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RESEARCH

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Contributions of Better Childhood for growth and child development in family perception

Contribuições da Primeira Infância Melhor para o crescimento e desenvolvimento infantil na percepção das famílias

Contribuciones de la Primera Infancia Mejor para el crecimiento y desarrollo infantil en la percepción de las familias

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ABSTRACT

Objective: To know the perceptions of the families served by *best childhood first* about their repercussions on children's growth and development and on the family care of children. **Methods:** Qualitative study carried in the household of 15 families. Data were collected by semistructured interviews in September 2016 followed by analysis of thematic content. **Results:** They identified that growing and developing are processes that occur together, acknowledged the support of the visitors, that situations of vulnerability and the constant exchange of visitors interfere in the growth and development of children, that the program offers the construction of learning and strengthening of Effective family care. **Conclusion:** It is recommended that nursing be included in the interdisciplinary team, and that the *best childhood first* be visualized in primary care as a strategy capable of strengthening the promotion of health and the integral care for the child and his family.
Descriptors: Pediatric nursing, Family**,** Child development, Public policies.

RESUMO

Objetivo: Conhecer as percepções das famílias atendidas pelo Primeira Infância Melhor acerca de suas repercussões no crescimento e desenvolvimento infantil e no cuidado familial das crianças. **Método:** Estudo qualitativo realizado no domicílio de 15 famílias. Os dados foram coletados por entrevistas semiestruturadas, em setembro de 2016, seguidas da análise de conteúdo temática. **Resultados**: Identificaram que crescer e se desenvolver são processos que ocorrem em conjunto, reconheceram o apoio dos visitadores, que situações de vulnerabilidade e a troca constante dos visitadores interferem negativamente no crescimento e desenvolvimento infantil, que o programa oportuniza a construção do aprendizado e fortalecimento de um cuidado familial efetivo. **Conclusão**: Recomenda-se que a enfermagem esteja incluída junto à equipe interdisciplinar, e que o Primeira Infância Melhor seja visualizado na atenção primária como uma estratégia

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capaz de fortalecer a promoção da saúde e a integralidade do cuidado à criança e sua família.

Descritores: Enfermagem pediátrica, Família, Desenvolvimento infantil, Políticas públicas.

RESUMEN

Objetivo: Conocer las percepciones de las familias atendidas por la primera infancia mejor sobre su impacto en el crecimiento y desarrollo del niño y el cuidado de la familia. **Métodos:** Estudio cualitativo realizado con 15 familias. Los datos fueron recogidos por entrevistas en Septiembre de 2016 seguido de análisis temático. **Resultados:** El crecimiento y el desarrollo son procesos que ocurren al mismo tiempo, reconocieron el apoyo de los visitantes, que las situaciones de vulnerabilidad y el cambio constante de los visitantes interfieren negativamente con el crecimiento y desarrollo del niño, el programa ofrece oportunidades para construir el aprendizaje y el fortalecimiento una atención familiar efectiva. **Conclusión:** Se recomienda que la enfermería se incluye con el equipo interdisciplinario y que lo primera infancia mejor se visto en la atención primaria como una estrategia para fortalecer la promoción de la salud y la atención integral a los niños y sus familias.

Descriptores: Enfermería pediátrica, Familia, El desarrollo del niño, Las políticas públicas.

INTRODUCTION

The child is a human being that is at the beginning of its development and at the stage where much of the potentialities are acquired. For the maturation process to take place naturally, favorable conditions are necessary. In this sense, it is important to emphasize the importance of a facilitating environment adapted to the physical and emotional needs of the child, making possible good conditions such as safety, affection, shelter and adequate food. The absence of this environment might delay the individual's emotional maturation.[1]

It is also necessary to follow the children's growth and development aiming to visualize the main indicators of children's health conditions, which can be performed by the nurse in primary care. This action provides a comprehensive assessment of children's health, facilitates the detection of early changes and the creation of action plans for the promotion of children's health, backed by public policies, among them is the program known as Better Childhood First (BCF).[2]

The BCF program was implemented in April 2003, in the *Rio Grande do Sul* State, Brazil, as a program aimed at promoting early childhood development. In 2006 it became one of the most important public policies in the state. It was implemented through partnerships between the State and municipalities, which is structured around three axes, as follows: family, community and intersectoriality.[3]

The purpose of this policy is to guide families, based on their culture and experiences, to promote the integral development of their children from gestation to six years of age, prioritizing the monitoring of the population in situations of vulnerability and social risk. It is executed by the State and Municipal Technical Groups and by the monitors and visitors. At the state level, technicians have degrees in health, education and social areas. In the municipal is managed by the municipalities and their secretariats, having as one of its functions to enable the visitors and monitors in the performance of actions of implementation of the policy, all actions being guided by the United Nations Educational, Scientific and Cultural Organization (UNESCO).[3]

The BCF monitor is a professional with higher education and is responsible for guiding, supervising and sharing knowledge with the visitors about the methodology of the policy so that they can use them with their families. The visitor weekly carries out the work with the families in their homes, plans, guides, demonstrates and evaluates activities with them.[3]

It is known that nursing works in primary care and that the Family Health Strategy (FHS) team should work with the BCF, as it is part of the policy advocated in the care network and supports the promotion of comprehensive health care of the child and his/her family.[3] The nurse has the opportunity to perform comprehensive care and prevent injuries in the community horizontally, through educational groups, home visits, play activities and training of visitors.

Nevertheless, the family needs to be perceived as a care unit, place of shelter and security, making up one of the main supports in the lives of individuals. It is known that exchanges of affection between parents and children contribute to strengthening family relationships, being fundamental in the life of each member in what concerns their development, the search for new ways and the formation of their identity.[1]

Given the aforementioned, it can be seen that health actions need to be directed to a broad context of health, based on the reality of individuals and the scientific information. The families and children assisted by the BCF receive global and qualified care; they establish a bond with the professional, and share information that enables them to adopt resolute actions in favor of health and prevention of the sickness of their children.

A research[4] carried out in 38 municipalities in the *Rio Grande do Sul* State, Brazil, which aimed to know the perceptions of the visitor in the context of the activities performed in BCF verified the concern of the visitors about the scientific nature of their actions to provide children with their healthy and full development. It should be noted that the limitations encountered by BCF visitors to develop their work concern the vulnerability of families and the difficulty in sensitizing them to participating in and carrying out the programmed activities. The visiting professionals realized that the families did not recognize the role of the visitor in promoting the child's health through the bond and interaction with the whole family.

In this context, the importance of studying of this subject is established so that the perceptions of the families that receive the service from the BCF can be identified, aiming to give subsidies to the visitors to create care strategies that attend to the particularities of the families with whom they work, then enhancing their work performance and allowing health education actions according to the actual demand.

Therefore, the proposal of the present study focused on the following question: What are the perceptions of families assisted by the BCF program with regards to their impacts on child growth and development, as well as on the family care? The study's purpose was to understand the perceptions

of families assisted by BCF about their implications on child growth and development, and also on the child family care.

METHODS

It is a descriptive-exploratory study with a qualitative approach, The qualitative method is the one that applies to the study of history, relationships, representations, beliefs, perceptions and opinions resulting from the interpretations that humans make respect for how they live, feel and think. This method allows the construction of new approaches, revision and creation of new concepts and categories during the investigation.[5]

The descriptive research aims at elaborating features, providing new insights into an already known reality. They still require the researcher to use observation, recording, analysis, classification, and interpretation from the theoretical framework, without interference. The exploratory research aims to explain and modify concepts, allow greater familiarity with the problem and construction of new hypotheses. This modality involves a bibliographical survey, interviews and analyzes.[6]

The study participants were 15 families assisted by the BCF. For the selection of participants, the following inclusion criteria were applied: families enrolled in the BCF database, which had been under follow-up strategy for at least six months. As exclusion criteria, families with cognitive limitations prevented them from participating.

It was carried out in the households of the families that received the BCF visitors. The households are located in different neighborhoods of a municipality in the interior of the State of Rio Grande do Sul, Brazil. Data collection took place in the period of September 2016 through documental research and semi-structured interviews.

At the first moment, the researcher participated in one of the planning meetings with the visitants and the monitors from the BCF Program of Santiago, aiming to present the proposal of the research for the families registered and set up a schedule for the visitors follow up in the care modalities. This participation was authorized by the Municipal Technical Group, and also by the coordinator of the BCF and the Municipal Mayor, through a previous contact. It was considered important this moment of approach with the team for a better understanding with regards to the research and its contributions.

In the second moment, it was carried out with the visitors in the care modalities, following the schedule made with the team, for a contact and prior scheduling of the interview with the families. This accompaniment to the family with the visitor allowed the researcher to initiate the bond with the participants and to schedule the interview according to the availability of the family, to guarantee the effectiveness of the next visit. In the third moment, it was realized the home visit, only of the researcher, for the accomplishment of the semi-structured interviews. These had an average duration of 60 minutes each, being recorded and transcribed for later analysis.

Data analysis was performed through thematic content analysis,[5] which unfolds in three stages. The first stage consisted of the pre-analysis in which the choice of the documents to be analyzed and the resumption of the initial objectives of the research were made. In the second stage, the material was explored in order to reach the comprehension of the text and to find categories of expression or significant words according to which the content of the speech was organized. In the third moment, the handling of the obtained results and also the interpretation of the gross results occurred.[5]

The study was approved by the Research Ethics Committee from the *Universidade Regional Integrada do Alto Uruguai e das Missões – URI* (Santiago Campus), under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] No. 57492316.5.0000.5353. The study respected the formal requirements contained in the national and international norms regulating research involving human beings. To ensure anonymity, the statements used were identified by the letter 'F' that represents the word 'Family', followed by sequential numbering of the interview order.

RESULTS

After analyzing the obtained results, it was possible to characterize the study participants and the following categories were apprehended: Child growth and development according to the families' viewpoint; The family care based on the actions of the public policy from the Better Childhood First; and, Family: the child's first social group.

Characterization of the children's family who are assisted by the Better Childhood First program

Considering the 15 families that participated in the study, 12 were formed basically by the father, the mother and one to three children. In three families the grandparents, uncles and aunts lived in the same house. The parents of the children who received BCF follow-up were between 18 and 49 years old (average age 29 years old). Regarding the marital status of the children's parents, five had a consensual union, four were married, and two lived in common-law marriage. Two mothers were single, one widow and one divorced, and the children lived with them.

The monthly income of the families varied from one-half to ten minimum wages. The professional activities mentioned by the mothers were, as follows: housekeeper (seven), charwoman (two), student (two), pensioner, administrative assistant, saleswoman, and teacher. With regards to the fathers: driver (two), bricklayer (two), mechanic (two), electrician, welder, recycler, baker, military agent, gas station attendant, and freelancer. It is noteworthy that two mothers reported having left their jobs to dedicate themselves exclusively to take care of the child.

Concerning the religion, six families did not practice it, two did not specify it, five were Catholic, one Evangelical and one family had an evangelical mother and a Catholic father. The time in which the families received the BCF follow-up varied between six months and three years, and only one family received follow up since the gestation stage. The study participants resided in six different neighborhoods of the city.

Child growth and development according to the families' viewpoint

The perception of the families about their child's growth and development was sought in the families' reports. They perceive that to grow and to develop are processes that occur together characterized as the acquisition of skills and competences in their daily life. This reality is explained in the following statements:

"Child growth is how he is developing, its education, the teachings, the culture, the day to day activities, all that he will do, what he is learning, doing new things. We buy a toy thinking he will play in one way and all of sudden he uses other means to play with it." (F3)

"Child growth I think is as much in health as the development of knowledge of her, by walking, by picking up things. Development is to obtain human capacities, to grasp, to walk, to learn, to speak, to communicate." (F8)

"Her development (child-daughter) is growth and learning, it is basically this, what she develops every day, what she learns." (F6)

Families reported about the importance of parents and the care network during the childhood of their children. The care offered by the BCF is perceived by families as an important point of the care network in assisting the process of child development, as it offers a home care, individualized and integral. They mentioned the importance of welcoming BCF visitors, recognizing them as capable professionals who have a holistic look towards the needs of the child and his/her family.

"He (child) began to develop a lot from the activities carried out by the BCF. The encouragement that the visitors made with him resonated in the school as well. The visitors work in the process of fine motor coordination; they teach us with the activities carried out here at home. We made art cuts, paintings. Even in socializing with others, I think BCF does the job well." (F7)

'It is the accompaniment of the parents, the visits of the BCF, the school, this all comes along. With the preschool we saw that he developed, learned a lot. The BCF visitor is someone else to keep up with his growth. Someone who makes toys for him to start thinking, to develop, to have skills in his hands." (F2)

"The BCF helped me a lot, was marked psychologist, the care they have. Sometimes it goes unnoticed day by day, but it is a gradual evolution. The visitor comes every week to take care of her (child) was two months old when she started. So she (visitor) saw all the stages, the siting, the eating with the hand, the toys were within that age group and for all of us, it was very good." (F15)

They reported that through the BCF they understood the importance of providing adequate environmental conditions for the child's growth and development and the reflection on the quality of the experiences.

"Love, protection, care, dedication, we try to make the most of each stage. This service reflects in the school. They are affectionate; they have the little friends, the care that we give in the house. This affection of mother and father will reflect in his whole life." (F15)

They pointed out situations of vulnerability that negatively affect the child's growth and development.

"Wanting things and not having it, food, basic materials, the house is small. My daughter and I sleep with my mother (child's grandmother). My father (child's grandfather) sleeps in the living room. It's bad, we're in a tight situation." (F12)

"The needs of a home. The house is not good, there is no bathroom, the light is borrowed, and the water is borrowed." (F9)

The family care based on the actions of the public policy from the Better Childhood First

The results indicated that the BCF program facilitates the learning process and enhances the family care. In the following reports, it is described the valorization of the families, and that the support received from the visitors strengthens their skills and makes them protagonists in taking care of the children.

"It's a quiet time to get together to play. The visitor comes here at home, we play with our daughter, we create the toys, we help to make a toy, we read the guide together, we learn to interact with her. It's good for the whole family." (F4)

"Imagine if I did not have these visits, the child would have a routine. My wife (mother) is the one who accompanies more, and the day already has a great expectation. Today the BCF girl will come here, let's do an activity, let's talk. I work, so I cannot follow much, but I try to put into practice the guidelines that my wife receives and gives to me later." (F2)

In contrast, only one report revealed that the benefits are centered on the child, not bringing contributions to the family. It was perceived a fragmented view of this family in relation to the care offered by the BCF.

"It's more directed at her (child). There is not much for the family." (F8)

The family guide, given by the visitors, is perceived by them as an information and support tool where guidelines are available for different age groups. This handbook helps families keep up with the growth and development of their children.

"I think the BCF came to bring answers because many mothers do not know at what age the child has to be fluent speaking, have to sit, to crawl, and to walk. Sometimes you may even have some developmental issues and you find yourself through the program. The child has to respond to the stimuli of the age group, there is enough information in that little book (family guide). I always accompanied to see if he (child) was doing everything." (F7)

"Even at the time of reading the little book (Family Guide). Sometimes we read together. It's the first child, we keep looking even in the card, there are several things for each toy, according to the months that he develops." (F1)

"Due to the rush, we may miss something. At that time he is being watched. She is monitoring, she is seeing if everything is correct with our son. She brings a little book where she has the correct accompaniment of each phase if he is fitting, and we try to accompany and stimulate it. It's great, we realize that it is within normalcy." (F10)

The families associate the service mainly with the play, because in their weekly activities at home they used play activities to interact with the child and his family. Moreover, it was identified that some families did not know such actions before receiving this service.

"Even the discovery, he discovered through the little storybooks assembled by the BCF. He got to know the stories, the puppets, things to put together, doing stuff, hitting, things like that. Everything that has been helping to add to his life, to his growth and development." (F11)

"For her (child-daughter) the monitoring of the BCF has been very good. Even because we did not put her in school. So for now, it's a way for her to have a contact with different people, a way for her to develop a little more, to have a different, creative toy that can be built by us in our house." (F5)

As a limiting factor, they pointed out that the constant exchange of visitors is understood as a negative point since the link between visitor and family is interrupted and needs to be restarted frequently.

"At first it costs us to get used to it, but here comes another one to change. It is bad when the family gets used to the visitor and when he sees the coordinator arrives (monitors) and says that he will change again." (F9)

"The teachers (visitors) who come to teach, when we get used to one, then they change for another one. Therefore, I told her (monitor) that I did not want the BCF program anymore, because it is always changing people, even though we end up creating a relationship with the person who goes to our house and accompanies our children." (F13)

Family: the child's first social group

It was investigated in the families' speeches how did happen the pregnancy discovery, the planning, and acceptance of the arrival of a new being in the family context. It was noticed that there was an idealization of the child, which in some situations, pregnancy was not desired, but acceptance took place and that all families reorganize in unique ways for the raising of their children.

"As I wanted so much, I could not believe it was true. All people were so happy, especially after they discovered that he was a boy, especially the father, who wanted a boy. But if the child was a girl, it would be the same, the same feeling of love and joy." (F10)

"Look, this was God's planning, both in my life and in his life. They are God's plans. Without planning and questioning a lot, a mission has been given to us. So much was I chosen to be his mother as he was chosen to be my son, so much so that it took me 13 years to get pregnant." (F11)

"We did not plan to have more children, nor did we imagine that another would come, but he came. We had to accept. Sometimes it's exhausting, but it's very good." (F13)

The potentialities of the families participating in the study were found to be the union and adaptation of the daily routine to take care of the child. The reports showed that the good relationship between family members served as emotional support for ensuring a healthy childhood for the child.

"A strong point of our family I think is our union. We are always supporting ourselves in spite of the difficulties, about everything, always paying attention to her (daughter) and to everyone, despite the new pregnancy, which is still a bit new for us, but gradually we are learning." (F8)

"The whole routine has changed because of the baby. I even had to change; I already was kind of accommodated. I had to have more energy, more time to play with him, I have to ride a bike, go to the playground; he wants to play. So I believe that our union to take care of him is a potentiality of our family." (F2)

Furthermore, according to reports, affectivity and bonding were shown to be necessary for the healthy development of the child. The choice was to leave work to fully dedicate themselves towards taking care of the children with the intention of minimizing the child's emotional needs.

"I was working until I got him, then I stopped, I wanted to take the time to take care of him, I did not put him in the daycare because I was at home and there were people to look after him when I left." (F14)

"She walks hand in hand with me in the house, do you believe it? He too (the brother) because they are very close to me. I stopped working in order to take care of them. I

never wanted to put them in a kindergarten because I think that in the first years of the children, parents need to be closer to take care. They get very close to us, and also we have to considerer the breastfeeding issue, which is very important. It is different when you take care at home along with the family." (F4)

DISCUSSION

The infant growth and development processes were identified as occurring together; despite controversies, the literature presents them as different but aggregated phenomena. The families, participants in the study, viewed them as occurring in one single process, where one is dependent on the other, they differ in the physiological sense but are close in their meaning.[7] It is believed that understanding these processes brings benefits to the child and the family since it allows an understanding of health indicators and the achievement of opportune stimulation.

The study shows that growth and development are united, but the first is more measurable is expressed by the increase in body size, and is evaluated through anthropometric measures. Through growth monitoring, the professional has the possibility of identifying health conditions, food, hygiene and other environmental conditions that the child is exposed.[7]

Development begins at conception and goes on throughout life, is the acquisition of abilities in the physical, psychic, cognitive, among others, this process is influenced by the environment in which the child lives, which may either limit or encourage these abilities. Development in childhood is fundamental, in this sense it is indispensable that professionals and the family know the characteristics and needs of the child.[8]

The social vulnerability of the families was presented in this study as limiting the children's growth and development. The families visited reported financial difficulties, lack of food and inadequate housing conditions. These situations expose children and make them susceptible, and may negatively influence their potential for growth and development, and families have had this understanding. It is known that such factors are determinants in the health and illness process of a population or family.

It is necessary to understand that health, food, work, housing, leisure, security are responsibilities of the State, as well as guaranteeing access to all without prejudice. All Brazilians have the right to enjoy the basic conditions of survival.[9] In order for integrality to take place in the care, it is necessary to act in a team and to value the subjects in their totality, considering biological, psychological and socio-cultural aspects.

In this context, health care networks are considered, with the mission of providing continuous and integral actions, at the right time and place, integrating all the services of the *Sistema Único de Saúde (SUS)* [Unified Health System], with primary health as the pillar.[10] BCF is a policy of this social network that has direct access to families and can be considered as an important resource for detecting aggravations, vulnerabilities and mediating actions of health services, education and social action among others according to the families' needs.

Concerning the results found in this research, the union as a potentiality of families, the bond between mother and child and family, stands out. In this sense, Winnicott's studies emphasize that the child needs to feel wanted and loved, that such action is still initiated in intrauterine life with his mother. It is a process of intimate and deep communication, and family members should continue to promote trust in these relationships of affection with the child. Parents who manage to maintain a united home provide security to these small human beings who are members of a society and have become creative and active beings.[1]

BCF is perceived as a support that supports the process of child growth and development through the valorization of the family. This policy commits itself to the integral development of early childhood. Its purpose is to guide families through their experiences of care and to stimulate children in their uniqueness.[3] The role of parents as mediators of child development is indispensable since these contribute to their children being inserted into the social context.[11]

The frequent changes of visitors are seen in a negative way because the entire bond formed with this professional is broken and a new process must begin. This is explained because, in the municipality, the visitors are trainees, undergraduate students of both Nursing and Psychology courses, contracted through a two-year provisional selection process, by means of approval in a theoretical contest. The link between professionals and users is considered a healthy light technology and provides exchanges of knowledge, horizontal dialogues, and results in comprehensive and unique health care. In primary care is an important tool that the professional uses to know the specificities of each family based on the reception, accountability, and trust between these individuals.[12-13]

Hence, it is important to provide shifts in actions to end fragmented care based solely on a disease. Professionals need to work on prevention, promoting health education for all members of the family. Nurses have the opportunity to perform comprehensive care because they are directly involved with individuals and families. The FHS nurses build a link between population and professionals in order to visualize the real demand, continue care and carry out preventive actions.[14]

In this sense, it is recommended to carry out the home visit, which allows professionals to visualize the context of life in which the families are inserted, and to make an appropriate intervention in the face of necessity and possibility. The domicile is a privileged space for primary health care, in addition to allowing the creation of a link between the family and the professional, allowing for effective guidelines and prevention of diseases.[15]

In a study carried out in the cities of *Passos* and *Ribeirão Preto*, aiming to characterize the needs of nurses about scientific knowledge that support nursing care in the clinical practice of primary health care of the child showed that the clinical domain is important in this scenario, but that it is essential to act in a way that values families, identifies

health needs, performs necessary interventions and shares responsibilities.[16]

Regarding the bond that was strongly emphasized here, it is noted that this affectionate relationship formed between mother and child occurs by language since the baby is in the womb, and even before that stage. The mother protects her child and is able to adapt to their needs and, from there, builds a good relationship with the father and family. The beloved and cared child can grow stronger in order to develop, live and confront society.[1] Given this perspective, the family is an important support for the child and the interaction among its members can be strengthened through playfulness, since playing contributes to building the trust bond, and also serves as an intervention strategy by having a therapeutic approach.[17]

CONCLUSIONS

Through this study it was possible to know the families' viewpoint with regards to the BCF, as well as to identify the characteristics and describe the potentialities and difficulties of these families to promote the healthy growth and development of their children. The bond was identified as enhancing the relationships established with the child in the family environment and the actions developed seen as a stimulus for infant growth and development.

It was noticed the importance of the interdisciplinary work of the BCF professionals in the primary care. In this context, nursing should assume the role of health educator, promote actions that empower families, as well as promote moments of exchange and realization of care plans that meet their singularities. Furthermore, the family should be seen as a unit of care, because it is the one who assumes responsibility for the health of its members.

The study pointed to the need to strengthen networks in health care for comprehensive early childhood care. The importance of home visits in this monitoring was emphasized so that families participate actively in the care of their children. It is necessary to develop new studies with this theme so that the care actions for children and their families can be scientificity supported and also attend to their individualities.

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