



EXPERIENCE REPORT

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PAULO FREIRE'S CIRCLE OF CULTURE IN TACKLING LOW ADHERENCE TO CHILDCARE APPOINTMENTS

CÍRCULO DE CULTURA DE PAULO FREIRE NO ENFRENTAMENTO À BAIXA ADESÃO ÀS CONSULTAS DE PUERICULTURA

EL CÍRCULO CULTURAL DE PAULO FREIRE EN LA LUCHA CONTRA LA BAJA ADHERENCIA A LAS CITAS DE GUARDERÍA

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ABSTRACT

Objective: to report the experience of nursing interns in conducting an intervention for low childcare in a health unit in the interior of Ceará. Method: Experience report of nursing students, during the months of September to October 2017, when conducting an intervention with mothers from the territory, through the theoretical framework of Paulo Freire. Results: Low childcare support was linked to some factors, such as: having attention to private service, lack of knowledge of the importance of childcare and the lack of time of some mothers, due to the double working hours. Thus, the importance of childcare, accident prevention, importance of vaccination and an intervention called Collective Childcare was worked. Conclusion: The development of action strategies for better childcare support was well accepted by the team, being considered as relevant intervention for the identified problem.

Descriptors: Primary Health Care; Child Care; Patient Compliance

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RESUMO

Objetivo: relatar a experiência de internas de enfermagem na condução de uma intervenção para a baixa adesão a puericultura em uma unidade de saúde no interior do Ceará. Método: Relato de experiência de internas do Curso de Enfermagem, durante os meses de setembro a outubro de 2017, ao conduzir uma intervenção com mães do território, por meio do referencial teórico de Paulo Freire. Resultados: A baixa adesão à puericultura foi ligada a alguns fatores, como: dispor de atenção ao serviço privado, desconhecimento da importância da puericultura e a falta de tempo de algumas mães, por conta da dupla jornada de trabalho. Assim, foi trabalhado a importância da Puericultura, Prevenção de Acidentes, Importância da Vacinação e uma intervenção denominada Puericultura Coletiva. Conclusão: O desenvolvimento de estratégias de ações para melhor adesão a puericultura foi bem aceito pela equipe, sendo considerada como intervenção relevante para o problema identificado.

Descritores: Atenção Primária à Saúde; Cuidado da criança; Cooperação do paciente

RESUMEN

Objetivo: relatar la experiencia de los pasantes de enfermería en la realización de una intervención para el bajo cuidado del niño en una unidad de salud del interior de Ceará. Método: Relato de experiencia de estudiantes de enfermería, durante los meses de septiembre a octubre de 2017, al realizar una intervención con madres del territorio, a través del marco teórico de Paulo Freire. Resultados: El bajo apoyo al cuidado de los hijos se vinculó a algunos factores, tales como: la atención al servicio privado, el desconocimiento de la importancia del cuidado de los hijos y la falta de tiempo de algunas madres, debido a la doble jornada laboral. Así, se trabajó la importancia del cuidado de los niños, la prevención de accidentes, la importancia de la vacunación y una intervención llamada Cuidado Infantil Colectivo. Conclusión: El desarrollo de estrategias de acción para un mejor apoyo al cuidado de los niños fue bien aceptado por el equipo, siendo considerado como una intervención relevante para el problema identificado.

Descriptores: Atención Primaria a la Salud; Cuidado del Niño; Cooperación del Paciente

INTRODUCTION

The term childcare, etymologically *Puer=child and cultur/culture = creation*, means care given to someone. It is a term that was introduced to Brazil in 1890, coming from France, and was spread in practice here in Brazil, being strengthened after the creation of the National Policy for Comprehensive Child Health Care (PNAISC) in 2015. The policy ensures and preaches principles that ensure qualified care for children, aiming at their development through health education measures.¹

Primary Health Care (PHC) is the main service responsible for disseminating policy and care for the health of children and families in general, working under the principles of prevention, promotion and recovery of the health of individuals at all stages of life. Through the Family Health Strategy (ESF), PHC's main strategy, the significant expansion of population coverage attempts to bring a little more knowledge to child health care, sharing important information with mothers so that they understand the importance of maternal and

child health actions and thus become partners in this process.²

After birth, all the information needs to be passed on to mothers/family members, such as the importance of carrying out the heel prick test, periodic monitoring of growth and neuropsychomotor development, breastfeeding and eating a balanced diet of adequate quantity and quality to avoid malnutrition and obesity. All these issues are inherent to the practice of childcare. Therefore. this practice requires professionals with knowledge and skills about the main problems during the child development phase, so that they are able to guide families and especially mothers.³

Monitoring children's growth and development is of fundamental importance because it gives the childcare worker an overall picture of their health situation, as well as helping families to keep up with their appointments. In addition, approaching children in their daily lives contributes to disease prevention, health promotion and the identification of special needs, which can easily be addressed by the health team.

Childcare should be incorporated into the comprehensive child health network in a regionalized way, allowing access and promoting quality of life. Family health teams remain responsible for this higher-risk population, providing continuity of care and developing health surveillance actions in order to reduce low mother/family adherence.⁴

This report is justified by the fact that it systematically presents an intervention in a problem-situation faced in the service, putting users in the picture. In addition, the weakness identified was addressed in the form of health education, promoting a dialogical encounter using a recognized and problematizing method.

Thus, the aim of this study was to report on the experience of nursing interns in conducting an intervention to address low adherence to childcare in a health unit in the interior of Ceará.

METHOD

This is an experience report about an intervention, developed from September to November 2017, in a Family Health Center (FHC) in a municipality in the interior of Ceará, based on the practical experiences of interns from the undergraduate Nursing course at Vale do Acaraú State University. The participants in this intervention were: professionals nurses, from the Multiprofessional Residency Program in Family Health (RMSF) and Community mothers/family Health Agents (ACS), members of children aged 0 to 2 years.

At first, there was a conversation with the nurses to detect the potential and weaknesses of the problem situation, in order to set goals for the development of the action plan.

For the intervention, Paulo Freire's Culture Circle method was first applied to mothers with children aged between 0 and 2, with the aim of identifying and analyzing the main weaknesses in low adherence to childcare appointments. The Culture Circle proposal includes the process of codification, which consists of enabling participants to explain their understanding of the questions raised about the central words or themes. It can be defined as the debate itself, representing aspects of reality in which the facilitator and participants search for their social meaning, becoming aware of the lived world.⁵ It was therefore possible to identify the main causes of low adherence to consultations, starting with the mothers themselves.

In this way, four educational strategies were planned between the mediators and the participants, as well as goals to be achieved The meetings with the group. theoretical materials. audiovisuals conversation circles. The themes emerged from the mothers themselves and were as follows: the importance of childcare from 0 to 2 years of age in detecting early diseases; the child's vaccination schedule; safety and protection against accidents; adequate nutrition and exclusive breastfeeding.

RESULTS AND

Some factors related to low adherence to childcare were identified: having to pay attention to private services, lack of knowledge about the importance of childcare and the lack of time for some mothers, due to working two jobs.

The word circle, from the Latin circulus meaning "roundness", is used here to indicate the shape of the space and the strategy used to allow the circulation of beings, knowledge and meanings. In this way, circles of culture are centers where problems are discussed by peers, as well as the organization and planning of concrete actions that are in the interest of everyone involved.⁶

Following this principle, four events were held with the mothers of the Unit, in order to carry out health education and provide specialized care for the healthy growth and development of children: The Importance of Childcare, Accident Prevention, The Importance of Vaccinations and an intervention called Collective Childcare.

Therefore, clarifying the importance of monitoring the child according to each stage of growth is necessary in order to detect possible alterations, which makes it necessary to guide the family towards good adherence to the program, which begins with birth and the puerperal visit, and

continues with monitoring at the Health Unit by a multi-professional team. The first step was to talk to the mothers in order to make them aware of the importance of properly monitoring their children.

Growth is a dynamic and continuous process, characterized by an increase in body size and is one of the indicators of a child's health. The growth process is influenced by intrinsic (genetic) and extrinsic (environmental) factors, including nutrition, health, hygiene, housing and general care of the child, which act to accelerate or restrict this process.¹

The second moment was an orientation session on accident prevention, considering that children are susceptible to urgent and emergency situations, partly due to their curiosity and cunning, and partly due to their parents' inattention with objects that could pose a risk to them.

Accidents are the end of a process whose causal chain can be anticipated, which is why it is essential to contextualize them in order to propose possible and viable preventive actions. The procedure of assigning a multidimensionality that includes informed decision-making enriches the analysis and the variety of intervention options, and also gives mothers satisfaction when they see that their children are being cared for in a comprehensive manner.^{1,7}

Taking intrapersonal factors account, it can be seen that children, in their natural process of growth and development and with their exploratory behavior, face situations that can put their integrity at risk. These situations occur according to the child's stage of development, gender and age group. It should also be borne in mind that emergency situations must be handled with technical and emotional balance at the time. And these skills are necessary professionals, so that they can pass on quality information to mothers who may experience an emergency episode.8

Guidelines such as removing materials of chemical and physical risk from children's reach, as well as maneuvers to reverse risky situations and first aid measures were explained, highlighting the Heimlish Maneuver, to reverse OVACE (Foreign Body Airway Obstruction) and guidelines on first aid, and the number of the reference service for urgent and emergency care in the region was also informed.⁹

The third meeting discussed the importance of updating the vaccination schedule, clarifying the importance of vaccines in preventing diseases, which begins in the first days of life. Few actions are so strongly evidenced as being capable of protecting children's health and impacting on the incidence and prevalence of childhood diseases. The vaccines

recommended in the Basic Childhood Vaccination Calendar are available in basic health units.¹

At the last meeting, an intervention called Collective Childcare was carried out, the aim of which was to intervene in the which problem identified, adherence to childcare. At the time, the importance of breastfeeding was discussed, well as the right position as breastfeeding and the right diet for each age, among other things. A photo shoot was also held with the babies, as was done with the pregnant women. To attend the event, the families received an invitation from the respective CHWs.

Together with the unit's staff, a studio set was set up to symbolize a studio for the photo shoot. This initiative was taken to encourage the participation of families, who received the product of the intervention at the end as a way of remembering the memorable day. All the children received care from the unit's nurse, dentist and doctor on an interactive mat.

This happened with a view to breaking the biomedical model, which sometimes represents a strong challenge for the realization of comprehensive care and more humanized attention.⁷

It should also be noted that interventions such as these represent progress in tackling complex problems that

are related to many external factors. The interaction and exchange of knowledge between health professionals from other categories, together with sharing experiences with mothers, represents a complete and closer way of solving some of the problems encountered in practice, such as low adherence to childcare appointments.

CONSIDERATIONS

Childcare is an effective strategy for monitoring children's development and healthy growth, and through prevention and health promotion it reduces damage and illness. The intervention provided satisfactory feedback on the mothers' adherence to the activity, pointing to the need for innovation in educational approaches.

The team therefore needs to encourage families to take on some of the responsibility for monitoring their children in an attractive and dynamic way, contributing to their healthy growth.

One limitation is that some of the participants were unable to take part in the intervention completely, and were absent from some of the sessions. In addition, it is important to carry out training activities for the health team, including all the professionals involved, so that they are able to intervene and encourage mothers to attend childcare appointments.

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