

Original Article

Interrelations between occupational involvement and health perception from the perspective of adolescents

Inter-relações entre envolvimento ocupacional e percepção de saúde na perspectiva de adolescentes

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Abstract

Introduction: Adolescence is a fertile period for developing health promotion actions. Reflections on how adolescents engage in daily occupations and how these relate to their health perception provide important insights for the development of health education actions. **Objective:** To understand the interrelationships between occupational involvement and health perception from the perspective of adolescents. **Method:** Qualitative study based on Paulo Freire's thematic investigation. The research was conducted in a municipal public school, with 33 adolescents aged 13 to 16 years, in four stages: familiarization with the field, reality reading, coding seminars, and problematization. Data were collected through focus groups and participant observation and subjected to thematic content analysis. **Results:** Occupational involvement interrelates in various ways with health perception in everyday life. Among the diverse occupations, the fragility of family experiences stands out for its connection with the perception of mental suffering. Involvement in occupations such as cellphone use, sleeping, school activities, household chores, leisure, friendships, and physical activities was also discussed. Situations of occupational imbalance, power inequalities (age, class, and gender), and occupational injustice were identified, which intersect and limit occupational involvement, impacting health perception. **Conclusion:** The results support the need for participatory health education practices that enable the construction of critical awareness about occupational involvement, aiming to promote health, well-being, rights assurance, and social participation.

Keywords: Adolescents, Health Education, Occupational Therapy.

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Resumo

Introdução: A adolescência constitui-se como um período fértil para o desenvolvimento de ações de promoção da saúde. Reflexões sobre como os adolescentes se envolvem em ocupações cotidianas e como estas se relacionam com a percepção de saúde fornecem subsídios importantes para o desenvolvimento de ações de educação em saúde. **Objetivo:** Compreender as inter-relações entre o envolvimento ocupacional e a percepção de saúde na perspectiva de adolescentes. **Método:** Estudo qualitativo alicerçado na investigação temática de Paulo Freire. A pesquisa foi realizada em escola pública municipal, com 33 adolescentes de 13 a 16 anos, em quatro etapas: aproximação com o campo, leitura da realidade, seminários de codificações e problematização. Os dados foram coletados através de grupo focal e observação participante e submetidos à análise de conteúdo temática. **Resultados:** O envolvimento ocupacional se inter-relaciona de diferentes formas com a percepção de saúde no cotidiano. Entre as diversas ocupações, a fragilidade das vivências familiares se destaca por suas conexões com a percepção de sofrimento mental. O envolvimento em ocupações como uso do celular, dormir, atividades escolares, cuidados domésticos, lazer, amizades e atividades físicas também foi discutido. Identificou-se situações de desequilíbrio ocupacional, inequidades de poder (idade, classe e gênero) e injustiça ocupacional que atravessam e limitam o envolvimento ocupacional e impactam a percepção de saúde. **Conclusão:** Os resultados corroboram a necessidade de práticas participativas de educação em saúde que possibilitem a construção de consciência crítica sobre o envolvimento ocupacional, com vistas a favorecer a saúde, bem-estar, garantia de direitos e participação social.

Palavras-chave: Adolescentes, Educação em Saúde, Terapia Ocupacional.

Introduction

Adolescence is a fertile period for health promotion actions that can impact the entire life trajectory. It is a particularly healthy life cycle, but one in which individuals experience health issues, ways of “making life work,” habits, and behaviors that, in certain circumstances, end up making them vulnerable (Brasil, 2017).

Among the professionals working with adolescents in the health field, occupational therapists have, as one of their concerns, promoting health, well-being, and social participation through the occupations that are part of everyday life (World Federation of Occupational Therapists, 2012). The World Health Organization (WHO) recognizes health as complete physical, mental, and social well-being, and not just the absence of disease. However, it is important to go beyond this concept and understand health from the perspective of social determinants (Buss, 2010).

Among the themes that can be addressed with adolescents, reflections on occupations and their impacts on the perception of quality of life and well-being constitute a fertile field for health education (Gontijo, 2023). However, beyond the occupations themselves, it is important to focus on the occupational involvement of human beings.

Theoretical discussions about occupational involvement originate from various American occupational therapy theorists and models from the 1960s, especially from

the studies of Mary Reilly, who proposed the Theory of Occupational Behavior (Correia, 2021; Correia & Gonçalves, 2021).

The concept/term occupational involvement, although not yet well-defined in the literature, has been discussed in Brazil by Correia (2021). For this author, occupational involvement is a sociocultural manifestation that implies understanding human experiences based on what people do to survive, develop, and evolve. Thus, involvement in occupations, including self-care, work, play, study, mobility, and leisure, constructs people's everyday lives from the perspective of historical, social, cultural, and economic living. The occupational involvement of individuals, groups, and populations, especially collectively, ensures and strengthens social participation and community movement.

However, it is necessary to consider that opportunities for satisfactory and meaningful occupational involvement do not occur similarly for individuals and social groups (Valério et al., 2020). People can be prevented from adequate occupational involvement because of various cultural, political, social, and economic factors that limit their ability and capacity for participating in life. Among other prominent factors are the scarcity or precariousness of work and income generation, poverty, insufficient leisure, lack of social interaction, and inadequate housing, often caused by racism and sexism. These factors can act as devices of freedom deprivation, leading to systematic and structural experiences of occupational injustice (Correia, 2021).

Occupational justice—in occupational science and occupational therapy—is related to strengthening community participation in occupations that improve health and foster well-being. It refers to equitable opportunities and resources for doing, being, belonging, and becoming through occupational involvement. It is directly related to addressing the impacts of social inequalities on humans considered not only as social beings but also as occupational beings (Mthembu, 2021).

In this context, building health education actions from the perspective of occupational justice implies basing these actions on reflective processes in which participants are heard about the life they experience and have their needs and capacities recognized (Brasil, 2017; Jucá et al., 2021). Considering these aspects, this study aims to understand the interrelationships between occupational involvement and health perception from the perspective of adolescents.

Method

This study is part of an action research project aimed at developing and evaluating a health promotion proposal for adolescents guided by Paulo Freire's framework (Freire, 2021a, 2021b). The research consisted of three stages: 1) thematic investigation; 2) literature review, with an in-depth study of Freire's work and planning of the intervention, which occurred concurrently with stage 1; 3) implementation of educational actions through culture circles.

The thematic investigation, the focus of this study, aims to understand the reality experienced by the participants and identify generating themes that can guide educational practices (Freire, 2021a, 2021b). As a methodological process, thematic investigation is grounded in the foundational concepts of Freire's thought, which advocates for the construction of dialogical, problematizing, consciousness-raising, and liberating educational practices that challenge and transform oppressive relationships.

In this sense, thematic investigation is a knowledge-building process that materializes through the identification and understanding of people's different levels of perception about themselves, their reality, and the relationships they establish with others in the world (Freire, 2021a, 2021b). In this process, by problematizing the different readings adolescents make of their reality, we seek to understand their reasons for being and reveal new ways of thinking and acting in and with the world.

The thematic investigation occurred in an elementary school located in a community marked by social vulnerability in the city of Recife, state of Pernambuco, Brazil, from March to August 2022. Thirty-three adolescents (26 girls and 7 boys), aged 13 to 16 and students of the 8th grade, accepted the invitation to participate in the study. The adolescents were divided into four groups (G 1–4), with each group participating in two meetings lasting 1 hour and 30 minutes on average. Based on Gontijo et al. (2021), the thematic investigation was systematized into four stages:

Stage 1 – Entry into the field and mobilization for participation through playful activities.

Stage 2 (meeting 1) – Reading the reality, aiming to identify the main conceptions, ideas, and experiences of the participants regarding their realities. Data were collected through focus groups and participant observation using playful activities that engaged the adolescents. To guide this stage, we used a script containing questions that allowed (among other aspects not addressed in this study) the identification of the main occupations in which the adolescents were involved, both on weekdays and weekends (and at different times of the day), and the implications of this involvement for their health perception.

Stage 3 – Construction of codifications by the research team based on the data collected in Stage 2. Codifications are representations of the existential situations presented by the subjects, constructed from different languages (Freire, 2021a, 2021b). In this study, the contents brought by the adolescents in the focus groups were represented in three activities that became codifications: a game (ball in the pot), an interactive story (composed of short integrated video clips), and a compilation of short videos.

In the game “ball in the pot,” phrases brought by the adolescents referring to their daily routine were described. When read by the facilitators in the Stage 4 groups, the participants initially indicated whether the phrase resonated with their lives by placing marbles in a pot labeled (me too, not me, or I don't know). The interactive story was built based on the adolescents' accounts, addressing family and friend relationships. In the discussion of this activity (Stage 4), the adolescents reported possible developments for the presented story. Finally, the researchers created a compilation of short videos reflecting the adolescents' reality readings about mental health, based on internet content.

Stage 4 (meeting 2) – Problematization with the adolescents about the conceptions presented in Stage 2, which were represented in the codifications described in Stage 3. Problematization involves constructing questions with the clear and explicit intention of promoting the participants' reflection on themselves and the world to perceive the analyzed reality (Freire, 2021a).

The detailed methodological process of the thematic investigation of this study, as well as its potential in the field of health promotion and research with adolescents, was conducted by Gontijo, Calheiros, and Santiago.

The meetings were recorded and fully transcribed, and field diary entries were made. The data were adapted for qualitative research using thematic content analysis, systematized in the following stages: Material Exploration; Treatment of Results; Inferences; Interpretation (Gomes, 2021). The data were thematically categorized with reference to the different types of occupational involvement highlighted by the adolescents in the research. The nine resulting categories comprehensively encompass the data collected during the reality reading and problematization stages, as the latter stage deepens the discussion of the former one.

This study was approved by the Research Ethics Committee of the Federal University of Pernambuco (UFPE) under opinion no. 3.633.355. Participation in the study was conditioned on the signing of an Informed Assent Form (IAF) by the adolescents and an Informed Consent Form (ICF) by their legal guardians. The participants are identified here by pseudonyms they chose.

Results

1- “Every hour and every moment”: the use of cellphones in the everyday life of adolescents

The young people report using cellphones as their primary occupation. It is cited as the first activity they do upon waking up, and to which they devote significant time throughout the day, in various spaces where they interact. Notably, they use their phones even during periods intended for sleep, as many adolescents reported waking up several times during the night to check their phones. The young people use cellphones to play games, watch videos, develop social relationships, read, and record videos to share on social media.

Lua: *I use my cellphone. I do the same thing every day.* (G4).

Joaninha: *Me, every hour and every moment.* (G4).

Vênus: *The first thing I do is look at my cellphone.* (G4).

Pastel: *I watch silly stuff, stay on Discord, browse Instagram, watch silly videos, and gossip with friends.* (G4).

During problematization, the young people recognize that, although they enjoy using their cellphones, they spend too much time on this occupation, which negatively affects their participation in other activities, like sleeping. They reflect that excessive use is due to not finding other more interesting things to do, and that, even so, sometimes not even the cellphone is interesting. When encouraged to reflect on why they do not have other activities to do, they mainly attribute it to not having money to participate in other occupations.

Lua: *Not even the cellphone is interesting. I get it, it's boring. In the group chat with the girls, I was complaining that I had a bunch of stuff, games, apps on my cellphone, but nothing was good, nothing was fun, nothing was interesting (...) it's not addiction, it's just that there's nothing to do. Because there's nothing interesting to do, I just use the cellphone. (G4).*

Stella: *Because I've got no money. Because there's nothing to do. I think, what am I going to do now? People get bored. Then they stay there using it, and there's nothing to do. (G1).*

The young people believe that excessive cellphone use concretely results in health problems, mainly highlighting potential sight issues, poor nutrition due to eating while using the device, and sedentary behavior resulting from using the phone instead of engaging in other occupations.

Maria Flor: *Cellphones affect sight because it's very bad, but we don't stop using it (...) eating is affected too, because if you don't eat, you feel sick, you get a disease and stuff. (G2).*

Lua: *Using the cellphone? It harms sight, I become sedentary because I only do that since I wake up. (G4).*

2- “Many problems presented by adolescents would be solved if they could talk to their parents”: involvement in relationships with parents

In seeking to understand how occupational involvement relates to health perception in adolescence, discussions about the characteristics and difficulties of relationships with parents were the most prominent, both in frequency and intensity of the reports and reflections. In the groups, difficulties and even the inability—from the adolescents' perspective—of parents to establish dialogue with their children stood out. The adolescents point out that, in their relationship with their parents, there are limitations to participating and few or no opportunities to express what they feel, which also results in fear of starting a dialogue. For the participants, this limitation affects their involvement in other occupations because, many times, parents impose restrictions on activities that are meaningful to their children without giving them a chance to express themselves.

Stella: *(...) Like, parents don't talk to me, my mom has never asked me, 'my daughter, are you okay?' (G4).*

The participants feel misunderstood because, in everyday life, their parents are not willing to put themselves in their children's shoes, emphasizing that their attitudes are marked more by judgment than empathy and understanding.

L: *Understand. (...). Because adults are like: 'wow, he's younger than me, he doesn't know anything about life yet. You will still suffer a lot, you will still fall a lot', you know? (...). (G1)*

PNI: *Many problems presented by adolescents would be solved if they could talk to their parents, if they knew how to listen to us instead of judging us. (G4)*

The adolescents reflect that they do not see themselves as autonomous beings and that they do not have the right to speak. They believe this limitation exists because parents consider adolescents as lacking maturity and experience. Amid the pressures, complaints, and comparisons from their families, the adolescents advocate for the right to make mistakes in life, as everyone does.

Sol: *No voice, because of age too. People say that older people have had many traumas, taken many hits. Maturity doesn't come with age, you know. (G1).*

Estrela: *Everyone makes mistakes in life, right (...). To score a goal, the ball also goes sideways, it doesn't always go forward, you will make a mistake once in your life. (G1).*

Lua: *Because parents put a lot of pressure on their children. There's school, you have to study at home, you have to do this, you have to be the perfect child, you have to be an example for your younger sibling, or you have to be like your older sibling. Yes, they compare you to others ... like "so-and-so's daughter does this, this, and that." (G4).*

Accioly: *It's like adolescents never do anything good, if you sweep the house floor, there's still more to do. At your age, in my time, I did X things. You overburden yourself to try to be better, to make someone proud, and in the end, you never succeed. (G3).*

PNI: *I say, it's being sidelined, feeling inferior, feeling alone, like, there are a lot of people here, but I feel alone, and that causes anxiety. (G2).*

Dominique: *Because, like, there's a lot of bad stuff in my life, but I don't talk about it. Nobody listens. (G1).*

3- "And who likes to study?": involvement with school activities

Involvement with school activities was also mentioned by the adolescents, who reported that school is where they spend the entire afternoon throughout the week and also some mornings. The participants noted that most adolescents do not like to study, with some stating that they only go to school because adults force them to. However, during the discussion, even though they mentioned not liking to study, there was an acknowledgment of the importance of education for building a future life.

L: *In the future, we won't have to go through hardships, won't have to lack money, or live in a house falling apart. (G3).*

Lua: *I do it because I'm forced to come; otherwise, I wouldn't come. (G3).*

At school, besides studying (or not) the content, adolescents engage in various activities, highlighting that they do not like to write but enjoy meeting friends to chat and having snacks.

Flor: *We arrive at school, and as soon as we get there, we go to the classroom. When we get to the classroom, we do activities or correct them, and when all the classes are over, we go down, and if it's a snack we like (...) I don't know, because it's boring to be there just writing all the time. But, yes, talking and meeting friends. (G4).*

Some adolescents point out learning difficulties, mentioning lack of concentration, conflicts with teachers, and the perception that they cannot grasp the content.

Sol: *I keep thinking about how I went from being the girl who got 10 in math to getting 4 in math! I used to study a lot more and could understand everything, then, at some point, I stopped understanding. (...). (G3)*

Adolescents also discussed school involvement at the intersection of class issues and the establishment and management of relationships with parents, as discussed earlier. Regarding class and economic conditions, initially, adolescents pointed out that there is no difference in school involvement since everyone needs to study. However, participants observed that for those with better socioeconomic conditions, this involvement “occurs more easily” because they do not need to perform other paid activities to afford a course, for example. They also reflected that, although they believe that education is for everyone, the children of rich parents would not need to study because they will inherit family assets. References were also made to the perception that adolescents from wealthier families face greater pressure regarding grades.

Lua: *Oh, why would they care about grades? They don't need to. And they wouldn't even come to school. Why study if I'm already going to have the money? (G1).*

Saturno: *I think rich families are very picky, they want their children to have the highest grades in school. (G1).*

Estrela: *Yes, for those with money, it's easier to do and achieve things. And we face a lot of difficulty; we have to work and strive to pay for a course, a college. (G3).*

Regarding the interrelations between school and relationships with parents, there were reports in all groups of experiencing a scenario marked by intense pressure regarding grades, with the emphasis that “parents don't consider average grades as good” and do not appreciate when performance exceeds this, since “getting good grades is an obligation.”

L: *They usually say, 'but you can do better,' to improve. My mom doesn't like it. (...) If I get an average grade, my mom gets cold with me, she doesn't talk to me until I get a good grade. (G3).*

Sol: *If I say I got an 8, my mom says, 'it's the minimum.' If I get a 10, she says, 'it's no more than your obligation, what do you study for?' (G3).*

Reflecting on the importance of school for building the future, adolescents questioned the “weight” of meeting the social expectation of being the “future of Brazil,” which hegemonically includes representations related to obtaining a job with a university degree, forming a family, and having financial independence. In this sense, they reflected that “this ideal future” does not materialize the same way for everyone, as experiences and opportunities are not equal, characterizing a multiplicity of ways to live in the present and build the future.

Lua: *There is no being the future of Brazil; it will be us anyway, and that's it, we will vote, but each one will be in their own way. Some will be robbing, killing around, some will be rich, some will be studying, some will have lots of children, and some will be living on the streets. There is no being the future of Brazil; to be the future of Brazil, you have to be a certain way, no. (G4).*

During the discussion, when questioned about the relationships between school and the perception of health, adolescents mentioned that they often have anxiety outbreaks in the school context. But generally, they attribute these outbreaks to factors related to involvement in relationships with parents, as previously pointed out, and with friends, as discussed below.

Luz: *I've come to school and had an anxiety outbreak because my uncle had died that day, and I also had many anxiety attacks. (...) but it's over any little thing that I get nervous, and it starts to feel tight in my chest, and I can't breathe. (G3).*

4- “I'm never alone, but I feel lonely all the time”: the experience of friendships in everyday life

When we focus on analyzing the involvement of adolescents in friendships with their peers, the first point they highlight is the perception that they have many more virtual friends—originating from social networks and mobile games—than face-to-face friends. The participants emphasized the ease of communication and making friends in the online context.

Sol: *I like making friends online; it's very nice. (...) I do it through WhatsApp. Discord, yes! I join a server and start telling all my problems to people (...). I tell my whole life, that my life is crap, to people I don't know, and become friends with them. (G1).*

As pointed out when discussing relationships with parents, participants believe that most adolescents experience a feeling of loneliness (and its repercussions on mental

health), even while being surrounded by friends, as they feel lonely despite having company.

Lua: *I have lots of friends, many people I like, but still, I feel lonely.* (G2).

Stella: *It's different (being alone and feeling alone), for sure, it's different. What depression, man! I'm alone, literally, and feel lonely, literally.* (G2).

It is relevant to highlight that, in reading the reality, there were no spontaneous mentions of romantic relationships, especially dating, as part of the participants' everyday lives. This absence was noted by the researchers, and the young people mentioned that, within their reality, they cannot date because of their age. Most adolescents did not want to comment on the establishment of sexual-affective relationships during the thematic investigation, with some girls emphasizing that it is too early to date and that this experience could hinder involvement in other occupations.

Keily: *I don't think it's normal. I think it's too early for such a strong experience. Dating is a very strong experience for a 13-year-old – 13 to 14 years old, I think it's too early, give them time, there will be time in life.* (G2).

Savannah: *So-so. For me, the age to date is from 17-18 years. If you want to date, think carefully and date. It's nice to date (...). My mom didn't even talk about finishing studies, my mom said: if you want, that's fine, but you also have to focus on your studies. So, my sister didn't accept it, she wanted to focus on her studies, and later when she finishes her studies, she will date.* (G2).

5- "I stay like this, staring at the ceiling, trying to sleep": understandings of engagement with sleep

Sleeping was highlighted as one of the main activities in which adolescents engage, reporting that most of the morning (since they study in the afternoon) is spent sleeping. In the groups, they believe they "sleep a lot," and thus they wake up late, preventing them from engaging in other activities during the morning.

Cinderela: *I sleep.* (G2).

Rose: *It depends on the day; some days I go to bed at midnight, some days at 1 AM. I have insomnia; I can't sleep at night.* (G3).

Aciole: *I waste the whole the morning.* (G3).

However, in the problematization, it was noted that adolescents do not necessarily sleep many hours, as most reported that, despite a strong interest in building this habit, they cannot fall asleep early. Participants attribute their sleep difficulties to cell phone use (previously discussed), insomnia, and nightmares. Among the participants, there were also reports of staying awake at night to make online calls with friends, chat, and play games with them.

L: *I can no longer go to bed early at all; I only fall asleep late because sometimes I wake up with nightmares, some terrible nightmares. Cellphone. (G3).*

Stella: *I can try to sleep, but then I stay like this, staring at the ceiling, trying to sleep, I can't, I can only manage to sleep if I use my cellphone. (G1).*

Saturno: *I have virtual friends. To chat and play with them at night. (G1).*

When reflecting on the impacts of sleep (dis)organization on health, the young people reported that sleeping too little negatively affects health and contributes to the involvement in other activities (cell phone use and irregular eating) that can also harm health.

Lua: *I think it interferes negatively. Because it's not good to fall asleep at four or five in the morning and wake up at eight. (G2).*

6- "Only seldom": leisure in adolescents' everyday life

Regarding involvement with leisure, as previously mentioned, cellphone use was identified as the primary form of entertainment for adolescents. Beyond cellphone use, we observed limited involvement in activities considered as leisure in everyday life. Most leisure activities reported occur on weekends, including occasional outings to nearby places, shopping malls, the beach, or relatives' homes.

Saturno: *No, only rarely. (G4).*

PNI: *Occasionally, yes. Sometimes I go to the pool or the beach. (G4).*

Accioly: *Sleeping, sometimes I go out somewhere. (G3).*

PNI: *To the park, to the mall. (G4).*

Flor: *With my mom or dad and my brother. Like, they decide and say, "we're going to the beach today." (G4).*

Regarded as a form of leisure, playing was mentioned by adolescents as an activity they engage in everyday life. They cited participation in street games, as well as in those linked to technology, mainly video and mobile games. In the problematization, when asked about the existence of an age limit for playing, they expressed that there is no age limit, that at any desired moment, play is allowed, contrary to the statements of adults who claim they are "too old to play." They also mentioned attachment to childhood toys, which, even though they are no longer used, have become keepsakes.

Saturno: *Playing ball. Dodgeball, on the street. (G4).*

Matrix: *I know. Playing, Watching, and dodgeball. Playing roblox. (G1).*

Stella: *There's no age limit. (G1).*

Lua: *Play as long as you want. Why not? Because they keep saying, "You're too old for that," so for them, we're too old.* (G1).

In the problematization about involvement in leisure and play, the adolescents highlighted that, most of the time, they stay on the street near their house or inside the house. The possibility of going out to the street differs when comparing boys and girls, as boys can go out without questions and complaints, which is not the case for girls. Thus, they consider that parents are more flexible with boys, while imposing greater limitations on girls because of the obligations assigned to them in caring for the house and greater concern for their safety.

Stella: *Boys can go out, right? The mother won't complain because he's a boy, he goes everywhere. (...) So it's not the same. Because boys usually don't face much concern because they're boys, "Oh, he's a boy, let him be," now when it's a girl, "keep that girl inside the house."* (G1).

7- "Then I put on some music and get things done": involvement in domestic care

Among the activities that adolescents are involved in, household chores such as caring for the house, pets, and other people, including supervising siblings and younger children and administering medication to older family members, were identified.

PNI: *Washing dishes. Cleaning up the dog's poop.* (G4).

Cinderela: *To give my grandfather his medication. It's at 10 Pm, 5 AM, and 3 PM.* (G2).

Savannah: *Sometimes I take care of a little boy that my mom looks after, then sometimes I stay home with him (...). I'm responsible for the child that my mom looks after (...).* (G2).

In the problematization, some adolescents reported that they like doing some of these activities as long as they can listen to music simultaneously. The strategy of listening to music is also adopted by those who do not enjoy performing household chores, who prefer to do them alone to avoid complaints and punishments from family members.

Nayara: *Washing dishes. It's not that I don't like it, I find it gross. I do it alone. My dad says, turn off the TV and go washing up. Then I put on some music and get things done. If I don't go, he takes the remote. So, I do it willingly. Because doing it grudgingly is no good.* (G2).

Saturno: *I'm only happy because I put on my headphones and listen to my playlist.* (G4)

The young people understand that there are often gender-specific roles in performing household chores, as these are mainly assigned to women, without men's participation. Moreover, they reported differences

in this involvement considering income levels, as they believe that those with more money do not need to do this because they can afford to pay someone to do it for them.

Stella: *No, my brother didn't do anything.* (G1).

Maria Flor: *Because sometimes women do everything, and men do nothing.* (G2).

Keily: *It's because many times, people say, the woman has to do it because she's a woman, and the man, he has to be a man.* (G2).

L: *I think so. I think if you can pay someone to do it.* (G3).

In their statements, some young people highlighted that they do not see involvement in domestic activities as “exploitation” by parents and caregivers but as a way of teaching that it has been happening from childhood to adolescence.

Bruno: *They're not exploiting us; they're teaching us.* (G2).

In general, domestic activities and their impacts on health perception were associated with how relationships with parents are built. In this sense, it is perceived that mothers want domestic activities to be conducted exactly as they do, considering any other way wrong and interpreting it as a test for the adolescent.

Keily: *So the main reason I'm talking about my mom is like this, I clean the house, do everything with the greatest love and care, and what do I hear? Exactly, and like, she wants it done her way.* (G2).

Lucas: *They test us.* (G2).

8- “If I didn't eat a lot of junk food”: perceptions about eating

Eating was also spontaneously mentioned as an activity in which adolescents engage in everyday life. In their eating routine, meals, when they occur at home, are sometimes done alone or in the presence of family members.

Estrela: *I eat.* (G1).

Flor: *Sometimes I have lunch with my mom at the table, or alone, or with my stepdad, because when I'm leaving for school, he's leaving for work.* (G4).

When reflecting on the impacts of eating on health, the young people expressed the understanding that eating, when not organized and nutritious, has negative consequences for health. Most adolescents reported that they eat poorly, in terms of nutritional quality, both by choice and due to lack of access to other options for financial reasons, and that this can both cause new health problems and worsen pre-existing health issues (known or unknown).

Lua: *I think so because I eat a lot of junk food, lollipops, and I think that affects my health. Who knows what I might have, right? It wouldn't interfere if I didn't do that, if I didn't eat a lot of junk food. (G1).*

Dominique: *I think eating a lot of unhealthy stuff because everyone knows that eating salad and such is healthy. (G1).*

9- "I know I have to go, but I have to put up with it": involvement in physical activities

During the thematic investigation, the practice of physical activities was often mentioned by adolescents as beneficial to health. However, actual involvement in physical activities was only mentioned in the context of street games (soccer) for boys and the compulsory physical education in the school curriculum. Among the participants, a few adolescents reported enjoying physical education and expressed interest in participating more regularly in physical activities both in the educational environment and as a future professional alternative.

Vênus: *I try to do it, but I give up. Physical education, I know I have to go, but I have to put up with it. (G4).*

Saturno: *Yes, but I don't like it. I really enjoy going to physical education; I'll also talk to the principal because she told us to sign up there, to be an athlete, right. (G4).*

Discussion

The occupational involvement of adolescents is characterized as a phenomenon marked by the interconnection between various activities in everyday life. Thus, the discussion of the results primarily focuses on two aspects that intersect the data. The analysis of the interrelationships of occupational involvement with health perceptions showed imbalances and ambiguities in occupational choice processes and the impacts of different power relations experienced in everyday life.

Occupational balance is subjectively defined by how individuals choose to allocate their time between mandatory and meaningful activities. Generally, occupational balance implies significant involvement in various occupations that foster health and well-being. An imbalance between occupations can affect physical and emotional health and well-being, resulting in health problems such as injuries, anxiety, depression, exhaustion, boredom, burnout, and sleep disorders (Wada et al., 2010).

A literature review conducted by Wada et al. (2010) identified four main theoretical perspectives on occupational balance in the fields of Occupational Science and Occupational Therapy. Without intending to affiliate with any of these perspectives, their analysis broadens the discussion of the data found in this study.

A first perspective views occupational balance as related to the amount of time spent on various activities. From this standpoint, an ideal occupational balance is achieved when time is appropriately allocated among physical, mental, social, and rest activities. However, criticisms related to this perspective point out that balance refers to the ideal proportion of different occupational experiences rather than equal time allocation,

considering the various types of experiences. Thus, maintaining balance requires alternating between participating in activities and restoring energy to promote well-being, i.e., engaging in rest activities to restore energy for the next involvement in demanding activities (Wada et al., 2010).

The adolescents reported different situations of occupational imbalance considering the time spent on occupations, such as the excessive time spent on cellphone use, which impacts other activities like sleep, eating, exercising, and relationships with friends and family.

The excessive use of cellphones in adolescence can be associated with the peculiar characteristics of this period since the feeling of social inclusion and group belonging is heightened at this stage of life (Nunes et al., 2021). Studies also indicate that social networks are a space for leisure and distraction, providing adolescents, in addition to peer interaction, with the opportunity to think and act without constraint (Bienzobás, 2021).

On the other hand, studies conducted with adolescents – as pointed out by the participants in this research, even considering the benefits of using cellphones daily, report that excessive use can alter the sleep-wake cycle and concentration for reading and writing, negatively impacting school performance and increasing stress, depression, social isolation, and difficulties in developing real-life relationships (Oliveira et al., 2019; Guerin et al., 2018).

In this regard, the adolescents mentioned that, while cellphone use enhances connections with “virtual friends,” its excessive use limits relationships with people in the real world, leading to feelings of loneliness and mental suffering. During adolescence, it is expected that young people expand their network of friends. This process, in addition to being pervaded by different aspects (individual, social, cultural, etc.), can have both positive (creating and strengthening emotional bonds, experiences for healthy identity construction) and negative (increasing risk factors) consequences (Brasil, 2017; Malta et al., 2018; Reis et al., 2018). Thus, we emphasize the importance of health promotion actions based on strengthening bonds in the real world among adolescents. Actions that enable meetings, dialogue, and the construction of belonging and relationships that are understood as effective sources of social support.

Another point raised by the adolescents, in relation to time allocation balance, was their perception that they sleep a lot and, therefore, lack time to engage in other activities they would like to do, such as physical activities, which could enhance their health. Corroborating the information reported by Valério et al. (2020), this study observed that involvement in these activities does not necessarily result in many hours of sleep but rather in an unbalanced pattern of activity. In many situations, adolescents engage in other activities, such as cellphone use, during times that should be allocated to sleep. A literature review conducted by Oliveira et al. (2019) found a decrease in the number of hours and quality of sleep among young people today, mainly due to increased cellphone use. The deterioration of sleep quality affects health in various ways, especially concerning cognitive and mood issues (Nunes et al., 2021).

Returning to the discussion on the different theoretical perspectives on occupational balance identified by Wada et al. (2010), these authors suggest that this balance can be perceived as the congruence between the occupations we engage in and our personal values and goals. In this sense, balance and consequent well-being relate to involvement

in meaningful occupations (even mandatory ones) that align with our goals and self-representation. Conversely, imbalance manifests when the relationships between these occupations, values, and goals are unclear.

In this study, this perspective explains potential occupational imbalance in adolescents' involvement with school. For many adolescents, the school was understood as a space for fulfilling academic tasks without more significant meanings beyond merely capturing content. Nevertheless, agreeing with Folha et al. (2018), we believe in the potential of the school environment. Beyond knowledge acquisition and skill development, the school is intended to address the inequities that hinder human development and comprehensive citizen empowerment.

This reflection indicates the need for further research addressing the meanings of school involvement more comprehensively to understand how it relates (or not) to adolescents' personal values and goals.

Resuming the reflection based on theoretical perspectives on occupational balance, the literature review conducted by Wada et al. (2010) identified studies linking the perception of balance to the competent fulfillment of occupational demands and roles encountered in everyday life. In this sense, balance arises from the perception of fulfilling roles and occupations built in the context in which one lives, that is, it is constructed in the relationship between meeting personal values and needs and environmental demands.

The perception of not meeting occupational demands and roles and consequently experiencing situations of occupational imbalance was present in the adolescents' discourse, especially in constructing relationships with their parents and their interface with other occupations. The adolescents mentioned that much of what they do in everyday life, for example, school activities, is not considered sufficient by their parents for what is expected regarding the student role. This aspect is directly associated with the presence of unequal power relations with adults, as discussed later.

Finally, the fourth perspective identified in Wada et al.'s (2010) literature review understands balance as the perception of harmony, compatibility, and control of participation in occupations in general. Imbalance occurs when there is an inability or limitations to reconcile different occupations, considering both personal desires and values and contextual demands (Wada et al., 2010). In this sense, the adolescents' discourses about relationships with parents again indicate that the lack of dialogue often limits the possibility of building autonomy in everyday life, thus creating situations of occupational imbalance by being, at times, deprived of engaging in activities that are meaningful to them.

Beyond occupational imbalance situations, this study identified experiences of occupational deprivation in a scenario of occupational injustice. For example, we analyzed restrictions, and even impossibilities, in access to quality nutrition and involvement in leisure activities that foster well-being and health for adolescents. However, the occupational imbalance and deprivation situations identified here cannot be analyzed simplistically, as they involve both subjective and contextual issues that condition adolescents' occupational choices in everyday life.

In this context, the data reflect ambiguities in constructing adolescents' occupational choices, as we identified "knowledge" related to health-promoting occupational involvement that does not materialize in everyday life practices. This situation is

exemplified in discussions about excessive cellphone use or the importance of sleeping and eating well, associated with practices contrary to this knowledge.

Thus, Galvaan (2011) emphasizes that occupational choices are a sociocultural situation since, even though they occur individually, they are influenced by various contextual factors. This author, in research with adolescents in South Africa, identified that many young people reproduced family practices that were configured in contexts of occupational injustice experienced throughout their history. It is necessary to consider that the reasons for choices—which are procedural and not punctual, beyond each person's subjectivity—are shaped by the historicity of the context of everyday life experiences.

Therefore, concerning occupational choices, many adolescents may construct them tied to their social position. Although there is an individual power of choice, these options may not materialize concretely because of life circumstances (Galvaan, 2011). Furthermore, as also noted in this study, this author highlights that, because of limitations imposed by historical, cultural, social, and economic conditions, many adolescents tend not to question thoughts and decisions, leading them to make occupational choices congruent with their habits and realities.

This reflection points to the need for educational actions that promote awareness processes about occupational involvement. According to Correia (2021), the critical awareness of everyday life is a process of recognizing one's own occupational involvement, directed toward building occupational justice. Ramugondo et al. (2015) argue that occupational awareness enables people to describe, individually and collectively, their everyday life activities amid all existing power situations. In this study, we identified different situations of power inequality that impact adolescents' occupational involvement and health perceptions, especially regarding socioeconomic class, age, and gender.

The experience of socioeconomic inequality permeated occupational involvement as a whole. It was highlighted that economic precariousness limits the possibility of having good nutrition, alternatives to cellphone use for leisure, and access to quality education.

Corroborating Cassapian & Rechia (2014), we understand that the right to leisure does not solely depend on available time for involvement, depending on other aspects such as education and accessibility conditions to the necessary public spaces for this experience.

Similarly, Vendrami et al. (2021), in a literature review addressing social inequality and its effects on education, note that both public and private schools offer placements. However, they highlight that equal educational access is not guaranteed simply by enrollment. In the context of Brazilian public schools, it is crucial to discuss the quality of the teaching-learning process to ensure access, reduce dropout rates, and promote completion within the expected age range (Pereira et al., 2021).

Besides power inequalities related to social class, those resulting from age also influenced the different (im)possibilities of occupational involvement, particularly in adolescents' relationships with their parents. According to the participants in this study, these relationships were often characterized by limited or even absent dialogue.

Adolescents report that adults, especially parents, generally believe they have limited capacity for reflection and criticism, and therefore, are less equipped for decision-making due to their lack of life experience. It is essential to recognize that adolescents

have developmental specificities that make them more vulnerable, necessitating care from parents and other significant adults in their everyday life decisions. The adolescents in this study emphasized the importance and desire for this care. However, care that invalidates most of the adolescent's perceptions is rooted in an adult-centric society.

According to Quapper (2015), adult-centrism creates unequal power relations across various life stages, with adulthood setting expected social norms that other generations should accept, placing adolescents in an inferior position. This situation invalidates adolescents' ability to form thoughts and behaviors, limiting their opinions or restricting them to socially accepted standards for fear of adult reprisal (Quapper, 2015; Cavalcante, 2021). The adolescents in this study reaffirm that these relationships are a constant influence, causing conflicts and directly negatively impacting their mental health perceptions. Reflecting on this aspect, we argue that adolescents should not be seen solely as individuals who will become someone in the future, as this relinquishes their status as historical subjects and denies their struggles and transformations. This reflection is supported by the adolescents' critique of the label "they are the future of Brazil," as they believe the future will be built by all people, regardless of age. The participants questioned the "burden of responsibility" attributed to them, which requires them to constantly prepare for the future.

As proposed by Freire (2021a), adolescents, as human beings, need opportunities to lead their experiences within their sociocultural context. They should be seen as producers of this context and of themselves, and thus understood as unfinished, incomplete beings, destined to become more.

The potential to become more was expressed by the adolescents during this research process. They shifted from an initial posture of passivity to engaging in more critical reflection on adults' attitudes. They recognized that caregivers also make mistakes and that they too experienced adolescence, often with similar challenges but in different historical and cultural contexts. This perception creates an opportunity for building dialogue between adolescents and their parents as a strategy to confront adult-centrism and, consequently, strengthen their bond.

However, reflecting on the lack of dialogue between adolescents and parents also requires considering the difficulties faced by parents within the context of their own life stories. Generally, the adolescents participating in the study experience situations of social vulnerability that shape their families' histories. Studies suggest that the relationships between parents and children are influenced by social, economic, cultural, and political factors, among other aspects, which can hinder the role of parental care because of these experienced vulnerabilities (Brasil, 2017; Souza et al., 2019; Valério et al., 2020).

Considering these aspects, we advocate for the development of health education actions that foster the creation of dialogical spaces between adolescents and their caregivers. In occupational therapy, these spaces can be mediated by activities and resources that encourage parents and children to engage in occupations together. This approach aims not only to find solutions to everyday life problems and conflicts but also to strengthen bonds, foster mutual appreciation, enhance family belonging, promote joint activities, and create "affective memories" that can contribute to overall health perception, especially mental health.

Finally, power inequalities related to gender were also evident in the group discussions, particularly when analyzing involvement in domestic care, play, and leisure activities. Although less in-depth in the discourses, the construction of affective relationships was also addressed. It was noted that girls are assigned more household chores, while boys are more permitted to go out and play in the street. As discussed by Monteiro et al. (2018), these conceptions assign different possibilities for involvement in occupations to males and females, reflecting hegemonic patterns of gender relations in our society.

Wada et al. (2010) discuss the implications of gender inequalities for experiencing occupational imbalance considering the different perspectives previously presented. Thus, gender relations, which support the construction of socially constructed roles, influence both the allocation of time to different occupations and the congruence between these and personal values.

The reflections presented here highlight the importance of analyzing occupational involvement and its relationship with health, considering the reality experienced by the subjects. This reality, often marked by power inequality, must be addressed through professional actions aimed at adolescents. As various authors emphasize, it is necessary to understand that disabilities and limitations can arise from the deprivation of opportunities or restrictions on desired occupational involvement, resulting from barriers to participation (Hammell, 2017). In this sense, guaranteeing basic social rights is essential to expand the opportunities for involvement in occupations such as leisure, nutrition, sports, education, and other aspects that comprise adolescents' lives.

Final Remarks

This study enabled an understanding of the interrelationships between occupational involvement and health perception from the perspective of adolescents. The data analysis identified adolescents' involvement in various occupations, with particular emphasis on the impact of relationships with parents and cellphone use on health perception. In analyzing this involvement, situations of occupational imbalance and injustice were identified, associated with perceptions of mental suffering related to occupational involvement. These situations are shaped by the occupational choices made by adolescents, constructed at the intersection of subjective aspects and the concreteness of possibilities that materialize (or not) in everyday life. The data allow us to affirm that inequalities in power relations (class, age, and gender) permeate the lives of adolescents, affecting their health perceptions.

A limitation of this study was the absence of quantitative data to construct a more detailed sociodemographic profile of the participants. However, the adolescents' reports revealed different situations of social vulnerability and occupational injustice, as discussed throughout the text. Future research should delve deeper into how different power inequities relate to and intersect in shaping possibilities and limitations for occupational involvement in adolescence. Additionally, expanding these discussions to include other social markers of difference, such as race/ethnicity, sexuality, and the presence of disabilities, is recommended.

Based on the experience of this study, we advocate for the construction of a participatory health education practice that guarantees adolescents the right to voice

their concerns and opportunities to express themselves. This practice should aim to build a critical awareness of occupational involvement and the living conditions experienced, fostering not only health and well-being but also the guarantee of rights, citizenship, and social participation.

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Author's Contributions

Mayelle Tayana Marinho: preparation of the research project, collection and analysis of data, and writing of the manuscript. Marina de Araújo Rosas e Ricardo Lopes Correia: analysis and discussion of data and review of the manuscript. Daniela Tavares Gontijo: guidance of the research project, collection and analysis of data, and

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