub-escala III, Preparação ($t(323) = -1.865$; $p = 0.063$).

Palavras-chave: Parentalidade, Preocupações Parentais, Pais Portugueses, Pais Moçambicanos, Desenvolvimento de instrumento de avaliação



ABSTRACT

In this study we intended to compare parental concerns in a group of Portuguese parents and a group of Mozambican parents to continue the validation of a scale developed in previous studies. We have developed a Parental Concerns Scale constituted by 25 items, divided into 5 dimensions of concern scale, Family and School Problems, Eating, Sleep and Physical Complaints, Preparation, Fears, and Negative behaviours.

The study with the Portuguese group was conducted in an educational setting in Lisbon region, with a total of 302 parents of children between 0 and 12 years old. The study with Mozambican parents was conducted in Children Health Departments as well as in an educational context, in Maputo city, with a total of 61 parents of children between the same ages.

Family and School Problems were considered by both groups as the most concerning subject as a mean, followed by Eating, sleeping and physical complaints. The lowest mean of concern was obtained by Mozambican parents in Preparation. Negative behaviours were the third more concerning dimension for Mozambican parents and the least concerning one for Portuguese parents.

To compare differences between groups we've chosen the student's t-test with Welch correction for heterogeneity of variances. There were found highly significant differences between the two groups in sub-scales I – Family and School Problems ($t(355) = -2.075$; $p = 0.039$) and V – Negative Behaviours ($t(348) = 2.250$; $p = 0.025$) and quasi-significant differences in sub-scale III – Preparation ($t(323) = -1.865$; $p = 0.063$).

Key Words: Parenting, Parental Concerns, Portuguese Parents, Mozambican Parents, Development of an instrument of evaluation

INTRODUCTION

In this study we intended to compare parental concerns in a group of Portuguese parents and a group of Mozambican parents to continue the validation of a scale developed in previous studies (Algarvio & Leal, 2002, 2005).

Working with children and their parents in a clinical basis led us to the need to develop an instrument of evaluation. Most parental concern references we found were related to health settings, focusing on particular diseases, developmental problems or psychopathological issues. There is an evident lack of references based on normal development in spite of the well known significant risks that disturbing parent-child relationships develop into psychopathological problems if not attended to early. In previous studies we developed a scale to measure parental concerns based on the work of Mesibov, Schroeder and Wesson (1993) where they tried to identify parental concerns in a large number of parents in a paediatric setting. We started from the hypothesis that parents concern, on one hand, on children's developmental or emotional troubles, and on the other hand, on problems upon parenthood exercise or function. The concept of concern was developed by Winnicott (1979) considering the idea that the individual reached a level of emotional maturity that meant he/she cares, feels and accepts responsibility for the other.

Several studies connect parental concerns to child's symptoms. This way of analysing the concept in spite of considered partial it constitutes a way of helping parents to solve their problems due to specific child's problems. However, as Winnicott stated «the normality or health is associated to maturity not to the absence of symptoms» (1993, p.147). He further inferred that even a child might



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demonstrate meaningful symptoms but suitable to a normal development meanwhile another child in whom those symptoms might be absent could be very troubled (Winnicott, 1964, 1993; Debray, 1987). Otherwise, there is evidence that symptoms considered as being normative in child's development can develop into highly concerning psychopathological matters when reinforced negatively by parental behaviour or attitudes. Schetchter and Combrinck-Graham (1991) related child's behaviour to parental patterns. They said a pattern of normal behaviour might be identified as pathological when it doesn't adjust to parental patterns while a disturbed behaviour that fits in the familiar pattern or even if parents learn how to accommodate may fit in a normal development concept.

We consider parental concerns to be integrated in what some authors consider to be a parental function. We may find references to the modifications that occur in individual psychic apparatus when becoming a mother or father since 1950 in Winnicott's studies (1964, 1979; Bléandonu, 2003; Houzel, 1997). Houzel cited the particular importance of Bribing's studies related to intrapsychic processes that occur in pregnancy and Racamier's papers upon the construction of mothering processes.

It is a consensus in the psychoanalytic thought that becoming a mother or father constitutes a phase in the individual psychological development (Bléandonu, 2003, Houzel, 1997, Green, 1997). It involves profound biological and physical changes, especially for mothers, and also emotional and psychological changes for both mother and father. According to Houzel (1997) it is only in 1985 that the parenting concept appears for the first time in a Clément's paper. Houzel (1997) defined parenting as the process through which an individual becomes parent in a psychological way. Bléandonu considered parenting etymologically as the progenitor's quality. This change in the individual, operated by parenting processes in both father and mother, leads to the construction of a couple's psychic apparatus (Anzieu & Kaes, 1997, cit. Lejeune, 1997). This mental space in parents' unconscious reserved to the child constitutes the base for the birth of baby's psychic life (Lejeune, 1997). However, this child that corresponds to parents' projection will inherit the past and future of family life (Guillaume, 1997) what brings the evidence for a need of a satisfactory parenting depending on an evolutionary equilibrium between the narcissistic investment (the other as yourself) and the object investment (the other as him/herself) (Bléandonu, 2003). Parenting evolves organizing emotions empathically around concerns and outcomes necessary to child's well-being and development (Dix, 1991, cit. Richter, 2003). This author further refers that this emotional awareness allows the attendance to children's needs, the willingness to teach, encourage and comfort them.

Accordingly some authors referred to parental functioning and the need to build a parental thought apparatus that takes into account child's needs which may be antagonistic to parents' needs viewed as individuals or even as a couple (Guillaume, 1997; Rosenbaum, 1997). Winnicott demonstrated this idea by describing the ambivalence frequently observed in parents' behaviour. On the one hand they want their child to grow and develop autonomic capacities and on the other hand, not totally consciously, they don't want to give up from early infancy parental functioning.

Cramer (1991) also reinforced the importance of parental function in a way that parents frequently enact Oedipus conflict brought by this new triangular situation leading the child to this conflict. Parents should resolve their inner conflict to promote child's own resolution of conflict. This will require an attitude of reinsurance and the definition of limits to child's instinctual needs (Winnicott, 1979). Facing parenting complexity it may eventually cause some problems in normal or near normality families in one moment or another (Bléandonu, 2003).

Therefore, parental function can be considered a developing process, functioning upon the needs brought up by child's development.



Parental concerns may be defined as the anxiety evoked by parental functioning which will depend on internal conflicts resulting from each parents psychological development individually and as a couple and will depend on external conflicts resulting of specific difficulties on the child development or from different social or familiar problems. The way through each and both parents will face these concerns go beyond real problems and will depend on the development of their parental function, as individuals and as a couple.

Cross-cultural studies demonstrate the importance of cultural and contextual demands upon parenting reflected on differences in parenting ideas, behaviours and styles (Keller & Greenfield, 2000; Borstein, 1994; Borstein, Tal & Tamis-LeMonda, 1991; Hewlett, Lamb, Leyendecker & Schoelmerich, 2000; Hoff, Laursen & Tardif, 2002; Konner, 1991; LeVine, 1990, 1994; Super & Harkness, 1996; Weisner, 2000; cit. Keller et. al. 2004). LeVine (1974. cit. Keller et. al. 2004) related parenting strategies across cultures to different developmental goals. These goals would be hierarchically defined, the primary and basic goal would be health and development, the second economic independence, and the third the cultural foundation of personality. Nevertheless, Richter (2003) pointed out that cross-cultural studies on child development particularly with people in extreme poverty usually analyse family relations in simplistic, stereotypical and a-psychological ways. He highlights the importance of taking into account not only material and social needs but also psychological needs which operate simultaneously and interactionally in humans.

In spite of the importance of these matters there is an evident lack of references about African parenting, infant mental health and child development when compared to USA and Western Europe research (Hagen, 1990, cit Richter, 2003). Several studies demonstrate that the socioeconomic context of developing countries influences parenthood motives and parenting. According to the Global Report of Human Development Mozambique is one of the World poorest countries in which 49% of Mozambican children live in absolute poverty situation, even in urban context 51.5% of people live under the poverty line (PNUD, 2004). Poverty and the consequent chronic stress affect children through its impact on the home environment, family life, child care and parenting. There is evidence that environmental pressures may cause psychological distress which will diminish parents' responsiveness to an individual child's needs (Richter, 2003). Maternal and infant mortality rates in Mozambique are also extremely high (WHO, 1994; Owen, 1997; UNICEF, 2005). Furthermore, the Mozambique sixteen years civil war only ended at 1992, resulting that nowadays mostly parents are war victims. Parent's history of trauma caused by the experience of war and natural catastrophes occurring nowadays are considered to be important risk factors in parenting and therefore in child development (Yehuda, 1999, cit. Gensler, 2002; Charnley, 2000; Junior, 1991).

Owen (1997) interviewed Olinda Mugabe from Mozambique Family Planning Association who described a population in which women believed they should have six children, girls married at the age of 10 or 11 and traditionally women couldn't inherit reason why they were left at the mercy of male relatives. Reproductive changes reported in recent studies (Agadjanian, 1998) concerning the way women face sexuality and the intention to stop childbearing as well as parenting ideas and practices (De Jong Gierveld & Dykstra, 2002; Kusserow, 1999; Palacios & Moreno, 1996; cit. Keller, 2004) were found contingent upon women's socioeconomic conditions and informational and cultural resources. Nevertheless, Chapman (2004) found that in Central Mozambique economic austerity, the atmosphere of competition and instability, and shifts in family organization mobilized cultural resources and reinforced reproductive demands on women.

When parenthood motives in the Western industrialised world are compared to African countries, we found that even if in "both worlds" children are mostly desired for reasons relating to



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happiness and personal well-being, for African parents children have plenty other important roles in their parents' lives, such as: securing conjugal ties, offering social security and assistance with labour, conferring social status, securing rights of property and inheritance, providing continuity through re-incarnation and maintaining the family lineage (Dyer, 2007).

Family involvement in hospitalized children's care in Mozambique was described by nurses as reflecting a poor society, hierarchical, family-oriented but even though still adaptive (Söderbäck & Christensson, 2007).

METHOD

Participants

The study with the Portuguese group was conducted in an educational setting in Lisbon region, with a total of 302 parents of children between 0 and 12 years old. The study with Mozambican parents was conducted in Children Health Departments (the Children Mental Health Department and the Paediatrics Service) as well as in an educational context, both in Maputo city, with a total of 61 parents of children between the same ages.

Material

The Parental Concerns Scale is constituted by 25 items, divided into 5 dimensions of concern and assumes a likert scale form with 6 possibilities of response: extremely concerned, very concerned, reasonably, slightly, not concerned and doesn't apply. 1 stands for extremely concerned, 2 very concerned, 3 reasonably, 4 slightly, 5 not concerned. The doesn't apply option is left out of the statistical procedures in spite of the possibility of being analysed in a qualitative way.

Although we continue the scale validation for the Portuguese population, results that we shall present in future studies, we think that were found very good levels of internal consistency with this group of 302 parents, 0.93 Cronbach's alpha for the total scale, 0.87 in sub-scale I. Family and school problems, 0.85 in sub-scale II. Eating, sleep and physical complaints, 0.74 in sub-scale III. Preparation, 0.84 in sub-scale IV. Fears, and 0.859 in sub-scale V. Negative behaviours 0.93.

Parental concerns scale

(Algarvio & Leal, 2002, 2005)

- I. Family and school problems
 1. parents disagree on rules and discipline
 2. if child gets what he/she needs at school
 3. if teacher understands child
 4. parents argue a lot
 5. child abuse
 6. what should the child be told in case of separation
- II. Eating, sleep and physical complaints
 1. what should the child eat
 2. won't eat certain foods



3. troubled sleep
 4. nightmares
 5. stomach aches
 6. headaches
- III. Preparation
1. preparation for new home
 2. understands death
 3. understands death of someone who was close
- IV. Fears
1. fears
 2. fears dark
 3. fears monsters
- V. Negative behaviours
1. lacks self control
 2. doesn't obey
 3. has tantrums
 4. won't go to bed
 5. bossy and demanding
 6. whines

Procedure

In the Portuguese group 707 questionnaires were delivered and we obtained a 40% return, percentage that was maximized in the group of parents with children between 3 and 5 years old where we obtained a 66% return, which might demonstrate the importance of working with pre-schoolers' parents. The questionnaires were put in open envelopes and we gave teachers some explanation about it and asked them to give them to parents. Parents filled up the questionnaires, closed the envelopes, to guaranty confidentiality, and returned them to us, via the teachers.

In the Mozambican group 61 of the 80 delivered questionnaires were returned in valid conditions for this study. 38 questionnaires were delivered to parents during the waiting-time for their children's medical appointments. Attending to the parents' technical hitches on understanding the Portuguese writing style, we read the questionnaires with them. The other 42 questionnaires were delivered to university students whose children were twelve years old or younger. Parents filled up the questionnaires during lesson breaks and returned them directly to us.

Results

All data was analysed in the SPSS 15 for windows software for statistical procedures. In order to analyse data, we've chosen descriptive statistics to calculate means and standard deviations for the five dimensions of the scale, as shown below.



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Table 1. Means and Standard-Deviations obtained in the five sub-scales

Sub-scale	Parents	N	Mean	Std. Deviation	Std. Error Mean
I	Portuguese	296	2,2410	,97772	,05683
	Mozambican	61	2,5169	,77101	,09872
II	Portuguese	290	2,6288	,92889	,05455
	Mozambican	61	2,7036	,86206	,11037
III	Portuguese	265	3,1170	1,04262	,06405
	Mozambican	60	3,4000	1,14166	,14739
IV	Portuguese	263	3,0849	1,00843	,06218
	Mozambican	61	3,1913	1,03809	,13291
V	Portuguese	289	3,1702	,87380	,05140
	Mozambican	61	2,8915	,90365	,11570

The two groups of parents rated sub-scale I, Family and School Problems, as the most concerning subject as a mean, followed by sub-scale II, Eating, sleeping and physical complaints. A percentage of 52.6% of Portuguese parents considered child abuse as extremely concerning, with a mean value of 1.46, meanwhile there was found a mean value of 1.73 in 93.3% of Mozambican parents. The highest mean of concern (2.24) for the two groups was obtained in sub-scale I by Portuguese parents. The lowest mean of concern was obtained by Mozambican parents in sub-scale III, Preparation. Sub-scale V, Negative behaviours was the third more concerning dimension for Mozambican parents and the least for Portuguese parents.

To compare differences between groups we've chosen the student's t-test with Welch correction for heterogeneity of variances, analysed in the SPSS 15. There were found highly significant differences between the two groups in sub-scales I – Family and School Problems ($t(355) = -2.075$; $p = 0.039$) and V – Negative Behaviours ($t(348) = 2.250$; $p = 0.025$) and quasi-significant differences in sub-scale III – Preparation ($t(323) = -1.865$; $p = 0.063$). Facing the discrepancy between the number of participants in the two groups we opted to consider an alpha equal to 0.10 to increase the test's potency.

DISCUSSION

The results we obtained pointed to the adequacy of our scale as it allowed us to differentiate the two groups of parents.

Both groups showed the highest mean of concern in family and school problems in spite of having been found significant differences between groups. Being these categories mostly related to parents' concerns about themselves as a couple or with decisions about their child's school we might consider that parents were primarily very concerned about the effects on children of their own difficulties or decisions and also the consequences on children of their withdrawal from parents. Concerns related to school might also demonstrate the projection to the school and to the teacher of parents' aggression and envy. The teacher represents to the child the voice of others than parents sometimes leading to the devaluation of parents' own decisions or attitudes comparing them to teachers.

The extremely high result obtained in child abuse deserves some specific considerations, as we can't suppose that 52.6% of Portuguese children and 93.3% of Mozambican children should really be



subjected to child abuse as defined in mental health. In spite of considering the possibility of different internal motivations from parents to respond this way we might consider this data to be directly connected to parents' concern with the way they are exercising their parental function. This could be linked to parents' defences of denying child difficulties and the projection of their own internal aggressiveness towards the child. Parents might also fear if they will know how to protect their child from the outside world.

This result confirms the need to evaluate parental concerns besides child's symptoms as these fears if not attended to may affect child development.

Bléandonu (2003) differentiation between children's narcissistic and object investment has particular pertinence upon the results above exposed. It seems that parents are more centred in their own conflicts and concern about what effects this narcissistic investment may produce in their child. This reinforces Winnicott (1993) position of the necessity to listen to parents and let them express their own fears, even if sometimes we think they are very withdraw from the child, so they can bring to conscious their internal conflicts between inner impulses and the ego ideal and through that widen their internal space reserved for the child himself/herself. The child will be seen in a more realistic way by parents and that will promote the child investment as an external object with his/her own characteristics.

High results that were also shown on eating, sleeping and physical complaints would be expected in Mozambican parents considering LeVine (1974, cit. Keller et. al. 2004) developmental goals. Facing Mozambique contextual situation of poverty, the primary and basic goal connected to parenting strategies would be health and development although there weren't found significant differences among parents. This result may reflect that this dimension of concern affects parents more directly in their parental role and may be more independent of contextual factors in normal development.

Categories mainly attributed to child problems or difficulties like their fears, preparation or even negative behaviours were rated as less concerning as if parents were so occupied with their own fears that they could not be concerned with their child's.

Mozambican parents considered preparation as the least concerning dimension of the scale and there were found quasi-significant differences between both groups of parents. Items like moving, understanding death or the death of someone close were considered slightly to reasonably concerning. In a country recently devastated by war with all its emotional and physical consequences like loss of parents, exposure to violence, family separation (Junior, 1991; Charnley, 2000) and natural disasters it is interesting to verify this result. There is evidence that environmental pressures like poverty and chronic stress cause psychological distress and impairment and affect parental role in different ways. According to Richter (2003, p.245) parents «might simply be too tired, too hopeless and despairing, and too preoccupied with their own concerns to invest much in their parenting role». Moreover it seems that parents use denial defences not to be confronted with matters of stress.

Negative Behaviours was the only dimension where Mozambican parents concerned significantly more when compared to Portuguese parents. This data reinforces the idea above expressed that the cultural and socioeconomic conditions of Mozambique may affect the way parents concern with their child's needs. If parents face higher levels of environmental stress it is expected that they will be less responsive to their child's needs (Richter, 2003) and therefore there is a higher possibility for the child to manifest negative behaviours. According to Dyer (2007) African children play an important role in securing conjugal ties, offering social security and assistance with labour, conferring social status, securing rights of property and inheritance, providing continuity through re-incarnation and maintaining the family lineage, motives for parenthood based on parents' needs. As far as we know that



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the child will inherit the past and future of family life through parents' projection (Guillaume, 1997), Mozambican children face present contextual pressures, past traumatic experiences of their parents and all their dreams for the future.

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