

Understanding the Family Relationship Towards Child Growth and Development

Compreendendo a Relação da Família com o Crescimento e Desenvolvimento Infantil

Comprender la Relación Familia con Crecimiento y Desarrollo Infantil

Michelle Carvalho de Souza ^{1*}; Adriana Olímpia Barbosa Felipe²; Clícia Valim Côrtes Gradim³

How to quote this article:

Souza MC, Felipe AOB, Gradim CVC. Understanding the Family Relationship Towards Child Growth and Development. Rev Fund Care Online.2019. Apr./Jul.; 11(3):694-699. DOI: <http://dx.doi.org/10.9789/2175-5361.2019.v11i3.694-699>

ABSTRACT

Objective: The study's purpose has been to identify the available evidence in the literature about the family relationship related to child growth and development. **Methods:** It is an integrative literature review elaborated from the six phases according to the proposed by Ursi. **Results:** Unappropriate parental attitudes and beliefs often interfere in their children's lives, then leading them to adopt the same inadequate standard. Nevertheless, the benefits of family experience sharing can overcome their rare harms, thus playing a very important role in the child's life and also facilitating its growth and development. **Conclusion:** It was observed that the family plays a very important role in several aspects of the child's life, whether healthy or not. Despite the importance of this subject, it was noted an absence of studies addressing this matter, then highlighting the need for carrying out new investigations.

Descriptors: Growth and Development, Child, Family Relationships.

¹ Nursing Graduate by the UNIFAL, Scholarship holder of the Educational Program *Tutorial/SESu/MEC*. Universidade Federal de Alfenas (UNIFAL), Brazil.

² Nursing Graduate by the UNIFAL, Postdoctoral Researcher by the Nursing School at UNIFAL. Universidade Federal de Alfenas (UNIFAL), Brazil.

³ Nursing Graduate by the UNIFAL, Postdoctoral Degree by the *Escola de Enfermagem de Ribeirão Preto*, Full Professor of the Nursing School at UNIFAL. Universidade Federal de Alfenas (UNIFAL), Brazil.

RESUMO

Objetivo: Identificar as evidências disponíveis na literatura sobre o relacionamento familiar no crescimento e desenvolvimento infantil.

Métodos: Definiu-se como método a revisão integrativa de literatura elaborada a partir das seis fases propostas por Ursi. **Resultados:** As atitudes e crenças desapropriadas dos pais interferem, muitas vezes, na vida de seus filhos, levando-os a adotar o mesmo padrão inadequado. Entretanto os benefícios da convivência familiar superam seus raros malefícios, desempenhando papel importantíssimo na vida da criança e facilitando seu crescimento e desenvolvimento em todas as suas formas. **Conclusão:** Percebe-se que a família é de suma importância em vários aspectos na vivência da criança, seja ela saudável ou não e apesar da importância dessa temática nota-se que há uma escassez de estudos sobre o assunto, apontando a necessidade do desenvolvimento de novas pesquisas que abordem esse tema.

Descritores: Crescimento e Desenvolvimento, Crianças, Relações familiares.

RESUMEN

Objetivo: Identificar la evidencia disponible en la literatura sobre las relaciones familiares en el crecimiento y desarrollo del niño. **Métodos:** Un método como el definido revisión integradora de la literatura extraída de las seis etapas propuestas por Ursi. **Resultados:** Las actitudes y creencias de los padres expropiadas interfiere muchas veces en la vida de sus hijos, lo que lleva a adoptar el mismo nivel insuficiente. Sin embargo, los beneficios de la vida familiar son mayores que su daño rara, que desempeña el papel importantísimo en la vida del niño y facilitar su crecimiento y desarrollo en todas sus formas. **Conclusión:** Se advierte que la familia es muy importante en muchos aspectos de la experiencia del niño, ya sea sana o no, ya pesar de la importancia de este tema que tenga en cuenta que hay una escasez de estudios sobre el tema, señalando la necesidad de desarrollar una nueva investigación que aborda esta cuestión.

Descriptores: Crecimiento y Desarrollo, Niño, Relaciones Familiares.

INTRODUCTION

Childhood is an essential phase for children's health, in which the child begins to understand the world in which he lives, goes through various experiences, establishes his references and develops capacities that will serve his future, as well as understanding the primordial processes of human growth and development. As a consequence of the various changes experienced during their growth and development, the child needs assiduous assistance; in order to avoid or reduce possible harm to their health.¹

Childhood growth and development are important factors in public health, as it is at this stage that pathological processes are diagnosed, as well as being the best stage for prevention and health promotion since parents and the family are willing to learn how to best take care of their son.

The family is considered the first educational institution that has the function of disseminating its socio-cultural legacy to build, from the infancy of the individuals, the desirable behaviors for its insertion in the society, besides assigning to each one its social positioning according to its ethnic group, religion, values, among others.²

The child's relationship with his or her family members

helps them to learn to interact with the world, contributing to their psychosocial development and their mental health. It is also responsible for spreading its culture and customs, keeping them alive among the generations.³

For growth and development to occur satisfactorily, the child cannot be seen only through the biological aspect, but rather as a being inserted in a sociocultural and family environment. Therefore, the nurse as a fundamental element in child care needs to have adequate knowledge about this theme, and also the peculiarities of this clientele and their family in order to intensify their potential and develop strategies that stimulate child development.⁴

In our practical experience as teachers and students of the nursing course, we realize that the family directly influences the children's way of being and acting, then reflecting on how they view the world and deal with everyday occurrences, whether good or bad.

Given the aforesaid, there is a need to understand this influence and what are the existing factors that make it beneficial for both parties, leading us to understand how health professionals can act, collaborating with this relationship.

OBJECTIVE

The study's goal is to identify the available evidence in the literature about the family relationship related to child growth and development.

METHODS

In order for the planned proposals to be accomplished, an integrative literature review was defined as a method whose purpose is to group and synthesize the studies done on a given topic, to determine conclusions based on their results, to arrive at a definition or solution of the problem raised.⁵

The integrative review is the most comprehensive from a methodological viewpoint, allowing the incorporation of experimental and non-experimental studies in order to allow a complete understanding of the phenomenon investigated.⁶ Furthermore, it makes possible the incorporation of the application of the results of relevant studies in practice.⁷

The elaboration of this integrative revision occurred through the six phases according to the proposed by Ursi.⁸ They are as follows:

Phase 1 - Identification of the integrative review either theme or questioning:

This study had as guiding question: What is the relationship of the family with child growth and development? In order to do so, the following health descriptors were

used and also the Boolean operator AND: child growth and development AND family AND nursing.

Phase 2 - Sampling or literature search:

The databases used were, as follows: *BIREME (Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde*, also known by its original name *Biblioteca Regional de Medicina*) / *BVS (Biblioteca Virtual em Saúde)* that hold the MEDLINE, LILACS, and BDNF databases. The Cumulative Index to Nursing & Allied Health Literature (CINAHL) and the US National Library of Medicine National Institutes of Health (PubMed) that holds the MEDLINE database.

The sample was selected by using the following criteria: articles published in full in the last ten years (2005 to 2015) in Portuguese, English, and Spanish that addressed the topic “growth and development of the child and family” including all articles independent of the method used and excluding Theses and Dissertations.

Phase 3 - Studies categorization:

Primary, a detailed reading of the titles, abstracts, and keywords was carried out, and then it was ascertained whether the articles answered the guiding question of the study. Subsequently, the article was searched and entirely read, then the selection occurred and, lastly, the articles were assessed according to the instrument proposed by Ursi.⁸

For a better visualization and display of the data, a table was created that synthesizes by means of categories the articles located in the databases through the following aspects: databases; found articles; eligible articles; duplicated articles and selected articles.

Phase 4 - Evaluation of studies included in the integrative review:

For the best critical assessment of the productions of scientific knowledge in nursing, the following evidence classification system was used:

[...] level 1, meta-analysis of multiple controlled studies; level 2, individual study with experimental design; level 3, study with quasi-experimental design as a study without randomization with single group pre and post-test, time series or case-control; level 4, study with non-experimental design as descriptive correlational and qualitative research or case studies; level 5, case report or systematically obtained data of verifiable quality or program evaluation data; level 6, opinion of reputable authorities based on clinical competence or opinion of expert committees, including interpretations of non-research-based information.⁹

Phase 5 - Results interpretation:

After performing the articles’ scrutinized reading, then their objectives and conclusions were lined up. Moreover, the results are presented in a summary table aiming to achieve a better visualization. **Table 2** presents the synthesis of the articles selected by means of the inclusion criteria with the following aspects: article’s title/publication year; author(s)/publication country; professional category; the study’s goal; result and conclusion, and evidence level.

Phase 6 - Synthesis of the knowledge evidenced in the articles analyzed or integrative review presentation:

The discussion of the obtained data was made in a descriptive way, allowing the reader to assess the applicability of the integrative revision elaborated, in order to fulfill the objective of this survey.

RESULTS AND DISCUSSION

A total of 111 studies were found on all bases investigated, and two were found to be repeated in two databases.

After reading the articles’ titles, 19 were selected and eight were excluded from the reading of their abstracts, since they did not answer the guiding question. Thus, of the 11 publications chosen, four covered the proposed theme and were selected to compose this study.

Table 1 – Article’s selection according to their databases.

Database	Found articles	Eligible articles	Duplicated articles	Selected articles
MEDLINE	88	13	0	2
LILACS	3	2	1	0
BDNF	1	1	1	0
CINAHL	19	3	0	2

Source: Authors. *Alfenas*, 2016.

Considering the four articles that answered the guiding question and that obeyed the pre-established inclusion criteria, after an exhaustive reading, the analysis of the same ones is presented in the following table.

Table 2 – Information of the articles with regards to their titles, publication year, authors, country, objective and evidence level.

Article’s title/Publication year	Author(s)/Publication country	Objective	Evidence level
1) Differences in parenting needs of fathers of children with chronic conditions related to family	Judith K. Hovey ^{10/} United States of America	To compare parenting concerns and coping strategies for parents of chronically ill children and with annual incomes of less than US\$ 50,000 with parents of chronically ill children with a family	2

income/2006		income of US\$ 50,000 or more.	
2) Family-Centered Care/2010	Trenda Ray e Angela Green ¹¹ / United States of America	Exploring child growth-related issues when they were undergoing heart transplantation and propose a family-centered approach.	6
3) Parents' beliefs about appropriate infant size, growth and feeding behavior: implications for the prevention of childhood obesity/2010	Sarah A. Redsell, Philippa Atkinson, Dilip Nathan, A. Niroshan Siriwardena, Judy A. Swift e Cris Glazebrook ¹² /United Kingdom	Exploring the perception of adequate child size and growth, including possible cultural influences. Investigating parents' viewpoints about children under risk for childhood obesity. Determining the beliefs of parents about infant feeding practices and breastfeeding break approaches.	4
4) Participação das mães-pais no cuidado ao filho prematuro em unidade neonatal: significados atribuídos pela equipe de saúde/2007	Josefina Gallegos Martínez, Luciana Mara Monti Fonseca e Carmen Gracinda Silvan Scochi ¹³ /Mexico	Identifying and analyzing the meanings of mothers/fathers participation in the care of hospitalized premature child, attributed by the health team.	4

Source: Authors. Alfenas, 2016.

Note: The articles' titles were kept as original.

All articles are authored by nurses, two were written by nurses only and in two there is no identification of the professional category of the other authors. Considering the assessed articles, two were developed in hospital institutions, evaluating the presence of the parents in the neonatal unit and another one with children with chronic diseases related to the parents' income. An article relates the cultural aspect of children with obsessiveness and was developed in the community. And the last is an editorial about how the family has to adapt to children who have undergone heart transplants.

Regarding the type of journal, all were published in periodicals linked to nursing, indexed in databases, whether specific or public health. As for the methodology used, only one article presents evidence level two, which is a study based on the comparison of the income of parents with children bearing chronic diseases, the others are opinion studies or qualitative, in other words, low scientific evidence.

Bearing in mind the purpose of this review, in other words, to understand the relation of the family to the child's growth and development, it was noticed that the articles that constitute the sample, in most cases, only mention the father and the mother; and demonstrate that the family has more positive than negative aspects of the child's life. Consi-

dering the four articles analyzed, all refer to the growth and development of children who present pathologies, be they premature, obese, cardiopathy or other chronic diseases.

All studies indicate that the family is indispensable since the child's birth, because it allows the necessary conditions for the maintenance of its growth and physical and neurological development.¹⁴

Accordingly, appropriate human development depends, for the most part, on the care received in childhood, and these will also determine their future skills in how to learn to relate and regulate their emotions.¹⁵

This relationship is also fundamental for children who have some chronic illness, since the presence of the family provides the incorporation of the therapeutic regimen, greater adherence to the treatment, minimizes the readmissions and facilitates the receipt of guidelines on hospital discharge. It is important to emphasize that in the case of a child with chronic illness, the family structure is broadly modified, whether in the professional, financial or social sphere, since all family members have to adapt to a new routine, with different restrictions and rules.¹⁶

Nurses facing these families with children with chronic diseases can educate them, and help children understand their pathology and encourage self-care. The treatment cannot deprive it of living the essential moments of childhood and should focus on the child and not on the disease, contributing to the reduction of its malefic effects.¹⁷

One of the studies concluded that the presence of mothers in the neonatal unit modifies the environment and increases the insecurity of the nurses because they feel they are supervised and are also worried about the risk of hospital infections. However, they recognize that the mother helps to reduce work overload by participating in care and that this closeness improves the clinical state of the newborn and facilitates the clarification of doubts.¹⁸

Parents who are interested in and look for more information about the pathology of their children can understand them better and are thus better prepared to avoid problems or to recognize changes so that they are treated early. Therefore, parental consent directly affects the lives of their children.¹⁹

One negative aspect of the attack was the lack of incentive to breastfeeding. For there has been supplementation with formulas or it has been interrupted due to the belief that this milk is not enough or even by the erroneous influence of disabled health professionals, including nurses, who recommend weaning before six months of life. Additionally, many parents do not have the proper science of healthy eating practices and associate high weight with good health, making their children's lifestyle unfavorable.²⁰

For this reason, it is essential to assess the health conditions of the families, their environment, resources and means of care, in order to reinforce what contributes to the health of the children and to intervene in what may harm them.²¹

Within this context, it was noted that the role of nurses during the follow-up of child growth and development in

primary health care is essential, as it aims at the early detection of health changes and can elaborate a planning of prevention interventions diseases, health maintenance and promotion.²²

Parents' answers to their children's behavior are pointed out as a relevant factor in children's health. Childhood obesity, for example, can be triggered by parents' custom of offering food to compensate for certain attitudes of children, such as tantrums, crying and agitation, or because children get poor eating habits by staying home alone for a long time.²³

It is important to note that not all parents have the appropriate social capacity to discipline their children, in addition, some share outdated ideas of education, such as physical punishment, and others do not have proper knowledge about child development.²⁴ Therefore, often parental attitudes and beliefs interfere with the lives of their children, leading them to adopt the same inadequate standard.

Nonetheless, the benefits of family life outweigh its rare harms. In other words, it is undeniable that the family plays a very important role in the child's life, facilitating its growth and development in all its forms, through stimuli, affection, and care offered either directly or indirectly.

The family is the first and most important means of socializing the child, so it is in her that one learns to live with other people and to form essential questions of their personality. Hence, it is always necessary to understand how the family collaborates with child development, be it healthy or pathological.²⁴

Concerning the study's limitations, it was observed that there are a number of researches that relate the impact of the family on the children's life, especially, in the case of healthy children.

CONCLUSIONS

It was observed that the family plays a very important role in several aspects of the child's life, therefore, it is fundamental that pediatric care models minimize the distance of the child and his/her family in case of hospitalizations and treatment of diseases. Aiming to do so, nursing professionals have the conditions to strengthening and encouraging this relationship, since they are closer to families from primary to tertiary care.

And in the case of healthy children, it is essential that this family presence is also reinforced by the Family Health Strategy and schools, as these institutions have positive effects on child growth and development.

Despite the importance of this subject, it was noted an absence of studies addressing this matter. It is necessary carrying out new investigations, so they can contribute to the strengthening of the child's living with his family. The studies are mainly Brazilian since we are a country that has a large population growth, which has undergone several modifications in the society and in the families. Nevertheless, it is important to note that through the country's health

system, especially the Strategy Family Health, it is possible to promote changes.

REFERENCES

1. Reichert APS, Almeida AB, Souza LC, Silva MEA, Collet N. Vigilância do crescimento infantil: conhecimento e práticas de enfermeiro da atenção primária à saúde. *Rev Rene*. 2012; 13:114-26.
2. Chapadeiro CA, Andrade HYSO, Araújo MRN; Nescon/UFMG. A família como foco da Atenção Básica à Saúde. 2012; 1(1): 18-28.
3. Brasil. Caderno de Atenção Básica. Saúde da criança: crescimento e desenvolvimento. 2012; 33 (1): 23-31.
4. Falbo BCP, Andrade RD, Furtado MCC, Mello DF. Estímulo ao desenvolvimento infantil: produção do conhecimento em Enfermagem. *Rev Br Enf*. 2012; 65:148-154.
5. Koller SH, Couto MCPP, HOHENDORFF, JV. Manual de Produção científica. Porto Alegre: Penso, 2014.
6. Pompeo, DA, Rossi, LA, Galvão, CM. Revisão integrativa: etapa inicial do processo de validação de diagnóstico de enfermagem. *Acta paul enferm*. 2015; 22 (4): 434-8.
7. Souza, MT, Silva, MD, Carvalho, R. Revisão integrativa: o que é e como fazer. *Rev. Einstein*. 2010; 8 (1): 102-6.
8. Ursi, ES. Prevenção de lesões de pele no perioperatório: revisão integrativa da literatura [dissertação]. Ribeirão Preto: Universidade de São Paulo; 2005.
9. Melnyk BM, Fineout-Overholt E. Making the case for evidence based practice. In: MELNYK, B. M.; FINEOUT-OVERHOLT, E. Evidence based practice in nursing & healthcare. A guide to best practice. Philadelphia: Lippincott Williams & Wilkins; 2005.
10. Houvey JK. - Differences in parenting needs of fathers of children with chronic conditions related to Family income. *J Child Health Care*. 2006; 10: 43-54.
11. Green A, RAY T. Attention to Child Development: A Key Piece of Family-Centered Care for Cardiac Transplant Recipients. *J Spec Pediatr Nurs*. 2010; 11:143-8.
12. Redsell SA, Atkinson P, Nathan D, Siriwardena AN, Swift JA, Glazebrook C. Parents beliefs about appropriate infant size, growth and feeding behaviour: implications for the prevention of childhood obesity. *BMC Public Health*. 2010; 10: 1-10.
13. Martinez JG, Fonseca LMM, Scochi CGS. Participação das mães/pais no cuidado ao filho prematuro em unidade neonatal: significados atribuídos pela equipe de saúde. *Rev Latino-am Enfermagem*. 2007; 15 (2): 1-9.
14. Westrup B. - Family-centered developmentally supportive care: The Swedish example. *Elsevier Masson*. 2015; 1086 – 1091.
15. Alvim CG, Guimarães FG, Meinberg NLS. A Avaliação do Desenvolvimento Infantil: um Desafio Interdisciplinar. *Rev bras educ med*. 2012; 36: 51-6.
16. Sousa EFR, Costa EAO, Dupas G, Wernet. M. - Continued care for families of children with chronic diseases: perceptions of Family Health Program teams. *Rev Esc Enferm USP*. 2013; 47(6):1365-70.
17. Beacham BL, Deatrick, JA. - Health Care Autonomy in Children with Chronic Conditions: Implications for Self-Care and Family Management. *Nurs Clin N Am*. 2013; 48: 305-317.
18. Browne JV. - Developmental Care for High-Risk Newborns: Emerging Science, Clinical Application, and Continuity from Newborn Intensive Care Unit to Community. *Clin Perinatol*. 2011; 38: 719-729.
19. Kipper DJ - Limites do poder familiar nas decisões sobre a saúde de seus filhos – diretrizes. *Rev bioét*. 2015; 23 (1): 40-50.
20. Rocci, E, Fernandes, RAQ. - Difi culdades no aleitamento materno e infl uencia no desmame precoce. *Rev Bras Enferm*. 2014; 67(1): 22-7.
21. Alexandre AMC, Labronici LM, Maftum MA, Mazza VA. Mapa da rede social de apoio às famílias para a promoção do desenvolvimento infantil. *Rev Esc Enferm USP*. 2012; 46: 272-9.
22. Chaves CMP, Lima FET, Mendonça LBA, Custódio IL, Matias EO. Avaliação do crescimento e desenvolvimento de crianças institucionalizadas. *Rev bras enferm*. 2013; 66: 668-674.
23. Dornelles AL, Anton MC, Pizzinato A. - O papel da sociedade e da família na assistência ao sobrepeso e à obesidade infantil: percepção de trabalhadores da saúde em diferentes níveis de atenção. *Saúde Soc*. 2014; 23 (4): 1275-1287.
24. Patias ND, Siqueira AC, Dias ACG. - Práticas educativas e intervenção com pais: a educação como proteção ao desenvolvimento dos filhos. *Mudanças*. 2013; 21: 29-40.

Received on: 09/11/2017

Required Reviews: None

Approved on: 09/11/2017

Published on: 04/02/2019

***Corresponding Author:**

Michelle Carvalho de Souza

Rua João Landre, 102

Jardim América I, Minas Gerais, Brasil

E-mail address: micarvalhosouzza@hotmail.com

Telephone number: +55 35 9 8705-7611

Zip Code: 37.136-178

The authors claim to have no conflict of interest.