

## The Parents' Cultural Care Towards Promoting Child Development

O Cuidado Cultural dos Pais na Promoção do Desenvolvimento Infantil

Cuidados Culturales de los Padres en la Promoción del Desarrollo Infantil

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### ABSTRACT

**Objective:** The study's purpose has been to further understand how parents promote child development in children below five years old upon the family context, then establishing the nursing care according to the Madeleine Leininger's Theory. **Methods:** It is a descriptive-exploratory study with a qualitative approach that was carried out with parents of children below five years old, who were registered in a healthcare service from Picos city, Piauí State, Brazil. The research complied with the ethical principles of the Resolution No. 466/12.

**Results:** The parents, who are the first educators having contact with the children's universe, showed a concern regarding the motor development care, also language and mental development process. It is emphasized the need for a safe guidance by the nursing professionals, and also respecting their cultural contribution.

**Conclusion:** Nurses are expected to explore even more the probable performance according to each child's age and considering the child development stage, moreover, respecting the cultural care provided by their parents.

**Descriptors:** Child Development, Pediatric Nursing, Nursing Care, Culture, Health Promotion.

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## RESUMO

**Objetivo:** Compreender como os pais promovem o desenvolvimento infantil às crianças menores de cinco anos no contexto familiar, estabelecendo cuidados de enfermagem à luz da teoria de Madeleine Leininger. **Métodos:** Estudo de natureza descritiva exploratória, qualitativa, desenvolvida com mães ou pais de crianças menores de cinco anos de idade, cadastradas na estratégia Saúde da Família de Picos – Piauí. A investigação cumpriu os princípios éticos da Resolução nº 466/12. **Resultados:** Os pais como os primeiros educadores a ter contato com o universo infantil, demonstraram preocupação no cuidado com o processo de desenvolvimento motor, da linguagem e mental, destaca-se a necessidade de orientações seguras dos profissionais enfermeiros, respeitando sua contribuição cultural. **Conclusão:** Percebe-se que dever ser mais explorado pelos enfermeiros o desempenho esperado para cada idade da criança no que se refere aos marcos do desenvolvimento infantil, respeitando o cuidado cultural dos genitores.

**Descritores:** Desenvolvimento Infantil, Enfermagem Pediátrica, Cuidados de Enfermagem, Cultura, Promoção da Saúde.

## RESUMEN

**Objetivo:** Comprender cómo los padres promueven el desarrollo infantil para niños menores de cinco años en el contexto familiar, el establecimiento de cuidados de enfermería a la luz de la teoría de Madeleine Leininger. **Métodos:** Estudio descriptivo, exploratorio cualitativo, desarrollado con madres o padres de niños menores de cinco años de edad, inscritos en los picos de la familia de la Estrategia de Salud - Piauí. La investigación cumplió con los principios éticos de la Resolución N ° 466/12. **Resultados:** Los padres como los primeros educadores que tienen contacto con el universo del niño, expresado preocupación en el cuidado del proceso de desarrollo de la motricidad, el lenguaje y mental, existe la necesidad de una guía segura de las enfermeras, respetando su aporte cultural. **Conclusión:** Es evidente que debería estudiarse más a fondo por las enfermeras rendimiento esperado para cada edad del niño en relación con los hitos del desarrollo del niño, respetando el cuidado cultural de los padres.

**Descriptorios:** Desarrollo Infantil, Enfermería Pediátrica, Atención de Enfermería, Cultura, Promoción de la Salud.

## INTRODUCTION

The health policies in Brazil are expanding the capacity of the health services to provide care for children, prioritizing basic actions for them, including the monitoring of the child development.

Child development begins since the conception, and covers aspects such as physical growth and neurological, behavioral, cognitive, social and affective maturation of the child. Thus, it provides the child with the capacity to respond to their needs and those of their environment, considering their life context.<sup>1</sup> Furthermore, it is unique process for each child, influenced by family, cultural standards, values, and beliefs.<sup>2</sup>

In order to achieve this development, mothers should understand that children need to have opportunities to show their intellectual and motor skills, alternating the dependence and independence periods of the mother-child relationship, which requires emotional maturity from the mothers,<sup>3</sup> since the early stages of childhood — up to

five years old — are considered the critical period for the formation of the individual's subjectivity, with the presence of another being to understand him, then also participating in this process.<sup>4</sup>

There is also a warning that the adulthood health problems may have their origin in the childhood due to the absence or failure of the care during the child development process, and should be strictly observed and identified by the family and health professionals.<sup>5</sup>

To be able to understand the health actions developed by nursing professionals, it is necessary to explain scientifically how they were proposed and clarify their training principles. In general, nursing is concerned with four main concepts: the person, the health, the environment, and the nursing. These concepts are used for developing theories.<sup>6</sup> In turn, a theory is a sequence of logical steps that allow an understanding of something to be investigated and explored by the author based on a central concept.<sup>7</sup>

Nursing theories allow the establishment of the professional practice based on a scientific approach, qualifying the nursing to promote human care in a holistic and human way, practicing it with the individual, family and community. It is also highlighted that the main objective of a theory is to unveil and clarify how nursing care can be applied to the individual, family or groups, from the knowledge of all factors that cause illness and/or changes in the health process, including the biological to the cultural ones.<sup>8</sup>

Thus, when nurses understand that promoting care for the individual also includes identifying and knowing their cultural differences, life experiences and family, the planning, implementation and evaluation of nursing care achieves success in their care actions, favoring an approximation and congruence between the practices of the popular and professional care, which transcend to an authentic care.<sup>9</sup>

Therefore, the Madeleine Leininger's Cultural Care Theory shows that nursing must possess the cultural knowledge of the individual to better promote care in the different thinking ways, knowledge and health practices, and that each culture influences the existence of the care, but without losing the essence of love and affection in these care actions. So, this theory aims to direct the nursing care practices by means of a harmonious and productive association between care and culture. Thus, Leininger proposes that the nursing decisions must involve the preservation/maintenance of the cultural care, the accommodation/negotiation of cultural care and the re-standardization/restructuring of the care culture.<sup>10</sup>

We consider that knowing the family dynamics in the care for the children's growth and development, which is shaped by the parents' culture, based on the beliefs and values of this group of society, allied to the knowledge of transcultural nursing according to Madeleine Leininger,

is shown as a possibility for a greater understanding of these processes.<sup>11</sup>

Hence, this study aims to understand how parents promote child development in children below five years old upon the family context, establishing nursing care according to the Madeleine Leininger's Theory.

## METHODS

This is a descriptive-exploratory study with a qualitative approach, based on the assumptions of the Madeleine Leininger's Cultural Care Theory, considering that this is a viable and feasible way to uncover this care during the child development.

The research was carried out from 2012 to 2013 in Picos city, Piauí State, Brazil, which belongs to the *Vale do Rio Guaribas* territory. The study population consisted parents of children below five years old residing in the territorial area of the *São Vicente* family health care team, because it is the pioneer in the implementation of the child care program.

This age group was selected because it is a risk group in Brazil that demands specific government policies, usually composed of children who have high morbidity and mortality rates and need higher indicators for both the morbidity of diarrheal diseases, respiratory diseases and its consequences, as for neonatal and infant mortality.

The inclusion criteria were: parents who were able to participate in the study, registered in the *Saúde da Família* [Family Health] Strategy Project of the municipality of Picos, Piauí State, Brazil, and had children below five years old.

The sample closure was performed by the saturation of responses. The inclusion of new subjects in the research is suspended when the researcher identifies and analyzes the repetition of contents in the speech, and it is unnecessary to continue the collection of new data.<sup>12</sup>

There were 16 participants in this study. To ensure the anonymity, they were identified by the names of characters of children stories. The mothers' participation was greater because they were more present in the residences during the visits, since the fathers were present only at lunch or at night because they worked in another place.

It is important to note that, in this study, the researcher also observed the neighborhood where they live, neighbors, home and the relationship between parents and children, while observing the customs, habits and values, which provided the affinity and understanding of the contribution of culture to the care for the growth and development of children offered by their parents. During the observation phase, semi-structured interviews were carried out by addressing the following question: "What do you do to promote the development of your child?" Nevertheless, as needed, the researcher included other questions to complement the ideas expressed by the interviewees.

The interview consists of a technique for data collection capable of providing social interaction, allowing the construction of a conversation between the researcher and the interviewee, who is his data source, with the possibility of extracting information about human behavior.<sup>13</sup> And the interview comprises a conversation initiated by the researcher in order to collect facts about the subjects required to what one wants to find out in a research.<sup>14</sup> The interviews were carried out in a quiet location, generally inside of the interviewees' own residence, with no noise, usually in a room with only the presence of the interviewer and interviewee to maintain the quality of the sound and speech, according to the availability of the subjects, and only started when the children or other people were already absent from the place.

The interviews were recorded on an audio media player, for the ease of storing and reproducing the interviews on the computer, facilitating repeated listening and transcription of the speeches in full.

For data analysis, we used the content analysis technique proposed by Bardin, which comprises three steps: pre-analysis, material exploration, result treatment, inference, and interpretation.<sup>15</sup>

After being recorded and listened comprehensively, the interviews were transcribed in full, thus allowing a more fluent reading and, later, the highlighting of the griffins and the numbering of the cuts. Once the data transcription phase was completed, the organizational phase began, consisting of a period of intuitions, in which the initial ideas for the conduct of the analysis process were operationalized and systematized.<sup>15</sup>

During the material exploration phase, the actual analysis occurred, which consists essentially of coding operations, which involves transforming the raw data through clipping into recording units and then describing them.

The registration units produced two categories: "daily activities in child care" and "promotion of the growth and development of the child". In the presentation of the selected speech in the categories, we used the following standardization: the ellipse within brackets ([...]) indicated cutouts within the same speech, and the information contained within parentheses sketched interesting observations, which complemented the speech or expressed non-verbal behaviors expressed by the interviewees.

After the process for obtaining the categories, the discourses were then interpreted by using the Madeleine Leininger's Cultural Care Theory and according to the criteria found in the vast knowledge about the theme, generating an understanding of the cultural care of the parents to promote the growth and development of their children below five years old in the home context.

This research was approved by the Ethics and Research Committee from the *Universidade Federal do Piauí* under the Legal Opinion No. 246.306, respecting the ethical and

legal aspects of the Resolution No. 466/12 from the National Health Council.<sup>16</sup>

## RESULTS AND DISCUSSION

By obtaining the subjects' speech followed by the careful analysis of each expression about the parents' care for children below five years old, permeated by the cultural values, it was possible to elaborate five categories, being presented in this article only one of them: "child development".

Childcare also involves the monitoring of the various phases and areas of its development. As parents are the first educators to have contact with the child universe, children put unlimited confidence in them, albeit unconsciously, to build together the advances in the process of motor, language and mental development.

The Tiana's speech showed that this mother is concerned about observing what the child already does and promoting some stimuli:

*[...] She already looks at everything, notices everything, turns her neck, you talk on her side and she turns her neck to look at who is talking, already holds things, already gets things, already stands on the lap, when you put her on their feet, she already stands there, she holds your neck, looks and turn her neck to one side and the other, makes a few sounds, keeps talking, holds some things, keeps smiling at everyone, she keeps smiling at everyone who arrives, and talking, and so when I talk to her when she is in someone else's lap, she gets agitated, wanting me to get her, she's smart, very smart. When I put her on the bed, she's already wanting to turn around, she moves on the whole bed pushing her feet, then she moves on the whole bed, besides I do not even leave her in bed a lot, I prefer to put her in the crib, because I'm afraid of her movements, she's very restless, I'm afraid of her movements and she ends up sliding [...]*

*(Tiana)/Child's age: three months old*

Regarding the bathing and dressing in children aged from 18 to 21 months, occasionally there may be short periods of resistance to bathing, whose cause is difficult to determine.<sup>17</sup> At this age, babies begin to show interest in dressing and, in general, they are quite cooperative, being able to try to put on their shoes, although they show more skill to undress themselves than to dress. At 21 months, the child is able to undress himself completely until the shirt and sometimes he removes it if this is possible. We emphasize the Fiona's speech:

*[...] He does not take a bath alone, even the oldest one (the six-year-old child), I give him a bath. Giving a bath, wearing clothes, brushing the hair... Only I do all this!*

*He (referring to the one-year-and-11-months-old child) wears the underwear by himself, use the perfume, asks for the shorts and the shirt, but only wears the underpants puts the slipper on, walks normal, talks about almost everything, I brush his teeth every day, I even brush the other's teeth (the six-year-old child) [...]*

*(Fiona)/Child's age: one year and nine months old*

In this study, the mothers of children in the age group of two to three years showed enthusiasm when expressing daily activities such as personal hygiene and dressing developed by the small children, as transcribed below:

*[...] He does not let us brush his teeth, he brushes, I'm telling how to do it, but he does not brush them right, only the front ones more...*

*(Snow White)/Child's age: two years and nine months*

*[...] It's me who gives him a bath, often he takes the little bucket, but he doesn't know how to take a bath, It's me who takes care of him, he knows how to wear his shorts and underwear, he just can't wear the shirt [...]*

*(Ariel)/Child's age: two years and ten months old*

*[...] The oldest one does not like to brush his teeth, he brushes them for adventure because they are going to brush their teeth, he has a "Cocoricó" brush, we have to create a story for him to brush his teeth [...]*

*(Bela)/Child's age: two years and ten months old*

*[...] He already wears the underwear on his own, he puts the slippers on, I have to watch him carefully when he's putting some cologne on, or else he spills it all over himself [...]*

*(Pocahontas)/Child's age: two years and six months old*

The language development process was also identified in the mothers' speech:

*[...] he often speaks a few words with difficulty, I tell him, if he says a word that is not right one, I tell him, then he says "mama", I don't know, then he tries to speak, but it doesn't work [...]*

*(Ariel)/Child's age: five years old*

The concern about promoting the motor development was present in Margarida's care for her child:

*[...] I encourage her to eat alone and of course she eats a little [...] I finish giving her the food, but first I let her eat there alone to encourage her to learn to eat with her hands [...]*

*(Margarida)/Child's age: two years old*

The active involvement of the mother in the process



of child development is evident in this speech, respecting its phases.

The Brazilian Health Ministry points out as a developmental framework for children aged from zero to four months: they pay attention to and follow objects in their visual field; when they are in the face down position, they raise your head shortly; they smile spontaneously and begin to distinguish the day from the night.<sup>18</sup> The caregiver must stay alert because the child can fall, since he is no longer stay quiet, as stated by the Tiana's speech.

Because it is a process, the child development is continuous and dynamic, involving the participation of several actors, primarily the family members. The protocols from the Health Ministry for monitoring the child's health indicate that the stimulus for child development must happen gradually, steadily, and cautiously, given that the fact that a child is educated in a pleasant environment, surrounded by affection and attention, will influence constructively the achievement of a healthy life in the adulthood.<sup>19</sup>

In the Integrated Management of Childhood Illness (IMCI) protocols, when verifying the recommendations for cases in which children are classified with a normal development, parents are encouraged to constantly stimulate their child and monitor their growth in the Basic Health Unit.<sup>20</sup>

The motor development of children aged between three and 18 months was the subject of a survey in a city of *Minas Gerais* State, Brazil. The results suggest that the children of parents with a stable relationship, better socioeconomic pattern, and better education degree, have a more favorable environment to the promotion of child development with a probability of more opportunities for this purpose, from which we conclude, based on these arguments, that the environment interferes both in health promotion and in the development of diseases.<sup>21</sup> It is also emphasized that a better maternal education, availability of educational games and materials at home, increased emotional and verbal interaction of the mother with the child and the presence of the husband are contributing factors for a healthy child cognitive development.

Herein, it is emphasized that the children received care mostly by the mother, although they could also share their life with the grandparents or other relatives. The strong presence of the mother at home was identified as a predisposing factor to the promotion of motor development, as well as the application of simple neurological tests for the evaluation of children to obtain an early diagnosis of deviations in child development, suggesting the acceptance of these practical measures by the professionals of the Family Health Strategy project.<sup>23</sup>

In this process of the child development, the act of dressing begins to be developed in child with an age of two years or more, being appreciated by him when the adult assists him in this task.<sup>19</sup> Nonetheless, regarding the

practice of putting on shoes or slippers, most of the time exchanging them, they hardly do this action correctly, as stated by the guide of the Portuguese Nurses Order, which also emphasizes children's participation in small tasks, in activities that allow them to express their thoughts and emotions, besides stimulating the word pronunciation, but always preserving the limits.<sup>24</sup>

Another aspect that deserves attention is the Ariel's speech about promoting healthy and promising stimuli for the development of the child's language, encouraging her to continue the speech progress with the vocabulary expansion. According to the child's health manual provided by the Health Ministry, language acquisition consists of the persistent conversation between mother and child, which are started by simple sounds, sometimes incomprehensible, but repeated with pleasure until the appearance of small phrases emitted by the children, followed by the design of their own features, drive and choices. It is highlighted that procedures such as these build advances in the child's mental health and encourage him to speak, thus consolidating the transmission of community's cultural values.<sup>18</sup>

According to the information in this manual,<sup>18</sup> although parents are not always prepared to accept the free expression of their children's thinking, they need to understand the power that the association of motor functions and language has in the evolution and acquisition of new knowledge by the child as well as in stimulating their freedom and socialization.

In addition to the care for language development, parents have also shown attention and zeal with the development of motor coordination with the two-year-old son, so the behavior adopted by Margarida is in accordance with the guidelines provided by the Health Ministry and the guide provided by the Portuguese Nurses Order, in which it is emphasized that the children aged two years or more must carry the food to the mouth and eat well with his own hands, using the spoon.<sup>18,24</sup>

Once health professionals are aware of and able to identify the motor, social, psychological and linguistic components that promote the child development process, attention must be paid to any and all warning signs that cause changes.<sup>25</sup>

As a mediator and facilitator of the understanding of these family relationships, the active presence of the primary care nurse or the Family Health unit arise, which should transmit its orientations, particularly during prenatal and child care consultations, home visits or in any other opportunity to intensify the connection between this professional and the individuals, the family, and the home and community environment, thus allowing the construction of a knowledge based on the reality of each one as well as the promotion of an environment favorable to a healthy child development.

After the speech analysis and with the intention of guiding nurses to the development of care practices for

the children's health, we used the Leininger's Cultural Care Theory to propose the following nursing care for this category considering the child development promotion.

PROMOTING CHILD DEVELOPMENT INDICATION OF NURSING CARE
PRESERVATION OF CULTURAL CARE AND/OR MAINTENANCE
DECISIONS AND CARE ACTIONS
Reinforce the demand for the childcare offered by the basic health unit of the Family Health Strategy project.
Praise the mother and encourage her to continue monitoring the children's development
Encourage the promotion of meetings with mothers and fathers to exchange information among them about promoting the child development.
ACCOMMODATION OF CULTURAL CARE AND/OR NEGOTIATION
DECISIONS AND CARE ACTIONS
Stimulate parents to talk to the child for the development of the bonding and language.
Discuss with mothers and fathers the importance of performing child care in health units.
Guide families with the child development milestones according to the age group.
Establish an eye-to-eye communication revealed by an intersubjective and empathic relationship.
RESTANDARDIZATION OF CULTURAL CARE AND/OR RESTRUCTURING
DECISIONS AND CARE ACTIONS
Clarify the parents about the physical, motor and cognitive development adequate for each age, respecting the limits.

By listing these nursing care based on the assumptions of the Leininger's Theory, we propose that nurses develop in children the practice of a congruent, cultural care based on the different cultural values and lifestyles of each individual or group, with the purpose of maintaining, negotiating, or standardizing once again the behaviors in order to avoid cultural shock and thus provide health and well-being for the assisted community.<sup>10</sup>

The application of the scientific knowledge coordinated by the primary care nurse with the families' cultural knowledge will provide a formulation of a promising and healthy assistance regarding the child growth and development, through educational and assistance actions built in a consolidated partnership between professional nurses, parents and children.

## CONCLUSIONS

Understanding the care provided by parents for their children in order to promote the child development reveals many challenges. Understanding how the cultural contribution is present in each family and how it can influence the health promotion in children, especially in these aged up to five years old, allows to expand the child care practices, respecting the primordial holistic vision in nursing science.

The Madeleine Leininger's Cultural Care Theory has allowed us to expand the possibilities of foreseeing this dynamic family scenario, making us realize that it is totally feasible to construct a systematized nursing care with the cooperation

between the family, children, nurses and community, preserving the cultural contributions of each group.

In the development of this research, the proposed objective was achieved by showing the care provided by the parents to their children aged up to five years old, with the opportunity to understand how they developed actions to promote the child development. From the speech analysis, it was possible to develop nursing care actions for children, considering the parents' cultural values.

Concerning the actions performed by the subjects for the promotion of care for the development of children, we noticed the mothers' enthusiasm in accompanying the phases of the motor and linguistic development, besides stimulating, although timidly, the improvement of these functions at each age. Therefore, we highlight that the expected performance for each child's age need to be more explored by nurses considering the child development milestones.

This study highlights the necessity for the nurse, as a primary care professional concerned with the health promotion, to be aware of the fact that the cultural influence still remains in the various manifestations of child care, and that the harmonious coexistence between scientific and cultural knowledge is completely possible.

## REFERENCES

1. Figueiras AC; Souza ICN; Rios VG; Bengugui Y. Manual para vigilância do desenvolvimento infantil no contexto da AIDPI. Washington DC: Organização Pan-Americana da Saúde; 2005.
2. Ribeiro MO; Sigaud CHS; Rezende MA; Veríssimo MLOR. Desenvolvimento infantil: a criança nas diferentes etapas de sua vida. In: Cianciarullo T, coordenação da série; In: Fujimori E, Ohara CVS, organizadoras. Enfermagem e a saúde da criança na atenção básica. Barueri (SP): Manole, 2009. p.61-90.
3. Lopes RCS; Vivian AG; Oliveira DS; Silva C; Piccinini CA. "Quando eles crescem, eles voam": percepções e sentimentos maternos frente ao desenvolvimento infantil aos 18 - 20 meses. *Psicologia em Estudo* 2009; 14 (2): 221-32.
4. O Enrique; Gilardon A Del Pino M; Di Candia A; Fano V; Krupitzky S et al. El desarrollo del niño: Una definición para la reflexión y la acción. *Arch. argent. pediatr.* [Internet]. 2004 Ago [citado 2016 Dez 09]; 102(4): 312-13. Available at: [http://www.scielo.org.ar/scielo.php?script=sci\\_arttext&pid=S0325-00752004000400014&lng=pt](http://www.scielo.org.ar/scielo.php?script=sci_arttext&pid=S0325-00752004000400014&lng=pt).
5. Moreira MEL; Goldani MZ. A criança é o pai do homem: novos desafios para a área da criança. *Ciência & Saúde Coletiva* [Internet]. 2010 Mar [citado 2016 Nov 30]; 15 (2): 321-27. Available at: <http://www.scielo.br/pdf/csc/v15n2/v15n2a02.pdf>
6. George J. Teorias de enfermagem: os fundamentos à prática profissional. 4 ed. Porto Alegre: Artmed; 2000.
7. Leopardi MT. Teoria e método em assistência de enfermagem. 2 ed. Florianópolis: Soldasoft; 2006.
8. Pagliuca LMF; Maia ER. Competência para prestar cuidado de enfermagem transcultural à pessoa com deficiência: instrumento de auto avaliação. *Rev Bras Enferm, Brasília* [Internet]. 2012 Set/Out [citado 2016 Dez 01]; 65(5): 849-55. Available at: <http://www.scielo.br/pdf/reben/v65n5/20.pdf>
9. Soares LC; Klering ST; Schwartz E. Cuidado transcultural a clientes oncológicos em tratamento quimioterápico e a seus familiares. *Cienc Cuid Saúde* 2009; 8(1): 101-08. <http://eduem.uem.br/ojs/index.php/CiencCuidSaude/article/viewFile/7783/4415>
10. Leininger MM. Culture care diversity and universality: a theory of nursing. New York: National League for Nursing; 1991.

11. Leininger MM; Mcfarland M. Culture care diversity and universality: a worldwide nursing theory. Toronto: Jones and Bartlett; 2006.
12. Fontanella BJB; Ricas J; Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. Cad. Saúde Pública, Rio de Janeiro, v. 24, n. 1, p. 17-27, 2008. Available at: <http://www.scielo.br/pdf/csp/v24n1/02.pdf>
13. Gil AC. Métodos e técnicas de pesquisa social. 6 ed. São Paulo: Atlas, 2011.
14. Minayo MCS. Pesquisa social: teoria, método e criatividade. 29 ed. Petrópolis: Vozes, 2010.
15. Bardin L. Análise de conteúdo. Lisboa: Edições 70, 2011.
16. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução 466/12. Brasília: Ministério da Saúde, 2012.
17. Gesell A. A criança do 0 aos 5 anos. Tradução Cardigos dos Reis. 6 ed. São Paulo: Martins Fontes, 2003.
18. Ministério da Saúde (BR). Saúde da criança: acompanhamento do crescimento e desenvolvimento infantil. Brasília: Ministério da Saúde; 2002.
19. Ministério da Saúde (BR). AIDPI - Atenção Integrada às Doenças Prevalentes na Infância: curso de capacitação: introdução: módulo 1. Brasília: Ministério da Saúde; 2002.
20. Ministério da Saúde (BR). Manual AIDPI neonatal: quadro de procedimentos. Brasília: Ministério da Saúde; 2012.
21. Defilipo EC; Frônio JS; Teixeira MTB; Leite ICG; Bastos RR; Vieira MT et al. Oportunidades do ambiente domiciliar para o desenvolvimento motor. Rev Saúde Pública [Internet]. 2012 Ago [citado 2016 Nov 28]; 46 (4): 633-41. Available at: <http://www.scielo.br/pdf/rsp/v46n4/3410.pdf>
22. Andrade AS; Santos DN; Bastos AC; Pedromônico MRM; Almeida-Filho N; Barreto ML. Ambiente familiar e desenvolvimento cognitivo infantil: uma abordagem epidemiológica. Rev. Saúde Pública [Internet] 2005 Ago [citado 2016 Nov 26]: 39(4): 606-11. Available at: <http://www.scielosp.org/pdf/rsp/v39n4/25533.pdf>
23. Amorim RCA; Laurentino GEC; Barros KMFT; Ferreira ALPR; Moura Filho AG; Raposo MCF. Programa de saúde da família: proposta para identificação de fatores de risco para o desenvolvimento neuropsicomotor. Rev Bras Fisioter [Internet] 2009 Nov/Dez [citado Dez 03]; 13 (6): 506-13. Available at: [http://www.scielo.br/pdf/rbfts/v13n6/aop063\\_09.pdf](http://www.scielo.br/pdf/rbfts/v13n6/aop063_09.pdf)
24. Monteiro MAA; Pestana VLFFG (Coord.) Guias orientadores de boa prática em enfermagem de saúde infantil e pediátrica – volume I. Lisboa: Ordem dos Enfermeiros, 2010.
25. Ministério da Saúde (BR). Agenda de compromissos para a saúde integral da criança e redução da mortalidade infantil. Brasília: Ministério da Saúde, 2005.

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