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RESEARCH

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CHILD HANDBOOK: KNOWLEDGE OF PRIMARY CARE HEALTH PROFESSIONALS

Caderneta da criança: conhecimento dos profissionais de saúde da atenção básica

Cartilla infantil: conocimientos de los profesionales de la salud de la atención primaria

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ABSTRACT

Objective: to analyze the knowledge of primary care health professionals about the fulfillment of the Child Health Handbook.

Method: cutting from an action research conducted with 59 health professionals, of whom 07 physicians, 10 dental surgeons and 42 nurses who worked in Primary Care in a city in the central region of the state of Rio Grande do Sul. Data were collected from April to July of 2021, through an online questionnaire and analyzed according to Discursive Textual Analysis. **Results:** two categories emerged: Child Health Handbook and aspects facilitating the work process; Child Health Handbook and aspects hindering the work process. **Conclusion:** it is considered that the document is current and allows for systematized care; however, it is not fulfilled properly by all professionals, as some are unaware of its content and do not understand it as an essential part of child care.

DESCRIPTORS: Primary health care; Child health; Growth and development; Child care; Child welfare.

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RESUMO

Objetivo: analisar o conhecimento dos profissionais de saúde da Atenção Básica sobre o preenchimento da Caderneta de Saúde da Criança. **Método:** Recorte de uma pesquisa ação realizada com 59 profissionais de saúde, sendo sete médicos, dez cirurgiões dentistas e 42 enfermeiros que atuavam na Atenção Básica num município da região central do estado do Rio Grande do Sul. Os dados foram coletados de abril a julho de 2021, por meio de questionário online e analisados conforme Análise Textual Discursiva. **Resultados:** Emergiram duas categorias: Caderneta de saúde da criança e os aspectos facilitadores do processo de trabalho; Caderneta de saúde da criança e os aspectos que dificultam o processo de trabalho. **Conclusão:** Considera-se que o documento é atualizado e possibilita um cuidado sistematizado, no entanto, não é preenchido adequadamente por todos os profissionais, pois alguns desconhecem seu conteúdo e não entendem como parte fundamental no atendimento à criança.

DESCRITORES: Atenção primária à saúde; Saúde da criança; Crescimento e desenvolvimento; Cuidado da criança; Proteção da criança.

RESUMEN

Objetivo: analizar los conocimientos de los profesionales de la salud de la Atención Primaria sobre la cumplimentación de la Cartilla de Salud Infantil. **Método:** recorte de una investigación conducida con 59 profesionales de la salud, entre ellos 07 médicos, 10 cirujanos dentistas y 42 enfermeros que trabajaban en la Atención Primaria en un ayuntamiento de la región central del estado de Rio Grande do Sul. Los datos se recopilieron de abril a julio de 2021, mediante un cuestionario en línea y se analizaron según el Análisis Textual Discursivo. **Resultados:** surgieron dos categorías: Cartilla de Salud Infantil y los aspectos que facilitan el proceso de trabajo; Cartilla de Salud Infantil y los aspectos que dificultan el proceso de trabajo. **Conclusión:** se considera que el documento es actual y permite un cuidado sistemático; sin embargo, no es cumplimentado adecuadamente por todos los profesionales, ya que algunos desconocen su contenido y no lo entienden como parte esencial de la atención al niño.

DESCRIPTORES: Atención primaria de salud; Salud del niño; Crecimiento y desarrollo; Cuidado del niño; Protección a la infancia.

INTRODUCTION

In the Brazilian health context, there is discussion about strategies that enable a better quality of care for children, as well as the reduction of infant mortality rates. This thinking is in line with the Sustainable Development Goals, which propose ending preventable deaths of newborns (NB) and children under 5 years of age by 2030.¹⁻²

To this end, the Federal Government seeks to encourage and qualify actions aimed at monitoring child growth and development.¹ Therefore, various instruments can be used, including the Caderneta de Saúde da Criança (CSC), which enables monitoring from 0 to 10 years of age and is considered by the Ministry of Health (MH) as fundamental for this monitoring. Through the records kept, the integration of social actions is facilitated.³

The MH recommends that this monitoring be carried out during routine consultations and proposes a minimum calendar, which starts in the first days of life, in the sequence 1st, 2nd, 4th, 6th, 9th, 12th, 18th, and 24th months of life, and from then on, annual consultations. However, depending on the conditions found during the child's care, there may be a need to increase this number. Therefore, surveillance by health professionals is extremely important.³⁻⁴

In this sense, it is understood the importance of knowledge about the proper completion of the CSC, because this material is the child's health document and must be as complete as possible for comprehensive care.⁵ However, in a survey conducted⁶ with the aim of describing the completion of the CSC in health services, it was concluded that the proportion of completion is

low, especially in Primary Health Care (PHC) and other services. Or authors reinforce that the document has been used unsatisfactorily by health professionals.

It is understood that it is of utmost importance for the professional to assist in the routine of the child in a comprehensive way, perform the examinations that are recommended and fill in the booklet, where another professional who handles this document can continue the care, acting in the prevention and promotion of health, providing quality of life and contributing to the reduction of infant mortality.⁷

Therefore, there is a knowledge gap regarding the filling out of the CSC by health professionals, justifying the need and relevance of this study regarding knowledge to be added to existing research on the subject. It is also justified because it is in line with the National Agenda of Research Priorities, Axis 14: Maternal and Child Health in the items: Development and/or evaluation of child development monitoring instruments in Brazil; Analysis of the profile of access to health, education and social assistance services for children aged 0 to 5 years.⁸

Thus, from the above, the research question was formulated: What is the knowledge of primary care health professionals about filling out the Child Health Handbook? Therefore, the objective was to analyze the knowledge of Primary Care health professionals about filling in the Child Health Handbook.

METHODS

This is an excerpt from an action research conducted with health professionals working in Primary Care, who develop child

care. The anchor project entitled: Qualification of the multiprofessional health follow-up regarding child growth and development in the central region of Rio Grande do Sul was approved in the DECIT/SCTIE/MS-CNPQ-FAPERGS 08/2020 call - research program for the SUS: shared management in health - PPSUS and received funding from the Research Support Foundation of Rio Grande do Sul (FAPERGS). In this article the data from the first stage of the research are presented.

The study was carried out with 59 health professionals, seven physicians, ten dentists and 42 nurses that worked in Primary Care Teams (PHCT) and Family Health Strategies (FHS), in a city in the central region of the state of Rio Grande do Sul. The inclusion criteria were being a health professional and developing health care activities in child care, and the exclusion criteria were health professionals who were on medical leave, leave of absence, or exercising only managerial or management positions.

For data collection, which occurred between April and July 2021, authorization to conduct the research was initially requested to the Center for Continuing Education in Health (NEPES). After approval, the invitation was sent, via NEPES, through the city's own system (Consulfarma). Attached to this, the Informed Consent Form (ICF) was sent, as well as a link to access the online questionnaire, generated in the Google Forms application, which is free and considered easy to use and apply, designed for the Web to collect information through online forms. The questionnaire contained open and closed questions about the child's health. The questions selected for this article were about the completion of the CSC.

After that, the data were analyzed according to the Textual Discourse Analysis, and in the unitarization the texts were examined in detail, fragmenting them in order to reach meaning units. This step was carried out with intensity and depth. The establishment of relations, the categorization process, involved building relations among the basic units, combining and classifying them, gathering these unitary elements in the formation of sets that congregate close elements, resulting in category systems. In the categorization the units of similar meaning were brought together. In communication, the understandings reached from the two previous focuses were expressed. This constitutes the last element of the proposed cycle of analysis, resulting in metatexts.⁹

The basic units listed were: Potentialities in completing the Child Health Handbook; Weaknesses in completing the Child Health Handbook; from these, two categories emerged: Child Health Handbook and the aspects that facilitate the work process; Child Health Handbook and the aspects that hinder the work process. Ethical issues were considered according to Resolution 466/12. The study received approval by opinion number: 4.364.999. Aiming to maintain confidentiality and anonymity, the participants were identified in the text by the letters M (physicians), E (nurses), CD (dental surgeon), followed by ordinal number according to the answers.

RESULTS

Characterization of the participants

Of the 59 professionals who participated in the study, 50 were female and nine were male. Regarding education, 42 were nurses, seven physicians, and 10 dental surgeons. Their ages ranged from 23 to 58 years. As for the time of professional activity, eight professionals had up to one year in the service, seven between one and five years, 13 between five and 10 years, 22 between 10-20 years, and nine more than 20 years. As for education, six were graduates, 35 specialists, and 18 masters. As for the use of the CSC in the care, 46 professionals answered that they use it, five that they don't use it, two that they use another instrument, six fill it out in parts. As for the score given for filling out the CSC, one being terrible, two regular, three good, four very good and five excellent: four professionals considered one, two considered two, six considered three, 24 considered four and 23 considered five.

From the data analysis two categories emerged: Child Health Handbook and the facilitating aspects of the work process; Child Health Handbook and the aspects that hinder the work process.

Child health booklet and the facilitating aspects of the work process

Health professionals understand that the CSC is a document that is constantly updated and that allows for organization when providing care to the child, because each page contains adequate information that corresponds to the phases of child growth and development. This structuring helps in directing the focus that should be given in the care provided by professionals.

The booklet is well structured and has specific pages and fields for each age group, which makes filling it out easier. (E1)

The new booklet is much more presentable to facilitate records and the recommended follow-up periodicities. (E10)

I think that the current booklet offers us more subsidies that need to be reminded by professionals at every visit, at every age. It is more complete with regard to the evaluation of development, because it brings in each childcare visit options to be evaluated such as attachment, hygiene, neglect, child violence, breastfeeding, reflexes [...] in addition to what was already proposed in the old one [...] spacious for notes and reminders [...]. (E27)

With the new booklet the consultations were separated by the child's age, making it more convenient to fill out. (E53)

I fill out the document easily. It is an instrument that strengthens the multidimensional evaluation. (M1)

I really like to fill out the booklet, I find it very practical to detail. (M33)

The booklet is a great evaluation tool. (M51)

In addition, they understand that the document is complete and has an understandable language for all professionals, but

sometimes it is not filled out properly, which results in fragmentation of care.

The child's health booklet is great, accessible, but it becomes difficult when consultations are interspersed among the professionals and they do not fill it out properly (E11)

The child health booklet and the aspects that hinder the work process.

The professionals understand the importance of filling out the CSC properly, because when it is done inadequately or is absent, there is a break in the evaluations that need to follow according to each phase of child growth and development.

Among the greatest difficulties is the lack of continuous care. For example, many times the children arrive with only their weight, height, and vaccines noted down, with no notes on the developmental milestones, observations regarding the bond with their parents, and other aspects, making it difficult. (E4)

The document enables reference and counter-reference, but there is a lack of much information, generally due to professionals not filling out the document adequately. (E59)

Some participants reported not filling in the document, or writing down only the part they understand to be their responsibility according to their profession.

I don't fill out the booklet (CD14)

I only fill out the dental part, which I consider to be very incomplete, considering growth and development. (ECD25)

The lack of knowledge of the document, which should be used by all professionals involved in child health care, was also evidenced, as well as the fact that they do not fill it out because they consider the structure of the CSC inadequate for the reality of the practice setting.

Small spaces for proper completion, I end up preferring to evolve in a more complete way in the patient's medical record. (E30)

I don't have full knowledge of the booklet. (CD36)

Too polluted with information in each visit, it could be more objective with evaluations that are relevant to the parents. (E5)

Little space for notes. Especially for observations when we find alterations. (E31)

The professionals understand that the inadequate filling or lack of it regarding the CSC, is enhanced by the lack of knowledge of parents/caregivers to recognize this instrument as important in the child's health follow-up.

The lack of the booklet is a difficulty found when it comes to filling it out, because the person responsible for the child doesn't take it to the appointments (CD38)

The booklet is difficult for the family to understand, many let the children play and there is no other booklet to replace (E20)

DISCUSSION

The CSC, implemented in 2005 by the Ministry of Health, replacing the Child Card (CC), is a document for surveillance and monitoring of child health, education, communication, and health promotion.¹⁰ It enables the link between the health unit and the family, systematizing care, with a view to comprehensive care.¹¹

This document must be given to the parents in the maternity ward, with the data regarding prenatal care, delivery, birth, neonatal hospitalization, and discharge filled in. In subsequent consultations, which will be held in primary care, the care must be continued as directed by the MH.³ Since its implementation, the CSC has been constantly updated, aiming at a humanized and comprehensive care that considers the different stages of growth and development, as well as issues about the vulnerability and rights of the child.

Currently, this instrument is identified as the "Children's Booklet: a Passport to Citizenship", and it allows for services provided from birth to 9 years of age to be recorded in the health, education, and social assistance services. It is organized in two parts, being part 1 - for family and caregivers with issues such as: social rights and guarantees, child care, breastfeeding, use of electronics, violence, and accident prevention; part 2 - records of the child's follow-up, where the recommended appointments, growth monitoring, development, oral health, supplementation, and vaccines are found. There is also a space for professionals to make any notes they deem pertinent.³

The results found in this research show that the professionals understand that the CSC is a document that is constantly updated and that allows for organization when providing care to the child, because each page contains relevant information that corresponds to the phases of child growth and development. This structuring helps in directing the focus that should be given in the care provided by the professionals. In addition, they understand that the document is complete and has an understandable language, but sometimes it is not filled out properly, which results in fragmentation of care.

These findings are in line with other studies that showed the inadequate/incomplete/insufficient completion of the CSC,^{6,12-14} especially regarding the monitoring of child development.^{12,15}

In this direction, a study conducted to evaluate the knowledge and practices on child development of doctors who work in UBS identified that these professionals had limited knowledge on the subject.¹⁶ Another study conducted with nurses from family health units in Recife showed that these professionals use the CSC in consultations, however, they are insecure when

it comes to evaluating development, which ends up triggering inadequate records or even the absence of them. This issue may be linked to the lack of continuing education, and it is important to invest in it.¹²

Some research participants reported not filling out the document or writing down only the part that they understood to be their responsibility, according to their profession. Also, it was evidenced the lack of knowledge of the document that should be used by all professionals who are in the health care of children, as well as not filling it out because they consider the structure of the CSC inadequate for the reality in the practice setting.

The use of the booklet is a child's right and should be used not only in specific actions, but in all care provided by the professionals who assist them, aiming at comprehensiveness, continuity, and understanding of the whole. It is their responsibility to know the document, fill it out properly, guide families, and value it in their daily work.^{10,17}

The professionals understand that the inadequate completion or absence of it regarding the CSC, is enhanced by the lack of knowledge of parents/caregivers to recognize this instrument as important in monitoring the child's health. However, this appreciation is also related to how the topic is approached with the families. A study¹⁰ reinforces that the way professionals orient families about the importance of the booklet has a direct impact on how they will understand the relevance of the document in the surveillance, monitoring, and quality of life of the child. To use this instrument properly is also to explain to the family the contents and notes in it, allowing them to understand and appropriate it.¹¹

Most professionals who participated in the research understand the importance of filling out the CSC properly, because when it is done inadequately or is absent, there is a disruption in the evaluations that must follow according to each phase of child growth and development. It is noteworthy that disregarding the instrument in consultations/services and not making the necessary notes compromises the monitoring of the children's health, reflecting directly on health promotion and quality of life.⁶

However, it is important to pay attention to this attitude of professionals, questioning the reasons why they do not use the document correctly. Situations such as structure and organization of services that do not contribute with spaces and training in the use of the material; lack of knowledge about the CSC, as well as its importance; (Re)knowledge of the family as part of child care and fragmented performance of professionals, are signaled in the literature as possible factors contributing to this process.^{6,14,16}

CONCLUSION

The objective of the present study was considered to have been reached, since it was possible to analyze the knowledge of Primary Care health professionals about filling out the CSC. For the interviewees, the document is updated and allows a systematic care according to the phases of child growth and development. However, it is not filled out properly by all professionals, because

some are unaware of its content and do not understand it as a fundamental part in child care. Still, they signaled that the inadequate filling out is enhanced by the lack of knowledge of parents/caregivers to recognize this instrument as important in monitoring the health of the child.

It is considered that there are many challenges in the professional daily life that contribute to the CSC not being used effectively in the context of Primary Care. However, strategies need to be (re)thought with professionals and managers in order to contribute to the process of appreciation and importance of the document in the health of each child. In short, for the advancement of health care, the study aims to elucidate the importance of the CSC and its correct completion. From this perspective, the results demonstrated the need to qualify and (re)mean the relevance of this surveillance tool for child health.

It is noteworthy that this study was limited by the pandemic period, because the professionals had an excessive workload, besides being directly involved with immunizations and related training. This made data collection and acceptance of the participants in the research difficult.

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