

# VULNERABILITY IN CHILD DEVELOPMENT: THE INFLUENCE OF THE MOTHER'S YOUTH AND HEALTH CONDITIONS\*

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**ABSTRACT:** This exploratory qualitative research aimed to investigate nurses' understanding regarding vulnerability in child development. It was undertaken with 39 nurses working in Municipal Health Centers with the Family Health Strategy in Curitiba, Paraná, Brazil. A semi-structured interview was used for data collection, and dialectical hermeneutics for analysis, ethical principles being respected. The results indicated that nurses understand the mother's youth and health conditions as situations which are adverse to child development, and indicate the need for nurses to improve their care technologies which promote the health of teenage mothers, appropriately encourage breastfeeding and articulate an adequate network of social support for those mothers who are ill. The understanding of vulnerability in the care for the child allows the reorientation of the care model which, based in the principles of comprehensiveness and equity, may be directed at the needs of the child and her family. **DESCRIPTORS:** Vulnerability in health; Child development; Adolescent; Mother-Child relationships; Nursing.

## VULNERABILIDADE NO DESENVOLVIMENTO DA CRIANÇA: INFLUÊNCIA DA JUVENTUDE E CONDIÇÕES DE SAÚDE MATERNAS

**RESUMO:** Pesquisa exploratória qualitativa que objetivou conhecer a compreensão do enfermeiro sobre a vulnerabilidade no desenvolvimento da criança. Foi realizada com 39 enfermeiros atuantes em Unidades Municipais de Saúde com Estratégia Saúde da Família em Curitiba, Paraná, Brasil. Para a coleta de dados utilizou-se a entrevista semiestruturada, e para análise a hermenêutica dialética, sendo respeitados os princípios éticos. Os resultados apontaram que o enfermeiro compreende a juventude e as condições da saúde materna como situações adversas ao desenvolvimento infantil e assinalam a necessidade de aperfeiçoar suas tecnologias de cuidado que promovam a saúde das gestantes adolescentes, incentivem apropriadamente a alimentação infantil e articulem uma adequada rede social de apoio às mães que se encontram em situação de adoecimento. A compreensão da vulnerabilidade no cuidado à criança permite a reorientação do modelo assistencial, que fundamentado nos princípios de integralidade e equidade, seja direcionado às necessidades da criança e sua família. **DESCRIPTORIOS:** Vulnerabilidade em saúde; Desenvolvimento infantil; Adolescente; Relações mãe-Filho; Enfermagem.

## VULNERABILIDAD EN EL DESARROLLO DEL NIÑO: INFLUENCIA DE LA JUVENTUD Y CONDICIONES DE SALUD MATERNAS

**RESUMEN:** Investigación exploratoria cualitativa cuyo objetivo fue conocer la comprensión del enfermero acerca de la vulnerabilidad en el desarrollo del niño. Fue realizada con 39 enfermeros actuantes en Unidades Municipales de Salud con Estrategia Salud de la Familia en Curitiba, Paraná, Brasil. Los datos fueron obtenidos por entrevista semiestructurada, y para el análisis fue utilizada la hermenéutica dialética, siendo respetados los principios éticos. Los resultados apuntan que el enfermero comprende la juventude y las condiciones de la salud materna como situaciones adversas al desarrollo infantil e indican la necesidad de perfeccionarse tecnologías de cuidado para promover salud de las gestantes adolescentes, incentivar adecuadamente la alimentación infantil y articular una apropiada red social de apoyo a las madres que están en situación de enfermedad. La comprensión de la vulnerabilidad en el cuidado del niño posibilita la reorientación del modelo asistencial, lo cual sea direccionado a las necesidades del niño y de su familia fundamentándose en los principios de integralidad y equidad. **DESCRIPTORIOS:** Vulnerabilidad en salud; Desarrollo infantil; Adolescente; Relaciones madre-hijo; Enfermería.

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## INTRODUCTION

Child development may be understood as a life process resulting from the interaction between the phenomena of growth, maturation and learning, in which qualitative changes occur in the individual's functions, which may be perceived in her abilities and behaviors in the physical, intellectual, emotional and social ambits<sup>(1)</sup>.

The child's development, during her early childhood (0 to 3 years old), is conditioned by the acquisition of abilities and skills which are peculiar to each stage of the child's life<sup>(2)</sup>; due to this, it is shown to be necessary to meet her essential needs, which are those providing basic mechanisms for obtaining intellectual, social, emotional and physical potentials<sup>(3)</sup>. These needs are related to the individual's survival and comprehensive development, regardless of her ethnicity, social class and physical or mental conditions, and the failure to provide these can impair the child's development<sup>(4)</sup>.

There is evidence that in early childhood, the child may experience adverse situations, which, according to neuroscience, molecular biology, epigenetics and behavioral and social sciences<sup>(4-5)</sup>, will influence her educational success, her emotional abilities, her health conditions throughout her life, her productive capacity and her role in society as a citizen<sup>(6)</sup>. The child's exposure to significant adversity can produce an excessive activation of stress response systems, including stress hormones such as cortisol, which can entail harm to cerebral development<sup>(4)</sup>.

This being the case, it is necessary to understand the child as a social subject with her own characteristics and needs, recognizing that the care given to children has a decisive role in the development of her strengths<sup>(7)</sup>. This shows that this care must be provided comprehensively, taking into account the child's psychosocial and biological conditions, according to her degree of vulnerability<sup>(8)</sup>.

Vulnerability in the child's development may be defined as the chances or opportunities for the child to suffer harm to, or delays in, her development due to the influence of aspects of an individual, social and programmatic nature, which are termed as adverse situations<sup>(9)</sup>. Hence, the complexity of the vulnerability requires interventions of a multi- and interdisciplinary

nature, which must be carried out with a variety of theoretical-methodological support<sup>(10)</sup>. The application of the concept of vulnerability in the care for the child allows the reorientation of the care model, and the overcoming of the biologicist and fragmented concept of child development, allowing the operationalization of the concept of comprehensiveness in the care practices<sup>(9)</sup>.

The individual dimension of the vulnerability in the development of the child is made up of biological, behavioral, and affective aspects, which may impair her development due to weaknesses in the continuous supportive relationships and lack of physical protection and security<sup>(3,9)</sup>.

Among the above-mentioned aspects, it stands out that the child's mother's conditions can influence child development. Among these, maternal youth – pregnancy in adolescence – has been considered a condition which can cause problems to the health of the child and mother alike<sup>(11)</sup>. Studies indicate that adolescents adhere less to prenatal consultations and have more difficulty in receiving guidance relating to personal care and care of the newborn, increasing the vulnerability which affects this group<sup>(11-12)</sup>.

Emphasis is placed on the maternal health conditions because there is evidence that the child may be exposed to situations of vulnerability, and that her carers may lack adequate mental or emotional health, there possibly being a situation of family maladjustments followed by family breakdown<sup>(13)</sup>.

In this regard, this study can contribute to the use of the concept of vulnerability as theoretical support for the construction of Nursing interventions which promote child development, allowing the nurse to identify, in her care practices, those children who were deprived of their basic needs and who face situations which will impair their development.

In the light of this, this study's objective was to investigate the nurse's understanding regarding vulnerability in child development.

## METHOD

This is exploratory qualitative research undertaken in 39 Municipal Health Centers (UMS, in Portuguese) with the Family Health Strategy

Program (ESF, in Portuguese), located in health districts of the city of Curitiba in the Brazilian state of Paraná, which presented concomitantly results for Social Inclusion Indicators and Indicators of Housing Quality (IIS and IQD in Portuguese, respectively) which were equal to or below the mean for that city<sup>(7)</sup>. The health districts chosen in line with the criteria established above were: Cajuru, Boqueirão, Bairro Novo, Pinheirinho and CIC (Curitiba Industrial City).

In order to invite the subjects, the researcher requested the managers of the UMS to indicate, in accordance with the local health plan, the center's area of greatest social and epidemiological risk. As a result, the research subjects were 39 nurses who met the following inclusion criteria: to work in the teams of the UMS centers' areas of greatest risk, to have two complete years of experience working in the ESF, and to agree with and to sign the Terms of Free and Informed Consent. Nurses who did not meet the inclusion criteria were excluded from the sample, as were those who were on holiday, on medical leave, or on leave for any other reason.

Data collection occurred between February 2012, through individual semi-structured interviews in which the following themes were addressed: aspects harmful to the child's development in her early childhood, situations which are harmful to the child development experienced by the nurse, and actions promoting child development practised by the nurse<sup>(14)</sup>.

The analysis of the nurses' statements was undertaken using dialectical hermeneutics, and based in the matrix analysis of the child's vulnerability considering situations opposing her development<sup>(9,14)</sup>. This matrix allowed a summary of the situation of the child and her family, and a closer understanding of this phenomenon in the professionals' care praxis, which showed how this concept was understood in their experiences, considering biological, behavioral, affective, contextual, economic, social and political-programmatic aspects. Through the interpretation of the subjects' statements, the categories of Maternal Youth and Maternal Health Conditions emerged in the individual dimension of the vulnerability.

The registration units were presented and identified with the abbreviation 'E', and numbered sequentially, thus ensuring the respondents'

anonymity. This research received approval from the Ethics Committee of the Department of Health Sciences of the Federal University of Paraná, under record N. 1170.095.11.6.

## RESULTS

### Maternal Youth

In this category, the nurse understands maternal youth as a situation which has the potential to oppose the child's development, as this condition influences the care for the child, and the forming of her carers' affective bonds with the child:

*The majority are adolescents in this area. That being so, let's begin with breastfeeding which would be a support for the child. But the majority don't breastfeed, they end up stopping breastfeeding and don't give basic hygiene care.* (E4)

*There are quite a lot of adolescent parents in our area [...] this influences things, because sometimes they don't provide that care which the child really needs [...] the basic care [...] neither hygiene, nor housing.* (E10)

*The impression I have when I do the prenatal care for many pregnant women here is that they are very young [aged] thirteen, twelve, fourteen years old. The great majority have no prospects for the future because [...] they are girls who no longer have any aspirations in life [...] bearing in mind that these children [...] were born of adolescent mothers too [...] do not take so much of their children. They are young, sometimes they didn't want to be mothers [...].* (E15)

*I believe that the mothers are too young. Twelve, fourteen, fifteen years old, so they are children, having to care for children, and who end up abandoning their babies with the grandparents or leaving the child at school all day, so they don't have the experience to accept motherhood, neither the responsibility. Many of them end up raising the child alone, without a partner, because what does a child of seventeen, fifteen*

*know about building a family. The girl, with a little child, sometimes has to work, or she doesn't work and stays at home just caring for the child, and the grandmother ends up supporting that situation. (E28)*

*In this center, we have many cases of girls of fourteen, fifteen years old who became pregnant due to one night stands. The babies are not planned, they are often the victims of unsuccessful attempts at abortion, of mothers who did not expect to be mothers, they are adolescents bringing up a baby, playing at dolls with that child and for you to create an affective bond with this adolescent, at this point in her life – of immaturity - is very difficult. (E30)*

### **Maternal health conditions**

Equally, the nurses understand the young mothers' health conditions, mainly the issues of mental health, which can impair the construction of family bonds, encouragement for child development, and the monitoring of the child's activities:

*The mother's situation, the mother's physical situation, her psychological situation. So, the mother might be malnourished, or obese, or with some comorbidity. And there is the mother's psychological situation too, her emotional situation, sometimes the mother is depressed [...] and there are issues related to the child herself. (E19)*

*She has a history of schizophrenia [...]. It was a very problematic pregnancy, she was actually in a period of decompensation resulting from mental illness [...] and the child, even now, cannot express herself freely, thus, this is not a child who talks, she is approximately two and a half years old, but still does not talk spontaneously, compared with other children of the same age. (E19)*

*The mother has a serious health problem, and she cannot go with the child to school [...]. She doesn't know if the child went or didn't, sometimes the school telephones and she cannot go, she has great difficulty in monitoring [the child]. (E3)*

### **DISCUSSION**

In the Maternal Youth category, the nurses refer to the situation of adolescent mothers, who are often unsupported, lacking the support necessary for caring for the child. It must be taken into account that pregnancy in adolescence is not just a biological reproductive act, but is a complex social process, conditioned by individual, social and economic aspects which affect both the young people and their family members<sup>(11-12)</sup>.

Some studies suggest that pregnancy in adolescence reflects a complex set of situations such as unprotected sexual relations with multiple sexual partners, involvement with violence, lack of success in school, depression, and beliefs and attitudes which strengthen the sexual behavior of risk. Equally, however, one must take into account that the social norms in which these adolescents live – poverty and lack of access to health services – also influence the prevalence of pregnancy in this specific client group<sup>(11-12)</sup>.

Adolescent pregnancy causes concern for managers and authorities. Currently, pregnancy has a prevalence, of approximately 25% among females aged between 10 and 19 years old, although in Curitiba, where the study took place, it is approximately 14% of the pregnancies<sup>(15)</sup>. These adolescents' situation is related, largely, to the adolescents' early initiation of an active sex life and to issues of social class and ethnicity, being greater among Afro-Brazilians<sup>(12,16)</sup>.

The adolescent women suffer the discrimination caused by historically-constructed gender inequalities, which establish a condition of inferiority for women<sup>(16)</sup>. The majority of these mothers are young women in the age range of 15 – 20 years old, are single, undergoing financial difficulties, without support from their partners, their families and the State, and are those who most abandon their children<sup>(17)</sup>.

For this reason it is shown to be necessary for adolescents to receive special attention from the authorities regarding the improvement of the quality of education and the professional inclusion of these young women through policies seeking to improve their standards of living<sup>(12,18)</sup>. This must receive special treatment on the part of the authorities, principally in relation to the increase in the adolescents' guarantee of access to a quality

basic education which develops the adolescents' ability to safeguard themselves against unplanned pregnancies, as well as to provide them with conditions to enter the job market and to have a life with the dignity provided by the full exercising of citizenship<sup>(18)</sup>.

The nurses identify the mothers' youth as an element which influences early weaning and the types of food offered to the child. The literature recommends that up to 6 months old, breastmilk should be the child's only source of food, as it is able to offer appropriate protein-calorie intake, favoring the child's development and her protection against illnesses<sup>(19-20)</sup>.

One study showed that the prevalence of exclusive breastfeeding is lower among adolescents, and that complete weaning at the end of the third month is also greater among this group<sup>(21)</sup>. Another study evidenced that weaning generally occurs in the first weeks following the birth, the critical period, in which many mothers think that they have insufficient milk, take medication or experience nipple trauma or breast pain<sup>(19)</sup>.

The results corroborate a study which showed that, although the benefits of breastfeeding for mother, child and society have been well-evidenced in research, the prevalence of breastfeeding remains below worldwide goals, it being the case that 75% of women are breastfeeding when discharged from hospital but that only 50% are doing so six months after the birth<sup>(19)</sup>. Another study showed that among Australian women, over 80% initiate breastfeeding following the birth, but that less than half of the children are receiving breastmilk at six months<sup>(20)</sup>.

Focusing on the effects of early weaning, one study concluded that its practice, prior to 4 months, was associated with an increase in the rate of morbidity, and the risk of discontinuity of the lactation; and is related to the possibility of immaturity in some organs such as intestines, kidneys and the immunological system, as well as to lower exposure to the protective effects of breastmilk<sup>(22)</sup>. A separate study, on the other hand, identified that delaying the introduction of solid foods to after six months of age was associated with an increased risk of malnutrition and iron deficiency anemia<sup>(23)</sup>.

In the Maternal Health Conditions category,

the nurses describe the mothers' psycho-emotional state as an element influencing the construction of family bonds. The mother has been described, historically, as the main figure for childcare, and as the main person responsible for the stimulation of the child's development<sup>(3)</sup>.

The nurses refer to the difficulties which ill mothers have in encouraging their child's development. One study established that, in many cases, mothers suffering from mental illnesses such as postpartum depression can have limitations in providing the children's emotional and behavioral development<sup>(24)</sup>.

These results corroborate some studies which evidenced that depressed mothers show difficulty in sensitivity, unpredictable responses and adjustment of environmental stimulation for their children, suggestive of interactional and social mechanisms<sup>(13,24)</sup>. In spite of this suffering, many mothers make efforts to care for their children, irrespective of the social support which they receive<sup>(25)</sup>.

Furthermore, the nurse presents the influence of maternal illness on the monitoring of the child in her activities. This is related to the learning experiences which the child needs to develop with her family or social network, based on the affection which she receives from her carers. All the limits and structures need to be initiated with affection and concern, as it is based on these that the child will construct her vision of the world in which she lives, and the relationships with the people around her<sup>(3)</sup>.

This data is in accordance with the study which showed that the weaknesses of the relationships between parents and children can compromise the child's development, if this grows without the establishment of limits, possibly presenting difficulties in some situations in her life<sup>(26)</sup>.

It follows that the social support network for mothers whose health is weak can contribute to the health of the child, with a view to the promotion of child development; as there are gaps in many situations, with the child often remaining without appropriate care, due to the lack of spaces in crèches or socio-educational institutions which could help them in the child protection<sup>(27)</sup>. Although the family is socially identified as the provider of care for the child, it is necessary for this to have support from other

close persons, as well as access to public and community services<sup>(7,27)</sup>.

## FINAL CONSIDERATIONS

The results made clear that nurses understand the mothers' youth and inadequate health conditions as situations which are adverse to child development, and relate the expression of individual processes which may be understood as a manifestation of the family's health-illness process, which presents its limitations in the care for the child, and the need for an inclusive, equal society which seeks to share its resources for the well-being of all citizens. These requirements evidence that there are still limitations in the social and state structure for providing families with the conditions necessary for the protection and care for the child.

The data indicate the need for nurses to improve their care technologies which promote the health of pregnant adolescents, appropriately encourage child nutrition and articulate an appropriate social support network for mothers in situations of illness, with a view to attempting to reduce vulnerability in child development. The understanding of this vulnerability in the nurse's and the health team's professional routine allows the reorientation of the care model, which, based in the principles of comprehensiveness and equity, may be directed towards the needs of the child and her family.

This study, however, has restrictions in its accurate depiction of reality, taking into account that it was elaborated using qualitative data, which are subjective evocations, and do not always reflect the context in its totality. In the light of this, the urgent need to undertake further research seeking to advance the structuring of the concept of vulnerability in the field of child development is recognized.

## REFERENCES

1. Ribeiro MO, Sigaud CHS, Rezende MA, Veríssimo MLÓR. Desenvolvimento infantil: a criança nas diferentes etapas de sua vida. In: Fujimori E, Ohara CVS, organizadoras. *Enfermagem e a saúde da criança na atenção básica*. Barueri: Manole; 2009. p. 61-90.
2. Shonkoff JP, Wood DL, Dobbins MI, Earls MF, Garner AS, McGuinn L et al. The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics* 2012;129(1):232-46.
3. Brazelton TB, Greenspan SI. As necessidades essenciais das crianças: o que toda criança precisa para crescer, aprender e se desenvolver. Porto Alegre: Artmed; 2002.
4. Shonkoff JP. Protecting brains, not simply stimulating minds. *Science*. 2011;333(6045):982-3.
5. Shonkoff JP, Levitt P. Neuroscience and the Future of Early Childhood Policy: Moving from Why to What and How. *Neuron*. 2010;67(5):689-91.
6. Mustard JF. Free market capitalism, social accountability and equity in early human (child) development. *Paediatr. child health*. 2008;13(10):839-42.
7. Mazza VA, Chiesa AM. Family needs on child development in the light of health promotion. *OBJN*. [Internet] 2008;7(3) [acesso em 12 out 2012] Disponível: <http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2008.1852>.
8. Pedroso MLR, Motta MGC. A compreensão das vulnerabilidades socioeconômicas no cenário da assistência de Enfermagem pediátrica. *Rev. Gaúcha Enferm* 2010;31(2):218-45.
9. Silva DI, Chiesa AM, Veríssimo MLOR, Mazza VA. Vulnerability of children in adverse situations to their development: proposed analytical matrix. *Rev Esc Enferm USP*. [Internet] 2013;47(6) [acesso em 10 fev 2014] Disponível: <http://dx.doi.org/10.1590/S0080-623420130000600021>
10. Nichiata LYI, Bertolozzi MR, Takahashi RF. The use of the "vulnerability" concept in the Nursing area. *Rev. Latino-Am. Enfermagem* 2008;16(5):923-8.
11. Sieving RE, Resnick MD, Garwick AW, Bearinger LH, Beckman KJ, Oliphant JA, et al. A Clinic-Based, Youth Development Approach to Teen Pregnancy Prevention. *Am. J. health behav*. 2011;35(3):346-58.
12. Wendland J, Levandowski DC. Parentalité à l'adolescence : déterminants et conséquences. *L'évolution psychiatrique*. No prelo 2012.
13. Goodman SH, Tully E, Connell AM, Hartman CL, Huh M. Measuring Children's Perceptions of Their Mother's Depression: The Children's Perceptions of Others' Depression Scale – Mother Version. *J Fam Psychol*. 2011;25(2):163-73.
14. Silva DI. Vulnerabilidade no desenvolvimento da criança segundo o enfermeiro da Estratégia Saúde da Família. [Dissertação]. Curitiba (PR): Universidade Federal do Paraná; 2012.
15. Curitiba (PR). Secretaria Municipal da Saúde. Plano

16. Nery IS, Mendonça RCM, Gomes IS, Fernandes ACN, Oliveira DC. Reincidência da gravidez em adolescentes de Teresina, PI, Brasil. *Rev. bras. enferm.* 2011;64(1):31-7.
17. Soejima CS, Weber LND. O que leva uma mãe a abandonar um filho? *Aletheia.* 2008;28:174-87.
18. Sackoff JE, Yunzal-Butler C. Understanding Causal Pathways: Response to "Teen Pregnancy and the Achievement Gap Among Urban Minority Youth". *J. sch. health* 2012;82(7):301-2.
19. Ladomenou F, Kafatos A, Galanakis E. Risk factors related to intention to breastfeed, early weaning and suboptimal duration of breastfeeding. *Acta Paediatr.* 2007;96(10):1441-4.
20. Baxter J, Cooklin AR, Smith J. Which mothers wean their babies prematurely from full breastfeeding? An Australian cohort study. *Acta Paediatr.* 2009;98(8):1274-7.
21. Ponce de Leon CGRM, Funghetto SS, Rodrigues JCT, Souza RG. Vivência da amamentação por mães-adolescentes. *Cogitare enferm* [Internet] 2009;14(3):540-6. [acesso em 15 fev 2014] Disponível: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/16187/10705>
22. Wright CM, Parkinson KN, Drewett RF. Why are babies weaned early? Data from a prospective population based cohort study. *Arch. Dis. Child.* 2004;89(9):813-6.
23. Sultan AN, Zuberi RW. Late weaning: The most significant risk factor in the development of iron deficiency anemia at 1-2 years of age. *J Ayub Med Coll Abbottabad.* 2003;15(2):3-7.
24. McManus BM, Poehlmann J. Maternal depression and perceived social support as predictors of cognitive function trajectories during the first 3 years of life for preterm infants in Wisconsin. *Child Care Health Dev.* 2012;38(3):425-34.
25. Lee T, Holditch-Davis D, Shandor MM. The influence of maternal and child characteristics and paternal support on interactions of mothers and their medically fragile infants. *Res Nurs Health.* 2007;30(1):17-30.
26. Rodrigues GA, Teixeira RCP. A falta de limites na relação pais e filhos e o papel da escola. *Rev. Graduação* 2011;4(2):26-44.
27. Alexandre AMC, Labronici LM, Maftum MA, Mazza VA. Map of the family social support network for the promotion of child development. *Rev Esc Enferm USP.* 2012;46(2):272-9.