

DAY-CARE CENTRES, CHILDREN AND HEALTH

CRECHE, CRIANÇA E SAÚDE

GUARDERÍA, NIÑO Y SALUD

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ABSTRACT

Day-care centers appeared with the advent of capitalism, growing urbanization and the need for reproduction of labour power. The difficulty to control childhood illnesses and the vulnerability of the age group from 2 months to 5 years old call for health specialists working in day-care centres. The objective of this study was to analyze the perception of early childhood educators about the care provided in those institutions. It is a qualitative research carried out in the city of Diamantina with 30 professionals. Data were collected through individual and open interviews conducted at the respondent's workplace and during working hours. Data were analyzed by discourse analysis and subsequently categorized. The results suggest that according to the educators children become sick due to factors not related to the institution such as weather conditions, lack of sanitation and poor medical follow-up care. Moreover the care delivered is based on the educators' experience which is worrying since it indicates there is no specific health education training program addressed to them. Such context points out to the need of specific training and/or of a health care professional working within the institution and conducting preventive and health promotion activities, with no disregard for the responsibilities of basic health units.

Keywords: Child Day Care Centers; Child; Comprehensive Health Care; Pediatric Nursing.

RESUMO

A creche é instituição que surge acompanhando a estruturação do capitalismo, a urbanização e a necessidade de reprodução da força de trabalho. O difícil controle das doenças prevalentes na infância e a vulnerabilidade dessa faixa etária, compreendida entre dois meses e cinco anos, remete a necessidade de profissionais de saúde inseridos nessas instituições. Objetivou-se neste estudo analisar a percepção dos educadores de creche sobre a assistência à saúde prestada às crianças no ambiente das creches. O município de Diamantina-MG foi o local de realização deste estudo, que utilizou metodologia qualitativa, teve por população todos os profissionais da equipe de todas as creches do município que atuam como cuidadores das crianças, no total de 30 profissionais. Os dados foram coletados por meio de entrevista aberta, em sala privativa à escolha do entrevistado, no seu ambiente de trabalho, durante seu turno, individualmente e foram submetidos à técnica de análise de discurso e posterior categorização. Os resultados revelam que os educadores das creches atribuem o adoecimento das crianças a determinantes externos à instituição, como variações climáticas, falta de saneamento básico nas casas e pouco acompanhamento médico. Além disso, a assistência prestada à criança doente no âmbito da creche é baseada nos conhecimentos das educadoras, ação agravante já que não existe um programa específico de capacitação em saúde para os professores de educação. Esse fato reafirma a necessidade de capacitações e/ou inserção de profissional de saúde no âmbito da creche, realizando ações de prevenção e promoção da saúde, mas não diminuindo as responsabilidades da unidade básica de saúde.

Palavras-chave: Creches; Criança; Assistência Integral à Saúde; Enfermagem Pediátrica.

RESUMEN

La guardería es una institución que surge como consecuencia del desarrollo del capitalismo, la urbanización y la necesidad de reproducción de la fuerza de trabajo. El difícil control de las enfermedades infantiles y la vulnerabilidad de este grupo de edad, que va desde los 2 meses hasta los 5 años, remite a la necesidad de profesionales de la salud en estas instituciones. El objetivo de este estudio fue analizar la percepción de los educadores de guarderías sobre la atención médica que reciben los niños en el entorno de la guardería. La ciudad de Diamantina / MG fue el escenario de este estudio, que utilizó una metodología cualitativa, la población consistió en todos los profesionales de equipos de todas las guarderías de la ciudad, que actúan como cuidadores de los niños, un total de 30 profesionales. Los datos fueron recogidos a través de entrevistas abiertas en una sala privada en la elección del entrevistado, en su ambiente de trabajo, durante su turno, en forma individual, fueron sometidos a la técnica de análisis del discurso y posterior categorización. Los resultados confirman que los educadores de la guardería atribuyen la enfermedad de los niños a determinantes externos a la institución, como los cambios climáticos, la falta de saneamiento en los hogares y poca atención médica. Además, la atención a los niños enfermos en la guardería está basada en el conocimiento de los educadores lo cual agrava la situación pues dichos profesores no reciben ninguna formación específica de educación para la salud. Se reafirma la necesidad de capacitación y / o inserción de profesionales de la salud en las guarderías y la realización de acciones de prevención y promoción de la salud pero sin disminuir las responsabilidades de las unidades de salud básica.

Palabras clave: Jardines Infantiles; Niño; Atención Integral de Salud; Enfermería Pediátrica.

INTRODUCTION

In the eighteenth century the Industrial Revolution brought about ideological and socioeconomic changes that affected the family structure and changed the role of women in society. Day-care centres started to fulfil duties, such as taking care of children, previously reserved to mothers.¹

In their beginnings, day-care centres were charitable institutions responsible for the custody and protection of children, particularly those economically disadvantaged.² However, since the 1988 Brazilian Constitution where the right to education to children aged from zero to six years was ensured, early childhood education has been considered fundamental to childhood development.³ This notion was incorporated into the objectives of preschool institutions and day-care centres, places where the child spends the better part of the day and that became responsible for giving support to families during the various stages of child development.⁴ Moreover, such institutions ensure the right of the child to socialization, to childhood experiences and specific care, as well as to education, access to knowledge and intellectual development.

In order to promote children's full and harmonious development, educators should be alert and able to intervene and prevent diseases since early childhood is the stage in which children are most vulnerable to environmental conditions and infectious diseases, such as recurrent respiratory infections, gastrointestinal and skin diseases. The high concentration of children in the centres and consequent exposure to pathogens are factors that hinder infection control of the most prevalent childhood diseases: pneumonia, diarrhoea, malaria, measles and malnutrition, all of them preventable and treatable.⁵⁻⁸

Childhood educational, emotional and health aspects should be taken into account.⁹ The present study considers such development stage as the period between two months and five years in which children are ready to learn concepts, health care practices, environmental preservation and accident prevention.¹⁰ It is a stage in which prevalent childhood diseases need and can be controlled through the insertion of health professionals in the child care environment and disease prevention activities involving educators and family/caregivers.

Given that disease prevention can reduce the rates of infant mortality, the presence of a healthcare professional in the centre, acting both in health care and staff training is vital. Education can contribute to the effectiveness of health care and improve life, work and health conditions.¹¹

OBJECTIVES

This study analyses the perception of educators about the care provided by day-care centres in the municipality of Diamantina, state of Minas Gerais.

The specific objectives were:

- to describe health care training of childcare professionals;
- to describe health care provided in day-care centres;
- to analyse the need of an on-site health care professional.

MATERIALS AND METHOD

This is a descriptive and analytical study, using a qualitative approach, carried out at six public day-care centres in Diamantina.

The study subjects consisted of 30 professionals who had worked in the centres for at least one year, were over 18 years old and were dealing directly with the children.

Data was collected through individual, open-ended interview questions in a room chosen by the respondents, in their workplace and during working hours. They were explained about the research objectives and signed the term of free and informed consent.

Data was analysed using Minayo's discourse analysis¹² that comprises the following steps:

- analysis of words in the text (identification of constituents, analysis of adjectives, nouns, verbs, and adverbs);
- analysis of sentence construction;
- construction of a semantic network intermediate between social organization and grammatical system;
- consideration of the social production of the speeches as part of their meaning.

In accordance with National Health Council (CNS) Resolution No 196/96 dated the 10th October 1996 this research was submitted to the Human Research Ethics Committee of the Federal University of the Valleys of Jequitinhonha and Mucuri and approved under Protocol No 103/10.

RESULTS AND DISCUSSION

After data analysis, the interview answers were divided into three categories:

- family and day-care centre: who is responsible for the child's illness?;
- health care provided to the child at the centre;
- training in child health promotion at the centres

FAMILY AND DAY-CARE CENTRE: WHO IS RESPONSIBLE FOR THE CHILD'S HEALTH CONDITION?

The participants attributed the children's health problems to factors not related to the institution such as "weather conditions, lack of sanitation at home, lack of medical care, [...] carelessness, inadequate diet and lack of hygiene "(E05); to com-

mon childhood illnesses and determinants inherent to child care, such as contact with other sick children. The results demonstrate that educators have a multifactorial concept of health involving biological, social and psychological aspects.

It is understood that children get sick when they start day-care, primarily through direct contact with other children. However, educators attribute their condition to children's habits and care – or lack thereof – received at home, as detailed in E06: "there are many causes; I cannot pinpoint one, because most children come with symptoms from home". This participant dissociated illness from day-care centre and blamed the family unilaterally for the lack of actions that could contribute to reducing these health problems.

The caregivers' assessment of the children's health is empirical and based on personal everyday experiences. They attribute the occurrence of diseases to infrequent medical visits and difficult access to health care services. Such context indicates the need for reflecting on the significance of the different roles played by family, day-care centres and health units. The Statute of the Child and Adolescent¹³ determines that family, community and government are responsible for ensuring the child's right to health.

According to the Brazilian Federal Constitution¹⁴, the concept of health is inserted into the sphere of social security. Its biosocial approach requires the interaction of the health sector with other social sectors, including education. This policy aims at safeguarding the right to health care to all citizens, giving priority to children and at ensuring universal access to health services.

Advising the family to seek health services in case of illness and performing preventive actions is vital. However, the labour market scenario that drives the child towards day-care alienates the family from that care. Day-care centres, families and health units need to work together to develop child health care strategies.

Despite the lack of family involvement, caregivers believe that participation in health promotion can be accomplished "[...] through projects on healthy eating and hygiene" (E05), even if such actions are allocated to health care services and professionals. According to the Department of Health, health promotion is a valuable strategy to improve the quality of life of the population; it aims at enabling co-management – between users, social movements, health care workers and other sectors – and at motivating autonomy and co-responsibility.¹⁵ This notion however was not reflected in the interviewees' narratives where once again the health care sector was held responsible and actions were delegated to family or health professionals. Educators had no autonomy in relation to aspects concerning children's health.

Within the centres, the health-disease process is based on a curative model centred in doctors and responsibilities were assigned solely to healthcare professionals. A holistic approach

taking into account children's physiological, psychological, social, cultural and economic aspects is non-existent. Concepts of health and disease are associated with worldviews, values, habits and beliefs of the social group in which they are generated and reflect the prevailing thought of a given historical moment.¹² Therefore, the study emphasizes that it is necessary to change the prevailing conception amongst day-care professionals that blames family or environmental factors and does not acknowledge the responsibility of the institutions and their professionals for the child's health condition.

HEALTH CARE PROVIDED TO THE CHILD AT THE CENTRE

The interviews revealed that in case of illness the centres' procedures favour short-term solutions:

[...] We contact the parents; if it is urgent we phone the health unit or the emergency services [...] (E05).

[...] If they arrive ill we send them back home [...] (E08) *[...] and suggest they seek the Family Health Strategy unit [...]* (E16).

When possible we take the child home [...] (E12), *[...], we can't do anything* (E01).

Care delivered to the child is empiric and based on the teachers' personal experience, as already mentioned and as exemplified in E06: "in case the child is unwell, running a temperature for instance, we give her a warm bath."

E20 states that if it is necessary they take the child to the health unit and contact the family because:

[...] the head nurse examines the child and says if there is something serious. Then, the child is passed on to the doctor [...] (E17).

[...] in the case of injury in the centre, we call the Fire Department (E07).

[...] if the case looks serious we send the child back home because we have no health specialist here (E06).

The excerpts above show that educators turn to health units in emergency situations. The analysis of the interviews revealed that course of action is used mostly in centres close to a health unit.

Lack of interaction between day-care centres and basic health units is exemplified in the following speeches highlighting the focus on emergency and curative care:

We know that we can interact, but so far we haven't had need for it, for we always call the parents so they can take action (E02)

[...] We seldom go there, only with the parents' authorization [...] (E01).

[...] We are only occasionally attended and they never come here (I12).

[...] a nutritionist of the municipality visits the centre once a month (I05).

In some cases "there is no direct interaction; when we need to, we go there and they give us some guidelines" (E14), "we go to the health unit for advice on the risk of some diseases and on what to do" (E16).

Data obtained through the interviews demonstrated the conspicuous gap between health and education and the lack of intersectoral collaboration, fundamental to health promotion and disease prevention.

The presence of a health professional in day-care centres does not diminish the responsibilities of the basic health units but it facilitates health promotion through specific actions such as the control of the child's immunization schedule and the promotion of child health education. It is essential that institutions for early childhood education are articulated with the health care system so the child's right to health can be assured and health actions resulting from diagnoses can be made possible.¹⁶

TRAINING IN CHILD HEALTH PROMOTION AT THE CENTRES

Professional training is essential if intersectoral projects are to be developed. Such projects depend on professionals from different specialities being aware of the population's different health needs. The study data revealed that eight caregivers were schoolteachers four of whom had a degree in Pedagogy; nine had a degree in Early Childhood Education; one was studying for a BA in Humanities and another one was a Pedagogy student. The remaining four attended training courses offered by the municipality on various education subjects. The other caregivers also participated in the courses.

There was no specific health training program addressed to educators. Nevertheless the implementation of such a program could have an impact on health promotion and the restoration of the child's health by providing quality care via a comprehensive intersectoral collaboration. Thus, health training and/or the insertion of health professionals within the nursery should be prioritized, since those actions could merge together education and care.

Education and health in day-care institutions are complementary. Their practice however is detached and fragmented; perhaps because they are considered less relevant or because of the teacher's lack of training on child health topics¹⁷; or even because the activities performed by health care professionals outside the health unit, interacting actively with the community, affects children and their families negatively.

Health care practices can occur in any social space. Their goal is to improve the living conditions of people and, consequently, their quality of life. As children are unable to take care of their own health, they have the right to receive that care and the support for the formation of values and the development of healthy lifestyles.¹⁸

CONCLUSION

The building up of responsibilities and practices related to child health is a major challenge for pre-school institutions.

The study results demonstrate the need to consider the implementation of training courses on health and disease processes, regardless of the educational level of the institutions' professionals. If educators are to become a health care resource, it is necessary to complement their education, in case they have no specific training on child health issues. Currently child caregivers provide care based on empirical concepts originated from their everyday experiences. At times, far from being based on intersectoral collaboration, the care provided is reduced to the doctor's point of view when the basic health unit is close to the day-care centre.

The subjects highlighted in this study may be trained by a health professional working in the centre. Such specialist could also carry out health promotion and disease prevention activities among children and teachers, encouraging intersectoral collaboration, not disregarding the responsibilities of basic health units or hierarchizing care and education activities. Such guidelines would ensure that children receive comprehensive care.

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