

## Cultural practices in newborn care: transcultural approaches of nurses in primary health care

*Práticas culturais no cuidado ao recém-nascido: abordagens transculturais de enfermeiros na atenção primária à saúde*  
*Prácticas culturales en el cuidado al recién nacido: enfoques transculturales de enfermeros en atención primaria de salud*

**Fabiana Paes Nogueira Timoteo<sup>1</sup>**

ORCID: 0000-0003-3217-1608

**Rosane Meire Munhak da Silva<sup>2</sup>**

ORCID: 0000-0003-3355-0132

**Gisele Cristina Manfrini<sup>3</sup>**

ORCID: 0000-0003-0445-1610

**Maria Aparecida Baggio<sup>2</sup>**

ORCID: 0000-0001-6901-461X

**Aline Renata Hirano<sup>5</sup>**

ORCID: 0000-0001-8035-1246

### Abstract

**Objective:** To describe the transcultural care actions offered by nurses in childcare, based on the identification of parental cultural practices towards newborns in a border region. **Method:** This is a qualitative study, conducted in the light of Madeleine Leininger's Transcultural Care Theory, with 18 nurses working in primary care in the municipality of Foz do Iguaçu, Paraná, Brazil. Data was collected from January 2020 to January 2021 through semi-structured interviews, which were audio-recorded, transcribed and analyzed using Thematic Analysis. **Results:** Two categories were identified from the nurses' point of view. The first presents parental care for the newborn based on popular beliefs and knowledge; the second describes transcultural care actions (preservation, accommodation and restructuring) for the newborn in childcare. **Final considerations:** The identification of parental cultural practices in newborn care by nurses allows care to be planned so that it is culturally congruent, promoting healthy practices based on the families' cultural knowledge. It is suggested that the Transcultural Care Theory be adopted in Primary Health Care to guide health care practices, particularly in border regions.

**Descriptors:** Transcultural Nursing; Culturally Competent Care; Child Care; Infant, Newborn; Border Health.

<sup>1</sup>Centro Universitário de Paulínia. São Paulo, Brasil.

<sup>2</sup>Universidade Estadual do Oeste do Paraná. Paraná, Brasil.

<sup>3</sup>Universidade Federal de Santa Catarina. Santa Catarina, Brasil.

Corresponding author:

Maria Aparecida Baggio

E-mail: [mariabaggio@yahoo.com.br](mailto:mariabaggio@yahoo.com.br)

### Whats is already known on this?

The Transcultural Care Theory allows nurses to provide culturally congruent nursing care to newborns and their families in border regions.

### What this study adds?

It adds to the importance of culturally congruent care by nursing professionals in Primary Health Care.



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### Resumo

**Objetivo:** Descrever as ações de cuidado transcultural ofertadas por enfermeiros na puericultura, a partir da identificação das práticas culturais parentais ao recém-nascido em uma região de fronteira.

**Método:** Pesquisa qualitativa, conduzida à luz da Teoria do Cuidado Transcultural de Madeleine Leininger, com 18 enfermeiros atuantes na atenção primária do município de Foz do Iguaçu, Paraná, Brasil. Os dados foram coletados no período de janeiro de 2020 a janeiro de 2021, por meio de entrevista semiestruturada, audiogravada, transcrita e analisada a partir da Análise Temática.

**Resultados:** Foram identificadas duas categorias na ótica dos enfermeiros. A primeira apresenta os cuidados parentais ao recém-nascido baseados em crenças e saberes populares; a segunda descreve ações de cuidado transcultural (de preservação, acomodação e reestruturação) ao recém-nascido, na puericultura. **Considerações finais:** A identificação de práticas culturais parentais no cuidado ao recém-nascido, pelo enfermeiro, permite o planejamento do cuidado, para que seja culturalmente congruente, promovendo práticas saudáveis, a partir do conhecimento cultural das famílias. Sugere-se a adoção da Teoria do Cuidado Transcultural na Atenção Primária à Saúde para orientar as práticas de cuidado em saúde, particularmente em região de fronteira.

**Descritores:** Enfermagem Transcultural; Assistência à Saúde Culturalmente Competente; Cuidado da Criança; Recém-Nascido; Saúde na Fronteira.

### Resumen

**Objetivo:** Describir las acciones de cuidado transcultural que ofrecen los enfermeros en puericultura, a partir de la identificación de prácticas culturales parentales para recién nacidos en una región de frontera. **Método:** Investigación cualitativa, realizada a la luz de la Teoría del Cuidado Transcultural de Madeleine Leininger, con 18 enfermeros que actúan en atención primaria en la ciudad de Foz do Iguaçu, Paraná, Brasil. Los datos fueron recolectados desde enero de 2020 hasta enero de 2021, mediante entrevista semiestruturada, gravada, transcrita y analizada mediante Análisis Temático.

**Resultados:** Se identificaron dos categorías desde la perspectiva de los enfermeros. La primera presenta el cuidado parental de los recién nacidos basado en creencias y conocimientos populares; la segunda describe acciones de cuidado transcultural (preservación, acomodación y reestructuración) del recién nacido, en puericultura. **Consideraciones finales:** La identificación de prácticas culturales parentales en el cuidado del recién nacido, por parte del enfermero, permite planificar el cuidado, de manera que sea culturalmente congruente, y así promover prácticas saludables, basadas en el conocimiento cultural de las familias. Se sugiere adoptar la Teoría del Cuidado Transcultural en la Atención Primaria de Salud para guiar las prácticas de atención sanitaria, particularmente en las regiones de frontera.

**Descriptorios:** Enfermería Transcultural; Atención Sanitaria Culturalmente Competente; Cuidado de los Niños; Recién Nacido; Salud en la Frontera.

## INTRODUCTION

An individual's ability to stay healthy is the result of their care practices, based on beliefs, values and ways of caring, both professional and popular.<sup>(1)</sup> The expression of values and practices in the relationship between nursing professionals and health service users can generate cultural conflicts, since individuals from different cultures are susceptible to signs of conflict. Thus, non-congruence of cultural values and practices can lead to discontent, distrust, resentment and, consequently, a lack of cooperation on the part of the user.<sup>(2)</sup>

When individuals and their families share their experiences and knowledge of health practices, Primary Health Care (PHC) nurses can direct nursing care based on them, building a congruence between scientifically-based care and popular knowledge, with the aim of improving the quality of life and health of the group being assisted.<sup>(3)</sup> In this sense, PHC, due to its characteristics, attributes and practices in monitoring individuals, groups and families in their cultural context of life and health, has a privileged locus for cultural contact.

The health care practiced by families reflects their beliefs, customs and the way they perceive the world. However, this context is not always seen and felt by the health professional, especially when these practices do not match the professional's own cultural reading. For care to take place in a culturally congruent way, PHC nurses need to be prepared to attend to the individual as a whole, including the cultural aspects of the family responsible for care in their care planning.<sup>(4)</sup>

Nurses' work and cultural practices permeate all the life cycles of individuals and families. Each cycle has its own nuances, singularities and impacts on life,<sup>(1)</sup> and it is up to the professional to respect cultural diversity<sup>(5)</sup> from birth onwards. During this period, parental care for the newborn is influenced by people in the social support network, particularly family members, who help with the baby's care, in the face of difficulties and doubts that the mother may commonly have.<sup>(3)</sup>

In this way, newborn care is influenced by family traditions, based on popular knowledge and passed down from generation to generation. The transmission of cultural values, especially by older individuals, enables the continuity of a family's identity through a legacy of rituals, beliefs and myths, corroborating the strength of experience and the memory of ancestors.<sup>(3)</sup>

Nurses and other health professionals are challenged to think and act from a global and multicultural perspective. They may encounter and care for people from all over the world, in more

complex and diverse settings, putting themselves in front of individuals from different cultures, beliefs, values and ways of life.<sup>(1)</sup> From this perspective, Madeleine Leininger's Transcultural Care Theory allows nurses to structure their care practice by promoting actions that involve cultural aspects appropriate to each individual's way of life, seeking effective, humanized and culturally competent care.<sup>(1,6)</sup>

Border regions are home to populations with multicultural characteristics, which require health professionals, especially nurses, to take a broad view of care in order to identify and understand dimensions related to the culture of individuals and their worldview. Aspects such as social, ethnohistorical, genetic, religious, spiritual, ethical, artistic, linguistic, environmental and political structures, as well as family arrangements, among others, can influence nursing care.<sup>(1,6)</sup>

In light of the above, the question arises: In the experience of nurses, what parental cultural practices are identified in newborn care during childcare? And what are the nurses' transcultural care actions in relation to these practices?

The aim of this study was to describe the transcultural care offered by nurses during childcare, based on the identification of parental cultural practices for newborns in a border region.

## METHODS

This is a qualitative study based on Madeleine Leininger's Transcultural Care Theory. The theory presents three action modes for nursing care: preservation/maintenance of cultural care, accommodation/negotiation of cultural care and repatterning/restructuring of cultural care, which enable nurses to propose care that takes cultural multiplicity into account.<sup>(1,6)</sup>

The participants were 18 PHC nurses working in 15 health units, including Basic Units and the Family Health Strategy, which make up the five health districts belonging to the municipality of Foz do Iguaçu, Paraná, Brazil. The municipality is located in the Triple Frontier region, shared with Ciudad del Este, Paraguay and Puerto Iguazú, Argentina. In the municipality, 80 different ethnic groups have been identified, mainly Lebanese, Argentinian, Paraguayan, Chinese and Japanese, resulting in one of the most multicultural cities in Brazil.<sup>(7)</sup>

Nurses working in PHC units in Foz do Iguaçu for more than a year were included in the study, as this is considered to be the minimum period for professionals to immerse themselves in the cultural scene and appropriate local cultural practices. Nurses who were away from work at the time of data collection due to sick leave or vacation were excluded.

The data was collected by a nurse, a university lecturer and master's student at the time of the study, who was trained by a researcher with advanced experience in qualitative research. The data was collected between January 2020 and January 2021 through individual interviews, guided by a semi-structured script. The informants were chosen for convenience. Of the 21 nurses invited, three refused to take part in the study for personal reasons, nine were interviewed in person and nine via the WhatsApp app. The time of the interview was chosen by the informant.

A total of five pilot interviews were carried out, from which the instrument used was adapted to better understand the purpose of the questions included in the study. The interviews were audio-recorded, faithfully transcribed according to their content and sent to the nurses interviewed to check the transcription. They did not ask for any corrections. The mean duration of the interviews was 40 minutes.

Data collection ended when the saturation point was identified, when the statements did not add any new content for analysis in response to the study's objective. This translated into a logic of connections and interconnections explaining the dimensions of the phenomenon studied.<sup>(8)</sup>

The data was analyzed using Minayo's Thematic Analysis, which has the following stages: pre-analysis, material exploration, treatment of the data obtained and interpretation.<sup>(9)</sup> Pre-analysis consisted of floating reading to get a feel for the content to be analyzed; validity in terms of completeness, representativeness, homogeneity and relevance; response to the intended objective; and determination of the key words or phrases and recording units to guide the analysis. When the material was explored, the content was carefully analyzed and categorized by expressions and/or significant words, and from the nuclei of meaning, categories and subcategories were created. In the last stage, in the data processing and interpretation, inferences were made and the content of the statements was interpreted in conjunction with the theoretical framework,<sup>(9)</sup> culminating in the organization of two thematic categories: Parental care for the newborn based on popular beliefs and knowledge; and Transcultural nursing care actions for the newborn.

To ensure anonymity, the professionals interviewed were identified by the letter E, representing the word nurse, followed by Arabic numerals, according to the order of the interview. In accordance with Resolution 466/2012 of the National Health Council and Research Involving Human Beings, the study was approved by the Human Research Ethics Committee of the State University of Western Paraná under number: 3.981.883 and CAAE: 25944919.0.0000.0107.

## RESULTS

### Informant characterization

All the interviewees were female, with a mean age of 38.2 years; a mean of 12.7 years working in nursing; and a mean of 8.4 years in PHC. Of these 18 nurses, 16 have one or more specializations; three have a master's degree; and ten speak one or more languages other than Portuguese.

Analysis of the interviews enabled the following categories to be identified.

### Parental care for the newborn based on popular beliefs and knowledge

When caring for newborns and their families in PHC, through childcare, the nurses identified parents' beliefs, customs and behaviors, passed down from generation to generation, for caring for the umbilical stump, hydrating the baby, treating jaundice and earaches. The nurses reported on the use of abdominal bandages, coins, buttons, açaí stones, leaves and coffee grounds on the navel, herbs for use during baths or to prepare teas, fried garlic and/or rue with warm oil.

*[...] they bring the child all wrapped up in a pile of clothes in the heat, because they believe that the child is colder and so they have to wrap him up in a blanket and a cap [...] because it's ingrained in them (E18).*

*Teas are used a lot [...] fennel and chamomile [...] they say that fennel tea is good for colic. They talk about the navel band, the coin, the prickly pear bath, they talk a lot about the prickly pear bath to ward off the evil eye, others say it's for yellowness, to give the baby water when it's born, otherwise it'll get thirsty (E11).*

*They put açaí stones in the navel, buttons, coins [...] in the baby's umbilical stump so that the navel doesn't stick out. They also put a sap in the child's hair so it doesn't give them "quebranto" (evil eye), there's a lot about newborn babies (E17).*

*[...] coin in the navel, sash, use of leaves, coffee powder [...] things I've come across (E15).*

*[...] they put fried garlic, rue with absorbent cotton, fried garlic with warm oil in the ear (E8).*

*[...] it's the culture [...] in the old days, when children were born, so that the navel wouldn't protrude or have an umbilical protrusion, they would wear a sash, and she [the grandmother] wants to bring this to her grandson as well (E6).*

Among the popular knowledge, religious beliefs against the evil eye and the search for witch doctors were also reported by the nurses.

*[...] care of the newborn based on the experiences of grandmothers, [...] "benzedeiros" (healers), who have a lot here [...] (E8).*

*[...] the red ribbon on the arm to ward off the evil eye, I've seen it on many people (E11).*

Practices based on family culture, passed on transgenerationally, were a reality in newborn care in PHC, in the context of the border studied.

### Transcultural nursing care for newborns

According to the nurses interviewed, some transcultural care actions of preservation, accommodation and restructuring reflect the cultural manifestations of parental care for the newborn.

In relation to preservation, the presence of respect for cultural and religious expressions was observed, such as circumcision in the case of the Lebanese, and the habit of turning to witch doctors. The

professionals validate these expressions when they don't challenge them and allow them to continue, strengthening the bond of trust between the professional and the newborn's caregiver.

*I've seen Lebanese children who have been circumcised, and we respect that, even though we feel sorry for them for having been circumcised (E13).*

*[...] in the case of children with jaundice, people are in the habit of giving them a prickly pear bath, they ask if they can give them a prickly pear bath. In fact, the prickly pear bath is a myth, it's cultural, because there's nothing scientifically proven about it. I advise them that they can give the prickly pear bath as long as they sunbathe, because it won't do any harm (E16).*

*[...] sometimes they swap medical care for the "benzedeira" (healer). This happens a lot here in the region. I tell them that if they believe in it, they can take it (E8).*

In relation to accommodation, it was identified that the bond established between nurses and mothers since prenatal care has made it possible to carry out negotiations and provide guidance that can favor care for the newborn and, above all, avoid complications arising from cultural practices that put them at risk. This bond has favored the acceptance of the nurse's instructions by the mothers and, consequently, the adaptation of care so that it is culturally congruent and promotes health benefits for the newborn.

*In childcare, the navel strap is tightly wrapped around the child's abdomen, and coins are placed in the navel. I've even seen spider webs in the umbilical stump. [...] after the bond was built and a lot of guidance was given, these events have now diminished (E10).*

*[...] the little band with coins and coffee powder in the navel. As soon as I came here this was more common. [...] And they also use this [garlic fried in warm oil/rubbed with absorbent cotton] to put on the baby's navel, and it's not allowed. [...] explaining it from prenatal care, during appointments, patiently, sometimes even drawing pictures, to prevent this from happening (E8).*

When it came to restructuring care, the nurses were incisive about changing cultural practices that could jeopardize the newborn's health. In these cases, their actions and decisions, supported by scientific knowledge, were intended to modify/restructure these care practices.

*If it's something she's put in the baby's navel that's going to get infected: herbs, coffee, grass, especially among people from Paraguayan culture, they have this very strong, because their roots are indigenous. And so I don't say it's wrong, I say: "the baby doesn't have any vaccines, the little baby was there in your belly, protected". So I try to do everything in every visit to make the person understand and change their practices in order to protect the baby from possible infections (E1).*

In this category, it was possible to identify culturally congruent ways of caring for nurses in border regions, but in a simple and empirical way. Each professional provided care as they saw fit or not, guided by scientific knowledge, knowledge of the families' culture, their own culture, training and practice, as well as what is supported by the service itself and its health professionals.

## DISCUSSION

In order to preserve a family's identity, cultural values based on rituals, beliefs and myths are passed on by older caregivers, passing on this diversity of knowledge from generation to generation. In newborn care, generational relationships have a significant influence, especially on mothers in the postpartum period, who interact with the people in their group. This contact promotes and facilitates the transmission of generational know-how.<sup>(3)</sup>

In the border area studied, the transmission of intergenerational cultural knowledge (passed down from generation to generation) in caring for newborns is striking. It can be seen that this is knowledge, representations and customs acquired in the socio-familial and cultural context, which caregivers, primarily mothers, use to maintain this care. In this context, there are the grandmothers, who are respected and valued in the family's structural organization and contribute their knowledge to the continuity of future generations.<sup>(10)</sup>

Parental cultural knowledge and practices are built on relationships with people in the social support network, who help with postpartum and newborn care. Among the popular practices applied to

children, the use of medicinal plants and homemade teas to alleviate or resolve common childhood conditions and illnesses from the first months of life is confirmed.<sup>(3,11)</sup>

The use of herbs is related to cultural and family values. When combined with a vulnerable socio-economic situation, this results in the appropriation and use of homemade resources as the first form of treatment for children's health problems. The bond between nurses and users makes it possible to share the use of integrative and complementary practices. However, for the use of these practices to be considered alongside allopathic treatment, it requires continuing and ongoing education for professionals to provide safe care to the public they assist. Especially when it comes to newborn children, whose fragility and health conditions require greater attention.<sup>(12)</sup>

Another cultural aspect reported by the nurses was the presence of "*benzedeiras*" (healers), since their knowledge often stands up to the care provided by health professionals. They are people with influence in the community where they live, holders of popular knowledge. They are known as people of great faith who have a greater connection with the divine plan, which is why they are able to define illnesses and treatments. This knowledge is passed down from generation to generation, and the belief in its power, added to the belief in healing, strengthens their position in the community.<sup>(3,10)</sup>

In relation to the search for "*benzedeiras*" (healers) and the use of other religious beliefs, there is a preference for this practice in other populations, such as in Peruvian territory.<sup>(13)</sup> In this area, in adverse health situations, including those involving children, there is a preference for assistance from people in the community, who have already been given the role of curator, to the detriment of health professionals from public establishments. This condition demonstrates the need for health professionals to consider this practice when constructing care for the population they assist.<sup>(13)</sup>

The importance of the family being recognized by health professionals as the basic unit of cultural care is based on the fact that respect for their values, beliefs and ways of life strengthens the bond of trust in the care provided. This favors the promotion of comprehensive care for the newborn, aimed at humanization and culturally congruent care.<sup>(4)</sup>

Nurses, during childcare and in their interaction with families in this study, had a unique, opportune and necessary moment to preserve healthy childcare practices, to accommodate practices that need to be negotiated for the greater benefit of newborn care and to restructure those that involve risks to the child's health.<sup>(1,6,14)</sup> In this way, they were able to act as a link, seeking congruence between popular practices and professional actions.<sup>(6,15)</sup>

PHC nurses play an important role in monitoring children, starting during prenatal care. By considering the pregnant woman within her singularities, from a space of speech and welcoming listening, it allows the vulnerabilities and potentialities of each one to be recognized, enabling the care plan for her and the child to take place satisfactorily.<sup>(14)</sup> Based on the bond established and the appreciation of the history of each user and family member, care is built together, preserving, accommodating or restructuring transgenerational knowledge for quality health care for mothers and babies.<sup>(14-15)</sup>

It is important to point out that in childcare, mothers and families have the opportunity to clarify their doubts and nurses have the chance to monitor the child's growth and development, evaluating the care practices carried out, preserving them, accommodating them or restructuring them if necessary. Care actions and guidelines, when used in a creative and flexible way, based on the Transcultural Care Theory, and in line with the cultural diversity of the border region, can favor the health of newborns.<sup>(1,6,11)</sup>

In addition, during consultations, nurses give mothers guidance and demonstrations on how to care for their newborns, such as caring for the umbilical stump. However, at home, it is common for them to delegate or ask for help from family members or other people, who have not been the target of the attention, guidance and practices demonstrated by health professionals. Therefore, if the appropriate care guidelines and practices, which nurses provide or restructure with mothers during childcare, are not passed on to other caregivers, the risks to the child's health may persist.<sup>(1,3,6)</sup>

This confirms the relevance of addressing transcultural care in nurse training. This study proposes that concepts involving cultural competence should be included in the curriculum of undergraduate and postgraduate courses and should be encouraged in the care practice of these professionals with multicultural populations. The approach to transcultural care, through continuing and permanent education for PHC nurses, is indicated to promote this care.<sup>(16-19)</sup>

Nurses in multicultural family environments use a variety of tools in their practice, including a partnership approach with parents to promote health and well-being. Nurses' work in these spaces is

distinctive because it takes place in environments where the individual's life experiences directly influence their ideas, and also because it is directly linked to preventive health and early intervention.<sup>(17)</sup>

Providing comprehensive health care to individuals means considering that culture is part of their social construction and will therefore influence the way they live and, consequently, the way they carry out self-care, as well as their family members. Cultural competence during nursing care favors the bond between professionals and users and, consequently, better adherence to guidelines, through a linear interaction based on adaptation, accommodation or reorganization of their way of considering the health-disease process.<sup>(16-17)</sup>

Even considering that the individual brings concepts of health in response to their multiculturalism, the nurse, using Leininger's three modes of decision-making and cultural care actions, can provide culturally sensitive, meaningful and useful care.<sup>(16-17)</sup>

It is therefore important for nurses to engage in a reflective dialogue with the caregivers of newborns, as well as for them to listen sensitively to popular care practices, in order to interact with them without belittling them. In this way, it is possible to establish a relationship of trust and respect between professionals and caregivers. To do this, it is necessary to bring the knowledge of both together, so that the new can be built. In this way, it will be possible to prevent practices that could harm health and encourage those that benefit it, with the aim of valuing the cultural knowledge of these families.

The study was limited to interviewing PHC nurses. Further studies are suggested with the inclusion of other health professionals and/or family members, in order to broaden the understanding of parental cultural practices in newborn care and transcultural health care actions.

This study points to the importance of cultural competence in nursing, in health care, in multicultural contexts such as the border region, because of the way it influences popular practices and, consequently, professional practices.

## CONCLUSION

In childcare, the nurses working in border regions identified care practices related to the newborn based on cultural beliefs and values passed down from generation to generation by the family, which included care for the umbilical stump, jaundice, the use of herbs and teas in general, seeking out "*benzedeiros*" (healers), among others, in accordance with religious beliefs.

In relation to transcultural care actions, the nurses preserved the families' cultural and religious expressions; they accommodated cultural practices through negotiations and guidance on caring for the newborn, facilitated by the bond established between the professionals and the mothers from the start of prenatal care. Care was restructured when there was a risk to children's health, and it was necessary to use a care proposal that changed cultural practices.

Therefore, this study made it possible to identify culturally congruent ways of caring for nurses but practiced in a simple and empirical way. Nurses' practice is supported by scientific knowledge and guided by culture, training and in-service practice. It is suggested that PHC professionals and managers adopt the Transcultural Care Theory to guide health care practices in border regions.

## CONTRIBUTIONS

Contributed to the conception or design of the study/research: Timoteo FPN, Baggio MA. Contributed to data collection: Timoteo FPN. Contributed to the analysis and/or interpretation of data: Timoteo FPN, Baggio MA. Contributed to article writing or critical review: Timoteo FPN, Silva RMM, Manfrini GC, Baggio MA. Final approval of the version to be published: Timoteo FPN, Silva RMM, Manfrini GC, Baggio MA.

## REFERENCES

1. Leininger M. Culture care theory: a major contribution to advance transcultural nursing knowledge and practices. *J Transcult Nurs*. [Internet]. 2002;13(3):189-92. Doi: 10.1177/10459602013003005
2. Farias DHR, Gomes GC, Almeida, MFF, Lunardi VL, Xavier DM, Queiroz MVO. Barriers present in the process of construction of the cultural family care to the child in the hospital: Transcultural Approach. *Aquichan*. [Internet]. 2019;19(1):1-11. Doi: 10.5294/aqui.2019.19.1.2



3. Silva MT, Morais AC, Araújo JC, Morais AC, Souza SL, Nascimento ACS. Care with newborn babies by primiparous adolescent mothers at home. *Rev Enferm UFSM*. [Internet]. 2020;10(55):1-17. Doi: 10.5902/2179769239922
4. Nascimento ACST, Morais AC, Amorim RC, Santos DV. The care provided by the family to the premature newborn: analysis under Leininger's Transcultural Theory. *Rev Bras Enferm*. [Internet]. 2020. Doi: 10.1590/0034-7167-2019-0644
5. Silva ER, Alencar EB, Dias EA, Rocha LC, Carvalho SCM. Transculturalidade na enfermagem baseada na teoria de Madeleine Leininger. *REAS*. [Internet]. 2021;13(2):77-91. Doi: 10.25248/REAS.E5561.2021
6. Leininger M, Farland MR. *Transcultural nursing: concepts, theories, research & practice*. 3a ed. New York (USA): Mac Graw-Hill; 2002. p. 79-93.
7. Foz do Iguaçu. Prefeitura Municipal de Foz do Iguaçu. Available from: <http://www.pmf.iguaçu.pr.gov.br/conteudo/?idMenu=1004>.
8. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Rev Pesq Qual*. [Internet]. 2017;5(7):01-12. Available from: [https://edisciplinas.usp.br/pluginfile.php/4111455/mod\\_resource/content/1/Minayosaturacao.pdf](https://edisciplinas.usp.br/pluginfile.php/4111455/mod_resource/content/1/Minayosaturacao.pdf).
9. Minayo MCS. *O desafio do conhecimento. Pesquisa qualitativa em saúde*. 14. ed. São Paulo: Hucitec, 2014.
10. Helfrecht C, Roulette JW, Lane A, Sintayehu B, Meehan CL. Life history and socioecology of infancy. *Am J Phys Anthropol*. [Internet]. 2020;163(4):619-629. Doi: 10.1002/ajpa.24145
11. Picco TM, Baggio MA, Hirano AR, Caldeira S, Ferrari RAP. Child health care in primary care in a border region. *Esc Anna Nery*. [Internet]. 2022;26:1-9. Doi: 10.1590/2177-9465-EAN-2021-0104
12. Martins PG, Brito RS, Santos PC, Laverde CR, Oliveira NF, Pilger C. Popular knowledge and use of integrative and complementary practices at the perspective of a nurse. *J. nurs. health*. [Internet]. 2021;11(2):01-14. Doi: 10.15210/jonah.v11i2.19495
13. Badanta-Romero B, Moreno-Moreno B, Soto-Díaz V, Barrientos-Trigo S. Cuidados de enfermería para el abordaje de la salud comunitaria en población indígena de la Amazonia peruana. *Enferm. Clín*. [Internet]. 2021;31(1):57-63. Doi: 10.1016/j.enfcli.2019.10.025
14. Wightman L, Hutton A, Grant J. Child and family health nurses' roles in the care of infants and children: a scoping review. *J Child Health Care*. [Internet]. 2021, 136749352110261. Doi: 10.1177/13674935211026123
15. Wehbe-Alamah H, Hammonds LS, Stanley D. Culturally congruent care from the perspectives of Judaism, Christianity, and Islam. *J Transc Nurs*. [Internet]. 2020. 104365961990000. Doi: 10.1177/1043659619900000
16. Bernardino AO, Souza AGR, Silva MVB, Abrão FMS, Aquino JM, Costa AM. Nursing care in the light of the transcultural theory. *Nursing*. [Internet]. 2022;25(288):7755-7769. Doi:10.36489/nursing.2022v25i288p7755-
17. Kaçan CY, Örsal Ö. Effects of transcultural nursing education on the professional values, empathic skills, cultural sensitivity and intelligence of students. *J Community Health Nurs*. [Internet]. 2020;37(2):65-76. Doi: 10.1080/07370016.2020.1736374

18. Chang L, Chen S-C, Hung S-L. Embracing diversity and transcultural society through community health practicum among college nursing students. *Nurse Educ Pract.* [Internet]. 2018;31:156-160. Doi: 10.1016/j.nepr.2018.05.004

19. Timoteo FPN, Silva RMM da, Manfrini GC, Baggio MA. Cuidado cultural em região de fronteira: perspectiva de enfermeiros da atenção primária à saúde. *Rev. enferm. UERJ* [Internet]. 2023;31(1):e72771. Doi: 10.12957/reuerj.2023.72771

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