

Design and validation of an evaluation instrument on knowledge of schoolchildren about breastfeeding

Construção e validação de instrumento avaliativo do conhecimento de escolares sobre amamentação

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Abstract

Objective: To validate an evaluation instrument of knowledge of schoolchildren about breastfeeding.

Methods: A method research developed in three stages: design of the instrument, validation of the content with 22 judges and validation of appearance with 10 schoolchildren from the primary school. Data were analyzed by absolute frequencies, standard-deviations, binomial test and content validity index - CVI. Observations of judges were analyzed and when necessary items of the instrument were changed.

Results: In content validation, the first version of the instrument had 32 items and most of them were considered adequate by judges and the I-CVI achieved was equal or above than 0.80. After changes, the instrument was composed by 21 items. In validation of the appearance, most of items achieved I-CVI equal or above 0.80.

Conclusion: The instrument content and appearance were validated. The instrument created and validated in this study could be used to evaluate knowledge of schoolchildren about breastfeeding.

Resumo

Objetivo: Validar um instrumento para avaliação do conhecimento de escolares acerca do aleitamento materno.

Métodos: Pesquisa metodológica, desenvolvida em três etapas: construção do instrumento, validação de conteúdo com 22 juízes e de aparência com 10 escolares do ensino fundamental. Os dados foram analisados por meio de frequências absolutas, médias, desvios-padrão, teste binomial e *Content Validity Index* - CVI. As observações dos juízes foram analisadas e quando necessário o instrumento foi modificado.

Resultados: Na validação de conteúdo, a primeira versão do instrumento continha 32 itens que na maioria foram considerados adequados e atingiram I-CVI igual ou acima de 0,80 entre os juízes. Após as modificações, o instrumento passou a ter 21 itens. Na validação de aparência, a maioria dos itens alcançou I-CVI igual ou acima de 0,80.

Conclusão: O instrumento foi validado em conteúdo e aparência, podendo ser utilizado na avaliação do conhecimento de escolares sobre aleitamento materno.



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Conflict of interests: none to report.

Introduction

Breastfeeding is efficient to reduce child morbimortality, strengthen the bond between mother and child, and provide benefits to the woman's health and to the environment, in addition, it contributes for a healthy society.⁽¹⁾ Although the advantages, the prevalence of exclusive breastfeeding in most of countries is below 50% in children younger than six months of age. This low prevalence shows the need of action to support maternal breastfeeding from gestation to delivery and after delivery, mainly considering specific realities of each region. Among supporting resources for women the educational system is one that can be used.^(2,3)

In Brazil, the Health School Program - HSP, launched in 2007, reinforces the need to plan health actions at schools to collaborate with an integrative education for students. Although not explicit referral is made concerning maternal breastfeeding, the HSP emphasizes the recommendation to mothers based on "10 steps for healthy feeding of children younger than 2 years" that include exclusive and complementary breastfeeding.⁽⁴⁾

School is a place for pedagogical interventions on breastfeeding, and this is also a place for effective learning of correct knowledge and deconstruction of myths and beliefs on breastfeeding. These actions can encourage schoolchildren to take a more conscious and healthy behaviors, improve development of positive attitudes toward breastfeeding, provide great support for women who breastfed, and possibly, increase future intention to breastfeed and enhance students reflection on success of breastfeeding.^(5,6)

To achieve such actions there is a need to broaden the focus on educational strategies for breastfeeding promotion beyond the women-nourishment. These strategies should include other audience such as students, children, and adolescents. The nursing professional has a crucial role to implement such strategies using pedagogical approach by promoting health education activities in the school.^(5,7)

An integrative review on breastfeeding promotion carried out in primary education school identified eight studies on the subject. However, only

four studies approached knowledge of schoolchildren from primary school on breastfeeding. Their results showed that knowledge was inadequate with unfavorable beliefs regarding breastfeeding practice. In addition, these studies did not approach the knowledge of children about breastfeeding on the perspective of the social network to support breastfeeding women.⁽⁸⁾

During the analysis of educational interventions on breastfeeding in the school^(5,9,10) we did not observe descriptions related with validation processes of instruments used to determine the knowledge of schoolchildren about breastfeeding. The lack of information makes difficult the application of the instrument by other researchers and it can compromise the reorganization of health actions and comparison of results from other researchers.⁽¹¹⁾

In this perspective, we identified the need to design and validate a reliable and precise instrument to measure the knowledge of schoolchildren on breastfeeding. Such instrument should consider the playful behavior related with schoolchildren, in addition the instrument should be attractive to this audience. We designed and validated an instrument to evaluate knowledge of schoolchildren about breastfeeding. An instrument can guide actions on health education in schools on breastfeeding, and it may become a parameter to measure the effect of interventions.

Methods

This was a methodological study developed in 2016 that included three steps: design of an instrument, validation of its content with judges, and validation of its appearance with the target-audience.⁽¹²⁾ Design of the instrument was based on an integrative review on promotion of breastfeeding in primary school,⁽⁸⁾ recommendations of the Brazilian Ministry of Health,⁽¹⁾ articles about public breastfeeding,^(10,13,14) constructs by Sanicola on primary and secondary school,⁽¹⁵⁾ relevant people involved (partner, grandmother and nurse)⁽¹⁶⁾ and supportive actions toward women during breastfeeding, including actions related with the child. This sup-

port can be classified into five types: emotional (showing empathy, tenders and concern with encouragement for breastfeeding), instrumental (direct helping for care of women and their baby), information (provide counseling, suggestions and feedback on performance of women on breastfeeding), presence (stay with the woman during breastfeeding) and self-support (action on support people with themselves).⁽¹⁷⁾

The instrument was called *Knowledge of schoolchildren about breastfeeding* and target-population was children from third year of primary school I, aged between seven and ten years. The instrument was structured in two parts: the first part includes sociodemographic data (responsible and child), previous experience with maternal breastfeeding and exposition of children for breastfeeding, previous experience with breastfeeding and exposition of child to breastfeeding, and the second part includes the knowledge of children on breastfeeding.

The instrument first version was composed by 32 items, presented by affirmations and illustrations on breastfeeding with the answers options: “right”, “wrong”, and “I don’t know” represented by faces adapted from the study by Medeiros et al.⁽¹⁸⁾ This approach was used to facilitate the understanding of children. Illustrations were designed by a student from the Graphic Design Course of the Center of Art and Communication at Federal University of Pernambuco, who based her creation in pre-selected images from the internet that resemble the content to be used in items. During the creative process, illustrations were evaluated a variety of times by investigators’ team and changes were made until the illustration was considered adequate to the item (Appendix 1).

The content was validated by 22 intentionally selected⁽¹²⁾ judges⁽¹⁹⁾ who worked on areas related with maternal and child health and education. Selection was based on criteria adapted from Fehring:⁽²⁰⁾ academic education, professional performance (teaching, research, extension), updating course and scientific output. Those who achieved a minimal grade of seven were invited to participate in our study. We searched for judges in a website of nursing graduate programs, research groups ar-

chives, and in the Lattes Curriculum of National Council for Scientific and Technological Development - CNPq (this curriculum is part of a Brazilian database in which researchers can include information about their education and scientific output).

An invitation was sent by e-mail for judges and for those who accepted to participate in the study an online access was given by Google Forms® tool to consent form, instrument on the knowledge of schoolchildren about breastfeeding, and protocol of the instrument validation.

Validation protocol was created based on Rubio’s study,⁽²¹⁾ which was adapted for our study. The protocol was structured as: I- socioeconomic characterization, and II- evaluation criteria of items: coherence of content with illustration (yes/no), clarity of population language (yes/no); clarity degree (1- not clear, 2- little clear, 3- quite clear, 4- very clear), presence of item in the instrument (yes/no), and degree of relevance (1- irrelevant, 2- little relevant, 3- relevant and 4- very relevant). In each item and in the final protocol of validation a space was provided for comments and suggestions. After ending the validation of the content, the instrument was readjusted and illustrations were improved by the student of Graphic Design Course in order to address the judges recommendations.

The second version of the instrument contained 21 items (Appendix 2) and its appearance was validated by ten children, who were selected by convenience, from local municipality school of the Sanitary District IV in the city of Recife-PE. We included children who were enrolled in the third year of primary school, who had good frequency in classes during school term, and who were aged 7 to 10 years old. According to the responsible teacher, all students were able to read words and complete sentences. We excluded children who were in sick leaving and had special needs.

The study was presented to the director of the school and responsible teacher for the class to obtain support in data collection that was done by five research assistants who were graduate and undergraduate nursing students of the Federal University of Pernambuco, and who had received previous training for data collection.

Results

The authorization of parents/legal responsible occurred in meetings done in the beginning of the class, which was scheduled by the help of the teacher. Information collected involved socioeconomic data. All parents/legal responsible signed the consent form. Children were invited to participate in the study by showing them, individually, a cartoon history to explain procedures of the study that also included adapted information regarding consent form. The language used in cartoon was easy to understand and adequate to children age.

The validation of appearance occurred in the school. Each child was interviewed in a private room. During the interview data collection instrument was applied and, subsequently, the validation protocol was completed by the interviewer. The validation protocol was adapted from Rubio's study,⁽²¹⁾ structured as such: I- socioeconomic characteristics (responsible for the child), and II- evaluation criteria of appearance: understanding of illustrations (yes/no), understanding of phrases (yes/no), degree of understanding of phrases (1. I didn't understand anything, 2. I understood few things, 3. I understood plenty of things, 4. I totally understood and I have not doubts). The answers options were represented by faces adapted from the material by Medeiros et al,⁽¹⁸⁾ printed in a ruler and given to the child in the beginning of the interview. For each item, a question was made in order to investigate the wishing of the child to change any phrase/illustration (yes/no) and a space was provided for suggestions from the child.

Data were typed into the IBM® SPSS® Statistics software, version 20.0, for descriptive analysis. The content validity was analyzed using a binomial test to verify the proportion of adequacy of each item according to judges, and ideal value was equal or higher than 85%, considering adequate if test did not present statistical significance ($p > 0.05$). The content validity index - CVI was used both for content validation and appearance validation, ideal value was equal or higher than 0.80 to classify the instrument as valid.^(12,22)

The research was approved by the Ethical and Research Committee of the Health Science Center from the Federal University of Pernambuco, no 2.075.070.

In process of content validation most of the 22 judges were women (95.5%), nurses (95.2%) and only one judge was from the education area (4.5%). Most of judges had a doctoral degree (72.7%). Twenty professionals (90.9%) were professors and only two (9.1%) worked in health care. Areas of working were nursing (36.4%), pediatric nursing/child and adolescent health (18.1%), obstetric nursing/women health (9%), public health (4.5%) and others (31.8%). Judges mean age was 48.5 (± 10.02) years. Years of education varied from 7 to 40 years, mean of 24.64 (± 9.79) years, the length of time in current position ranged from 2 to 39 years, mean 20.45 (± 11.34).

In content validity analysis concerning the content coherence with illustration, most of items were considered adequate in judges' assessment. However, thirteen (1, 2, 3, 4, 7, 8, 14, 16, 17, 23, 24, 25, 28) items were identified as inadequate, and the lowest proportion identified was in item 1 (40.9%).

The items 9, 16, 17, 19, 23, 24 and 25 were considered inadequate in the following criteria clarity, understanding and adequacy of language, and the item 14 had the lowest value (63.6%). Concerning clarity, judges evaluated as inadequate the eight items (2, 8, 9, 16, 17, 19, 23, 24, 25), reaching the lowest proportion in item 17 (50%). Nine items (14, 16, 17, 19, 23, 24, 25, 28, 29) had inadequacy in the presence criterion. Of these, items 16 and 23 achieved the lowest values, 36.4% each, in topic about presence.

Upon individual verification of I-CVI eleven items (14, 16, 17, 19, 21, 22, 23, 24, 25, 28, 29) did not achieve the minimal score of 0.80, and the lowest value was 0.36 (16, 23, 25). In judgment of 32 items, the mean I-CVI was 0.81. The relevance proportion (S-CVI/AVE) reached a value greater than 0.80 to sixteen judges and the S-CVI was 0.82 (Table 1).

After analysis of content validation, we opted to exclude eleven items (14, 15, 16, 17, 22, 23, 24, 25, 28, 29, 32) because they had values of I-CVI lower

Table 1. Concordance of judges in validation of items related with content coherence with illustration, clarity, understanding and adequacy of language, clarity degree, presence in the instrument and relevance of item

Item	Content and illustration	p-value*	p**	Clarity, understand and adequacy of language	p-value*	p**	Clarity***	Presence of instrument	p-value*	p**	I-CVI
1.	9(40.9%)	<0.001	0.409	22(100.0%)	1.000	1.000	19(86.4%)	21(95.4%)	0.972	0.954	1.00
2.	12(54.5%)	<0.001	0.545	20(90.9%)	0.863	0.909	17(77.3%)	22(100.0%)	1.000	1.000	0.95
3.	11(50.0%)	<0.001	0.500	21(95.4%)	0.972	0.954	19(86.4%)	22(100.0%)	1.000	1.000	1.00
4.	15(68.2%)	0.036	0.681	19(86.4%)	0.661	0.863	19(86.4%)	20(90.9%)	0.863	0.909	0.91
5.	19(86.4%)	0.661	0.863	20(90.9%)	0.863	0.909	20(90.9%)	22(100.0%)	1.000	1.000	1.00
6.	19(86.4%)	0.661	0.863	20(90.9%)	0.863	0.909	19(86.4%)	21(95.4%)	0.972	0.954	0.91
7.	16(72.7%)	0.099	0.727	19(86.4%)	0.661	0.863	18(81.8%)	20(90.9%)	0.863	0.909	0.91
8.	16(72.7%)	0.099	0.727	18(81.8%)	0.424	0.818	17(77.3%)	22(100.0%)	1.000	1.000	1.00
9.	19(86.4%)	0.661	0.863	17(77.3%)	0.226	0.772	17(77.3%)	21(95.4%)	0.972	0.954	0.95
10.	18(81.8%)	0.424	0.818	19(86.4%)	0.661	0.863	19(86.4%)	22(100.0%)	1.000	1.000	1.00
11.	20(90.9%)	0.863	0.909	22(100.0%)	1.000	1.000	22(100.0%)	21(95.4%)	0.972	0.954	0.95
12.	20(90.9%)	0.863	0.909	19(86.4%)	0.661	0.863	19(86.4%)	21(95.4%)	0.972	0.954	0.95
13.	20(90.9%)	0.863	0.909	21(95.4%)	0.972	0.954	20(90.9%)	21(95.4%)	0.972	0.954	0.95
14.	17(77.3%)	0.226	0.772	19(86.4%)	0.661	0.863	19(86.4%)	16(72.7%)	0.099	0.727	0.64
15.	18(81.8%)	0.424	0.818	21(95.4%)	0.972	0.954	19(86.4%)	20(90.9%)	0.863	0.909	0.86
16.	16(72.7%)	0.099	0.727	15(68.2%)	0.036	0.681	14(63.6%)	8(36.4%)	<0.001	0.363	0.36
17.	16(72.7%)	0.099	0.727	14(63.6%)	0.011	0.636	11(50.0%)	12(54.5%)	<0.001	0.545	0.50
18.	18(81.8%)	0.424	0.818	21(95.4%)	0.972	0.954	20(90.9%)	22(100.0%)	1.000	1.000	0.95
19.	19(86.4%)	0.661	0.863	16(72.7%)	0.099	0.727	14(63.6%)	17(77.3%)	0.226	0.772	0.77
20.	20(90.9%)	0.863	0.909	20(90.9%)	0.863	0.909	18(81.8%)	18(81.8%)	0.424	0.818	0.82
21.	20(90.9%)	0.863	0.909	21(95.4%)	0.972	0.954	21(95.4%)	18(81.8%)	0.424	0.818	0.73
22.	19(86.4%)	0.661	0.863	20(90.9%)	0.863	0.909	20(90.9%)	18(81.8%)	0.424	0.818	0.73
23.	16(72.7%)	0.099	0.727	16(72.7%)	0.099	0.727	14(63.6%)	8(36.4%)	<0.001	0.363	0.36
24.	16(72.7%)	0.099	0.727	16(72.7%)	0.099	0.727	15(68.2%)	10(45.4%)	<0.001	0.454	0.41
25.	14(63.6%)	0.011	0.636	16(72.7%)	0.099	0.727	15(68.2%)	9(40.9%)	<0.001	0.409	0.36
26.	19(86.4%)	0.661	0.863	22(100.0%)	1.000	1.000	21(95.4%)	22(100.0%)	1.000	1.000	0.95
27.	18(81.8%)	0.424	0.818	20(90.9%)	0.863	0.909	20(90.9%)	20(90.9%)	0.863	0.909	0.82
28.	17(77.3%)	0.226	0.772	20(90.9%)	0.863	0.909	19(86.4%)	17(77.3%)	0.226	0.772	0.73
29.	18(81.8%)	0.424	0.818	21(95.4%)	0.972	0.954	20(90.9%)	17(77.3%)	0.226	0.772	0.77
30.	19(86.4%)	0.661	0.863	20(90.9%)	0.863	0.909	20(90.9%)	21(95.4%)	0.972	0.954	0.95
31.	20(90.9%)	0.863	0.909	22(100.0%)	1.000	1.000	22(100.0%)	22(100.0%)	1.000	1.000	0.91
32.	19(86.4%)	0.661	0.863	22(100.0%)	1.000	1.000	21(95.4%)	22(100.0%)	1.000	1.000	1.00

*p-value; **binomial test; ***clarity - number of judges that judge the item such as very clear /quite clear; I-CVI - Item-Level Content Validity Index

than 0.80 in the assessment of judges. In the second version of the instrument, 21 items that achieved satisfactory I-CVI were maintained (Appendix - Chart 2), and for this reason, we considered unnecessary to resend them for judges to be revalidate. Still, we decided to accept the recommendations of judges. In summary, for changes in illustration, it was recommended the different skin color of characters - mainly for best show the broad racial mix of Brazilian population, change illustration of women breastfeeding a baby on stand or seat position, and drawing characters' with an entire body to give complete viewing of each character. Other suggestions are presented in chart 1.

In relation to scholars, eight were girls with mean age of 8.50 (± 0.52) years, from the city of Recife (05) or metropolitan region of Recife (05). The majority of legal responsible was the mother

(06) with mean age of 40.50 (± 9.44) years who were married or had a consensual union (08) and incomplete primary school (06). The most frequent professional status reported by parents/legal responsible was unemployment (04) or unemployed receiving government financial aid (03), half of participants did household tasks (05) and their family income were between one and two Brazil national minimum wage (5) (Brazil national minimal age at the time was R\$880,00).

In validation of appearance, there was predominance of children who affirmed to understand the illustration and phrases. Most of evaluated items had I-CVI between 0.90 and 1.00, only two of them (3 and 4) had I-CVI lower than 0.70 each (Table 2). The mean of I-CVI was 0.94 for the 21 items of the instrument, the relevance proportion (S-CVI/AVE) was above 0.80 for each child and S-CVI reached the

Chart 1. Description of suggestions of judges, acceptance or refusal of researchers

Item	Commentaries/suggestions of judges	Change
1.	Replace "just after birth" to "within the first hour after birth". Illustration: to improve correct position of the baby for breastfeeding; better representation of women in labor.	Yes. Yes.
2.	To focus on benefits for the baby. Suggestion: Breast milk helps the baby to grown strong and healthy since the first day after birth. Illustration: to show a woman breastfeeding; the picture needs to show a healthy baby; the stethoscope should be removed.	Yes. Yes.
3.	Suggestion: to breastfeeding is good for the mother because it protects her from diseases. Illustration: to shown a women breastfeeding, the happiness expression of the woman during breastfeeding should be improved, the stethoscope and the nurse's cap should be removed.	No. Yes.
4.	Replace "come back faster" to "recover faster". Illustration: give more emphasis to the body of the women before and after delivery and her relationship with breastfeeding.	Yes. Yes.
5.	Remove the phrase "can" from the statement to sounds more positive. Illustration: to show a woman breastfeeding.	Yes. Yes.
6.	Include the prase "breast milk is ready to be used". Use the word "free" instead of "cheaper". Illustration: remove the image of the money, include the image of cow in the milk carton, the milk container should be enlarged and the image of the cow needs to be more visible.	Yes. Partially.
7.	Replace "nature" to "environment". Illustration: remove symbol of waste recycle. Include the word "trash" in the waste can. Include images of bottle-feeding, pacifier, milk carton and milk container in the trash. Include the illustration on the background that resemble nature (green grass, trees, etc).	Yes. Yes.
8.	Include the phrase "breast milk is complete". Include illustration of woman breastfeeding and beside her the image of three bottle-feeding with the label: water, juice, and tea.	Yes. Yes.
9.	Include the phrase "the baby who is breastfed has no specific time for feeding, he/she needs to be breastfed many times a day, even at night." Illustration: Exclude the watch. Enlarge the illustration about day and night, the sun and the stars should be brighter.	Yes. Yes.
10.	Review the order of the item. Replace "can" to "must". Illustration: Include the image older baby with more hair and wearing a t-shirt.	Yes. Yes.
11.	Replace "better" to "unique".	Yes.
12.	The statement regarding discouragement of pacifier use should be softened. Illustration: Pacifier with sign of prohibited should be placed by the side of the baby not in the baby's face.	Yes. Yes.
13.	The statement regarding discouragement of bottle-feeding use should be softened. Illustration: Bottle-feeding should be placed by the side of the baby not in the baby's hand.	Yes. Yes.
14.	Information is similar to the one in item 5. Little relevant, the baby cries for many reasons and the mother's lap can calm down the child, but not necessarily only the mother. The exclusion of the item is suggested.	Excluded.
15.	Unnecessary item, because information is already in the item 06. The exclusion of the item is suggested.	Excluded.
16.	Unnecessary item. The issue related with bottle-feeding is included in item 13. Current wording can lead to error. The exclusion of the item is suggested.	Excluded.
17.	Unnecessary item. The child can still have a concerning related with body. Current wording can lead to error. The exclusion of the item is suggested.	Excluded.
18.	Item is quite general. Public space should be defined, for example, a square. Illustration: Include two images (all with seated woman breastfeeding a baby), one at home, other in a bench in the street/square.	Yes. Yes.
19.	The item should be reviewed. He could be not happy, but should help her partner during breastfeeding. It is important to highlight the support from the father given to the mother. Illustration: happiness expression of the father needs improvement.	Yes. Yes.
20.	Replace "to clean the house" to "house duties". Illustration: The happiness of the father should be more emphasized. The image should be improved and it should give the idea of floor sweeping.	Yes. Yes.
21.	The item does not make evident the knowledge, but the opinion, which is not relevant to the study. Participation of grandparents is also not clear. Illustration: All members of family seated on the sofa, grandparents should be smiling (happy).	Partially. Merged with item 22. Yes.
22.	The item is irrelevant. This item should be revised along with item 21. In general, the mother and mother-in-law of the lactating woman are those who help. The instrument is too long. No more than 20 questions should be include. The exclusion of the item is suggested.	Excluded.
23.	The item is irrelevant. Text is negative and not pedagogical. The content about pacifier is already approach in item 12. The exclusion of the item is suggested.	Excluded.
24.	The item is irrelevant. Text is negative and not pedagogical. The content about the artificial milk and bottle-feeding was previous approached. The exclusion of the item is suggested.	Excluded.
25.	The item is irrelevant. Text is negative and not pedagogical. The content about provide water, juice or tea for the baby is already approach in item 8. The exclusion of the item is suggested.	Excluded.
26.	Commentary: the item should be kept if the help of grandparents to breastfeeding woman is not showed as an obligation. Illustration should contain grandmother helps the woman to breastfed, and the grandfather should be on other side, observing the scene.	No. Yes.
27.	Irrelevant item. Depending on age and understanding degree of children the item should not be considered relevant.	No.
28.	It is difficult to know the degree of understanding/maturity of children for the activity, and it can sound as an imposition. The exclusion of the item is suggested.	Excluded.
29.	It is difficult to know the degree of understanding/maturity of children for the activity, and it can sound as an imposition. The exclusion of the item is suggested.	Excluded.
30.	Suggestion to replace "happy with breastfeeding" to "support breastfeeding". Illustration: Happiness expression of all characters should be improved. Include an image of a girl along with a boy.	No. Yes.
31.	Item 32 already includes the role of the nurse. Replace the word "nurse" to "health professional". The maintenance of one of the two items is suggested (31 or 32). Illustration: Remove the nurse' cap. The drawing of the coat should be improved. The coat should be buttoned.	Partially. Merged with item 32. Yes.
32.	The item 31 already includes the role of nurse. Replace the word "nurse" to "health professional". The exclusion of the item is suggested.	Excluded.

* The order of the item changed and some items were reorganized in the end of the questionnaire.

Table 2. Assessment of children about the 21 items of the instrument of knowledge on breastfeeding and support for social network

Item	Understanding of illustration		Understanding of the phase		Need of changing in illustration and/or phrase		I - CVI
	Yes	No	Yes	No	Yes	No	
1.	10	0	9	1	0	10	0.90
2.	10	0	10	0	0	10	1.00
3.	9	1	9	1	0	10	0.70
4.	9	1	9	1	0	10	0.70
5.	10	0	10	0	1	9	0.90
6.	10	0	10	0	1	9	1.00
7.	10	0	10	0	0	10	1.00
8.	10	0	10	0	0	10	1.00
9.	9	1	10	0	0	10	0.90
10.	10	0	10	0	1	9	0.90
11.	10	0	10	0	0	10	1.00
12.	10	0	10	0	0	10	1.00
13.	10	0	10	0	0	10	1.00
14.	10	0	10	0	1	9	0.90
15.	10	0	10	0	1	9	1.00
16.	10	0	10	0	0	10	1.00
17.	10	0	10	0	0	10	1.00
18.	10	0	10	0	0	10	1.00
19.	10	0	10	0	0	10	0.90
20.	10	0	10	0	0	10	1.00
21.	10	0	10	0	0	10	1.00

I - CVI - Item-Level Content Validity Index

value of 0.94. Five children affirmed that they would change something in illustrations (items 5, 6, 10, 14 and 15), however, only one described the change concerning the item 6 in which was suggested the removal of milk container and the sign of prohibit, and in item 10, the exclusion of the calendar. However, about this latter considering that only one child suggested the change, the authors of the study decided to keep the illustrations in its original format.

Final version of the completed instrument was composed by 21 items (Appendix 2). When using the instrument the researcher must attribute the value of point for each answer one for “right” answers, zero for “wrong” and “I don’t know” answers. Therefore, the final score could vary between 0 and 21 points.

Discussion

The difference in our instrumental was its format including illustrations that considered the ludic aspect in order to draw the attention of schoolchildren on the subject. Therefore the instrument

more suitable to children and formed on them the knowledge about breastfeeding, including actions of social network support.⁽¹⁷⁾ In addition, the instrument was validated regarding its content and appearance, and it could be used by other researchers and contribute for planning of education actions in health in the school related with the learning needs of children.

In content validation, we observed that most of judges were doctors and had professional experience in maternal-child health; judges profile gave more credibility to the assessment.⁽¹¹⁾ Most of judges agreed in relation to relevance of items, which was verified by satisfactory concordance and values of I=CVI that corroborated with minimal value recommended by the literature concerning the validity of an instrument.⁽²²⁾ We excluded eleven items because of the low concordance of judges. Those that remained in the instrument were changes in terms of standardization, clarity and suitability to the target-population.

Four items (3, 26, 27, 30) of the text was not changed because they achieved a satisfactory I-CVI. However, we considered some requested made to improve the illustration. In item 3, the suggestion to remove the term “health” was not considered because this term was used to highlight children the benefit of breastfeeding for woman health. Of note is that only 30.5% of schoolchildren of the fifth to eight grade of the primary school at Mato Grosso could specify the advantages in practice of breastfeeding to women health.⁽¹⁰⁾ Breastfeeding can prevent breast cancer, reduce changes for woman development of ovarian cancer and diabetes type II, in addition breastfeeding can increase the period between gestations.⁽²⁾

Despite of these benefits, among other, the decision of breastfeeding is influenced by internal and external factors, and support for family is essential for maintenance of breastfeeding.^(2,23) In this context, the judges highlighted that item 26 about the help by grandmother could sound an imposition. However, the use of term “could” gives the idea of support and not imposition, for this reason, the item was not changed, considering that he/she obtained an adequate I-CVI.

In relation to support of social network to women, judges evaluated the item 27 as irrelevant because of age and level of knowledge of children in given this type of information to the mother. However, children have the knowledge about child feeding, although, sometimes, it had the inadequate knowledge by mentioning the use of artificial milk, bottle feeding and other types of foods.⁽²⁴⁾ Considering that target-population were children from the third year of primary school I, the permanence of item was reinforced to promote a positive support among them to women-mother- nourishment due to the adequate instruction about breastfeeding.

Among subjects that must be discussed with children, some of them considered the social network support (primary and secondary) to woman during the breastfeeding support, highlighting the important influencers and support actions that can contribute.^(15,16) The support of primary network to women is essential in the beginning and maintenance of breastfeeding and it can be delivery in different ways: be present, by offer supportive care with the baby and by help with house tasks.⁽²⁵⁾ These supporting actions are represented in a number of items of instrument (19, 20, 21, 22, 26, 27, 28, 29, 30). In item 30, it was suggested to replace the term “happy” to “support”, however, we opted for not change because the child would understand easily the phrase in its original form.

The second version of the instrument had 21 items. In validation of the appearance with the children, most of items had satisfactory I-CVI values. Although one child suggested the change in items 6 and 10, we opted to maintain the illustrations (6 and 10) in order to show that breastfeeding is always ready for the baby, in addition to more practical and economic compared with artificial milk (item 6) and lead to the idea of exclusive breastfeeding within 6 first months of child’s life (item 10) according to what is preconized by the Brazilian Ministry of Health.⁽¹⁾

The fact that an each item of the instrument contained illustrations was intentionally sought, in addition to represent the content in clear and accessible language, therefore, drawing the attention of the child. The use of illustrations is commonly mention in the literature in educational manu-

als,⁽²⁶⁻²⁸⁾ however, they are not found in instruments to evaluate the knowledge about the breastfeeding among children, and, therefore, it constitutes a differential aspect of our study.

Upon the final of validation of appearance process, the final instrument was made up of 21 items and it achieved adequate I-CVI values in assessment by most schoolchildren aged seven to ten years. Limitations of this study was that psychometric tests were not carried out⁽²⁹⁾ and the not inclusion of children with different age and socioeconomic level. For this reason, the instrument should applied for other population for validation of appearance.

Conclusion

This study enabled to design and validate an instrument to evaluate the knowledge of schoolchildren, aged seven to ten years old, about breastfeeding, including important social supports relevant to woman during breastfeeding. To design an instrument with illustration promoted a ludic aspect, drawn the attention and favored the interest of child during responses. The process of content validation and appearance validation achieved concordance and values of I-CVI were satisfactory, therefore attesting the precision and reliability of the instrument to measure and investigate the phenomenon. Our instrument can be used with safety by nurses and health professionals to evaluate the knowledge of schoolchildren about breastfeeding and, therefore, to guide educative actions in the school for promotion of breastfeeding.

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Collaborations







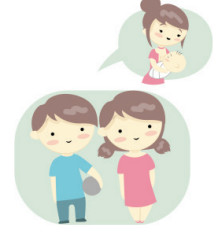





Martins FDP, Pontes CM, Javorski M, Gomes LF, Barros ACR and Leal LP declared to contribute to conception of the project, analysis and interpretation of data, drafting the manuscript, critical review relevant to the intellectual content and approval of final version to be published.

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Appendix. Versions of the instrument of knowledge of schoolchildren about breastfeeding**Appendix 1.** First version of evaluation instrument of knowledge of schoolchildren about breastfeeding

<p>1</p>  <p>O bebê deve ser colocado no peito da mãe assim que nascer.</p>	<p>2</p>  <p>Amamentar é bom para a saúde do bebê porque protege contra doenças.</p>	<p>3</p>  <p>Amamentar é bom para a saúde da mãe porque protege contra doenças.</p>	<p>4</p>  <p>Amamentar é bom para a saúde da mãe porque ajuda o corpo da mulher a voltar mais rápido ao normal depois do nascimento do bebê.</p>	<p>5</p>  <p>Amamentar pode aumentar o carinho entre a mãe e o bebê.</p>
<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei
<p>6</p>  <p>Dar o leite do peito para o bebê é mais barato do que comprar o leite de caixinha/latinha no mercado.</p>	<p>7</p>  <p>Amamentar protege a natureza porque diminui o uso de chupetas, mamadeiras e caixas/latas de leite que seriam jogados no lixo.</p>	<p>8</p>  <p>O bebê que mama só no peito não precisa tomar água, chá ou suco até os seis meses de vida.</p>	<p>9</p>  <p>O bebê que mama só no peito precisa mamar muitas vezes durante o dia e a noite.</p>	<p>10</p>  <p>O bebê pode começar a tomar sucos e comer outros alimentos depois dos seis meses de vida.</p>
<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei
<p>11</p>  <p>O leite do peito é o melhor alimento que o bebê precisa nos primeiros seis meses de vida.</p>	<p>12</p>  <p>A chupeta pode atrapalhar a amamentação e por isso não deve ser dada ao bebê.</p>	<p>13</p>  <p>A mamadeira pode atrapalhar a amamentação e por isso não deve ser dada ao bebê.</p>	<p>14</p>  <p>O colo da mãe pode fazer o bebê parar de chorar.</p>	<p>15</p>  <p>O leite do peito é o melhor alimento para a saúde do bebê quando comparado ao leite de caixinha/latinha comprado no mercado.</p>
<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei
<p>16</p>  <p>Dar o leite na mamadeira faz bem para a saúde do bebê.</p>	<p>17</p>  <p>Amamentar deixa o peito da mãe caído.</p>	<p>18</p>  <p>A mãe pode amamentar o bebê em qualquer lugar, em casa ou na rua.</p>	<p>19</p>  <p>O pai pode ajudar a mulher que amamenta ao ficar feliz pelo filho receber o melhor alimento para a saúde do bebê: o leite do peito.</p>	<p>20</p>  <p>O pai pode ajudar a mulher que amamenta ao arrumar a casa.</p>
<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei

<p>21</p>  <p>É bom quando os avós ficam felizes com a amamentação.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>22</p>  <p>Os avós podem ajudar a mulher que amamenta ao cuidar dos outros netos.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>23</p>  <p>Os avós podem ajudar a mulher que amamenta dando chupeta para o bebê.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>24</p>  <p>Os avós podem ajudar a mulher que amamenta dando o leite do mercado na mamadeira para o bebê.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>25</p>  <p>Os avós podem ajudar a mulher que amamenta dando água, suco ou chá para o bebê.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>
<p>26</p>  <p>Os avós podem ajudar a mulher que amamenta explicando como dar o peito para o bebê.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>27</p>  <p>O filho/filha pode ajudar a mãe que amamenta ao dizer que o leite do peito é o melhor alimento para a saúde do bebê.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>28</p>  <p>O filho/filha pode ajudar a mãe que amamenta ao dizer que a chupeta não deve ser dada para o bebê porque pode atrapalhar a amamentação.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>29</p>  <p>O filho/filha pode ajudar a mãe que amamenta ao dizer que a mamadeira não deve ser dada para o bebê porque pode atrapalhar a amamentação.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>30</p>  <p>A família pode ajudar a mulher que amamenta ficando feliz com a amamentação.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>
<p>31</p>  <p>A enfermeira pode ajudar a mulher que amamenta explicando como dar o peito para o bebê.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>32</p>  <p>A enfermeira pode ajudar a mulher que amamenta explicando as dúvidas sobre a amamentação.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>			

Appendix 2. Final version of the school's knowledge assessment tool on breastfeeding

<p>1</p>  <p>O bebê deve ser colocado no peito da mãe na primeira hora após o nascimento.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>2</p>  <p>O leite do peito faz o bebê crescer forte e saudável.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>3</p>  <p>Amamentar é bom para a saúde da mãe porque protege contra doenças.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>4</p>  <p>Amamentar ajuda o corpo da mulher a se recuperar mais rápido depois do nascimento do bebê.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>
<p>5</p>  <p>Amamentar aumenta o carinho entre a mãe e o bebê.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>6</p>  <p>O leite do peito está sempre pronto para o bebê e é de graça ao contrário do leite de caixinha/latinha vendido no mercado.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>7</p>  <p>Amamentar protege o meio ambiente porque diminui o uso de chupetas, mamadeiras e caixas/latas de leite que seriam jogados no lixo.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>8</p>  <p>O leite do peito é um alimento completo e até os seis meses de vida o bebê deve mamar só no peito, ele não precisa tomar água, chá, suco ou mingau.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>
<p>9</p>  <p>O bebê que é alimentado apenas com leite do peito não tem horário para mamar. Ele precisa mamar várias vezes ao dia e à noite.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>10</p>  <p>O leite do peito é o único alimento que o bebê precisa nos primeiros seis meses de vida.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>11</p>  <p>O uso da chupeta deve ser evitado, pois ela pode atrapalhar a amamentação.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>12</p>  <p>O uso da mamadeira pode atrapalhar a amamentação e por isso não deve ser dada ao bebê.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>
<p>13</p>  <p>A mãe pode amamentar o bebê em qualquer lugar: em casa e em lugares públicos como a praça.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>14</p>  <p>É importante que o pai esteja feliz ao lado da mulher durante a amamentação.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>15</p>  <p>O pai pode ajudar a mulher que amamenta ao fazer serviços de casa, como, por exemplo, varrer a casa.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>	<p>16</p>  <p>É bom quando os avós ficam felizes com a amamentação e ajudam a cuidar dos outros netos.</p> <p><input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei</p>

17	18	19	20	21
 <p>Os avós podem ajudar a mulher que amamenta explicando como dar o peito para o bebê.</p>	 <p>O filho/filha pode ajudar a mãe que amamenta ao dizer que o leite do peito é o melhor alimento para a saúde do bebê.</p>	 <p>A família pode ajudar a mulher que amamenta ficando feliz com a amamentação.</p>	 <p>A enfermeira pode ajudar a mulher explicando como dar o peito para o bebê e esclarecendo as dúvidas sobre a amamentação.</p>	 <p>Depois dos seis meses de vida o bebê pode continuar mamando no peito e deve começar a comer outros alimentos.</p>
<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei	<input type="checkbox"/> 1. Certo <input type="checkbox"/> 2. Errado <input type="checkbox"/> 3. Não sei