

PERCEPTION OF PARENTS/CAREGIVERS ABOUT LANGUAGE AND SPEECH THERAPY

PERCEPÇÃO DE PAIS/CUIDADORES SOBRE LINGUAGEM E FONOAUDIOLOGIA

PERCEPCIÓN DE LOS PADRES/CUIDADORES SOBRE EL LENGUAJE Y LA
TERAPIA DEL HABLA

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ABSTRACT

The study aims to analyze the perception of parents/caregivers participating in the program ‘Cresça com seu Filho/Criança Feliz’ about language development in early childhood. It was carried out in Fortaleza, Ceará. The descriptive quantitative study involved 22 parents/caregivers, registered with the program, using questionnaires applied during home visits. The majority reported moments of dialogue and play, highlighting periods of leisure and socializing. However, the children's reading practice was limited. As for speech therapy, half of the participants associated this area predominantly with speech/language. The results point to a positive interaction but reveal gaps in reading practice and partial knowledge about speech therapy, focusing mainly on speech/language.

Keywords: *Primary Health Care; Language Development; Parents; Social Vulnerability; Speech and Hearing Therapy.*

RESUMO

O estudo visa analisar a percepção de pais/cuidadores participantes do ‘Programa Cresça com seu Filho/Criança Feliz’ sobre o desenvolvimento da linguagem na primeiríssima infância. Realizada em Fortaleza/CE. A pesquisa quantitativa descritiva envolveu 22 pais/cuidadores, cadastrados no programa, por meio de questionários aplicados em visitas domiciliares. A maioria relatou momentos de diálogo e brincadeiras, destacando períodos de lazer e socialização. Entretanto, evidenciou-se uma limitação na prática de leitura para as crianças. Quanto à Fonoaudiologia, metade dos participantes associa essa área predominantemente à fala/linguagem. Os resultados apontam para uma interação positiva, mas revelam lacunas na prática de leitura e conhecimento parcial sobre a atuação fonoaudiológica, focando principalmente na fala/linguagem.

Descritores: *Atenção Primária à Saúde; Desenvolvimento da Linguagem; Pais; Vulnerabilidade Social; Fonoaudiologia.*

RESUMEN

El estudio tiene como objetivo analizar la percepción de los padres/cuidadores participantes del Programa ‘Cresça com seu Filho/Criança Feliz’ sobre el desarrollo del lenguaje en la primera infancia. Fue realizado en Fortaleza, Ceará. El estudio cuantitativo descriptivo involucró a 22 padres/cuidadores, inscritos en el programa, mediante cuestionarios aplicados durante las visitas domiciliarias. La mayoría relató momentos de diálogo y juego, destacando períodos de ocio y socialización. Sin embargo, la práctica de lectura de los niños fue limitada. En cuanto a la logopedia, la mitad de los participantes asoció esta área predominantemente al habla/lenguaje. Los resultados apuntan a una interacción positiva, pero revelan lagunas en la práctica de la lectura y un conocimiento parcial sobre la logopedia, centrándose principalmente en el habla/lenguaje.

Descritores: *Atención Primaria; Desarrollo del Lenguaje; Progenitores; Vulnerabilidad Social; Logopedia.*

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INTRODUCTION

Primary care is the gateway to health care in the Unified Health System (SUS), and has the role of receiving a variety of cases and complaints. This requires professionals to take a holistic and comprehensive view of patients, based on the guiding principles of the SUS. Various aspects are taken into account, including physical, subjective, social, cultural and historical. This points to an expanded concept of health, which prioritizes that quality of life depends on the integration of various factors, such as social, economic, subjective and emotional, among others, with the aim of strengthening people's ability to control their health¹.

In this context, it is important to focus the attention of health and social agencies, prioritizing the identification of situations of vulnerability and risk of social exclusion. This involves implementing comprehensive follow-up methods, including screening, assessment, monitoring and surveillance of child development²⁻³, taking into account not only the child's development process, but also the position of parents and caregivers in relation to this development.

This highlights the concern and attempts to offer public policies that seek the overall development of Brazilian children in early childhood, despite possible complications such as risk, social vulnerability, economic inequality and poor access to existing health services. It is therefore crucial to adopt a more detailed approach to the diverse realities of childhood, taking into account their vulnerabilities and social determinants, which contributes to the effective expansion of services and access in a holistic and comprehensive manner, promoting equity and equality of care⁴.

Therefore, it is essential that government bodies and services work together to expand goals and objectives, taking into account the diversity of social realities. This is essential to guarantee the effectiveness of rights related to healthy child development². To this end, it is necessary for the Family Health Strategy (FHS) team to conduct a comprehensive analysis of the various contexts in which users and their respective families are inserted. This approach aims to provide meaning to these individuals, enabling them to take responsibility for their care. In other words, it is essential to develop an action plan that meets these unique needs⁵.

The program 'Cresça com seu Filho/Criança Feliz' (PCCSF/CF) began in 2013 in the city of Fortaleza/CE, through the policies of the Municipal Plan for Early Childhood (PMPIF), in conjunction with the federal program Criança Feliz (Happy Child). This initiative aims to contribute to child development, focusing on the period from pregnancy to the age of three, especially in families in situations of extreme vulnerability. The program offers strategies to be implemented between the child and the caregiver.

These strategies aim to strengthen bonds and overcome the conditions of vulnerability in which families find themselves. To achieve this goal, actions are implemented that contribute to proper child development in all its dimensions, including speech and language. These actions are carried out by community health workers in the homes and supervised by specialized professionals from ESF⁶.

As for the criteria for including families in the aforementioned program, individual and social aspects are assessed by filling out social impact assessment forms. These forms cover questions related to both the child and the family profile⁶⁻⁷.

Identification data, such as gestational age in cases of pregnancy, birth weight, child with a disability (clinically diagnosed or not), age less than or equal to one year and six months are criteria for including children.

As far as the family profile is concerned, the following aspects are taken into account: use of alcohol and/or other drugs by the child's caregiver, presence of a disability or psychological problem in the caregiver, maternal age group (with an emphasis on adolescence), maternal schooling, families living in extreme poverty (per capita income of up to R\$ 77.00), occurrence of domestic violence and housing conditions, among other aggravating factors⁷.

As part of this scenario, the PCCSF/CF also includes speech therapists providing care in situations of vulnerability and harm to children's development. When working in their specific field focused on the areas of speech/language, it is crucial that these professionals recognize that these dimensions transcend the biomedical sphere and also encompass subjective/emotional and social/contextual issues.

That said, the perspective of language is intrinsically dialogic and social, and it is an integral part of the subjects. It is a discursive practice that cannot be dissociated from specific communication contexts¹. As Santana (2001) points out, the constitution of human beings as subjects occurs in and through language. In this sense, assuming the position of subject in language implies adopting the roles of speaker and interlocutor, and this dynamic is essentially developed in the context of interaction⁸.

Language development is therefore intricately linked to various factors, ranging from anatomical-functional and cognitive aspects to nutritional, subjective/emotional and social/contextual elements. It is therefore crucial to emphasize the importance of the contexts in which the subjects/children are inserted.

In this sense, the family environment is the child's first nucleus of socialization. Because of this, issues related to parents/caregivers play a significant role in this process, influencing the interactive dynamic between them and the subjects/children⁹⁻¹⁰.

It is also worth mentioning that family conditions, such as parents' level of education and socioeconomic aspects, influence factors such as the organization of the home environment, daily routine, interaction and access to various tools that can provide a more interactive environment for the subject/child, and which are considered important for providing an adequate language development process¹¹⁻¹².

This highlights the importance of considering child development, especially during what is known as early childhood, which covers the period from zero to three years of age 13, and in this period, physical development is only part of the whole growth process. According to the work of Marino and Pluciennik (2013), in interviews with pregnant women and mothers of children aged zero to three, the options "playing/walking", as well as "talking to the child" appear in fourth place in the ranking of preferences indicated as most important for the development of children aged zero to three, by 19% of the survey respondents.

This was followed by the answer "receiving attention from adults", which was given by 18% of the participants. Next, "receiving affection, affection" was even further behind, with 12%. However, the answer "taking care with food" came third in the participants' preference with 31% of the answers. The authors emphasize that the results

reveal the gradient of the population's understanding of child development, demonstrating that they cannot "say that adults don't talk, play or walk with children. What we're saying is that they don't recognize these actions as linked to development" [...]."¹³.

Against this backdrop, the importance of an approach centered on the subjects' experiences stands out, especially during the crucial period of early childhood, encompassing family, school and social contexts, as well as the experiences that permeate their lives. In this sense, it is essential to emphasize the view of these subjects as social and historical beings, members of a family structure inserted in a specific society and culture. This reinforces the need for a broad perspective in understanding child development, taking into account the social context that surrounds it¹⁴.

In this sense, the significance of the experiences lived by the subjects/children during their development is highlighted. In this sense, the 1988 Constitution guarantees the rights of Brazilian children with regard to physical, social and emotional integrity, in order to ensure adequate development¹⁵, while the 1990 Statute of the Child and Adolescent - ECA - reaffirms these rights¹⁶.

Law No. 13.257, referring to the so-called Legal Framework for Early Childhood¹⁷, places children as subjects of rights and citizens, formulating and implementing public policies for the specific age group of early childhood¹⁸. These rights, therefore, by enabling adequate child development, refer to the process of language development, not only linked to neuromotor aspects, but especially to subjective/emotional and social/contextual aspects.

Based on the above, this study aims to analyze the perception of parents/caregivers, participants in the Program 'Cresça com seu Filho/Criança Feliz', about the process of language development during early childhood.

METHODS

In terms of methodology, this is a cross-sectional, quantitative study with a descriptive approach, approved by the Human Research Ethics Committee under number 5.515.014. In order to meet the inclusion criteria determined for this study, an active search was carried out for parents/caregivers who were registered with the PCCSF/CF, over the age of 18, and responsible for children in early childhood (between zero and three years old). The study was carried out in a Basic Health Unit (UBS) in Regional 2 of the municipality of Fortaleza/CE, and data collection took place between September and October 2022.

The population indicated for participation in this study was located by a PCCSF/CF reference professional. Thus, the study's initial population consisted of 32 families, the number of families duly registered on form 1 of the PCCSF/CF, who had not yet received any type of intervention, so as not to interfere with the responses of participants who are in a situation of extreme vulnerability, regarding speech development and speech therapy. It should be noted that these families had the necessary score in relation to the number of possible children to be attended to by each community health worker.

Of the 32 families initially included in the study sample, 10 were unable to take part due to non-compliance with one or more of the inclusion criteria, resulting in only

22 parents/carers taking part. The inclusion criteria were: parents/caregivers aged over 18, registered on Form 1 of the PCCSF/CF, caring for children in the very early childhood age group (between zero and three years old), living in the area covered by the Basic Health Unit (UBS), not having syndromes or comorbidities, as well as being able to be present during the visit to apply the form and agreeing by signing the Informed Consent Form (ICF). The first contact with parents/caregivers was brokered by community health workers, who conducted home visits. A researcher from this study accompanied these visits to carry out the data collection. During this time, the researcher explained the study proposal to the parents/caregivers and invited them to take part. If they accepted, the objectives, risks and benefits of the research were explained to them, and consent was obtained by signing the Informed Consent Form (ICF). The questionnaire developed by the researchers in this study was then administered, and the answers were recorded for later transcription in order to support data analysis.

The questionnaire adopted comprised two distinct parts: the first dealt with the participants' profiles and sociodemographic data, while the second consisted of 12 guiding questions. The aim of these was to explore the participants' perception of language development and the work of the speech therapist. Of the 12 questions, four were closed and eight were open. The analysis of these questions made it possible to define three axes: 1 - The parents'/caregivers' view of language development; 2 - The parents'/caregivers' perspective as agents in the language development process, including their complaints about this development; 3 - The parents'/caregivers' assessment of speech therapy. To preserve the identity of the parents/caregivers, they have been identified in this research as "P".

RESULTS

The survey involved 22 parents/caregivers (P1 to P22), 21 of whom were female and one male. With regard to age group, the following distribution was observed: one participant aged 18, seven aged between 20 and 25, another seven aged between 27 and 33, five aged between 34 and 40, and two aged between 43 and 49. With regard to registration with the Social Identification Number (NIS), 21 participants are registered, while one has no registration. As for marital status, six participants are married, 15 are single and one is divorced. Regarding the relationship with the subject/child, 20 are mothers, one is a grandmother, and one is a father.

Regarding family income, the following distribution was observed: five participants only received some government aid; ten mentioned a minimum wage; six reported an income of more than a minimum wage, while one did not know. Regarding schooling, the sample was as follows: one participant had completed higher education (pedagogy); two had incomplete higher education; nine had completed high school; two had incomplete high school; two had completed elementary school; six had incomplete elementary school.

The participants' occupations were as follows: one reported being a seamstress; one, a day laborer; one, an oral health technician; two, self-employed; two, elderly caregivers; three, salespeople; three, manicurists; nine, housewives. Regarding self-declaration of color/race, one participant declared himself white; three, black; and 18,

brown. With regard to the number of residents in the household, the distribution is as follows: six participants live with 3 people; 12 with 4 people; one with 5 people; one with 6 people; one with 7 people; and one with 8 people.

Based on the answers provided by the participants about the profiles of the subjects/children, it can be seen that fifteen were male, while seven were female. With regard to the age range of the children, the distribution was as follows: two were between 3 and 5 months old; four were between 8 and 11 months old; ten were between 1 and 2 years old; and six were 3 years old. Of the children mentioned, 14 did not attend nursery or school, seven attended nursery and one attended school. It is important to note that of the seven children who were in daycare, six of them had caregivers who reported that they were "housewives".

Table 1 below deals with the views of caregivers on language development.

Table - Axis 1: Parents'/caregivers' view of language development

Questions	N	Variables
How do children develop language/speech?	12	Repeating others
	8	Following the example of other
	11	Receiving visual and auditory stimuli
	7	Social relations with others
	12	Playing and reading with others
	10	Going to school and/or kindergarten
Do you think parents/caregivers can participate in the child's language/speech development?	17	Always
	4	Sometimes
	1	Little
How can parents/caregivers participate in the child's language/speech development?	13	Caring for children's health
	12	Play/walk
	20	Talking to the child
	17	Stimulating the child
	10	Getting the child's attention

Source: prepared by the authors.

Next, Table 2 addresses the role of caregivers as agents in the process of language development in children, in addition to their complaints. Multiple answers were allowed. Of these, six had complaints.

Table 2 - Axis 2: View of parents/caregivers as agents in the process of language development and their complaints regarding this development.

Questions	Variables	N	Excerpts from participants' statements
Is there time for the child to talk to family members?	Always	20	<i>When we're watching TV, when we're eating, playing (P3) When he's awake, when he cries, when he's breastfeeding (P8) When he comes home from school and we sit on the sofa to talk (P12) When he wants something to eat, when he wants a bath, when we come home from school (P19)</i>
	Sometimes	1	<i>Watching a video, playing games, when he asks for something we try to tell him what it is (P9)</i>
	Never	1	<i>No, because at the moment she doesn't speak yet, she's developing now (P11)</i>
Does the child take an active part in these conversations?	Always	18	<i>When we... bring it up, she talks in her own way, right? Then we understand and explain, right? Sometimes she says the wrong word and we correct her by saying the right word to her. word to her (P1) When they get home from school, they sit down, he talks about their daily lives (P6) We ask questions and he answers, watching television (P9) When I call her name, when I ask her for something, she's always attentive, she watches, or when someone is talking in the room, she calls her name</i>

			(P22)
	Sometimes	3	he's not behaving at nursery... we sit him down so we can talk, but there are times when he doesn't pay attention and then he says "I understand" (P12)
	Never	1	no time to talk (P11)
Is there time for the child to play with family members?	Always	18	and dolls, painting, and (P1)
			Sewing (P5)
	Sometimes	4	A ball, those ride-on toys, right? And they watch too much (P12)
	Never	0	In a baby carriage, with a ball (P7)
Are there moments of leisure and/or social time for the child with family members?			With a doll, in the bath with toys, playing with tea and food (P18)
	Always	4	A square, a shopping center, the beach (P1)
			The square, the beach, they really like going to the beach (P6)
	Sometimes	16	Then the beach, I went to the movies (P4)
Are there times when the child reads with family members?			the family home and walking in the street, shopping (P13)
	Never	2	He's too young to go out (P8)
			His father doesn't like to go out, he likes to stay at home (P10)
	Always	2	Every night we read the Bible with her (P14)
Are there times when the child reads with family members?			She has a collection of princess books (P17)
	Sometimes	5	The story of the little frog, the children's books she has, I read the Bible stories to her too (P18)
			Because sometimes I don't have time (P1)
	Never	15	Because I'm not really in the habit of doing it (P3)
In the event of a complaint, how can you help the child and what can you look for?			He doesn't understand much (P7)
			Because he doesn't pay attention, we call him inside, but he doesn't pay attention (P12)
		1	Stimulate
		1	Name
		2	Chatting
		1	Singing
	1	School	
	1	Medical	
	1	Don't know	

Source: prepared by the authors.

Table 3 shows the parents'/caregivers' knowledge of speech therapy. In this section, more than one answer was allowed. Of those interviewed, 12 mentioned not knowing anything about speech therapy. When asked "Have you ever been to a consultation or received advice from a speech therapist?", six said "yes".

Table 3 - Axis 3: parents/caregivers' view of speech therapy's work.

Questions	N	Excerpts from participants' statements
Are you familiar with speech therapy? If so, what do you think it is? Have you ever had a consultation or received advice from a speech therapist?	10	Improving speech, language development and communication
	1	Doctor who helps with speech
	2	Hearing
	1	Dysphagia
	1	Voice

Source: prepared by the authors.

DISCUSSION

Language development is influenced not only by the individual biological conditions of each subject/child, but also by the environment in which they live. It is understood that the family plays a central role in the child's socialization, and parents are the first caregivers and those with whom the child has the most contact during the first years of life, thus establishing a significant interactional activity. It is therefore considered that family members are fundamental agents in the process of language development¹⁹⁻²¹. Furthermore, it is through the family group that children get their first impressions of the world. It is essential that children are immersed in an environment rich in interactions,

providing them with opportunities and encouraging their desire to communicate with their peers.

As shown in excerpts from the participants' statements, the parents/caregivers expressed their concern about using activities of daily living and the family environment as a means of interacting and establishing bonds with the subjects/children²². This is in line with the research by Correia et al. (2005), which, in the light of the data obtained, revealed that only half of the families investigated had appropriate play materials, such as children's books and sound toys, which are essential for psychomotor development.

However, the lack of material stimuli does not prevent them from interacting with their children. On the contrary, they compensate for this lack with human stimuli, making themselves available for interaction, whether by talking, singing or going for a walk²³. On the other hand, according to the literature, fragile family ties, vulnerability and low socioeconomic status can result in impairments and alterations in language, speech, memory and social skills²⁴⁻²⁵.

Thus, play is intrinsically linked to language development and social interactions and plays an important role in promoting health. Through play, family ties are strengthened²¹ and it is possible to develop language, since the subject/child's initiatives to initiate moments of interaction tend to increase, as well as conversational turns²⁶. Regarding moments of play between the subject/child and family members, all the participants replied that these moments "always" arise.

This shows that the families involved in this study use a variety of strategies to provide moments of play and interaction with their children. However, there is evidence that socioeconomic issues, especially those associated with parents' low level of education, can influence the selection and availability of educational resources in the home environment, such as toys and games, the structuring of the domestic routine and the quality of the home environment¹⁰.

Regarding reading time, Jafari and Mahadi (2016) highlight the importance of starting reading practice for children from birth, which contributes significantly to language development. However, in this study, when questioning parents/caregivers about the presence of reading time with the subjects/children, only two mentioned doing it "always", five "sometimes", and 15 reported "never". When asked why they didn't dedicate time to reading to their children, the participants pointed to a lack of consideration of the social function of reading as a means of interaction in early childhood.

In this sense, it is worth mentioning that reading and writing practices are present from a very early age in the daily lives of people who live in a literate society, even before they enter formal school education. Furthermore, written language is a social practice that contributes to the organization of life in society and to the acquisition of the various language modalities by the individual²⁸.

As a result, it is imperative to provide children with diverse experiences with different textual genres, in a playful and enjoyable way, through activities that involve reading and writing, highlighting the relevance of these practices in the everyday context. The constant presence of books, recipes and interaction with people involved in reading and writing activities around the child are crucial factors in enabling them to develop

practical reading and writing skills, such as opening a book, simulating reading, holding a pencil, scribbling intentionally and attributing functionality to these actions, thus becoming an active subject within the various discursive environments to which they are exposed²⁹.

In this sense, the family plays a central role as the first socialization environment in the lives of children. Parents/caregivers, as key players in this context, have a fundamental responsibility in creating a favorable environment that allows for integral development in all instances²².

Within the context of child development in Primary Health Care, the relevance of the speech therapist's work stands out. This work can take place individually, collectively and intersectorally, with a greater emphasis on collective and shared activities. It is important to note that this work is not restricted to the Health Unit, but extends to all sectors of the territory, including schools, nurseries, community support centers, homes and various public spaces in region³⁰.

The aim of this professional is to properly monitor the various stages of child development, with special attention to communication, speech and language disorders. Their work includes the prevention and treatment of diseases and illnesses from birth to school age. They also play a fundamental role in health promotion. Their presence in the Family Health Strategy (FHS) team is crucial to ensuring a comprehensive and integrated approach to child health care³¹.

As far as speech therapy is concerned, many participants are not familiar with it. In general, they seek guidance on language development from pediatricians, nurses and family and community health doctors³².

As for the question "Do you know speech therapy?", ten participants said they did. However, when asked about the nature of this area, some were uncertain about the work of speech therapists. Those who said they knew about speech therapy pointed out, as shown in Table 3, that this professional's work is associated with improving speech, language development and communication.

This perception shared by the ten interviewees is in line with the findings of the study by Guckert, Souza and Arakawa-Belaunde (2020). In this study, carried out with health professionals from a Basic Health Unit, 40% of the participants indicated that they made referrals to a speech therapist, especially in cases related to speech and child language issues³³.

In addition, Pimentel, Lopes-Herrera and Duarte (2010) conducted a study with 200 companions of users/patients at a speech therapy school clinic, looking at their perception of speech therapy. The majority of these participants associated this work predominantly with speech and hearing³⁴, leading to the conclusion that they were unaware of the full scope of speech therapy.

As a result, the interviewees in this study showed limited knowledge of speech therapy, associating this profession mainly with speech, language and communication. This is despite the diversity of specialties and areas in which speech therapists work. This perception is in line with previous research²⁴ indicating a general lack of knowledge about speech therapy and its contribution to health promotion, as well as its different specialties.

CONCLUSION

The results of this research provide extremely important elements not only for the academic speech and hearing community, but also for professionals in the fields of education and health. These results are relevant for promoting reflection, especially on the position of parents and family members in situations of social vulnerability in relation to the process of speech and language acquisition and development of their children, who are in the period of very early childhood.

The data presented in this study shows that the families effectively interact, talk and play with the children, recognizing these practices as fundamental to the process of speech and language development. However, in relation to reading to the subjects/children, there are limitations on the part of the participants. They don't necessarily consider reading and writing to be social practices, going so far as to disregard the presence of various textual genres in everyday life.

As far as access to professional speech therapists is concerned, it can be seen that few participants have had contact with these professionals, revealing a partial lack of knowledge about their work. This limits their general perception of speech therapy, associating it predominantly with speech and language. This highlights the need to pay attention to minimizing the importance of Speech and Hearing Therapy as a fundamental area in health promotion, especially in the context of Primary Health Care.

It is therefore essential to include speech therapists in the Family Health Strategy (FHS) team, enabling them not only to promote language and health, but also to contribute to their various areas of activity. The relevance of these discussions on early childhood is highlighted in order to properly articulate political and governmental strategies focused on this crucial period. This is especially significant since it is through language that the individual acquires a voice and active participation in society.

Finally, alterations in speech and language during early childhood have been identified as risk factors for the development of reading and writing. These alterations contribute to difficulties in the literacy process, which can result in future compromises in socialization and entering the job market.

Language permeates the individual at every stage of their life and in every area they experience. It is therefore imperative to adopt a futuristic perspective in order to understand the impacts of alterations in an individual's language. This understanding is crucial to assertively mobilize a political agenda in the field of public and collective health, considering the child in a linguistic and integral way.

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