PERCEPTIONS OF BRAZILIAN CHILDREN ON FAMILY
PERCEPÇÕES DE CRIANÇAS BRASILEIRAS SOBRE FAMÍLIA
PERCEPCIONES DE NIÑOS BRASILEÑOS SOBRE FAMILIA

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ABSTRACT

Objective: to investigate the scientific production regarding the perception of Brazilian children about family. **Method:** literature review, from 2006 to 2016, in the LILACS database and Scielo library, using the descriptors of Health Sciences (DeCs) family and child. We selected 15 articles for the analysis. After a brief description of the profile of the selected articles, the qualitative analysis of the data was grouped, grouping the results to form the categories. **Results:** most of the research was carried out in the South region by psychologists, and it is qualitative approach. It was possible to group them into two categories: Family for children in daily situations and Family for children in situations of vulnerability. **Conclusion:** from this study, one can think of a family from a different perspective, that of the child. By adding the theoretical models with this new perspective, it is possible to promote an optimal development for the Brazilian children and families. The study also shows the need for a methodological rigor in qualitative research that should clearly present the theoretical and methodological references used and reinforces the need to listen to children in new investigations. **Descritores:** Family; Family Relations; Child; Review; Family Nursing; Pediatric Nursing.

RESUMO

Objetivo: investigar a produção científica quanto à percepção de crianças brasileiras sobre família. **Método:** revisão de literatura, de 2006 a 2016, na base de dados LILACS e biblioteca Scielo, utilizando os descritores das Ciências da Saúde (DeCs) família e criança. Foram selecionados 15 artigos para a análise. Após breve descrição do perfil dos artigos selecionados, privilegiou-se a análise qualitativa dos dados agrupando os resultados de maneira a formar as categorias. **Resultados:** a maioria das pesquisas foi realizada na região Sul, por psicólogos, e é de abordagem qualitativa. Foi possível agrupá-las em duas categorias: Família para crianças em situações cotidianas e Família para crianças em situação de vulnerabilidade. **Conclusão:** a partir deste estudo, pode-se pensar família sob uma perspectiva diferente, a da criança. Agregando os modelos teóricos com esta nova perspectiva, pode-se promover um desenvolvimento ótimo para as crianças e famílias brasileiras. O estudo também mostra a necessidade de um rigor metodológico nas pesquisas qualitativas que devem apresentar, com clareza, os referenciais teóricos e metodológicos utilizados e reforça a necessidade de ouvir as crianças em novas investigações. **Descritores:** Família; Relações Familiares; Crianças; Revisão; Enfermagem Familiar; Enfermagem Pediátrica.

RESUMEN

Objetivo: investigar la producción científica en cuanto a la percepción de niños brasileños sobre familia. **Método:** revisión de literatura, de 2006 a 2016, en la base de datos LILACS y biblioteca Scielo, utilizando los descriptores de las Ciencias de la Salud (DeC) familia y niño. Se seleccionaron 15 artículos para el análisis. Después de una breve descripción del perfil de los artículos seleccionados, se privilegió el análisis cualitativo de los datos, agrupando los resultados de manera a formar las categorías. **Resultados:** la mayoría de las investigaciones fueron realizadas en la región Sur, por psicólogos, y de abordaje cualitativo. Fue posible agruparlas en dos categorías: Familia para niños en situaciones cotidianas y Familia para niños en situación de vulnerabilidad. **Conclusión:** a partir de este estudio, se puede pensar la familia desde una perspectiva diferente, la del niño. Agregando los modelos teóricos con esta nueva perspectiva, se puede promover un excelente desarrollo para los niños y las familias brasileñas. El estudio también muestra la necesidad de un rigor metodológico en las investigaciones cualitativas, que deben presentar, con claridad, los referenciales teóricos y metodológicos utilizados y refuerza la necesidad de oír a los niños en nuevas investigaciones. **Descritores:** Familia; Relaciones Familiares; Niño; Revisión; Enfermería de La Familia; Enfermería Pediátrica.

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INTRODUCTION

The perspective of family care has been studied by health researchers increasingly. Based on the premise that the family is a system and that all are affected when something happens to some of its members¹, researchers from diverse contexts have been dedicated to discovering the different effects that events such as birth, marriage, separation, illness and death exert on the family system and each one in order to develop appropriate evaluation and intervention strategies. Understanding experiences, according to the family perspective, favors a reflection on possible strategies that favor productive and less traumatic experiences.² There are already in Brazil programs that work with families in a way that improves clinical knowledge and the skills of care.³

The family has been defined as a system responsible for the growth and development of individuals. It is relational, interdependent, complex, dynamic and articulate, being able to infect other members with anguish or suffering.⁴ Thus, it is necessary to highlight the centrality of the family for individual and social human development. For the same author, it is in the family that the child finds the main space of socialization influencing the acquisition of skills, behaviors and values contextualized culturally.⁵

The family concept has undergone numerous transformations and redefinitions throughout the history of society.⁶ However, the centrality of the family remains valid, regardless of the configuration that it assumes in contemporaneity.² The new family configurations demand, of the professionals that work directly with the family, an active search for understanding such changes, since, in effect, this has a direct impact on health work.

A study sought to investigate the conceptions that health professionals working in Pediatric Units had on family.² Participants highlighted changes in the definition of family over time and defined it as a group of people united by coexistence and kinship. Professionals described the traditional, nuclear family with father, mothers and children, but also included extended family members such as grandparents and uncles. As for the family's role for children and adolescents, professionals consider it as fundamental, preponderant and total. They also showed five main functions for the family: support provider, essential care, plus educational, affective and guidance functions.

Similarly, a study of 33 children, three to five years old who investigated the definition of the family and its function, identified that the majority of the children defined the family according to their composition. They highlighted the biological relationships among members including, in most reports, members of the extended family. In addition to relationships of kinship and consanguinity, they added people with non-biological relationships and pets. The authors conclude that children's views on the current livelihoods of families need to be investigated from a longitudinal and cross-cultural perspective.⁷

Many inquiries are made about children, but few are made with them from their perspectives. Most studies address aspects inherent in children under perceptions from parents or professionals. Children are the best sources of information about their experiences and opinions. Looking at childhood and the events contained therein, with the adult's gaze, is different than the child's gaze. The adult reports on childhood, while the child reports immediate experiences from that period.⁸ Thus, it is considered that studying the family perspective, starting from the perspective of adults alone, is not enough: children must also be considered as part of the discussion. They are also subjects inserted in the family with their own feelings and rights.⁸ Listening to children makes it possible to know their experience told by themselves.⁹

Researchers are recognizing the importance of considering the child as a participant in their research. Research on the universe of the child has been the subject of studies in the most diverse areas of knowledge, such as Education, Psychology and Health¹⁰, and it is believed that accessing the knowledge already available in the scientific literature - about children's conceptions about family in Brazil - will the perceptions and definitions they make about the system of which they are part, as well as raising new research in order to gather and consolidate knowledge, as well as identify gaps and propose perspectives for new studies.

OBJECTIVE

- To investigate the scientific production regarding the perception of Brazilian children about family.

METHOD

Study of literature review guided by the question: *what has been published in Brazil about the perceptions of Brazilian children about family?*

The search for primary articles in the areas of health sciences and humanities developed in Brazil and published in national journals in the period between 2006-2016 was carried out. The descriptors of Health Sciences (DeCs) used in the search were only child AND family due to the difficulty of finding more descriptors that were used in that context.

The databases for the search of articles were LILACS (Latin American and Caribbean Literature in Health Sciences) and the Scielo library. The search was also performed in MEDLINE, but because of the difficulty of grouping descriptors, the large number of articles found in a more general search, and most of the articles have been carried out internationally or, therefore, being a duplicate of LILACS, opted by discarding it at the end.

The inclusion criteria were: primary articles, published in national journals in the period 2006-2016, with Brazilian children as subject of the study, with a theme related to their perceptions about family.

After the search, 3,509 articles were found in LILACS and 630 in the Scielo library. From the reading of the titles, were selected those

that allowed to relate them to the question, remaining 22 after the exclusion of the duplicates.

From this first selection, the abstracts were read to elect studies carried out with Brazilian children and adolescents as subjects in order to know the perception about family from their gaze and the Brazilian sociocultural reality. Studies performed with other subjects concomitantly with children were also considered. In this phase, seven articles were excluded, totaling 15 for the continuity of the study. Figure 1 illustrates the path traveled for selection.

Figure 1. PRISMA flowchart of the study method - Campinas (SP), Brazil, 2017.

The selected studies were fully recovered and read thoroughly by extracting data using a structured record instrument containing information on: Title and Journal; Area of action of the authors; Year of publication; Place of study; Descriptors; Goal; Method; Subjects of study; Key Findings and Implications.¹¹

The data were analyzed quantitatively for the characterization of the publications regarding the year of publication, the place where the research was carried out, the area of action of the authors, the study approach and the descriptors used. Regarding the objectives, main results and implications, qualitative analysis was chosen by grouping the similar contents in such a way as to form the categories described below¹¹.

The selected studies were classified according to the following levels of evidence: level 1 - evidence resulting from the meta-analysis of multiple controlled and randomized clinical studies; level 2 - evidences obtained in individual studies with experimental design; level 3 - evidence from quasi-experimental studies; level 4 - evidence from descriptive (non-experimental) studies or qualitative approach; level 5 - evidence from case or experience reports; level 6 - evidence based on expert opinions.¹¹

RESULTS

Most of the research was carried out in the South (n = 5), followed by Southeast (n = 4), Northeast (n = 3), Midwest (n = 2) and a study was carried out in the Northeast and Southeast regions. Nine articles were published from 2006 to 2011 and six in the last five years, the last in 2014.

The main area of knowledge that carried out the research was Psychology (87%), the rest being Nursing. The qualitative approach was predominant (80%, n = 12), but a quantitative study and two mixed studies were found. The level of evidence found in all articles was level 4 because these were qualitative and descriptive studies. Regarding the methodological rigor of the studies, it was verified that the studies do not present theoretical references and that 40% (n = 6) of the studies do not present the description of the qualitative data analysis technique.

We used 34 descriptors being the most common family (73% n = 11). The other descriptors that appeared were: child (n = 4); family relationships (n = 3); childhood, domestic violence and family structure (n = 2); family members, adolescents, imaginary, work-family relationship, subjectivity, Pediatric Nursing, child maltreatment, child

care, environment, institutionalized child, risk factors, shelters, disability, street youth, vulnerability, conceptions about family, conceptions about children, drawings of human figures, alcoholism, social representations, preschoolers, abandoned child, home, drawing, grounded analysis, adolescent behavior and case studies (n = 1). This plurality of descriptors found is an obstacle to the proper selection of articles referring to the same theme and can be considered a limitation of this study.

The qualitative analysis of the content of the work allowed the identification of two categories: Family for children in daily situations and Family for children in situations of vulnerability.

♦ Family for children in everyday situations

The everyday term idealizes what is habitual to the human being and, in this case, to the children. It covers studies that, for the most part, were assembled from a school context and sought to understand the child's perspective on family, including its composition and function, both broad and specific to each member.

Children attribute to the family the primary meaning of care encompassing five categories: affective meaning, helpers, companionship, meaning of life, and sustenance.^{7, 12-6}

Studies involving children from private and public schools have indicated that both groups add positive meanings to the family as love, affection and union.^{12,16} Children are not only the children of leisure, but also conflicts, and there is a tendency in children to minimize existing conflicts so as not to cite them or, when quoted, they are followed by another phrase with positive characteristics.¹² In the public school students, the discourse of family as a transmitter of values appeared along with detachment and detachment. The values mentioned were responsibility, obedience, respect, solidarity, pride and honesty and are transmitted not only by the nuclear family, but also by the broad, with emphasis on the grandparents. Detachment is described by solitary tasks and parental absence in daily life showing the importance of school and support networks for a good relationship with adults, favoring subject structuring.¹²

Private school children describe families as being composed of parents and children, that is, nuclear family. The public schools, in their definition, include family members of other generations or degrees of kinship.¹⁶ In a study carried out in Bahia, children also do not limit

themselves to describing family as the members who live in the house, but they involve an affective meaning and describe a similar characterization as the previous one.¹⁵

In a study done with preschool children, participants define family also including extended family members. The functions of the family involve being a provider, caregiver and socializer, highlighting affectivity and some habits. It is possible to note from the perspective of children the change in the division of tasks with the insertion of women in the labor market. This is due to their opinion about the roles they play, indicating a positive adjustment and showing that both the mother and the father are present in their care.⁷

Despite such changes and the fact that parents today work longer and longer for today's children, parental work is viewed positively.⁷ However, while for private school children, it is linked to the union and leisure, describing the work together with other activities, to the public school is linked to the routine and values, describing the work together with provider characteristics.¹²

For children, the characterization of family members occurs through their functional attributes. Faced with this, being a father and mother involves, for them: caring, giving love, educating and playing, being differentiated only by sustaining the father and taking care of the house for the mother. The brothers have the function of playing, poking, helping and keeping company. They point to grandparents as members of the family and associate them with playing, caring, giving love, giving things and feeding on delicious things.¹⁴ In a similar study, children from the state of São Paulo differ from the father to the mother, indicating that the father plays more with them, Mom is busier. To the grandparents, they attribute the function of caring, giving affection and playing. In relation to the brothers, they describe complementarity, sharing tasks and jokes, emphasizing their importance in the future.¹³

♦ Family for children in situations of vulnerability

In the care of families, a review research has brought the concept of vulnerability as: "multidimensional construct understood as a process of being at risk that brings instability in the health condition resulting from economic, social, psychological, familial, cognitive or inadequate physical resource".¹⁷

When thinking about this definition, we included studies that sought to investigate family perceptions of children in street,

shelter, domestic violence, disability, and alcoholic family situations.

In school-aged children who are victims of domestic violence, discourses move between the royal family and the ideal family, with some dichotomies between what is family and what is their family.¹⁸ There are difficulties in defining the royal family due to untying, abandonment, estrangement or abuse and the ideal family discourse is permeated by feelings of affection and care in daily activities such as hygiene.¹⁸⁻⁹

When children sheltered by domestic violence describe their family, they divide them into three spheres: the siblings, the shelter and the biological, and separate the feeling of affection from the family member who cared for the family member's lack of affection, showing a division of the family system.¹⁹⁻²⁰

For street children, contrary to what one might think, this division did not necessarily occur. Interviews with children and adolescents between 11 and 16 years of age in a street situation, with the purpose of describing the characteristics of their families, revealed that they maintain a bond, even if fragile, with their families and that not necessarily the same are in a street situation as well.²¹

In another study, in order to understand the context and familiar relations of street children, the symbolic language of drawing was used, since it is a tool with which the child can express what he can not say through of speech. More resistance was found in drawing the family than the house, and when they drew it, they did so ideally by preserving affective ties.²²

Still using the drawing, for children of popular groups that are part of a non-governmental project, the family was idealized being: not fragmented, with few children and possessing material goods. They pointed to love, care, affection and affection in the ideal, while in their family they portrayed a place of suffering, sorrow and problems.²³ The figure of the mother was valued as the one who takes care of everything, while the father was not detached and in many cases, indicated as absent or unknown.^{21,23}

The difficult relationship with the father figure was also pointed out by adolescents aged 15 to 18 years in conflict with the law and who were in state institutions. Their perceptions about their family were investigated and they demonstrate a low cohesion and describe a relaxed discipline on the part of the parents.²⁴

Unlike the description of the paternal figure, members of the extended family are held with great importance as one who protects and cares. Besides them, the brothers appear as the most present in street and shelter situation.^{20-1,23}

Children with alcoholic relatives describe conflicts, a confusing routine and physical punishments, but they do not make direct reference to alcoholism reinforcing the idea of minimizing conflicts. In many cases, such children cohabit with the extended family and, like those with no alcoholic relatives, attach great importance to family activities.²⁵

In the field of health, children with hearing, physical, intellectual, visual or multiple disabilities describe harmony in parental, conjugal relationships between parents and fraternal parents. They also point out a good relationship and the importance of the brothers. They do not report the division of tasks at home. In some subjects, they showed different relationships than their parents described. For example, while parents report beliefs and values, children do not refer to them, and while parents report conflicts between siblings, children describe playfulness, conversation, and care for one another.²⁵

In studies that deal with vulnerability, the authors argue that interventions must occur not only in the act of violence, in the act of infliction or of migration to the street, but also to their families.²⁴

At present, the difficulties faced by professionals in dealing with child vulnerabilities due to lack of knowledge, helplessness, difficulty in reporting and inability to deal with family abusers.¹⁸ It is necessary to implement and strengthen services that are prepared to meet the reality of children, in order to stimulate family resilience, developing attention and care strategies based on the reconstruction of relationships with the rescue of the affectivity and on the possibility of preservation of bonds and family reintegration with the reintegration of the child, if possible.¹⁸⁻²²

DISCUSSION

Currently, discussions about family care are growing in Brazil as a relevant topic that has been investigated by different disciplines and in different perspectives, age groups, groups and social situations. It is based on the premise that the family is a system, and when something happens to one of its members, everyone is affected. Understanding the perspective of different situations in the family life cycle, according to the way its

members experience them, directs strategies for more productive family experiences.¹⁻² In this sense, this review presents a synthesis capable of informing children's perspectives on their families, in different social and economic contexts, raising possibilities and ways of intervention and reflection.

It is known that, in Brazil, Brazilian family composition and arrangements have changed, assuming new configurations. The increase in the number of divorces and the insertion of women in the labor market are also reflected in the discourse of children in different jobs, especially those of lower socioeconomic levels. Curiously, these children's views on these transformations reflect a good adaptation and acceptance to the new patterns of family functioning that exist today without everyday situations.^{7,12,26}

These transformations, associated with increased human longevity, have made grandparents more and more actively involved in the family being described by the children of the investigated studies as part of the family. Their roles have been redefined in the family nucleus and their involvement and participation in different situations in the family life cycle deserve further investigation since, if there are no well-defined roles and boundaries in the family, their relationships may become conflicting.^{7,13-4.26}

The roles that children in everyday situations attribute to the family are protection, care and leisure, contrasting with children in situations of vulnerability, in which conflicts and family disruption are described. In situations of vulnerability, the child craves and describes their ideal family conception and the distance from this possibility of family coexistence generates frustration, anger and can lead to the propagation of witnessed violence in the domestic environment.¹⁸⁻⁹

It is clear the importance given by authors in family intervention to protect children from vulnerable situations and to produce less traumatic experiences if such situations occur. In family thinking as a system, the focus is on relationships and it is necessary to understand the interactive complexity of family life, as well as the variables to which the child is exposed in a conflicting family coexistence so that one can think of an intervention approach that aims the system as a whole.¹

Family-centered care encompasses five pillars: partnership and collaboration; care in the context of the family and the community; information sharing; respect to differences and negotiation. It has been studied, but its

accessibility in national practice remains a challenge.²⁷

From this perspective of care, there are strategies for the evaluation and family intervention in the context of Family Nursing explored, mainly, in the international scope, but that have gained space in the Brazilian reality. The use of theoretical models for evaluation in the family is encouraged, as it promotes understanding and appropriate interventions.²⁸ In this sense, the Calgary Model for evaluation and intervention with the family is an integrated and multidimensional framework that emerges from clinical practice based on fundamentals with the aim of guiding researchers and clinicians in nursing care that considers the family system as the focus of intervention and not its members alone.^{1,29} It is a complex model, but easy to apply in clinical practice, which has gained space in different nursing environments in the country, especially in the Family Health Strategy.³⁰⁻¹

In the Calgary Model, the evaluation of the family is indicated in cases in which the family is experiencing any type of suffering, problems in the context of the relations and even hospitalizations of some member. It can be done by means of an interview and it approaches the following steps: identification of the familiar composition; investigation of family resources; history of the disease and identification of forces and demands.¹ In the context of the Family Health Strategy, its use is able to detect problems and situations of vulnerability early and act together with other health and social equipment to ensure that the family has their demands met.³⁰⁻¹ For families with children in situations of vulnerability, such as those identified in this review, their use would be primordial and successful experiences with their use should be disclosed and tested in order to provide greater reasoning regarding their applicability in national scenario.

From the evaluation, the Calgary Model also proposes a model of interventions. In it, interventions must be intentional, conscious, and involve observable behaviors aimed at strengthening the family for better autonomy, as well as performing evidence-based practices that actually ameliorate some suffering.^{1,29}

Family interventions can occur in three different domains: the cognitive, affective and behavioral domains. In the cognitive domain, new views on the problem are approached, for example praising some family strength. In the affective domain, actions are intended to reduce or increase emotions that

interfere in attempts to solve problems such as validating emotions and promoting moments of disease narrative. In the behavioral domain, there is help in the interaction of family members, which may encourage caring for other family members and encourage the rest of others.¹ Being a complementary area, careful assessment of the family of children in situations of risk and social vulnerability will result in thoughtful interventions and tailored to their real demands making care individualized, comprehensive and effective.

Based on this proposal of caring, it is expected that the nurse will not be a change agent, but that he will offer a timely context to the families of the children in situations of risk and assist in directing them by taking advantage of the potentialities and encouraging new rearrangements when necessary.¹

CONCLUSION

When investigating the national literature, the data reinforce the importance of listening to the child about the meaning attributed to the family, since their conceptions shape the lived experiences. However, this review points out that different contexts and experiences also shape meaning, justifying, then, the need, for the theoretical field, to deepen these investigations by giving voice to the child in other contexts and under different approaches. As a limitation, it is possible to point out the need for methodological rigor in the qualitative research that should clearly present the theoretical and methodological references used.

The family is central to the life and formation of an individual being the first community of which the child is a part. Therefore, in situations of health or illness, daily or vulnerabilities, one must commit to seek intervention strategies that promote a growing and positive development of the family. To think of a family is to think that when the well-being of one of its members is shaken, the entire family is shaken and therefore needs to be the focus of attention of the health professional. From this study, one can think of the family from a different perspective, that of the child, and, from this perspective, think of promoting and guaranteeing a safe and protected childhood for Brazilian children, identifying situations of vulnerability that need to be accessed and reinforced behaviors that promote optimal development.

Such a study may recommend, for Nursing practice, that it approximates theoretical

models of family assessment and intervention, because understanding them in depth will make its use in daily practice with families of children in any situation more real and viable, and will contribute for effectiveness in planning child care either in the treatment, prevention or promotion of health.

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