Assessment of adherence to consultations...



ORIGINAL ARTICLE

ASSESSMENT OF ADHERENCE TO CONSULTATIONS OF GROWTH AND CHILD **DEVELOPMENT**

AVALIAÇÃO DA ADESÃO ÀS CONSULTAS DE CRESCIMENTO E DESENVOLVIMENTO INFANTIL EVALUACIÓN DE LA ADHESIÓN A LAS CONSULTAS DE CRECIMIENTO Y DESARROLLO INFANTIL

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ABSTRACT

Objective: to investigate the adherence of the mothers to the follow-up visits to the child's growth and development (GD), identifying the factors associated with this adherence. Method: this is a quantitative, descriptive, comparative, exploratory study carried out in two basic health units. The sample was composed by 70 women, who were mothers or caregivers of children under two years old, for whom a form with open and closed questions was applied. Results were presented in the form of tables. Results: it was verified that the level of adhesion is higher in the Caetano Bezerra do Nascimento BHU (58.3%). It was emphasized by the mothers that the scheduling of consultations, knowledge about their importance and the satisfactory care of nurses are influential factors for them to maintain regular follow-up. Conclusion: good adherence and understanding on the part of mothers about the importance of GD and Nursing care were evidenced. Through this type of work, the understanding of factors that prevent or hinder GD adherence is provided. Descriptors: Health; Family Health; Primary Health Care; Nursing; Child Health; Growth and Development.

Objetivo: investigar a adesão das mães às consultas de acompanhamento do crescimento e desenvolvimento (CD) da criança, identificando os fatores associados a essa adesão. Método: trata-se de um estudo quantitativo, descritivo, comparativo, exploratório, realizado em duas unidades básicas de saúde. Compôs-se a amostra por 70 mulheres, sendo elas mães ou cuidadoras de crianças menores de dois anos, para as quais foi aplicado um formulário com questões abertas e fechadas. Apresentaram-se os resultados em forma de tabelas. Resultados: verificou-se que o nível de adesão é maior na UBS Caetano Bezerra do Nascimento (58,3%). Destacou-se, pelas mães, que o agendamento das consultas, o conhecimento sobre a sua importância a atenção satisfatória dos enfermeiros são fatores influenciadores para que elas mantenham o acompanhamento regular. *Conclusão*: evidenciaram-se boa adesão e compreensão, por parte das mães, sobre a importância do CD e do atendimento da Enfermagem. Proporciona-se, por este tipo de trabalho, a compreensão dos fatores que impedem ou dificultam a adesão ao CD. Descritores: Saúde; Saúde da Família; Atenção Primária à Saúde; Enfermagem; Saúde da Criança; Crescimento e Desenvolvimento.

RESUMEN

Objetivo: investigar la adhesión de las madres a las consultas de seguimiento del crecimiento y desarrollo (CD) del niño, identificando los factores asociados a esa adhesión. Método: se trata de un estudio cuantitativo, descriptivo, comparativo, exploratorio, realizado en dos unidades básicas de salud. Se compuso la muestra por 70 mujeres, siendo ellas madres o cuidadoras de niños menores de dos años, para las cuales se aplicó un formulario con preguntas abiertas y cerradas. Se presentaron los resultados en forma de tablas. Resultados: se verificó que el nivel de adhesión es mayor en la UBS Caetano Bezerra do Nascimento (58,3%). Se destacó, por las madres, que la programación de las consultas, el conocimiento sobre su importancia y la atención satisfactoria de los enfermeros son factores influyentes para que ellas mantengan el seguimiento regular. Conclusión: se evidenció buena adhesión y comprensión, por parte de las madres, sobre la importancia del CD y de la atención de la Enfermería. Se proporciona, por este tipo de trabajo, la comprensión de los factores que impiden o dificultan la adhesión al CD. Descritores: Salud; Salud de la Familia; Atención Primaria de Salud; Enfermería; Salud del Niño; Credimiento y Desarrollo.

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INTRODUCTION

It is known that the 1980s was a time when women acquired greater economic and social equality, which implied a greater number of actors involved in the nonparental care of the child. The social components, such as day care centers and health units, have become more present and have a greater responsibility in child care and, in the face of this, the work of health professionals, such as nurses, growth. becomes more important for development, health promotion and disease prevention.1

With the implementation of the National Primary Care Policy (NPCP), for family health, the priority strategy for the organization of primary health care was added. In addition, in 2012, the Family Health Strategy (FHS) was present 94.4% in of the Brazilian municipalities, with 32,498 teams and a population coverage of 53.7%, with increase in access to Primary Care.²

In recent times, the infant mortality rate (IMR) has also shown a steady downward trend, and from 1990 to 2012, the IMR in Brazil decreased by 70.5%. probably due to positive changes in the health system over the years, and these deaths are not only due to failures in health care, but also influenced by the social conditions of the population work, information) and (housing, availability of basic sanitation.4

It is understood that one of the strategies for the prevention of infant morbidity and mortality is the monitoring of growth and development of the child, which is the guiding axis of the primary health actions directed at children. In order to provide assistance to the child's health based on the principles and guidelines of primary care, nurses must know and consider the socioeconomic, cultural and environmental contexts in which the child is inserted.5

It is necessary to emphasize the integral and universal health care, but, unfortunately, the model of care centered on curativist attention is still strong. It is necessary, therefore, that the health team emphasizes integral attention, community and family, looking for the social interaction of these individuals and recognizing the child as participant of a group.6

Thus, the professional dedicated to the care of the child must aim to promote health and ensure a healthy environment for its development. It is believed that their work should include the family and the community to ensure that the child's needs are met,

Assessment of adherence to consultations...

reducing disease rates, disseminating information and facilitating preventive care.7

lack of knowledge of importance regarding the of regular attendance at basic health units is believed to be one of the factors that impede the promotion of children's health.8

This study discusses the assiduity of the mothers of children aged zero to two years in the health care of the child, focused on their growth and development called, henceforth, GD, pointing out possible reasons that justify such adherence.

Thus, the following guiding question was asked to elaborate the study: "How is the GD practice in the municipality of Pau dos Ferros and what is the conception that the mothers have about the importance of monitoring the children's GD?".

Therefore, it is the accomplishment of this relevant study in the scientific scope for contributing with the understanding of the factors that favor - or not - the adhesion to the consultations of the children's accompaniment. The study can contribute directly to the study community, since, in identifying these factors, it is possible to elaborate actions that strengthen the adherence of children and the family in primary health care.

OBJECTIVE

• To investigate the adherence of the mothers to follow-up visits to the child's growth and development (GD), identifying the associated with this factors adherence.

METHOD

is quantitative, descriptive, lt а comparative, exploratory study. It was felt the need to know the level of adherence to the GD consultation in two health units that drew attention because it covers two distinct neighborhoods in relation the socioeconomic level, seeking to identify the determinants for this adherence.

The research was carried out in the city of Pau dos Ferros - RN, which had, in the last the total population of 27,745 inhabitants, occupying the territorial area of 259,958 Km², with population density of 106,73 hab / Km².9 They selected two neighborhoods: Princesinha do Oeste e Manoel Deodato.

The following inclusion criteria were applied: having children under two years of age and residing in neighborhoods already established for the research. People with a clinical, physical or psychological condition

that prevented participation in the research and who were not residing at the time of data collection were excluded.

It was established the approach with the BHU's selected for the study in order to obtain a data collection, through secondary sources, with the purpose of identifying the residences that would be visited.

The study subjects were recruited through home visits, together with the community health agents and in the BHU's surveyed, in GD days, and at the time of application of the instrument, there was only the presence of the subject and the researcher.

The survey was composed of 70 participants, all of them women, for whom a form with open and closed questions was chosen as a data collection instrument. At that moment, the participants were explained to the participants about the objectives, methodology, risks and benefits, in clear and objective language.

The interviews analyzed were discussed through the Content Analysis, proposed by Bardin, 10 with the following of pre-analysis; exploration material and treatment of the results, by means of comparisons with the groups that present greater and lesser adherence to GD also comparing the factors follow-up, associated with the level of adherence in the two units.

Quantitative data was analyzed using the Excel program. The results are expressed in the form of tables, allowing a presentation and interpretation of the results.

The research was submitted to the Research Ethics Committee (REC) of the State University of Rio Grande do Norte, which analyzed the pertinence of the research, the objectives of the research and the risks and / or benefits to which the research participants were submitted , according to Resolution 466/2012, of the National Health Council, being approved according to the opinion 1,796,830 and CAAE: 60146316.5.0000.5294.

In accordance with this resolution, it is stressed that in no case was the name of the persons involved disclosed in this survey. The minimum risks to which the subjects of the research were exposed, which are emotional, are described, such as the embarrassment they might have when answering the questions, and, in order to reduce those risks, any question the respondent does not wish to answer would be excluded from the inquiry. The data were collected in a safe place, where the mothers / caregivers felt comfortable.

Assessment of adherence to consultations...

The benefit of this research is based on the contribution to the clarification of the users and health services regarding the importance of regular attendance to GD consultations of children under two years.

RESULTS

The number of participants in the study was 70 mothers / caregivers, of whom 46 (65.7%) lived in the area covered by Caetano Bezerra do Nascimento, that is, the number of children under two years is higher in the Manoel Deodato neighborhood than in the Princesinha do Oeste neighborhood, where the number of participants was 24 (34.3%).

The following results are presented: schooling, family income, adherence and associated factors, as well as non-adherence and associated factors.

Table 1. Distribution of participants according to sociodemographic data. Pau dos Ferros (RN), Brazil, 2017.

Variables	Caetano Bezerra do Nascimento BHU	Princesinha do Oeste BHU	n	%
Education				
Incomplete	36	4	40	57.1
elementary school				
Complete	0	1	1	1.4
elementary school		_		45.5
Incomplete	6	5	11	15.7
highschool	4	0	42	47.4
Complete	4	8	12	17.1
highschool Incomplete higher	0	2	2	2.9
education	U	2	2	2.7
Complete higher	0	4	4	5.7
education	· ·	·	•	3.7
TOTAL	46	24	4	100.0
Family income				
Less than one	22	5	27	38.6
salary				
One salary	19	9	28	40.0
Two salaries	5	5	10	14.3
Three to five	0	4	4	5.7
salaries				
Five or more	0	<u> </u>	1	1.4
Total	46	24	10	100.0

Table 2. Adherence, frequency, adhesion factors, non-adhesion factors. Pau dos Ferros (RN), Brazil, 2017.

Variables	Caetano Bezerra do Nascimento BHU n=46	Princesinha do Oeste BHU n=24	Total adherence n=70	%		
GD Tracking Frequency	D110 11 10	2.	11 70			
Once a month	2	8	10	14.3		
Twice a month	2	3	5	7.1		
Whenever the nurse	21	3	24	34.3		
schedules						
Just when you get sick or	18	9	27	38.6		
vaccinate						
Never goes to GD	3	1	4	5.7		
Factors associated with adherence to GD in FHS						
Know the importance	13	12	25	35.7		
and interest in the GD						
The nurse schedules	7	0	7	10.0		
consultation						
The service is	3	0	3	4.3		
satisfactory						
The CHA asks to appear	1	0	1	1.4		
Others	0	2	2	2.9		
Factors associated with						
non-adherence						
Works out and has no	2	2	4	5.7		
time						
Difficulties in	2	0	2	2.9		
displacement						
Not informed about	2	0	2	2.9		
consultation days						
Comfort	14	1	15	21.4		
Others	2	7	9	12.9		
Adherence to the GD in	24	14	38	54.3		
the FHS						
Non-adherence to GD	22	10	32	45.7		

Assessment of adherence to consultations...

Table 3. Major pathologies in children younger than 2 years. Pau dos Ferros (RN), Brazil. 2017

Main pathologies affecting children from zero to two years old	Caetano Bezerra do Nascimento BHU n=46	Princesinha do Oeste BHU n=24	Total n=70	%
Worms	3	2	5	7.1
Respiratory diseases	4	1	5	7.1
Chickenpox	2	3	5	7.1
Malnutrition	1	1	2	2.9
More than one alternative	5	1	76	8.6
None	31	16	47	67.1

DISCUSSION

In terms of the educational level of the participants, 57.1% of caregivers present incomplete Elementary Education; most of them live in the Manoel Deodato neighborhood, where the incomplete elementary level predominates, while the neighborhood Princesinha presents considerably higher levels of education, with individuals distributed in a more equitable way. In relation to family income, a high percentage of families survived with less or even a minimum wage, 38.6% and 40%, respectively.

Therefore, there is a greater vulnerability in the area of coverage of the BHU Caetano Bezerra do Nascimento, because it presents low maternal schooling and lower family income than the population of the other neighborhood, Princesinha do Oeste.

It can be seen from Table 2 that the number of mothers who attend periodically exceeds the number of absences, and that the level of adherence in each service unit is different. UBS Caetano Bezerra do Nascimento obtained an adhesion of 58.3%, while UBS Princesinha do Oeste had a frequency of 52.1%.

In relation to the attendance of mothers and children in primary care, it was shown that nurses play a fundamental role in the return to the Child Care clinic, since, upon closure, the nurse informs about the date and importance of next.

The scheduling appears, however, as a hindrance to one of the caregivers, which explains the reason for rarely taking the child to primary care.

This child was never taken to the GD. Laziness. Actually, I do not go to the FHU because I think it's a bad thing to have to schedule and as I work in the hospital, I'll talk directly to the doctor when the child is sick. Pro post, I just take it to vaccinate. (Participant 26)

It was verified among those who adhere to the CD that the knowledge of the importance of the same in the health / illness process of the child is the main reason for the caregivers to return to the health service, and this fact is emphasized in the following statements of two participants.

> I think the GD good because the mother knows if the child is developing well, if the size and weight is good and if you are feeding right. (Participant 12)

> Every month, I take my son to the GD; there, the nurse measures, weighs, asks if he gets sick, if he's doing poop and if he does this and that. I think it's good because when I need a request for a doctor's appointment, the nurse gives it. What I find most important in the GD are the guidelines on food because my son was getting overweight, there the nurse directed about it. (Participant 42)

It reinforces, for the above findings, the important role that nurses play in the anthropometric evaluation. During the care of the child, the nurse should seek to improve the health condition of the child and his / her family, since it is the environment in which the child will develop. It is specified that the professional is responsible for thinking actions ranging from health promotion, hygiene, accident prevention, nutrition, oral hygiene, immunizations, to the mediation of problems installed such as malnutrition, gastrointestinal and respiratory obesity, diseases, for example.¹¹

Satisfactory care by these professionals is considered as another factor for the adhesion of mothers and caregivers to the health service, therefore, professional competence is a determinant to establish a bond of trust between nurses and mothers, since these mothers need to feel secure to deliver their children to the care of a professional over two years. 12

Child health care, as well as health care in general, is constantly being built, and it is the responsibility of health professionals involved in the care of children to develop activities that ensure the quality of care for children.¹³

It was also demonstrated by the speeches of the participants of this research, the importance of nurses' reception since prenatal care, since the link and trust between users

and professionals in the long term are decisive in the adherence of caregivers to GD.

> The nurse always took care of me very well, I was always welcomed by him when I was going to do the prenatal care, so, it was the same way with the GD, I already knew him and I have nothing to complain about. (Participant 29)

Another point, cited as a motivating factor for adherence to GD, is the participation of the community health agent (CHA) in the capture of mothers and children in primary care, since this professional is the main link between the health and the community, able to approach the families in their daily space and make the search of the defaulters. Therefore, CHA is directly involved in identifying the needs of the community, in the prevention and promotion of health.

It is believed that in a relationship where mutual respect and positive there is interaction between mothers and health understanding professionals, the and motivation to perform the professional's recommendations occur more effectively, resulting in the achievement of the objectives of the GD consultation.

The main children's morbidities cited by the participants are listed in Table 3, and fortunately there is a predominance in both neighborhoods of caregivers who reported that the child did not present any of the identified pathologies.

On the other hand, malnutrition in children under five years of age remains a serious public health problem that directly affects cognitive development, the risk of infection, the development of chronic diseases and even growth in addition to being considered an underlying factor in about 45% of deaths in children under one year of age. 14

Malnutrition in children is a complex etiology, being linked maternal, to socioeconomic and environmental conditions and having a direct relationship with infant feeding practices, morbidities and access to health services. 14 In this study, it is possible to observe reduced numbers of malnutrition, probably associated with positive changes in the current health system.

A significant number of children with verminoses and, in some cases, with more than one of the diseases mentioned, mainly in of residents the Manoel Deodato neighborhood, are shown in this study. In addition, there is a predominance of lowincome inhabitants, a place with few paved and poor basic sanitation, corroborating the idea that living and housing conditions are important determinants in the Assessment of adherence to consultations...

health / disease process of the subjects included in this context.

CONCLUSION

It was verified that the establishment of the nurse-user link is seen as one of the main factors that motivate mothers to return to the service, providing knowledge about the importance of monthly follow-up, describing the child's progress and already advising the date of return for the next query. There is evidence of a greater understanding of the professional's orientation.

It is therefore of utmost importance to draw up strategies aimed at a closer approximation between primary care and users, either through information that clarifies and makes the population aware of the importance of GD, describing the follow-up of height, maturation and development of the child, as well as through a more humanized behavior of the nurse anchored in respect and trust towards the subject, providing a greater interaction among them, since the health care of the child is constantly in the process of construction and needs a continuous monitoring by the nursing professionals and the basic health unit as a whole.

This work was limited, mainly, by the search of the participants, since some were not in their residences and others left to reside in the selected neighborhood. It is believed that this work may contribute to an improvement in the understanding of the factors that prevent or hinder adherence to the GD and, as a result, make it possible to overcome these difficulties in the future.

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Submission: 2018/09/26 Accepted: 2019/02/22 Publishing: 2019/04/01 Corresponding Address

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