

## PERCEPTIONS OF FAMILY CAREGIVERS AND PROFESSIONALS IN THE FAMILY HEALTH STRATEGY RELATED TO THE CARE AND NEUROPSYCHOMOTOR DEVELOPMENT OF CHILDREN

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### Abstract

This study aimed to identify the perceptions of family caregivers and professionals in the family health strategy related to the care and neuropsychomotor development of children from 0 to 2 years old and the actions developed by health professionals for this age group. It was a descriptive and exploratory research with a qualitative approach. Ten (10) caregivers and nine (9) professionals of a family health team, from the east zone of São Paulo, were interviewed. A semi-structured interview roadmap for data collection was used. The speeches were recorded and transcribed and the most important ones were selected and categorized. For analysis of the empirical material, the content analysis technique proposed by Bardin was used. The results were presented in categories: emphasis on the neuropsychomotor development stages: sensory, motor and cognitive; development means growth, influence of family relationships in child health care; focus on the biological model x extended care; the care with the development in the work and caregivers perceptions about the received guidance. The study revealed that the care, related to neuropsychomotor development, can be understood in different ways by professionals and family caregivers, with perceptions still tied to the biological aspects making it is necessary to overcome this approach to a multiconceptual logic and, consequently, multidisciplinary, to ensure the integral health care of children.

**Key words:** perception; caregivers; health personnel; family health program; child development.

### INTRODUCTION

The family is the first social net and contributes to accomplishments of social practices and relationships, to points-of-view about the world and about oneself, affecting even health and additional lifetime<sup>1</sup> of each person. It is within the family that the first individual identifications occur, which can lead to cultural pattern reproduction in the future.

The way parents and caregivers deal with children varied significantly throughout history of humanity and modifications keep on occurring, which are influenced both by cultural context and by particular characteristics of each family group<sup>2</sup>.

When children are born, members of the family use their knowledge about care and try to create a structure to attend the new member. Family is the main source of stimulus for child development,

which must comprise the importance of biological and affective cares demanded by the children in order to enable the development of their potentialities as a whole. Therefore, the importance of understanding the meaning of care from those who look after and interact with children is noteworthy.

Waldow<sup>3</sup> defines care as an interactive process between caregiver and care receivers, by developing actions, attitudes and behaviors anchored on scientific knowledge, experience, intuition, and critical thought, performed to and with care receivers with the intention to promote, maintain and/or recover human dignity and totality.

The affections that result from relationships between children and caregivers, primarily during their first years of life, are determinant for a proper development of children.<sup>4</sup> Development can be defined as global transformations in terms of

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growth, maturation, and psychological aspects that lead to steadily more flexible adaptations. Motor development is understood as an evolution process of motor skills, which is related to the chronological age of each individual<sup>5</sup>.

During the first years of life, children present more neuronal plasticity, which is essential for developing individual potentiality. It is indispensable to incentivize cognitive, sensorial and motor stimulus, aside from health professional follow-up of development during the first two years. However healthy, well fed and with no clinical signs of delay in development, some children are noticed to not completely develop their potentialities for not having received proper quantity, quality and diversity of stimulation.

In the context of Basic Attention, the Family Health Strategy (FHS) focus on individuals within their familiar nucleus, understood and considered as part of the environment where they live, thus enabling a broader comprehension of the health/disease process and using interventions that causes more impact and have more relevance for the community<sup>6</sup>.

The model of children healthcare in FHS, unlike the traditional model, is not restricted to medical attendance, but encompasses actions of all professionals that compose the team (Community Health Agents – CHA, nursing team, and oral health). This amplified health point-of-view, in association with Nucleus of Support for Family Health (Núcleos de Apoio à Saúde da Família – NASF), which include professionals as physiotherapists, nutritionists, psychologists, among others, propitiate complete attention to children health through interventions of different approaches and experiences.

The United Nations Children's Fund (UNICEF) provides in its guidelines of attention that children must be accompanied in regard to immunization, growth and development, as well as promotion of breastfeeding, support to children with nutritional risk, prevention of all forms of accident, assistance to and prevention of oral diseases, and assistance to childhood prevailing diseases, such as diarrhea, acute breathing infection, anemia, and parasitosis<sup>7</sup>.

For FHS, the attention to health of the children between 0 to 2 years old aims to: develop actions of promotion and protection through education groups, incentivize and monitor vaccination campaign, evaluate growth and accompany development, and detect abnormalities for early intervention<sup>8</sup>.

Aside from taking care of physical health, FHS professionals must promote affection and bond between family caregivers and children. Guidance about the importance of contacting, touching, playing, talking during all moments, even breastfeeding and hygiene, must be offered to family caregivers. Such actions are essential for creating bonds, establishing an affective connection and contributing for the children total health.

It is important for health professionals' performance to know and comprehend concepts of care, values and beliefs of each family caregiver in the process of child development and socialization and in family relationships<sup>9</sup>.

Consequently, this study had as objective to identify the perceptions of the family caregivers and professionals about the Family Health Strategy in relation to care, focusing on neuropsychological development of children between 0 to 2 years old, as well as to identify actions promoted by the family health team with this regard.

## METHODS

This research presents a descriptive exploratory character from a qualitative approach. It was developed in a Basic Health Unit (BHU), with FHS, in Cidade Tiradentes, a neighborhood located on the east side of the city of São Paulo and was approved by the Ethical Committee of Research, under the number 174/09 – CEP/SMS.

Nineteen (19) adults took part in this study; of them 10 were users and 9 professionals of a BHU team (doctor, nurse, dental assistant, dentist, and five CHAs). Two families of each micro area were randomly chosen under the responsibility of these CHAs, for a total of 10 families that presented among their members at least one child between 0 to 2 years old registered in the Information System of Basic Attention (Sistema de Informação da Atenção Básica - SIAB) from December/2008 to January/2009. Family caregivers of these children and health professionals were, respectively, interviewed during domiciliary visits and at their own workplace on previously scheduled dates.

Exclusion criteria of the research were: non-family caregivers, children with physical and/or mental disability and refusal to take part in the study.

Every participant, after awareness and acknowledgement of all objectives and procedures of the study, signed the Term of Free and Informed Consent.

The data collection was mediated by two guidelines of semi-structured interviews; one was applied to professionals of the Family Health team and the other to caregivers. These guidelines contained questions regarding the perception that the family caregivers and health professionals had about care related to neuropsychomotor development of children. The health professionals' guidelines also contained questions about actions developed by the Family Health Team regarding neuropsychomotor development of children between 0 and 2 years. An audio recorder was used for the interview registration and the authors made a free observation. After the speeches were recorded, a whole transcription was performed, respecting the vocabulary used by each participant and the speeches were selected using the technique

of content analysis professed by Bardin<sup>10</sup>, which consists of four stages: pre-analysis, exploration of the empirical material, categorization and interpretation. Interviewee caregivers were named from C1 to C10 and professionals from P1 to P9 with the intention to guarantee the anonymity of the participants of the study.

## RESULTS AND DISCUSSION

The group of family caregivers, that took part in the study, was composed of 10 persons of the female gender, 8 mothers and 2 grandmothers, with average age of 32.7 years old, 5 of them with incomplete basic education, 1 with complete basic education, and 4 with complete high school. The main occupation referred by 7 of the caregivers was housewife, 2 declared to be self-employed and 1, cashier. Four point seven (4.7) people composed the families in average and 4 years was the average time of enrollment in a BHU. As for the group of health professionals, it was composed of 8 females and 1 male, with an average age of 29.3 years old and 3 years of work at a FHS.

The categories were formulated in accordance with an analysis of the speeches of the 2 groups (professionals and family caregivers), enabling the confrontation between both of them, as follows: emphasis in phases of neuropsychomotor development (NPMD) – sensorial, motor and cognitive; development meaning growth; influence of family relationships in children healthcare; focus on biologic model versus amplified care; care with development in the work process; and perception of caregivers about the received orientations.

### **Emphasis in phases of NPMD: sensorial, motor and cognitive**

For a non-professional or even when discussed with a professional of health or of other similar areas, the meaning of the term child development presents several answers, once human development can be defined or understood in countless ways, depending on the theoretical reference adopted and on the aspects approached<sup>8</sup>.

According to some domains of functions, development is didactically described as: sensorial development, fine and gross motor skills, language, social and emotional development, and cognition. The interdependence of these domains is essential for the development to occur, that is, each domain affect or is affected by the other throughout the process<sup>11</sup>.

The first year of life of children is characterized by accelerated growth and appearance of motor and cognitive skills, which occur in stages and determine the phases of development of each child<sup>12</sup>. Child development is also known to comprehend learning, dependence of care, emotions, experiences, and meanings established in relationships with the other<sup>13</sup>.

Various perceptions in relation to child development were observed in the speeches of professionals and caregivers. Among them, it was noticed a focus of family caregivers on the child learning process. According to Freitas<sup>14</sup>, children are constantly developing and totally dependent on adults. This dependence enables gradual and timely knowledge achievement, insofar as children could be integrated in adult life. Therefore, learning always permeates interaction between child and caregiver. Ludic activities and children's plays performed within the familiar environment and at school are essential for children to learn and develop<sup>14</sup>.

Two of the interviewee caregivers made a relation between learning process and child development, emphasizing child interaction and stimulation to play:

*C3: "A child that learns things fast, you know? You teach and the child learns fast what they can or can't touch (...) so, I think the greatest stimulation I give is to talk to him/her, teach him/her things so he/she won't talk things wrong."*

*C9: "I say to the other one to put a cloth on the floor and place things for him/her to play so he/she'll develop, see the world as it is, different things, colors, he/she likes colors, so you have to stimulate him/her, haven't you?"*

The interviewee perception about sensorial aspects was also bespoken. Although children can communicate through several ways, speaking is the most used way of communication and implies audio, hearing and language skills.<sup>8</sup> Language is not only important because enables communication and social insertion, but also because thought is organized through language expression, visual and hearing observation, which are auxiliary in the processes of development and learning. This concern, however expressed by both interviewee groups, was more emphasized by the professionals:

*P5: Put on a song, then go there and dance with the child so they can have more balance, achieve something... instead of only standing still, give two steps holding them to get some balance".*

*P8: And sing to this child, (...) yes, but I think it is to stimulate the child to talk (...)"*

*C10: "Oh, to teach him/her something, isn't it? Now, everything we say, he/she says too. I play some cd's for him/her to learn, educational cd's (...) I teach to count, teach different words, she already says everything".*

*P2: "During this period, we have to observe the child, if they are listening, seeing,*

*you know? Do those things, right? Make movements with your hand or, even when you are passing with baby food or a toy, you have to observe if the child accompanies the movement. (...) If the child is quiet, you have to talk, say something to see if they turn their head. Normally, they will turn and look".*

During the first months, children play with their own bodies and initiate their relationship with the world through their own discoveries and achievements, building the foundation for their development and their inter-relationships in this context of the world<sup>15</sup>. It is in the motor development that the evolution of motor acquisition is observed throughout life, considering variability in performance that differ according to age and levels of activity<sup>16</sup>. This relation between age of children and what they are able to perform in a perspective of phase of development was identified by two caregivers:

*C8: "I think when a child is developing, they are able to talk and do things according to their age, aren't they?"*

*C9: "Then, so, that's development, you accompany to see if there's something abnormal. Oops, it was time for them to do this, but why they aren't doing it, huh? There, that's what development is for me, isn't it?"*

Absence and/or previous appearance of a sign of neuromotor development expected for a certain age depends, and a lot, on the stimulation offered to the child<sup>12</sup>.

Aside from listing levels of activities performed by the children according to their age, the speeches below point to the necessity of stimulation of children for them to have a proper development:

*C7: "So, then, they are already six months old, that's why I have to stimulate them to sit down, haven't I? Crawling, cover the floor so they can start to crawl".*

*P5: "This kind of stimulation, of walking, as I've already said, even to crawl, if the father or mother do not stimulate the child, they will take a little longer".*

The sequence of development can normally be identified through the traditional phases that, generally, constitute the basis of instrument for evaluations performed by health professionals. The acquisition of a certain skill is based on those previously acquired; rarely stages are skipped.<sup>8</sup> Considering this, interviewee of both groups revealed opinions about stages of neuropsychomotor development as in the speeches below:

*C7: "It is to have a right, a great development in all areas, isn't it? As for talking, for everything, for walking, I think it is good to pass properly through all life stages, isn't it?"*

*P4: "Then, let them crawl and thus they'll start to learn everything right. That's my advice. (...) One must learn to walk by oneself, to fall, get up, fall, get up... to learn to walk by oneself".*

*P5: "To crawl, you must place something that they want to get a lot far away from the child and keep on stimulating them to walk."*

Considering the speeches above, despite the substantial importance of neuropsychomotor development as an aspect to evaluate children of this age and also to be used as a follow-up tool at FHS, it is important to emphasize that only two out of the nine professionals interviewee mentioned in this regard.

### **Development meaning growth**

The attention to health of children from 0 to 2 years old must consider follow-up of growth and development, which is already understood as a basic function of health services. Growth and development require different and specific approaches for description, perception and evaluation, however they are part of the same process<sup>8</sup>.

Growth is a dynamic and continuous process expressed by the body size.<sup>17</sup> Development, on turn, has a broad concept related to global transformations, including growth, maturation, learning, and psychic and social aspects, since it is complex, continuous, dynamic and progressive.<sup>8</sup>

Concepts regarding growth and development are frequently mixed and hard to distinguish<sup>12</sup> and several speeches emphasize this mistake, especially in the group of family caregivers. Among the group of health professionals, one of them also presented a similar speech:

*C2: "Oh, I think development is the child growing up (...)"*

*C1: "Growing up, isn't it? Sometimes people say they aren't growing up properly (...)"*

*P2: "The child must be taken to the doctor every month until one year old (...) to see if they have grown up, if they have put on weight..."*

*C3: "If the child presents a good weight. I can see when they have a good height, a good size".*

The speeches described above reinforce the difficulty of understanding growth and development concepts, primarily by the caregivers. For them, the fact that the children present an increase in weight



and height is understood as preponderant for their development. This is a consequence of a cultural education that generates specific representations of this group about child development. On the other hand, health professionals, who detain technical-scientific knowledge, are able to easily distinguish the two concepts.

The follow-up of children by health services cannot be restricted to weight and height assessment and, in accordance with the Brazilian Ministry of Health<sup>8</sup>, observance of development must be taken during children consults, when professionals must pay attention to relationship aspects, such as mother/child interaction, aside from observing children acquisitions and skills at that exact moment.

Although health professionals are theoretically able to distinguish the terms of growth and development, several times in everyday professional practice, this distinction is not established with different focus on each of these aspects. The family caregiver speech below exemplifies health professional difficulties to make this distinction explicit to users in daily work:

C5: "Oh, I think it is growing up, isn't it? Just like the doctor said when I was there: the child is developing, growing up (...) it is, the height the child was (...) he/she said it was all right, the child was developing".

### **Influence of family relationships in child healthcare**

According to Ribas Jr *et al.*<sup>18</sup>, researches have indicated that parent knowledge regarding human development exert influence on the way fathers and mothers relate with their children and children in general; and that these behaviors, on their turn, exert influence on the child development itself. The environment in which the children live, care given by the parents, endearment, and stimulation are significant part of the maturation process that enables a future independence. It is up to the family, for instance, to transmit language through conversation, touches and meanings, which are fundamental for constituting children psychism.<sup>8</sup> Family acts also as mediator between children and society, enabling their socialization, essential for children cognitive development<sup>19</sup>.

Two of the professional interviewees refer to family relationships as important for child development:

P1: "The more the child is inserted in the dynamic of the family, the better. (...), Whenever possible, the child is there at the mealtime, next to the family. (...) Have to live together, closer to the family".

P6: "Together with the parents, give the parents an active role, right? And don't let the parents have a passive role".

The family role for a complete development of children is widely known and several are the researches about this theme. The intriguing is the fact that no caregiver related this positive influence in child development. In the primary attention to health, it is being observed that families are imputing responsibility to school, service and health professionals for childcare. As FHS preconizes, maybe this was originated due to a greater involvement and bond of health professionals with the community, which requires a professional profile apt for developing actions of promotion, prevention, assistance and rehabilitation, respecting the BHU principles and with systemic and complete point-of-view of both the individual and the family<sup>20</sup>.

### **Focus on the biological model X amplified Care**

The biological model is characterized for considering only biological factors as cause of diseases, thus determining the treatment centered only on the doctor figure and on cure interventions, which could also be named after biomedical model. According to Koifman<sup>21</sup> (p. 54), "the biomedical model considers human body a very complex machine, with parts that interact with each other, obeying to perfect natural and psychological laws." In the study of Rabuske *et al.*<sup>9</sup>, the mothers considered to have difficulties to satisfy affective necessities of their children and it was also verified that the mothers performed biological care in detriment of a more amplified care. This biological point-of-view exacerbates the care for physical parts neglecting any other factor (psychological, cultural, economical, emotional, among others) that may exert influence on the individual state of health.

In accordance with Costa *et al.*<sup>22</sup>, the technical professionals performance continue to be influenced by practices oriented by a biological opinion and in a prevailing logic of health processes of individual cure and of production and reproduction of procedures. This kind of model was evidenced in the speeches of caregivers and health professionals to express about child development:

C4: "I think development is the child to be healthy, have good nutrition to grow healthy, have a good understanding and lots of care, isn't it?"

P2: "Must be vaccinated. Must be advised like that: consult, vaccine, food, personal care of the child."

P3: "The basic orientation is for the person to provide healthy food for the child, vaccination, right? Do not stay behind because it is important to prevent diseases. Breastfeeding, you know? We always encourage what is good for child development."

On the other hand, biopsychosocial approach nowadays adds other factors to the biological ones

as determining of health, thus inserting other kind of professionals to act aside from doctors and use of other methods for treatment, such as alternative medicine. Other important characteristic of this amplified health care is the conception of individual completeness and humanization given to users. The family caregivers below refer to biopsychosocial aspects, emphasizing an amplified care point-of-view in relation to development:

C8: "I think that to talk a lot helps their development."

C6: "(...) to have space, isn't it? To play, right? At home. To be healthy, most of all a better leisure, ain't it? Nutrition, right? Proper."

The amplified care for children is very much related to the kind of care and affection offered by caregivers. According to Rabuske *et al.*,<sup>9</sup> mothers consider child development as a period in which the mother's presence, attention and endearment are fundamental. Child development is influenced by quality and form of affection of those who take care of children and the kind of environment in which they are inserted, thus consisting above all the feelings that the adults show for them.<sup>23</sup>

Currently, due to women insertion in the labor market, it is frequent in our society for the mother figure not to be exclusively represented by the person who takes care of the child. Consequently, children are given to the care of aunts, grandmothers, nannies, and schools,<sup>24</sup> with whom they spend the most part of their time.

Even with this emotional relationship between family caregivers and children, the perception of care with emphasis in psychosocial aspects was present in the speech of only one of the caregivers:

C2: "I try to talk a lot with him/her, to give most of attention, love, caress, which I think is part of child development." (C2)

An amplified point-of-view towards child development can be noticed by part of the professionals and is represented by the three speeches below:

P5: "Oh, the parents must give lots of caress and love. Parents have to stimulate, without stimulation the child don't learn. (...) Even in emotions, must show them how it is to be sad, happy".

P8: "(...) is to give caress to this child, for the child to develop. (...)"

P9: "So, since very early: talk mother. They must get their stimulus (...). Then, I think since very small, since the child is born, the baby has really more contact with the mother, she must always talk, there is a stimulation since belly, right?(...) There it

*is, all of this is stimulus and then they start to realize(...) Then, how important this contact is, isn't it?"*

Still in this category, it is interesting to detach that in different moments of the interview occurred two perceptions of the same caregiver about development: one that points out the biological model and another that demonstrate the idea of amplified care.

C3: "See the teeth beautifully developing, hair, nails, body, weight (...) Or then, the child go out to play ball and can't stick out to run, falls every time. I think that this is also weakness."

C3: "So I think the child, their development is a consequence of everything: good nutrition, good way of education, children must play, right?"

### Care about development in the work process

In accordance with Queiroz and Jorge<sup>25</sup>, generally, health professionals are in accordance with instituted protocols, they comply with routines established by the job, without establishing a contextualized planning that takes the population needs on account. Graduated professionals are noticed to be under-qualified for developing preventive actions of health surveillance and promotion, aside from the fact that they recurrently perform in accordance with individual orientation at office, even within the FSH context<sup>22</sup>.

The FHS guidelines are the approach with local reality, bond between professionals and users to guarantee complete attendance to population, and co-responsibility between users and all of the health team for developing actions. For FHS, another element of fundamental orientation is the organization of health care, which occur with team planning and evaluation of intervening actions and follow-up, after debating about each situation-problem and its practical implications<sup>26</sup>.

Many times in the health service daily life, there is no time for the team to consider about performed practices and propose new procedure strategies. Therefore, the professionals do not consider themselves responsible for work that was not planned together; they do not take part on actions developed by the rest of the team or even by all health unit. This scenario is not different from actions of stimulation to neuropsychomotor development, as demonstrated below:

P1: "So, I myself don't develop any specific action, you know? The existing actions are of the health center, of the group, and so on."

During guidance for the caregivers, the professionals were worried about fulfilling the protocols to lead their practice, and eventually they

did not take on account psychosocial aspects of development, despite knowing and being aware of the importance of the matter<sup>27</sup>.

### **Perception of caregivers about received guidance**

The current context of attention to child health requires an urgent innovation of professional practice that contemplate interaction with children and with family, fostering learning about situations and challenges of the health-disease process.<sup>25</sup> Nevertheless, Figueiras *et al.*<sup>27</sup> verified, when interviewing mothers, that most of them referred not to have been questioned about their child development in doctor's office, they also did not take notice of a professional attitude to investigate or evaluate their child development and they were not oriented about how to stimulate their children at home. It is possible that the professionals involved in that study<sup>27</sup> performed more evaluations of development than those referred by the mothers, however, as the professionals did not involve the mothers in the process, they did not take notice of the procedure.

Consonant with Queiroz and Jorge,<sup>25</sup> most of the professionals could have the intention to provide orientation about health care to users, however, this sometimes happens in an imposing way through transmission of scientific knowledge, hindering the users' comprehension and "empowering" the professional with knowledge. The creation of environments for health education in a dialogical perception is necessary during the professional performance with the children; involving family in their context of life and permeating all practices of care in a simplified manner.<sup>25</sup> Information and guidance for the families were expressed in the report of two of the caregivers:

C3: "(...) besides, since I was pregnant. They talked about what I should or shouldn't eat, do, everything. For the child to grow well, right?"

C4: "I always receive, you know, from the Agent, from the doctor, but I don't have time to remember all that stuff by myself."

Growth and development follow-up, as well as constant evaluation of vaccine state are mandatory to guarantee complete health of children and morbid-mortality reduction in childhood. Aiming to promote surveillance of health for children, Brazilian Ministry of Health reviewed the *Cartão da Criança* (a health register in which the Brazilian government follows up the health of children) and updated and renamed it after *Caderneta de Saúde da Criança*. This register contains data related to the babies' birth and their first days of life, a growth chart, some development stages of children, and guidance about general care, aside from a vaccination chart.<sup>8</sup>

The *Caderneta de Saúde da Criança* is used to follow childcare up at BHU, mainly by nursing professionals. According to Figueiras *et al.*,<sup>27</sup> the register is not considered an evaluation scale, but a citation of some stages of the neuropsychomotor development present in several ages, which must be fulfilled at each child achievement. The author also verified that professionals do not normally use the register, however it is easy to observe and fulfill.

Costa *et al.*<sup>22</sup> verified in their study that most of the children (77.2%) possessed a *Cartão da Criança*, however, 100% of the registers were incomplete.

During the interviews, health professionals did not relate the *Caderneta de Saúde da Criança* with child development. The use of the register, however, was mentioned by one of the interviewee caregivers who pointed out that it could be a useful tool for the family to accompany the baby development:

C9: "Like this, for every time there is a phase, isn't it? So, you must keep following up to see if the child is in accordance with that phase, doing what he/she was supposed to do. Sometimes I pick up the vaccine register, there is everything they must be doing at that specific period, isn't it?"

Accordingly, it is observed in this study that care related to neuropsychomotor development can be understood diversely by professionals and family caregivers, pursuant to experience and to different knowledge acquired, either in professional practice or in caregivers' experience.

Although the health professionals were part of the same team, they presented different points of view about the concept of development and the information was transmitted in fragments for the children caregivers. As such, the family caregivers' perception about development is restricted and many times acquired from practice experience and relationship in their social net.

FHS is a privileged environment for developing actions with total attention and promotion for quality of life, where practices and guidance about child development and caregiver/child relationship can be broadly developed. However, the most used strategy by the interviewee health team was basically guidance during consults and domiciliary visits, in spite of recognizing that other actions could have been used. This study points out that educational groups designated for kinsperson of children of the age studied, in the context of basic attention and interdisciplinary character, are an auxiliary strategy of positive intervention for caregivers to understand child development. Furthermore, contact, touch, talk, and play are practices that contribute for total health of the children and should be furthered by health professionals.

The interviewee family caregivers presented perceptions about child development very much leashed to biological aspects and focused on growth aspects, mainly in relation to gain of weight and height. The development phases, as well as its relation to stimulation for child development, were not mentioned very much in the caregivers' speech, despite the fact that some of the professionals demonstrated knowledge about the matter and used this approach to attend families.

Because it is a comprehensive theme, development is confirmed to go beyond biological

determination, requiring a multi-concept and, consequently, multidisciplinary approach for a total care for child health. Therefore, it is essential for health professionals to provide jointly and with co-responsibility the surveillance of the child development, together with the families and the community in which they are inserted. As a result, it is possible to propitiate to children all their potential of growth and development with conjoint effort and integrated health point-of-view, thus ensuring their right to health and to a life of quality.

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