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Original article

Care in Early Childhood: Culture Circle as an Educational Technology in the Light of Quaternary Prevention

Cuidado na primeira infância: círculo de cultura como tecnologia formativa à luz da prevenção quaternária

Cuidado en la primera infancia: círculo de cultura como tecnología formativa a la luz de la prevención cuaternaria

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Abstract

Objective: to reflect, together with mothers of children in early childhood, on the therapeutic interventions adopted, in the light of Quaternary Prevention. **Method**: a qualitative study using the Culture Circle with nine mothers of young children, following Paulo Freire's Research Itinerary, which includes the stages of Thematic Investigation, Coding and Decoding, and Critical Unveiling. Data were produced in April 2023 and analyzed in the light of Quaternary Prevention, a professional approach aimed at minimizing harm resulting from inadequate or excessive care practices. **Results**: Generating Themes emerged, decoding naïve conceptions and revealing: "Before seeking a medical appointment, it is worth trying medication at home", "Using home-based health practices may solve the problem", and "Nurses contribute to changing habits". **Conclusion**: changes were observed in the mothers' perspectives regarding therapeutic care, promoting awareness about balancing home practices and scientific evidence. The Culture Circle proved to be a powerful method for health education.
Descriptors: Quaternary Prevention; Health Education; Child care; Nursing; Culture

Resumo

Objetivo: refletir, com mães de crianças na primeira infância, sobre as intervenções terapêuticas adotadas, à luz da Prevenção Quaternária. **Método**: pesquisa qualitativa, utilizando-se o Círculo de Cultura com nove mães da primeira infância, seguindo o Itinerário de Pesquisa de Paulo Freire, com etapas: Investigação Temática, Codificação e Descodificação e Desvelamento Crítico. As informações foram produzidas em abril de 2023 e analisadas à luz da Prevenção Quaternária, ação profissional voltada à minimização de danos decorrentes de práticas de cuidado inadequadas ou excessivas. **Resultados**: emergiram Temas Geradores que decodificaram

concepções ingênuas e revelaram: “Antes de levar à consulta vale tentar medicar em casa”, “Utilizar práticas de saúde caseiras pode resolver” e “O enfermeiro colabora com a mudança de hábitos”. **Conclusão:** houve mudança no ideário das mães sobre o cuidado terapêutico, promovendo a conscientização quanto ao equilíbrio entre práticas caseiras e evidências. O Círculo demonstrou-se um método potente para a educação em saúde.
Descritores: Prevenção Quaternária; Educação em Saúde; Cuidado da Criança; Enfermagem; Cultura

Resumen

Objetivo: reflexionar, junto a madres de niños en la primera infancia, sobre las intervenciones terapéuticas adoptadas, a la luz de la Prevención Cuaternaria. **Método**: investigación cualitativa, utilizando el Círculo de Cultura con nueve madres de niños en la primera infancia, siguiendo el Itinerario de Investigación de Paulo Freire, compuesto por las etapas de Investigación Temática, Codificación y Descodificación, y Desvelamiento Crítico. La información fue producida en abril de 2023 y analizada a la luz de la Prevención Cuaternaria, entendida como una acción profesional orientada a minimizar daños derivados de prácticas de cuidado inadecuadas o excesivas. **Resultados**: emergieron Temas Generadores que permitieron decodificar concepciones ingenuas y revelaron: “Antes de acudir a la consulta vale la pena intentar medicar en casa”, “Utilizar prácticas caseras de salud puede resolver” y “El enfermero contribuye al cambio de hábitos”. **Conclusión**: hubo cambios en las concepciones de las madres sobre el cuidado terapéutico, promoviendo la concientización respecto al equilibrio entre prácticas caseras y evidencias científicas. El Círculo de Cultura demostró ser un método potente para la educación en salud.
Descriptores: Prevención Cuaternaria; Educación en Salud; Cuidado del Niño; Enfermería; Cultura

Introduction

Children remain with an immature immune system until approximately two years of age, achieving full immunological development only during school age and adolescence. This delayed development makes the body more susceptible to infections, requiring frequent vaccinations and medical consultations, especially due to the risks associated with collective environments such as daycare centers and schools.[1]

As a result, early exposure to medical interventions is frequently observed, often motivated by infectious diseases. In this context, the early use of prescribed medications — or even self-medication administered by mothers or caregivers — is common, making medicalization a frequent practice in early childhood. This phenomenon is also associated with the high number of consultations related both to developmental monitoring and to diseases typical of this life stage.[2]

Disease prevention is one of the core responsibilities of Primary Health Care (PHC), articulated with clinical practice and health promotion. In the field of public health, Leavell and Clark proposed the Natural History of Disease model, divided into three levels of prevention: primary, secondary, and tertiary.[3] Primary Prevention aims to promote health and protect against pathological or environmental agents. Once pathogenesis begins, secondary prevention focuses on early diagnosis and prompt treatment. Tertiary Prevention, in turn, addresses established disease and its sequelae, emphasizing rehabilitation.[3]

Quaternary Prevention (QP) was recognized by the World Organization of National Colleges (WONCA) in 2003 as a fourth level of prevention. It involves identifying individuals at risk of excessive treatment in order to protect them from unnecessary or inappropriate interventions and to offer ethically acceptable alternatives. QP proposes the conscious management of intervention and irrational medicalization, whether diagnostic or therapeutic, seeking to avoid iatrogenic harm and promote care practices grounded in ethical principles.[4-5] In recent decades, an intensification of medicalizing and interventionist practices has been observed, often without necessity, potentially causing harm to health — especially when such practices occur at home without professional guidance.[6]

QP has been widely discussed in Medicine and, more recently, in Nursing, given that nurses increasingly assume prescribing roles and act as protagonists in health education across different contexts. Therefore, recognizing Quaternary Prevention as a fundamental PHC strategy is highly relevant to the field of Nursing.[7]

In this scenario, fostering preventive and educational practices with mothers — especially during early childhood — becomes essential through actions that promote conscious and culturally sensitive care. Cultural competence requires health professionals to develop knowledge, attitudes, and skills to work with diverse populations.[7] In this context, Paulo Freire's Culture Circle was adopted as a pedagogical and dialogical strategy to approach these women, recognizing them as primary caregivers and active subjects in health care.

There is also a gap in the literature regarding the potential of participatory interventions with an educational and preventive focus directed toward this population. Therefore, this study aimed to provide mothers with a formative and reflective experience focused on preventing the inappropriate — and sometimes excessive — use of medications, as well as the unnecessary pursuit of invasive therapies. This proposal also sought to contribute to patient safety, especially child safety, within the PHC context.[8-9]

The study sought to answer the following question: how do mothers of children in early childhood reflect upon and re-signify the therapeutic interventions adopted through dialogical problematization in a Culture Circle, in the light of Quaternary Prevention?

Thus, the objective was to reflect, together with mothers of children in early childhood, on the therapeutic interventions adopted, in the light of Quaternary Prevention.

Method

This is an action research study with a qualitative approach, developed based on Paulo Freire's Research Itinerary, using the Culture Circle as a pedagogical resource. This strategy enables a dialogical experience grounded in reflections on real situations of collective interest. This methodological framework has proven effective for health prevention practices and is widely used by nurses in participatory interventions, making it consistent with the objectives of this study.[10-12]

The Freirean Itinerary consists of three interdependent stages: (1) Thematic Investigation, aimed at identifying the participants' vocabulary universe and everyday themes, from which the Generating Themes emerge; (2) Coding and Decoding, a stage focused on exploring the meanings attributed to the themes, stimulating knowledge expansion and the development of critical awareness; (3) Critical Unveiling, a moment of deeper reflection on the coded content, seeking to interpret reality and recognize possibilities for intervention.[11]

The Culture Circle was conducted in April 2023 at a Primary Health Care Unit (PHCU) in the municipality of Chapecó, Santa Catarina, Brazil. Nine women participated, all mothers of children in early childhood, a number considered appropriate for the dialogical dynamics proposed by the Culture Circle, which values interaction and active participation among members. Participants were identified by Community Health Workers (CHWs) according to the following inclusion criteria: being the mother of a child aged between zero and six years, regardless of the number of children. Women whose children were outside the defined age range or who were unavailable to participate were excluded.

The CHWs conducted individual invitations during home visits and/or at the PHCU itself, presenting the study objectives. Mothers who expressed interest had their contact information forwarded to the research team, which confirmed the date and time of the meeting. All invited mothers agreed to participate. There were no refusals or withdrawals.

Participant recruitment was supported by the professor responsible for the Child Health Nursing course, part of the Nursing undergraduate curriculum at the proposing university, who supervises theoretical-practical childcare activities at the unit.

The Culture Circle lasted approximately two hours and was mediated by a nurse-researcher with theoretical and practical experience in child care. A second researcher acted as facilitator, being responsible for audio recording the dialogues, taking notes, and conducting real-time literature searches whenever doubts or reports required immediate clarification.

The activity began with the Thematic Investigation stage, during which the Informed Consent Form was presented, followed by participants' self-introductions. To encourage participation, a playful dynamic involving fictional cases based on common early childhood situations — such as colic, flu-like symptoms, diarrhea, and insomnia — was used. The cases were numbered and placed on a table; each participant selected a number and read the corresponding case aloud. They were then invited to describe the care practices they would adopt in similar situations and to write on a sheet of paper a word representing their actions.

During the Coding and Decoding stage, the mothers were encouraged through further questioning regarding the origins of their knowledge, the perceived effectiveness of the adopted practices, and their benefits and possible risks. This stage enabled participants to recognize their own practices and promoted critical reflection about their validity and safety. Through dialogue, the Generating Themes were coded, expressing a critical analysis of the reality experienced by each participant. The women began to recognize themselves as active agents in the care of their children, highlighting the need to review everyday practices.

Subsequently, the Critical Unveiling stage — the final phase of the Itinerary — was conducted. This stage expands participants' reflective capacity and strengthens empowerment by making them aware of the possibility of transforming their practices.[13] Listening to the reports and engaging in dialogue promoted the re-signification of deeply rooted practices, and themes emerged as syntheses of collective reflection.

The full transcripts were not individually returned to participants; however, the Generating Themes and the interpretations produced were collectively validated during the Culture Circle itself, in accordance with the dialogical nature of the Freirean framework.

The analytical organization was based on the identification of the Generating Themes emerging during the Thematic Investigation stage, later deepened during Coding and Decoding and synthesized during Critical Unveiling. The researchers conducted floating reading and successive analytical readings of the transcripts to deepen the identification of meaning cores that had already emerged during the meeting. These themes were grouped into meaning cores corresponding to early medicalization practices, the use of home-based practices, and professional mediation, constituting the study's analytical structure.

Considering the interventionist and formative nature of action research, the classical criterion of theoretical saturation was not adopted as a parameter for ending data production. However, recurrence and density were observed in the emerging Generating Themes, which were considered sufficient to answer the study objective.

No qualitative analysis software was used, since data organization was conducted manually and grounded in the Freirean framework. The validity of the interpretations was ensured through collaborative analysis among researchers, triangulation between audio recordings and field notes, and internal coherence between statements, Generating Themes, and presented syntheses, respecting the action-reflection-action movement proposed by the Freirean Itinerary.

This study is part of the broader research project entitled "Quaternary Prevention in Primary Health Care: interfaces with best health practices", developed by the Laboratory of Innovation and Technologies for Care Management and

Permanent Health Education (LABIGEPS) at the Universidade do Estado de Santa Catarina. The study complied with Resolutions 466/2012 and 510/2016 and was approved by the institution's Research Ethics Committee under CAAE number 10420819.0.0000.0118 and Opinion number 3.375.951/2019. Ethical guidelines established by the National Health Council were respected, and all participants signed the Informed Consent Form. Participants' right to withdraw and the confidentiality of the data were guaranteed, ensuring anonymity through coded identification using the letter "P" followed by a numeral (P1, P2, P3...).

Results

The analysis was organized according to the stages of Paulo Freire's Research Itinerary, adopted as the methodological foundation of the study. This structure directly aligns with the study objective, which was to reflect, together with mothers of children in early childhood, on their therapeutic practices in the light of QP, understanding reflection as a process of problematization capable of producing new meanings and reconfigurations in caregiving practices.

Thematic Investigation

In the first stage of the Culture Circle, the Thematic Investigation, fictional cases involving common early childhood situations — such as flu-like symptoms, colic, diarrhea, and insomnia — were presented. Based on these cases, participants expressed their repertoire of knowledge and practices, revealing care behaviors adopted in daily family life.

When faced with flu-like symptoms, the predominant conduct was to medicate at home using antipyretics and other medications before seeking professional care:

> *"I try giving medication first, and only then take the child to the pediatrician." (P1)*
>
> *"After letting my daughter have a fever for a while, I take her to the doctor, but first I treat her at home." (P5)*
>
> *"I would try medication first, see if it improves, and only then seek a consultation. I have always medicated at home." (P6)*

> *"I try treating it at home first; otherwise, I go to the doctor. When I realize it is not improving, then I take the child to the doctor." (P3)*

In cases of colic, practices such as herbal teas and "little remedies" were naturally mentioned:

> *"I would give tea and a little remedy for colic." (P3)*
>
> *"I would also give medicine for stomach pain, for colic." (P4)*
>
> *"A little remedy for colic, that's it!" (P8)*

These statements express a shared social imaginary in which medicalization is perceived as the first expected response to children's suffering, even before professional evaluation. Such practices are socially accepted and transmitted across generations as effective and immediate forms of care.

Coding and Decoding

In the second stage of the Itinerary, mothers were encouraged to reflect on the reasons behind their choices and the knowledge supporting them. Dialogue expanded participants' critical awareness, revealing fears, insecurities, and deeply rooted beliefs sustaining their practices.

> *"I am afraid of seizures because throat infections usually cause very high fever. My youngest child also had seizures." (P2)*
>
> *"I get scared because sometimes you may do something wrong, and then what?" (P8)*
>
> *"When the child is very young, it is difficult to guess what it might be. You need to take them to the doctor even to feel more reassured." (P1)*
>
> *"I prefer to believe in faith rather than only going to the doctor." (P7)*

These reports reveal that behind apparently automatic actions lie suffering, traumatic experiences, and cultural beliefs that shape maternal practices. Fear of illness and death, as well as the search for control and protection, motivate early—and sometimes unnecessary—medicalizing behaviors.

During this stage, the mediator contributed technical information and scientific evidence, demystifying certain beliefs and strengthening bonds with participants. The dialogical process promoted a transition from a naïve perspective to a more critical and conscious understanding of child care, in accordance with the principles of QP.

Critical Unveiling

In the third stage, Critical Unveiling, mothers deepened their reflections on their practices and began recognizing alternative and less interventionist forms of care that respect both the child's timing and family empirical knowledge.

When discussing a case of diarrhea, natural practices emerged as the first choice:

> *"I would give cornstarch water." (P4)*
>
> *"Homemade oral rehydration solution." (P2, P9)*
>
> *"I would give an intestinal flora replacement." (P7)*

For flu-like symptoms, non-pharmacological measures were also suggested:

> *"The right thing would be to wait about three days. A warm bath." (P2)*
>
> *"If there is fever, give a warm bath [...] some tea, plenty of hydration, wait about two or three days before looking for a doctor." (P9)*

In cases of childhood insomnia, reports associated care with observation, comfort, and spirituality:

> *"First I perform a blessing ritual, then I put ash on the belly [...] afterward I give a calming tea. Praying is never too much." (P7)*
>
> *"First I would try to calm the child down." (P8)*
>
> *"I would try to see what is going on [...] maybe I am giving too much food? Maybe it is the cartoons?" (P9)*

The mothers also mentioned home-based practices for colic care:

> *"I would massage with a little oil." (P1)*
>
> *"I would pay attention to my diet." (P2, P5, P6)*
>
> *"A warm compress helps a lot with colic." (P9)*

These statements demonstrate that, despite the initial tendency toward medicalization, participants recognized the value of home-based practices rooted in popular wisdom as effective and affectionate care strategies.

Some mothers also reported changes in their practices after receiving guidance from health professionals, especially nurses, indicating the importance of health education as an instrument of Quaternary Prevention:

> *“I used to swaddle tightly, but the nurse taught me that we should no longer do that.” (P6)*
>
> *“I used to wrap the belly with a coin and everything [...] after listening to the nurse, I understood that this could be harmful.” (P7)*

The discussion was mediated through problematizations of the identified Generating Themes, proposing a critical perspective on the participants’ initial behaviors and fostering new possibilities for safer and more appropriate care. The activity demonstrated that mothers were capable of revising their practices through collective reflection and shared knowledge.

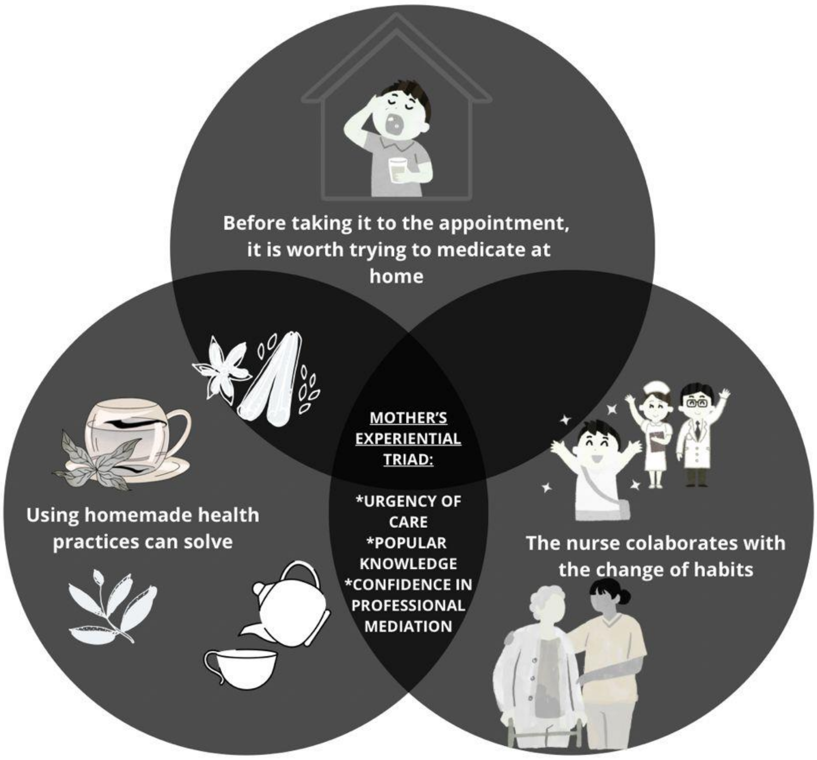
Synthesis of the Generating Themes

The three Generating Themes that emerged and were re-signified during the Culture Circle were:

1. Before seeking a consultation, it is worth trying medication at home.
2. Using home-based health practices may solve the problem.
3. Nurses contribute to changing habits.

These themes translate the experiential triad of the mothers: the urgency of care, the value of popular knowledge, and trust in professional mediation. The discussions demonstrated that, by becoming aware of their habits and beliefs, participants were able to construct safer and more dialogical alternatives for care, aligned with the principles of Quaternary Prevention.

Figure 1 – Generating Themes based on the mothers' experiential triad in caregiving



The formative process was equally meaningful for the researchers, who learned from the mothers' reports and knowledge, reaffirming the Culture Circle as a space for horizontal exchange and collective knowledge construction.

Discussion

The findings revealed that the participating mothers mobilized a complex repertoire of popular and home-based practices in caring for children during early childhood, particularly measures such as herbal teas, massages, blessing rituals, hydration, and self-medication with analgesics and antipyretics. Although these practices are deeply rooted in women's cultural background and lived experiences, they also present risks when not guided by health professionals, especially in early childhood, when children's bodies are more vulnerable.[14] In this sense, Quaternary Prevention (QP) operates precisely at the intersection between valuing cultural care and critically addressing excesses, proposing ethical, sensitive, non-iatrogenic, and technically responsible care.[5-6] By encouraging mothers to reflect on the effectiveness and limitations of their practices, the Culture Circle proved to be a powerful social technology for health education, aligned with the principles of Primary Health Care (PHC) and the popular health education framework advocated by the Brazilian Unified Health System (SUS).[15]

The use of the Culture Circle as a participatory methodology promoted listening and appreciation of mothers' experiences, favoring the collective construction of knowledge. This type of strategy functions as a relational and light technology capable of integrating popular and scientific knowledge in order to promote health, equity, and health citizenship.[12-13] It represents a non-hierarchical educational strategy consistent with the National Policy of Popular Education in Health within SUS, especially when applied to vulnerable and socially marginalized groups, such as mothers of young children living in peripheral communities.[15-16]

This emerging perception reveals a movement toward de-medicalizing the initial response to children's illness and aligns with QP by avoiding low-value immediate interventions, such as unnecessary consultations and prescriptions, provided that care is guided by warning signs, observation time, and planned follow-up—essential elements to ensure that "caring at home" remains safe and proportionate. In pediatrics, international guidelines and initiatives recommend avoiding antibiotic prescriptions and diagnostic tests when not indicated, while also communicating risks and benefits to families in order to strengthen shared decision-making.[17]

The analysis also reinforces that, although home-based practices may constitute an immediate response to childhood illness, there remains a risk of early medicalization and unnecessary interventions. It is at this point that QP becomes essential by proposing a critical and bioethically oriented model of care capable of protecting children and mothers—subjects in vulnerable conditions—from harms associated with the inappropriate use of medications or excessive therapies.[4-6,18] Professional mediation, through dialogue with maternal knowledge and the re-signification of practices, highlights the relevance of educational practices that promote informed family autonomy and strengthen the safety of care in early childhood.

International literature has emphasized that participatory approaches such as community-based participatory research (CBPR), participatory action research (PAR), co-creation, and co-design increase the relevance, rigor, and sustainability of interventions by integrating experiential knowledge throughout all stages of the action-research cycle. World Health Organization (WHO) frameworks and guidelines systematize principles, levels, and actions for community engagement conducted “with” people rather than “for” people, aligned with the principles of Alma-Ata and Ottawa, as well as with recent frameworks for engaging individuals with lived experience, emphasizing dignity, power/equity, and the institutionalization of participation. These references support the use of the Culture Circle as a dialogical educational technology for early childhood care, fostering critical analysis, shared responsibility, and collaborative decision-making.[18–20]

Finally, the integration between popular knowledge and scientific evidence reaffirms the centrality of health education as a strategy for promoting health and equity, as established in the National Policy of Popular Education in Health and the SUS guidelines.[15] In this context, QP should not be understood merely as limiting interventions, but rather as promoting safe, humane, and culturally sensitive practices. Thus, the dialogical and participatory approach proved capable of expanding mothers’ critical awareness while simultaneously strengthening the role of Nursing in PHC as an agent of comprehensive health promotion and bioethical protection against therapeutic excess.[21]

In line with international evidence, our findings indicate that participatory methodologies—here operationalized through the Culture Circle—enhance critical awareness and promote changes in parental practices during early childhood, while QP provides an ethical lens to prevent harm caused by excessive care, balancing home self-care and evidence-based conduct. The literature supports the institutionalization of group discussions and workshops within communities and Nursing education settings. Therefore, participation and QP form an integrated axis for improving child care and guiding intersectoral policies focused on health and development in early childhood.[19–20]

Study limitations include the small number of participants and the realization of only one face-to-face meeting, which may have limited the depth of reflections.

This study contributes to strengthening Nursing educational practices in Primary Health Care by demonstrating that the Culture Circle can be a powerful space for promoting pediatric patient safety, QP, and active listening to mothers. It provides evidence regarding the effectiveness of light social technologies, such as dialogue and problematization, in transforming practices related to childhood self-medication without imposition or judgment. Furthermore, it reinforces the need for health professionals to be trained in culturally sensitive approaches that respect users' beliefs and experiences in order to promote comprehensive care and autonomy.

Finally, this research is also aligned with the Sustainable Development Goals (SDGs):[22] SDG 3 – Good Health and Well-being, by promoting safe and conscious childcare practices; SDG 4 – Quality Education, by adopting participatory and dialogical methodologies; and SDG 10 – Reduced Inequalities, by valuing popular knowledge and promoting inclusion and equity in access to health care. All these elements also contribute to promoting the health of both mothers and children.[23]

Conclusion

Through a participatory intervention based on the Culture Circle, it was possible to reflect together with mothers of children in early childhood on therapeutic practices that, although well-intentioned, may be risky, unnecessary, or excessively medicalizing. The dialogical process fostered participants' critical awareness, promoting changes in their caregiving practices, particularly through the appreciation of less invasive and safer alternatives.

The study highlighted the potential of the Culture Circle as a social and pedagogical technology within the practice of Popular Health Education, especially in the context of Nursing in Primary Health Care (PHC). By mobilizing both popular and scientific knowledge, this strategy proved effective in raising awareness about Quaternary Prevention (QP), encouraging the revision of habits and strengthening mothers' autonomy in decisions related to their children's health.

The research also contributes to the practice of PHC professionals, particularly nurses working in childcare consultations, by offering an educational model grounded in listening, dialogue, and shared responsibility. Furthermore, it reinforces the relevance of incorporating participatory methodologies as tools for health production, person-centered care, and the generation of evidence applicable to everyday primary care practice.

It is recommended that nurses incorporate QP principles into childcare consultations, especially through systematic guidance on the rational use of medications, the problematization of early medicalizing behaviors, and the appreciation of safe cultural practices mediated by scientific evidence. It is also suggested that Culture Circles or educational groups with mothers and caregivers be conducted regularly as a structured Popular Health Education strategy, fostering shared responsibility and informed decision-making. The implementation of QP in PHC may be operationalized through educational protocols, qualified listening during consultations, discussion of common cases (fever, colic, diarrhea, insomnia), and documentation of guidance in medical records, thereby strengthening pediatric patient safety.

Thus, it can be concluded that promoting QP through light technologies such as the Culture Circle may reduce iatrogenic risks, enhance pediatric patient safety, and contribute to a more rational use of health resources, in alignment with the principles of the Brazilian Unified Health System (SUS) and the guidelines for comprehensive, resolutive, and humanized care. By integrating a dialogical approach, cultural competence, and clinical responsibility, Nursing consolidates its strategic role in preventing excessive medicalization and promoting safe practices in early childhood.

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