Brazilian Daycares: Weighing the Risks and Benefits

by Denis Marchand in Brazil

Daycare centres are an ideal environment for the transmission of disease. Worse yet, they are the major channel for transmitting pneumonia, the main cause of child mortality in Brazil.

Thus we find that a young child will have five times greater chance of catching pneumonia in such an establishment than anywhere else, according to a study carried out in the state of Ceara in the Brazilian Northeast by Dr. Walter V.C. da Fonseca, a medical specialist in tropical diseases and epidemiology.

It is a fact that in developing countries, as much as in industrialized countries, the number of daycare centres is growing constantly.

In Brazil, the number has more than doubled over the last few years. But this growth, which is still far from satisfying demand, is now faced with the thorny problem of communicable diseases.

Daycare centres that accept children under 6 years of age are mostly located in an urban setting. They take in, on average, between 125 and 200 children, mainly from low-income families who live on the city outskirts. Free daycare services are provided only to working mothers. This social phenomenon is explained by three factors: the greater number of single-parent families, more households supported solely by the mother, and finally the economic crisis that has hit poor families most severely.

It is accepted today that the extra income earned in general by women is essential if the family is to meet its basic needs. This female workforce finds work among well-off families as domestic servants, as well as in the informal sector.

Brazilian working women thus have two options: leave their children to be cared for at home by a member of the family, or send them to a daycare centre, of which, as we know, the country has many kinds. Some of these are completely under the financial and administrative responsibility of the state, as in Ceara, which is the only Brazilian state to subsidize a network of more than 200 such establishments and is often cited as an example by international organizations. In other parts of the country, there are public daycare centres that are totally financed by the municipality, and community centres that are only partly so financed. In the latter case, the city pays for construction costs, water and sewage services and electricity, the purchase of food and furnishings, but only a portion of staff salaries; the community must make up the difference through a modest financial contribution.

SOCIAL USE OF DAYCARE CENTRES

Kindergartens in Brazil offer more than just babysitting services, especially for children who come from a poor and illiterate background. The youngsters enjoy a place of privilege where, every day, they can eat all their meals, take two baths and get some rest. From the age of two, they are introduced to the letters of the alphabet, to numbers, to colours, to shapes and to board games, and later to reading and mathematics.
Some centres even offer child psychology services to boys and girls who have learning difficulties or who suffer from a mild degree of mental retardation. The majority of these daycare centres offer a sound basic education and are considered in many respects as pre-school teaching establishments or nursery schools. These nurseries often have doctors, dentists and nurses to assess the state of health of the children. Finally, some daycare centres even find room to accept abandoned children, who are cared for and nourished until a family is found who will adopt them.

"Daycare centres represent a bulwark against the crime, child morbidity and illiteracy that poverty brings with it", says Dr. da Fonseca. "They give children a chance to learn despite the deprivation of their home environment. They are surrounded by competent and qualified personnel. Such institutions are valuable, in fact essential to the country's social development. They represent a form of progress that must be preserved if we are not to mortgage the future of our children and of our country." For this doctor, all these factors are reason to pursue research into a problem that has never yet been studied in Brazil or in Latin America.

We have long known that children run a greater risk of catching a cold, diarrhoea or pneumonia in daycare centres, but we were not aware that these centres constituted the number one risk factor for respiratory illnesses, and that until quite recently they were the principal cause of diarrhoea and child mortality. Research that was undertaken in 1989 showed an association between certain diseases and daycare centres, but it gave no specific information on these establishments. This gap will soon be filled, thanks to two projects being launched simultaneously in two regions of Brazil.

COMPARATIVE STUDIES

Dr. da Fonseca has been trying to analyze the incidence rates of respiratory and infectious diseases among 400 children in the city of Fortaleza, who attend the same nursery there, and also among 400 other youngsters who are cared for at home by a member of the family. He intends then to compare the scope of the problems in each environment.

Another doctor, in the Department of Preventive and Social Medicine at the University of Campinas in the State of Sao Paulo, Doctor Aluiso Barros, has been observing the state of health of one thousand children in various of the 40 nurseries in the city of Campinas.

For eight weeks, pediatricians collected data on the health of each child, its socioeconomic situation, its medical history and that of its family. Researchers then proceeded to examine the nurseries selected, determining the number of diseases reported each month, identifying their causes and studying their potential association with the services provided, analyzing the possibilities of transmission, contagion and allergy in the dormitories, classrooms, bathrooms and kitchens.

The research currently underway is the first to be conducted in the daycare environment, and represents the follow-up to an earlier IDRC project. The project is in two parts: one being conducted by Dr. Barros in Campinas is supported financially by IDRC, while Dr Fonseca's project is supported by the British Overseas Development Agency (ODA). "We want to establish a clear comparison between the incidence of reported diseases at home and those detected in daycare centres", Dr. da Fonseca stresses. "We want to find out what kind of nursery is most susceptible to the transmission of childhood diseases and what role they play in the overall public health problem. There is no doubt that this research will help us to improve the current situation. The administrative and medical personnel, the community health workers and the parents involved in the research are already very conscious of the scope of the problem. The political authorities are also aware, but they do not know what to do."

According to Dr. da Fonseca, "the epidemiological data collected will allow the country's managers and officials to design social and health policies based on facts. Decision makers will finally have to recognize the importance of these data in planning and developing health programs, strategies and financial priorities", he says. "The data will also be useful to them for knowing whether there will be an increase or a decrease in the prevalence of respiratory diseases over the next few years. Then they can compare the
situation with that in different regions of the country, or even of the world. Furthermore, other researchers will benefit from the dissemination of these data and our methodology", adds Dr. da Fonseca.

For his part, Dr Barros stresses the economic advantage of this research. "The costs of services are high, and it is important to get full value from them. In a daycare centre with 150 children, there will frequently be 30 working staff. Their salaries, in addition to those of the administrative, maintenance, security, cooking and laundry personnel (not to mention the costs of food and construction costs) represent a major budget, one that could easily be doubled to meet all the growing demands", he stresses.

"Is the government going to continue to subsidize daycare centres if they are still going to be a place for catching diseases?" asks Dr. Barros. "Will it invest in building new centres, before the problem is solved? If we do not have precise information, it will be hard to convince the government authorities to spend money in support of improvements for daycare.

"On the other hand", Dr. Barros concludes, "if the researchers confirm that the risk of disease is greater in the daycare centre, and if they give the reasons why, then the politicians will want to do something about it."

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