

Practices and Costumes of Ribeirin Mothers in the Care of the Newborn

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Abstract— *Objective: To analyze the practices and customs of riverside mothers in the care of their newborn children in the municipality of Barcarena, state of Pará, northern Brazil. Method: descriptive research, with a qualitative approach, carried out with eight mothers of children under five years old in a Family Health Strategy in the municipality of Barcarena-PA. The content analysis proposed by Bardin was used for the treatment of the data. Result: The popular care practices used by mothers are based on customs acquired and passed on from generation to generation, such as teas, home remedies, blessings and baths, which despite the influence of the urban way of life being gradually inserted into the community, we observed that this cultural trait was not lost and allowed us to value cultural similarities and differences, accepting and valuing their cultures. Conclusion: We hope that the results obtained in this research can be used in the training of future nurses who want to work with riverside populations and that serve as a subsidy in promoting culturally appropriate assistance respecting the mothers' local knowledge in the care of their children.*

I. INTRODUCTION

Brazil is known for being one of the countries with the greatest biodiversity, with emphasis on the Amazon rainforest. In addition to its recognized natural wealth, the Amazon is home to an expressive set of traditional populations, who learned over time to live with different environments¹. From this, in the country, the National Policy for Comprehensive Health of the Populations of the Countryside, the Forest and the Waters (PNSIPCFA) emerges, with the objective of promoting access to health services, reducing risks and injuries and improving your indicators and quality of life. These populations are characterized by their ways of life, production and social reproduction, mainly in relation to the land. The rural population is identified as one that depends on traditional knowledge and on the relationship with nature to support itself².

Amazonian riverside dwellers are considered traditional peoples of the forest and have a vast knowledge of the nature in which they live. Therefore, this condition is transmitted by vertical transmission, useful to build, over the generations, a set of knowledge and practices about the natural world and biodiversity, essential for its survival in the forest and on the banks of rivers and lakes³.

Popular practices used in riverside communities are supported by symbolic constructions that reflect the unique way in which riverine subjects conceive and deal with the health-disease-care process. In this way, they differ from other social groups in the way of classifying, naming and solving health problems⁴.

The relationship between mother and child begins in pregnancy, and the influence of culture is perceived from that moment. The riverside culture directly influences the care that is inserted in the mother's daily life. Newborns are vulnerable to customs, as this is the period when they are totally dependent on maternal care, and it is common for prayers to seek the cure of the evil eye, the use of a red ribbon on the forehead to end the hiccup, put castor oil in the umbilical stump or do not bathe the newborn in the first days, as they believe that the baby may die⁵.

Traditional knowledge takes root in the community, usually transmitted orally over generations, making riverside mothers use traditional care more often. The proximity to biodiversity means that several natural resources are used for their survival and care for the child, such as the use of teas to cure diseases⁶.

The importance of popular practices and customs of riverside mothers demonstrating how care is offered to newborns, however, in these communities the population has a cultural and social identity, that is, it is necessary to know their relationship and their main forms of disease

prevention and care. Thus, the following guiding question arose: What are the practices and customs that riverside mothers use to care for their newborn child? In this context, this research aims to analyze the practices and customs of riverside mothers in the care of their newborn children in the municipality of Barcarena, state of Pará, northern Brazil.

II. METHOD

Descriptive, exploratory study with a qualitative approach developed in a Family Health Strategy (FHS), located on Ilha das Onças, municipality of Barcarena, state of Pará, northern Brazil.

Eight mothers of children under five participated in the survey. Participants lived on Ilha das Onças, were registered with the ESF and were 18 years old or older. As for the exclusion criteria, they were mothers not registered in the FHS, who were not 18 years old or more and mothers of children older than five years.

Data collection was carried out in three moments: In the first, the survey of the family register was carried out, identifying the number of mothers who met the inclusion criteria. In the second, we carried out the home visit at the mothers' residence together with the Community Health Agents of each micro area, where we explained to them the purpose of this research, we set the date and time of the interview.

In the third and last moment, we conducted the interviews at the participants' homes, containing guiding questions with open questions, leaving the interviewees free to discuss them. To maintain the anonymity of the participants, we used, for identification, tea names from the Amazon region such as capim-santo, chamomile, boldo, fennel, among others. The interviews were recorded on a device with an audio recorder and later transcribed. All of them signed the Free and Informed Consent Form.

For data analysis, we opted to use the content analysis technique, to find the thematic ideas of the guiding questions and expand the knowledge on the theme, articulating it with the context. In view of this diversification and terminological approximation, we list the stages of the technique according to Bardin⁷, which organizes them in three stages: In the first stage of the pro-analysis, we make an identification and evaluation reading of the acquired material, according to connection between the content of the discussions and the objectives of the study.

In the second stage "exploration of the material", we carry out four phases to gradually convey the essence of the messages. The phases were as follows: decomposition

and standardization of the text, organization of the main thematic ideas and exploration of the material. In turn, in the last stage, the results obtained and the interpretation of the data evaluated the content through the testimonies, using indicators in the form of record units.

This research followed Resolution No. 466/2012 of the National Health Council, which deals with regulatory standards on research with human beings. This work was approved by the Ethics and Research Committee on Human Beings of the Centro Universitário Metropolitano da Amazônia, under the number 3,277,431 and under the CAAE number: 09265119.1.0000.5701.

III. RESULTS

The research was carried out with eight women, aged between 19 and 35 years, with several children between one and five children. As for the level of education, three participants had completed high school, an incomplete high school and four, complete elementary school. As for marital status, one was married, four lived in a stable relationship and three were single mothers. Regarding family income, none had their own income, all worked in family agriculture and received government assistance.

The collected data were submitted to the content analysis technique. Thus, the analysis of the data allowed the construction of four thematic categories that cover the experiences of riverside mothers in the care of their newborn child.

Reasons for the illness of your newborn children

In this category, we seek information about the reasons for the illness of the participants' newborns. In this case, it was observed that the newborns became ill, mainly due to allergies, diarrhea, skin changes and flu, a situation evidenced by the following reports:

"It was more skin allergy, skin infection, I almost had no flu, but I also had diarrhea" (Capim-santo)

"[...] it's more of the nose, throat, sometimes colic" (Chamomile)

"More than viruses, flu and cough, the virus never left her" (Boldo)

"[...] then, with the flu, he was admitted with bronchitis" (Fennel)

Popular care and the perception of improvement

As for this category, we seek to identify the main popular care performed by the participants and their perceptions of improvement. Furthermore, since popular care is a striking feature in riverside communities, we

show that popular care is performed by all participants, especially baths, teas and blessings, as reported below:

"I used home remedy, right? Boiling garlic with andiroba and honey [...] from these fragrant woods, and I took it to bless when I cried a lot" (Mint)

"I made tea, tried to use the resources I had at home, the little plants, lemongrass tea, guava for diarrhea, Dutch tallow [...] I only blessed because my mother insisted, and it was difficult to get to the city" (Capim-santo)

"Then we would make a bath of lemon leaves, a little bit of mint to put on our heads at dawn, right?! [...] here when the child is crying a lot, with weakness, we say that there is a spell, then we take it out to bless" (Fennel)

"[...] he lived in papaya flower tea and guava eyes, he drank rosemary tea to clean his belly, fennel to relieve the gas and when he had a lot of headaches, we took him to bless, then it gets better." (Cinnamon)

Given the above, when interviewed about the perception of improvement with popular care, we identified that everyone perceives improvement with such practices, especially prayers and teas, as reported by the mothers below:

"Yes [...] There are situations that are always resolved, and there is no need to take them to the doctor, because it only works with home remedies. [...] When I realized that there was no way, I took it to the doctor" (Capim-santo)

"Yes [...] when he had a fever, he was already weak, I took him to bless him and he got better right away" (Cinnamon)

"Yes [...] in the case of the virus, the teas work and the evil eye left the day he was blessed, we have faith, right?! " (Fennel)

Acquisition of popular service

In this category, the acquisition of popular care was analyzed. From this, the participants reported that they acquired popular practices and customs with their mothers and grandparents, showing that the family is the main source and disseminator of popular practices, according to the following reports:

"[...] Yes, with my grandfather, he taught my mother who passed it on to me and my sisters, everyone at home bless when the child is very weak" (Chamomile)

"[...] this already comes from my mother's family who learned from her father, right? Whenever he cried a lot and choked, she blessed him. In order not to be enchanted, it was good to put a red ribbon with a talisman or male garlic on the child's arm" (Mint)

"[...] I always saw my grandmother doing this, right?! My mother learned from my grandmother, so I always resorted to natural teas, that's how I learned" (Capim-santo)

"[...] with my grandmother, the one who taught my mother, we saw her blessing when we were children" (Fennel)

"[...] it was passed down for generations because my grandmother was a healer and a midwife" (Cinnamon)

Popular care for umbilical stump, hiccup, abdominal colic, fever and flu

In turn, in this category, popular care was observed with the umbilical stump, hiccups, abdominal cramps, fever and flu. From this, we observe a mixture between the care permeated between the popular and the scientific saber, evidenced by the following statements:

"At home there was a tree, the taperebazeiro (laughs) when I didn't want to heal, my mother took the bark and mixed it with breast milk, then put it in a cloth and tied it to the baby's navel" (Capim-santo)

"[...] we bought alcohol that they send and tie a cloth, right, put the cloth every other day, so as not to stuff the navel" (Mint)

"[...] at the health center, they said to pass that alcohol, 70% alcohol. Every morning I washed well and my mother used to pass andiroba to avoid insects" (Chamomile)

Regarding the hiccup, it was evidenced in the statements that all mothers care for the newborn based on popular knowledge, with the use of a red ribbon on the forehead or a cotton pad soaked in breast milk, according to the statements a follow:

"I would take a piece of cotton and pass it milk and put it on my forehead, or else a red cloth, which would solve it" (Capim-santo)

"It gave breast, (laughs), but my mother immediately put cotton with breast milk" (Cinnamon)

"Just suckled and passed, when not, put red hair on the forehead." (Boldo)

"Usually, I put a cotton pad with breast milk on my forehead, so the hiccup goes away" (Rosemary)

About care for abdominal cramps, fever and flu, mothers reported the use of allopathic medicines with herbal teas and dressings, showing that folk medicine is still very present in our society.

The testimonies reflect forms of child care that are passed on through generations that share beliefs, values and customs, thus constituting popular care that is

influenced by the diversity of cultural values, as shown in the following reports:

"[...] when my baby had colic, i made fennel tea to relieve the gas and gave a few drops of simethicone that passed quickly" (Cinnamon)

"[...] I gave rosemary and mint tea; it is good for belly pain and put a drop of simethicone. When it did not pass, mom took the opportunity to bless, passed quickly" (Lemon grass)

"Mom immediately gave me lemon and mint tea with three drops of paracetamol, because the medicine alone does not solve it" (Fennel)

IV. DISCUSSION

Regarding the reasons for the illness of the participants' newborn children, the results showed that the children became ill from various conditions, the flu was the most cited, that is, the epidemiological situation of the community directly affects the newborn.

Care is possible due to the existence of human frailty, which allows every individual to receive and care, however, a newborn need much more care than an adult, as it is more vulnerable to health in the first days of life⁸.

Newborn care is a priority for public health services due to the priority in reducing infant morbidity and mortality rates, which are still high in many Brazilian municipalities. Care for the newborn is important in preventing diseases, due to the immaturity of its protective cells and due to its condition of defenseless and vulnerable as environmental conditions⁹.

It was found that popular care is still a striking feature in riverside communities, as the use of teas, baths and home remedies was cited as an important custom used by mothers who reveal their perceptions on the subject, even though they are the main protagonists in the home care provided to children.

"Daily care" is perceived as a set of actions aimed at promotion, prevention, diagnosis, treatment, cure and rehabilitation, developed by communities in search of quality of life or better health conditions, having as reference the house where they live and the place where they live¹⁰. Therefore, in riverside communities, this daily care is rich in popular practices that value local knowledge and allow the resolution of health problems.

A striking feature in relation to popular practices used by mothers in caring for their children were medicinal plants and blessing. Medicinal plants and blessings are among the main practices used in traditional communities,

as a form of intermediate care between the human and the sacred, to ward off the evil that afflicts the child¹¹.

The blessing is practiced by elderly women, called healers. There is a relationship established with the sacred, built by religious concepts guided by the Catholic Church and indigenous traditions¹². In addition, the knowledge built by healers, over centuries of religious practices, reveals the experiences of the place.

Religion is one of the aspects that influences the ways of caring since religious plurality integrates the disease in an expanded and diversified sociocultural context¹³.

The Theory of Diversity and Universality of cultural care grounds that nursing practices must be based on the culture of each individual, respecting their beliefs, values, practices, habits and customs. This proposal has as main objective to know different cultures and, thus, provide culturally sufficient and holistic nursing care¹⁴.

Cross-cultural nursing directs nurses to a holistic view of care, and it is essential to know the growing cultural diversity as a wealth that brings challenges to the provision of care. It is necessary to consider the cultural and subcultural elements of families, to respond to their needs and humanize care¹⁵.

Therefore, the application of the theory of transcultural care proposed by Leininger allows nurses to make decisions, plan behaviors to promote humanized and quality care so that they can intervene and care for the communities in which they are inserted¹⁶.

Thus, when interviewed about the perception of improvement with popular practices, we show that even with the availability of allopathic medicines at health centers, riverside residents prefer to use the resources that are within their reach, such as herbs for teas and baths, to solve health problems, based on mysticism and popular knowledge.

In addition, medicinal plants are part of popular medicine practices, composed of a set of knowledge between different users and practitioners, who have a lower income, and that their use comes from popular knowledge, which even with the evolution of scientific knowledge, the use of herbs is still quite common, due to the need to cure some primary diseases¹⁷.

During the speeches, we observed that the popular care was acquired by the female figure, in which the popular care within the family was apprehended, shared and transmitted, since the woman is usually the holder of the knowledge transmitted between the generations. In the family context, the woman, the mother and the grandmothers are the main caregivers and those who most

commonly participate in the responsibility of caring for the newborn¹⁸.

The riverside culture is expressed in the orality of the elderly, who use community and religious spaces to transmit knowledge, values and social tradition to local populations, configuring a practice in which culture is fundamental in the social formation process of these communities¹⁰.

Regarding the care with the umbilical stump, we show that the mothers interviewed mentioned this care permeated between popular and scientific knowledge. In addition, the most current guidelines of the Ministry of Health regarding care for cleaning the umbilical stump are the use of 70% alcohol or 0.5% alcoholic chlorhexidine after bathing and changing diapers, to promote the acceleration of the process dehydration and antiseptics¹⁹.

The umbilical stump is a favorable location for the colonization of bacteria, which can lead to infections with high risk of life for the newborn. There is a great diversity of popular practices in the care of the umbilical stump and that generate doubts about which is the best and most efficient practice to be adopted. Although some mothers reported using 70% alcohol, other mothers cited the use of bark from *Spondias mombin* and *Psidium guajava*, andiroba oil and occlusion of the umbilical stump²⁰.

However, no studies have been found that relate the use of tree bark to heal the umbilical stump in newborns. However, andiroba is scientifically proven to have anti-inflammatory and insect repellent action²¹. Another care not recommended with the umbilical stump is occlusion of the stump. However, covering the umbilical stump with bands or bandages can cause serious infections, by keeping the area occluded, favoring the proliferation of microorganisms⁵.

In these cases, care without scientific evidence that can harm the newborn's health must be readapted. In continuity, in the Sunrise model proposed by Leininger, it is suggested that, after analyzing the dimensions of the individual's cultural and social structure, the nurse should follow the care actions and decisions, including the readaptation or standardization of cultural care¹⁵.

Thus, the use of tree bark and occlusion should be readjusted and clarified by health professionals to the riverside population, that the use of tree bark can cause infections by dirt and umbilical hernia happens for other reasons, which will not be avoided with compression place. Beliefs with the use of tissue in the abdominal region are used to avoid accentuated hernia of the umbilicus, however, this can predispose to infection of the umbilical stump²².

In the case of hiccups in the newborn, we observed that all mothers performed care based on popular knowledge, such as red ribbon on the forehead or cotton soaked in breast milk. However, some mothers reported that they were breastfeeding the baby to stop the hiccups. Hiccup is characterized by a violent inspiratory act, occurring due to a sudden involuntary (spasmodic) contraction producing a hoarse noise, being treated when it is of the benign type by interrupting the breathing cycle that is done by holding your breath for a few seconds or swallowing water, sneezing or breathing repeatedly in a bag, justifying the cessation of hiccups with breastfeeding²³.

Regarding abdominal pain, fever and flu, it was found that even with the insertion of scientific knowledge in the way of life of these traditional communities, such as the use of medicines, the custom of taking the child to bless, giving teas and baths with leaves of herbs, is not replaced due to the beliefs and mysticism that persist in the imagination of riverside communities.

The cultural influence is perceived in the care with the changes presented in the first years of the children's lives, situations in which women seek popular practices and medicalization, confirming the interface between formal and popular knowledge, evidenced using allopathic medicines, and the practice of popular care such as dressings, teas and baths²⁴.

Therefore, in the case of riverside communities, there is a peculiar way of life and an intimate relationship with the environment. In addition, popular practices of care for the newborn are built in the daily lives of communities, and respect for cultural habits and values are acquired by the family, mothers, fathers, grandparents. These life practices need to be inherent in the practice of nursing and, mainly, with regard to child care in the family context⁸.

V. CONCLUSION

The realization of this research facilitated the testimony of the reality of riverside mothers in their care, practices with their newborn children, as well as the maternal cultural values that can influence the care provided to the newborn. Therefore, it was possible to identify that the popular care practices used by mothers are based on customs acquired and passed on from generation to generation, such as teas, home remedies, blessings and baths, which despite the influence of the urban way of life being gradually inserted in the community, we observed that this cultural trait was not lost and allowed us to value cultural similarities and differences, accepting and valuing their cultures.

The importance of the health professional as a community caregiver and mediator of care practices was verified through the knowledge of the cultural values of the area. The health professional needs to understand the woman and her context to assist her in the care directed to the child, in this case, the nurse cannot disregard the mother's cultural care and her past experiences. In addition, this professional should not consider himself as having technical-scientific knowledge, but rather articulate these aspects to make the care of the newborn beneficial.

Finally, we hope that the results obtained in this research can be used in the training of future nurses who want to work with riverside populations and that serve as a subsidy in promoting culturally appropriate assistance, respecting the mothers' local knowledge in caring for their children. In addition, we hope to contribute so that nurses can develop care according to each culture, as proposed by the cross-cultural theory, to promote well-being and health, knowing the cultural context of each community, such as beliefs and values, since this culture should be prioritized in the nurse's vision and care.

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