

Family care for the promotion of child health in a municipality in the State of São Paulo

Cuidados familiares para promoção da saúde da criança num município do interior do Estado de São Paulo

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Abstract

Introduction: Child development, growth and learning depend on a continuous and critical relationship between nature or genetics and the care and stimulation that surrounds the child.

Objective: To identify the health promotion care provided by family members of children aged 0 to 6 years enrolled in the public school system in Assis-SP. **Method:** Exploratory research, with cross-sectional design and quantitative approach, carried out through a self-administered questionnaire and elaborated based on the “Our Children Project: Windows of Opportunities” that addresses issues related to food, health, hygiene, games, love and security, applied to parents. **Results:** The study included 81 parents and guardians with an average age of 32.52 years, most of them female and with complete high school education. 49 (60.49%) of the interviewees reported that the child received exclusive breast milk in the first six months of life and 65 (80.25%) reported that they always wash their hands to prepare food and care for the child. **Conclusion:** Health education and family care actions must be integrated to ensure the health of children in early childhood, since it is in this phase that the most important events for child growth and development occur.

Keywords: health promotion; family care; child health.

Resumo

Introdução: O desenvolvimento, crescimento e aprendizagem infantil dependem de uma contínua e crítica relação entre a natureza ou genética e os cuidados de atenção e estimulação que cercam a criança. **Objetivo:** Identificar os cuidados de promoção da saúde prestados pelos familiares de crianças com idade entre 0 a 6 anos matriculados na rede pública de ensino de Assis-SP. **Método:** Pesquisa exploratória, de delineamento transversal e abordagem quantitativa, realizada por meio de questionário autoaplicado e elaborado com base no “Projeto Nossas Crianças: Janelas de Oportunidades” que aborda questões referentes à alimentação, saúde, higiene, brincadeiras, amor e segurança e foi aplicado aos pais. **Resultados:**

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Participaram da pesquisa 81 pais e responsáveis com média de idade de 32,52 anos, a maioria do sexo feminino e com o ensino médio completo. 49 (60,49%) dos entrevistados referiram que a criança recebeu leite materno exclusivo nos primeiros seis meses de vida e 65 (80,25%) referiram que sempre higienizam as mãos para preparar alimentos e cuidar da criança.

Conclusão: As ações de educação em saúde e os cuidados familiares devem se integrar para garantir a saúde das crianças na primeira infância, visto que é nessa fase que ocorrem os eventos mais importantes para o crescimento e desenvolvimento infantil.

Palavras-chave: promoção da saúde; cuidados familiares; saúde da criança.

Introduction

Currently, Child Health in Brazil is supported by several policies and programs that try to guarantee the right set out in the Child and Adolescent Statute (ECA) in article 3 that the child has the right to full protection, including that related to physical, mental, spiritual and social development¹.

Among the main health policies and programs aimed at child health, the AIDPI Strategy (Integrated Management of Childhood Illnesses) stands out, Breastfeeding Strategy and Food Strategy Brazil, Cegonha Network, National Immunization Program and National Policy for Integrated Child Health Care (PNAISC)²⁻³.

The PNAISC is structured in 07 (seven) strategic axes³: humanized and qualified attention to pregnancy, labor, childbirth, and the newborn; breastfeeding and healthy complementary feeding; promoting and monitoring growth and integral development; comprehensive care for children with diseases prevalent in childhood and with chronic diseases; comprehensive care for children in situations of violence, accident prevention and promotion of a culture of peace; health care for children with disabilities or in specific and vulnerable situations; and surveillance and prevention of infant, fetal and maternal death.

Comprehensive health care for children aged 0 to 6 years should be a priority, since the first years of life are the most important for a child healthy life, especially the first three years⁴. Factors recently discovered by neurologists and

psychologists prove that the way a child develops, grows and learns depends on a continuous and critical relationship between nature (or genetic stamp) and care (what surrounds the child: attention, stimulation, others learnings)⁴.

The family is responsible for meeting the child's needs, providing their physical, emotional, social and cognitive development, this family care should be supported by social equipment such as health, education and social assistance⁵.

In this sense, research shows important gains for children, families and society, when the feeding and stimulation of children occurs properly⁶. This is only possible if there is a strong involvement of families and communities⁶. In this sense, we can understand the importance of family knowledge in relation to children health and development.

With the innumerable advances in the Unified Health System (SUS), we have conquered programs aimed at the health of children, but for these measures to really be effective, it is necessary to know the level of family knowledge in relation to the health of their children, so that we can, according to the data obtained, to guide health managers and professionals in the creation of educational and health promotion actions for children at different levels of care.

The monitoring of the child and the family in Primary Health Care (PHC), including home visits and regular consultations at birth, strengthen family bonds, since the family becomes aware of the importance of the affections exchanged during the bath, the breastfeeding and moments of fun in addition to having guidelines on the care that should be offered

and the prevention of accidents, as the bond that the child establishes with family in the first years of life reflects in relationship with the world⁵. Although family care guidelines for promoting children health in all fields of social life are indicated, this responsibility focuses on health and education due to the proximity and particularities of these services.

Preventive guidance is an indispensable factor in this regard, as when receiving information regarding the sleeping position, crying, sphincter control, sexuality, discipline, prevention of infectious diseases, information regarding eating habits, physical activities and the playful development of the child, the family starts to have a safer view in relation to their development⁵.

The objective of this study was to identify health promotion care, such as food, hygiene, health, accident prevention and the relationships of play, love and safety that parents and guardians carry out for their children.

Materials and Methods

Sample and type of study

This was an exploratory research with a cross-sectional design and quantitative approach. The research was carried out in three schools of basic education and a unit of child development of the Municipal Department of Education of the municipality of Assis, state of São Paulo, which assists children in early childhood. The choice of schools as a space for data collection was based on the assumption that the guidelines for family care to promote the health of the child should occur in various areas of social life, with emphasis on health and education. And schools are spaces for continuous interaction between children, schools and family members, which makes it possible to investigate the object of study with greater clarity.

The research was authorized by the Municipal Department of Education of the

municipality of Assis, state of São Paulo, and approved by the Research Ethics Committee with the number of opinions: 2.895.270 and CAAE 96041618.6.0000.5512. At the time of the research, the ethical guidelines and norms of resolution 466/12 were implemented⁷.

Research design

Data were collected at the school with the parents and/or guardians of the children, who agreed to participate in the research on days scheduled with the school principals from October to December 2018. The questionnaire was self-administered and prepared by the authors based on the care follow-up form for children health promotion of the “Our Children Project: Windows of Opportunities”, the project in question is the result of a partnership between the São Paulo Municipal Health Secretariat, the United Nations Children's Fund (UNICEF) and Monte Azul Community Association⁵. The “Our Children Project: Windows of Opportunities” project has been implemented since 2003 in the Family Health Strategy (FHS) units in the municipality of São Paulo, to expand the actions of health teams and provide them with tools to promote child development⁶. The project aimed to empower families in promoting child development, by sharing knowledge and expanding their participation in the child health care process⁶. The elaborated questionnaire has two parts: the first with sociodemographic questions to characterize the participants and the second with 35 questions that sought to know the frequency of carrying out family care to promote child health with regard to food, hygiene and health, play, accident prevention, and love and safety.

Inclusion and exclusion criteria

Parents and/or guardians of children 0 to 6 years of age, who voluntarily accepted to participate in the research.

Procedure

Data obtained were entered into Microsoft Office Excel®, which assisted in calculating the percentages of each question and in the organization of 04 tables with the axes: Food; Hygiene and Health; Play and Accident Prevention, Love and Safety.

Results

The study included 81 parents and guardians with a mean age of 32.52 years, 87.65% (n = 71) female and 12.34% (n = 10) male, 85.18% (n = 69) were mothers, 11.11% (n = 9) fathers, 2.47% grandparents (n = 2) and 1.23% (n = 1) uncles and aunts. Regarding education, 38.27% (n = 31) reported having completed higher education, 11.11% (n = 9) incomplete higher education, 40.74% (n = 33) complete high school, 7.40% (n = 6) incomplete high school and 2.47% (n = 2) incomplete elementary school. As for family income, 4.94% (n = 4) participants reported being less than a minimum wage, 20.99% (n = 17) said it was equal to a minimum wage, 30.86% (n = 25) equal to two minimum wages, 19.75% (n = 16) equal to three minimum wages and 20.99% (n = 17) greater than four minimum wages. The average age of the children, whose parents and guardians participated in the survey was

3 years and 1 month old, the child age ranged from 5 months to 6 years. Considering prenatal care, 96.30% (n = 78) interviewees said they had done it and 3.70% (n = 3) said they had not done it, the average of prenatal consultations was 10 visits. 82.71% (n = 67) parents and guardians answered that the child was born at term, while 17.28% (n = 14) reported that the child was born prematurely, the average gestational age at birth was 38 weeks and 3 days. With respect to problems in childbirth or in the first days after birth, 9.88% (n = 8) reported having problems, while 88.89% (n = 72) said they had no problem at all. The family members interviewed referred to problems in which children need special care: allergies and food intolerances to milk and eggs, bronchitis and heart disease.

Table 1, referring to care of the family with food, shows that 49 (60.49%) parents and/or guardians report that the child received exclusive breastfeeding up to 6 months of life, while 24 (29.63%) did not. Regarding the family, taking advantage of meal times to encourage the child participation and independence, having patience with them, 48 (59.26%) reported having this attitude always and 7 (8.64%) said that sometimes.

Table 1: Care for the promotion of children health in the item Food, according to the families of children up to 6 years old attending early childhood education in the municipality of Assis, 2019.

QUESTIONS	N	%
In the first 6 months, did the baby receive exclusive breast milk?		
Yes	49	60.49%
No	24	29.63%
Did not answer	8	9.88%
In case the baby received breast milk in the first 6 months, answer how many times a day?		
2 times	2	2.47%
3 times	3	3.70%
4 times	4	4.94%
6 times	14	17.28%
8 times	39	48.15%
Free demand	1	1.23%
Did not answer	18	22.22%

Did the family take advantage of the breastfeeding moment to snuggle, touch, look and talk to the baby?		
Always	58	71.60%
Oftentimes	14	17.28%
Sometimes	2	2.47%
Rarely	2	2.47%
Never	1	1.23%
Did not answer	4	4.94%
After 6 months, in addition to milk, does the child receive juice or fruit porridge and salt porridge at regular times?		
Yes	80	98.77%
No	0	0.00%
Did not answer	1	1.23%
Is the child over 1 year old receiving or had received equal meals from the family on a plate just for him/herself?		
Yes	75	92.59%
No	3	3.70%
Did not answer	3	3.70%
How many times a day the child over 1 year receives meals equivalent to lunch and dinner?		
Once	4	4.94%
2 times	53	65.43%
3 times	19	23.46%
None	1	1.23%
Did not answer	4	4.94%
How many times a day does the child over 1 year receive milk?		
Once	5	6.17%
2 times	12	14.81%
3 times	56	69.14%
None	2	2.47%
Did not answer	6	7.41%
How many times a day the child over 1 year receives fruit?		
Once	20	24.69%
2 times	36	44.44%
3 times	19	23.46%
None	0	0.00%
Did not answer	6	7.41%
Does the family use the moments of the meal to encourage the child participation and independence, having patience with them?		
Always	48	59.26%
Oftentimes	24	29.63%
Sometimes	7	8.64%
Rarely	0	0.00%
Never	0	0.00%
Did not answer	2	2.47%
Does the family try to make meals a pleasant moment of contact and conversation?		
Always	49	60.49%
Oftentimes	18	22.22%

Sometimes	10	12.35%
Rarely	0	0.00%
Never	1	1.23%
Did not answer	3	3.70%

Source: Prepared by the authors, 2019.

Regarding family care on Hygiene and Health, Table 2 lists that 65 (80.25%) parents and/or guardians said that they always wash their hands to prepare food and to take care of the child while 5 (6.17 %) reported that they sanitize sometimes. On the family taking care of the child hygiene and encouraging their participation until they are able to carry out these activities

alone, 56 (69.14%) the parents and/or guardians mentioned that they always did. About the child having the opportunity to learn to control urine and feces, 10 (12.35%) parents and/or guardians say that sometimes they help. Concerning vaccination up to date, it is noteworthy that 16 (19.75%) did not answer the question.

Table 2: Care for the promotion of children health in Hygiene and Health, according to the family members of children up to 6 years old attending early childhood education in the municipality of Assis, 2019.

QUESTIONS	N	%
How many times a day does the family bathe the child?		
Once	14	17.28%
2 times	38	46.91%
3 times	29	35.80%
None	0	0.00%
Did not answer	0	0.00%
How many times a day does the family perform/encourage the child oral hygiene?		
Once	7	8.64%
2 times	31	38.27%
3 times	34	41.98%
Nenhuma	1	1.23%
Did not answer	8	9.88%
Does the family sanitize their hands to prepare food and take care of the child?		
Always	65	80.25%
Oftentimes	10	12.35%
Sometimes	5	6.17%
Rarely	1	1.23%
Never	0	0.00%
Did not answer	0	0.00%
Does the family take care of the child hygiene, encouraging their participation until they are able to carry out these activities on their own?		
Always	56	69.14%
Oftentimes	17	20.99%
Sometimes	5	6.17%
Rarely	1	1.23%
Never	2	2.47%
Did not answer	0	0.00%

Does the child have an opportunity to learn to control urine and feces?		
Always	38	46.91%
Oftentimes	18	22.22%
Sometimes	10	12.35%
Rarely	5	6.17%
Never	4	4.94%
Did not answer	6	7.41%
Does the family take the child to the appointments made at the health services?		
Yes	79	97.53%
No	1	1.23%
Did not answer	1	1.23%
Is the child's vaccination up to date?		
Yes	65	80.25%
No	0	0.00%
Did not answer	16	19.75%
Does the family recognize when the child needs treatment (has a cough or difficulty breathing, diarrhea, prolonged fever) and takes them to health services?		
Always	80	98.77%
Oftentimes	1	1.23%
Sometimes	0	0.00%
Rarely	0	0.00%
Never	0	0.00%
Did not answer	0	0.00%
Can the family guarantee the treatments indicated by the health services?		
Always	56	69.14%
Oftentimes	11	13.58%
Sometimes	6	7.41%
Rarely	4	4.94%
Never	0	0.00%
Did not answer	4	4.94%

Source: Prepared by the authors, 2019.

In relation to Play, it can be seen in Table 3 that 67 (82.72%) parents and/or guardians always give children different places and positions such as lap, cradle, lying, face down and sitting. Regarding the

family daily participating in games, conversations, telling stories or singing for the children, it is observed that 47 (58.02%) reported participating always and 7 (8.64%) referred sometimes.

Table 3: Care for the promotion of children health in the item Play, according to the families of children up to 6 years old attending early childhood education in the municipality of Assis, 2019.

QUESTIONS	N	%
Does the baby have the opportunity to stay in different places (lap, cradle, floor) and positions (lying, face down, sitting)?		
Always	67	82.72%
Oftentimes	10	12.35%

Sometimes	2	2.47%
Rarely	2	2.47%
Never	0	0.00%
Did not answer	0	0.00%
Does the family offer different objects: colored, cloth, plastic, paper, rubber, wood (which do not pose a danger to the baby)?		
Always	65	80.25%
Oftentimes	7	8.64%
Sometimes	7	8.64%
Rarely	0	0.00%
Never	1	1.23%
Did not answer	1	1.23%
Does the family take advantage of the child feeding, bathing or changing clothes as opportunities to play and talk with them?		
Always	66	81.48%
Oftentimes	12	14.81%
Sometimes	2	2.47%
Rarely	0	0.00%
Never	0	0.00%
Did not answer	1	1.23%
Does the family spend time with the child, daily, participating in their games, talking, telling stories or singing?		
Always	47	58.02%
Oftentimes	25	30.86%
Sometimes	7	8.64%
Rarely	1	1.23%
Never	0	0.00%
Did not answer	1	1.23%
Does the child have the opportunity to play with toys, books, magazines, paper and pencils, scrap material, to read, draw, paint, play, invent, assemble?		
Always	49	60.49%
Oftentimes	26	32.10%
Sometimes	3	3.70%
Rarely	1	1.23%
Never	1	1.23%
Did not answer	1	1.23%
Does the family favor the child to meet or play with other children?		
Always	58	71.60%
Oftentimes	15	18.52%
Sometimes	7	8.64%
Rarely	1	1.23%
Never	0	0.00%
Did not answer	0	0.00%
Does the family favor the child participation in activities in the community (outside the home) such as games, sports, parties, outings, religious meetings?		
Always	34	41.98%
Oftentimes	25	30.86%

Sometimes	15	18.52%
Rarely	4	4.94%
Never	1	1.23%
Did not answer	2	2.47%

Source: Prepared by the authors, 2019.

In table 4, some parents or guardians report that the child sleeps in a place and position with the danger of suffocating and having contact with insects or animals.

About the family leaving things out of the child reach that could burn, poison or hurt, 3 parents and/or guardians said they never do.

Table 4: Care for the promotion of children health in the Accident Prevention and Love and Safety items, according to the family members of children up to 6 years old attending early childhood education in the municipality of Assis, 2019.

QUESTIONS	N	%
Does the baby sleep in place and position without danger of suffocating (strings/pacifier strings, cloths) or having contact with insects or animals that may injure him/her?		
Always	71	87.65%
Oftentimes	4	4.94%
Sometimes	1	1.23%
Rarely	1	1.23%
Never	2	2.47%
Did not answer	2	2.47%
Does the family leave things out of the child reach that could burn, poison or hurt, such as: hot pots, iron, medicines, cleaning products, knife, scissors, glass cups, wires and plugs?		
Always	74	91.36%
Oftentimes	4	4.94%
Sometimes	0	0.00%
Rarely	0	0.00%
Never	3	3.70%
Does the child have places where he/she can stay and play, inside and outside the home, without danger of falling, being run over, drowning, violence?		
Always	72	88.89%
Oftentimes	7	8.64%
Sometimes	0	0.00%
Rarely	0	0.00%
Never	0	0.00%
Did not answer	2	2.47%
Does the family teach the child safe ways to use scissors (without tip), fork, knife, play with pets, cross the street?		
Always	61	75.31%
Oftentimes	12	14.81%
Sometimes	2	2.47%
Rarely	1	1.23%
Never	1	1.23%
Did not answer	4	4.94%

Does the family show affection for the child by talking, cuddling in the lap, touching with affection, playing, even when the child is not crying?		
Always	75	92.59%
Oftentimes	4	4.94%
Sometimes	1	1.23%
Rarely	0	0.00%
Never	0	0.00%
Did not answer	1	1.23%
Does the family give limits to the child, talking and explaining what they consider wrong, without having to hit or give violent punishments?		
Always	56	69.14%
Oftentimes	21	25.93%
Sometimes	3	3.70%
Rarely	0	0.00%
Never	0	0.00%
Did not answer	1	1.23%
Does the family try to find out what the child did that day, what new thing he/she learned, if he/she has any concerns or needs help?		
Always	68	83.95%
Oftentimes	11	13.58%
Sometimes	1	1.23%
Rarely	0	0.00%
Never	0	0.00%
Did not answer	1	1.23%
Does the family prevent the child from coming into contact with situations of fights, violence and the use of drugs or alcohol?		
Always	75	92.59%
Oftentimes	5	6.17%
Sometimes	0	0.00%
Rarely	0	0.00%
Never	0	0.00%
Did not answer	1	1.23%
Is the child's day-to-day life organized in relation to the times and people known for their care?		
Yes	76	93.83%
No	3	3.70%
Did not answer	2	2.47%

Source: Prepared by the authors, 2019.

Discussion

The family is the main model for children of how to behave in society and relate to others⁵. In this sense, children who have parents with a high level of education, as it was possible to observe in this study in the city of Assis, state of São Paulo, tend to have better habits of life, learning and more sophisticated vocabularies, and this has a

high impact on cognitive and learning development during very early childhood.

According to the World Health Organization (WHO) and in the recommendations of the Ministry of Health of Brazil, infant feeding should be through exclusive breast milk until 06 (six) months of age, and points out that there are no advantages to include complementary foods in this period, and may even bring harm to

the child health, such as increased risk of hospitalization, diarrheal conditions and malnutrition⁸.

In order to promote breastfeeding, day care centers must be close to the mothers' workplace, and must offer a structure and place for this activity, including encouraging mothers who want to breastfeed after 06 months of age are relevant factors for successful breastfeeding⁹. In the present study, approximately 30% participants did not offer exclusive breast milk, and that only one participant declared to be in free demand, as recommended by the PNAISC guidelines. Informally, during the application of the questionnaire, anguish regarding the myths of weak breast milk was mentioned, not satisfying, making the child hungry and the anxiety of early weaning, in order to facilitate adaptation in daycare centers and/or preschools. Another information is that 69.14% reported offering milk more than three times a day to the child and commented that at school they also received milk, but did not know the frequency, so it is necessary to have a careful look, as we do not know the type of milk that is offered (cow's milk, formulas, powdered, soy milk and others).

In this sense, it is important to propose actions to encourage the practice of breastfeeding in the school environment, as well as allowing mothers to send breast milk to be offered to nursery infants, in addition to proposing health education projects in order to disseminate knowledge regarding the benefits of breastfeeding. Although breastfeeding is a difficult process and often a painful process due to fissures, proper latch, changes in the integrity of the breast skin, the mothers who participated in this study recognize the importance of breastfeeding and are aware of the favor that this will bring for bond building and the development of the immune system.

Children's fruit consumption according to the present research is adequate, since most of the interviewed parents report that their children consume

fruit twice a day, which corroborates the guidelines of the Ministry of Health⁸. Most of the interviewees commented on offering bananas, apples, oranges and papayas, this selection of fruits is favored by availability at home, easy handling and access throughout the year with low cost, however they were in doubt when saying whether it was necessary to peel the fruit or only wash with running water, indicating weaknesses in the guidelines regarding infant feeding.

Regarding the promotion of hygiene and health, it is worth remembering that hygiene habits are directly related to the level of education and income of individuals, oral hygiene and the habit of washing hands to prepare food should be daily practices¹⁰. Hand hygiene is a simple and effective measure to prevent diseases in children, especially intestinal parasitosis¹⁰. According to recommendations of the Ministry of Health, the first dental consultation should be carried out until the first 18 months of life, and from 3 years of age the child should be encouraged to brush alone for better development of motor skills with the supervision of parents and guardians⁴.

The best way to motivate preschoolers about oral health is through parents and guardians, as they play a very important psychosocial role for their children. In this way, the example set by the family has a great impact on the development of children's oral health habits¹¹. It is during childhood that hygiene habits are acquired that reflect on health care throughout life, when acquiring these habits during childhood they will remain throughout life ensuring less exposure to microorganisms that can lead the individual to become ill¹¹. Bathing and oral hygiene are of great importance in this regard for preventing infections, in addition to producing a feeling of relaxation, cleanliness and well-being in children¹¹.

The average number of daily baths was 2 to 3 times a day, which we can consider as a normal frequency for the climate of our country, and at this stage of

development, bathing is an important moment to encourage the child autonomy, in addition to helping reduce the rates of pediculosis and scabies, very common in daycare and school environments. In the results of this research, we can see that parents have even encouraged their children autonomy, because those who answered that the child never or rarely has the opportunity to control urine and feces refer to those surveyed who still use diapers.

Brazil has the National Immunization Program (PNI) that serves as an international reference in the formulation of public policies and through vaccines provided free by SUS, we are able to eradicate many diseases such as smallpox and polio. In a survey conducted in Fortaleza (state of Ceará), it was found that most family members seek to keep their children vaccination up to date¹⁰. In the data obtained, many parents and guardians reported not knowing whether the child vaccination schedule was complete, about 20% did not answer the question regarding vaccines, but demonstrated to know the importance of vaccinating their children. The municipal school system in the city of Assis, state of São Paulo, where the research was conducted, requests, at the time of the student enrollment, a copy of the updated vaccination card, however there is no continuous review or a new copy of the card is requested over the years.

Parents and guardians report having difficulty guaranteeing the treatments indicated by the health services, also point out that most of the time they are unable to get the medication at the SUS pharmacy and make an appointment with the pediatrician. Some participants said that scheduling is only done once a week at the health unit, generating long waiting periods, and after performing the requested exams, the return is not as immediate as it should be. In this perspective, they prefer to take the child to the emergency room when there is a symptom, such as fever, diarrhea or vomiting and leave consultations with the pediatrician and dentists sporadically.

Regarding play, it was noted that parents provide conditions for children to develop playfulness, but it is important to develop actions so that family involvement is more effective in this regard. Playing constitutes a fundamental pedagogical resource that produces significant and lasting effects on the development of the human being in the aspects: cognitive, social, motor and moral of the student and the school plays the role of facilitator in family interaction and in the dissemination of knowledge about the importance of playing as a form of learning¹².

In the first three years of life, the affectionate behavior of parents and family members, such as touching and looking, attentive and sensitive care and play are essential for the social development of the child¹³. The family is the first environment in which the child is inserted, learning the ways of relating to the other and social rules, which makes the family a privileged place for the promotion of child development¹³.

The use of digital media is contraindicated in children under 3 years of age, because that they have immature brains and should be supervised, and with a limited frequency in children from 3 years of age and, above all, for the use of educational technologies, which contribute to literacy and social interaction¹⁴.

Data from this research showed that about 40% do not have the habit of playing daily with the child and more than half of the interviewees take advantage of the time of bathing and eating to talk, tell stories and play, however in contrast to this it was possible to perceive that the family recognizes the importance of offering colorful objects, leaving babies in different places, offering scrap material, books, magazines and papers that do not pose a risk to child development.

It is necessary to be attentive to the type of play that is performed, as some parents and guardians when answering the questionnaire said they put storytellers and children's games in video players on cell

phones, notebooks and televisions so that the child has some occupation while they perform household chores.

About Safety/Love and Protection, it was possible to notice that the families that participated in this research have good practices in providing this care. The family environment is the one that can most protect or expose children and adolescents to violence. In many families, violence is a form of communication, with this pattern of coexistence coming even from previous generations, we know that such a scenario is very harmful to child development. It is the role of health and education professionals to guide families on other ways of educating and communicating with their children, and to accompany them with respect and attention¹⁵.

Due to the fact that the children stay full time in the school system, the family ends up transferring the responsibility of teaching about the use of knives, forks, sharp scissors to the school unit, however when analyzing the answers to this questionnaire we can see family members are aware of the need to be taught about the safe use of these utensils, as well as to keep children away from objects that may cause harm to their health.

About 30% of those interviewed said that physical punishment, such as those with flip-flops or spanking, is often necessary and/or sometimes used as a way to educate and correct disobedience. When answering this question, they criticized Law 13010/2014, which came into force in 2014, popularly known as the “Law of Spanking” or “Law of the Boy Bernardo” and said that this legislation hinders education and the imposition of respect¹⁶.

The Law of Spanking is the informal name of Law 13010/2014 that prohibits the use of physical punishment or cruel and degrading treatments against children and adolescents in Brazil¹⁶. In this sense, the judgment and condemnation of parents who use physical punishment as a way of educating their children must be discussed, as these adults have a long historical process

about which they base themselves on using the spanking. The condemnation of this practice is not enough if there are no alternative and more humane measures to replace it¹⁷.

It is necessary to guide that the act of giving the child a spanking when the child does wrong things, for us adults it is completely harmless, but for the child the perception is that angry adults come to him/her and cause painful acts, thus creating, in the child imagination, a need to have violent attitudes to protect him/herself from the world.

In this perspective, it is important to emphasize that it is necessary to strengthen family skills to carry out health promotion actions for the physical, emotional, social and cognitive development of children through educational actions that should be carried out within the school and with the help from health professionals.

Conclusion

This research indicates that the interviewed parents provide care to promote the health of the child, but there are weaknesses and doubts that permeate their practice that must be identified and strengthened based on the development of health education strategies aimed at food, hygiene and health, play, accident prevention, and love and safety.

In relation to food, parents seek to meet the recommendations of the Ministry of Health, but a significant percentage refers to not having provided exclusive breastfeeding in the first 6 months. Regarding hygiene and health, the present research showed that some parents do not practice hand hygiene and that a significant part of parents do not know if their children vaccination schedule is up to date. With respect to accident prevention, the fact that some parents said that the child sleeps in danger of suffocation and that they leave things within the reach of children that can burn, poison or hurt them. This confirms the

need to develop projects aimed at educating parents to promote the health of the child.

Thus, it appears that, even with the development of studies on family care to promote child health, special attention is essential to the importance of education and health professionals trained to carry out the guidelines for the promotion of child development.

This study had some limitations characterized by the specificity of the studied population and by being in a local reality. However, the parents' responses reflect the need to strengthen family competencies in the care of children and suggest the engagement between education and health for this purpose.

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