



Data collection on health care and its implications for child and adolescent development

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ABSTRACT

This study arose from the need detected during a visit to the Basic Health Unit in the São João neighborhood in the municipality of Votuporanga/SP. Based on the information extracted, proposals for health promotion actions in the school were made with high school students, whose themes exposed the need for data collection in the aforementioned territory, fostering the elaboration of this project. The transition from childhood to adolescence corresponds to an extremely important stage that requires peculiar care, fundamental to the acquisition of autonomy and independence, essential for biopsychosocial development. Considering all the aspects mentioned, the importance of effective care and strengthening of a support network and comprehensive care is emphasized, involving several agents in a multidisciplinary way. Food is one of the main responsible for healthy growth and development during the transformations experienced by the individual. Another relevant aspect that influences the formation of the individual refers to an adequate environment that allows growth and development without psychological limitations that hinder their insertion process in society. In addition, puberty is a phenomenon that generates physical and behavioral changes, which indicates the transition between childhood and adolescence, and can become precocious with the influence of several factors such as: genetic, psychological, sexualization and industrialized food. Results: three meetings were held with different themes, namely, Healthy eating; Personal hygiene and puberty, carried out with 72 children on alternate days and with different playful activities. The proposed objectives were successfully achieved since the adherence and understanding of the students in the face of the topics exposed were satisfactory.

Keywords: Child, Food, Hygiene, Puberty, Health education.

1 INTRODUCTION AND LITERATURE REVIEW

The present study arose from the need detected during a visit to the Basic Health Unit in the São João neighborhood in the municipality of Votuporanga/SP. The main objective of the visit was to identify the health needs of the population in that territory, where the following were observed: sedentary lifestyle, obesity, STIs, contraceptive methods, early pregnancy, drugs and low demand for health services.

Based on the information extracted, proposals for health promotion actions were made at the Dr. José Manoel Lobo state school, with high school students, whose themes exposed the need for data collection in the aforementioned territory, fostering the elaboration of this project.

Among the themes developed, there is a deficit of attention in relation to adequate nutrition, regular physical activity and excessive use of electronic devices, behaviors evidenced mainly in the last years of high school, as a result of the pandemic.

The transition from childhood to adolescence corresponds to an extremely important stage that requires peculiar care, fundamental to the acquisition of autonomy and independence, essential for biopsychosocial development.



According to Souza & Silva (2018), the stimuli received in childhood, whether positive or negative, influence the behavior of children, who not only internalize them but also have a high chance of repeating them. Therefore, this translates into a real need to review fundamental lifestyle habits to break cycles that are harmful to health.

Considering all the aspects mentioned, the importance of effective care and strengthening of a support network and comprehensive care is emphasized, involving several agents in a multidisciplinary way.

In this way, the School Health Program (PSE) contributes to the strengthening of actions from the perspective of integral development, providing the school community with participation in programs and projects that articulate health, education and other social networks to face the vulnerabilities that compromise the full development of children and adolescents. This initiative recognizes the existing integration actions between Health and Education that have had a positive impact on quality of life.

In this way, the PSE aims to strengthen and contribute to the integral education of students through health promotion, prevention and care actions.

Adolescence is an evolutionary stage peculiar to the human being, and cannot be considered merely a stage of the transition between childhood and adulthood, as it is in this phase that the entire process of the individual's biopsychosocial maturation culminates.

From this perspective, it is essential to monitor essential aspects for the full development of this transition phase, including: adequate nutrition, physical activity, healthy environment, monitoring, health care and autonomy.

In this context, Piassetzki & Boff (2018) emphasizes that it is necessary to be aware of the quality of the food offered from the beginning of the food introduction as a result of the perpetuation of habits throughout life.

According to data from the Atlas of Childhood Obesity in Brazil, 30% of children between 5 and 9 years old are overweight and it is estimated that in 2030 Brazil will occupy the fifth position among the countries with the highest rate of childhood obesity. In addition, it was observed that of 170,714 children aged 2 to 4 years, 51% have their meals in front of the TV (Brasil, 2019).

Food is one of the main responsible for healthy growth and development during the transformations experienced by the individual. Eating disorders are associated with several factors such as: clinical, nutritional, eating and psychosocial skills.

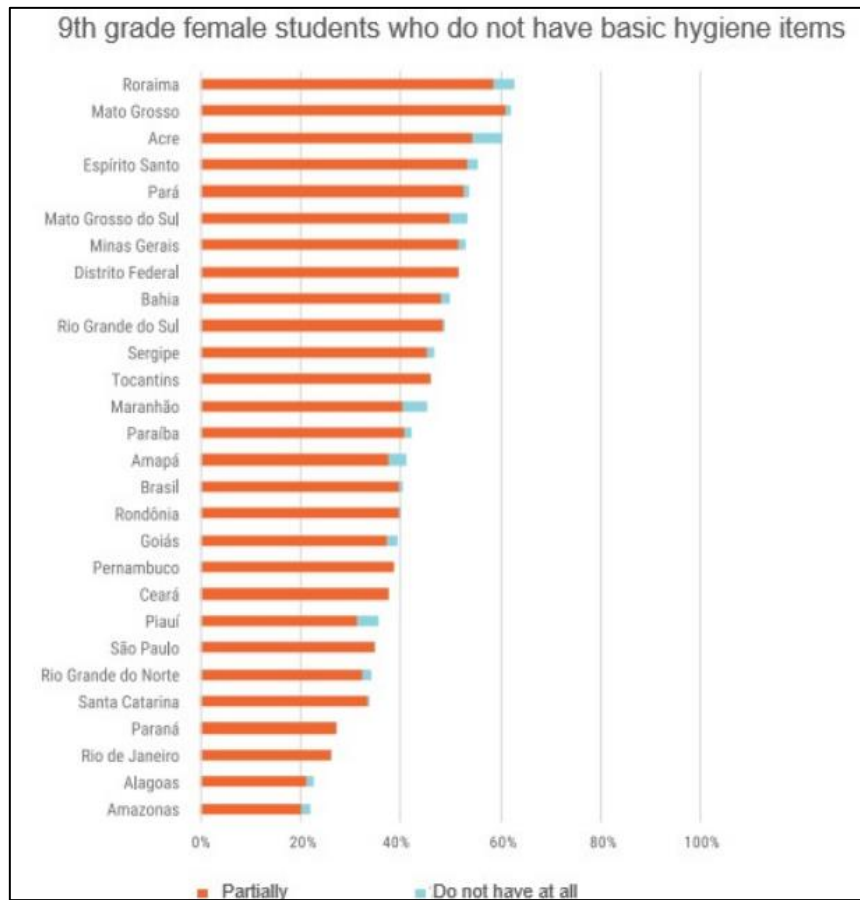


Another relevant aspect that influences the formation of the individual refers to an adequate environment that allows growth and development without psychological limitations that hinder their insertion process in society.

Thus, situations of psychological and physical violence are considered threats to the integrity and quality of life of the subject who experiences them. Within this perspective, (MOURA; CROSS; QUEVEDO, 2011, p. 27) argues that bullying, frequent in school environments "[...] it causes psychic suffering, decreased self-esteem, isolation, impairments in learning and academic performance."

In addition, puberty is a phenomenon that generates physical and behavioral changes, which indicates the transition between childhood and adolescence, and can become precocious with the influence of several factors such as: genetic, psychological, sexualization and industrialized food. Therefore, according to the Ministry of Health, the appearance of secondary sexual characteristics is considered early before the age of 8 in girls and before the age of 9 in boys.

In this context, the experience of puberty can be influenced according to socioeconomic aspects, since this phase requires care and resources that demand specific hygiene products, limited to a large part of the population. An example of this are the cases of menstrual poverty that are present in the reality of thousands of vulnerable people, including students, according to data published by UNICEF (2021):



In view of the data presented, it can be inferred that a large part of these students are affected by conditions that can limit school attendance and integral development.

Despite the facts mentioned, Brazilian legislation ensures the full right, as an example, the Statute of the Child and Adolescent (Law 8.069 of July 13, 1990), in its article 7, which provides for children and adolescents the right to protection, life and health.

In accordance with the PNAISC, offering comprehensive care to children means providing all the necessary services, capable of responding to the specific demands of their health.

Therefore, the dichotomy between the current legislation and the reality experienced by the Brazilian population is perceived.

2 HYPOTHESIS

Based on the information acquired during the visits, it could be observed that there is still an obstacle for families to deal with balanced eating habits, adequate hygiene of children and understanding of the process of early physiological maturation.

3 OBJECTIVES



3.1 PRIMARY OBJECTIVE

- To identify children's knowledge about health care and its implications for child development.

3.2 SECONDARY OBJECTIVES

- Identify lifestyle habits with an emphasis on children's hygiene and nutrition
- Analyze the perspective on puberty and its impact on this stage of life

4 METHODS

This is an exploratory and descriptive research involving literature review and analysis of data collected during the activities.

This study will use quantitative methods for data collection, with qualitative analysis and the results will be demonstrated through graphs and tables.

4.1 PARTICIPANTS AND RESEARCH LOCATION

The research will be carried out at the Irma Pansani Marin Municipal Education Center, located in the São João neighborhood, in the southern region of Votuporanga, with approximately 75 students in the age group between 8 and 10 years old, regularly enrolled in the 4th and 5th year of elementary school.

It will be developed in accordance with CNS Resolution No. 466 of December 12, 2012, respecting the confidentiality and autonomy of all participants involved. Backed by ethics, no personal information of the children involved and the school chosen as the location for the research will be disclosed.

4.2 PROCEDURES FOR DATA COLLECTION

A meeting will be held with parents and/or legal guardians to explain the stages of the development of the research, resolve possible doubts and collect signatures on the Free and Informed Consent Forms and Consent Terms.

Four (4) meetings with the children are planned for data collection, as specified below:

5 RESULTS

1st meeting	
Participants: 72 children	
Activities developed: Topic covered: healthy eating	
Objectives: To know eating habits, awaken and stimulate children about food choices.	
Activity 1: Application of a questionnaire Objectives: To identify profile, lifestyle and eating habits	
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>AGE</p> <p>9 years old 10 years old 11 years old 12 years old 13 years old Did not answer</p> </div> <div style="text-align: center;"> <p>GENDER</p> <p>Boys Girls</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p>WHO DO YOU LIVE WITH?</p> <p>Father, mother and siblings Father and mother only Mother only</p> </div> <div style="text-align: center;"> <p>DO YOU EAT FRUITS, VEGETABLES AND GREENS?</p> <p>Everyday Sometimes Never Did not answer</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p>HOW MANY BATHS DO YOU TAKE EVERYDAY?</p> <p>1 bath 2 baths 3 baths</p> </div> <div style="text-align: center;"> <p>DO YOU WASH YOU HANDS BEFORE THE MEALS?</p> <p>Always Sometimes Never</p> </div> </div>	
<p>Considerations: The questionnaire answered that they have hygiene habits, and it is worth reaffirming the importance of basic needs, such as: bathing, washing hands, brushing teeth. However, it is noted that the use of deodorants, dental floss and other hygiene products that need to be inserted at this stage of life due to the development of hormones that alter body odor and are accessories was not mentioned.</p>	
<p>Activity 2: Food traffic light Objectives: To identify children's eating habits in their daily lives Considerations: It was possible to observe that the majority of the children presented an association between ultra-processed foods that should not be consumed and those ingested in their daily lives.</p>	



2nd meeting

Participants: 72 children

Activities developed:

Topic covered: personal hygiene word search

Objectives: To observe the level of knowledge about personal hygiene issues.

Activity: application of the word search that had words referring to hygiene

Considerations: It was possible to observe that everyone was able to find the words proposed in the activity, however, a portion of the children had resorted to our help to carry out the activity. It is worth noting that this difficulty was due to an intercurrent deficit in literacy.

3rd meeting

Participants: 72 children

Activities developed:

Topic covered: puberty and bullying

Objectives: To understand the degree of knowledge about the subject and to provide guidance on the possible singularities of this stage of life.

Activity 1: Dynamics of data about puberty

Objectives: to understand previous knowledge about puberty and guidance about this phase of life

Considerations: A certain doubt about the subjects of puberty was observed from the children's previous knowledge. This occurred through the dynamics, in which the child rolled the dice and the assorted number contained a theme related to puberty (menstruation, voice change, breast development, hair appearance, acne and behavior change).

Activity 2: Apple dynamics

Objectives: to demonstrate how offensive attitudes and behaviors can affect children

Considerations: It was observed from this dynamic that the students presented offensive behaviors and did not respect their colleagues. And during the activity, it was possible to verify inappropriate attitudes with the other students.

6 DISCUSSION

During the 1st meeting, activity 1 was carried out, in which it was observed, according to the questionnaires filled out by them, that despite having basic notions about hygiene habits (such as bathing, washing hands and other primary needs), there was a deficit in relation to essential care



in this age group in which they are experiencing (adolescence), such as, the use of deodorants and other hygiene products that must be supplied at this stage of life, in view of all the hormonal and body transformations they will go through. Therefore, according to the Institute for Child and Adolescent Growth, "in adolescence, the individual moves from the phase of being cared for to taking care of himself", which includes responsibility for the hygiene, sleep and feeding routine.

As quoted by Carvalho et. al, in the article "Autonomy of care from the perspective of healthy living of adolescents", this path is not linear: "It is said that puberty is the maturation of the body and adolescence is the maturation of the being". Therefore, this presupposes the possibility of different rhythms between the biological and psychic parts of each one, which implies a certain immaturity for the realization of self-care (Pigozzi, 2002). Therefore, it was observed that in the aspect of self-care, the participants still need to mature a little more to acquire a satisfactory degree to have an uneventful pre-adolescence and adolescence in terms of personal hygiene.

Moving on to activity 2, also held in the 1st meeting, it was noted that although most participants affirmed, through the questionnaire, that they always or sometimes ingest foods such as fruits, vegetables and legumes, many of them presented a mistaken association about the intake of ultra-processed foods in their daily diet, considering that, even though they are ingested occasionally or even on weekends, Ultra-processed foods do not have adequate or significant nutritional values to support a balanced diet for the age group of the participants. This demonstrates a difficulty in making a correct association of food that is ingested, but is not healthy.

According to a report published by the United Nations Children's Foundation (UNICEF), when children begin to transition to soft or solid foods after 6 months of age, many are regularly exposed to unhealthy foods. Thus, as children grow older, their exposure to unhealthy foods becomes alarming, driven largely by inappropriate marketing and advertising, the abundance of ultra-processed foods in cities but also in remote areas, and increased access to fast food and highly sugary drinks.

During the activity of the 2nd meeting, with the use of the word search, it became explicit that, although the participants knew the practical meaning of words related to hygiene issues, some of them needed help to finish the activity. Whether due to difficulties with time management or even due to a deficit that occurred during their literacy process, such as difficulties in reading and interpreting the dynamics, it was found that not everyone was able to acquire a basic and sufficient literacy process for the age in which they were, thus demonstrating a failure in the educational process.



According to the results of a survey carried out by the National Institute of Educational Studies and Research Anísio Teixeira (Inep), the percentage of Brazilian schools that did not return to face-to-face activities in the 2020 school year was 90.1%, and in the federal network, this percentage was 98.4%, followed by municipal (97.5%), state (85.9%) and private (70.9%) schools. In this context, more than 98% of the country's schools have adopted non-face-to-face teaching strategies. Even so, in 2021, about 99.3% of Brazilian schools suspended face-to-face activities. From this perspective, and in view of the data collected, the effect of the pandemic on children's literacy is clear. It is concluded, then, that the effects of the Covid-19 pandemic on the children's literacy process were extremely impactful, which possibly also occurred with the research participants.

Finally, in the case of the 3rd meeting, during activity 1, it was observed that many of them had doubts about topics related to puberty, a milestone that is inserted within adolescence, which is the phase they will soon go through.

According to Karina Heck da Silva (2008), there is a concern about the knowledge presented by young people at the beginning of this phase, which is influenced by easy access to the media and trivialized information related to sex, resulting in the development of vulnerability to diseases and unwanted pregnancy, which are the result of unprotected sexual practice. Based on this, it is up to the school and parents to provide self-care for hygiene and sexuality, favoring healthy growth, providing self-esteem of the body and quality of life. Thus, at the end of the activity, the participants' doubts were resolved in a more didactic way, so that they could understand the proposed objectives and acquire the necessary knowledge for the next phase of their lives.

Ending with activity 2 of the 3rd meeting, it was found that many participants were not aware of the negative impacts generated when they used offensive behaviors and speeches with their colleagues. Causing, in even some situations, traumas that can last for life. For Brazilian researcher Cléo Fante, the reason for children or adolescents to bully their peers is related to violent examples and parental mistreatment, passive education (without imposing limits) and the lack of family example in how to respect others.

Therefore, it is concluded that both the school and the family have fundamental roles in the social development of these children and adolescents, which often ends up being neglected by many factors, impacting the way they interact with each other.



7 CONCLUSION

Based on the results obtained and the activities carried out, it is possible to conclude that the work developed was successful in addressing the proposed themes: healthy eating, personal hygiene and puberty. During the meetings with the children, it was possible to identify not only the participants' previous knowledge about these subjects, but also their difficulties and gaps in certain areas, especially related to self-care and understanding puberty.

With regard to healthy eating, it was evidenced that, although many children have basic notions about eating habits, there is still a mistaken association of ultra-processed foods in their daily diets. This underscores the continued importance of educational programs on appropriate food choices from childhood, aimed at combating problems such as childhood obesity and promoting healthy habits from an early age.

Regarding personal hygiene, it was noticeable that, despite knowing the basic hygiene practices, some children face difficulties due to issues such as literacy deficit. This highlights the need for more inclusive approaches that are tailored to the different realities of participants, ensuring that everyone has access to essential information and practices for self-care.

With regard to puberty and bullying, the activities carried out allowed the participants' prior knowledge to be understood and to guide them on these important topics for their development. The lack of knowledge about puberty and the negative impacts of bullying underscore the importance of educational programs that address not only physical, but also emotional and social aspects during this transition phase.

In short, the results achieved demonstrate the relevance of initiatives like this, which aim to promote the health and well-being of children, providing knowledge and guidance so that they can face the challenges of the transition to adolescence in a healthier and more conscious way. These actions are essential for the integral development of individuals and for the construction of a healthier and more inclusive society.



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APPENDAGES

Questionnaire designed for data collection.

Age: _____ () boy () girl

1 - Who do you live with? Check all the alternatives that correspond to the people who live in your house.

() father () mother () siblings () grandparents () uncles
() outros _____

2 - Number of siblings.

() 0 () 1 () 2 () 3 () 4 or more

3 - Do you eat fruits/vegetables?

() always () sometimes () never

4 - Do you eat industrialized cookies/cookies/snacks/sweets?

() always () sometimes () never

5 - Do you drink soda?

() always () sometimes () never

6 - Which food do you like the most?

() from your home
() of the school

7 - Do you practice any sports?

() Yes. Which _____
() No

8 - How many showers do you take per day? _____

9 - Do you brush your teeth after eating the main meals (breakfast, lunch and dinner)?

() yes () no () sometimes

10 - Do you wash your hands before eating?

() yes () no () sometimes

11 - Do you wash your hands after going to the bathroom?

() yes () no () sometimes

12 - Do you receive guidance on hygiene habits?

() of the family () school professionals

13 - What hygiene products do you use?

() soap () shampoo () toothpaste () dental floss () outros _____

14 - Do you receive guidance on how to take care of your body?



of the family school professionals

15 - Do you receive medical follow-up?

always never only when sick