

USE OF THE CHILD HEALTH RECORD BY FAMILIES: PERCEPTIONS OF PROFESSIONALS¹

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¹ Article originated from the dissertation - The child health handbook in the perception of professionals working on basic health network of Cuiabá-MT, presented at the Nursing Graduate Program of the *Universidade Federal do Mato Grosso* (UFMT) in 2014.

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ABSTRACT: Qualitative and exploratory study performed in Cuiabá with 20 health professionals with the objective of analyzing the use of child health records by families, from the viewpoint of professionals working in primary health care. Data were collected by semi-structured interviews with thematic content analysis. The results showed that professionals believed that it is the duty of families to take care of child health records and to take them every time they seek health services for their children. However, despite the guidance provided, families seldom use this instrument. Participants also recognized that families have the right to demand the proper completion of data in the records, since this shows that families are interested in their children's health and also helps in the work of professionals. Child health records are an instrument for monitoring and promoting child health; therefore, their use should be known and valued by professionals and by families.

DESCRIPTORS: Child health. Public health surveillance. Professional-family relations. Health records, personal.

UTILIZAÇÃO DA CADERNETA DE SAÚDE DA CRIANÇA PELA FAMÍLIA: PERCEPÇÃO DOS PROFISSIONAIS

RESUMO: Estudo qualitativo e exploratório, realizado em Cuiabá com 20 profissionais da saúde, cujo objetivo foi analisar a utilização da caderneta de saúde da criança pela família, a partir da percepção dos profissionais que atuam na rede básica de saúde. Os dados foram coletados por meio de entrevista semiestruturada, com análise de conteúdo temática. Para os profissionais, o papel da família é zelar pela caderneta e levá-la em todos os atendimentos de saúde. No entanto, apesar das orientações oferecidas, a família utiliza muito pouco este instrumento. Os participantes reconhecem também que é direito da família exigir o preenchimento adequado dos dados na caderneta, atitude essa que demonstra o seu interesse pela saúde do filho, além de auxiliar o trabalho dos profissionais. A caderneta é um instrumento para a vigilância e promoção da saúde infantil, portanto, a sua utilização deve ser conhecida e valorizada pelos profissionais e também pelos familiares da criança.

DESCRIPTORIOS: Saúde da criança. Vigilância em saúde pública. Relações profissional-família. Registros de saúde pessoal.

EL USO DEL LIBRO DE SALUD INFANTIL POR FAMILIA: PERCEPCIÓN DE LOS PROFESIONALES

RESUMEN: Estudio cualitativo y exploratorio en Cuiabá con 20 profesionales de la salud, cuyo objetivo era examinar el uso de libro de salud de los niños por familia, de la percepción de los profesionales que trabajan en la red de atención primaria de la salud. Los datos fueron recolectados a través de entrevista semiestructurada con el análisis de contenido temático. Para los profesionales, el papel de la familia es asegurar el libro de la salud infantil y tomar todo en el cuidado de la salud. Sin embargo, a pesar de la orientación ofrecida, la familia utiliza muy poco de este instrumento. Los participantes también reconocen que el derecho de familia es exigir a las indicaciones en el relleno el libro de la salud infantil, una actitud que demuestra su interés en la salud del niño y ayudar al trabajo de los profesionales. El libro de la salud infantil es una herramienta para el monitoreo y la promoción de la salud infantil, no entento, su uso debe ser conocido y valorado por los profesionales y también a la familia del niño.

DESCRIPTORIOS: Salud del niño. Vigilancia em salud pública. Relaciones profesional-familia. Registros de salud personal.

INTRODUCTION

Child Health Records (CHRs) are a surveillance instrument that facilitates monitoring children's health in an integral way. They were designed for use by all professionals that provide care to children and are in charge of correctly and completely recording health status, besides providing guidance to families regarding the information found.¹

Data on birth, delivery and newborns, as well as guidance on children's health records and health status, is the primary duty of professionals who attend births. When children are discharged from maternity, the records are delivered to the families, which then become responsible for taking the records to all health services provided to their children.²

The proper use of the records by health professionals allows their greater valuation and appropriation by families. Moreover, these records favor adhesion and co-responsibility for health surveillance actions carried out with children.¹

A study that analyzed the scientific knowledge produced about Child Cards/Child Health Records found that professionals were not providing parents and families with guidance about the data recorded in the instrument.³ A survey conducted in Belo Horizonte, Minas Gerais, Brazil, with the objective, among others, of getting acquainted with mothers' perceptions about the purpose of health records, disclosed that 67% of mothers had received no explanation of the health records when they were in maternity and that, for most of them, the health records were used to monitor growth and development.² The action of accompanying the growth of children under one year old was also a topic of investigation developed in health units in the state of Pernambuco; the study showed that few mothers were informed during medical visits about aspects related to the growth of their children, such as weight, height and the weight status in graphs presented in the records.⁴

These results are not in agreement with the guiding principles of political propositions on child health care⁵⁻⁶ that highlight incentives for families to participate in the care process and provision of information to parents regarding child health care and conditions.

Considering that health records are an instrument for communication, education, surveillance and promotion of child health, and that families should participate and be co-responsible

for the use of health records in the process of monitoring the health of their children, the objective of this study was to analyze the use of Child Health Records by families, based on the perceptions of health professionals, in pursuit of new support for integrated health care for children.

METHODOLOGY

Exploratory study with qualitative analysis of data carried out with professionals working in basic health units in the municipality of Cuiabá, Mato Grosso, Brazil, from February to March 2013.

The municipality approached for the study had an estimated population of 561,329 in 2014, of whom 14.7% were children.⁷ The basic health care network is made up of 82 basic health units (BHUs), of which 60 are family health units (FHUs) and 22 are health care centers (HCCs), distributed among 4 regional health authorities. The study was performed in 8 basic units, and the criterion for inclusion was that the unit was providing regular care for children. Based on that criterion, four BHUs and four HCCs (one unit from each regional health authority) were randomly selected by raffle. The selection of professionals, in turn, was based on their direct involvement in child health care. Thus, 8 physicians, 8 nurses and 4 community health agents (CHAs) participated in the study, totaling 20 professionals working with child health care in the health units selected.

Data were collected through a two-stage interview with a semi-structured script. The first gathered identification data on the survey subjects. The second contained the following guiding questions: Do you instruct families to use CHRs? Do you think families should fill in data on CHRs? In your opinion, should families demand that professionals fill in CHRs?

Interviews took place at the health units in a room reserved for that purpose. All interviews were recorded with the permission of the participants and were later fully transcribed for further analysis. To preserve anonymity, the subjects were identified by their professional category, followed by the interview number and work unit (Examples: DOC1-FHU would be "doctor, 1st interview, family health unit," NUR1-FHU would be "nurse, 1st interview, family health unit", CHA1-FHU, would be community health agent, 1st interview, family health unit; DOC2-HCC, NUR2-HCC, and so on).

Data obtained in the interviews were organized and analyzed using the thematic content

analysis technique.⁸ Three systematic stages were employed to construe the transcripts: pre-analysis, exploration of the material, and interpretation. The analysis was carried out by exhaustively reading the material, trying to produce record and context units, identify the possibilities and build thematic axes and categories. Then, each interview was carefully read and empirical categories and sub-categories were produced. Finally, the contents were construed.^{8,9} The thematic analysis of participants' statements allowed establishment of the following thematic axes: "fostering the use of CHR by families"; "information and guidance to families regarding CHRs"; and "families demanding that professionals fill in CHRs."

The study was approved by the Research Ethics Committee, under the document n. 130948/CEP-HUJM, and all participants signed the Free and Informed Consent form prior to the interview.

RESULTS

Characterization of participants

Among the 20 professionals interviewed, 19 were women. Regarding time since graduation, 30% were up to five years, 35% from six to 10 years, 15% from 11 to 20 years, and 20% had graduated more than 21 years ago. Regarding years of experience in child health care, 45% had up to 5 years of experience, 30% from 6 to 10 years, 10% from 16 to 20 years, and 15% had more than 21 years of experience.

When it comes to training in the use of the health records, only 30% of the professionals were trained on the instrument for child health monitoring in 2005, when it was implemented.

Fostering the use CHR by families

Professionals believed that it is the duty of families to take care of child health records and take them every time they seek health services for their children, as can be seen in the following statements:

I instruct families to take health records whenever they seek health care for their children (NUR6-HCC).

I instruct parents to take health records to wherever they get health care for their children, so professionals can keep track of and record information on weight, cephalic perimeter, breastfeeding, development and vitamin A (DOC1-FHU).

The professionals perceived that families seldom use health records, despite the guidance offered:

I believe families should handle health records more, but it doesn't happen. They end up by looking just at the vaccinations (NUR1-FHU).

I ask mothers to keep the records with care, because all vaccinations are recorded on these cards. However, my advice is useless. Some mothers keep them very well, plasticize them, but others – most of them – just don't care. I think they give priority to what they see in the media, more than to what professionals tell them (NUR2-HCC).

We instruct families to use them, but I think families hardly ever use them [...]. Families very seldom read all the information about diarrhea and neuro-psychomotor development. Few mothers read them as true guidance, sometimes you perceive that during the visit, they see something and ask you what's written in the records (DOC5-FHU).

Information and guidance to families about CHRs

Statements by respondents disclosed their concern about instructing families on the content of records.

During visits, instructions to mothers depend on the age of the child. [...] I tell them everything that is written in the records and ask them to read them, too (NUR3-FHU).

In the first visits, when mothers come with little babies, I always explain the importance of bringing health records, and ask mothers to read them, too. I explain breastfeeding, sleep, development, risks of accidents, hygiene and general care. I believe when they read health records, they bring their questions to us (DOC6-HCC).

I instruct families, but first I try to find out if mothers have some degree of education, if they can read and understand the contents of the records. Then I explain about baby food, vaccinations and growth, talk about the recommended doses of iron and vitamin A supplement, and also instruct them to read the records (NUR8-HCC).

During visits I instruct mothers and show them the graphs for keeping track of the actual status of their children at that moment. I provide the required guidance on diet and development. I also check immunizations and analyze vitamin A and ferrous sulphate supplementation (NUR7-FHU).

On the other hand, some professionals instructed families only in the event of changes in the health status of their children:

During visits I enter the information in the records and provide guidance only if there is any change (DOC1-FHU).

Families demanding that professionals fill in CHRs

Regarding families demanding that professionals fill in health records, participants said that such demands, besides being the right of families, show their interest in their children's health.

I believe families should demand that the health records be filled in and that professionals should require that health records be provided during visits. I think professionals must be aware that they have to instruct mothers or other persons who bring the children, and mothers are also responsible for bringing health records and asking professionals to fill them in, if they have not done so (DOC3-FHU).

I believe so, because it shows they care about their children's health. [...] I believe fathers have the right and obligation to ask that the records be filled in, because we don't know when the children will come back to this unit (NUR6-HCC).

I guess so. If the CD is prepared and the professional doesn't record the child's weight or doesn't use the graph, she [mother] may ask the professional to do so, as it is a way for her to monitor it, too (CHA5-FHU).

They really should demand it, but they are scared to death, poor people! They are afraid of the physicians, the nurses, being mistreated; but they should request it because this is their right (DOC4-HCC).

For the respondents, when families demand that data be filled in on the records, they help the work of professionals, as disclosed in the following statements:

I guess they should request it, because I get angry when a child, for example, who has not been followed in the unit, comes from another unit, and when you ask for the health record to answer a question from the mother, there is nothing recorded (DOC5-FHU).

families should request that CHRs be filled in. Because the population moves a lot, and if families change addresses and are served by other professionals who know nothing about their children's status, and if there is nothing recorded in CHRs, how can we know about the children's health? So, I guess professionals should be conscious and record everything and, if that doesn't happen, mothers should ask for it (NUR7-FHU).

DISCUSSION

When reporting on the use of records, the professionals working in the basic health network in the municipality of Cuiabá, Mato Grosso, referred many times to mothers rather than families. This suggests that their perceptions could still be rooted in the representation of mothers as the main caregivers for children. This representation may also be perceived in the CHR; although it shows a focus on the family, it actually highlights the maternal figure in the guidance it provides.

However, we know that families are responsible for taking care of children's well-being and health, and that although children have the right to such care, they do not have autonomy in exercising that right and depend on family members. Thus, when delivering care to children, health professionals should foster family participation, providing information about children's care and health conditions.¹⁰

In this sense, dialogue, listening capacity and bonds are the elements that allow professionals to get closer to families, enhancing integral care for children.¹¹⁻¹² Therefore, all professionals working in health units should (re)build their practices with proximity relations, welcoming and interaction with children and families. These actions should be recognized and performed by these workers as a way to qualify the services rendered to the population.

It is worth mentioning the importance of professional nurses in the context of basic health care, particularly in view of their privileged status in the organization of services, which allows them to be in permanent contact with children and family members. Above all, alliances between professionals and families are required to ensure children's health.¹³

Among the activities performed by nurses in basic health care, nursing appointments are of utmost relevance. In this light, health records have been incorporated into nursing services, functioning as important instruments in supporting care in actions of surveillance and health promotion, as well as in communication with other professionals and for communication and health education with families.

For example, since 1921 nurses in New Zealand have used a child health register called the Plunket Book to build closer relationships between nurses and mothers. This closeness fa-

vors the nurses' work and allows them to advise mothers about the health process of their children while promoting family care for children.¹⁴ Nurses have also made use of the record to instruct families about their right to health, development of skills to take care of children, training, and strengthening of support. Moreover, nurses use the instrument to evaluate whether mothers are assimilating and putting into practice the offered education.¹⁴

Since 1990, an instrument similar to the CHR, called the Red Book, has been used in the United Kingdom to monitor children's health. Since then, different versions of the instrument have been updated and implemented. In general, health professionals approve of the use of the *Red Book* and state that it improves relationships between health professionals and parents; facilitates communication; and favors deeper knowledge of parents about the health of their children.¹⁵

As can be observed, regardless of the context, health professionals can count on health records, or similar instruments, as important tools for developing educational practices with families, as they can be used to mediate dialogue.¹⁶

Educational activities allow the exchange of knowledge between professionals and children's caregivers, besides strengthening family actions so as to foster the healthy development of children. A study performed in the interior of São Paulo, Brazil, disclosed that when health professionals shared information about child development evaluations with families, they established educational relationships that promoted opportunities for parents to understand the development of their children, emphasizing features of the normal process and reformulating unfit and inadequate perceptions of families.¹⁷

In this light, educational practices empower families to promote child health, notably when supported by interactive dialogue, including sensitization, information, awareness-building and mobilization for coping with situations aimed at changing reality.¹⁸

When providing guidance on child health, professionals can establish and build co-responsibility with families regarding child health surveillance, favoring closeness and adhesion by parents to children's health care, and expanding knowledge about health and required care. The establishment of family-professional alliances can minimize risks to children.¹³

Another important aspect of the educational process is considering the particularities and conditions of families in delivering care, as well as their education levels and understanding of the health-disease process in childhood.^{14,19} Therefore, full use of health records by families also depends on how professionals provide guidance.

Despite the benefits of educational activities to promote child health, national and international studies have disclosed weaknesses in guidance provided to parents about the health of their children, mainly regarding the graph of growth, evaluation of development, birth data like the Apgar test, and supplementation of iron and vitamin A.^{1-2,4,20-22}

A study performed in Belo Horizonte, Minas Gerais, aimed at investigating how nurses and physicians working in primary health care understand, experience and work with health records in their experiences in child health care. It disclosed that mothers were not being instructed about health records, and this led them to ignore the importance of this instrument, perceiving it as nothing but a vaccination card.²³ Maybe mothers do not recognize the need for participating in the evaluation of their children's growth and development, and have no interest in health records, because health actions are typically delegated to professionals, and do not allow or foster participation of mothers and families in the process.²⁴

Previous research and the results of the current study suggest that although professionals perceive families as responsible for their children's health, sometimes families do not receive the guidance required to promote health.

Providing guidance to families only in the event of changes in their children's health means following the biomedical practice of focusing only on disease and on individual care restricted to complaints.²⁵ In the light of this model, talking and listening to children and families are not much appreciated. Often, excluding the word allows excluding the condition of subjects, human and singular,¹² that is detached from the principle of integrality. The promotion of integral care for children demands moving away from pathology-based care toward providing care to the child as a whole, privileging actions of promotion and prevention, in an attempt to ensure healthy growth and development of potential, maintaining a bond with families and taking on continuous, joint responsibility (service and families) regarding care for children.²¹

Child Health Records work as an instrument for managing risk and preventing damage, since the contents include standards for normal health in development, growth, immunizations, dietary habits, and hygiene, among others. Therefore, health professionals who make the right use of records can detect children who do not follow the normality standards,²⁶ and identify family behaviors regarding children's health.¹³

Besides being useful for classifying risks and contributing to reduction in vaccine-preventable diseases, health records facilitate family adherence to health care and more frequent medical appointments, which can be incorporated in the everyday actions of basic health units. Furthermore, they are, in an indirect way, an instrument to evaluate the quality of care provided by health teams.^{1,19}

For the professionals participating in this study, family demands about filling in records is more than a right, since it also shows their concern about the health of their children, favoring shared responsibility for children's health and assisting in the work of health professionals. When families understand the role of this instrument, they start appraising records more and demand that health professionals fill them in. Corroborating this idea are the results of a study that showed that mothers who appropriated health records were those who demanded data recording and monitored the notes made by professionals, trying to talk to them about the matters included in records.²³

Children have a right to health records, and failing to use them, or using them in an ineffective way, is a denial of that right. To advocate for the rights of children, professionals must be engaged in the protection of their health and quality of life. In the field of basic care, health professionals should be imbued with respect for observation, interaction and intervention in order to fully respect, protect and implement the human rights of children.¹⁸

Additionally, if health records are to fulfill their role and effectively contribute to improving children's health, it is necessary to promote dissemination and sensitization to increase the valuation of this instrument among health managers, professionals and the community at large.²⁷ Moreover, health professionals should commit themselves to preventing health records from being just another form to be filled in when providing care,² and should use them as an instrument for education, communication, surveillance and promotion of child health.

CONCLUSION

This study analyzed the statements of professionals working in the public basic health services network in the municipality of Cuiabá, Mato Grosso, regarding the use of Child Health Records by families. Respondents believed that families should take care of records and take them every time they seek health services for their children. Results of the study also showed that health records are an instrument of communication and education for families. In that sense, professionals demonstrated their concern about instructing mothers and families about the importance of keeping track of their children's health, in addition to the purpose, content and relevance of health records. However, professionals also believed that, despite the guidance provided, families seldom use this instrument. The study participants also recognized the right of families to demand the recording of data in records; this attitude showed that families are interested in their children's health, and also assists in the work of professionals.

Child Health Records are an important resource for the work of nursing teams, mainly in basic care, and their full use could enhance bonds with families and access to actions on education, surveillance, promotion and recovery of health, thus improving the quality of the care delivered to children in light of integral care.

Child Health Records are a right of children and an important instrument for the surveillance and promotion of their health. Therefore, managers, professionals and family members should recognize and appraise their use. Other studies on the topic are needed, in light of the relevance of this instrument for family care of children, and for professional practices in the context of basic care.

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