

# Children and Adolescents with Special Needs in Rural Regions: Impacts on Maternal Mental Health

Crianças e Adolescentes com Necessidades Especiais no Rural: Impactos na Saúde Mental Materna  
Niños y Adolescentes con Necesidades Especiales en Regiones Rurales: Impactos en la Salud Mental Materna

## RESUMO

**Objetivo:** Conhecer os impactos da saúde mental de mães cuidadoras de crianças e adolescentes com necessidades especiais de saúde no contexto rural. **Método:** Estudo de campo, com 16 mães residentes da zona rural, realizado por meio de entrevista semiestruturada em duas Associações de Pais e Amigos dos Excepcionais de dois municípios rurais da região sul do Brasil. As enunciações foram submetidas à análise de conteúdo temática. **Resultado:** Os achados revelam que as mães assumem uma responsabilidade intensa e isolada, corroborando para o acúmulo de tarefas, perda do autocuidado e estresse, os quais impactam a saúde mental. **Conclusão:** O cotidiano de mães cuidadoras de crianças e adolescentes do rural é marcado pela solidão, sobrecarga e ausência de apoio, especialmente paterna, um dos principais elementos para as repercussões na saúde mental, resultando em ansiedade, tristeza e desgaste emocional e físico dessas mulheres.

**DESCRIPTORIOS:** Saúde da mulher; Saúde mental; Necessidades e demandas de serviços de saúde; Enfermagem; Zona rural.

## ABSTRACT

**Objective:** To understand the mental health impacts on mothers who care for children and adolescents with special health needs in rural areas. **Method:** Field study with 16 mothers living in rural areas, conducted through semi-structured interviews in two Associations of Parents and Friends of Exceptional Children in two rural municipalities in southern Brazil. The statements were submitted to thematic content analysis. **Results:** The findings reveal that mothers assume intense and isolated responsibility, contributing to the accumulation of tasks, loss of self-care, and stress, which impact mental health. **Conclusion:** The daily lives of mothers caring for children and adolescents in rural areas are marked by loneliness, overload, and lack of support, especially paternal support, one of the main elements affecting mental health, resulting in anxiety, sadness, and emotional and physical exhaustion in these women.

**DESCRIPTORS:** Women's health; Mental health; Health service needs and demands; Nursing; Rural areas.

## RESUMEN

**Objetivo:** Conocer los impactos en la salud mental de las madres cuidadoras de niños y adolescentes con necesidades especiales de salud en el contexto rural. **Método:** Estudio de campo con 16 madres residentes en la zona rural, realizado mediante entrevistas semiestructuradas en dos Asociaciones de Padres y Amigos de Personas Excepcionales de dos municipios rurales de la región sur de Brasil. Las declaraciones se sometieron a un análisis de contenido temático. **Resultado:** Los hallazgos revelan que las madres asumen una responsabilidad intensa y aislada, lo que contribuye a la acumulación de tareas, la pérdida del autocuidado y el estrés, lo que repercute en la salud mental. **Conclusión:** La vida cotidiana de las madres que cuidan de niños y adolescentes en el medio rural se caracteriza por la soledad, la sobrecarga y la falta de apoyo, especialmente paterno, uno de los principales elementos que repercuten en la salud mental, lo que se traduce en ansiedad, tristeza y desgaste emocional y físico de estas mujeres.

**DESCRIPTORIOS:** Salud de la mujer; Salud mental; Necesidades y demandas de servicios de salud; Enfermería; Zona rural.

### Lara de Oliveira Mineiro

Student in the Nursing program at the Federal University of Santa Maria/Palmeira das Missões Campus/RS.

ORCID: <https://orcid.org/0000-0002-3153-7535>

### Andressa da Silveira

Doctor of Nursing. Professor at the Federal University of Santa Maria/Palmeira das Missões Campus.

ORCID: <https://orcid.org/0000-0002-4182-4714>

### Leila Mariza Hildebrandt

PhD in Science. Professor at the Federal Uni-

versity of Santa Maria/Palmeira das Missões Campus/RS.

ORCID: <https://orcid.org/0000-0003-0504-6166>

### Keity Laís Siepman Soccol

Doctor of Nursing. Professor at Franciscan University. Santa Maria/RS.

ORCID: <https://orcid.org/0000-0002-7071-3124>

### Annie Jeannine Bisso Lacchini

PhD in Nursing. Professor at the Federal University of Health Sciences of Porto Alegre. Porto Alegre/RS.

ORCID: <https://orcid.org/0000-0002-3938-1256>

### Tífani de Vargas Bueno

Master's student in Health and Rurality at the Federal University of Santa Maria/Palmeira das Missões Campus/RS.

ORCID: <https://orcid.org/0000-0002-5235-0649>

### Alessandra Padilha Melo

Student in the Nursing program at the Federal University of Santa Maria/Palmeira das Missões Campus/RS. FIPE scholarship recipient.

ORCID: <https://orcid.org/0009-0002-6415-129X>

## Raiana Oliveira Franceschi

Student in the Nursing program at the Federal University of Santa Maria/Palmeira das Missões Campus/RS. Human Rights Observatory scholarship recipient.  
ORCID: <https://orcid.org/0009-0005-5643-4654>

Received: 12/11/2025

Approved: 12/29/2025

## INTRODUCTION

Children with special health needs (CRIANES) require specific care due to chronic conditions or physical, mental, or emotional limitations. This population requires additional health services, such as ongoing medical support, specialized equipment, and complementary therapies to ensure quality of life and social participation.<sup>(1-2)</sup>

The CRIANES classification covers six groups of care: 1) development, involving neuromotor dysfunctions and functional limitations; 2) technological care, such as the use of gastrostomy, tracheostomy, and colostomy; 3) medication care, with continuous use of essential drugs; 4) modified routine care, with dependence on adaptive technologies; 5) mixed care, a combination of demands (except technological); 6) clinically complex care, which brings together all these needs, including technological life support<sup>(3)</sup>.

In Brazil, there is difficulty in articulating an effective support network between caregivers and health services, especially due to the fragility of referral and counter-referral systems. This lack of coordination compromises the principles of comprehensiveness and longitudinality of the SUS, leading caregivers to seek various services in a fragmented manner.<sup>(4)</sup>

In rural areas, access to health and education is even more limited by factors such as geographical distance, shortage of professionals, and inadequate transportation. Low income intensifies these inequalities. In this scenario, nursing, in conjunction with multidisciplinary teams, plays a strategic

role in identifying needs, promoting health and health education, contributing to reducing disparities and improving quality of life in rural areas.<sup>(5)</sup>

Caregivers for people with disabilities (PWD) in rural areas are mostly women with low levels of education and income. This reality creates physical and emotional overload, making them vulnerable to chronic noncommunicable diseases. The invisibility of these caregivers demands attention from health professionals, who should consider the impacts of caregiving on their health and well-being, especially in contexts with barriers to access.<sup>(6)</sup>

The historical responsibility for domestic care falls on women. When mothers also take on the role of primary caregivers, they face an overload that compromises their self-care, social life, and mental health. The lack of support and the accumulation of tasks increase stress and anxiety, affecting their quality of life and ability to cope with daily demands.<sup>(4)</sup>

The literature emphasizes the role of nurses in supporting caregivers, promoting continuity and alignment of care practices. This approach favors humanized care both in health services and at home. Humanized care, a nursing responsibility, requires therapeutic bonds based on the individuality and needs of the subjects.<sup>(7-8)</sup>

Experiencing a chronic condition in childhood imposes profound changes on the child and the family, especially the mother, who bears the constant demands of care and treatment. Maternal mental health is fundamental to the well-being of children and family stability. Maternal emo-

tional distress, associated with a lack of support and high stress, negatively impacts child development and family quality of life.<sup>(8-9)</sup>

Therefore, it is extremely important that the mother's mental health be protected and sustained by support networks and access to self-care resources, as well as mental health professionals. Given these premises, this study presents the following research question: "What are the impacts on the mental health of mothers caring for children and adolescents with special health needs in rural contexts?"

The study aimed to understand the impacts on the mental health of mothers caring for children and adolescents with special health needs in rural areas.

## METHOD

This is a qualitative, descriptive study based on semi-structured interviews, aiming to understand the narratives and life experiences of the participants.<sup>(10)</sup> The descriptive design allows the identification of characteristics, opinions, and attitudes of a specific group.<sup>(11)</sup>

The empirical field consisted of two Associations of Parents and Friends of the Exceptional (APAES) located in the northwestern region of Rio Grande do Sul. After institutional authorization, workshops were held with informal family caregivers, addressing self-care in order to promote bonding and facilitate insertion in the field.

Data collection took place between July and August 2024, through audio-recorded interviews with an average duration of 50 minutes. The questions addressed topics such as mental health, maternal overload, the impact of diagnosis, and support networks. Theoretical saturation was the criterion used to finalize the collection.<sup>(12)</sup>

The data were analyzed using the thematic content analysis technique<sup>(13)</sup> in three stages: pre-analysis, exploration of the material, and thematic categorization. The transcribed interviews were identified with the letter "M" followed by a sequential number, ensuring anonymity.

Caregivers over 18 years of age, residing with CRIANES and present at APAE consultations were included. Those with impeding cognitive deficits were excluded.

The research was approved by the UFSM Research Ethics Committee under Opinion No. 6,116,638 and CAAE 69455323.6.0000.5346, in accordance with CNS Resolution No. 466/2012, No. 510/2016, No. 738/2024, and Law No. 14.874/2024. Furthermore, with regard to the quality and transparency of qualitative research, the Consolidated Criteria for Reporting Qualitative Studies (COREQ) will be followed, which guides the preparation of qualitative research reports, promoting methodological rigor and respect for the rights of participants.<sup>(14)</sup>

## RESULTS

Sixteen women, mothers of children and adolescents with special health needs (CRIANES), aged between 25 and 48 years, participated in the study. The sociodemographic profile of the participants revealed a scenario of significant social and economic vulnerability. Fourteen of them reported dependence on social benefits, highlighting the importance of public assistance policies in maintaining family subsistence.

Most (11) have two or more children, which increases the burden of daily care, especially given the specific demands of children with disabilities. Half of the participants identified themselves as single, a condition that tends to intensify individual respon-

sibility for domestic tasks and child-care, without shared support.

In terms of education, eight women did not complete high school, which limits their access to professional qualifications and the formal labor market, also compromising the full exercise of citizenship. In terms of income, most survive on between two and three minimum wages, confirming their socioeconomic vulnerability.

Regarding occupation, four participants declared themselves housewives and three farmers, reflecting links to informal activities and, in many cases, without legal guarantees or financial stability.

With regard to CRIANES, males predominated (n=9), aged between 5 and 18 years. The main comorbidities were autism spectrum disorder (n=7), cognitive impairment (n=4), and ADHD (n=2), conditions that require continuous monitoring and multidisciplinary support.

The analysis of the empirical material resulted in two thematic categories: **"Solitary care provided by mothers in rural contexts"** and **"Impacts on the mental health of mothers caring for CRIANES,"** which highlight the challenges experienced by these women in coping with the multiple demands of care in contexts marked by exclusion, overload, and a lack of institutional support.

### **Solitary care provided by mothers in rural contexts**

The mothers' reports reveal significant overload resulting from almost exclusive care. The absence of a father figure or limited support from the father is a recurring theme, resulting in a mental and physical burden that is largely assumed by mothers. Occasional support from family members, such as the mothers of these caregivers, is also mentioned, but in general, the primary responsibility falls on women, who often face the caregiving

journey alone, as mentioned in the following statements:

*Look, sometimes, when I need to work more, my mother helps me. So, they take my son to therapy for me. (M1)*

*I'm very overwhelmed because his father doesn't help at all! (M2)*

*The two brothers fight a lot. There's nothing I can do. It's not easy. My God, with two, it's difficult! (W8)*

*Sometimes my mother. But on a day-to-day basis, it's just me. My husband is there at night. But since he works all day, he can't help with childcare. (M10)*

*My husband couldn't take it anymore and dumped our son on me, saying he needed to live. He said he couldn't take us anymore. That hurt a lot, but today it's fine! (M11)*

The following statements show that the mother devotes all her time to caregiving, giving up her professional activity. Despite the exhaustion caused by the daily routine, she does not fail to fulfill her responsibilities in caring for her son, while the father only contributes when he is not tired.

*She is my priority. So for myself, I don't do anything. I would need to work 40 hours... But with her, I can't! (M3)*

*Only with my husband, sometimes. When he's not working. When he's tired, then it's usually me. It's very complicated. It's very hard, because I don't have much support. It's very difficult! (M6)*

*Actually, I don't have anyone*

*here to help me. My husband works on a farm. He comes home every day, so during the day I'm alone with him (my son) to do everything!* (M12)

*My son is with me practically the whole week. On nights when his father isn't tired, he plays with him a little, since he spends the day away from home. I also have the housework routine.* (M13)

Finally, the statements by M15 and M16 summarize the experience of "overload" and "exclusive" care of the child, making it clear that they have no options for regular support.

*We overload ourselves a lot.* (M15)

*No, I'm the only one who takes care of her!* (M16)

Exclusive responsibility for care is a factor of continuous stress, directly impacting the mental health of mothers, who experience prolonged overload and little space for self-care. The statements show that the absence of an effective support network and the solitary exercise of care significantly increase the risk of psychological impairment.

Feelings such as exhaustion, frustration, and abandonment emerge repeatedly, reflecting the challenges faced in the almost exclusive care of children with special needs. These aspects reinforce the need for a structured support network capable of offering emotional comfort and practical support, with a view to reducing the mental burden and promoting the quality of life of these women.

### **Impacts on the mental health of mothers caring for children with special needs**

The mothers' statements reveal a fragile mental health state, marked by

emotional exhaustion, hopelessness, and the presence of depressive symptoms. The constant and exhausting care required by children with special needs, such as autism, represents a significant emotional burden, reflected in feelings of exhaustion, hopelessness, and struggle to preserve mental health, as observed in the following statements:

*Now I need help. I need help to try to get through this moment. To try to learn to cope a little more. This year has been very hard, mentally. Emotionally, I cry every day. Every day, I'm exhausted, with a headache. I'm kind of wearing myself out.* (M1)

*There was a time a while ago when I was really shaken up. I didn't know where I would find the strength. I had to take care of him, I had to take care of the other one. Then I even attempted suicide. I didn't know, I had no way out, really.* (M2)

*To maintain my mental health, I need to take medication, you know? I can't stop taking it!* (M4)

Physical manifestations, such as frequent headaches, mention of suicide, and drug dependence reveal the level of helplessness and emotional exhaustion faced by these women and point to a mental health condition that requires ongoing clinical monitoring and treatment, possibly to control symptoms of anxiety or depression.

*Tired, not physically, but mentally exhausted. Do you know why? I spend several hours with them.* (M5)

*It's hard to assess, sometimes it's hard because I'm depressed, sometimes I'm laughing. I can't stand saying that I'm fine, that I'm okay, when I'm not. I have*

*a lot of pain in my head, I don't know if it's psychological or personal. My mental health is really bad.* (M6)

*Mental health? I have to say it's down there. Not because of my children. I'm getting treatment. It's me. It weighs on me, you know? I believe that.* (M9)

The statements below reveal the search for improved mental health through therapy or unconventional treatments, as well as through the resilience of being a mother.

*Today, I'm fine. I'm in therapy. And always looking to improve. To try to make things easier. But I went through a very difficult phase. I was depressed. I took medication and was in an abusive relationship. It was awful, a very bad time.* (M7)

*I can't say that my mental health is 100%, there are days when we end up getting more tired. But after a while it passes!* (M12)

*I used to be quite exhausted, but today I think I'm dealing with the situation well, I take some natural tranquilizers...* (M14)

Finally, M15 summarizes his experience by indicating a state of enormous mental exhaustion reflecting a constant emotional overload that undermines his quality of life.

*I think my mental health is really bad. My mind is exhausted!* (M15)

These statements highlight a compromised state of mental health, in which most mothers express feelings of exhaustion and weariness that directly impact their well-being. The analysis highlights an urgent need for psychological and social support,

with interventions that include therapeutic support, relief programs, and family support, as well as access to support networks to mitigate emotional overload and promote a more balanced and healthy environment for these mothers and their families.

## DISCUSSION

The National Policy for Comprehensive Health Care for Persons with Disabilities (PNAISPD) aims to promote and protect the health of the disabled population by expanding access to comprehensive care in the SUS. It is based on intersectoral coordination and other public policies, with a focus on autonomy, social inclusion, and disease prevention at all stages of the life cycle.<sup>(15)</sup>

However, there are no specific policies aimed at children with special health needs (CRIANES). This population began to receive greater attention only after the National Policy for Comprehensive Child Health Care (PNAISC) was established in 2015. Even so, there is a lack of structured guidelines for this group, compromising the quality and standardization of care. The formulation of specific policies would enable the training of health professionals according to the demands of this population, in addition to establishing adequate parameters of care. It is equally essential to have legislation that ensures the protection of children and their families, promoting inclusion and financial support from the State.<sup>(3)</sup>

The Association of Parents and Friends of Exceptional Children (APAE) represents a fundamental support network for CRIANES and their families, offering psychosocial, educational, and clinical support, as well as promoting opportunities for inclusion and socialization. The institution's pluralistic environment promotes the development and quality of

life of children, mitigating the effects of home isolation and restricted interaction with adults.<sup>(16)</sup>

The informal caregiver, usually a woman—mother, grandmother, or aunt—is almost entirely dedicated to caregiving, without remuneration. This configuration reinforces the historical and ideological logic that associates the female figure with responsibility for caregiving.<sup>(8,17–18)</sup>

The absence of a support network and sole responsibility for caregiving have a direct impact on mothers' mental health, leading to chronic stress, compromised self-care, and social exclusion. The inability to enter the labor market, or the need to balance paid work with intensive care, intensifies psychological distress. Limited paternal involvement in the child's daily life amplifies feelings of helplessness, with emotional support being more decisive than financial support in the maternal experience.<sup>19–20</sup>

Atypical behaviors and communication difficulties often associated with chronic conditions aggravate the psychological distress of mothers, compromising their long-term mental health. The social vulnerability of these families is accentuated by limited support networks, lack of time for paid activities, and social isolation.<sup>(9,21)</sup>

The social exclusion of children with chronic illnesses and their families persists in Brazilian society. Many mothers face judgment and stigma, including from family members, which reinforces the need for family and community support as a condition for the child's integral development.<sup>(3,20)</sup>

The mourning for the "idealized child" experienced after diagnosis often involves feelings of guilt and failure, aggravated by paternal abandonment. This absence compromises the mother's emotional and financial conditions, contributing to her psychological suffering.<sup>(21–22)</sup>

The research reveals that the rural context accentuates the vulnerability of these women, intensifying their social and emotional isolation. Many spend most of their time alone, caring for their children, while the fathers are absent due to long working hours. Despite the relevance of APAE, the responsibility for daily care falls mainly on the mothers.

This scenario of isolation is expressed in different dimensions: emotional loneliness, restricted social interactions, and a lack of leisure time. Life in the countryside exacerbates these factors, especially given the overlap between common agricultural work among these women and the intensive care of their children.

Social support is an essential tool for mitigating these effects<sup>(22)</sup>, classified as: a) instrumental support: practical assistance such as direct care or financial support, which allows mothers to have time for themselves; b) informational support: guidance on the child's condition and management strategies, offered by health professionals, APAEs, and basic health units; and c) emotional support: active listening, empathy, and acceptance, promoted by formal or informal networks. The more qualified and comprehensive this support is, the better the maternal mental health indicators.

The feeling that only the mother is capable of providing adequate care, combined with the absence of paternal co-responsibility, leads to the centralization of care, favoring the emergence of stress, anxiety, and depression, especially when perceived levels of support are low.<sup>(23–24)</sup>

Social conceptions persist that naturalize women as instinctive caregivers, which aggravates suffering in the face of lack of recognition and collaboration. Motherhood, however, is a social construct, and caregiving is not an exclusive competence of the female gender, but a collectively de-

veloped skill. <sup>(25)</sup>

The findings indicate that these women experience intense feelings of loneliness, with other women in the family, especially mothers, being their main sources of support. This network of female solidarity, based on shared experiences, proves vital in the face of the emotional and practical demands imposed by caring for children with special needs.

## CONCLUSION

The findings of this study show that solitary care, coupled with the absence of family and institutional support, places a significant burden on mothers of children with special needs, with direct repercussions on their mental health. Stress, anxiety, feelings of guilt, and compromised

well-being are intensified by social exclusion and limited paternal involvement, reflecting a scenario marked by gender inequalities. The idealization of motherhood, associated with sociocultural constructs that attribute the natural role of caregiver to women, reinforces structural machismo and accentuates the unequal division of family responsibilities.

In the field of nursing, the results offer relevant insights for the formulation of interventions that address both child care and emotional support for mothers. Integrated strategies, such as support groups, referrals to specialized services, and health education actions focused on self-care, are fundamental to strengthening the resilience and emotional balance of caregivers. In this context, nursing practice should be guided by a holistic approach that

is sensitive to the specificities of families living with children with chronic illnesses.

Finally, the research highlights the importance of strengthening family and community support networks, promoting a more equitable distribution of caregiving tasks and reducing maternal isolation. The emotional support received by mothers has a positive impact on the emotional bond and quality of care provided to children, contributing to a healthier and more welcoming family environment. Despite limitations related to participant availability and possible response bias, the study reaffirms the need for care practices that consider the interdependence between the caregiver's well-being and the child's overall development.

## References

1 Sousa BVN, Araújo CR da S, Oliveira EF de, Freitas KKA, Costa PDR, Silva VB da. Vulnerabilidade de Crianças com Necessidades Especiais de Saúde: implicações para a enfermagem. *Saúde em Debate* [Internet]. 2023;46:91–103 DOI: <https://doi.org/10.1590/0103-11042022E508>

2 Moreira M, Vasconcelos Z, Pinto M et al. Crianças e Adolescentes com Doenças Raras: Redes, Custo Familiar e Atenção Integral À Saúde. *PMA Fiocruz*. 2022. Disponível em: [https://portal.fiocruz.br/sites/portal.fiocruz.br/files/documentos/sinopse\\_doenças\\_raras\\_2pg\\_final3001.pdf](https://portal.fiocruz.br/sites/portal.fiocruz.br/files/documentos/sinopse_doenças_raras_2pg_final3001.pdf) Acesso em 12 dezembro 2024.

3. Bezerra AM, Akra KMAE, Oliveira RMB de, Marques FRB, Neves ET, Toso BRG de O, et al.. Children and adolescents with special health needs: care in home care services. *Esc Anna Nery* [Internet]. 2023;27:e20220160. Available from: <https://doi.org/10.1590/2177-9465-EAN-2022-0160pt>

4 Custodio GFZ, Kratsch MTW, Schultz LF. Percepções da cuidadora familiar de crianças com necessidades especiais de saúde em uso de dispositivos tecnológicos. *Enfermagem Brasil*. 2023;22(1):20–35.

DOI: <https://doi.org/10.33233/eb.v22i1.5193>

5 Magalhães DL, Matos R da S, Souza A de O, Neves RF, Costa MMB, Rodrigues AA, et al. Acesso à saúde e qualidade de vida na zona rural. *Research, Society and Development*. 2022;11(3):e50411326906 DOI: <http://dx.doi.org/10.33448/rsd-v11i3.26906>

6 Fontana DGR, Silveira A, Silva EB, Colomé ICS, Jantsch LB, Souza NS. Characterization of caregivers of persons with disabilities: invisibility and challenges of care in the rural context. *R Pesq Cuid Fundam* [Internet]. 2022 [cited year month day];14:e11539. Available from: <https://doi.org/10.9789/2175-5361.rpcf.v14.11539RESEARCH>

7 Mendes Cosme Santos L, Faria Ferreira Rezende F, Maria de Oliveira Lear A, Sena Passos X, Palhares Batista R, Manoel dos Santos Lourenço L, Castro dos Santos J, Marciano de Moraes Filho I. Assistência de Enfermagem a Pacientes com Transtorno do Espectro Autista (TEA). *Nursing Edição Brasileira* [Internet]. 6º de março de 2025 [citado 25º de junho de 2025];29(320):10444–51. Disponível em: <https://www.revistanursing.com.br/index.php/revistanursing/article/view/3282>

8 Fruhling, Bravo DS, Fernanda M, Santos MS, Ramos V, Fraccolli, Lislainé Aparecida. Qualidade de vida de mães de crianças com deficiências físicas e mentais. *Revista de Saúde Coletiva da UEFS* [Internet]. 2022;12(2) DOI: 10.13102/rsdcdauefs.v12i2.7771

9 Souza KMO de, Paiva Lins J, Errera FIV, Ferraz RL, Arizaca Maquera AJF, Paixão DP, et al. Saúde Mental de Mães de Crianças com Deficiência: Uma Revisão de Escopo. *Educação, Trabalho e Saúde: Caminhos e Possibilidades em Tempos de Pandemia - Volume 2* [Internet]. 2022;2(1):191–202. DOI: 10.37885/220709617

10 Minayo MCS. *Pesquisa Social: teoria, método e criatividade*. Petrópolis: Editora Vozes. 21 ed. 2009. Disponível em: <https://wp.ufpel.edu.br/franciscovargas/files/2012/11/pesquisa-social.pdf> Acesso em: 15 junho 2024.

11 Gil AC. *Como Elaborar Projetos De pesquisa*. Édi-teur: São Paulo: Atlas; 2008.

12 Minayo MC de S. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Revista Pesquisa Qualitativa* [Internet]. 2017;5(7):1–12. Disponível em: <https://editora.sepq.org.br/rpq/article/view/82>

13 Bardin L. *Análise de Conteúdo*. São Paulo: Edições 70; 2011.

14 Souza V R S , Marziale M H P , Silva G T R , Nascimento P L. Tradução e validação para o português brasileiro e avaliação do checklist COREQ. *Acta Paul Enferm*. 2021;34:eAPE02631.

15 BRASIL. Ministério da Saúde. Gabinete da Ministra. Portaria GM/MS nº 1.526, de 11 de outubro de 2023. Dispõe sobre a Política Nacional de Saúde da Pessoa com Deficiência. *Diário Oficial da União, Brasília, DF, 13 out. 2023. Seção 1, p. 65*. Disponível em: <https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/s/saude-da-pessoa-com-deficiencia>

16 Garcia Lucas M, de Oliveira Soares da Silva L. PESSOA COM DEFICIÊNCIA, FAMÍLIA E O TRABALHO PROFISSIONAL DO(A) ASSISTENTE SOCIAL . *Apae* [Internet]. 26º de maio de 2025 [citado 26º de junho de 2025];22(2):132-9. Disponível em: <https://apae-ciencia.org.br/index.php/revista/article/view/464>

17 Coralina C, Collet N, Cecchetti M, Bezerra S, Reichert S. “A luta é nossa”: vivência de cuidadoras de

crianças com síndrome congênita do Zika. *Interface*. 2022;26(suppl 1) DOI: <https://doi.org/10.1590/interface.210451>

18 Henriques NL, Barony J, Charepe ZB, Braga PP, Duarte ED. Factores promotores y amenazadores de Esperanza en cuidadores de niños con condiciones crónicas. *Revista Latino-americana De Enfermagem*. 2023;31 DOI: <https://doi.org/10.1590/1518-8345.6366.3896>

19 Roldão E, Silva, Neves ET, de F, Zilly A, Cristiane A, et al. Mental health of parents of children and adolescents who require special health care. *Revista Brasileira de Enfermagem* [Internet]. 2024;77(3). DOI <https://doi.org/10.1590/0034-7167-2023-0457pt>

20 Campos VSMJP, Costa AMRB de B, Tenório LLJ, Lima JVM de, Torres HC, Rêgo LFT, et al. Fatores determinantes da saúde mental das mães de crianças com Transtorno do Espectro Autista. *Brazilian Journal of Development* [Internet]. 2022;8(12):78520–33. DOI: <https://doi.org/10.34117/bjdv8n12-114>

21 Feijó C, Brito JV. A Importância do Diagnóstico Precoce de Autismo na Educação Infantil. *Revista GepesVida* [Internet]. 2022 DOI: <https://doi.org/10.34119/bjhrv5n6-212>

22 Bi X, He H, Lin H, Fan X. Influence of Social Support Network and Perceived Social Support on the Subjective Wellbeing of Mothers of Children With Autism Spectrum Disorder. *Frontiers in Psychology*. 2022 DOI: <https://doi.org/10.3389/fpsyg.2022.835110>

23 Henriques NL, Silva JB da, Charepe ZB, Braga PP, Duarte ED. Fatores promotores e ameaçadores da Esperança em cuidadores de crianças com condições crônicas. *Rev. Latino-Am. Enferm*. [Internet]. 12º de maio de 2023 [citado 26º de junho de 2025];31:e3898. Disponível em: <https://revistas.usp.br/rlae/article/view/212080>

24 Fabris-Zavaglia MM, Visintin CDN, Aiello-Vaisberg TMJ. Maternagem de filhos com dificuldades graves de desenvolvimento. *Psico*. 2022;53(1):e37103 DOI: <https://doi.org/10.15448/1980-8623.2022.1.37103>

25 Pequeno VC, Martins M, Ramos FP, Lewis C. Stressors and maternal Coping in Congenital Zika virus Syndrome. *Estudos de Psicologia (Campinas)* [Internet]. 2023;40 DOI: <https://doi.org/10.1590/1982-0275202340e210034>