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VALIDAÇÃO DE CONTEÚDO DO PROGRAMA DE
VISITA DOMICILIAR PARA A DÍADE MÃE-CRIANÇA*

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CONTENT VALIDATION OF A HOME VISIT PROGRAM FOR MOTHERS AND CHILDREN*

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ABSTRACT: bjective: To validate a longitudinal care program to assist adolescents in their first pregnancy. **Methods:** Methodological study for face and content validation of a home visit program. Data were collected using the Delphi technique, by sending the guidelines of Programa Jovens Mães Cuidadoras by e-mail. In data analysis, a content validity index with an established value of 0.75 was used. **Results:** The sample was 11 professionals, among whom seven were experts in several health areas and four were exclusive nursing professionals. In group 1, the obtained content validity index was compatible with the expected value, but group 2 indicated that the values descriptive of the sample regarding the content of four items resulted in an index and agreement level lower than the established number, that is, 0.75. **Conclusion:** The home visit program was validated as for its face and content aspects. The suggestions given by the referees were incorporated into a new version of the program and are available in the present paper.

DESCRIPTORS: Biomedical technology; Validation studies; Health promotion; House calls; Maternal-child nursing.

VALIDAÇÃO DE CONTEÚDO DO PROGRAMA DE VISITA DOMICILIAR PARA A DÍADE MÃE-CRIANÇA

RESUMO: Objetivo: validar um programa de cuidado longitudinal para assistir adolescentes na sua primeira gravidez. **Método:** estudo metodológico de validação de aparência e de conteúdo. Os dados foram coletados pela técnica *Delphi*, por meio do envio das diretrizes do Programa Jovens Mães Cuidadoras via e-mail. Na análise dos dados, foi utilizado o índice de validade de conteúdo com valor estabelecido de 0,75. **Resultados:** a amostra foi composta de 11 profissionais, entre os quais sete eram *experts* de diversas áreas da saúde e quatro eram profissionais exclusivos da área de Enfermagem. No grupo 1, o índice de validade de conteúdo ocorreu dentro do esperado, mas o grupo 2 indicou que os valores descritivos da amostra no que diz respeito ao conteúdo de quatro itens obtiveram índice e concordância abaixo do número previamente estabelecido (75%). **Conclusão:** O programa de visita foi validado nos aspectos de conteúdo e de aparência. As sugestões feitas pelos juízes foram incorporadas em uma nova redação do Programa e estão disponibilizadas neste relatório.

DESCRIPTORES: Tecnologia biomédica; Estudos de validação; Promoção da saúde; Visita domiciliar; Enfermagem materno-infantil.

VALIDACIÓN DE CONTENIDO DEL PROGRAMA DE VISITA DOMICILIARIA PARA LA DUPLA MADRE-HIJO

RESUMEN: Objetivo: Validar un programa de cuidado longitudinal para atención de adolescentes en su primer embarazo. **Método:** Estudio metodológico de validación de apariencia y contenido. Datos recolectados mediante técnica *Delphi*, habiéndose enviado las directrices del Programa Jóvenes Madres Cuidadoras vía e-mail. Análisis de datos realizado utilizando índice de validez de contenido, estableciéndose valor de 0,75. **Resultados:** Muestra compuesta por 11 profesionales; siete de ellos expertos en diversas áreas de la salud, y cuatro profesionales exclusivamente del área de Enfermería. En el grupo 1, el índice de validez de contenido entregó valores esperables. El grupo 2 indicó que los valores descriptivos de la muestra respecto del contenido de cuatro ítems obtuvieron índice y concordancia inferior al valor establecido del 75%. **Conclusión:** El programa de visitas fue validado en cuanto a contenido y apariencia. Las sugerencias realizadas por los evaluadores fueron incorporadas en una nueva versión del Programa, estando disponibles en este informe.

DESCRIPTORES: Tecnología Biomédica; Estudios de Validación; Promoción de la Salud; Visita Domiciliaria; Enfermería Maternoinfantil.

*Article extracted from the thesis: Validação de Conteúdo de um programa de visita domiciliar para díade mãe – criança. (Content validation of a home visiting program for mother - child dyad). Escola de Enfermagem da Universidade de São Paulo, 2016.

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● INTRODUCTION

Over 200 million children younger than five years old living in countries with a predominance of low-income populations, such as Brazil, do not reach their full development potential because of lack of or insufficient stimulation from their parents⁽¹⁾. Precarious health care, malnutrition, inadequate stimulation, and environmental stressful factors in the first 1,000 days of life interfere with child development, thus increasing the chances of these children not reaching their full potential throughout life⁽²⁻⁴⁾. Interventions to improve health care and personal competences of vulnerable mothers, beginning at pregnancy, are a promising strategy to protect the developing brain and the physical and mental health of children⁽⁵⁾. A successful transition into maternity in adolescence implies to consider characteristics of teenage mothers, children, and families, as well as the social context in which these families are inserted, enabling the identification of potentials and fragilities in this process⁽⁶⁾. In addition, longitudinal studies indicate that children of teenage mothers present difficulties in their school path, adaptation problems, and risk for delayed development⁽⁷⁻⁸⁾. Recent literature⁽⁹⁾ emphasizes the importance of programs addressing young pregnant women or mothers and their families, aiming to prevent possible problems associated with pregnancy and minimize its negative impact on the lives of teenagers and their babies.

British researchers developed the Nurse-Family Partnership (NFP) program⁽¹⁰⁾, which has contributed to obtaining specific knowledge of the importance of home visit programs to strengthen the interaction between mothers and babies. The results of research carried out in the NFP sphere reveal an increase in the responsibility of mothers and mental, cognitive, and social development of children⁽¹¹⁻¹²⁾. Another similar program, called *Minding the Baby*⁽¹³⁾ and developed in the United States, helps the same population group through home visits, and its results also point out the effectiveness of actions of this nature.

The *Jovens Mães Cuidadoras* home visit program (PJMC) was based on the NFP and *Minding the Baby*, but designed according to the sociocultural and structural characteristics of the Brazilian health system. The theoretical framework taken into consideration encompassed: (a) the self-efficacy theory, grounded on the concepts by Albert Bandura⁽¹⁴⁾; (b) the bioecological theory, by Urie Bronfenbrenner⁽¹⁵⁾; and (c) the attachment theory, by John Bowlby and Mary Ainsworth⁽¹⁶⁾. The goals of the PJMC are to improve prenatal and postpartum care, thus contributing to promoting child health and development, and encourage the economic self-sufficiency of families. Visits to enrolled teenagers are performed once a week or every two weeks by nurses with previous qualification, who are hired and trained by the program.

The *Jovens Mães Cuidadoras* program is being implemented in the city of São Paulo and aims to be expanded over Brazil so it assists users of the Brazilian Unified Health System. Therefore, before its expansion, it is necessary to validate the program with nurses and specialists. First, the goal is to know if the face and content of PMJC are reliable, accurate, and usable. Consequently, the objective of the present study was to validate the face and content of this longitudinal care program oriented to assist teenagers in their first pregnancy.

● METHODOLOGY

This methodological investigation was developed to validate the face and content of the PJMC using the Delphi technique. Content is defined as the set comprising technical construct, objective, and relevance of the program. Ordering, textual complexity, and material extension refer to its face.

The Delphi technique consists of a systematized method to evaluate information, and is useful to obtain consensuses of experts on a certain subject through validations discussed in rounds or cycles. It can be applied to quantitative or qualitative data. The most used classification methods in the Delphi technique are those by Likert, Thurstone and Guttman⁽¹⁷⁾. The present study employed an electronic version of a Likert scale, with a gradual score ranging from 1 to 4, in which 1 = totally inadequate, 2 = partially adequate, 3 = adequate, and 4 = totally adequate. In this technique the definition of the consensus level is reserved to researchers, ranging from 50% to 80%, and must happen before data

collection⁽¹⁷⁾. If the acceptable agreement level is obtained in the first round, the process can cease, and the initial version of the material is validated. Otherwise, it is necessary to carry out as many rounds as necessary until a consensus is reached among referees, with the definition of the final version of the material.

The content validity index (CVI) is a common parameter in the healthcare field to calculate the consensus level, because it indicates the proportion of people that agree on specific aspects of an instrument and its items⁽¹⁸⁾. This index was calculated for each item listed in the blocks and for the set of items of the instrument; in this case, it was named global index. In the present investigation, the consensus level considered valid by researchers was 75%, which corresponds to a CVI of 0.75.

The subjects of the present study were professionals that worked as referees in the application of the Delphi technique. They were selected through purposive non-probability sampling and divided into two groups: nurses and specialists. The adopted inclusion criterion was mastering theory and practice for nurses, or having expertise in the maternal-child health, mental health, and collective health fields for specialists. The exclusion criterion was not belonging to the area or not answering the questionnaires thoroughly. The first group was made up of female nursing professionals that worked in the family health and mental health areas, aged 27 to 33 years old. Half the group had less than one year of practice, and the other half more than four years of experience. The second group had experts in the nursing, pedagogy, medicine, and psychology fields, aged 29 to 61 years old, and similarly to the first group, it presented women only. Most people in the second group had more than 15 years of professional training and experience.

Data were collected from July to October 2015 through a questionnaire sent by e-mail. The invitation to participate in the study contained links to access the following documents: free and informed consent form, referee characterization forms, content of the PJMC in its initial version, and the program evaluation questionnaire.

The questionnaires applied in each referee group were different but had a complementary structure. Nurses were expected to evaluate the proposed objective, subjects, and actions regarding the content, and make an examination of the writing style concerning its face. Specialists accumulated an extra task: they were supposed to inspect the relevance of the program, related to the content domain, in addition to the other items evaluated by the first group. The answers were tabulated and explored with a descriptive statistical analysis run by Microsoft Excel software. Results were also presented in tables and data organization was guided by the "Objective", "Suggested subjects and actions", "Writing style", and "Relevance" blocks.

The present study met the principles established by Resolution 466/12⁽¹⁹⁾, of the Brazilian Ministry of Health, and was approved by the Research Ethics Committee of the School of Nursing of University of São Paulo, as per report 1.105.407.

● RESULTS

In the first round of application of the method, there was agreement between the referees from both groups (CVI > 0.75) for most items. However, it was necessary to carry out a second round with the group of specialists for some items of the "Objective", "Suggested subjects and actions", and "Writing style" evaluation blocks. According to the orientation of the Delphi technique, the items must be corrected and submitted to a new cycle, until referees reach a consensus on the acceptance or rejection of each analyzed item.

Analysis by nursing professionals led to an agreement of 100% for most content-related items. The items that showed bordering indexes were: (i) "It is possible to be introduced in nurses' clinical practice", in the "Objective" block; (ii) "The description of what to do in each home visit"; and (iii) "The instruments and scales proposed to be used in the program can be easily applied by nurses", both in the "Suggested subjects and actions" block.

Regarding the face evaluation, the “Ordering of contents and actions” item, in the “Writing style” block, obtained a bordering CVI. After data analysis, it was noticed that it would not be necessary to repeat the evaluation of the PJMC with the group of nurses, given that the calculated CVIs were higher than 0.75 for every item, and the global index was 0.94.

In the “Objective” block, the group of specialists examined the items about intermediate and long-term results of the program, and the item about the pertinence of the suggested visit schedule, providing a CVI lower than the preestablished minimum value. The other items in this block obtained an agreement of 85.7% when evaluated by this group, as shown in Chart 1.

Chart 1 – Agreement levels obtained by content validity indexes for the “Objective” block of the Jovens Mães Cuidadoras program, as evaluated by the group of specialists. São Paulo, SP, Brazil, 2016.

Items	Scores (%)				Agreement
	Totally adequate	Adequate	Partially adequate	Totally inadequate	
Innovation potential of the goals	42.9	42.9	14.3	-	85.7
Clarity of the objectives	57.1	28.6	14.3	-	85.7
Pertinence of the objectives	57.1	28.6	14.3	-	85.7
Pertinence of the theoretical framework	-	85.7	-	14.3	85.7
Basic propositions	57.1	28.6	14.3	-	85.7
Short-term results	14.3	71.4	14.3	-	85.7
Intermediate results	14.3	57.1	28.6	-	71.4
Long-term results	14.3	57.1	28.6	-	71.4
Pertinence of the proposed home visit schedule	-	71.4	28.6	-	71.4

In the “Suggested subjects and actions” block of the PJMC, the item “The instruments and scales suggested to be used in the program are pertinent to reach care goals” obtained a CVI lower than the established value, 0.66. All the specialists agreed that it is important to train professionals so they can work in this program. The other items analyzed by the group reached an agreement of 85.7%, as revealed in Chart 2.

Chart 2 – Agreement levels obtained by content validity indexes for the “Suggested subjects and actions” block of the Jovens Mães Cuidadoras program, as evaluated by the group of specialists. São Paulo, SP, Brazil, 2016.

Items	Scores (%)				Agreement
	Totally adequate	Adequate	Partially adequate	Totally inadequate	
Support for the practice of care to pregnant adolescents	14.3	71.4	14.3	-	85.7
Support for the practice of postpartum care	14.3	71.4	14.3	-	85.7
Subjects and actions offer support for the practice of care to children and mothers	28.6	57.1	14.3	-	85.7
The listed subjects and actions offer support for the practice of nurses at home visits	14.3	71.4	14.3	-	85.7
The suggested instruments and scales are pertinent	16.7	50.0	33.3	-	66.7
It is important to train nurses	71.4	28.6	-	-	100

According to Chart 3, all the items of the “Relevance” block of the PJMC received a CVI higher than the minimum established value. The “Subjects relevant to promoting child development” and “Emphasizes the clinical practice of nurses” items obtained 100% of agreement among specialists.

Chart 3 – Agreement levels obtained by content validity indexes for the “Relevance” block of the Jovens Mães Cuidadoras program, as evaluated by the group of specialists. São Paulo, SP, Brazil, 2016.

Items	Scores (%)				Agreement
	Totally adequate	Adequate	Partially adequate	Totally inadequate	
Subjects relevant to promoting child development	85.7	14.3	-	-	100
Assumptions important to the practice of nurses	28.6	57.1	14.3	-	85.7
It is an innovative technology	28.6	57.1	14.3	-	85.7
Combination of knowledge and practices characteristics of nurses	14.3	71.4	-	14.3	85.7
It has scale-up potential	28.6	57.1	14.3	-	85.7
An approach that integrates interdisciplinary knowledge	28.6	71.4	-	-	100

Regarding face validity, the specialists’ evaluation revealed that three items in the “Writing style” block of the PJMC did not reach the minimum CVI: “text clarity”, “vocabulary used”, and “language common for professionals”. The other analyzed items obtained an agreement of 85.7%, according to Chart 4.

Chart 4 – Agreement levels obtained by content validity indexes for the “Writing style” block of the Jovens Mães Cuidadoras program, as evaluated by the group of specialists. São Paulo, SP, Brazil, 2016.

Items	Scores (%)				Agreement
	Totally adequate	Adequate	Partially adequate	Totally inadequate	
Ordering of contents and actions	28.6	57.1	14.3	-	85.7
Text clarity	16.7	50.0	33.3	-	66.7
Vocabulary used	14.3	57.1	28.6	-	71.4
Material extension	-	85.7	14.3	-	85.7
Text complexity	14.3	71.4	14.3	-	85.7
Language common for professionals	14.3	57.1	14.3	14.3	71.4

● DISCUSSION

Before a possible expansion of the PJMC beyond the city of São Paulo, where it is currently being tested, it is fundamental to validate the face and content of the program. This means to identify how apprehensible its items are according to professionals and specialists⁽²⁰⁾. This process is indispensable because it facilitates the appropriation and reproduction of the instrument as a health intervention technology and contributes to scale up and apply it in other municipalities.

In Brazil, around 21 initiatives and/or programs oriented to early childhood and adolescent mothers have been described. But literature shows that most of these actions are sporadic, limited to a few municipalities, and carried out by health community workers or lay people trained exclusively for this purpose⁽²¹⁾. Thus, it is important to stress the need to design a longitudinal program, which can be easily reproduced and incorporated by health technicians.

The validation of the PJMC was performed by an examination board made up of nurses and health specialists. Among the former, there was a significant level of agreement in the first round of discussion, given that the global CVI, 0.94, exceeded the minimum value of 0.75 established as a criterion for the program validation. In the specialists' group, some items did not reach the minimum value in the first round, and a second cycle had to occur. However, the global index was 0.84, which confers validation to the program.

The evaluation of the "intermediate and long-term results", "visit schedule", "proposed instruments and scales", "text clarity", "vocabulary used", and "language common for professionals" items by specialists resulted in CVIs lower than 0.75 in the first round, pointing out the need to adapt these items in the formulation of a new version of the instrument.

There was a consensus among referees on the topics concerning the expected intermediate and long-term results of the program. But specialists warned about the limitations of the evaluation of long-term results, especially because of the measurement difficulties in developing countries. In developed nations, studies that assess the long-term impact of programs are common, such as an investigation carried out in Sydney, Australia, whose objective was to evaluate the long-run effect of a visit program on pregnant women and children of a socioeconomically disadvantaged area⁽²²⁾. The authors agreed with the referees on excluding intermediate and long-term results from the guidelines of the PJMC, given the challenges associated with developing longitudinal studies in Brazil.

Still on content validation, the CVI of the "visit schedule" item revealed that specialists had difficulty understanding the proposal, and nurses did not. It is understood that this strategy takes into consideration the establishment of a bond between professionals and families, that is, visit schedule is a factor relevant to the efficacy of interventions oriented to develop parenthood⁽²³⁻²⁴⁾. Specialists did not reach a consensus in the item "The proposed number of visits is adequate for a proper care/intervention" either. A specialist suggested that the program adopted weekly visits as a standard, and another one declared that the frequency should be adjusted according to the mothers' interest. As the visit frequency has a correlation with the establishment of bond and parenthood, it was decided that its importance should be explained during the presentation/recruitment of teenage mothers to the PJMC and the proposed scheme should be kept, given the report of previous successful experiences^(11, 13).

Specialists alerted that the PJMC guidelines have to clarify better that parenthood is an object of intervention because this question is still little understood. A study developed at University of São Paulo⁽²⁴⁾ pointed out the importance to surpass the current opinion of healthcare professionals on the relationship between mothers and children, based on the idea that parents, especially mothers, have "natural" skills to practice parenthood. Understanding this relationship this way may lead to negligence in the bonding between parents and children and the adoption of special care to children.

Specialists mentioned the need to make it "clearer" in the guidelines that interventions must be carried out by nursing professionals that work exclusively in the program, with specific training and properly qualified to execute this function. This concern was expressed as a consequence of the many tasks assigned to nurses in primary care and the Family Health Strategy, which cause professionals to neglect home visiting. This hypothesis was corroborated in a study published in 2015⁽²⁵⁾, which reported that 38% of the nurses who work in primary care and the Family Health Strategy do home visits only when they are asked to. This indicates that home visiting is not part of the schedule of many nurses because of work overload and the high care demand in health units⁽²¹⁾. It is important to emphasize that the PJMC is carried out by specialized nurses, but has to coordinate with the entities already established in the service network, mainly health units.

Nurse referees validated all the items related to the program face. According to the evaluation performed by specialists, three items in this category (text clarity, vocabulary used, and language common for professionals) reached a level of agreement lower than the minimum acceptable (66.7%, 71.4%, and 71.4%, respectively). These values prompted an adjustment in the initial version of the text, to focus on clarity and simplification of the writing.

Regarding the study limitations, it is necessary to stress that comments and suggestions are a rich source of information to improve the program. However, not all the items were addressed by the referees, given that these comments are optional according to the Delphi technique. Future evaluations of the modified

version of the PJMC resulting from the present study may benefit from other qualitative approaches, such as the association of the Delphi technique with focus groups.

● CONCLUSION

It is understood that the structuring of technologies oriented to the improvement of positive parental practices of more vulnerable groups contributes to public policies in the equity perspective. This argument corroborates the analysis published in an editorial of the *The New York Times* newspaper about ways to fight poverty in societies⁽⁵⁾, stressing that it is necessary to invest in programs focused on early childhood that guarantee minimum conditions to make families able to take care of their children with lovingness and responsibility.

It is also noteworthy the potential of the technology under discussion to qualify the actions of nurses that work in primary health care, to strengthen the health potentials of families that are going through a transition process, and not just to meet illness-related demands and complaints⁽²⁶⁾. In this context, the PJMC has the potential to promote good results and impact the life path of mothers, the future of children, and socioeconomic goals of Brazil.

The findings of the present investigation showed that the PJMC is an innovative intervention technology liable to being used in primary health care to offer qualified assistance to mothers and children. The PJMC is innovative in its focus (the strengthening of parental competences), the subject of its intervention (teenagers that become mothers), and the results of its actions (more responsive and emotional mother-child relationships).

To be incorporated as a technology in primary health care, the PJMC needs to overcome some difficulties typical of health technology incorporation. It is a consensus that the incorporation of new knowledge or procedures in the health field is a complex process and involves several points, ranging from ethical to technical elements, which have to play conjointly. Another important aspect refers to the capacity of the new technology to decrease the morbidity or mortality rate of a certain harm or disease, at the cost of its implementation and dissemination among the target public and of the development of the perception of patients or users of its benefit. Because it is a technological innovation, it is necessary to discuss how the PJMC can be incorporated into the healthcare network and what factors influence this inclusion.

The theoretical and operational bases of the PJMC lean on the assumption that investing in mothers and children during early childhood impacts not just the physical and mental health of children, but all the spheres of community life (the economic and educational branches, insertion in the work world, and life as a whole). Examples in developed countries have shown that to fight poverty and break its vicious cycle societies have to invest in programs centered at early childhood and that guarantee families are capable of meeting the needs of their children with affection and responsibility. This may be a powerful argument, in addition to the validation of referees in the present study, to insert the PJMC in the Brazilian healthcare network.

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