Conditions surrounding the emergence of the child-protection movement in the Americas: gender tensions in the construction of legitimacy, categories and practices

María Soledad Rojas Novoa[i]

[i] Postdoctoral researcher at Conicet, Instituto de Ciencias Antropológicas, Facultad de Filosofía y Letras/Universidad de Buenos Aires. Buenos Aires – Argentina

orcid.org/0000-0002-3309-3341

soledad.rojasnovoa@gmail.com

Received on 15 May 2018.
Approved on 4 Oct. 2018.

Translated by Catherine Jagoe.

http://dx.doi.org/10.1590/S0104-59702019000500002

ROJAS NOVOA, María Soledad. Conditions surrounding the emergence of the child-protection movement in the Americas: gender tensions in the construction of legitimacy, categories and practices. *História, Ciências, Saúde – Manguinhos*, Rio de Janeiro, v.26, supl., dez. 2019. Available at: <http://www.scielo.br/hcsm>.

Abstract

The article analyzes the conditions surrounding the emergence of the child-protection movement in the Americas in the early twentieth century, focusing on three main aspects: child welfare as a central concern in calls for greater state involvement in countries in the region, the role of science in pursuing those transformations and the processes whereby a transnational circuit for "children of the Americas" was constructed. Combined analysis of these dimensions helps reveal that the social organization of the sexes and rigidly-fixed binary gender categories were determining factors in the legitimization of this movement, as were the versions of childhood and the family it advocated.

Keywords: child protection; gender perspective; international organization; Americas.

Desires for progress in the Americas in the early decades of the twentieth century were accompanied by a series of demands for the State to play a greater role in countries around the region. Many processes of secularization and scientificity showed efforts to move towards that "new future," with various spheres of social reality involved in transformational projects. Children became important among these, because child welfare was essentially considered a mark of modern, civilized societies. Thus, the ideal emerged that children should be in the home, healthy and educated, a difficult goal to reach in a region like Latin America populated with campesino children who were illiterate and poor.

Until that point, while the issue of childhood had been dealt with piecemeal as one topic within other, broader ones such as health, education, or social welfare, in this period it began to materialize as a problematic area for States, and gradually became an independent field with its own practices and categories. Expressing nationalist concerns, feminist ideas and many different disciplinary approaches, various specialists were involved in creating and stabilizing the field, defining "desirable versions" of childhood and disputing which voices were authorized to produce such versions. This led to the gradual emergence of what we understand as a "pan-American child-protection movement."

Two initiatives have been considered expressions of that movement: the Pan-American Child Congresses (Congresos Panamericanos del Niño, CPN), held from 1916 on, and the Inter-American Children's Institute (Instituto Interamericano del Niño, IIN), founded in 1927. Both organizations have been the subject of interesting historiographic analyses from different angles. Among them, for example, Eduardo Netto Nunes (2011, 2012) stresses the issue of children as the bearers of a modern, civilized future in countries throughout the Americas; Donna Guy (1998, jul. 1998) uses a gender perspective to examine what prompted feminist groups to promote mother-child relationship issues as part of the expansion of women's rights; Anne Emmanuelle Birn (2006, 2008) is interested in the intersections of transnational circuits as they were built up, and childhood in the field of public health; Nara Milanich (2013) uses modernity as an analytic lens to explore the concern with childhood in the Americas; Eugenia Scarzanella (2003, 2005) works on continuities and ruptures in the international child-protection system and other similar ones in the Americas. My doctoral thesis (Rojas Novoa, 2017) is also inscribed in this problematization sequence, since it analyzes the processes that caused child protection to become a social problem in the Americas.

From my perspective, including this field in the current issue on philanthropy and the state is productive in at least three ways. First, because it provides new elements that problematize aspects of social reality that became important in early twentieth-century demands for the State to play a greater role throughout the Americas. Second, because it adds more information about the role of knowledge-production in the drive for social transformation, and therefore sheds light on science's rational resignification of charitable practices. Third, because it helps us see the processes that constructed a specific field of social protection, marked in this case by the goal of creating a transnational version of "American childhood."

To analyze the conditions under which this child-protection movement emerged in the Americas in terms of these three aspects, this article starts with the debates and

negotiations that led to the foundation of the Inter-American Children's Institute in 1927. At that point, earlier isolated, heterogeneous calls to set up an office with government representatives for ongoing management of children's experiences in the region coalesced, and the institution was created.[1] What groups were behind this initiative? What were their trajectories, motivations and missions? What strategies did they use to gain legitimacy? What interests were at stake? What was the context for the debates? These questions must necessarily be posed if we take that "crystallization point" as a prism to problematize both the narratives constructed around the slogan "children are America's future" wielded by the child-protection movement, and the correlation of forces that came into play in the construction and stabilization of this specialized field of intervention.

From my perspective, this problematization allows us to see the importance of the social organization of the sexes in this process, since it determined a specific distribution of social roles for men and women, both in the public and the private sphere. Furthermore, it is essential to note the rigidly-fixed binary social categories that were used in order to understand the mechanisms this movement used to construct its legitimacy, the versions of childhood and family that it defended, and the practices and knowledges it validated. As we shall see, and as Silvia Federici (2010) has argued, it is not the differences themselves that were the problem, but the hierarchies.

In what follows, I analyze these processes of hierarchization, especially in regard to the elements described by Joan Scott and Éléni Varikas (1988) as constituting social relations founded on gender differences: the cultural symbols that feed myths about opposites, for example, light and darkness, honesty and corruption; normative concepts, whether educational, scientific, political or legal, that use binary opposition to declare the meaning of masculine and feminine categorically and univocally; or political roles in the framework of specific institutions including in this case, for example, parenthood or field of work. Finally, if gender is a way of signifying power relations, the answers to the questions raised in this article circulate in that complex network in which (or through which) power is articulated.

To explore that network, and to account for the three dimensions this article is examining, I am going to structure my arguments around three axes of analysis: (1) ideals of childhood that were problematized by modernizing movements, and their particular influence on the construction of the so-called "mother-child dyad;" (2) the groups that led the initiative to found the Inter-American Children's Institute – Southern Cone feminists, US social workers and physicians from the Río de la Plata area; (3) the significant "backdrop" of the dispute over meanings and legitimacy between these groups: the Pan-American Child Congresses held from 1916-1927.

Pursuing progress: from concern about infant mortality to the creation of the "mother-child dyad"

By the late nineteenth century, the belief in progress had soared, both among the general public and among western intellectuals. It was becoming a dominant idea, even outranking notions of equality or social justice that illuminated the period. It was understood as a

gradual, continuous rise of history toward predetermined ends, a uniform, one-directional journey driven by modernity, which demanded perpetual renovation and improvement. Its trajectory was freighted with political, economic and social signifiers in which values, practices and traditional institutions were identified as irrational and, therefore, hindering the desired transformations. It is clear there was a rhetoric that favored partiality and avoided contradictions, despite the disputes and mistrust its ideas always engendered.

In the Americas, the notion of progress became a driving idea that shaped a world vision about modernity by endorsing the idea of eradicating the supposed "barbarity" of the continent: according to the needs of the emerging capitalist system, the undisciplined working masses, ungoverned urban working-class growth, the lack of schooling for parts of the population, and the high infant mortality rates were characteristics that impeded the desire for progress and threatened the region with alarming "social disorder" (Svampa, 2016).

These dangers raised questions about the state's minimal involvement in social affairs, generating a set of ideas that played a decisive role in the processes of constructing identities in Latin America in the early twentieth century, which were marked by the emergence of the welfare states. In this context, belief in progress was crucial for processes of secularization that were emerging alongside a manifest desire to obtain scientific demonstrations of human reality. These demonstrations needed to be neutral and empiric, because that way they would represent a "new and unique" form of knowledge. Science became a powerful western symbol to which state practices had to conform, thanks to the growing professionalization of the social services (Nisbet, 1980). These transformations determined the distancing of reforms from charitable and philanthropical circuits, broadening State participation in aid policies guided by the technique and criterion of so-called "social utility."[2]

The rise of a societal preoccupation with childhood among the various states in the Americas formed part of a network of meanings informed directly by the imaginary of progress (Fass, 2011). Furthermore, childhood itself was constituted a potent measure of modernity and a key social science indicator for measuring the relative development of societies: in the end, modernizing childhood would become a direct reflection of societies' modernity (Carli, 2002). However, the majority of children in Latin America in those years were mestizos, mulattos, black, campesinos, malnourished, illiterate, the descendants of European settlers or of poor immigrants from the south of Europe: thus the "real children," who were more numerous, were by definition a disgrace to overcome, to be replaced by the "ideal child" (Iglesias, 1992).

In this process, one of the factors that drew the most attention was infant mortality.[3] It had emerged as a medical, social and political problem at the end of the nineteenth century in Latin America, and became one of the first policies to feature children as part of strategies for structuring and upholding the nation: "The infant mortality rate was not merely a disease statistic, but a precise measure of the level of social progress in the nation" (Rothman, 1978, p.127). Thus, childhood became the focus of nascent social policies, at the same time as it became a "national good" (Rollet, 1991).

By that point, as part of the process of secularization, it was taken for granted that church records were not reliable, since many babies were not registered in parish records or died ahead of time, showing the state's limited ability to chart demographic trends (Nari,

2004). The demand for birth and death statistics to become one of the tasks of central government was linked to a demand from various groups for governments to coordinate efforts and inject resources into both the health field and social welfare.

In this context, child mortality, as a public concern, led to problematizing the life of children in various spheres – nutrition, education, hygiene and housing – and forging new imaginaries about modes of daily life, introducing a series of technologies of social education that sought to define what was broadly understood as "healthy habits."

This campaign was aimed principally at mothers. While the nuclear family in general was being naturalized, mothers constituted the overwhelming focus of interventions. Specifically, there was a move to substitute the kind of traditional training that had previously been transmitted locally and generationally for a rational education based on positivist knowledge that would produce what we might understand as "motherhood as a profession." In other words, getting rid of "prejudices" generated by local customs – which, as we have said, were stigmatized as barbaric – and replacing them with a series of knowledges about childhood that were being vectorized by modernizing impulses.[4] It was no longer enough for a mother to be virtuous and loving; now she had to be trained in household economy, early childhood care and hygiene, configuring what could be seen as "educated motherhood" (Rothman, 1978), which would guide women's behavior. This would supposedly be a tool for eradicating, if not poverty, at least its effects. Mothers were then considered responsible for the fate of their families, while their "laziness," "ignorance" or "neglect," appeared to be the only causes of death or poor living conditions for children. As child mortality rates became a political concern, motherhood became a social function. In other words, the set of practices and representations that contributed to the social construction of women as mothers made motherhood a matter of state.

According to Asunción Lavrin (1995), those processes led to an inevitable fusion of mother and child in the social imaginary. The difficulty that then arose of how to define who would be the focus of policies – the child or the mother – led to an attempted solution through the idea of the "mother-child dyad," a term that was cited in every political, medical and legal pamphlet that dealt with welfare measures for mothers, children or families in the early twentieth century.

In the following section, I identify the role of this dyad among the concerns of the groups involved in founding the Inter-American Children's Institute.

Constructing a specialized field for childhood: trajectories and disputes relating to gender

The process of constructing a pan-American child-protection movement included the rise and definition of a series of isolated attempts at child protection that, while ideologically and disciplinarily dissimilar, were motivated – or forced – to advance towards adopting a common language. The implied objective was to solidify their goals in a pre-eminent position in the field of knowledges and intervention that was being constituted.

In this work, three of those groups are of particular interest because of their leading role in founding the Inter-American Children's Institute: the Southern Cone feminists,

US social workers, and physicians from the Río de la Plata region. As we shall we shortly, feminists made their concern with the needs of the mother-child dyad one of the main objectives in their struggle to expand women's rights, which became a central piece in the emergence of the child-protection movement in both North and South America. Physicians, meanwhile, had started holding international meetings on the same issues, but the family reforms they promoted focused on children, which did not necessarily involve a social change in terms of women. At the same time, US social workers started defending feminist principles of child protection, but, as we shall see, they allied with male perspectives more than with their female counterparts in South America.

Feminist debates in the Southern Cone

In Latin America, Spanish rule left its mark on legal codes and a cultural configuration that gave Catholicism a particular influence over women's lives. This led to a legacy of inequality that hindered women's entry into the political calculus of citizenship, based principally on the argument about their "domestic virtues" and "special attributes" as caretakers. This "language of difference," based on biological and psychological norms, was a central tool in the debate over women's equality (Molyneux, 2001).

In this scenario, while feminists knew that all women were equally oppressed, whether they were bourgeois or working-class, and that the goal was to redeem them, their concerns were fundamentally dissimilar. Broadly, the socialist feminists' reform plan focused onfinancial independence and legislation to protect working women, while liberal feminists stressed the gender inequities preventing women from gaining access to the working world and political representation. Thus, while both groups privileged their points of encounter – making broad concessions over priorities and avoiding open confrontation to strengthen their cause – class difference remained a potential gulf between them. How could they synthesize personal and gender liberation with class issues?

In the circuit we are examining, this gap between the two groups was bridged by the development of a different branch of feminism known as "compensatory feminism," which argues, broadly, that one of the sexes has a "biological disadvantage" and that society's function is to redirect it in an attempt to suppress the forms of subordination that have derived from it.[5] Thus, "compensatory feminism" does not seek equality but acknowledgement and reparation. This became a fairly versatile platform, since it successfully appeased all perspectives: it protected and compensated working mothers, which satisfied the feminists; it defended motherhood as women's function in society, which satisfied the conservatives; and it sought changes in the economic and legal status of women, which satisfied the liberals. What is interesting from our point of view is that, from different perspectives, these three interpretations shared one common certainty: the indissoluble union of mothers and children in the construction of protection policies.

This "mother-centered" imaginary can be seen in the majority of the debates that arose in the child-protection movement across the Americas.[6] On the one hand, it identified discursive and ideological movements that saw women as mothers, constructing a political vision based on their role as caretakers, educators and ultimately, the first and often

only ones responsible for children. On the other hand, it also described the action of women reformers who sought to interpret and administer women's and children's needs by staking out professional and political positions, thereby succeeding in penetrating into arenas previously monopolized by men. That said, it is clear that the pan-American child-protection movement was where the frontiers of the private and the public sphere were being redefined for women, by linking them differentially to one sphere or the other (Guy, jul. 1998).

However, even if some of these feminists succeeded in gaining representation in the incipient spaces for action around child protection, their participation was still determined by male decisions. For example, in the first National Child Protection Congress (Congreso Nacional de Protección a la Infancia) in the Southern Cone, held in Santiago de Chile in 1912, there was not one official female participant. The fraction of female students in the disciplines involved – law or medicine – was radically small in comparison to their male counterparts, and while their numbers were rising, in those years they still lacked enough "prestige" to be officially invited. The first Child Protection Congress in Argentina (Buenos Aires, 1913), however, drew a more diverse group than the Chilean one. Besides physicians, it included other professionals – educators and legal experts – as well as various feminists. It was presided over by the feminist activist Julieta Lantieri, whose appointment combined a "gentlemanly gesture" on the part of the men with an acknowledgement of the intellectual status of the female participants, who played a fundamental role in organizing this congress, under the umbrella of the League for the Rights of Women and Children (Liga para los Derechos de la Mujer y el Niño).[7]

Among the repercussions of this congress, of particular interest is the creation of a stable network of collaboration between these women, since it was they who were later responsible for organizing the first Pan-American Child Congress, a context we will examine in the third section of this article.[8] For now, we need to look at other actors in this debate, the US social workers and Latin American physicians.

Federal mother and child-protection programs in the United States

Unlike other industrialized nations in the early twentieth century, the United States had no national healthcare program, no family allowances, and no services for mothers and children. Its system worked on two simple levels: high-quality private care for the middle classes, and deficient care – or none at all – for the working classes (Bock, 1992). Faced with this scenario, a proposal emerged to create an agency in charge of producing knowledge about child-rearing, birth and infant mortality, as well as improving record-keeping. The Children's Bureau, founded in 1912, was the result of this initiative, becoming the first federal agency to be led by women.

The work of this new office can be placed within the framework of the new "scientific philanthropy" inspired by the Settlement Movement, an iconic social reform movement from the late nineteenth century that was part of government transformation of charitable work. It involved the creation of "settlement houses" – centers located primarily in poor, overcrowded neighborhoods in industrial cities – where volunteer social reformers lived

as "residents," providing social services and education and prioritizing care based on context. The novelty of this experience is that it yielded a dual benefit: on the one hand, settlement houses were welcoming spaces that provided social tools to immigrants facing hardship; on the other, they functioned as a new technique for gathering information on the daily life of immigrants, which was fundamental to research and ongoing social reform (Davis, 1931).

This training and activism laid the basis for the belief that social and economic problems were indissolubly linked, the hallmark of the work of the Children's Bureau representatives. Indeed, while their proposal appeared to be purely statistical, it upheld a social reformist perspective based on nineteenth-century social science, which encouraged research and gathering "hard data" to convince and inspire public opinion (Ladd Taylor, 1992). This was advantageous for research and material-gathering, but also for promoting general interest in better legislation and performance at a state level, or, as Kriste Lindenmeyer (2012), argues, a new ideology on responsibility.

Within the framework of concern over the death rate, a product of the First World War, the Children's Bureau worked on a program to support the care and rearing of children, holding healthcare conferences and establishing prenatal care centers, with the goal of reducing maternal and infant mortality rates in the country. In this endeavor, one of the main conflicts involved doctors, since although social workers' preventive approach to these problems was not at first seen as threatening by hegemonic centers such as the American Medical Association (AMA), the conservative wing of US medicine,[9] physicians were wary of women's advances in a field that had hitherto been exclusively theirs (Skocpol, 1992). The Children's Bureau's program did not seem to compete with the physicians', since doctors continued to work on established diseases in private practice, and medical schools kept their distance from the field of prevention, while the "female field" respected that breach and openly differentiated plans of action (Rothman, 1978). However, because of the hurdles women faced in finding spaces for political and professional representation, even though that dividing line was intended to exclude them, they moved into the space as a strategy for capitalizing on positions of power.

But their attempts to expand the distribution of the field were not destined to last. In the late 1930s, adversaries of the Children's Bureau pushed back, arguing that the program was affecting their local practice and also that "they had understood" the value of prevention in the maternal and infant health field. Since the Children's Bureau's central premise was that "the law is not charity," this physician-led pressure led to its funding gradually being withdrawn, justified as transferring it to those who "really needed it;" in other words, funding was no longer a right for all mothers and children who requested it, but was destined for those who could not pay for private medical care.[10] Private physicians became the exclusive guardians of all health care matters, including, obviously, infant health care, and thus the mother-child relationship. The private sector took up the baton by redefining the figure of the "family doctor," who, from them on, was supposed to cure people but also to provide advice.

This medical rhetoric was so strong that it led to the appropriation of a large chunk of the field constructed by the Children's Bureau, whose representatives had to support

the emerging model for strategic reasons. Thus, while officially this was a triumph of the private system over the public sector, it can also be seen as a defeat for a field built up by women: that of prevention as a public responsibility. As Sheila Rothman (1978, p.143) notes, it is interesting that this defeat was not caused directly by scientific transformations but by political ones:

> In brief, the physicians expanded their private practices to include the functions reformers had assigned to publicly funded clinics. This shift does not reflect scientific advances. General practitioners did not suddenly discover new techniques that dramatically increased their diagnostic abilities. Nor did they obtain novel equipment that justified this change. Rather, the private doctor's take-over of public health services was a social, not a medical, phenomenon. It reflected, as its timing makes clear, a medical response to a political innovation.

In this new scenario, lowering maternal and infant mortality rates became an issue for specialized medical training, which attributed responsibility and expertise to medical care and not to the information offered by visiting social workers. As a result, the social imaginary developed the idea that the new health-promotion procedures depended on specialized medical skills, in which women ended up as natural assistants to men: they were coming into a hierarchical system, in which their strategy was to stress both their hands-on experience and the "innate sensitivity," both qualities that made it easier for them to get close to families and made them a useful tool for doctors. Clearly, they drew a strategic lesson from the disputes that this hierarchical setup produced.

We shall deal with the implications of this lesson in the third section of this article, but for now, let us turn to the third actor in this debate: Latin American physicians specializing in early childhood care.

Pediatricians in the child-protection debate in the Americas

In 1899, the well-known Argentine physician Gregorio Aráoz Alfaro published the first edition of his book *El libro de las madres* (The mothers' book). At that time he wrote:

> I am writing for mothers. It is they – the repositories of a force that is obscure and latent today, but will be visible and powerful tomorrow, namely the child, they who are destined to mold that soft mass that, both in physical organization as well as in lasting moral fiber, depends, generally on the impulse given in the early years – they alone, taught and directed by the physician who is starting to be, and who will increasingly become, the authorized mentor of the family and society; they who can give us healthy, lively seeds from which School and State will later derive men who are physically strong, healthy in soul, flexible and open in intelligence (Aráoz, 1929, p.IX-X).

The author described this book as "a little book of popular science," that is, an attempt to translate an erudite language into a popular idiom, in an operation to dismantle old, collective or traditional forms of knowledge in the name of science.

Perhaps no other example better illustrates the way that this "scientific revolution" could translate into radical change – not only in scientific practice but also in social practice – than pasteurization in medicine (Salomon-Bayet, 1986). As Foucault (1963) put

it, this revolution meant that the scientific gaze overturned the medical and social fields via "a strategy of the invisible." The microbe is clearly a medico-biological object, but it is also a legal one, since it leads to public health laws; an economic one, since it leads to patents; and one that involves education and moral training, since children are vaccinated, milk is boiled, baby bottles are sterilized, hands are washed, hair is cut, and nails are kept clean. While these habits were older than Pasteur, the precepts represent a change in that these practices were systematized, becoming imperatives and maxims for the prudent, at the same time as they generated a complex interaction between scientific institutions (laboratories, research, experiments); medical structures (hospitals, teaching and practices); and administrative and political decisions that transformed social imaginaries and precepts about public health.

Bruno Latour (2011) argues that the Pasteurian revolution generated a multitude of prescriptions, statistics, remedies, rules, anecdotes or case studies directly related to the child welfare movement that interests us. It was using this very basis of "unlimited accumulation" that child welfare advocates took on the role of providing "advice" in the form of strategies or forms of counsel – not advice as commonly understood, but a type of practice that combines technique and morality, which implies an asymmetric situation and which includes pedagogical actions designed by forms of knowledge understood as expertise (Colangelo, 2012). Such pieces of advice seek to establish themselves as a coherent body of theoretical knowledge and practical rules expressed in organized texts around certain fundamental topics that relate to one another, and are all fundamentally based on scientific principles.[11]

This child-welfare model used by the bases of the pan-American child-protection movement was understood as a science of reproduction and improvement of the human species, through medico-social protection of pregnancy, study of the best conditions for progenitors wishing to conceive children, and the education of those progenitors. In that regard, Latin American child-welfare advocates tended to focus more on quality than quantity: they felt it was necessary to oversee the process of pregnancy-delivery-lactation since it was useless to save children if they were condemned to be "social refuse" (Lefaucheur, 1992). Thus, as Nancy Stepan (1991) has shown, there was more stress on efforts to reform potential progenitors' social and moral environment than on preventing them from reproducing.[12]

This concern with "scientifically improving" the circumstances surrounding children's conception was closely linked with the whole system that was being constructed to protect mothers and children. This is reflected in the widespread promotion by Latin American physicians of public health programs as a way of improving urban health indices. This is interesting because it involved a preventive model and thus a long-term endeavor that required prior efforts to document the situation locally so as to then set about creating state policies to control maternal and infant morbidity and mortality.

As a result, there was a massive increase in specialized medical training. Multiple departments of infant health were created in Latin America from 1890 on. These formed part of the process of expanding the field of public health – through boards, departments, and agencies – and its transformation into one of the pillars of the emerging welfare

states in the region. Doctors started acquiring official status in their countries; their social prestige increased and they became politically influential actors. The specialty of Pediatrics continued to grow, generating various national training programs, as well as a new professional profile for pediatricians, as well as associations, conferences and national newspapers. In general, there were two central motivations for these initiatives: on the one hand, making childhood part of wider debates – firstly in the field of medicine, but then in welfare systems in general – and, on the other, the need to generate specialized knowledge and with circuits for mobility and exchange on a regional level.

Representatives of this child welfare movement were invited to the first Pan-American Child Congress, organized by the Southern Cone feminists mentioned earlier, and to which the last section of this article is devoted.

The Pan-American Child Congresses and alliance-building: a context for the foundation of the Inter-American Children's Institute

The Pan-American Child Congresses turned out to be an ideal space for forging alliances among the groups whose trajectories we have just examined. The Congresses were a space that could hold these multiple fronts which, as we have seen, shared an object of interest although they brought clearly different and distant motivations, enabling the translation of their varied experiences with common social problems.

The Pan-American Child Congresses were specialized meetings held every four years, intended to carve out a privileged space for discussion, dissemination and cooperation on child-centered initiatives in the Americas. In the words of Netto Nunes (2011, p.50), they can be seen as "a circuit of ideas and official interaction, on a regional level, that had not existed prior to that point, as a way to focus on problematizing the universe of the Latin American child." In the period that concerns us, prominent figures attended – mostly medical ones, but also government authorities, politicians of all stripes, legal experts, educators, feminists, academics, anti-vice leagues and charitable institutions. Attendance was so high that the recommendations formulated in these congresses started to have an impact both on regional declarations but also on national regulations; the congresses began to fulfill the political role of staking out certain positions for reform on childhood issues in the region (Netto Nunes, 2011). In this sense, they were not only conferences, but also a space for producing networks and knowledges that functioned as a starting point for official consideration of childhood as a social responsibility in the Americas.

The first Pan-American Child Congress was held in Buenos Aires in 1916. A vast number of delegations attended from all over Latin America. The first-generation feminists and Argentine activists were well represented and their participation was greater than in the National Congress in 1913, mentioned earlier. Uruguay sent 11 women, Chile none. Julieta Lantieri was invited as president – we should recall that she had presided over the congress in Argentina. Her dual role as both physician and president of the League for the Rights of Women and Children was significant, since as a doctor and a feminist, she represented two positions that in the context we are examining were generally opposed to one another.

It was in this scenario that Latin American feminists' positions first came into conflict with those of their male counterparts since, as we know, feminists and physicians held rather different views of the "mother-child dyad." In the logic of Latin American pediatricians, the mother represented a hygienic and prophylactic variable linked to a prevention model that promoted the role of the mother as caretaker, in charge of and responsible for the health of her children. This interest differed from the vision proposed by the representatives of feminist maternalism, who were concerned instead with social change for women, especially reforms in their working conditions. In this sense, the difference between the two groups lay in what each one chose to focus on: specifically on children, or on children and their mothers. The feminists called for a child-protection policy primarily aimed at facilitating and protecting the role of working mothers, whereas the physicians focused on the caretaking role of mothers, seeing the family as a unit to be monitored. As the historian Donna Guy (1998) has argued, by overlooking the role of working mothers, these doctors sought to create the modern, nuclear, working family based on a mother at home and a bread-winning father, with privatized responsibilities.

It is worth adding that in addition to this distance between their political agendas, gender tensions also shaped the professional and political trajectories of men and women. Each group sought to construct legitimacy for the movement, although the women were at a disadvantage in spaces that had previously been hegemonically masculine. We should not forget that the professionalization of men in those years was radically higher than among women, so that men were in the majority at the debates, presented many more talks and received more state funding to participate in scientific meetings.[13] We can observe that, in various ways, this hierarchy encouraged competition more than cooperation between the two groups.

Their disagreements became more entrenched before the second Pan-American Child Congress, held in Montevideo in 1919. Child abandonment was emerging as a central theme, seen from the medical point of view as a social stigma attributable to "unwed mothers," whose ignorance of child care and hygiene were also causing disease and death among children. This blaming of mothers, and expecting the state merely to provide "support for them to carry out their role as caretakers," were ideas that the Southern Cone feminists could not endorse, either professionally or politically, so promoting them was also seen as a strategic exclusion.

While the Southern Cone feminists were still officially in charge of organizing the congress – in fact the Uruguayan physician and activist Paulina Luisi was its president – they lost most of their voice in decision-making, while physicians – but also lawyers and educators – consolidated their leadership role. At that point, women started to move away from the Pan-American Child Congresses and into other activities. Lantieri, for example, went on to become a member of Congress in Argentina (1919), Luisi became a delegate to the Society of Nations on childhood issues (1922), and others became involved in national policy and education and protection issues. In generally, they gradually relinquished their presence on that circuit, although their absence was significant, since the Pan-American Child Congresses were setting the standards for national child protection budgets, and maternalist demands could not be prioritized without women present.

Support for the physicians was subsequently provided by other women. It came, on the one hand, from liberal Latin American women, who had found in the precepts of early childhood care an encouragement and platform for participating in national healthcare systems, thereby obtaining more visibility and legitimacy for demanding even more active roles. On the other hand, it was also provided by US social workers, who, as we saw, were developing a broad program of preventive strategies that in this case did not cause any friction with male authority: they had already been pushed out once by "regular medicine" – as Ehrenreich and English (1973) have pointed out – and they learned to weave strategic alliances, offering their services as assistants.

This, in the third Pan-American Child Congress (Rio de Janeiro, 1922), some women took a sideways step, while others took advantage to join new regional projects, showing that feminism justified intervention in families for very different reasons. At the same time, the Southern Cone and US women's movements had something in common: in both cases, the women appeared as creators and promoters of a knowledge and a field of action in which men – in this case physicians – could then intervene as experts, relegating women to second place in an area they had pioneered. This might seem paradoxical, since it was precisely the fact of exclusion that mobilized women to create alternative sources of knowledge in the first place: some in calling for their rights, others in seeking out autonomous spaces for political and professional representation. The former decided to seek alternatives in this new setting, while the latter agreed to reformulate their interests so as to participate in the emerging scenario and obtain spaces, even secondary ones, in the new distribution of power. In the latter's case, this was conditional upon accepting restricted representation, granted only if they were resigned to remain "missionaries" for a group of "policy-making" men (Guy, 2009).

Thus, we can argue that child protection, child care and the family constituted one of the principal spaces in which some women could establish a specific role and a source of legitimacy in the changing social framework in the Americas, so that the child-protection field can be seen as an *ad hoc* space for political and professional access for women in the region in the early twentieth century.

By the fourth Pan-American Child Congress (Santiago, 1924), the number of Chilean representatives had risen, while the Argentines dropped and Uruguay did not send any. Among the Chilean women who attended, a good example is Cora Mayers, one of the first female physicians in the country, who was at that point a member of the Sanitary Education Department at the Ministry of Hygiene. Her career trajectory was fairly similar to that of her male counterparts: she did specialized training in France, was one of the founders of the Pediatrics Society in Chile (1922), and was involved in setting up Early Childhood Services (Servicios de Puericultura) in the public hospitals in her country. In that context, as one of the Chilean delegates to the Pan-American Child Congress, she cast the deciding vote to found a regional office to create continuity for the congresses (held every four years) and to ensure intergovernmental representation: the Inter-American Children's Institute.

Meanwhile, the representatives of the Children's Bureau, who had already forged a strategic alliance with Latin American doctors and assigned the possible roles in building a preventive model for the childhood field in the region, also contributed their

communication networks and financial resources to the framework of the pan-American system.

Based on this coalition of forces, the Inter-American Children's Institute was founded in Montevideo on June 9, 1927. The so-called International Council met for the first time, which at that point was made up of representatives from ten countries – Argentina, Bolivia, Brazil, Chile, Cuba, Ecuador, the United States, Peru, Uruguay and Venezuela. The council consisted entirely of men and, apart from the Peruvian and American representatives, they were all male physicians.

Final considerations

The analysis of the conditions for the emergence of a pan-American child-protection movement – and in particular the preliminary arrangements for the founding of the Inter-American Children's Institute – gives us a privileged vantage point for understanding the mechanisms invented for intervening in local contexts, starting with the assumption that the categories and practices that upheld those mechanisms are tools within a project, that is to say, artifacts that were intended to have government power whose effects could not be inferred. Thus, while this article contributes to understanding the validation efforts of a series of local initiatives in order to win themselves a place in a complex network of power under construction, it leaves open the question of the ramifications they led to in national contexts, and how they were transformed and updated by the various types of funding, services, institutions or policies in those contexts. This is an invitation to construct those bridges.

For now, it is possible to declare that state desires for progress in the Americas made child protection a social and political concern during the early decades of the twentieth century, and advanced the emergence of a specialized field of knowledges and practices. My interest lay in proposing "a possible version" of this history, in order to contribute to de-hermeticizing it. What this analysis allows us to observe is that these processes are interwoven with gender tensions that made child protection fertile terrain for naturalizing the hierarchies between male and female roles, and that this naturalization process was not constructed in a linear fashion but, on the contrary, concentrated a series of strategies and negotiations that were essential to the versions of childhood and family that were imagined for the region. Whether explicitly or not, this imaginary was part of the hierarchical tendency with which specific places were defined for women, whether as mothers or social workers assisting doctors, in a secondary role to men. A second invitation is to remember that these processes are not buried in the past, but constantly reproduced, so it is necessary to attend to their contemporary ramifications, since they constitute the field of child protection as we know it nowadays.

NOTES

[1] At the time it was founded, the Inter-American Children's Institute was intended as a center for study and propaganda on "American children," in charge of driving the exchange of knowledge about problems observed in the region and the measures being taken to combat them. In 1949, it became a specialized childhood agency of the Organization of American States and since then it has provided consulting advice to states in the Americas. The trajectory and management of the IIN are the focus of other articles of mine (Rojas Novoa, 2012, 2018), but they are not included in this article since what interests me here are the configurations prior to its creation. In that sense, the IIN functioned as a vector for questions that drove this article but it does not enter into the analysis.

[2] In general, by philanthropy I mean here the set of social, charitable and humanitarian works that were private endeavors, whether religious or not (Bec et al., 1994).

[3] Taking central cases for this article, we note that in Chile (1915-1940), infant mortality remained over two hundred deaths before one year of age, of every thousand live births (BNC, s.f.), while in Buenos Aires and Montevideo (1905-1925) the rates were slightly over hundred out of every thousand births (Mazzeo, Pollero, 2005). In the United States, the rates are similar to those in the Río de la Plata area during the same period (Meckel, 1990).

[4] Of course, the socialization of many of these forms of knowlege was very useful for improving children's living conditions. My intent here is to stress the construction of hierarchies and the fact that medical knowledge tended to impose its own precepts, often ridiculing popular practices.

[5] This classification comes from the Uruguayan philosopher Carlos Vaz Ferreira (1957, p.37-38), who sums it up with the following formula: "When a man and woman join, a child forms in the woman; nothing happens to the man. To find this fact highly satisfactory is to be 'antifeminist.' To ignore it is to be a 'feminist' (of the common variety: 'equality' feminists). To acknowledge that fact, regret the pain and injustice of some of its effects, and seek its '*compensación*' – which might be by making equal or making unequal, on a case by case basis – would be true, good feminism" (emphasis in the original).

[6] Koven and Michel (1993) defined "maternalism" as a set of ideologies that exalt women's ability to be mothers and extend that capacity to society as a sum of virtues: care, good upbringing, morality.

[7] This league was founded in 1911 by the Argentine feminists Julieta Lantieri and Raquel Camaña, within the framework of a proliferation of feminist groups and centers. She remained particularly linked to the work of the first National Congress on the Child (Buenos Aires, 1913) and the Pan-American Child Congress (Buenos Aires 1916), spaces that sought to unite the interests of mothers and their children. See Calvera (1990).

[8] Dora Barrancos' titanic work (2007) explores the details on this point.

[9] The AMA was founded in 1845 in order to expand the medical societies in the country, at a time when "regular doctors" were fighting over health care with female faith healers, midwives and quacks. An interesting analysis can be found in Ehrenreich and English (1973).

[10] In a more detailed analysis of these programs, one would have to consider specifically the first federal social welfare legislation in the United States, the Federal Act for the Promotion of the Welfare and Hygiene of Maternity and Infancy, commonly known as Sheppard-Towner Act, passed in 1921. See Jablonka (2013).

[11] One fundamental study in this area is that of Luc Boltanski (1969). From his perspective, early childhood care is the result of a systematic endeavor to regulate life – particularly among the lower classes – including in its most private and intimate acts. The goal was to "thwart nature" by an exercise of reasoning about the representations and practices of motherhood, with a reforming ideological slant, which was also populist and bourgeois.

[12] Specifically, Stepans refers to the primacy of the French model in Latin America over negative eugenics based on the Anglo-Saxon model. Furthermore, she argues that the social Lamarckianism of French eugenic child care is the principal matrix for mother and child protection processes in Latin America.

[13] According to the statistics provided by Netto Nunes (2011), only 14% of the official members of the first Pan-American Child Congresses were women.

REFERENCES

ARÁOZ, Gregorio.
El libro de las madres. Buenos Aires: Cabut. 1929.

BARRANCOS, Dora.
Mujeres en la sociedad Argentina: una historia de cinco siglos. Buenos Aires: Sudamericana. 2007.

BEC, Colette et al. (Dir.).
Philanthropies et pratiques sociales en Europe. Paris: Economica. 1994.

BIRN, Anne Emmanuelle.
Historiography of infant and child health in Latin America. In: Commacchio, Cynthia; Golden, Janet; Weisz, George (Ed.). *Healing the world's children*: interdisciplinary perspectives on child health in the twentieth century. Montreal: McGill-Queen's University Press. p.73-111. 2008.

BIRN, Anne Emmanuelle.
The national-international nexus in public health: Uruguay and the circulation of child health and welfare policies, 1890-1940. *História, Ciências, Saúde – Manguinhos*, v.13, n.3, p.33-64. 2006.

BNC.
Biblioteca Nacional de Chile. Desarrollo y dinámica de la población en el siglo XX. *Memoria Chilena*. Disponible en: http://www.memoriachilena.gob.cl/602/w3-article-3351.html. Acceso en: 30 sep. 2019. s.f.

BOCK, Gisela.
Pauvreté féminine, droits des mères et États-providence. In: Duby, Georges; Perrot, Michelle (Dir.). *Histoire des femmes en Occident*. Paris: Plon. p.381-411. 1992.

BOLTANSKI, Luc.
Prime éducation et morale de clase. Paris: Mouton. 1969.

CALVERA, Leonor.
Mujeres y feminismo en la Argentina. Buenos Aires: Grupo Editor Latinoamericano. 1990.

CARLI, Sandra.
Niñez, pedagogía y política: transformaciones de los discursos acerca de la infancia en la historia de la educación argentina entre 1880 y 1955. Buenos Aires: Miño y Dávila. 2002.

COLANGELO, Maria Adelaida.
La crianza en disputa: medicalización del cuidado infantil en la Argentina, entre 1890 y 1930. Tesis (Doctorado en Antropología) – Facultad de Ciencias Naturales y Museo, Universidad Nacional de La Plata, La Plata. 2012.

DAVIS, Allen.
Spear heads for reform: the social settlements and the progressive movement, 1890-1914. Nueva Jersey: Rutgers University Press. 1931.

EHRENREICH, Barbara; ENGLISH, Deirdre.
Witches, midwives, and nurses: a history of women healers. New York: The Feminist Press. 1973.

FASS, Paula.
A historical context for the United Nations Convention on the Rights of the Child. *The Annals of the American Academy of Political and Social Science*, v.633, n.1, p.17-29. 2011.

FEDERICI, Silvia.
Calibán y la bruja: mujeres, cuerpo y acumulación originaria. Madrid: Traficantes de Sueños. 2010.

FOUCAULT, Michel.
Naissance de la clinique: une archéologie du regard médical. Paris: PUF. 1963.

GUY, Donna.
Women build the welfare state: performing charity and creating rights in Argentina, 1880-1955. Durham: Duke University Press. 2009.

GUY, Donna.
The politics of pan-American cooperation: maternalist feminism and de child rights movement, 1913-1960. *Gender and History*, v.10, n.3, p.449-469. 1998.

GUY, Donna.
The Pan-American Child Congresses, 1916 to 1942: pan-Americanism, child reform, and the welfare state in Latin America. *Journal of Family History*, v.23, n.3, p.272-291. jul. 1998.

IGLESIAS, Susana.
Un viaje a través de los espejos de los congresos panamericanos del niño. In: Unicef; Unicri; Ilanud. *La condición jurídica de la infancia en América Latina*. Buenos Aires: Galerna. 1992.

JABLONKA, Ivan.
Social welfare in the Western world and the rights of children. In: Fass, Paula (Ed.). *The Routledge history of childhood in the Western world*. New York: Routledge. p.380-400. 2013.

KOVEN, Seth; MICHEL, Sonya.
Mothers of a new world: maternalist politics and the origin of welfare states. New York: Routledge. 1993.

LADD TAYLOR, Molly.
Why does Congress wish women and children to die? The rise and fall of public maternal and infant health care in the United States, 1921-1929. In: Fildes, Valerie; Marks, Lara; Marland, Hilary (Ed.). *Women and children first*: international maternal and infant welfare 1870-1945. London: Routledge. p.121-132. 1992.

LATOUR, Bruno.
Pasteur: guerre et paix des microbes, suivi de Irréductions. Paris: La Découverte. 2011.

LAVRIN, Asunción.
Women, feminism and social change in Argentina, Chile and Uruguay, 1890-1940. Lincoln: University of Nebraska Press. 1995.

LEFAUCHEUR, Nadine.
La puériculture d'Adolphe Pinard. In: Tort, Patrick (Dir.). *Darwinisme et société*. Paris: PUF. p.413-437. 1992.

LINDENMEYER, Kriste.
Children, the State, and the American Dream. In: Fass, Paula (Ed.). *Reinventing childhood after World War II*. Philadelphia: University of Pennsylvania Press. p.84-110. 2012.

MAZZEO, Victoria; POLLERO, Raquel.
La mortalidad infantil en ambas márgenes del Río de la Plata en la primera mitad del Siglo XX ¿Dos orillas, dos realidades? In: Jornadas Argentinas de Estudios de Población, 8., 2005, Tandil. *Actas*… Tandil: Universidad Nacional del Centro. 2005.

MECKEL, Richard.
Save the babies: American public health reform and the prevention of infant mortality, 1850-1929. Baltimore: The Johns Hopkins University Press. 1990.

MILANICH, Nara.
Latin American childhoods and the concept of modernity. In: Fass, Paula (Ed.). *The Routledge history of childhood in the Western world*. New York: Routledge. p.491-509. 2013.

MOLYNEUX, Maxime.
Perspectivas comparativas sobre género y ciudadanía. In: De Villota, Paloma (Ed.). *Globalización a qué precio*: el impacto en las mujeres del Norte y del Sur. Barcelona: Icaria. p.141-173. 2001.

NARI, Marcela.
Políticas de maternidad y maternalismo político: Buenos Aires, 1890-1940. Buenos Aires: Biblos. 2004.

NETTO NUNES, Eduardo.
La infancia latinoamericana y el Instituto Internacional Americano de Protección a la Infancia (1916-1940). In: Jackson, Elena; Sosenski, Susana (Ed.). *Nuevas miradas a la historia de la infancia en América Latina*: entre prácticas y representaciones. Ciudad de México: Unam. p.273-302. 2012.

NETTO NUNES, Eduardo.
A infancia como portadora do futuro: América Latina, 1916-1948. Tesis (Doctorado en Historia) – Facultad de Filosofía, Letras y Ciencias Humanas, Universidad de São Paulo, São Paulo. 2011.

NISBET, Robert.
History of the idea of progress. London: Heinemann. 1980.

ROJAS NOVOA, Soledad.
La infancia como preocupación social en América: el caso del Instituto Internacional Americano de Protección de la Infancia (1927-1949). *Revista de Ciencias Sociales – Universidad de Costa Rica*, v.1, n.159, p.13-27. 2018.

ROJAS NOVOA, Soledad.
La protección de la infancia en América: una problematización histórica del presente. El caso del Instituto Interamericano del Niño, la Niña y Adolescentes (1916-1989). Tesis (Doctorado en Sociología) – Universidad Paris VII, Paris; (Doctorado en Antropología) – Universidad de Buenos Aires, Buenos Aires. 2017.

ROJAS NOVOA, Soledad.
Reflexiones sobre la instalación de una perspectiva internacional de los derechos del niño: un modelo americano de burocratización de la infancia. *Revista de Sociología (Universidad de Chile)*, n.27, p.103-119. 2012.

ROLLET, Catherine.
L'enfance, un bien national? Approche historique. In: De Singly, François (dir.). *La famille*: l'état des savoirs. Paris: La Découverte. p.310-320. 1991.

ROTHMAN, Sheila.
Woman's proper place: a history of changing ideals and practices, 1870 to the present. New York: Basic Books. 1978.

SALOMON-BAYET, Claire (Ed.).
Pasteur et la révolution pastorienne. Paris: Payot. 1986.

SCARZANELLA, Eugenia.
La infancia latinoamericana y la sociedad de las naciones: derechos, salud y bienestar. In: Carreras, Sandra; Potthast, Bárbara (Ed.). *Entre la familia y el Estado*: niños y jóvenes en América Latina (siglos XIX y XX). Madrid: Iberoamericana. p.203-233. 2005.

SCARZANELLA, Eugenia.
Los pibes en el palacio de Ginebra: las investigaciones de la sociedad de las naciones sobre la infancia latinoamericana (1925-1939). *Estudios Interdisciplinarios de América Latina y el Caribe*, v.14, n.2, p.5-30. 2003.

SCOTT, Joan; VARIKAS, Éléni.
Genre: une catégorie utile d'analyse historique. *Les Cahiers du GRIF*, n.37-38, p.125-153. 1988.

SKOCPOL, Theda.
Protecting soldiers and mothers: the political origins of social policy in the United States. Boston: The Belknap Press. 1992.

STEPAN, Nancy.
The hour of eugenics: race, gender and nation in Latin America. New York: Cornell University Press. 1991.

SVAMPA, Maristella.
Debates latinoamericanos: indianismo, desarrollo, dependencia, populismo. Buenos Aires: Edhasa. 2016.

VAZ FERREIRA, Carlos.
Sobre feminismo. Montevideo: Cámara de Representantes de la República Oriental del Uruguay. 1957.