QUALITY OF LIFE ASSESSMENT AMONG SOCIALLY VULNERABLE ADOLESCENTS

Avaliação da qualidade de vida de adolescentes em situação de vulnerabilidade social

Evaluación de la calidad de vida de adolescentes en situación de vulnerabilidad social

Original Article

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ABSTRACT

Objective: To assess the quality of life of socially vulnerable adolescents. **Methods:** Quantitative exploratory study conducted from November 2014 to February 2015 in Recife, Pernambuco, with 86 adolescents of both genders. The Kidscreen-52 questionnaire was used to assess and measure the subjective health-related quality of life (QoL) through ten dimensions: "Physical Well-being"; "Psychological Well-being"; "Moods and Emotions"; "Self-perception"; "Autonomy"; "Parent Relations and Home Life"; "Financial Resources"; "Social Support and Peers"; "School Environment"; and "Social Acceptance /Bullying" – all of them were analyzed using t test, with $p<0.05$. **Results:** The dimensions "Psychological Well-being" (x=86.01) and Social Acceptance/Bullying (x=85.59) presented the best rates; on the other hand, "Financial Resources" (x=66.43) and "Self-perception" (x=72.62) presented the worst rates. With regard to the domains by sex, significant difference was found in the dimensions "Physical Well-being" (p=0.0051), "Psychological Well-being" (p=0.0342), "Moods and Emotions" (p=0.0226), "Autonomy" (p=0.0287), "Parent Relations and Home Life" (p=0.0077) and "Social Support and Peers" (p=0.0058), indicating a better perception by male participants. **Conclusion:** The adolescents assessed have a good perception of QoL; however, the boys showed better perception in all domains, and this directly affects their QoL.
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Descriptors: Adolescent Development; Quality of Life; Social Vulnerability.

RESUMO

Objetivo: *Avaliar a qualidade de vida de adolescentes em situação de vulnerabilidade social.* **Métodos:** *Estudo exploratório quantitativo, realizado de novembro de 2014 a fevereiro de 2015, em Recife, Pernambuco, com 86 adolescentes de ambos os sexos. Utilizou-se o questionário Kidscreen-52, que avalia e mensura a saúde subjetiva relacionada à qualidade de vida (QV), através de dez dimensões: "Saúde e atividade física"; "Sentimentos"; "Estado de humor global"; "Autopercepção"; "Autonomia/Tempo livre"; "Família e ambiente familiar"; "Questões econômicas"; "Amigos"; "Ambiente escolar e aprendizagem"; e Provocação/Bullying – todas analisadas com teste "t", sendo p<0,05.* **Resultados:** *As dimensões "Sentimentos" (ẋ=86,01) e "Provocação/Bullying" (ẋ=85,59) apresentaram melhor percepção; já os domínios "Aspectos financeiros" (ẋ=66,43) e "Autopercepção" (ẋ=72,62) apresentaram pior percepção. Quando comparado os domínios por sexo, houve diferença significativa nas dimensões "Saúde e atividade física" (p=0,0051), "Sentimentos" (p=0,0342), "Estado de humor global" (p=0,0226), "Autonomia e tempo livre" (p=0,0287), "Família e ambiente familiar" (p=0,0077) e "Amigos e apoio social" (p=0,0058), apontando melhor percepção para o sexo masculino.* **Conclusão:** *Os adolescentes pesquisados possuem boa percepção da qualidade de vida (QV), porém, o sexo masculino apresentou melhor percepção em todos os domínios, e isso interfere diretamente na sua QV.*

Descritores: *Desenvolvimento do Adolescente; Qualidade de Vida; Vulnerabilidade Social.*

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RESUMEN

Objetivo: *Evaluar la calidad de vida de adolescentes en situación de vulnerabilidad social.* **Métodos:** *Estudio exploratorio cuantitativo realizado entre noviembre de 2014 y febrero de 2015 en Recife, Pernambuco, con 86 adolescentes de ambos los sexos. Se utilizó el cuestionario Kidscreen-52 que evalúa y mide la salud subjetiva relacionada a la calidad de vida (CV) a través de diez dimensiones: "Salud y actividad física"; "Sentimientos"; "Estado de humor general"; "Auto percepción"; "Autonomía/ Tiempo libre"; "Familia y ambiente familiar"; "Cuestiones económicas"; "Amigos"; "Ambiente escolar y aprendizaje"; y "Provocación/Bullying – todas analizadas con el teste "t" y p<0,05.* **Resultados:** *Las dimensiones "Sentimientos" (ẋ=86,01) y "Provocación/Bullying" (ẋ=85,59) presentaron mejor percepción; los dominios "Aspectos financieros" (ẋ=66,43) y "Auto percepción" (ẋ=72,62) presentaron peor percepción. Hubo diferencia significativa para las dimensiones "Salud y actividad física" (p=0,0051), "Sentimientos" (p=0,0342), "Estado de humor general" (p=0,0226), "Autonomía y tiempo libre" (p=0,0287), "Familia y ambiente familiar" (p=0,0077) y "Amigos y apoyo social" (p=0,0058) al comparar los dominios por sexo con mejor percepción en el sexo masculino.* **Conclusión:** *Los adolescentes investigados tienen buena percepción de la calidad de vida (CV), sin embargo, el sexo masculino presentó mejor percepción para todos los dominios lo que interfiere directamente en su CV.*

Descriptores: *Desarrollo del Adolescente; Calidad de Vida; Vulnerabilidad Social.*

INTRODUCTION

The World Health Organization defines adolescents as those people between 10 and 19 years of age[1]. In Brazil, the *Estatuto da Criança e do Adolescente – ECA* (Statute of the Child and Adolescent) – Law No. 8.069 of 1990 – defines adolescence as the period between 12 and 18 years of age, which is marked by changes, developments and challenges that can interfere with physical, psychological and social life of the subjects[2].

Adolescence is configured as a period of experimentation of values, social roles and identity and is characterized as an evolutionary, unique and exclusive stage in which there are intense and deep physical, mental and social changes; additionally, it is an important step towards the development of personality[3].

Considering all children and adolescents as subjects of rights in various social and individual conditions, the ECA recommends the right to life, health, food, education, leisure, professional training, culture, dignity, respect, freedom and family and community life, and tries to keep them safe from all forms of negligence, discrimination, exploitation, violence, cruelty and oppression. In addition, the ECA highlights the inviolability of physical, mental and moral integrity, preserving the identity, autonomy, values, ideas, the rights of opinion and expression, and the right to seek refuge, help and guidance[4].

Given the developing personhood and the changes that occur at this stage of life, adolescence carries with it an intrinsic condition of vulnerability that requires physical, psychological and moral protection and care[5,6]. Among the different vulnerabilities that adolescents may be susceptible to, the social vulnerability is a prominent issue in the discussions in the academic and social environment. Social vulnerability is a multidimensional concept that characterizes the existence of individuals, groups or places in fragile situations due to either biological, epidemiological, social and/or cultural factors. These factors put individuals at risk and expose them to significant levels of social disruption which ultimately influence their way of living and falling ill and hence their quality of life (QoL)[5-7].

The definition of QoL is related to the perception that the individual has of his position in life in the context of the culture in which they live in relation to their goals, expectations and standards. It is a broad concept affected in a complex way by the physical health, psychological state, level of dependency, social relationships, personal beliefs and the environment in which they live[8,9].

The European group Kidscreen-52 argues that QoL is multidimensional and seen as a psychological construct that describes physical, mental, psychological, functional and social aspects of well-being. From this perspective, which was adopted in the present study, it is important to analyze the various factors involved in this stage of life, namely adolescence, as they can act as QoL protective factors or risk factors in this population[10].

The literature often addresses QoL by relating it to any pathologies, disregarding the well-being of healthy people; however, this scenario is changing and the issue begins to cover physical, psychological and social aspects, the functional areas of life, and the impact of health and disease on these sectors, dealing with the general conditions of a population, as well as a specific group or individual[11].

Specifically with regard to QoL in adolescence, a study conducted with school students in a vulnerable community in Southern Brazil showed the importance of family support as it was noted that the students' QoL is influenced by family regarding the desire and choices of studying and working; in this sense, the family is a reference to attitudes, behaviors and values. In addition, social conditions such as household income and education of family members are factors that affect QoL[12].

Other studies conducted with adolescents at social risk have shown that the perception of QoL involves the supply

of basic human needs and attributes valued by contemporary society[13,14]. Objective aspects such as security, proper nutrition, hygiene, sports and a satisfying life, as well as subjective constructs like affection in friendship and in love and family relationships are considered essential for adolescents to have a good quality of life. Additionally, to these young people, having QoL involves their position as subjects of rights in the family and social context; and when compared to adolescents who do not have social risk characteristics, they have a better perception of the dimensions of autonomy and relationship with parents[13,14].

Considering that adolescence is affected by many factors that directly affect QoL, it is important to conduct studies with adolescents in different life contexts, as they can contribute to a deeper understanding of the situation they are in and an analysis of the factors that are directly related to QoL in order to strengthen actions aimed at promoting the rights of children and adolescents in vulnerable situations. Thus, the aim of the present study is to assess the quality of life of socially vulnerable adolescents.

METHODS

This is a quantitative exploratory study carried out from November 2014 to February 2015 with adolescents living in the city of Recife, Pernambuco.

This is one of the stages of the research project titled "Quality of life of adolescents participating in a social program of educational sport" conducted with participants of a social program of educational sport that offers multiple sports experiences after school and has the objective of promoting the integral development of children, adolescents and young people as a factor of citizenship formation and improvement of QoL, primarily among those who live in socially vulnerable areas and are enrolled in the public school system[15,16].

Data were collected in four centers and the study included literate adolescents enrolled in the program, aged between 12 and 18 years, of both sexes, with no physical disability and with permission of their legal guardians. During the period of data collection, the centers had 142 adolescents, 86 of whom participated in the study. It should be noted that it was not possible to include a larger number of participants due to the difficulty in obtaining the Free Informed Consent Form signed by parents. Additionally, two adolescents refused to participate.

The Kidscreen-52 questionnaire was used as research instrument. Initially, written informed consent was obtained from parents and adolescents; then, the questionnaire was answered by adolescents who received information from a properly trained research team. The questionnaires were printed and applied in the classrooms of the schools where the program took place.

The Kidscreen-52 is a European cross-cultural instrument translated and adapted for use in Brazil[10] developed in the years 2001-2004 to measure general health- related quality of life of children and adolescents. It also describes demographic variables (gender and age), physical, mental and social health status, the adolescents' relationship with parents and social support[10,17].

It is a self-administered questionnaire containing 52 objective questions, with an average time of application between 10 and 15 minutes, consisting of ten dimensions: "Physical Well-being"; "Psychological Well-being"; "Moods and Emotions"; "Self-perception"; "Autonomy"; "Parent Relations and Home Life"; "Financial Resources"; "Social Support and Peers"; "School Environment"; and "Social Acceptance /Bullying"[10]. Each dimension contained 3 to 6 questions that could be answered on a Likert scale of five points: 1 = not at all/ never, 2 = slightly/ seldom, 3 = moderately/quite often, 4 = very/very often, and 5 = extremely/always. Scores for each item range from 1 to 5, and the total score ranges between 52 and 260 points – the highest scores indicate better health-related QoL[10].

Data from the completed questionnaires were entered into an Excel 2010 spreadsheet, validated through the double entry system and analyzed using the Biostatic Program. As in another study[8], data were analyzed as follows: questions 1.1, all the questions in dimension 3, questions 4.4, 4.5, and all the questions in dimension 10 had its scores reversed (1=5, 2=4, 3=3, 4=2 e 5=1) because the scale is reversed. This inversion is performed to promote homogenization of the results so that for all items a higher value reflected a higher QoL[10]. After that, it was created a variable with the sum of the scores for each question for each participant, which was considered as the Total Score (TS) of the Kidscreen-52. Considering that the largest sum of all scores is 260, the TS was transformed into a proportional score, with 260 being equal to 100 (TS = TS% x 100/260). There were also 10 other variables created in accordance with the number of dimensions of the Kidscreen-52, which are the sum of the scores for each question for each participant within each dimension. The ten variables were transformed proportionally as described above.

Normality of the variables was tested using the Kolmogorov Smirnov test. The comparison between the mean values of the total score between genders and between each dimension was performed using the *t* test with a significance level of $p<0.05$.

All ethical aspects were met during the development of the present research, as recommended by Resolution 466/12 of CONEP, and the project was approved by the Human

Research Ethics Committee of the UFPE (Opinion No. 651.839). The research instruments were coded in order to ensure the anonymity of research participants.

RESULTS

Participants were 86 adolescent females and males aged 12-18 years, with a mean age of 14.3 years. Only two adolescents reported living with diseases that require occasional health care (allergy and neuropathy) (Table I).

With regard to the perception of QoL and related factors, the maximum and minimum scores and the overall average score of adolescents in each domain and in the instrument as a whole are presented in Table II. The total score indicated that adolescents had a good perception of QoL, with an average score of 66%, which corresponds to 172 points out of 260.

The analysis of each domain allowed the identification of aspects with higher and lower impact on QoL of adolescents. In this sense, it was found that the dimension "Psychological Well-being" (x=86.01) and the dimension "Social Acceptance /Bullying" (x=85.59) presented better perception; on the other hand, the domains "Financial Resources" (x=66.43) and "Self-perception" (x=72.62) presented the lowest averages.

The comparative analysis of data according to gender is shown in Table III. Regarding the overall score obtained, statistically significant difference was found: boys showed better perception of QoL in contrast to girls, which could also be observed in the dimensions "Physical Well-being" (p=0.0051), "Psychological Well-being" (p=0.0342), "Moods and Emotions" (p=0.0226), "Autonomy" (p=0.0287), "Parent Relations and Home Life" (p=0.0077) and "Social Support and Peers"(p=0.0058). The differences in all dimensions indicate a better QoL among boys.

Table I - General characterization of study participants. Recife, Pernambuco, 2014-2015.

Variables	n	%
Gender		
Female	38	44.19
Male	48	55.81
Age (years)		
12	15	17.44
13	19	22.09
14	19	22.09
15	7	8.14
16	11	12.79
17	14	16.28
18	1	1.16
Presence of chronic disease		
No	84	97.67
Yes	2	2.33

Table II - Distribution of minimum and maximum scores, means and standard deviations in dimensions of the Kidscreen-52. Recife, Pernambuco, 2014-2015.

Dimension	Minimum	Maximum	Mean	Standard Deviation
Physical Well-being – D1	24.0	100.0	77.86	18.83
Psychological Well-being – D2	26.67	100.0	86.01	17.25
Moods and Emotions – D3	28.57	100.0	74.50	18.20
Self-perception – D4	32.0	100.0	72.62	17.69
Autonomy – D5	20.0	100.0	80.65	19.54
Parental Relations and Home Life – D6	23.33	100.0	80.65	20.03
Financial Resources – D7	20.0	100.0	66.43	20.67
Social Support and Peers – D8	36.66	100.0	80.99	17.12
School Environment – D9	43.33	100.0	79.10	16.45
Social Acceptance/*Bullying* – D10	33.33	100.0	85.59	19.83
Total Score	28.79	100.0	78.44	18.56

As presented in Table III and explained above, the domains "Physical Well-being", "Parent Relations and Home Life" and "Social Support and Peers" presented the most statistically significant differences; therefore, Tables IV and V present the responses given by adolescents to each question of the instrument in these dimensions. The latter two dimensions were grouped in Table V.

As for the domain "Parent Relations and Home Life", the following question stood out: "Do your parent(s) understand you?". Only 17 (46.37%) female adolescents answered "nearly always/always", as opposed to 36 (75%) male adolescents. To the question "Have you been able to talk to your parent(s) when you wanted to?", 20 (52.63%) female adolescents answered "nearly always/always or

Table III - Analysis between dimensions of the Kidscreen-52 according to gender of participants. Recife, Pernambuco, 2014-2015.

Dimensions	Gender	n	Mean	Standard Deviation	*p value*
Physical Well-being – D1	Male	48	82.25	15.08	0.0051**
	Female	38	72.31	16.90	
Psychological Well-being – D2	Male	48	88.48	11.58	0.0342*
	Female	38	82.26	15.10	
Moods and Emotions – D3	Male	48	77.62	15.11	0.0226*
	Female	38	69.68	16.42	
Self-perception – D4	Male	48	74.50	15.97	0.2147
	Female	38	70.26	15.14	
Autonomy – D5	Male	48	84.25	16.41	0.0287*
	Female	38	76.10	17.41	
Parental Relations and Home Life – D6	Male	48	85.52	14.79	0.0077**
	Female	38	75.34	19.76	
Financial Resources – D7	Male	48	69.60	18.76	0.0614
	Female	38	61.66	20.10	
Social Support and Peers – D8	Male	48	84.52	10.69	0.0058**
	Female	38	75.84	16.11	
School Environment – D9	Male	48	79.37	14.0	0.6370
	Female	38	78.00	12.51	
Social Acceptance/*Bullying* – D10	Male	48	87.52	16.92	0.1862
	Female	38	82.55	17.30	
Total	Male	48	81.46	14.93	0.0007**
	Female	38	74.45	16.67	

*p≤0.05 **p≤0.01

Table IV - Responses given to questions in the dimension "Physical Well-being" according to gender. Recife, Pernambuco, 2014-2015.

Variables	Gender	Never/Almost never		Moderately/ Good		Nearly always/ Always	
		n	%	n	%	n	%
Have you felt well and in good shape?	Female	4	10.53	13	34.21	21	55.27
	Male	6	12.50	6	12.50	36	75.00
Have you been physically active (running, bike riding)?	Female	12	31.58	5	13.16	21	55.26
	Male	9	18.75	4	8.33	35	72.92
Have you been able to run?	Female	10	26.32	9	23.68	19	50.00
	Male	12	27.09	2	4.12	33	68.75
Have you felt full of energy /wellness?	Female	4	10.52	13	34.21	21	55.26
	Male	0	0.00	9	18.75	39	81.25

always" whereas 39 (81.25%) male adolescents answered so (Table V).

In the domain "Social Support and Peers", when asked if they had enough time to spend with friends, 21 (54.26%) female adolescents and 39 (81.25%) male adolescents answered "nearly always/always". In all, 19 (50%) female adolescents answered "nearly always/always in the question "Have you been able to rely on your friends?"; similar response was found in 30 (62.50%) questionnaires answered by male adolescents.

Table V - Responses given to questions in the dimension "Family Relations and Home Life" and "Social Support and Peers" according to gender. Recife, Pernambuco, 2014-2015.

Variables	Gender	Never/Almost Never		Often		Nearly always/ Always	
		N	%	n	%	n	%
Do your parents understand you?	Female	14	36.85	6	15.79	17	46.37
	Male	3	6.25	9	18.75	36	75.00
Have you felt loved by your parent(s)?	Female	3	7.89	4	10.53	31	81.58
	Male	5	10.42	6	12.50	37	77.08
Have you felt happy at home?	Female	3	7.89	6	15.79	29	76.31
	Male	2	4.17	2	4.17	44	91.66
Have your parent(s) had enough time for you?	Female	5	13.16	13	34.21	20	52.63
	Male	4	8.33	9	18.75	35	72.92
Have your parent(s) treated you fairly?	Female	5	13.16	19	23.68	24	63.16
	Male	4	8.33	6	12.50	38	79.17
Have you been able to talk to your parent(s) when you wanted to?	Female	9	23.69	9	23.68	20	52.63
	Male	3	6.25	6	12.50	39	81.25
Have you had enough time for friends?	Female	7	18.42	10	26.32	21	54.26
	Male	3	6.25	6	12.50	39	81.25
Have you carried out activities with your peers?	Female	5	13.15	11	28.95	22	57.89
	Male	2	4.17	13	27.08	33	68.75
Have you had fun with your friends?	Female	2	5.26	8	21.05	28	71.69
	Male	0	0.00	5	10.42	43	89.58
Have you and your friends helped each other?	Female	3	7.89	6	15.79	29	76.32
	Male	1	2.08	7	14.58	40	83.34
Have you talked about everything you wanted with your friends?	Female	4	10.52	10	26.32	24	63.16
	Male	1	2.08	9	18.75	38	79.17
Have you been able to rely on your friends?	Female	7	18.42	12	31.58	19	50.00
	Male	4	8.34	14	29.17	30	62.50

DISCUSSION

The results obtained in the present study allow the discussion of some important issues regarding QoL in adolescence. A first aspect relates to a greater participation of males as opposed to females. This may be related to the place where the study took place (social program of educational sports), which has a greater male participation. The analysis of the overall score of QoL showed that adolescents had a positive perception of it, with a score above 66%. Studies conducted with the same instrument found similar results[8,10,18] and are explained below.

Research conducted with Kidscreen-52 questionnaire to assess HRQoL of 3,195 children and adolescents and

2,256 parents found an average overall score of 69.64%[10]. Another study, which assessed the QoL of 63 primary school students in Campo Bom, Rio Grande do Sul, found an average overall score of 50%[8]. Research aimed at the assessment of HRQoL of Latin Americans found average overall scores of 62% in Argentina, 70.06% in Brazil and 66.91% in Chile[18].

On the other hand, overall perceived QoL presented lower scores in studies conducted in Chile (45.2%)[19] and Colombia (45%)[20].

Although the present study did not develop a research methodology that could explain a direct causal relationship, it is important to consider the possibility of an educational sports program contribute to a better perception of QoL among adolescents. The social program that served as a field of research is intended to democratize the access to the practice and culture of educational sport. It aims to promote the integral development of children, adolescents and young people as a factor of citizenship formation and improvement of QoL, primarily among those who live in socially vulnerable areas and are enrolled in the public school system. It also aims to minimize inequalities and discrimination of any kind – physical, social, racial, color – that limit the access to sports practice[15,16].

Having a good perception of QoL in the biopsychosocial development stage requires an adaptive growth within a cohesive family dynamics that deals well with conflicts and is linked to a social and emotional support network. Also, it is important to find a space that fosters the development of individual characteristics such as self-esteem and autonomy[21].

The analysis of each domain allowed the identification of aspects with higher and lower impact on QoL of adolescents as explained previously in the results of the present research. In this sense, it was found that the dimension "Psychological Well-being" and the dimension "Social Acceptance /Bullying" presented better perception; on the other hand, the domains "Financial Resources" and "Self-perception" presented the lowest averages.

The results of the present study have similarities and differences with other studies that used the same instrument. In a quantitative and qualitative ethnographic study[22] carried out to analyze the perception of HRQoL and regulation of motivation of young elite soccer players aged 13-18, the best perceptions of Kidscreen-52 dimensions were also associated with dimensions "Social Acceptance/ Bullying" and "Psychological Well-being". However, as for the worst perceptions, the authors[22] pointed "Financial Resources" and "Autonomy", with the latter being the only one differing from the findings of the present study[22].

In a study[21] conducted with 189 adolescents aged 14-18 enrolled in the first and second years of high school and living in the region of Algarve in Portugal, it was also noted the existence of positive perceptions in the dimensions "Social Acceptance/Bullying", followed by "Social Support and Peers", suggesting, therefore, more positive feelings regarding acceptance, bullying and respect from peers, feeling of belonging, relationship quality and perceived support from friends. The dimension "School Environment" presented the lowest score[21].

A Brazilian study[8] carried out to assess the HRQoL of 63 adolescents aged 14 years of both genders from Campo Bom, Rio Grande do Sul, found some different findings. The adolescents in the sample had a better perception of HRQoL in the dimensions "Psychological Well-being" and "Social Support and Peers", and the lowest average among adolescents in the dimensions "Social Acceptance/ Bullying" and "Moods and Emotions"[8].

The comparison between the studies[8,10,18-22] that used the same instrument to assess QoL of adolescents raised the hypothesis that regardless of the country or region where adolescents are, they have similar perceptions, which enables thinking about general measures of health promotion.

Specifically in relation to the data of the present study, the adolescents' good perception regarding "Psychological Well-being" and "Social Acceptance/Bullying" may be related to the fact that they spend much of their time at school and participate in a social program after school. This program, through multiple sports experiences, develops social skills and fosters integral development as a factor of citizenship formation and improvement of QoL of adolescents, promoting physical, mental and social well-being[15].

The school, the environment in which the adolescent is inserted, the emotional support from parents and the reference of an adult play an important role in the social and behavioral development of adolescents as they constitute spaces for living and learning, providing opportunities to socialization and experience of hierarchical relationships; in addition, adolescents are provided with an opportunity to experience equalities and differences that will influence the formation structure of the individual[23].

On the other hand, the analysis of the lowest scores found in this study in the dimensions "Financial Resources" and "Self-perception" may be directly related to the social vulnerability that characterizes the context of life of participants – this situation is one of the prerequisites for participation in the social program of educational sport in which data were collected.

As mentioned above, vulnerability is a multidimensional concept[24] and, in the case of adolescents, is associated with negative social aspects such as the lack of guarantee of

rights and opportunities in the areas of education, health and social protection; involvement with drugs and situations of violence (domestic and community); street situation; child labor; financial conditions; geographical difficulties, among others[24,25].

Financial resources restrict the lifestyle; thus, adolescents feel at financial disadvantage, which directly affects Self-perception. In this dimension, body image is explored through questions about satisfaction with the appearance with clothing and other personal accessories; moreover, it reflects the way people value themselves and the perception of how well the others evaluate them. A low score implies a negative body image, self-rejection, unhappiness/dissatisfaction with oneself, low self-esteem, discomfort with the own appearance[26].

The comparative analysis of data according to gender showed a better perception of HRQoL among male adolescents. This result is consistent with most studies[8,11,18-22,24,26,27].

This difference relates to the symbolic representations of masculinity and femininity that are historically constructed and found in studies[11,24] that aimed to understand the QoL in adolescents. Generally, this age group has the perception that women are responsible for household chores such as taking care of the house and younger brothers and men are responsible for the discoveries outside the home environment and social interactions[11,24].

It is assumed that female adolescents may be in a less favorable position compared to their male peers regarding selected indicators of subjective health and QoL. For example, the appearance of puberty and the expected hormonal imbalance reduce the opportunities they have to satisfactorily address the stressful events that occur in this period of life. Moreover, they tend to complain and question more about their health and are more demanding regarding their perception of QoL. Thus, both can have the same social conditions, but different ways to analyze and measure different factors of their life[8,18].

Regarding the domains of HRQoL in the present study, male adolescents presented better perception in the dimensions "Physical Well-being" "Psychological Well-being" "Moods and Emotions", "Autonomy", "Parental Relations and Home Life" and "Social Support and Peers". In other studies[8,27], they also presented higher values than female adolescents in the same dimensions, except in the dimensions "Self-perception", "Financial Resources" and "School Environment", which did not appear.

In the dimension "Physical Well-being", the difference in the perception of HRQoL between genders can be explained by sociocultural factors, as younger male adolescents are encouraged to participate in labor and physical activities while female adolescents are requested to do household chores[8]. Compared to boys, girls present lower levels of regular physical activity, especially with regard to the physical fitness and motivation/energy due to their faster growth[28]. Girls prefer to spend their free time in a more sedentary way (listening to music, staying at home or at the home of friends) while boys engage more in high-intensity sports activities and use more the physical resources of the school, street, and sports facilities[29].

Regular physical activity is very important for both genders because of its benefits and effects on health; in addition, it may reduce levels of anxiety, stress and depression, improve mood, physical and psychological well-being, self-esteem, school performance and other activities of daily life, influencing positively on QoL[28]. Moreover, it is one of the most efficient ways to bring people together. Nowadays, adolescents are increasingly using this time to chat, meet and strengthen ties, or even increase their circle of friends. In this sense, physical activity becomes an important source of satisfaction in social relationships[11,29].

With regard to the results of the present study on the perception of the dimension "Parental Relations and Home Life", young males presented higher scores of perceptions than those found among young females, which corroborates another study[24]. Again, this difference may refer to the historical and socio-cultural representation of the roles of men and women[8].

According to this tradition, men must be strong, independent, aggressive, competent and dominant, and women should be dependent, sensitive, affectionate, controlled, suppressing their aggressive impulses and being forbidden by the family to do what they want. Thus, the fact that females present lower scores of perception in this dimension may be related both to greater parental control and the way women position themselves more critically regarding their emotional needs within the family[24].

Thus, the dialogue within the family is of utmost importance in order to provide adolescents, regardless of gender, with the best possible adaptation to changes in this stage of life. Therefore, it is very important for this group to share problems and build trust in dialogue with parents/guardians. Parenting practices such as being interested in the activities of the children, meeting their friends and what they do during free time are important in reducing vulnerability[24,30].

The research presented herein found significant difference between genders in the dimension "Social Support and Peers"; however, these results are not similar to studies that assessed friendship and social support between genders, which showed no significant difference as both genders reported social acceptance, support, respect and reliability regarding their groups of friends alike[20.31].

The findings of the present study may be related to the fact that male adolescents are usually more spontaneous and participate in many groups simultaneously, interacting and forming friendships faster than their female peers. In this case, friendship networks of men tend to be larger than those of women; however, this does not imply the truth of friendship[28].

Friendship is the second level (the first one is family relationship) that most influences the levels of well-being perception, especially in adolescence. In this stage of life, friendships have a high degree of importance as the group has extreme influence on adolescents' relationship with the world, defining their way of seeing and thinking about it; moreover, it is through friends that young people talk, exchange information, as questions and are free to talk about issues that are not welcome in the family environment[28,30].

CONCLUSION

The present study, conducted with adolescents participating in a social program of educational sport, pointed to a positive perception of quality of life according to the parameters of the instrument used. In addition, the detailed analysis of each dimension evaluated explained that aspects related to Psychological Well-being and Social Acceptance/Bullying are perceived more positively. In contrast, areas related to Financial Resources and Self-perception presented lower average scores.

The overall score of QoL in most dimensions (Physical Well-being, Psychological Well-being, Moods and Emotions, Autonomy, Parental Relations and Home Family and Social Support and Peers) of the Kidscreen-52 identified that male adolescents present better perception of QoL when compared to female adolescents.

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