

Lifestyle and work of children and adolescents from Family Health Programs

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ABSTRACT

The objective of this investigation was to analyze the lifestyle and work of children and adolescents registered in Family Health Programs of an inner city of São Paulo state. A quantitative, descriptive and cross-sectional study design, in which we interviewed children and adolescents using a socio-economic and labor questionnaire and the instrument Fantastic Lifestyle. We analyzed data using SPSS, version 19.0 of the 168 participants. Most were girls (51.8%), of mean age 12.79 years; Brown ethnicity (50%); living in popular housing (73.8%) and not studying (28.5%); 14% worked and 84 families received financial support from the Bolsa Família Program. There was no significant difference of lifestyle and work ($Z=0.87$; $p=0.39$). The study showed that although working, studying and helping their families with domestic tasks, interviewed participants had time to play and entertain themselves, and to feel happy; indicating that work did not influence their lifestyles.

Descriptors: Child Labor; Life Style; Nursing; Family Health Strategy.

INTRODUCTION

There are 351 million working children around the world and, at the same time, they have emotional, behavioral and psychiatric alterations, that can be considered an important public health issue in developing countries⁽¹⁾. Regardless of the studies related to child and adolescent that are relatively frequent in the international scientific literature⁽²⁾, in Brazil, this type of work represents a reality of approximately 3.7 million children and adolescents⁽³⁾.

Such work can favor the occurrence of accidents and diseases, because labor environments are built for adults and, in many times, if not in the majority of times, children and adolescents cannot adapt to these places and, neither to tools and instruments created for adult use⁽⁴⁾.

The fact that machines, tools, furniture, and equipment for individual protection had not been

developed for infant and juvenile use, they can be risky for working children and adolescents to develop working related issues⁽⁵⁾, and they can change their lifestyle and health.

Lifestyle can be understood as a cultural and social way of living, and it englobes habits and conducts capable to positively or negatively affect health. It can also reflect in morbidity and mortality rates. Sedentarism, alcohol consumption, smoking, inadequate diet, are habit examples that can increase the risk of death or aggravations to health; on the other hand, a balanced diet and regular physical activity are considered health protectors⁽⁶⁾.

The existence of infantile work shows a severe issue that happens in Brazil and the world. Consequently, this study is justified by the analysis of the existing relationship between lifestyle and child labor, and its repercussions in infant habits and time to play while children.

Considering the exposed until now, the objective of this investigation was to analyze the lifestyle and the work of children and adolescents registered in Family Health Programs.

METHODS

A study with a quantitative, descriptive and cross-sectional design, conducted with children and adolescents of families registered in Family Health Programs (FHP) of the Municipal Health Secretary of an inner city in São Paulo state.

We used a questionnaire with socioeconomic characteristics, questions about time to play and leisure and, characterization of work; and an instrument from the Fantastic Lifestyle validated in Brazil⁽⁷⁾.

The Lifestyle instrument had 25 Likert-type questions, 23 had five answering alternatives, and two were dichotomized. The options were organized in columns to facilitate its coding, and the left option is always the one having the least relationship with a healthy lifestyle. The questions' coding is composed of points: zero for the first column, 1 for the second, 2 for the third, 3 for the fourth, and 4 for the fifth column. The questions with only two alternatives can score zero for the first column and 4 points for the last column. The sum of all points allow us to reach a total score that classifies the child/adolescent in five categories: "excellent" (85 to 100 points) indicating a lifestyle propitiating adequate influence on health, "very good" (70 to 84 points) a lifestyle propitiating adequate influence on health; "good" (55 to 69 points) where it indicates many health benefits; "regular" (35 to 54 points) propitiating some health benefits, but it also presents risks and needs improvement; and of zero to 34 points, when the lifestyle offers many risk factors. The lower the score, the higher is the need for changes⁽⁷⁾.

Children and adolescent between 10 to 17 years from FHPs composed the study population . All FHPs of the city were randomly numbered and listed, and they formed a database; from there, we sorted one FHP from the town by random sampling. For data collection, we calculated a sample of 138 individuals based on the incidence of 15% working children and adolescents from the age group 10 to 17 years in Ribeirão Preto. In all analyses, we considered the level of significance 5% ($p \leq 0,05$).

The Brazilian Institute of Geography and Statistics (IBGE) indicated that in 2010, there were 2.563

working children of 10 to 14 years; 8.861 children of 15 to 17 years and the total population was of 145.724; thus, the percentage of working children was 8%⁽⁸⁾.

The data collection was during September 2011 and April 2013. Firstly, we manually revised all records of families registered in the FHP, and we searched people between 10 to 17 years.

From there, FHP professionals and Community Health Agents (CHA) initiated the data collection together with the primary investigator (PI) of this study, through daily home visits (HV).

The region sorted for data collection was vulnerable from the safety standpoint. The presence of drug dealers, guns and drug dealing in the streets culminated the PI researcher being with the CHA during all visits and interviews. These were allowed and conducted only in the mornings and, many times; they needed to return to the house if the child was not present.

At each HV and participation of subjects, the Free and Informed Consent was signed by one of the parents, and by the child. After, we applied the questionnaires.

After collecting the answered questionnaires, we double entered the values in databases created in Excel and after, we analyzed the data using the Statistical Package for Social Sciences (SPSS), version 19.0.

The project was approved by the Ethics in Research Committee of the Nursing School from Universidade de São Paulo, under the protocol nº 1.378/2011, meeting the Brazilian norms for research with human beings.

RESULTS

To obtain higher reliability in the sample size, we interviewed 168 children and adolescents in their homes, and we adopted the level of significance $p \leq 0,05$. Table 1 presents the sample characteristics related to gender and age.

Table 1: Descriptive analysis of socioeconomic and demographic variables of interviewed children and adolescents (n=168). Ribeirão Preto, SP, Brazil, 2013.

Variables	N	%
Gender		
Female	87	51.8
Male	81	48.2
Age, years		
10	23	13.6
11	19	11.3
12	34	20.2
13	26	15.4
14	18	10.7
15	18	10.7
16	18	10.7
17	12	7.1
Ethnicity		
White	57	33.9
Black	22	13.1
Brown	84	50.0
Other	1	0.6
No answer	4	2.4
Residence region		
Neighborhood	44	26.2
Popular housing	124	73.8
Housing condition		
Owned house	146	86.9
Rented	21	12.5
No answer	1	0.6
Family income*		
Up to R\$1.000,00 (USD* 497.51)	48	28.5
Above R\$1.000,00 (USD 498.00)	28	16.8
Did not answer	92	54.8
Studying	120	71.4
Stopped studying	48	28.5
Total	168	100

* USD: United States Dollar –, the exchange rate in April 1st, 2013 was USD 1.00 = R\$ 2.01.

When performing the T-test for the variables “age” and “gender” of children and adolescents ($t=2.31$; $p=0.02$) there was a significantly statistical difference, showing that females had higher education level. For the variables “age” and “education”, we used Pearson’s Correlation coefficient ($r=0.84$; $p<0.001$), resulting in a significant and positive coefficient, thus the older, the higher educational level. To analyze “gender” and “stopped studying”, the Chi-Squared test showed no significant difference ($\chi^2=0.95$; $p=0.33$); and the same fact (the lack of significant statistical difference) was seen for “ethnicity” and “school evasion” ($\chi^2=3.60$; $p=0.17$), and between “working children and adolescents” and “receiving government benefit” ($\chi^2=1.16$; $p=0.28$).

From 23 working children and adolescents, 15 (65.2%) of them participated of the Bolsa Família Program (PBF), and from those, 13 worked and helped with their house income. From the families involved in the PBF, the highest income family had only one child of 12 years in the sixth school year, who had failed once due to poor performance; the child helped daily with domestic tasks for two hours and after, played with friends.

The lowest income family lived in popular housing. The child failed at school twice; had two siblings (lived with the grandmother), helped for one hour doing domestic tasks, and played three days per week with friends.

Table 2 presents data about school evasion.

Table 2: School evasion of interviewed children and adolescents (n=168). Ribeirão Preto, SP, Brazil, 2013.

Variables	n	%
Student boys	55	67.9
Student girls	65	74.7
Boys who stopped studying	26	32.1
Girls who stopped studying	22	25.3
Total	168	100

The Chi-Squared test for “gender” and the variable “stopped studying” showed no statistically significant difference ($\chi^2=0.95$; $p=0.33$). From the 168 interviewed, 48 (28.6%) stopped studying. We conducted the Mann-Whitney non-parametric test to analyze the relationship between the variables “stopped studying” and “age” ($Z=4.47$; $p<0.001$), obtaining a significant difference, as those who stopped studying were older.

Table 3 presents the descriptive analysis of working children and adolescents.

Table 3: Descriptive analysis of interviewed working children and adolescents (n=23). Ribeirão Preto, SP, Brazil, 2013.

Variables	n	%
Work		
Yes	23	13.6
Age when started to work, age		
8	1	0.6
9	1	0.6
10	1	0.6
11	1	0.6
13	2	1.2
14	5	3.0
15	3	1.8
16	7	4.2
17	2	1.2
Payment		
Received payment for the work	21	12.5
Did not receive payment for the work	2	1.2
No answer	145	86.3
How much they received*		
From USD 2.48-50	3	13.0
From USD 51-250	13	56.5
From USD 251-500	5	21.8
Did not inform values	2	8.7
Help with family expenses		
Did not help their parents	4	17.3
Helped their parents	19	82.3
Total	23	100

*USD: United States Dollar –, the exchange rate in April 1st, 2013 was USD 1.00 = R\$ 2.01.

Young respondents worked as construction worker helper, selling candy on the streets, carrying furniture, painting, selling ice-cream, within others. From 23 workers, 15 (65.2%) helped their parents after work with domestic tasks for one to three hours, washing the dishes, cleaning the bathroom, organizing the house, caring for their young siblings, cooking, within other tasks.

For the variables “age when started to work” and “hours worked per day”, we used the Spearman’s correlation coefficient ($r=0.55$; $p=0.01$), a positive and significant coefficient, that is, the older when started to work, the longer they worked per day; and the same occurred for children “work” and “payment for the work” where this coefficient was significant and positive, as the more the child earned, the more the child helped financially the family ($r=0.50$; $p=0.04$).

Table 4 presents participant’s leisure activities and games.

Table 4: Description of leisure activities and games played by children and adolescents (n=168). Ribeirão Preto, SP, Brazil, 2013.

Variables	n	%
Leisure		
Yes	158	94.0
No	9	5.4
No answer	1	0.6
Time to play		
Everyday	105	62.5
Twice a week	19	11.3
Three times per week	6	3.5
Few hours and later helped parents with domestic tasks	29	17.3
Did not play	9	5.4
Happiness feeling		
Perceived to be happy	162	97.6
Perceived to be unhappy	4	2.4
Total	168	100

Regarding leisure and games, the majority of participants informed to play daily, but also, helped their parents with domestic tasks.

About “happiness” and the “life condition” ($p=0.62$), there was no significant difference in the Chi-Squared test. Through the Mann-Whitney non-parametric test to compare “lifestyle” and “to study” ($Z=3.12$; $p=0.002$) there was a significant statistical difference, that is, who studied had a significantly different lifestyle from those who stopped studying. Through T-tests for independent samples for “lifestyle” and “gender” ($t=0.85$; $p=0.40$), there was no significant difference.

When analyzing children’s “lifestyle” and “housing”, we used the Mann-Whitney non-parametric test and there was a significant difference ($Z=3.02$; $p=0.003$), that is; children who lived in neighborhoods had a significantly superior lifestyle than those who lived in popular housing; they had more access to recreational activities, food, culture, leisure and physical activities.

To compare “lifestyle” and “work”, we used the non-parametric Mann-Whitney test, and we found no significant difference ($Z=0.87$; $p=0.39$), as the work did not influence children’s and adolescent’s lifestyle.

DISCUSSION

According to the United Nations (UN) and the United Nations Children’s Fund (UNICEF), there was a decrease in the number of working children since 1995. In 2006, 5.3 million; in 2007, 4.8 million; in 2008, 4.5 million and in 2009, 4.2 million⁽⁹⁾. These data match the numbers of our study and the literature⁽¹⁰⁻¹²⁾. Despite the decrease in infant and juvenile labor, there are still children and adolescents working and sacrificing

certain childhood and adolescence privileges, as to play and to study.

About gender and age, one study conducted in Minas Gerais characterized the work of children and adolescents from a state school and their possible school evasion; authors found from 56 enrolled students in the middle and high school, 53 worked and 62.2% were girls. About their age, it varied from 10 to 17 years; 46% self-declared being Brown, 37.7% White and 17% Black⁽¹²⁾. A study investigating educational and socio-demographic characteristics of young Brazilian workers and non-workers from seven Brazilian capitals identified 54.2% female participants and, the mean age among workers and non-workers was 16.1⁽¹³⁾.

Corroborating with our results, a study conducted in João Pessoa (PB) with 398 children and adolescents studying in public municipal and state schools, of seven to 18 years old, showed 67% afro-descendants (Black, Mullatoes, Brown); 30% White and 3% Asian; 54.2% worked. From those, 29.15% worked outside and 25.13% performed domestic work. Domestic workers were 10 to 18 years, 34% were ten to 14 years and, 25% were 15 and 16 years; 73% of the sample were female⁽¹⁴⁾.

Most children and adolescents informally worked and started early their labor activities⁽¹⁰⁾.

It is noteworthy that those who studied started early in the job market to help with their family income, a fact also seen in the literature. When arriving home, instead of resting, studying or playing, these children and adolescents need to help their parents with domestic tasks, tiring them and they abandon school⁽¹⁰⁾. In our investigation, most children who withdrew from school to work outside and who helped their parents with home expenses were boys.

Among street working children and adolescents, 75% were girls, most were nine to 17 years, with a working journey of two to 12 daily hours, and 5% of school evasion. There was a statistical significance between "age" and "education" and "school delay" ($p = 0.001$) in more than 70% of cases. In 54% of children, the main reasons to start working were to complement the family income, and 70% were supported by governmental programs⁽¹⁵⁾.

About the early start in the job market, a study describing the prevalence of work among students from the ninth grade of public and private Elementary Schools in Brazil, found 52.2% female, 63.4% were 14 and 15 years old, 82.8% studied in public schools, 13.1% reported to have some job and, 8.9% were paid⁽⁴⁾.

Many reasons could lead to the early insertion of children and adolescents in the job market, but the main reason pointed by most economic studies refers to low family income. Thus, children's labor offer is explained as consequence of a drop in consumption less than the minimal desired by the family, which can occur in higher or lower degrees, depending on the family cycle period⁽¹⁶⁾.

In the present study, of 23 working children, 65.2% participated in the Bolsa Família Program (PBF); of those, 13 worked and helped at home.

Such findings show contrary importance to those from the PBF; two poverty lines compose this benefit: family income *per capita*, the sum of the income from all family members divided by the number of members; households with a *per capita* income lower than the extreme poverty line has right to a fixed benefit, regardless of the number of family members. All children and adolescents of six to 15 years should be

enrolled at the school, with a minimal monthly frequency of 85%; students aged 16 to 17 should have a minimum monthly frequency of 75% and not work⁽¹⁷⁾.

It should be emphasized that work exposes children and adolescents to physical (noises and temperature), biological (bacteria, virus, fungi), chemical (agro toxins, dust, solvent, and paints)⁽⁵⁾, ergonomic and psychosocial risks⁽¹⁸⁾, allied to work journey and work rhythms, power relationships⁽⁵⁾, besides changes in health, exposition to work accidents and diseases⁽¹⁰⁾.

An investigation to describe the characteristics of work accidents in Canadian youth found males being more affected (63.9%) to burns, crushing, amputations, electrical wounds, open wounds and eye lesions⁽¹⁹⁾.

A study conducted in São Paulo state to identify health repercussions as result of work with 117 adolescents, found 44 reporting having health changes. From those, 76.2% reported pain in many body segments (limbs in 20.7%, headache in 27.2%, back pain in 18.5%, muscle pain in 2.2%, within others)⁽²⁰⁾.

About the psychosocial risks to which these children and adolescents are exposed, an investigation⁽⁴⁾ found the proportion of students who reported to have trouble to sleep in the past 12 months (16.1%) being higher among those who worked.

Thus, when starting a permanent job, children and adolescents stop studying to work and to help with family expenses, reducing their schooling, increasing their school evasion and making them a cheap and disqualified labor in the future⁽¹⁰⁾.

In this study, it was possible to detect many children who worked, studied and helped their parents with domestic tasks, and the majority informed to have time to play and to have fun (94%), and they felt happy (97.6%), indicating that work did not influence their lifestyle.

To play is a child's need; it is how the child develops their physical, emotional, cognitive and social aspects. Toys stimulate the child's development and learning. It is up to the adult to propitiate conditions for the child to play⁽²¹⁾.

Another relevant factor related to our participants referred to the 97.6% of them who, although living in popular housing, coped with poverty or extreme poverty conditions, some were incentivized to work to help with their family income and they informed to be happy with their lifestyle and did not wish to change it.

On the other hand, not working children and adolescents, when asked about what they would like to improve in their lives, answered to want to study to progress in life; to have their house; to buy food and even to be able to work to help their families.

It is known that in the early insertion in the job market propitiate a false reality that the child's or adolescent's income will help with family expenses and, consequently, there will be an economic improvement. However, it is known that starting this job will make the child tired, not stimulated with studies and infancy^(4-5,10-12,20,22). As a consequence, the child can abandon studies and start a poverty cycle in the family, becoming an unqualified and cheap labor with an inadequate lifestyle.

Thus, to go to school, to attain classes and to conduct school tasks were pointed as decisive factors to

get a better job in the future and to reach more dignified life conceptions⁽¹³⁾, in addition to a healthy lifestyle.

CONCLUSION

The study objective was to analyze the lifestyle and work of children and adolescents registered in Family Health Programs. In the comparison between lifestyle and work, there was no significant statistical difference. The comparison between lifestyle and study had a significant statistical difference. Children and adolescents who worked had a significantly different lifestyle as compared to those who stopped working, in regards to housing, eating, leisure and cultural activities with their family members. The same occurred with the analysis between lifestyle and housing, finding a statistical difference, that is, children and adolescents who lived in the neighborhood had a significantly superior lifestyle to those living in popular housing.

About the study limitations, it is noteworthy the region sorted for data collection, that is, an extremely vulnerable area from the safety point of view. There was the need of a CHA to accompany during all visitations and interviews in the morning and, many times; there was the need to return to the house because the child was not found, which could be considered a limiting factor to obtain a more significant sample.

The study advances in the health knowledge as it showed that although working, studying and helping their family in domestic tasks, the youth interviewed had time to play, to have fun and to be happy as children, that is, their work did not influence their lifestyle.

It is necessary to broaden this study theme to health professionals and educators, to propose guidance to impede infant labor and to keep children and adolescents at school only. Nurses need to guide their team to observe and integrally assess all visited families about child work, not only attentive to curative actions, medicine refills, and scheduling. Periodic guidance of nurses in schools can be valuable, once a well guided and informed teacher about this type of work, can observe daily the child's behavior about tiredness, sleepiness, performed school tasks, absences and, to enquire families about such behaviors, aiming to find solutions to impede school evasion and infant-juvenile work.

On the other hand, there is also the importance of school in the child's and adolescent's life to introduce culture and citizenship, besides helping them to build autonomy when preparing them through education for the job market requirements, including qualified labor. The need of a multi-disciplinary team is evident to identify and promote prevention actions towards infant labor.

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