

**HEALTH CARE OF NEWBORN AND INDIGENOUS CHILDREN:
PERSPECTIVES OF NURSING PRACTICE****ATENÇÃO À SAÚDE DO RECÉM-NASCIDO E DA CRIANÇA INDÍGENA:
PERSPECTIVAS DE ATUAÇÃO DO ENFERMEIRO****ATENCIÓN DE SALUD DEL RECIÉN NACIDO Y NIÑOS INDÍGENAS:
PERSPECTIVAS DE LA PRÁCTICA DE ENFERMERÍA**

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ABSTRACT

Objectives: To identify the actions to Health Care of the newborn (NB) and indigenous child care practices in pointing interface with the work of nurses. **Method:** This is an integrative literature review, made up articles obtained in scientific databases, using the key-words: newborn; child; indigenous; nursing. The articles were organized through a form for collecting data. **Results:** We found 09 articles published between 2006-2013. The first category addressed factors associated with nutritional deficiencies such as low weight (LW) for age, stature deficits and LW at birth. The second category portrayed care diarrhea and infections. The third category presented the popular understanding and nurses on death of indigenous children. The fourth category identified care practices with indigenous RN. **Conclusion:** The nurse should know and understand aspects of the care process of NB and indigenous children, improving their operational strategies in front of this group.

Descriptors: Newborn; Children; Indigenous Population; Nursing.

RESUMO

Objetivos: Identificar as ações de Atenção à Saúde do recém-nascido (RN) e criança indígena, apontando práticas de cuidado em interface com a atuação do enfermeiro. **Método:** Trata-se de Revisão Integrativa, composta por artigos obtidos nas bases de dados científicos, utilizando-se os descritores: recém-nascido; criança; indígena; enfermagem. Os artigos foram organizados por meio de formulário para coleta de dados. **Resultados:** Foram encontrados 09 artigos publicados entre 2006-2013. A primeira categoria abordou fatores associados a déficits nutricionais, como Baixo Peso (BP) para idade, déficits estaturais e BP ao nascer. A segunda categoria retratou cuidados com diarreia e infecções. A terceira categoria apresentou a compreensão popular e da enfermagem sobre morte de crianças indígenas. A quarta categoria identificou práticas de cuidado com RN indígena. **Conclusão:** O enfermeiro deve conhecer e compreender os aspectos do processo de cuidado dos RN e crianças indígenas, aprimorando suas estratégias de atuação frente a este grupo.

Descritores: Recém-nascido; Criança; População Indígena; Enfermagem.

RESUMEN

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Objetivos: Identificar las acciones y Cuidados de la Salud del recién nacido (RN) y los niños indígenas, señalando las prácticas de atención interconectados con el trabajo de los enfermeros. **Método:** Se trata de revisión integradora, formada por los artículos obtenidos en las bases de datos científicos, utilizando las palabras-clave: recién nacido; niño; indígena; enfermería. Los artículos se organizaron por medio de un formulario de recogida de datos. **Resultados:** Se encontraron 09 artículos publicados entre 2006-2013. La primera categoría se dirigió a los factores asociados a deficiencias nutricionales, como bajo peso (BP) para la edad, estaturais déficit y BP en el nacimiento. La segunda categoría retratado diarrea cuidado y las infecciones. La tercera categoría presentó la comprensión popular y enfermeras sobre la muerte de los niños indígenas. La cuarta categoría identificó las prácticas de cuidado con RN indígena. **Conclusión:** Lo enfermero debe conocer y entender los aspectos del proceso de atención de los RN y los niños indígenas, mejorando sus estrategias operacionales frente a este grupo.

Descriptores: Recién nacido; Niño; Población indígena; Enfermería

INTRODUCTION

Attention to the health of indigenous children include, and should prioritize, strategies of promotion, protection and prevention of diseases through the implementation of policies and programs aimed at improving environmental, cultural and health conditions, taking their cultural traits into consideration. The assistance and the promotion of healthy practices for the indigenous population may improve their health and quality of life.^{1,2,3}

In light of the current situation regarding Brazilian infant mortality rates, especially with respect to neonatal mortality, interventions are needed so as to modify the determinant factors in health and disease conditions in the newborn (NB) and children. High incidence of infectious diseases (CLD), nutritional disorders and deficit in growth and development are

frequent problems in the neonatal population, including among indigenous NBs. In this context, indigenous NBs and infant health care ations should be planned and implemented by health professionals and managers with the participation of the communities involved, while preserving and respecting the socio-cultural aspects of the indigenous population at hand.^{1,2,3,4}

It is widely known that Nurses are healthcare professionals with great insertion in a wide range of social contexts and communities, the same can be stated about indigenous communities, in which they engage in a variety of duties, such as individual and collective welfare activities, community health education, training and continued education of other nursing professionals, unit management, health programs and services, planning and implementation of health policies and

actions, consultancy and auditing, as well as research activities and scientific production. Moreover, the Nurse's scope should include the promotion, prevention, recovery, rehabilitation and health actions.⁵ It should be noted that the nurse is a health care professional that has as function the immediate assistance and the monitoring of growth and development of NBs and infants in general, and as this study suggests, indigenous NBs and infants.

Some difficulties are faced by indigenous people in access to health services, unawareness and/or negative bias of the health professionals regarding the indigenous people's cultural systems.⁶ In light of this, it is important that professionals realize the importance of the respect for indigenous peoples. Therefore, this study aims at (a) identifying health care actions for the indigenous NB and infants, and (b) suggesting health care practices in interface with the nurse.

METHOD

In the search for knowledge about the indigenous NB and child, practices which were adopted in communities, as well as the role of nurses in these practices, we opted for Integrative Review (IR) method. This research methodology allows for the

inclusion of theoretical and empirical literature, as well as studies with different methodological approaches, which facilitates access to recent scientific evidence and encourages the furthering of knowledge of a given subject, in addition to investigating features that require further scientific enterprise.^{5,7}

In this IR process, the following procedures were performed: (1) choice and delimitation of the theme; (2) research in databases; (3) data collection and categorization; (4) analysis evaluation of articles included in the bibliography; (5) interpretation and discussion of results (6) synthesis and presentation of the results in a descriptive format.⁵ In order for the analysis of the articles to be carried out, we used an instrument which has not yet been validated, called *Formulário para Coleta de Dados em Pesquisa Bibliográfica* (Bibliographic Research Data Collection Form) (Appendix A), prepared by Moura-Ferreira⁸, which is composed of the following items: data relating to the article or journal; data with regard to the researchers; data relating to study/research; results; conclusions and final remarks.

We consulted scientific databases, such as Medline (International Literature)

and Latin American literature from the Caribbean (Lilacs), and selected articles published between January 2004 and January 2014, in the area of public health, health of the indigenous population, Pediatrics, Neonatology, Pediatric and Neonatal Nursing. To ensure a thorough search for the articles, the following controlled descriptors in Health Science were adopted: newborn, child, indigenous, Nursing.

The Inclusion criteria were: full papers, available online in full, written in the Portuguese, published between 2004 and

2014. The following exclusion criterion was adopted: articles published outside the specified period and which did not refer to the central theme of this study.

RESULTS AND DISCUSSION

Nine articles were selected in the composition of the sample for this IR after the criteria were applied. In the data collection and study categorization step, a close reading of the article which had been selected was carried out.

Table 1: Sample articles from the IR. Uberlândia-MG, 2015.

Autores	Nome do Artigo	Ano de publicação	Objetivo (s)
OLIVEIRA, P.R; SHIRMBECK, T.M; LUNARDI, R.R.	Experiences of a nursing staff with the death of indigenous child hospitalized.(A1)	2013	Learn about the experiences of nursing staff with the death of an hospitalized indigenous child and The feelings that emerged from that experience.
RISSARDO, L.K; MOLITERNO, A.C.M; BORGHI, A.C; CARREIRA, L.	Care practices to the newborn: perception by Kaingang Families.(A2)	2011	Describe and analyze the newborn care practices from the perception of indigenous women.
BASTA, P.C; RIOS, D.P.G; ALVES, L.C.C; SANT'ANNA, C.C; COIMBRA JUNIOR, C.E.A.	Clinical-radiological study of Suruí indigenous children and adolescents - Amazon region.(A3)	2010	Describe the clinical and radiological characteristics in children and adolescents diagnosed with Tuberculosis. In addition, apply the scoring system for the diagnosis of Tuberculosis in childhood and verify that the practices adopted at the local level were in line with the national guidelines.

FERREIRA, A.A.	Nutritional status and related factors of growth in Xavante indigenous children - Mato Grosso. (A4)	2009	Describe the nutritional state and analyze the factors associated with the growth of 232 Xavante indigenous children in Pimentel Barbosa/Etênhiritipá (MT).
PÍCOLI, R.P; ADORNO, R.C.F	The health care of Guarani Kaiowá children: field observation. (A5)	2008	Identify the practices of child health in different ages in the life cycle of the Guarani Kaiowá, mainly children's diarrhoea-related.
PÍCOLI, R.P.	Health, Disease And Death Of Children: A Second Look according to the Guarani Kaiowá.(A6)	2008	Investigate the meaning of childhood disease and health, proposing to identify the explanations and the circumstances in which the death of children under one year of life occurred, according to the perception of this people.
LEITE, M.S; SANTOS, R.V; COIMBRA JUNIOR, C.E.A.	Seasonality and nutritional status of indigenous populations: the Wari case, Rondônia, Brazil.(A7)	2007	Describe the Anthropometry, with attention to seasonal fluctuations in nutrition conditions and the identification of affected population groups.
MONDINI, L.; CANÓ, E.N.; FAGUNDES, U.; LIMA, E.E.S.; RODRIGUES D.; BARUZZI, R.G.	Nutrition conditions in children of the Kamaiurá-people the Alto Xingu indigenous people, Central Brazil.(A8)	2007	Assess the nutritional status and the concentration of serum hemoglobin in children of the Kamayurá people, in Alto Xingu, Central Brazil.
MENEGOLLA, I.A; DRACHLER, M.L; RODRIGUES I.H.; SCHWINGEL, L.R; SCAPINELLO, E. PEDROSO, M.B; LEITE, J.C.C.	Nutritional status and factors associated with the stature of children of the indigenous land Guarita, southern Brazil.(A9)	2006	Describe the nutritional status of children under five years and study social determinants of linear growth, the living conditions and health of the population.

Source: The authors.

The analysis of the articles provided us with the following categories: (1) Nutritional evaluation (weight/height ratio, height/age, height/age); (2) Major

disturbances on indigenous children: diarrhea, malnutrition and infections; (3) Indigenous infant mortality rate, and finally, (4) Care practices with the NB (table 2).

Table 2: Frequency and percentage of categories obtained in IR articles. Uberlândia-MG, 2015

	Categories			
	Nutritional evaluation	Major disturbances on indigenous children	Indigenous infant mortality rate	Care practices with the NB
Frequency (n)	4	2	2	1
Percentage (%)	44%	22%	22%	11%
Authors	A4; A7; A8; A9.	A3; A5.	A1; A6.	A2.
Publication period	2006-2009	2008-2010	2008-2013	2011

Source: The authors.

The first category found in 44% (04) of the sample of articles was named "Nutritional Evaluation". The nutritional status of a population is directly related with their quality of life. Population groups considered vulnerable and certain age groups, such as children under five, are among the most affected by nutritional disorders, in particular, by nutritional deficiencies.⁹ For the nutritional evaluation of children, it is necessary to make use of weight/age (W/A), weight/height (W/H) and height/age (H/A) indexes, whose values, based on the WHO recommendations, should be compared with the population of reference of the National Center of Health Statistics – NCHS.³

The determining factors in the deficit in growing and anemia result from inadequate and unsatisfactory hygiene,

feeding and housing conditions, apart from the difficulty in the access to health services to which indigenous children may be submitted. The short stature of indigenous children is directly related to the maternal young age and low levels of schooling, because these mothers tend to have less skill and to less committed to the care of the child.¹⁰ The low birth weight and low weight for the age range, although found to have a minor occurrence, is important for indigenous children's health, were brought to evidence by the socioeconomic difficulties Indigenous families face, such as difficulty in accessing health services, low coverage of prenatal care and early weaning.^{11,12}

The nurse is the main source of health education during the prenatal period and puerperium. In the prenatal stage,

Nurses are very important since they can foster breastfeeding in the indigenous population, especially among the indigenous pregnant women. In the puerperium, Nurses the most capable professional to enable proper milk ejection by facilitating exercises, they should also discuss the most appropriate diet during lactation and assess environmental factors in favour of the healthiest experience possible when breastfeeding, while keeping their cultural differences in mind, If the latter conditions are respected, nutritional deficits may be avoided.

The second category found in 22% (2) of the articles was named "Main disturbances in the indigenous child". This category reflects mainly the care pertaining diarrhea and the presence of Tuberculous infections in this population.

The Infant diarrhea among the Kaiowa and Guarani peoples from State of Mato Grosso do Sul may have been caused by *coalho virado*, which is a sudden movement after the infant has fed, early weaning, precarious conditions of water supply and in the destination of waste, conditions which are related to sanitation, access to health services, as well as the historical, economic and social issues experienced during decades of contact with

the non-indigenous society. The care of an infant with diarrhea varies from the search for a traditional specialist or a healer, the use of teas or infusions based on medicinal plants, the search for a pastor to pray for the child, body massage, mainly belly and legs, and finally, a visit to the nearest the health service center.¹³

Nurses have an important role in health education, they should encourage breastfeeding, advise as to the food available in the region and which of the latter can be fed to children from six months of age, they should also encourage the washing of food consumed raw and the consumption of water which has previously been treated or, if untreated, boiling or filtering.

The third category called "Perceptions of death of indigenous children" was found in 22% (2) of the sample articles. This category reflects the understanding of the death of indigenous children by their people and nursing professionals.

The main feelings that may emerge in the face of a death of an indigenous child under their care range from helplessness, sadness to regret and outrage which comes from realizing that the family did not give the required importance to child's ailments. The Nursing professionals unawareness in

relation to indigenous language and culture hinders the assistance, both in the treatment, as at the moment of death and later consoling of family. This aspect has given birth to the concern of adding subjects and specific content about indigenous culture to undergraduate, graduate and extension projects which send professors, students and nursing professionals to indigenous communities.¹⁴

The aid to the patient and family, at a time when experience grave suffering, represents one of the biggest challenges for nursing professionals, which becomes much more complex when it comes to the indigenous individual, since the professional has no knowledge of the language, rituals and beliefs of those people. It is fundamental that the nursing professional develop their skills to act in the process of mourning of the patient's family. In order to do so, this professional should obtain knowledge and expand their capabilities to face death, when confronted with this situation, so as to respect socio-cultural aspects.

The fourth category named "Care practices with the indigenous NB" was found in 11% (01) of the sample of articles. In this category, we have identified the main care practices with the NB. The most common care practices to NB are related to

bathing, breastfeeding and the cleaning of the umbilical stump. The most important aspect is bathing, the use of warm water is fundamental, as the use of cold water could cause the death of the child. In some cases, in a hospital setting, after childbirth, health professionals do not bathe the NB, they just clean them with a wet cloth, which results in the dissatisfaction of indigenous mothers, who consider such a situation as a neglect and prejudice, based on the fact that they are indigenous.¹⁵

We consider it to be important that the knowledge of nursing professionals on the care practices of Indian families with the NB can subsidize public health policies, as well as the planning of their actions, through the understanding of the cultural aspects which influence the care of this population in order to offer special attention to this ethnic group.

CONCLUSIONS

The search for evidence pointed to the fact that the main care practices to indigenous NBs and children involve bathing, breastfeeding and cleaning of the umbilical stump, these should be conducted in accordance with the historical and social context of the natives, perhaps for the lack

of guidelines on how this care should be provided.

According to this IR, nutritional aspects are of greater relevance in studies concerning the health of the indigenous NB and child. Structural deficits were the most found, related to inappropriate hygiene, food, housing conditions, coupled with the difficulty in accessing health services. The main duties of the nurse in face of these problems are: act as an health educator, especially during the prenatal and puerperium periods, encourage the practice of breastfeeding, advise on the infant's diet, help in the grieving process, promote a dialogue between nurse and the NB's parents, as well as follow the growth and development of the NB.

Health policies related to indigenous people should seek the strengthening of traditional practices and the inclusion of indigenous individuals in the health service. Therefore, the knowledge regarding care practices carried out by Indian families who have NBs is of utmost importance, understanding the cultural aspects that influence this care process, so as to provide reception and humanized and quality care to this population, respecting the differences in order to avoid discrimination.

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