

## SCHOOL INSERTION OF CHILD IN RENAL CONSERVATIVE TREATMENT: MATERNAL PERCEPTIONS<sup>1</sup>

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### ABSTRACT

**Aim:** To comprise the maternal perceptions regarding insertion of the child in renal conservative treatment at school. **Method:** A qualitative study, developed in light of the theoretical symbolic interaction from semi structured interviews and conventional content analysis. **Results:** Participated 11 mothers of children in renal conservative treatment from nephrology service located in Southern Brazil. In the analysis, two categories constructed "Realizing accessibility and inclusion of children at school" and "Understanding the need for child care at school," showed up the difficulties faced and the need for school adaptation to meet the children in renal conservative treatment. **Final considerations:** From maternal perceptions regarding insertion of the school in renal conservative treatment, based on the maternal perceptions regarding the insertion of the student in renal conservative treatment, it is important to emphasize the need of the school community to promote autonomy and the healthy development of the child with the presence of the nurse in the school, since it is the professional with training to develop activities education.

**Keywords:** Child. Nursing. Renal Insufficiency. Chronic. Perception. School Health Services.

### INTRODUCTION

The prevalence of kidney failure is growing in the world<sup>(1)</sup>, which influences about 10% of the world population, all age groups. In Brazil, its prevalence in childhood, although considered rare, was reported as 15 to 74 children per million<sup>(2)</sup>. The stage renal disease is classified according to the Glomerular Filtration Rate (GFR), determined by the glomerular filtration rate speed, being the best form of assessment based on measurements of serum creatinine where: Stage 1 TFG is equal to > 90; Stage 2 TFG is between 60-89; Stage 3 TFG is between 30-59; Stage 4 TFG is 15-29; and stage 5 is GFR <15<sup>(2)</sup>.

To delay the need of the institution of one of the forms of renal Replacement Therapy (RRT), such as hemodialysis, peritoneal dialysis, and / or kidney transplantation, it uses the Conservative Treatment Renal, which can started as soon occurs the diagnosis of Chronic Kidney Disease (CKD). This form of treatment is the control of risk factors for disease progression, in order to keep the evolution of the TFG and avoid the five-stage, in addition to cardiovascular events and mortality. Further, when a progress of CKD, the patient must make preparation in pre-dialysis, namely to maintain conservative treatment, and if necessary prepare for the start of choice RRT<sup>(2)</sup>.

The CKD is rare in childhood and adolescence. The main kidney diseases that affect infants and preschoolers related to congenital and hereditary disorders and the glomerulopathy, which can detected during prenatal through images tests<sup>(3)</sup>.

Children with kidney disease under conservative treatment, when they reached the school age, may require adequate physical infrastructure and qualified human resources that meet their needs for access and healthcare, enabling the school inclusion. In addition, for that school is the most important means of socializing the child after the family environment, it is at school that the insertion in the community occurs through the interaction with people of different color, ethnicity, religion, and culture in addition to its participation in the intellectual and moral formation<sup>(3)</sup>.

The gaps in the literature, point to few investigations related to children with chronic kidney disease, especially the lack of studies in children with renal conservative treatment<sup>(1-5)</sup>. The main findings related to urinary tract symptoms and show that most children with CKD who require hemodialysis do not attend school, weakening the social unfolding, intellectual and motor of these children, in addition to causing compromises overload in family caregivers<sup>(4,5)</sup>.

It should noted that, in general, those who develop

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health care of the child in kidney conservative treatment in most of the time are the mother<sup>(5)</sup>. In our society, there is a culture that home tasks and those that include education and childcare are maternal responsibility and the father is responsible to the financial maintenance of the family and part of care when requested by mother<sup>(4)</sup>.

In this sense, understand maternal perceptions about the inclusion of the child in kidney conservative treatment in school is important because, in the interactional view the meaning of things and the world starts from the interaction in the context of relations with society<sup>(6)</sup>.

It is believed that the results of this study may provide insight for reflection on the importance of school nursing practice in order to meet the needs of families and children, prevent injuries and promote the social inclusion of those involved and the maintenance and promotion of health school with CKD. Therefore, we used the following guiding question, "What are the maternal perceptions of the insertion of the child in kidney conservative treatment at school?" Thus, this study aimed to understand the maternal perceptions regarding insertion of the child in school renal conservative treatment.

## MATERIALS AND METHODS

Descriptive study of qualitative approach, developed in the light of assumptions of symbolic interaction<sup>(6)</sup>. As a technique for data, collection was used semi-structured interviews. Inclusion criteria were to be the primary caregiver of children with kidney disease under conservative treatment, or perform the care of children most of the time; have over 18 years; understand and speak the Portuguese language.

The initial contact with family caregivers occurred in nephrology public service Pediatrics Clinic on the day of consultation scheduled with the nephrologist. Later, he went to contact by phone with caregivers of children without an appointment, and it found that, although registered in this service, children followed in other public and private institutions of Rio Grande do Sul State, Brazil. As the total sample, the study service, was six participants, it decided to make contact with new respondents, for the indication of other caregivers (residents in the same region). The searches ended with data saturation, totaling 11 participants and from there were not requested new

indications. The characterization of the participants and schoolchildren are described<sup>(3,5)</sup>.

Data collected from April to August 2015, in a place defined by the family caregiver, and most opted for their residence. Before starting the interviews, the Informed Consent Form (ICF) has read, delivered, and signed in duplicate, the family caregiver and researcher, allotted a route for each. It assured freedom of spontaneous participation and the right to withdraw at any time of the survey. The interviews lasted on average 60 minutes and had their recorded and archived audio in digital media.

The development of the study complied with the principles of ethics in research involving human subjects, as Resolution No. 466/2012<sup>(8)</sup>. The Research Ethics Committee of the Nursing School of the Federal University of Pelotas (no. 985 770) approved it. The researcher and the participants did not know, so they had no relationship before the development of this study. To ensure anonymity, the letter "E" interviewed, followed by Arabic number corresponding to the chronological order in which the interviews conducted, identified the participants.

To analyze the results, we used conventional content analysis in order to understand the maternal perceptions regarding insertion of the schoolchild in renal conservative treatment. We chose this way because; unconventional approach described by Hsieh and Shannon<sup>(7)</sup> content analysis used to describe a phenomenon, from the information obtained directly from the study participants, without imposing preconceived categories or theoretical perspectives. Thus, merely describe the life experience<sup>(7)</sup>. The interviews transcribed after each interview.

After careful reading and analysis of the interviews built categories "Realizing accessibility and inclusion of children in school" and "Understanding the need for child care at school".

## RESULTS AND DISCUSSION

11 family caregivers participated, all mothers of children in renal conservative treatment, aged between 27 and 43 years, most of them married, living in the urban, Catholic area with complete primary education. He did not play professional activities paid but received financial aid for child health. Family income varied from one to two minimum wages per month and the main provider was the husband of mother / caregiver. Children were

mostly female, white, aged two months to 11 years, the initial diagnosis of defects and glomerulopathy of neonatal urinary tract, kidney duration of conservative management two months to three years. Three of the children are in treatment for more than five years and most have family risk for chronic kidney disease and pre-school children have no access to formal education.

Maternal perceptions in relation to the insertion of the child in kidney conservative treatment in school, identified in reports showed that among the difficulties faced are the accessibility and the need for inclusion of children, which are presented in the categories "realizing the accessibility and the inclusion of children in school" and "comprising the need for child care at school," described below.

### **Realizing accessibility and inclusion of children in school:**

This category presents the accounts of mothers of children about the difficulty of access to school, often caused by the lack or absence of physical structure to meet their needs related to chronic health conditions. This situation can trigger discomfort to the child because the mother perceives exposed to embarrassing situations that can compromise healthy psychosocial development, as the following report.

In high school, do not have accessibility. For me put the chair, a (Person) takes in front and one behind. That is annoying because she does not like. Has no bathroom for wheelchair has nothing to wheelchair! Sidewalk for wheelchair is horrible, there is. [...]. She is the only wheelchair from high school, but she gets along with everyone, everyone loves it. In addition, she's all right, I just try to be in high school about three minutes before, because at the time the director opens the gate, the children run away (laughs) and can take us right along. [...] (E-5).

Besides the need for physical structure, we see the need for human resources professionals trained and sensitized to meet the children and adolescents with chronic kidney disease and other chronic conditions in their individuality, not impregnated by the normativity that preaches what is normal and what is pathological.

[...]. One day the teacher looked at her and said so, "But ... She's sick! " And she said so" Because if I have flu? Therefore, she tries to defend life ... and I am doing her to defend life. I am teaching her to ... Trying to make a better world, put a little seed here. If I can do it, I will be so happy. (E-5).

The testimony shows maternal concern in preparing the child to defend the eyes of society, which is often exclusionary and biased. It should be noted that the mentioned fact occurred in the school environment, which should be a place of social inclusion, not stigmatized lines.

Another point realized in the statements that the school conducts an evaluation of the child, based on the development of the group and not the individual skills presented by the child to identify the possible cognitive impairment associated with chronic kidney disease. The following statement shows that the school is not ready to meet in a comprehensive manner the development of psycho-pedagogical differences of each child.

[...]. In kindergarten, all children can write the name she does not know. Therefore, every month has meeting with the parents they say, "Look she has trouble" [...] (E-2).

Thus, we reiterate the need to have school, and adequate physical infrastructure, trained professionals, aware, and constantly improve, to be effectively inclusive and have the capacity to meet the different requirements imposed by children with chronic kidney disease and other chronic health conditions.

### **Understanding the need for childcare at school:**

The statements show that mothers of children in renal conservative treatment have concern about the child's care needs at school.

[...] we send (to the school) because we need, but we are always thinking does not we (care)? They know (the school is aware of the chronic condition of the child) I speak of the problem; they take good care straight [...] (E-2).

Yeah, I do not know if she will be able to attend kindergarten, these things, because everything has salt as it (the nephropediatrician) said to me, then she will see a child eating snack and could not eat. Is very difficult (E-10).

[...] they play all together, but I told the teacher and the director only a day if it is too wet, raining, but then they are there, because I often get worried at home if she can walk in the rain or be sitting on the floor, because kidney problem, God forbid sits on the floor as well, but [...] (E-11).

The concern of mothers is even higher, especially in relation to children in need of care or invasive procedures such as catheterization relief and changing diapers.

She is in high school three hours; give half past one to four, half past four there. Then she returns home, is no more than that. [...] she comes home I trade (a diaper) and give food for her [...] (E-5).

It is, as I told you right, so the survey it has to be up for now she is not with a certain time, but in the morning, afternoon and evening, then up to exit right, goes in a place where it has no place suitable for making the survey is already quite complicated, then, cannot but in kindergarten, cannot but in day care. (E-7).

Mothers demonstrate concern for the care of the maintenance of health of children in school, which can be reduced with the presence of nurses at school, since this professional can work with families, children and school, developing prevention of diseases and health promotion in the school community.

Among the difficulties faced by children in renal conservative treatment, they are accessibility, related to the physical areas of the school and the path to the school, and inclusion, which is hampered by the lack of trained professionals to attend the school in chronic conditions, care needs at school.

The challenges faced by anyone who has walking difficulties compromise their autonomy, since there is a lack of adequate access on public roads, such as sidewalks with uneven leveling and no ramps. What is not different in school structure, which needs to be prepared with a view to adaptation in relation to the physical, structural, human, technical and cultural<sup>(9)</sup>.

To become inclusive, the school needs to prepare to welcome the students in renal conservative treatment and with special physical needs. For this, the school community is through joint action to promote accessibility, removing architectural barriers, promoting the adaptation of producing furniture and didactic teaching materials adapted to these students, according to their educational needs<sup>(10)</sup>. In addition, the inclusive school, the principal axis of the educational process is that it is a social and cultural construction<sup>(6)</sup> and founded on professional preparation, as directs the National Education Policy<sup>(11)</sup>.

The National Education Policy emphasizes the inclusion of students with special needs in the regular school system with a view to abolishing the segregating practices that have been guiding the education of these people<sup>(10)</sup>. However, challenges of inclusion, appear equally to teachers and schools. The school is one of the best environments for the practice of inclusion as the diverse and often challenging

activities aim to promote experimentation and the overall development of the child<sup>(12)</sup>.

Other challenges faced by school, especially the public, is the number, training, and the training of teachers to develop and implement new teaching practices that respect the characteristics and needs of students, what needs to be a commitment from the national education system<sup>(13)</sup>. Given that in practice, perception still a need for school preparation to offer beyond specialized pedagogical service, a multi-support structure for the child, teacher and family to meet the cognitive and motor needs of children in renal conservative treatment. However, when it comes to basic education in public and private education, inclusive education is still a challenge<sup>(10)</sup>.

This situation strongly linked to the symbolism of disability, established by the company, which said normal rules on individuals, because the meaning of the schoolchild wheelchair related to a given condition, often the inability<sup>(6)</sup>. Such meanings, socially constructed can be deconstructed to strengthen the inclusion in the school setting.

Therefore, the school inclusion of children in renal conservative treatment is associated not only to the aspects related to the environment and school physical structure, but mainly to interpersonal difficulties, which pose challenges for both the interactions with teachers, as with other colleagues, since the entire social network participates directly or indirectly from the child care<sup>(5,6, 14, 15)</sup>.

In this sense, the role of the teacher requires reflection skills on their practice in the conduct of educational activities. Their role needs to direct to promote the link between learning and social emotional development of children<sup>(15)</sup>. The role of educators must contemplate the development of actions that lead to family and community to accept the child with their difference without protectionism, promoting activities that promote coexistence and encourage confidence<sup>(10)</sup>, acting the development of healthy habits and maintenance of health, provided they are trained regarding the health education actions<sup>(16)</sup>.

The CKD in childhood puts some limitations such as the need to follow a specific diet, different from the other colleagues; performing invasive procedures such as bladder catheterization, during the school day; adequate physical activity to their needs; among others. These are examples that can affect the healthy psychosocial development because they require a professional preparation for the management of the

condition imposed on the child, which goes beyond teacher training. Demand the implementation of the recognition of the right of children with CKD attend school and social interaction<sup>(6)</sup>. What has not realized because many children on hemodialysis, for example, do not attend school<sup>(4)</sup>.

Thus, the work of a multidisciplinary team composed of specialized educators, nurses, doctors, psychologists, physiotherapists, therapists and others, is very important in the child's rehabilitation process in CKD, since the child should not fail to attend school while performing their rehabilitation process<sup>(16)</sup>. In addition, the Statute of Children and Adolescents guarantees them the right to education, aiming at the full development of his person, preparation for the exercise of citizenship and qualification for work, and ensures in Chapter 54, paragraph 1 which have equal conditions of access and permanence in school<sup>(17)</sup>.

Thus, it was created in Brazil to meet the children and adolescents of school age, the School Health Program - PSE, established by Presidential Decree No. 6,286 / 2007, as an intersectoral policy between the Ministries of Health and Education, with purpose of developing a comprehensive care (prevention, promotion and attention) to the health of children, adolescents and young people of basic public education within schools and basic health units, carried out by teams of health and education in an integrated manner regulates the partnership between health professionals and education and inserts the nurses of the Family health Strategy (FHS) in the school environment<sup>(18)</sup>.

The presence of nurses in school can enable the development of activities for the training of teachers in health education, which may contribute to the inclusion of children with chronic conditions, as well as other themes focused on healthy eating, hygiene, sexuality and use alcohol / drugs. These themes identified by reference to adolescents as health education activities at school<sup>(19)</sup>.

The children family involvement in health education of school-sponsored activities is an indispensable initiative, given that this attitude may be potentiating health promotion, since many problems require the effective participation of the person responsible for the child to be resolved because the family seeks the resolution as directed receiving<sup>(20)</sup>.

Consequently, interventions in school may be more effective in the presence of skilled professionals

who can identify and intervene early when developing health education in school, contributing to the protection of health and disease prevention. This objective can achieved with the presence of nurses in school full-time, contributing to the learning process related to health education<sup>(16,20)</sup>.

The child with CKD needs continuous care, including in the school environment, which reinforces the importance of the nurse's presence in the school, which can provide the security that family care will performed by a trained professional. This approach promotes healthy child development and family adaptation to the dynamics of care needed with safety and quality. It also aims, promote discussion, encourage technical discussions, and present their perspective on health and disease processes. Besides, it provides professional recognition for nurses who develop health education activities in schools and strengthens social relations between the community, the education, and health professionals<sup>(5,6)</sup>.

## FINAL CONSIDERATIONS

This study allowed understand maternal perceptions of the school insertion of the child in kidney conservative treatment it showed that the difficulties experienced by children with CKD in school insertion, can be caused by failure in the implementation of care policies to the health of school and lack of preparation of teachers in the care of children with chronic health conditions. It concluded that there are still challenges to be overcome related to accessibility and child adjustment with chronic kidney disease at school.

Still, there is the need for investments in the preparation of teachers to meet the individual needs of children in renal conservative treatment and special needs for the promotion of autonomy, healthy development, and acceptance of the group to change the social perspective. In this regard, it is noteworthy that the nurse is the professional with training to develop health education activities that can contribute to improving aspects related to inclusion of children with chronic kidney disease at school.

The limiting factors of this study related to the characteristics of the sample, which may differ in other regions of Brazil as well as in other companies. However, it stands out as contributions to nursing, the reflection on the need to respect the rights of children with chronic kidney disease in renal conservative treatment to health for school inclusion.

## INSERÇÃO ESCOLAR DA CRIANÇA EM TRATAMENTO CONSERVADOR RENAL: PERCEPÇÕES MATERNAS

### RESUMO

**Objetivo:** Compreender as percepções maternas em relação à inserção da criança em tratamento conservador renal na escola. **Método:** Estudo qualitativo, desenvolvido sob a luz do referencial teórico do interacionismo simbólico a partir de entrevistas semiestruturadas e análise de conteúdo convencional. **Resultado:** Participaram 11 mães de crianças em tratamento conservador renal de um serviço de nefrologia localizado no Sul do Brasil. Na análise foram construídas duas categorias: "Percebendo a acessibilidade e a inclusão da criança na escola" e "Compreendendo a necessidade de cuidado da criança na escola", evidenciou-se as dificuldades enfrentadas e a necessidade de adaptação da escola para atender as crianças em tratamento conservador renal. **Considerações finais:** A partir das percepções maternas em relação à inserção do escolar em tratamento conservador renal, destaca-se a necessidade da comunidade escolar promover autonomia e o desenvolvimento saudável da criança com a presença do enfermeiro na escola, pois, é o profissional com formação para desenvolver atividades de educação para a saúde.

**Palavras-chave:** Criança. Enfermagem. Insuficiência Renal Crônica. Percepção. Serviços de Saúde Escolar.

## INTEGRACIÓN ESCOLAR DEL NIÑO EN TRATAMIENTO CONSERVADOR EN LA ENFERMEDAD RENAL: PERCEPCIONES MATERNAS

### RESUMEN

**Objetivo:** Comprender las percepciones maternas en cuanto a la integración del niño en tratamiento conservador en la enfermedad renal en la escuela. **Método:** Estudio cualitativo, desarrollado según referencial teórico del interaccionismo simbólico a partir de entrevistas semiestruturadas y análisis de contenido convencional. **Resultados:** Participaron 11 madres de niños en tratamiento conservador en la enfermedad renal de un servicio de nefrología ubicado en el sur de Brasil. En el análisis fueron construídas dos categorías: "Percibiendo la accesibilidad y la inclusión del niño en la escuela" y "Comprendiendo la necesidad de cuidado del niño en la escuela", se evidenciaron las dificultades enfrentadas y la necesidad de adaptación de la escuela para atender a los niños en tratamiento conservador en la enfermedad renal. **Consideraciones finales:** A partir de las percepciones maternas en cuanto a la integración del escolar en tratamiento conservador en la enfermedad renal, se señala la necesidad de que la comunidad escolar promueva autonomía y desarrollo saludable del niño con la presencia del enfermero en la escuela, puesto que es este el profesional con formación para desarrollar actividades de educación para la salud.

**Palabras clave:** Niño. Enfermería. Insuficiencia Renal Crónica. Percepción. Servicios de Salud Escolar.

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