



REFLECTIVE APPROACH ON PARENTAL EDUCATION IN COMMUNITY INTERVENTION

ABORDAGEM REFLEXIVA SOBRE EDUCAÇÃO PARENTAL EM INTERVENÇÃO COMUNITÁRIA ENFOQUE REFLEXIVO SOBRE LA EDUCACIÓN DE LOS PADRES EN LA INTERVENCIÓN DE LA COMUNIDAD

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ABSTRACT

Objective: to think about parenting education in the context of community intervention. Method: it is a literature review based on the analysis of national and international articles on the subject. The research was carried out mainly through international sites and the databases MEDLINE and EBSCO. **Results:** parental education emerges as a strategy capable in health promotion and empowerment of families and its elements, strategy that, if developed on the scope of community intervention will certainly have more effective results, since this is a form of integrated intervention that views the training of the individuals, relying on the resources of the community in which they are entered, with the objective of their empowerment. **Conclusion** support a relative takes on an increasingly important role in modern society, once a family, and in particular parents, serve as the most important in the lives of their children, is the first major emotional support and social learning of the child. Many times families have no skills and knowledge for a balanced and healthy growth and development of their children, emerging a need to intervene. **Descriptors:** family, parenting, health promotion, parental education, community intervention.

RESUMO

Objetivo: refletir sobre a educação parental em contexto de intervenção comunitária. **Método:** trata-se de uma revisão da literatura baseada na análise de artigos internacionais e nacionais sobre o tema. A pesquisa foi efetuada essencialmente através de websites e dos dados MEDLINE e EBSCO. **Resultados:** a educação parental surge como uma estratégia capaz na promoção da saúde e na autonomia das famílias e dos seus membros, estratégia que, se for desenvolvida no âmbito da intervenção comunitária, terá certamente resultados mais efetivos, uma vez que esta é uma forma de intervenção integrada, que visa a capacitação dos indivíduos, apoiando-se nos recursos da comunidade onde estes se encontram inseridos, com o objetivo da sua autonomia. **Conclusão:** apoiar a parentela assume cada vez mais um papel relevante na sociedade atual, uma vez que a família, e mais concretamente os pais, ao serem as pessoas mais importantes na vida dos seus filhos, constituem o primeiro grande suporte afetivo e de aprendizagem social da criança. Muitas vezes faltam às famílias as competências e os conhecimentos necessários para um crescimento e desenvolvimento equilibrado e saudável das suas crianças, emergindo assim a necessidade de se intervir. **Descritores:** família, parentela, promoção da saúde, educação parental, intervenção comunitária.

RESUMEN

Objetivo: reflexionando sobre la educación de los padres en el contexto de la intervención de la comunidad. **Método:** se trata de una revisión de la literatura diseñado con base en el análisis de artículos nacionales e internacionales sobre el tema. La investigación fue llevada a cabo principalmente a través de sitios internacionales y bases de datos MEDLINE y EBSCO. **Resultados:** educación parental surge como una estrategia capaz de promoción de la salud y empoderamiento de las familias y sus elementos, que estrategia se desarrolla en el marco de la comunidad intervención seguramente tendrá más resultados, ya que esta es una forma de intervención integrada, encaminados a la potenciación de los individuos, basándose en los recursos de la comunidad donde se insertan, con el objetivo de su habilitación. **Conclusión:** apoyo la crianza toma un papel cada vez más importante en la sociedad actual, desde la familia, y en particular los padres, que las personas más importantes en la vida de sus hijos, es la primero gran apoyo emocional y el aprendizaje social del niño. Muchas veces las familias carecen de las habilidades y conocimientos para un crecimiento equilibrado y sano y el desarrollo de sus hijos, surgiendo así la necesidad de intervenir. **Descritores:** familia, crianza, educación parental, la promoción de la salud, la intervención de la comunidad.

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INTRODUCTION

There have been several changes at the social level with consequent implications for family, which, in turn, influence directly the development and balance of children and young people within their families. All these changes have been the target of growing interest both at international and national level.

The third goal of Health Policy in the XXI Century, presented by the World Health Organization, defends a beginning of a healthy life, stating:

The early investment in health is compensated later, along the life. Must, therefore, be implemented policies that contribute to a family able to support, with children and good parental capability. Parents need means to educate their children and take care of them and the local communities have to provide support to the families^{1:13}

In Portugal through the recommended by the Law on Health specifically in the Base II, paragraph h) is encouraged the education for the health of populations in encouraging individuals and social groups to change harmful behaviors harmful to the health.^{2:3452}

Through the National Health Plan 2004-2010, it is shown to us, at first, as general strategies to obtain health for all, the family as being a setting to privilege, on the stage - Growing up with Safety.³ Also the Program Type of Performance in Child and Youth Health (2002), tells us that "the increased level of knowledge and motivation of families, apart from reducing illiteracy and of the improving of the living conditions, promote the development of the parental role."^{4:5} Therefore becomes possible to parents and family, the take of the parental role as a right and a duty, charging the health professionals to promote it and making it easy.

As guidelines of this program are pointed not only the health vigilance through the performance of the fulfillment of the timetable for consultation and the vaccinations preconized, as well as the valorization of the anticipatory care as a factor of health promotion and disease prevention, particularly in providing parents the necessary knowledge for the best performance of their parental role and the support for progressive responsibility and self-determination in health issues of children and youth.

As nurses, we have the consciousness of this responsibility with the community in

health promotion. Says the Code of Ethics for Nurses, about the duty to the community that the nurse assumes the duty to "participate in guiding the community in seeking solutions for the detected problems".^{5:1754} The same document also refers us on human values that the nurse assumes the duty to "safeguard the rights of children, protecting them from any form of abuse".^{5:1754}

The reflection on how this issue has been addressed in relation to the child and how you can intervene, directed the implementation of this reflection.

OBJECTIVE

- To reflect about parental education in the context of community intervention.

METHOD

It has been done a reflexive approach study based on the theme parental education in a communitarian context, having as an aim the reflection about the phenomenon under study. It is thus a literature review based on the analysis of national and international articles on the subject. The research was developed primarily through the search of diverse literature as well as in different databases MEDLINE and EBSCO, the descriptors 'family', 'parenting', 'parental education', 'health promotion', 'community intervention', available at the Virtual Library of Health.

The aim of this study is to make a general approach about family and parenting, through its conceptualization and evolution throughout history, through health promotion approach to community intervention, ending with a reflection on parental education in community intervention.

RESULTS AND DISCUSSION

The results emerged from the research done around the theme: 'family and parenting', health 'health promotion in community intervention' and 'parental education in community intervention'.

• From the Family to Parenting

Being the family the oldest social institution, it has suffered over the centuries deep transformations, either in its constitution, either in its structure, so that it could ensure the continuity and development of its members and its survival as a family system. The family stresses as the social nucleus that integrates the most important structure of the state, because their origins

before the state itself, since it arises as a natural institution with the man. The older people, before they organize politically through the state, lived socially in families.⁶

The World Health Organization declared that family is "any group whose ties are based on trust, mutual support and a common destiny"⁷ so the concept of family can not be limited to ties of blood, marriage, sexual partnership or adoption.

Johnhson cited by Stanhope, tells us that:

The family consists of two or more individuals, belonging to the same or different kinship groups, which are implicated in a continuous adaptation to life, habitually resident in the same house, experiencing and sharing common emotional ties among themselves and with certain other obligations.^{8:493}

There are several concepts and are also considerable changes that the concept of family has suffered, however it represents the unity of social conduct more meaningful society, can be argued that the family is essentially the set of relationships and interactions that the elements set both with each other, but with the environment where they are.

The International Council of Nurses (ICN) by the International Classification for Nursing Practice (ICNP), tells us that the family is a:

Group with specific characteristics: group of human beings seen as a social unit or a whole collective, composed of members connected by consanguinity, affinity or emotional kinship law, including people who are important to the client. The social unit consisting of the family as a whole is seen as something beyond the individual and the relationship of blood, kinship, and emotional relationship or statutory, including people who are important to the customer, which form part of the group.^{9:171}

There has been, with this definition, a range of the family concept, which follows the developments in societies.

Despite the increased diversity of marital interactions in the current socio-cultural context, the family continues to play a key role and be the basic unit in which the individual develops and socialize and is the first vehicle of its integration into society. There is no doubt the influence that the family exerts on those who are part of it, affecting its development and personality of each individual. The family is even considered, in all societies, the central element in the socialization process of the child.¹⁰

Thus, the family takes an essential character because it is what should provide a stable environment, which should provide reassurance, to provide a balanced growth. A society of broken families starts producing problem children, so the exercise of parenting becomes crucial in child development.

The term derives from the Latin word parenting leave, or whatever it is on the father and mãe¹¹. Parenthood is between parents and children marking the life cycle of the family, being a universal process, since all families experience the process of parenting.¹²

Becoming a parent requires a transition to new roles and responsibilities, and this is one of the issues the subject of considerable attention from various sectors of society, to social justice, education, health, and is also a focus of her nursing.

The International Council of Nurses tells us that parenting is:

The action to take account of specific characteristics: Assume the responsibilities of being a mother and / or parents; behaviors intended to facilitate the incorporation of a newborn in the family unit; behaviors to optimize growth and development of children; internalization of expectations individuals, families, friends and society about the role of parental behaviors as appropriate or inappropriate^{11:43}

It is therefore easy to see that the exercise of parenthood interferes directly in the promotion of health and welfare of the child, and parenting roles attributed to: - meet the most basic needs; - offer the child a physical world organized and predictable; - needs extra cognitive understanding of the realities of family, - meet the needs of affection, trust and safety - to meet the needs of social interaction of the child.¹³

In addition to these functions, parents should also play different roles between them, such as the interaction partners, instructors, and direct the preparation and provision of opportunities for stimulation and learning. We can thus conclude that parenting is not only a task but also a relationship that is established; it develops and changes depending on the development of its members.

• The Health Promotion / Health Education in Community Intervention

With the First International Conference on Health Promotion held in Ottawa, Canada in November 1986, it was defined health

promotion as a process of enabling people to act to improve their quality of life and health, including greater participation in control this process.^{14:1} Staying clear the importance of empowering individuals and communities, but also that the resources of the community should be articulated and work in partnership at the level of health promotion.

Day tells us that the concept of Health Promotion is a concept related to health, just wider than prevention, since it involves not only protection and maintenance of health but also their promotion, carried out by adopting healthy behaviors and also enhancers of functional abilities, physical, psychological and social of the people.¹⁵

A basic component in health promotion is health education, as defined in 1969 by the World Health Organization such as:

Action exerted on individuals to modify their behavior in order to acquire and retain healthy health habits, learn to use wisely the health services they have at their disposal and are able to take, individually or collectively, decisions involving the improvement of their health status.^{15:463}

The health education is therefore a proven strategy, which is an instrument par excellence to achieve the objectives of health promotion. The politics of health promotion involves so the strategic implementation of programs of health education.

Spacapan and Oskamp, cited by Dias, tell us:

The strategies of health education can be developed according to different levels at which individual, group or community and include, from campaigns in the media, to personal and direct interventions.^{15:466}

For the purposes of health education they go through, to understand that health is a shared responsibility and collective participation will be open in seeking solutions, acknowledging the influence of lifestyle on health, provide knowledge and foster attitudes that enable to promote and maintain health and promote critical thinking to identify and eliminate risks to health.

• Parental Education in Community Intervention

The interest on parental education is still relatively new, yet, already, in the transition of the nineteenth to the twentieth century in North America is witnessing the emergence of various organizations related to parenting, which was as it were the embryo of parental education. But only since the 60s, parental

education has become an important area in the United States, going to deserve the support of government, beginning to be seen as a strategy of intervention.¹⁶

The parental education arises then as an intervention with families at the level of intervention in parenting, which should aim to promote the empowerment of families and their members, and its main objective the training of parents.

As previously seen and also refers to the Urria is learning what else in the family shapes a child's personality, through observing and experiencing.¹⁷

There is a need to create conditions so that parents or their surrogates are allowing them to support a balanced performance. For Cruz and Pinho parental education aims to strengthen and develop parenting skills, a process that is being built along the intervention, to allow a better and proper performance of parenting functions.¹⁸ Rather than providing information, parental education should be a set of interventions that are based on the context where they develop and the primary aim of health promotion and prevention of risk behaviors, as well as the autonomy of the family and its members

The parental education aims to support parents by providing them with information to enable learning and consequently lead to behavior modification, thus promoting the parental skills.¹⁶

Improving the educational skills of parents or their substitutes is one of the objectives of parental education, in more severe cases it is intended to cut the repetition of violent models that parents have undergone and will play if no intervention happens. In this regard Sampaio alerts us to the importance of supporting parents in the troubled early years of the children, indicating that parental education should be on the list of priorities.¹⁹

However, the focus of parental training should focus on the potential of families, about their strengths and not just fix what is not appropriate for reporting on the concept of positive parenting by the European Council pointed to all families have a potential natural and pluralistic must be the starting point for work in education parental.²⁰

To be able to ensure effective results and lasting intervention next intervention should be an ongoing and coordinated with the network of resources in the community, calling itself the Community intervention, and an integrated approach, where the social

work carried out with the people, has aimed at solving problems and promoting the potential of a community through a concerted action of various agents and their local community.

Community intervention is intended to work in collaboration and partnership with communities to address local concerns and hopes of improvement.^{21:479} So never Community intervention may work alone or spontaneous, but a work group, where properly designed network fosters a true team effort involving the various entities of the community and target population, so as to achieve a change. The basis for Community intervention is essentially the empowerment of individuals, focusing on training, resources and in their attendance.

As nurses have a duty to the community of "Collaborating with other professionals in programs that meet the needs of the community."^{5:1754}, but adds further noted that as nurse specialists in Community Nursing in one of the skills that is required is participation in partnership with other community institutions and the social network and health in intervention of communitarian projects.²²

Laverak tells us that there are two approaches for developing health promotion programs at the level of community empowerment, the approaches they are descending and ascending, and companies are the experts who decide what is best for the communities, while in bottom-up communities and specialists work together on issues that both consider important, relying on empowerment, training as it is more suitable for this type of intervention comunitária.²³ In reinforcing this idea Laverak and Labonte, cited by Carvalhosa, Domingos Sequeira and tell us that the bottom-up "is the one that best suits the community intervention programs, since it seeks to support the community in identifying issues that are important and relevant to their lives, and allow them to develop strategies for resolving these issues".^{21:480}

Working in education means parental intervention strategies that can be varied, however there are aspects that must necessarily be present, as summarized in Martins, calling them the secrets of parenting, namely:

- a) trust and privacy, so that reflection on parenting practices may arise;
- b) co-construction, a process being built jointly with the family;
- c) responsibility, motivating them to be

accountable;

d) training, transforming anguish into solutions;

e) autonomy, should this be the goal of parenting;

f) diversity, since the risk factors are multiple must be alert so that they can void;

g) expertise for the efficient and effective intervention is going to meet clear objectives;

h) the role of gender, ie the technical team should consist of men and women, to enhance the adhesion of parents and caregivers;

i) integrated intervention, liaison with the network of community resources;

j) favoring the intervention group, being useful to be able to bring together various discourses;

l) enhancement of social networking, promoting formal and informal networks of support.²⁴

CONCLUSION

If before parenthood was seen as a chore, associate to adulthood in recent decades has been transformed, taking on a special interest and even investigated, not only by their specificities but also for its real complexity. The parental education arises then as a way to support parents so they can develop their parenting skills in an appropriate and balanced, because it exists not only for children at risk.

Community intervention is an excellent tool to act on parental education, as being next intervention combined with the network of community resources and carried out continuously, certainly ensures the results, which are to be sustained and effective.

REFERENCES

1. Organização Mundial de Saúde. Saúde 21. Uma introdução ao enquadramento político da saúde para todos na Região europeia da OMS. (Abecassis S, Trad) Loures: Lusociência; 2002.
2. Portugal. Ministério da Saúde. Lei nº48/90 de 24 de Ago de 1990. Lisboa;1990. p.3452-59.
3. Portugal. Ministério da Saúde. Direção Geral da Saúde. Plano Nacional de Saúde 2004-2010: mais saúde para todos. Lisboa: DGS; 2004.
4. Portugal. Ministério da Saúde. Direção Geral da Saúde. Divisão de Saúde Infantil e Juvenil. Programa-tipo de atuação. Lisboa: DGS; 2002.

5. Portugal. Ministério da Saúde. Decreto-Lei nº 104/98 de 21 de Abr de 1998. Lisboa; 1998. p.1739-57.
6. Varela A. Direito da família. Lisboa: Livraria Petrony; 1993.
7. Portugal. Ordem dos Enfermeiros [Internet]. 2008 [cited 2011 Dec 2]. Available from:
http://www.ordemenfermeiros.pt/ordem/Paginas/EspCid_DialInternacionaldaFam%C3%ADlia2008.aspx
8. Stanhope M, Lancaster J. Enfermagem Comunitária: Promoção da saúde de grupos, famílias e indivíduos. 4ª ed. Loures: Lusociência; 1999.
9. Classificação Internacional para a Prática de Enfermagem: Versão 1.0. Lisboa: Ordem dos Enfermeiros; 2006.
10. Melo A. Em busca do tesouro das famílias - Programa de treino de competências familiares. Porto: 2004.
11. Infopédia - Enciclopédia e Dicionários Porto Editora [Internet]. Porto: Porto Editora [cited 2011 Dez 18]. Available from:
<http://www.infopedia.pt/lingua-portuguesa/>
12. Ausloos G. A competência das famílias - Tempo, caos, processo. 2ªed. Lisboa: Climepsi; 2003.
13. Cruz O. Parentalidade. Coimbra: Quarteto; 2005.
14. Carta de Ottawa - Promoção da Saúde nos Países Industrializadas [Internet]. Lisboa: Portal de Saúde Pública; 1998 [cited 2011 Nov 23]. Available from:
http://www.saudepublica.web.pt/05-PromocaoSaude/Dec_Ottawa.htm
15. Dias M, Duque A, Silva M, e Durá E. Promoção da Saúde: O renascimento de uma ideologia? *Análise Psicológica*. 2004; XII (3): 463-73.
16. Ribeiro M. Ser família: construção, implementação e avaliação de um programa de educação parental [Dissertação]. Braga: Universidade do Minho; 2003.
17. Urra J. O pequeno ditador - da criança mimada ao adolescente agressivo. Lisboa: A Esfera dos Livros; 2006.
18. Cruz H, Pinho I. Pais, uma experiência. Porto: LivPsic; 2008.
19. Sampaio D. Da família, da escola, e umas quantas coisas mais. Alfragide: Editorial Caminho; 2011.
20. Lopes MS, Catarino H, Dixe MA. Parentalidade positiva e enfermagem: revisão sistemática da literatura. *Referência*. 2010 Jul; III (1): 109-18.
21. Carvalhosa SF, Domingos A, Sequeira C. Modelo lógico de um programa de intervenção comunitária - GerAcções. *Análise psicológica* [Internet]. 2010 [cited 2011 Out 15]; 3(XXVIII): 479-90. Available from:
<http://www.scielo.oces.mctes.pt/cgi-bin/wxis.exe/iah/>
22. Portugal. Ministério da Saúde. Regulamento nº 128/2001 de 18 de Fev de 2011. Lisboa; 2011. p.8667-69.
23. Laverack G. Promoção da saúde. Poder e empoderamento. Loures: Lusodidactia; 2008.

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