

# STRATEGIES OF WOMEN AND FAMILY MEMBERS IN COPING WITH CONGENITAL ZIKA VIRUS SYNDROME

## ESTRATÉGIAS DE MULHERES E FAMILIARES NO ENFRENTAMENTO DA SÍNDROME CONGÊNITA DO ZIKA VÍRUS

## ESTRATEGIAS DE LAS MUJERES Y LOS MIEMBROS DE LA FAMILIA PARA HACER FRENTE AL SÍNDROME CONGÉNITO DEL VIRUS DEL ZIKA

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**Objective:** to know the family resources and coping strategies used in the situation of caring for a child with Congenital Zika virus Syndrome. **Method:** qualitative and interpretative research conducted with women affected by Zika virus during pregnancy and children diagnosed with Congenital Zika virus Syndrome, through thematic analysis of content based on the model of resilience, stress, adjustment and family adaptation. Data collection was performed through semi-structured interviews and the construction of genograms and ecomaps of families as support. **Results:** the families, their families, their own friends, neighbors, groups, community people, health professionals, sources of information and faith in God, contributed as resources to the women and families. **Final considerations:** the strategies used by women and their families to care for children with Congenital Zika virus syndrome sought to find a singular path, seeking balance in the adaptation process, according to each reality and need.

**Descriptors:** Microcephaly. Zika virus. Family adaptation. Women's Health. Family Relations.

*Objetivo: conhecer os recursos familiares e as estratégias de enfrentamento utilizadas na situação de cuidar de uma criança com Síndrome Congênita do Zika vírus. Método: pesquisa qualitativa e interpretativa realizada com mulheres acometidas pelo Zika vírus na gestação e filhos com diagnóstico da Síndrome Congênita do Zika vírus, mediante análise temática de conteúdo embasada no modelo de resiliência, estresse, ajustamento e adaptação familiar. Coleta de dados realizada por meio de entrevistas semiestruturadas e construção de genogramas e ecomaps das famílias como suporte. Resultados: contribuíram como recursos para o enfrentamento das mulheres e famílias a própria família, amigos, vizinhos, grupos, pessoas da comunidade, profissionais de saúde, fontes de informação e a fé em Deus. Considerações finais: as estratégias utilizadas pelas mulheres e seus familiares para cuidar de criança com Síndrome Congênita do Zika vírus procuraram encontrar um caminho singular, em busca do equilíbrio no processo de adaptação, conforme cada realidade e necessidade.*

*Descritores: Microcefalia. Zika vírus. Ajustamento Social. Saúde das Mulheres. Relações Familiares.*

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*Objetivo: conocer los recursos familiares y las estrategias de afrontamiento utilizadas en la situación de cuidado de un niño con Síndrome Congénito del virus del Zika. Método: investigación cualitativa e interpretativa realizada con mujeres afectadas por el virus Zika durante el embarazo y niños diagnosticados con Síndrome Congénito del virus Zika, a través del análisis temático de contenido basado en el modelo de resiliencia, estrés, adaptación y adaptación familiar. La recolección de datos se realizó a través de entrevistas semiestructuradas y la construcción de genogramas y ecomapas de familias como soporte. Resultados: las familias, sus familias, sus propios amigos, vecinos, grupos, personas de la comunidad, profesionales de la salud, fuentes de información y fe en Dios, contribuyeron como recursos a las mujeres y las familias. Consideraciones finales: las estrategias utilizadas por las mujeres y sus familias para cuidar a los niños con Síndrome Congénito del virus del Zika buscaron encontrar un camino singular, buscando el equilibrio en el proceso de adaptación, de acuerdo a cada realidad y necesidad.*

*Descriptores: Microcefalia. Virus Zika. Adaptación familiar. La salud de la mujer. Relaciones Familiares.*

## Introduction

Mothers of children born with Congenital Zika virus Syndrome (SCZ) have shown an experience marked by expressions of suffering and pain, determination to cope with difficulties, high ability to adapt to the situation and find new ways to approach motherhood and life<sup>(1)</sup>.

Although the relationship between microcephaly and Zika virus (ZIKV) transmission is confirmed and the repercussion is widely debated, much of the research is carried out with the objective of investigating and knowing ZIKV and its causes and/or the follow-up and development of affected children, restricting itself to biological processes on infection, transmission and alterations in the neurological development of children who have microcephaly related to the virus<sup>(2)</sup>. Other studies seek to understand how transmission occurs, the gestational period of greater transmission vulnerability and what other malformations may be caused in the fetus<sup>(1)</sup>.

Children with SCZ have particular health needs that have repercussions on their families and society. The challenges arising from raising a child with malformations, disabilities and/or special needs require a lot of effort and give rise to concerns that can generate high levels of stress. It is important to emphasize that, after the period of diagnosis and/or birth, the focus of care becomes the child. Thus, the path of good care should be directed to all involved, and it is necessary to give visibility also to the demands of these families.

The changes caused in the family's functioning patterns to deal with the demands created by a

disease, especially in chronic conditions, require alternatives for reorganization and resources to cope with the problem, which can lead to a situation of family crisis<sup>(3)</sup>.

The strategies used by mothers to deal with difficult situations will be responsible for the transformations of adaptation to the new situation<sup>(1)</sup>. Knowing the resources and coping strategies used by mothers and family members of children with SCZ, health professionals, especially nurses, may provide more qualified prenatal care, at the time of information of the diagnosis, and also in the reception, care and emotional support to these families.

Thus, the objective of this study was to know the resources and coping strategies used by mothers and family members to deal with congenital Zika virus syndrome.

## Method

This is a qualitative study, interpretative type, whose method was thematic content analysis, based on the model of resilience, stress, adjustment and family adaptation of McCubbin and McCubbin, developed according to the criteria recommended by the Consolidated Criteria for Reporting Qualitative Studies (COREQ).

The proposed model helps health professionals to evaluate the functioning of the family and intervene in the system to facilitate adjustment and, in most situations of disease, family adaptation, as well as to develop intervention strategies based on a

systematic diagnosis and evaluation of stress, not only in the reactions to the disease, without a careful and complete estimate of the reaction of the family system<sup>(3)</sup>.

When searching for mothers of children with SCZ, the research scenario of the research chosen was the *Centro Especializado em Reabilitação* (CER) of Campina Grande (PB), because it is a reference for the entire state. Data were collected between June and November 2017.

The inclusion criteria established to define the research participants were: women over 18 years of age affected by ZIKV during pregnancy (confirmed by laboratory examination) and children diagnosed with SCZ. Women whose children presented microcephaly associated with other causes, women with some type of cognitive inability to participate in the research, who did not live in the state of Paraíba and were not registered and attended at the Specialized Rehabilitation Center, as well as mothers of children accompanied by other family members in care, were excluded.

Data collection was performed by one of the researchers, through semi-structured interviews and construction of genograms and ecomaps of families as support. The interview contained the following questions: "In your opinion, what resources of your family or the strategies you use were important to address diagnostic information? About the first few years after birth: Tell me what your child's life was like for you and your family, from birth to the present moment. What were the most useful things for you initially? In your opinion, what are the resources/strategies currently needed in your family to deal with having a child with congenital Zika virus syndrome?"

To end the data collection, the theoretical saturation of the data was considered. Thus, the participants of the research were 40 mothers of children with SCZ, living in the state of Paraíba.

The interviews were recorded in a digital device and transcribed in full by one of the researchers for analysis and interpretation of the discourses. The average duration of the interviews was 20 minutes and 47 seconds,

totaling 819 minutes and 11 seconds. The longest lasted 1 hour, 9 minutes and 29 seconds and the shortest duration was 9 minutes and 22 seconds. The specificities expressed in reality and observations were recorded in a field diary.

For material analysis, the thematic content analysis technique was used and carried out through three stages. The first stage, called pre-analysis, is the initial phase of organization of ideas and preparation for analysis, with the choice of available documents, in which hypotheses and intuitions are elaborated. The second stage refers to the exploration of the material, performed in a more judicious and systematized way the reading and organization of the interviewees' statements; this step is considered the longest and most exhaustive. Finally, the third stage consists in the treatment of the obtained results and their interpretation, allowing the establishing results tables, divided into thematic categories, according to the analyzed statements<sup>(4)</sup>. The categories were defined directly according to the theoretical framework: family resources and social support.

To ensure anonymity, the participants were identified in an alphanumeric manner, according to the first letter of the category to which they belonged: W for women and C for children. The names of physicians mentioned in the discourses were replaced by the letters X and Y, following in which they appeared, as well as hospitals, named X, Y and Z.

The fieldwork began after approval by the Ethics and Research Committee of the *Universidade Federal de Campina Grande* under Opinion n. 2,118,518, of June 13, 2017, and *Certificado de Apresentação de Apreciação Ética* (CAAE) 68246017.5.0000.5182, meeting the requirements of Resolution n. 466/2012 of the National Health Council, which regulates the guidelines and research standards involving human beings<sup>(5)</sup>.

## Results

The study population was 40 mothers of children with SCZ from different cities in the

state of Paraíba, aged between 18 and 39 years. Regarding the declared color, the majority (27 mothers) reported being brown, five said they were white, four, black, three, yellow and one did not specify. Regarding marital status, 29 had a steady partner, married or with a stable union, five were single, three were separated, two divorced and one widowed. The children were aged between one year (12 months) and two years and two months (26 months), with a mean age of 19.4 months.

Based on the statements and with the objective of knowing the family resources and coping strategies used in the face of the situation of caring for a child with SCZ, two thematic categories emerged: family resources and social support.

### *Family resources*

In this study, family resources were represented by mothers, mothers, children and family members.

In this context, women spontaneously reported the importance of helping their mothers in the care of the child with the SCZ.

*So, from time to time, mommy gets there and helps me with her and with the housework, because she doesn't let me do anything.* (W12).

*Who helped me a lot in the beginning, I'll tell you something, my mother was always my right arm. She helped me a lot, in that part of the family.* (W34).

Others emphasized the support received from the partner in child care, even if it was not in direct care.

*Thank God he understands, he knows it's for her good. If I'm going to spend the whole week here in Campina, I'll pass, and he doesn't complain.* (W12).

*So when I told him he was going to be born with microcephaly, he asked, "But what is that?" Then I explained everything [...] then he said: "You're alive is what matters, let's fight, right?" I said: "Yeab" Then, thank God, I have his support [...]* (W18).

*He was super calm [...] he knew a lot more about the subject than I did. He basically explained to me more about microcephaly [...] the information was mostly coming from him... That was essential, his support.* (W23).

*At first he also cried, but he supported me a lot[...] he stayed from my 4 months until the date she was born... I stayed at my mother's house [...] and he was understanding in that part.* (W29).

*After C42 was born, he came away. He saw that I was very worried and said: "No, no problem, it's our son, we'll take care of it, I'll help you."* (W39).

Some mothers reported to their children when asked about the people who helped them in the coping process.

*After I got C11, my boys used to say: "Mom, why is he crying?" Then I told them everything, then W[the brother] understood and told me not to be like that, no. He always supported me a lot[...] Usually the one who takes care is me and my 10-year-old boy.* (W9).

*The brother wakes up early, at 6 a.m. he is already waking up. First thing he does is go into the bedroom and kiss him. Then have a good day and go watch it later.* (W15).

The support of other family members also appears as an important resource to face the whole context of the adaptation of the SCZ, involving mainly the closest family members, but with little prominence.

*My family hugged in a way I thought I wouldn't. I thought they were going to discard my son... But no, today everything is crazy about him. Anything has to be C4. If something happens, run to the hospital because of C4.* (W3).

*A member of my family who helped me, taking her to her house from 7 am to 11 a.m., so I could sleep.* (W4).

*My family. My family is there all the time, right? Mother-in-law, aunts, grandmother.* (W37).

### *Social support*

The strategies identified in the context of social support are related to the people present in the daily lives of mothers who were important in the process of adaptation, the use of applications, the Internet and the "faith in God" for coping.

In this sense, W9 said that the mayor of his city was chosen to be godmother to his son, because it helps in whatever it takes and does not miss basic items, such as milk and medications. W14 highlighted the daycare center's caregiver; W16 remembered the pastor of his church; W18 considered its Community Health Agent (CHA); W26, on the other hand, had great regard for her neighbor, who supported her when she was expelled from her parents' home; and W36 paid one person to stay with the child while at work during the morning shift.

We also highlight the support of professionals involved in the context of birth and first care,

both in prenatal and hospital care and in primary care follow-up. It was observed that the women's statements praise the SUS.

*All the health professionals close to my house [...] when they found out that he had microcephaly, they welcomed me with open hands [...] they never mistreated my son [...] they always liked him. So, when I was on guard, they always went to my house to visit, to ask if he was okay [...] everyone liked it. (W3).*

*When I arrived at Hospital X, it was Dr. X first, then she explained to me, she said she didn't know where his microcephaly had come from [...] that I would go through the entire disciplinary team. The physical therapy girls help us a lot, the psychologist too... because we don't just have therapy and home, therapy and home... (W6).*

*The professionals at hospital X were very important [...] if it weren't for the professionals, we wouldn't have had so much strength to come [...] I often came home and cried a lot [...] but then there was the psychologist and we talked a lot with her. (W15).*

*[...] it was the doctor there in my city, doctor Y, he is a pediatrician [...] when I was doing prenatal care, then I would go with him, and he would say to me: "W34, anything on my phone, call me, something." He was always worried about me [...] I was never abandoned by any medical team, here in Paraíba, especially here in Campina Grande [...] they've helped me a lot in this fight, right? (W34).*

During the data collection period, some mothers began to be attended also by a philanthropic institution, and showed satisfaction for the care received.

*Dr. X was a refuge that God placed in our lives. She supports us a lot [...] Because there we are not only known; We became a family that one can count on the other. (W29).*

*Because I've been with Dr. X since the beginning... Everyone knows the mothers there; there you have coffee, make yourself comfortable, have lunch. If you want to sleep for the next day do something here. (W33).*

*I tell everyone I have two families. I have the family of mothers with microcephaly, both from the specialized rehabilitation center and the philanthropic institute, and my family at home. When I'm at home I miss it here. (W34).*

The performance of health professionals is fundamental and transformative for the family foundation of children with SCZ, both in the issue of support and support in receiving the diagnosis and for the power they exercise during the adaptation process.

Among the professionals mentioned, the psychologist of a hospital was highly praised. Both in relation to her support, as well as the

lack she made when she was disassociated from the institution:

*After she started the treatment at hospital X, we had the psychologist [...] she was the one who was essential. She had a group of mothers, in the beginning, then, unfortunately, the group ended. (W23).*

*As we already come, we already take advantage of it, because it was like that, it was the same opening hours as C31. Then, while I was in attendance, I was in her, she misses me a lot. (W29).*

*No, I've been to hospital X, I learned a lot from the psychologist, but now I'm out of it, sometimes I get nervous and say: "I need a psychologist urgently!" [...] I'm getting nervous again. She was too good! Now I'm feeling as if you were a psychologist... (W34).*

The use of applications through mobile phones and/or Internet/social networks also appeared as a strong resource throughout the coping process.

*Now I'm disappearing a little with the cell phone, which I bought now, about 5 months ago. Then, when I'm going to try to lighten up, get more things out of my head, talking to my sister-in-law. (W6).*

*We have a great friendship, we have a WhatsApp group that has a hundred and I don't know how many mothers [...] the group is formed in Campina, but there are people from different places [...] (W13).*

*I created a page and, at the beginning of this page, some mothers came to say that they were pregnant, that they had had Zika, and were afraid of having a child... I only explain that it is difficult, but it is something that helps to strengthen us more [...] but, after her, I feel that I have more strength... Who would have thought that I would spend several days alone in a hospital with a sick child [...] I always needed someone's help, and not nowadays. I run after anything for them. (W32).*

Internet search, despite often providing negative information, was referred to as a valid tool, for also providing knowledge and demystifying wrong information.

*Girl, the media was the one who spoke the most [...] my mother is very fond of watching the newspaper; she always talked about microcephaly [...] First because we didn't even know how to deal, because it's all new, right? [...] we have to learn every day what it was, what could happen [...] We have to work, the professionals, a psychologist mainly, to raise awareness [...] because if we don't know exactly what our child has, how are we going to be able to deal with it? [...] knowing what is microcephaly associated with Zika to be able to treat [...] when you have an over-the-knowledge, it is easier to deal with the situation to be able to take care of it... (W23).*

*So I was relieved, because when I put brain calcification in the damn "Google", appeared children who really vegetate, then I was devastated! But then, when he said they had microcephaly, because he has a friend of my*

*father's who has microcephaly, and he does everything. yes, so I wasn't so devastated, no. (W31).*

*When I put there "enlarged ventricle", which in her case was altered, increased one I put precisely the result of the tomography, then I saw those huge heads, I just knew how to cry, cry, cry ... (W36).*

The search for information about the disease contributed to a negative appreciation of the stressful event. However, knowledge about SCZ meant opportunities to facilitate coping and favor the adaptation process.

Faith in God, regardless of religion, also appeared as a resource that helped to confront mothers in the face of SCZ.

*What helps is faith in God, which is the first thing we have and hope for better days... (W4).*

*I got used to everything about him. I'm going to rely only on myself and God. I pray to God that he doesn't get sick, because I don't have anyone else to tell. (W25).*

*And I asked Him every day to give me strength and courage, so that I would not abandon my daughters [...] because today I am a mother and father to both of them. I always put Jesus in front [...] God will not give a problem to a person who doesn't know how to fight [...] Jesus calmed me down [...] With Jesus, I pray and I have a lot of faith and a lot of devotion to Jesus. (W26).*

*From God for sure! Because if it wasn't for Him, I think we'd all be crazy! Because there are so many things that we see, that we hear, that we go through... Because in my city they are not only special, they don't have to just pay attention to them, and if it wasn't for God to give forces us, everything was already crazy! (W31).*

*God knows everything [...] I came to trust God, and I prayed, prayed and said, "Thy will be done" And to this day I say... it's a miracle [...] the person sees the condition of other children worse [...] we who are mothers [...] are shaken, and ask God not to go through that, and until now [...] God has not allowed it, understand? (W36).*

The family resources and social support highlighted consist of community resources and include family, friends, health services and institutions that assist the family in the process of coping and adapting to the syndrome, being an indispensable source of informal support for the family, as well as all other devices used by families to maintain their relationships.

## Discussion

The family has expanded social, family and personal coping resources, because, in addition to the resources that existed previously, it

recognizes new resources acquired after the crisis, which together contribute to coping<sup>(3)</sup>.

At this moment, effective changes in family functioning are necessary, in order to reestablish balance and organization, in which family resources seek to promote support in the demands encountered, through mechanisms such as resources and capacities available to the family to face adversities. The greater the number of family and social resources available to the family, the greater their adaptability<sup>(3)</sup>.

This social support found is important to facilitate the family adaptation process, since it is considered one of the main intercessors in the course between the diagnosis of the disease, adjustment, experience of the crisis and family adaptation<sup>(3)</sup>. In addition to emotional support, social support allows the family to share experiences and strengthen self-esteem<sup>(6)</sup>.

The complicity of the companion transmits security to the mother, since it is a moment when she feels understood and perceives the protection and the welcome received. In addition, it provides a balance to the relationship between the mother and the child<sup>(7)</sup>. A study showed that many couples improved their marital relationship after their child's diagnosis, referring to the human capacity to cope with adversities and the opportunity to improve relationships in the face of a crisis situation<sup>(8)</sup>. Although some partners are relatively present, in most cases this support does not exist<sup>(9)</sup>, a situation also observed in this study. When parents do not collaborate in the acceptance process, it can reflect on the couple's life<sup>(1)</sup>.

The support of the partner in the care of children with disabilities proved to be beneficial for both the mother and the child, considering that the mother feels safer and supported to care for the child, besides receiving help from the partner to perform the activities.

A study conducted in Bahia with mothers of children with SCZ pointed out that the deficiency of a child can enable mutual help among family members, highlighting the importance of the role of the father and the family nucleus in the process<sup>(1)</sup>.

The interactions between siblings have appeared as a positive factor, because they present the participation of other children in the care of SCZ, since the media strongly highlighted the selfless maternal figure and the recurrent abandonment by their partners<sup>(10)</sup>.

Living with a child with a chronic condition implies changes in family functioning, directly reflecting on quality of life<sup>(10)</sup>. Affectivity favors the child's self-esteem, benefiting the formation of bonds and the structuring of their life<sup>(11)</sup>.

The lack of dialogue or discussions at a time of daily restructuring for the treatment of the child and the need for support show a scenario of difficulties that cannot be supported<sup>(12)</sup>. Socio-emotional support is considered an important factor in promoting family mental health, also helping in the development of coping strategies for the difficulties encountered in the new routine.

In a study with the mother of a baby with microcephaly from Pernambuco, it was observed that the family support network is predominantly female, consisting of mothers, sisters, mother-in-law, cousins<sup>(8)</sup>, coinciding with the findings in this study. A study with caregivers of children with cerebral palsy in Rio Grande do Sul also pointed out similarities, highlighting the family as one of the main support and strengthening networks<sup>(13)</sup>.

Care for children with SCZ in Brazil is still insufficient. To meet this demand, the few non-governmental organizations that exist are mostly maintained by donations<sup>(14)</sup>.

In the ecomaps constructed, professionals and specialized health services aimed at children with SCZ represented the main support network and social support established with families, especially with mothers, who are longer with children. The exchange of information, experiences and experiences in social interactions and with health professionals can contribute to the sharing of care experiences<sup>(11)</sup>. In a study with mothers of children with ZIKV associated microcephaly, all mentioned contentment with the assistance of specialized service professionals during treatment, expressing safety, gratitude and recognition<sup>(15)</sup>.

With the emotions and feelings that arise after the confirmation of the diagnosis, the need for attention and emotional support is emphasized. This information can psychologically unbalance the woman and the family, who will need reorganization, emphasizing the importance of health professionals assuming interaction at all moments of care<sup>(1)</sup>.

During pregnancy and the puerperium, women tend to be more vulnerable to the appearance of psychic suffering. It is important to establish a partnership between health services and family members, with the objective of offering and providing careful listening and welcoming, leading to the formation of shared care<sup>(16)</sup>. In this context, mothers become more vulnerable when there are few support networks available, making it difficult to create strategies that provide good reception and psychological support<sup>(17)</sup>. Thus, it is important to establish programs and support networks with health professionals that provide comprehensive care for both mothers and children.

The analysis of ecomaps and genograms also allowed the identification of groups formed by the mothers of children who are followed in the reference service, as well as in a philanthropic institution in the municipality, both considered important not only in the care issue, but mainly as supporters. The genogram revealed the family composition and the relationships established between their entities and the care centers, enhancing the continued and prolonged care required by children with SCZ. The ecomap showed the performance of support networks, service dynamics, access to health care, medicines and transportation, and was important for the construction of the demands of vulnerabilities found.

This support not found in the consanguineous family is shown in bonds built with other mothers and caregivers in meetings of non-governmental organizations, in care or other events aimed at children with SCZ<sup>(18)</sup>. In these spaces, a network of emotional support, protection, exchange of knowledge and information is established,

as well as sharing experiences, being of great importance for them<sup>(6,19)</sup>.

The meeting and information acquired with other mothers who go through the same experience becomes an element of individual and collective strengthening<sup>(20)</sup>. Social support is essential in the sharing of interpersonal relationships that provide emotional support between family members and network support<sup>(3,21)</sup>.

In a study with mothers of children with malformation, in addition to the presence of the family network and health professionals, other factors that proved important in the process of acceptance of parents of children with congenital malformation were the support of friends and groups in social networks in which mothers participate<sup>(7)</sup>, which was also observed in this study. It is inferred that the exchange of possible experiences on social networks works as an emotional support, modifying the appreciation and encouraging to face the stressful event.

The Internet and other communication tools can facilitate access to information, but should be used with caution due to some influences on health practices. Access to reliable information should be judicious, eliminating misguided news circulating on social networks<sup>(22)</sup>.

As they go through difficult times, many people cling to spirituality and faith as a way of coping with the situation they experience. The study showed that, in the context of caring for a child with SCZ, it's not different, since mothers felt safer and more confident when restraining themselves in the strength of faith.

In this process of caring for children with disabilities, believing in something superior is important, because it helps the family to face adverse situations and overcome the negative feelings that arise<sup>(11)</sup>. Faith emerges as a source

of strength, comfort and hope in the fight against the disease, in an attempt to understand why it is going through this situation<sup>(23)</sup>.

Faith also served as a protection for mothers in the face of the possibility of fetal malformations for the child they were expecting, as well as strength to overcome difficulties<sup>(22)</sup>, often seeking, in this support, the comfort of difficult moments<sup>(1)</sup>.

Beside the strategies, we tried to record in the field diary the singularities identified in each experience, in the midst of silences, cries, anguish, fear, ignorance, resignation, but also the strength expressed by the participants through their pain. The stillness of some and the outburst and strong hugs of others brought excitement.

Thus, based on the mothers' discourses, it was possible to know that family resources and social support are important in the process of coping with the mothers and family members of the child with the SCZ. Among them, faith was one of the most present resources, being a form of strengthening used by them in coping with vulnerabilities, finding comfort and hope in the struggle for overcoming.

This research presented as a limitation the difficulty in finding mothers and family members to participate in the research, and can be considered a bias, because it interviewed only women. Even though they were in a specialized service, at many times, the approach was also hampered by the time restriction, due to the established transportation times to return to their homes, often located in other municipalities.

The expectation is that, with the realization of this study, the health team will seek to be able to receive and recognize signs of emotional, psychological and social problems of mothers and relatives of children with SCZ.

often reporting to the unsaid. Family resources appeared weakened and social support was important for them to find the strength to experience this new phase of life. However, there was no lack of an articulated network of

## Final Considerations

During the interviews, it was important to hear how the network and knowledge were present among the mothers of children with SCZ,

care for these women, as well as the absence of leisure networks, confirming a situation of exclusion and social vulnerability. This can hinder acceptance and family confrontation.

There are many possibilities and each woman sought to seek a unique path, according to her reality and need in search of balance. The use of the model of resilience, stress, adjustment and family accommodation favored the understanding about the process in which some mothers adapted more, others less. It was observed that the lives of these women, due to the complexity and individual dynamics, at each moment required new adaptations.

In general, understanding resilience as an adaptive and dynamic process existing after a period of crisis, in this case determined by SCZ, it was observed that the strategies used by women and their families, even in a social context of weaknesses, allowed them to reorganize and adapt to the new situation.

During the adaptation process, it is important that the health professionals involved observe the moment experienced and provide social support, encompassing interpersonal relationships within and outside the family environment. In view of the psychological causes involved, therapeutic spaces for listening and exchange of experiences with other mothers can be created.

## Collaborations

1 – conception, design, analysis and interpretation of data: Alexciana Santos da Silva, Graziela Brito Neves Zboralski Hamad and Kleyde Ventura de Souza;

2 – writing of the article and relevant critical review of the intellectual content: Alexciana Santos da Silva and Graziela Brito Neves Zboralski Hamad;

3 – final approval of the version to be published: Graziela Brito Neves Zboralski Hamad.

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