

# Effects of an educational group on parental practices that promote child development

*Efeitos de um grupo educativo nas práticas parentais promotoras do desenvolvimento infantil*

*Efectos de un grupo educativo sobre prácticas parentales que promueven el desarrollo infantil*

## ABSTRACT

**Objective:** to evaluate an educational group on parental practices that promote child development adopted by family members of breastfeeding infants. **Methods:** a randomized clinical trial with a quantitative approach carried out in a Primary Care service with family members of breastfeeding infants. The Control Group received usual health follow-up, and the Experimental Group was invited to interact with the educational group. The parental practices were evaluated by using the instrument from the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) to evaluate care promoting child development. **Results:** a group of 21 family members of breastfeeding infants participated in the study. After the intervention, there was an increase in some parental practices in the Experimental Group, namely: playing with household objects (46.1% versus 12.5% in the Control Group), playing with homemade toys (38.5% versus 12.5% in the Control Group), and telling stories with books for children (38.4% versus 12.5% in the Control Group). **Conclusion:** the educational groups supported parental practices that promote child development in breastfeeding infants.

**Descriptors:** Family Power; Child Development; Health Education; Primary Health Care; Pediatric Nursing.

## RESUMO

**Objetivo:** avaliar os efeitos de um grupo educativo nas práticas parentais promotoras do desenvolvimento infantil adotadas por familiares de lactentes. **Métodos:** ensaio clínico randomizado de abordagem quantitativa conduzido em serviço de atenção básica com familiares de lactentes. O grupo controle recebeu acompanhamento de saúde usual, e o grupo experimental foi convidado para interagir com o grupo educativo. As práticas parentais foram avaliadas utilizando o instrumento da Organização Mundial da Saúde (OMS) e do Fundo das Nações Unidas para a Infância (Unicef) para avaliação do cuidado promotor do desenvolvimento infantil. **Resultados:** participaram do estudo 21 familiares de lactentes. Após a intervenção, houve um aumento de práticas parentais no grupo experimental, como brincar com objetos domésticos (46,1% versus 12,5% no grupo controle), brincar com brinquedos feitos em casa (38,5% versus 12,5% no grupo controle) e contar histórias com livros infantis (38,4% versus 12,5% no grupo controle). **Conclusão:** os grupos educativos apoiaram práticas parentais de promoção do desenvolvimento de lactentes.


**Descritores:** Poder Familiar; Desenvolvimento Infantil; Educação em Saúde; Atenção Primária à Saúde; Enfermagem Pediátrica.

## RESUMEN


**Objetivo:** evaluar los efectos de un grupo educativo sobre las prácticas parentales que promueven el desarrollo infantil adoptadas por los familiares de los lactantes. **Métodos:** ensayo clínico aleatorizado con enfoque cuantitativo realizado en un servicio de Atención Primaria con los familiares de los de lactantes. El Grupo Control recibió el seguimiento de salud habitual, y se invitó al Grupo Experimental a interactuar con el grupo educativo. Las prácticas parentales se evaluaron mediante instrumentos de la Organización Mundial de la Salud (OMS) y el Fondo de las Naciones Unidas para la infancia (UNICEF) para evaluar la atención que promueve el desarrollo infantil. **Resultados:** los participantes del estudio fueron 21 familiares de lactantes. Después de la intervención, se registró un aumento en algunas prácticas parentales en el Grupo Experimental, a saber: jugar con objetos domésticos (46,1% versus 12,5% en el Grupo Control), jugar con juguetes caseros (38,5% versus 12,5% en el Grupo Control) y narrar historias con libros infantiles (38,4% versus 12,5% en el Grupo Control). **Conclusión:** los grupos educativos permitieron apoyar prácticas parentales que promueven el desarrollo de los lactantes.

**Descriptores:** Poder Familiar; Desarrollo Infantil; Educación en Salud; Atención Primaria de la Salud; Enfermería Pediátrica.


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## INTRODUCTION

Early childhood – the period encompassing the first six full years of life – is crucial for health, well-being and productivity, both in childhood and throughout adolescence and adulthood<sup>(1)</sup>. It is estimated that over 200 million children under the age of five in low- and middle-income countries fail to reach their full developmental potential due to environmental, biological and psychosocial risk factors<sup>(2)</sup>. Therefore, investing in early childhood is the best way to reduce social inequalities, face poverty and build a sustainable society<sup>(2)</sup>.

The importance of early childhood development has been highlighted in the Sustainable Development Goals for 2030, as well as in the Early Childhood Development Action Network, comprised by the United Nations Children's Fund (UNICEF), the World Bank and the World Health Organization (WHO)<sup>(3)</sup>. To achieve this, the importance of supporting parenthood is emphasized, aiming to provide better health, nutrition, safety and protection conditions, as well as responsive care and early learning opportunities to all children<sup>(1)</sup>.

However, a study conducted in 54 low- and middle-income countries revealed that only 60% of the children aged from 36 to 59 months old regularly engage in activities such as playing, exploring the neighborhood, singing, listening to stories, and naming or counting objects and animals<sup>(4)</sup>. In this regard, conducting research studies with educational interventions targeted at family members of children and aimed at maximizing the stimulation that can be provided to the children and empowering the parents, identified<sup>(5)</sup> as key agents for child development<sup>(5)</sup>, is a fundamental strategy to promote early childhood development.

Educational groups for strengthening parental practices that promote child development represent an important strategy that nurses in Primary Care services can adopt to empower families in child care. Therefore, the production of diverse evidence regarding the effects of educational groups on parental

practices that promote child development is essential, as these groups represent a strategy to enhance the effectiveness of actions, programs, and public policies aimed at supporting families with children in early childhood.

Given the above, the starting point for the current study was the hypothesis that educational groups are an effective strategy to improve parental practices promoting development in children aged less than one year old. The following guiding question was formulated to such end: Is there any change in the parental practices after participating in educational groups about child development promotion? Consequently, the objective was to assess the effects of an educational group on parental practices that promote child development adopted by family members of breastfeeding infants.

## METHODS

This is a randomized clinical trial with a quantitative approach. The study was conducted in a philanthropic outpatient health service located in an area marked by high social vulnerability in São Paulo, SP. The outpatient clinic provides Primary Care services and offers health follow-up consultations conducted by nurses, physicians, nutritionists, psychologists, social workers, pharmacists and dentists, primarily to children, adolescents and women. It also provides routine laboratory tests, pharmacy services, immunization, drug administration and wound dressings.

The convenience sample for the study consisted of parents (either the father or mother) of infants under one year old who were first-time parents and had their children undergoing health follow-up at the outpatient service during the data collection period. The inclusion criteria for the participants were as follows: a) being the father, mother or caregiver of a child under twelve months of age and undergoing health follow-up at the service; and b) being a first-time father, mother or caregiver.

The exclusion criteria were the following: a) participating in another educational group

on the promotion of parenthood and/or child development during the study period; b) being a father, mother or caregiver with a suspected or confirmed diagnosis of severe mental illness, assessed according to the family members' answers to the data collection form.

All the eligible family members were invited to take part in the research by the outpatient service nurse during the children's routine Nursing consultations. After agreeing to participate in the research, a research team member (an undergraduate Nursing student) would allocate the family member either to the Control Group or to the Experimental Group according to a randomization list. The Control Group was offered usual health follow-up, consisting in individual appointments with the health professionals working in the service (physicians, nurses and social workers). In turn, in addition to receiving usual health follow-up, the Experimental Group was invited to participate in four sessions of the educational group.

The pre-intervention data collection procedure was conducted with the family members on the same day they were invited to participate in the research by an undergraduate Nursing student (a research team member) or scheduled for the next visit of the child to the outpatient health service. Data collection after the intervention took place between the first and fourth week after the last session of the educational group.

The Experimental Group was invited to participate in four sessions of the educational group, which were held monthly, lasted from 60 to 90 minutes, and were conducted by a faculty member from the Nursing School at a public university. The practices that promote child development to be addressed in the educational group were identified based on the results of a meta-analysis<sup>(6)</sup> that demonstrated the statistically significant positive effect of two interventions on parental behavior and child development: positive parent-child interactions ( $p < 0.001$ ) and participation in cognitively stimulating activities such as playing with the children, telling stories and using picture books ( $p < 0.001$ ). In addition, the educational group dynamics were developed grounded on the Popular Education in Health

principles<sup>(7)</sup>, such as valuing the popular knowledge of the infant's family members, prioritizing dialogue, and shared knowledge construction, as shown in Chart 1.

The variables to characterize the family members were age, schooling, occupation and whether they were beneficiaries of any governmental social aid. The variable to characterize the children was age. The assessment of parenting practices that promote child development was conducted using the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) instrument for evaluating care that promotes child development<sup>(9)</sup>. The questions in these instruments included asking if, in the past three days: 1) Did the child play with homemade toys such as rattles, sensory bottles or cardboard boxes?; 2) Did the child play with toys bought in a store?; 3) Did the child play with household objects (pots, bowls, pans, or spoons) or objects found outside the home such as sticks, stones, shells and leaves?; 4) Did the parents tell children's stories?; 5) Did the parents point to and name pictures in books for children?; and 6) Did the parents sing to or with the children? These parental practices were evaluated as present (yes or no) before and after the intervention, both in the Control Group and in the Experimental Group. The number of parental practices (from 0 to 6) was also assessed.

Data collection took place between August 2018 and January 2020. The data were analyzed in Epi Info 7.0. The Kolmogorov-Smirnov and Shapiro-Wilk tests were used to analyze data normality. In the comparison between the experimental and control groups, the numerical variables were tested by means of the Mann-Whitney test for two independent samples, or resorting to Wilcoxon's test. The categorical variables are presented as absolute and relative frequencies and were tested using Fisher's Exact test. The statistical significance level adopted was  $p \leq 0.05$ .

The study was developed according to the norms set forth in Resolution No. 466/2021 of the National Health Council (*Conselho Nacional de Saúde*, CNS). The project was approved by the Research Ethics Committee of the Federal University of São Paulo (Opinion No. 2,822,540).

**Chart 1 - Details corresponding to the educational group sessions about parental practices that promote child development in a Primary Health Care service. São Paulo, SP, Brazil (2018-2020).**

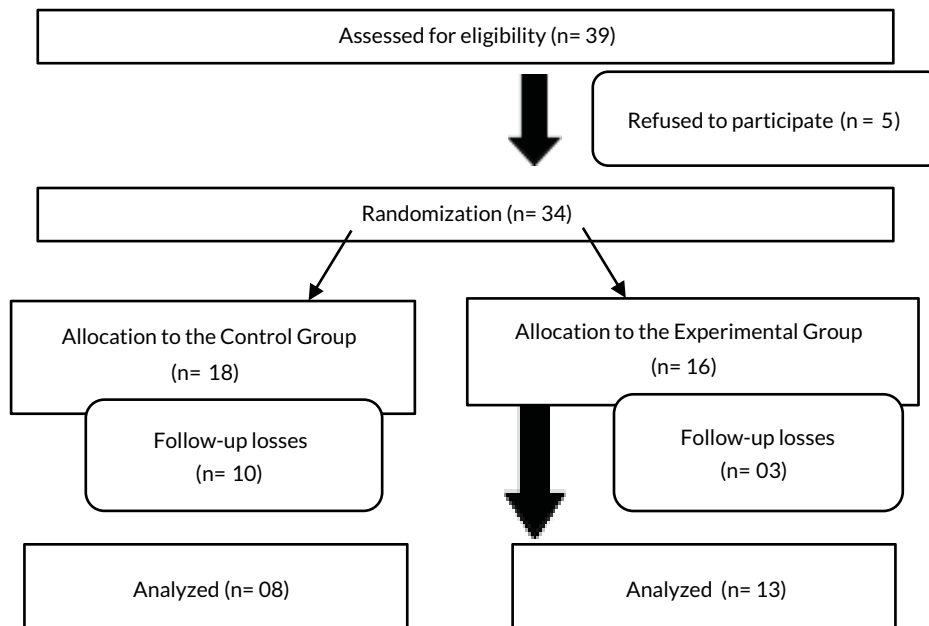
	Scientific evidence to be disseminated	Contents	Icebreaker dynamics	Interaction dynamics	Playful activity
Session 1	The role of positive interactions between parents and children.	The role of positive interactions to strengthen brain architecture in the first years of life. Promotion of positive interactions between caregivers and children through looks, gentle touches, smiles and conversations.	Memory game with the participants' names.	Presentation of the video entitled "The importance of interactions" <sup>(6)</sup> . Conversation circle: Which part of the video most drew your attention? Why?	Elaboration of a tree with phrases and images representing the families' bond with their children.
Session 2	The role of positive interactions between parents and children.	The role of positive interactions on breastfeeding infants' socioemotional development. Strategies for the promotion of socioemotional development: affectionate care responsive to children's needs.	Mutual shoulder massage.	Presentation of the video entitled "Socioaffective capabilities" <sup>(6)</sup> . Conversation circle: Which part of the video most drew your attention? Why?	Illustrations corresponding to breastfeeding infants' socioemotional skills: smiling, clapping hands, playing hide-and-seek and pointing to objects. Conversation circle about practices that promote breastfeeding infants' socioemotional development.
Session 3	The importance of participating in cognitively stimulating activities.	What are cognitively stimulating activities? How to play with children? Games involving the child's own body, household objects (pots, spoons and pans), and homemade toys (rattles made from plastic bottles and rice grains).	Recalling the games from my childhood.	Trigger: presentation of the video entitled "Game" <sup>(6)</sup> . Conversation circle: Which part of the video most drew your attention? Why?	Engaging in body playful activities with the child (e.g., the "serra-serra-serrador" game) and making toys using household objects such as bottles, rice grains, spoons and pots.
Session 4	The importance of participating in cognitively stimulating activities.	How to tell stories to children?	Recalling the stories from my childhood.	Improvisation: telling a story in a group with surprise objects taken out from a box as starting point.	Engaging in reading books for children by the parents; supporting reading by varying the tone of their voice according to different characters in the story; and encouraging pointing to the pictures in the book and repeatedly naming them for the child.

Source: Prepared by the authors for the research intervention, 2018.

## RESULTS

Family members of 34 breastfeeding infants were recruited and the data from 21 families were analyzed, as shown in Figure 1.

The sociodemographic characteristics of the participants from the control and experimental groups were similar, except for "mother's occupation", as shown in Table 1.

**Figure 1 – Flowchart corresponding to the study participants. São Paulo, 2018-2020.**

Source: Prepared by the authors for the research intervention, 2021.

**Table 1 – Sociodemographic characteristics of the participants from the control and experimental groups. São Paulo, SP, Brazil, 2018-2020.**

Sociodemographic characteristics		Control Group (n=08)		Experimental Group (n=13)		p-value	Total	
Mother's occupation	Unemployed	04	50%	1	7.7%	0.04	5	22.8%
	Employee	04	50%	12	92.3%		16	76.2%
Mother's schooling	Elementary or High School	05	72.5%	11	84.6%	0.714	16	76.2%
	Higher Education	03	37.5%	2	15.4%		5	23.8%
Father's occupation (n=12 in the Experimental Group)	Unemployed	01	12.5%	0	0.0%	0.4	1	5%
	Employee	07	87.5%	12	100%		19	95%
Father's schooling (n=12 in the Experimental Group)	Elementary or High School	06	85.7%	13	100%	0.598	19	95%
	Higher Education	01	14.3%	0	0%		1	5%
Beneficiary of some governmental social aid	No	05	71.4%	12	92.3%	0.27	17	85%
	Yes	02	28.6%	1	7.7%		03	15%
Mother's age	Median (25p - 75p)	22	(18-27)	26	(21-29)	0.17	26	(21-29)
Father's age	Median (25p - 75p)	25	(22.5-28.5)	28	(25-30)	0.38	28	(23-29)

Source: Prepared by the authors for the research intervention, 2021.

Regarding the breastfeeding infants, the age median before the intervention was 3.5 months old (Interquartile range from 1.5 to 4.5), whereas the age median was 2.1 (Interquartile range

from 1 to 3) in the Experimental Group. After the intervention, the age medians were eight and nine months old in the control and experimental groups ( $p=0.8$ ), respectively.

The most frequent parental practices that promote child development were as follows: singing with the children and playing with toys bought in stores. The least frequent practices were the following: telling stories from books for children, looking at and naming pictures, and playing with homemade toys or household objects, as shown in Table 2.

The data included in Table 2 reveal that there was an increase in the parental practices

after the intervention, both in the control and in the experimental group. However, when comparing the Experimental Group to the Control Group, practices such as playing with household objects increased by 46.1% versus 12.5%, playing with homemade toys by 38.5% versus 12.5%, and storytelling with books for children by 38.4% versus 12.5%. There was no statistically significant difference between the groups.

**Table 2 – Parental practices that promote child development before and after the intervention in the control and experimental groups. São Paulo, SP, Brazil. 2018-2020.**

Parental practices		Control Group (n=8)						Experimental Group (n=13)					
		Pre		Post		Variation	p-value	Pre		Post		p-value	Variation
		n	%	n	%			n	%	n	%		
Telling stories with books for children	No	6	75%	5	62.5%	+12.5%	1.0	11	84.5%	6	46.2%	0.09	+38.4%
	Yes	2	25%	3	37.5%			02	15.4%	7	53.8%		
Singing to or with the children	No	0	0%	1	12.5%	-12.5%	1.0	1	7.7%	0	0.0%	1.0	+7.7%
	Yes	8	100%	7	87.5%			12	92.3%	13	100%		
Pointing to and naming figures	No	6	75%	2	25%	+50%	0.13	10	76.9%	6	46.2%	0.22	
	Yes	2	25%	6	75%			3	23.1%	7	53.8%		
Playing with homemade toys	No	8	100%	7	87.5%	+12.5%	1.0	12	92.3%	7	53.8%	0.07	+38.5
	Yes	0	0%	1	12.5%			1	7.7%	6	46.2%		
Playing with toys bought in stores	No	3	37.5%	2	25%	+12.5	1.0	5	38.5%	4	30.8%	1.0	+7.7%
	Yes	5	62.5%	6	75%			8	61.5%	9	69.2%		
Playing with household objects	No	7	87.5%	6	75%	+12.5	1.0	12	92.3%	6	46.2%	0.07	+46.1%
	Yes	1	12.5%	2	25%			1	7.7%	7	53.8%		

Source: Prepared by the authors for the research intervention, 2021.

## DISCUSSION

Educational groups represent an opportunity to strengthen parenting practices that promote child development for individuals who are first-time parents and have children under one year old. The results of this study showed that parents generally engage in singing and playing with toys bought in stores. However, they less frequently adopt important practices for children’s cognitive, socioemotional and language development, such as storytelling, looking at and naming pictures in books for

children, and playing with household objects or homemade toys.

Tese findings corroborate the results of a systematic review and meta-analysis that evidenced the frequent absence of stimulating parenting practices, such as storytelling and singing with children. This reinforces the need for educational activities to support child development and encourage parental involvement in these practices<sup>(10)</sup>.

Therefore, educational groups to support parenthood in Primary Care services represent a



low-cost strategy that can strengthen families in child care through sharing knowledge between families and health professionals. In this sense, a study conducted in Kenya showed that parental interventions conducted by trained community health volunteers in groups comprised by mothers and children can effectively promote child development in resource-limited settings and have significant potential for scalability<sup>(11)</sup>.

The pre-intervention results showed that only 4.7% of the parents frequently engaged in playing with homemade toys, whereas 9.5% frequently played with household objects. After the intervention, playing with homemade toys increased by 38.5%, and playing with household objects increased by 46.1% in the Experimental Group. In the Control Group, the increase in both practices was 12.5%. It is important to highlight that, for children, playing is a crucial part of learning about the world. A study conducted with 40 children revealed that household objects sparked curiosity, interest and creativity in children, in addition to promoting the acquisition of motor, cognitive, social and language skills<sup>(12)</sup>.

The results suggest that the educational group strengthened the adoption of practices promoting child development, such as playing with household objects like spoons, pans, pots and buckets, as well as playing with homemade toys among the caregivers. This provided children with the opportunity to explore the environment and engage in more freely creative games when compared to playing with toys bought in stores.

As implications for Nursing, the study pointed out that conducting educational workshops can contribute to promoting child development, given the positive evaluations from the participants. Similarly, a Brazilian study<sup>(13)</sup> revealed that educational workshops based on popular education with the theme of promoting child development provided a sense of responsibility for sharing the mothers' experiences and reflections about their reality, turning them into active agents in transforming the children's home environment. Another study, conducted in the Brazilian Southeast region with groups of

parents and infants in daycare centers and with the objective of promoting mental health and child development, reinforced the relevance of educational groups for this population group as a good quality strategy for promoting child development, increasing parents' confidence in caring for their children, acquiring new knowledge and strengthening existing knowledge and sharing concerns and doubts, in addition to encouraging parents to play with their children and understand the importance of this activity<sup>(14)</sup>.

Given the challenges of equal opportunities in early childhood, especially for children and families in situations of social vulnerability, educational groups represent an important strategy for strengthening low-cost parenting practices and are valuable for children to develop crucial life skills such as creativity, imagination, socialization and emotional regulation<sup>(15)</sup>. Therefore, it is essential that professionals working in Primary Care, such as nurses, invest in actions that strengthen the promotion of early childhood development, especially for families in situations of social vulnerability.

This study contributed to generating diverse evidence on the effects of educational groups in strengthening parenting practices that promote child development for family members of breastfeeding infants through a robust research design: a randomized clinical trial. However, some limitations include the small sample size and data collection from a single health service.

## CONCLUSION

The educational groups supported parenting practices that promote breastfeeding infants' development for first-time parents in a Primary Health Care service. Primary Care professionals play an important role in supporting family members of children to adopt practices such as singing with the children, telling children's stories, playing with household objects, homemade toys or toys bought in stores, and pointing to and naming pictures in books for children.

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