THE AUTONOMY OF THE CHILD UNDER OSTOMY: CHALLENGES FOR NURSING CARE

A AUTONOMIA DA CRIANÇA ESTOMIZADA: DESAFIOS PARA O CUIDADO DE ENFERMAGEM

LA AUTONOMÍA DE LA OSTOMÍA INFANTIL: DESAFÍOS PARA LA ATENCIÓN DE ENFERMERÍA

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ABSTRACT

Objective: to apprehend aspects of the child under ostomy within family ambit. Method: descriptive-exploratory study, with a qualitative approach, with seven mothers of children under ostomy. The scenario was a pediatric teaching hospital of Rio de Janeiro/RJ, Brazil. The data production happened from September to November 2011, using a script of interview, and as analysis strategy, the Thematic Analysis. Results: after categorizing the lines, emerged two categories << Day-to-day care of the child under ostomy with the family >> and << Specificities and singularities in the care of the child under ostomy: constructing autonomy >>. Conclusion: the encouragement of autonomy seems to be differentiated by the families, because we realize that each family has its own way of doing it. So, we justify the actions of the nurse when understand and participate in the construction of the autonomy of these children, and because of their age, can have its development stimulated by actions and care that respects their particularities.

Descriptors: Pediatric Nursing; Personal Autonomy; Child; Child Health; Stomata Surgical.

RESUMO


RESUMEN

Objetivo: captar los aspectos de la autonomía del niño bajo ostomía en el ámbito familiar. Método: estudio exploratorio-descritivo, con un enfoque cualitativo, con siete madres de niños bajo ostomía. El escenario fue un hospital universitario pediátrico de Rio de Janeiro/RJ, Brasil. La producción de los datos ocurrió desde septiembre a noviembre de 2011, mediante un guión de entrevista y, como estrategia de análisis, el Análisis Temático. Resultados: después de la categorización de las hablas, emergieron dos categorías << El cuidado cotidiano del niño bajo ostomía junto a la familia >> y << Las especificaciones y singularidades en el cuidado del niño bajo ostomía: construyendo autonomia >>. Conclusion: el estímulo de la autonomía parece ser distinguido por las familias, porque percibimos que cada familia tiene su propia manera de hacerlo. De este modo, justificamos las acciones del enfermero al comprender y participar en la construcción de la autonomía de estos niños, y por su edad puede tener su desarrollo estimulado por las acciones y cuidados que respetan sus particularidades. Descriptores: Enfermería Pediátrica; Autonomía Personal; Niño; Salud Infantil; Estomas Quirúrgicos.
INTRODUCTION

The use of technological devices, here understood as collector equipment and adjuvants, as the ostomies, is relevant as surgical therapy goal to assist, temporarily or permanently, the occurrence of any functional loss, illness or clinical situations, being commonly used by individuals of various age groups, including children. In children, the causes of the use of this technology can progress of congenital malformations, prematurity, chronic diseases, accidents and infections.¹

Children who have or are at increased risk of having a chronic condition either physical, developmental, behavioral or emotional and require health services directed with amount in addition to the required by children in general, are named in the international literature, by Maternal and Health Children Bureau as Children With Special Health Care Needs (CSHCN).² In Brazil, these children are named as Children with Special Needs (CHILDSN).³

The CHILDSN are classified into four groups, according to their care requirements being: development, technological, medicated and usual modified.⁴ ⁵ The Dependent Child of Technology (DCT), hereby concept by Office of Technology Assessment (OTA), is that one which need routinely, both from one device to compensate the loss of a vital and substantial physiological function, as well as nursing care to prevent death or additional disabilities.⁶

The child who has ostomy, in any anatomical segment, is considered a child with special health needs, since this physical condition makes to rely on technology to maintain their survival, in addition to their caregiver have to modify or adapt, as compared to the other children that do not have a special need, their daily care (bath, food, transportation, among others).

It is known that the child is a being in growth and development with distinctive features and characteristics; born totally dependent on care and goes through a development process that continues until he reaches the complete independence at maturity, having the family as the first dynamic group to which he is exposed, and it is there, that the child has his first experiences and interpersonal transactions.⁷

When the child has physical, behavioral or body changes or is exposed to hospitalization, he can denote a person raped through the loss of safety and also damage of his own development, that can occur in adverse consequences of his adult life.⁸ Given the fact, the family, being the main social, moral and psychological foundation of the child, may present conflicts, fears and doubts about the new reality that their child will experience. Thus, the home of a child with special health needs goes through even more intense problems, requiring an understanding and a greater performance of the family for the child's development.⁹ It is probable that the family of the child under ostomy want to be protective in excess, not allowing a natural development of child autonomy, perhaps by a feeling of guilt for the rejection of beginning, in this way, losses may be inevitable and difficult to reverse.¹⁰

The autonomy is a form of personal freedom based on the right that people have to express themselves, taking care, however, preserving the interference of others in situations involving infringement or invasion of privacy and intimacy, the risk of exposing internal odors, secretions, namely, the need to share the weakest side of the human condition. To be autonomous, the person must be able to think rationally and self-manage. On the other hand, the capacity for decision-making will be committed and may someone else decide for him.⁷

The conquest of autonomy goes through stages of discipline and by the construction of a set of rules that guide the actions of the child and facilitates their interaction with other children and with adults. As it develops, both physically and emotionally, the child will become able to do something by herself and acquiring autonomy.¹¹ However, in the dependent children of technology, autonomy can be pervaded by some limits, according to which the family is faced with fears and questions like: will my son be able to change by himself? To bath alone? Playing alone?

Although most of the time the excess protection is done with the best of intentions, can bring a range of negative consequences. For example, can occur preventing the development of potential and the capacity of the child and also the formation of people unable to decide about their own life.¹²

The interest for this study arose during the participation of academics in the group of families of children under ostomy, held in an institution of reference to the health of the child, in the municipality of Rio de Janeiro, where family members and healthcare professionals gather, monthly, with the objective of exchanging experiences on the “live/caring” of the child under ostomy. Through this experience, it can be hear that existed, on the part of the mothers, a major obstacle in understanding the need for the
child to perform basic activities such as play and go to school. In this sense, one can say that the construction of the autonomy of a dependent child of technological devices can somehow be reduced due to family care charges.

After lifting in the Brazilian scientific literature, it was found scarce number of studies about the autonomy of the child with ostomy. The autonomy was cited in works that originally approached the theme in children with Down syndrome, children with nephrological disorder and about the procedures performed during the hospitalization. This relates to the imminent need for new studies approach with regard to child development of child under ostomy.

It is therefore, in this context that drew as objective to apprehend aspects of autonomy of the child under ostomy within family.

METHOD

Exploratory and descriptive type study, with a qualitative approach. The scenario for data collection was a public pediatric teaching hospital, located in the municipality of Rio de Janeiro. The subjects were seven families of children under ostomy. For this, the target population was defined from the following eligibility criteria: 1) relatives of children served in the ambulatory of the institution and, 2) that have child porter of some type of ostomy aged from two to ten years and, that 3) has already gone home with the ostomy. Were excluded, of this study, the families of children who have cognitive deficits, mainly related to the neurological basis of diseases, that not heed our inclusion criteria and those who did not accept to participate in research.

The period of collection occurred from September to November 2011, being accomplished through interviewing script, with open-ended questions. The data production ended by theoretical saturation of data, when the information provided by the new subject to material already obtained would add little, no more significantly contributing to the theoretical reflection arising out of the data being collected. So, was stopped attracting new participants. The exact point sampling saturation is determined, logically, always a posteriori, and the tools used in the observation of saturation are not mathematical order, and yes cognitive, because it involves the perception of the researcher and his theoretical domain.

It was used, as data analysis strategy, the Thematic Analysis, because consists in discovering the nuclei of meaning that make up a communication whose presence or frequent mean something to the analytic used object.

The thematic analysis unfolds in three stages:

1) The pre-analysis: which includes the choice of documents to be examined, the resumption of the initial objectives of the research and the development of indicators to guide the final interpretation

In this pre analytic phase determines the register unit (keyword or phrase), the unit of context (the delimitation of the context of the registry unit understanding), the cut-outs, the form of categorization, encoding mode and the more general theoretical concepts that will guide the analysis;

2) The exploration of the material: consists primarily in the transformation of the raw data in order to achieve the core understanding of the text. At this stage, the text clipping in registration drives as established in the pre-analysis; then, choose the counting rules and, subsequently, carry out sorting and aggregation of data, choosing the theoretical categories that will dictate the specification of themes;

3) Treatment of the obtained results and interpretation: the raw results are subjected to statistical operations and from there are inferences and interpretations according to the theoretical framework of the study.

The research was backed by the ethical and legal principles linked to research with human beings, contained in Resolution 196/96 of the National Health Council, where the project was approved by the Research Ethics Committee (REC) at the Federal University of Rio de Janeiro/UFRJ, protocol number 41/11.

The subjects were identified by pseudonyms depending on the degree of kinship with the child, followed by children's character name related to the child.

RESULTS AND DISCUSSION

The seven subjects interviewed, exclusively, were mothers of children under ostomy. To illustrate them, was structured, as shown in the figure 1, the characterization of the profile:
From the readings of the responses, the texts were collected as the nuclei of meaning who presented, which were approximated to the subject which contained, to the categories described below.

**Daily care of the child under ostomy with the family**

The first category expresses the concept of mothers in front of the general daily activities carried out by their children, which are common to the development phase, being evident variations among children under ostomy with regard to realization of tasks. In the interviews, we noted that the activities reported were: 1) The dressing; 2) Bathing; 3) School practice; and 4) The play. It was noticed that, in the act of dressing and at the moment of bath, the condition of being under ostomy not prevented some children to perform such activities, as we will see below:

> Since she was a little girl she always was this child that never liked to ask just when she really needs help. But everything she does. Take a bath alone, she swaps her clothes alone, she chooses, […] (Mother of Sininho of 10 years).

> […] bathe alone […] (Mother of Peter Pan of 07 years).

It is clear, in front of the lines, there is the free exercise of certain activities on the part of these kids, what leads us to a common reality for the age. Since Sininho and Peter Pan experience the scholar period, whose activities are characterized by the development of personal determination, namely, by the initiative of their own child. However it was evidenced that Peter Pan and other schoolchildren had limitations in carrying out some activities:

> Get dressed! [laughs] Just dress [referring to that he can't do alone], the rest he does alone (Mother of Peter Pan of 7 years).

> […] No, not alone [referring to daily activities] […] (Mother of Bolinha of 10 years).

> […] I bath her, I dress her, I like to take care … to bath, these stuff she does not alone […] (Mother of Moranguinho of 06 years).

Pondering in front of limitations in daily activities mentioned above, one can notice that the restrictions appear to be linked to the use of ostomy and its own clinical condition, since the child during this period of development could already see what's going on around him, living their own challenges and discoveries.\(^\text{15}\)

Apparently, such children have no physical, cognitive and motor limitations that restrict their daily activities. The mother didn't leave, but apparently could let them to do. We saw mothers concern in allowing children to carry out some activities alone, but limiting others, which, in reality, the child wouldn't have other factors that prevent to perform them.

Observing the daily activities of these children, by choice, it was found that they seek to perform simple habits without help, which brings us to the construction of autonomy. We saw that the Mother of Cebolinha reports that the son wants to be independent and develops own activities of the age, trying to perform them, even needing help:

> To put clothes still needs a little help, take the short, but once in a while he goes there, he takes and takes the panties and tries to put on his own. But sometimes he calls: “Mother I couldn't put!” I'll go and help him. He wants to be independent, he wants to put, only when he can't, he calls me (Mother of Cebolinha of 4 years).

Another sphere cited by subjects of research was the school practice of children. We understand that the school is the space in which the child can experience new links outside the family and participate in the everyday actions of the environment.

> Go to school, do the job alone, studying on his own, doing readings. […] does everything together at school, studying together, read together […] at school he is very clever, he gives no problem like this at school, … of having to call at school (Mother of Peter Pan of 7 years).

> […] the school, studies right? The homework, but not always, sometimes she asks, she wants to do everything alone, it's a bit stubborn (Mother of Sininho of 10 years).

> […] At school he's kind of stubborn […] Make art at school, there's always a complaint […] If we have the meeting, the Director call me at school. […] Then he comes home upset: “oh Aunt, Aunty kept me grounded”, She didn't leave you

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**Table 1: Characterization of the subjects of the research. Niterói-RJ, Brasil, 2011**

<table>
<thead>
<tr>
<th>Pseudonyms of subjects</th>
<th>Age of the Child</th>
<th>Type of ostomy</th>
<th>Time of ostomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother of Sininho</td>
<td>10 years</td>
<td>Colostomy</td>
<td>1 year</td>
</tr>
<tr>
<td>Mother of Anjinho</td>
<td>04 years</td>
<td>Tracheostomy</td>
<td>and 06 months</td>
</tr>
<tr>
<td>Mother of Bolinha</td>
<td>10 years</td>
<td>Gastrostomy</td>
<td>01 year</td>
</tr>
<tr>
<td>Mother of Peter Pan</td>
<td>07 years</td>
<td>Colostomy</td>
<td>05 years</td>
</tr>
<tr>
<td>Mother of Moranguinho</td>
<td>06 years</td>
<td>Colostomy</td>
<td>05 months</td>
</tr>
<tr>
<td>Mother of Cebolinha</td>
<td>04 years</td>
<td>Colostomy</td>
<td>07 months</td>
</tr>
<tr>
<td>Mother of Franjinha</td>
<td>03 years</td>
<td>Tracheostomy</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Figure 1:** Characterization of the subjects of the research.
children. Educators can guide as to the intellectual development of children and their senses of aesthetics and troubleshooting through creativity. With its development, the child will accept the activities in conjunction with the other colleagues and parents can help their children on this situation.

It reinforces this study, that the use of ostomy doesn't seem to interfere with learning practices and in conjunction with school activities in these children. The preschoolers and schoolchildren who use technological device, and for failing to neurological disorders, can apparently keep their social relationships because they are attending school, since it is typical activity for their age group.

In the testimony of the mother of Bolinha of 10 years old, was notorious feel that the use of technological device brought concerns from educators, might not understand its management. Bolinha, being forbidden to take part in some physical activities, feel punished and don't understand the reasons which led him to be excluded from school activities such as recess.

We support on that explanation, if there are weights in children's collective context, may be retarded the development of higher psychological functions, because learning occurs as the child will exercise his intellect, i.e. when the physical structures responsible for this function are stimulated by social and cultural factors. We see that mothers feel held to see their children grow and learn, and so they can deconstruct barriers, which sometimes, may have been pre-designed and stimulate the construction of personality and the respect of those around them.

Another activity that exercises the development of the child is to play. By analyzing the lines, it was noted that there is no difficulty in playing, the child said, however, the family, occurs the protection that restricts the activity due to concern of harms to the physical condition of the child.

He was playing, he draws all the time [...] He plays with play dough [...] I stay singing with him, playing, painted, so I can entertain [...] He likes too much of his father, then we stay playing with him. Always playing [...] Played! He plays until today with the carts (Mother of Bolinha of 10 years).

 [...] Yes he can play. It's just like that, he can't ride a bike, can't run, can't be clinging on things [...] Sometimes we play. We play cart. He is crazy to fly a kite, but he can't go to the street, the sun hot run, to play, to being jumping [...] He plays alone, put DVD alone, turn on the TV alone (Mother of the Bolinha of 10 years).

 [...] He plays alone, is ..., play ball, play on the computer, play station (Mother of Peter Pan of 07 years).

 [...] Yes, she plays, she sits, she raises ... is very smart for life [...] She plays with her sister normal, with toys, talks playing, stuff like that [...] the day to day is to play (Mother of Moranguinho of 6 years).

To play is seen differently among adults and children. For adult, it is a way to distance themselves from the reality, away from the stress of everyday life, making them forget for a few moments, everyday problems. The child seeks to meet increasingly the reality of the world around them through the play, not in an attempt to escape this reality, but in order to build and rebuild the world where their space is guaranteed.

Children with special health needs, sometimes, are taken to break relations, moving away from friends that are healthy, because the games don't suit to their new lifestyle. This condition may favor the isolation of children and the difficulty of interaction with their peers who are not affected by pathologic process, or even with whom they kept in touch before the advent of the chronicity.

The speeches of mothers show the intensity of play of their children and how this simple act is difficult from the perspective of some mothers, due to concern of the clinical state, depriving, in some cases, the development of the child. On the other hand, the Mother of Cebolinha and the Mother of Franjinha give freedom to play:

 [...] Yes, he stays playing all the time alone with the carts, with his pellets, he do not disturb or anything, loves playing, pool also I leave [...] (Mother of Cebolinha of 04 years).

Just on the playground that I sit and I say taking over. But at home he gets loose, he is free. He plays, goes one way and another, I just have to look because child at that age, you have to take care. But all that, there's no need to watch the whole time. Plays with his stands, play ball, does everything normal for a child of his age do (Mother of Franjinha of 3 years).
Menezes HF de, Góes FGB, Souza ALS et al.

Franjinha and Cebolinha share the same age period, i.e. the preschool phase. Can be seen that, by mothers’ verbalization, there is no limitation for the play, as they are ready to deal with the challenges of development, which has, as its main task, the initiative. \(^{15}\)

Even though there are some physical constraint from the medical condition of the child, it has little meaning in possible limits of plays, by children. The children try to keep their day-to-day more close to normal, relating to other children and enjoying every moment. \(^{18}\) We believe in the importance of showing, like the others, these children have the need to develop their autonomy and thus progress to the stimulation of their imagination, resulting in a stage of life where the child's cognition is fulfilled.

Apprehensive parents can overload the child with reiterating calls of attention to meeting the care and so trigger in his son indifference to contain its communication and resentment by the constant calls of attention. \(^{19}\) The child since infancy enriches their achievements when parents are safe to let her grow up, because the look of the mother allow the development of their child or limits it.

Specificities and singularities in the care of the child under ostomy: constructing autonomy

In this category, we demonstrate the care to the child with ostomy, reported by research subjects, relating to technological dependence.

The lines of the subjects shows that, according to the stage of life and age of the child, there is variation of the family stimulus regarding the autonomy of the child concerning the ostomy care, because some are alone, other aid in care, and there are still those that depend on the mother. We realized in the testimony of the mother of Sininho, that the daughter independent on the ostomy care. As can be seen in the following talks:

\[\text{She makes her own hygiene in colostomy bag, she change the bag, she is glad that she now knows that she no longer has the problem that she had before and she says she asks not to take anymore, prefers to continue because she's fine now, she has already suffered a lot, but today she is another person, another child (Mother of Sininho of 10 years).}\]

Sinho, because being school and understand their condition, can live well on her own. We realized in the speech of the mother who, at present, there was resilience from his daughter, perceived and strengthened by the family, to see that the child grew and developed, without her medical condition limits her. This inspires us encouragement to feel that the family is contributing to the development of autonomy, as evidenced below:

\[\ldots\text{she is praised everywhere I go because she's a child that she agrees with everything, she is not afraid of anything, she has a security and she passes this security for us. And I'm happy for her to be like this (Mother of Sininho of 10 years).}\]

The school-age child assumes a struggle towards the feeling of accomplishment. At this age, the emergence of the ability to understand the perspective of others and imagine how others see the child, presents the child the question of assessment of themselves as different and possibly limited. \(^{15}\)

The child with special needs have the same needs as any other child, to be loved, valued and feel familiar and social group, and when stimulated can become adult with their full potential developed.

Another perceived inclination is the children who assist the mother in the care of technological dependency.

\[\ldots\text{In her purse, she helps me to remove, she help me ... help me a lot, I talk with her. Formerly was taking to the post, and from a month to here, she said, "no, Mom, I'll help you" Then I take her in the bathroom, put that shower and takes off, she's also taking off, herself on her own, and help me to take ... So we do hygiene, change her handbag and stay normal (Mother of Moranguinho of 6 years).}\]

\[\ldots\text{he takes, he takes alone ... Only to put I put it, right? But the part of take he does totally alone. The cleaning part I do, but to take off, he does by himself. Pulling slowly ... (Mother of Peter Pan of 7 years).}\]

Given this lines, we have seen the overcoming of children not depending on the Mom totally and help her, creating the initiative of self-care. This leads us to think that these children may have burst a step in its development.

Schoolchildren, while experience learning situations with adults, wish to show competent and with productive capacity, regardless of cultural context in which they live. \(^{19}\)

Through the lines of the Mothers of Cebolinha and Franjinha, we saw that both children depend on the care, both for the question of age, but also by limiting of the ostomy.

\[\ldots\text{He even speaks: "Mom clean the purse"; 'Mother's dirty'; "Mom put a bag so I can take a bath in the pool". He's used to}\]
Menezes HF de, Góes FGB, Souza ALS et al.

The autonomy of the child under ostomy...

It is important to note that the age is a preponderant factor to understand the daily life of the child care under ostomy by the family. We have seen that the children need help, which is normal for this stage of life. The school has the accompaniment of the caretaker, because this child is transitioning to new stage of development, in which it is self-care, but there is some need, the child may find support.

We reached the understanding that age may impose restrictions on the child's under ostomy life, not that the family does not stimulate autonomy, but the age becomes a preponderant factor.

CONCLUSION

It was possible to approach the reality of daily life family of child under ostomy, noticing that there are differences in the families of children of the same age group, the same clinical condition, with regard to carry out certain day-to-day activities, including how to watch your own ostomy.

In this study it was possible to have the idea of daily life of the child bearer of ostomy, and starting to reveal what it's been child development from the autonomy of these children. The encouragement of autonomy seems to be differentiated by the families, because we realize that each family has its own way of doing it. So, justify the actions of the nurse to understand the construction of the autonomy of these children and join it. We have seen that there are children who can do, and the nurse may stimulate other children through the family to do too.

Nursing has a fundamental role in the process of looking at the singularities of daily life of the child under ostomy, facilitating the understanding of the child about their clinical condition and the confrontation in front of the unknown.

The nurse, with the family, will be able to contribute to the preparation of this, since the knowledge of the clinical picture of the child, until the implementation of a technological device, as the ostomy; should act on the principles governing the promotion and rehabilitation of child health, permeating through all the moments of their lives, when recognizing the peculiarities that permeate daily life familiar of children under ostomy, as it has conditions to cooperate through strategic actions in order to facilitate the relations and family care, thus stimulating the natural development of the child, respecting the time lived by them.

The nurse can help by showing the family

(Mother of Cebolinha from 04 years).

I clean, I take care [referring to ostomy]
(Mother of Franjinha of 3 years).

Cebolinha demonstrates having choices, rejecting the age and clinical restriction, as noted in the speech: [...] pool also I leave, more in the heat, don't worry about the colostomy bag, because the mother gets nervous and worry a lot huh? "Oh, can't put in the pool because of it’. No! Put a bag wrap and let the child be a normal kid huh? Must live, not because it put a colostomy that's not living, have to live right? So he's a normal kid, he used to, he speaks: “Mom, clean the purse”; “Mother 's dirty ”; "Mom, put a bag so I can take a bath in the pool".

He is already used (Mother of Cebolinha of 4 years).

This speech leads us to understand that the ostomy may not be physical limitation to Cebolinha and Franjinha and, through the lines of mothers, we saw that they encourage their children to be children, reflecting the experience of reality more increasingly to the age.

The assertion above, we can corroborate that every human being, with or without disabilities, has limitations. If the child with disability is attended, having their basic and special needs fulfilled, being stimulated in their potential, may have similar life to children who do not have disabilities.

Therefore, child and family care should be based on the promotion of best quality of life possible throughout treatment.

Unlike the aforementioned kids, Bolinha, even school, depends entirely on the mother, because she does not allow her son to perform the care alone, making herself cleaning the bag at any time.

No! Just me. That there have to clean with greatest care. Any time, any day, you can be at bedtime. Have to go to the bathroom and do hygiene. Then boot glove, everything! And so there goes ... Let's see (mother of ball of 10 years).

In the speaking of Bolinha, there is the overprotection that might be limiting Bolinha to overcome this phase, because he, at this age, can't do what other kids of the same age and in the same condition are already doing. This suggests clearly demonstrate that the stimulus of the family may interfere with the autonomy of the child.

We believe that everything depends on the fact that the child is subjected and understanding that the overprotection may cause. In addition, the overprotection can make the child grow with the fragile vision of itself, preventing that recognize their own feelings and thus discouraging the cognitive, emotional and social skills.
that should invest in the construction of the autonomy of the child under ostomy within the familiar ambit, through suggestions of simple actions, which are not limited to the use of ostomy, such as: working the disinterest of objects with a strong personal relationship, such as pacifiers and baby bottles, i.e. comply with steps to stimulate new experiences and links; teach to look out for themselves how to bathe, wash the hands, use the bathroom, feed by their own; demonstrate to the child that trusts in the school environment, awakening confidence and security; enhance punctuality and attendance in all appointments; teach saving toys properly; request help the child to make the bed, set the table; allow them to do possible choices; stimulate the dressing alone; remind the child their commitments and responsibilities; take the child to tours; teach how to wait for satisfaction of their desires and not run to meet their desires.

The need for the insertion of the nurse in the school space was established when hear the testimony of the mothers. The nurse could contribute to the promotion of information and in the teaching process learning of educators of elementary school in “dealing with children under ostomy”, demythologizing the pre-established concepts about the care to these children.

The need of the professional formation process of specializing Nursing in child care under ostomy in Brazil, shows as a relevant proposal of attention to this audience, which reflects directly on the quality of care for people under ostomy at all stages of life. However this thinking requires public incentives, institutional and of disciplinarians of nursing agencies. This is a challenge!

It is recommended that the nurse should act as facilitator with the families so that they can understand the real needs of their children. These needs are not only related to the disease and ostomy care, but also with all other issues involving child development, including the stimulus to autonomy.

The activeness of the nurse as educator of the child, family and school space, about self-care and the process of adaptation of people under ostomy, becomes nursing care tool. However the conceptions about the importance of this care depend on each professional acting, becoming more of a challenge for nursing.

It is essential that children have visibility, so that their needs are recognized and met by public social and health policies. This can result in notable improvements to the quality of life, according to which the nurse assist the children, not only as a health professional, but as a professional, which may contribute to the socialization of the child, regarding the construction of the autonomy of the child under ostomy.

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