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Silveira, Vanessa Gomes; Gurgel, Adryana Aguiar; Albuquerque, Conceição de Maria de; Frota, Mirna
Albuquerque; Casimiro, Cintia Freitas; Oliveira, Isabelly Costa Lima de

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Promoting health: action in infant nutrition

Vanessa Gomes Silveira¹, Adryana Aguiar Gurgel¹, Conceição de Maria de Albuquerque², Mirna Albuquerque Frota^{2*}, Cintia Freitas Casimiro² and Isabelly Costa Lima de Oliveira²

¹Faculdades Nordeste, Fortaleza, Ceará, Brazil. ²Fundação Edson Queiroz, Universidade de Fortaleza, Av. Washington Soares, 1321, 60811-905, Fortaleza, Ceará, Brazil. *Author for correspondence. E-mail: mirnafrota@unifor.br

ABSTRACT. Thousands of children under five die from preventable diseases. Community interventions that emphasize primary care on health and nutrition have been identified as one of the solutions to overcome this problem. This study aimed to develop educational workshops to improve the perception of mothers about infant nutrition, using a qualitative approach with technical educational workshops, in a Health Unit of the City of Fortaleza, during the period from February to June 2008. The seven participants were mothers accompanying their children in childcare consultation. The analysis of data was made through a survey and saturation of responses, from where the thematic categories emerged: the contribution of educational workshops, breastfeeding and introduction of complementary feeding. The educational activities allowed a better awareness of mothers in relation to child nutrition and development of critical awareness of their essential role on children nutrition. In conclusion, the professional should emphasize the importance and benefits of adequate diet, and for this is necessary educational strategies in health, offering exchanges of knowledge, since they are different experiences in which the learning is significant.

Keywords: child care, food, public health.

Promoção da saúde: intervenção na nutrição do lactente

RESUMO. Milhares de crianças menores de cinco anos morrem por doenças preveníveis. As intervenções comunitárias que enfatizam cuidados primários de saúde e nutrição têm sido apontadas como uma das soluções para superar este problema. Objetivou-se desenvolver oficinas educativas visando aprimorar a percepção da mãe acerca da nutrição do lactente, numa abordagem qualitativa, onde se utilizou a técnica oficinas educativas. O cenário foi um Serviço de Saúde da Prefeitura Municipal de Fortaleza. Realizou-se no período de fevereiro a junho de 2008. Os participantes foram sete mães que acompanhavam seus filhos na consulta de puericultura. A análise de dados realizou-se mediante um levantamento e na saturação das respostas, onde emergiram as categorias temáticas: contribuição das oficinas educativas, amamentação e introdução da alimentação complementar. Constatou-se que as atividades educativas permitiram melhor conscientização das mães frente à alimentação da criança e o desenvolvimento da consciência crítica do seu papel fundamental na nutrição da criança. Conclui-se que o profissional deve ressaltar a importância e as vantagens de uma alimentação adequada, para tanto fazem necessárias estratégias educativas em saúde, a fim de proporcionar trocas de conhecimentos, visto que são experiências diferenciadas, nas quais a aprendizagem é significativa.

Palavras-chave: cuidado da criança, alimentação, saúde coletiva.

Introduction

Thousands of children below five perish by preventable diseases. The community interventions that emphasize primary care on health and nutrition are pointed as one solution to overcome this problem. The food intake is closely related to the profile of health and nutrition, especially among those younger than two years (OLIVEIRA et al., 2005). The lifestyle associated with unhealthy eating directly collaborates to trigger many diseases. Also it is highlighted the influence of media on child nutrition, as well as other empirical knowledge

acquired by the cultural sphere of the mother or guardian which can be frequently a compromising factor.

The crossing of the concept of promoting food security and health promotion results in the spread of healthy eating practices. Since 1990, the expression 'promotion of healthy dietary' is present in Brazilian official documents. Coupled with the promotion of lifestyles, the promotion of healthy eating practices is a strategy to face nutritional problems in current context. According to the United Nations, to promote requires that the State implement policies, programs and actions that allow

accomplishing the right to food, defining thus targets, resources and indicators for this end (SANTOS, 2005).

To face the problems of the process health-disease-care, the strategy used is increasing in Health Promotion, encompassing the diagnosis and early detection of chronic degenerative diseases, and increasing the complexity of the first primary care level. Nevertheless, the challenge for the Brazilian health care system is the strengthening of a promotional and preventive character (BUSS, 1999). In this way, the forms of professional action are numerous, and they should break conventional action. The Health Promotion is proposed for the Nutrition sector, and should overcome the challenges of Public Health.

Pedrosa (2004) express the idea that Health Promotion needs to be understood by popular knowledge, getting close to a holistic and natural view, prevailing as health practices. With this, it becomes apparent the need for approximation to the reality of the subjects, to get inserted into the proposals that the Health Promotion provides, in order to transcend the health sector to influence behavior changes, facilitating for the child to reach an adequate nutrition, by involving actions experienced in a systemic context.

Health education is intertwined with health promotion, and Machado et al. (2007) emphasize that the processes include public participation in daily life and not only under the risk of becoming ill. The expanded concept of health as a positive and dynamic status of search for well-being comprises aspects physical, mental, environmental, personal and social. Lefevre and Lefevre (2004) argue that in Health Promotion, the autonomy for the development of skills and personal abilities is extended to community through educational actions and critical and political conscience to work for health.

Since 1997, Candeias asserted that people and community in general have the right to know and control the determinant factors to obtain health. The main elements that promote health are: the favorable environments, the ability to live better, access to information and opportunities to make healthy choices.

It is necessary intervention on infant feeding immediately through educational actions in order to promote health and reduce the development of complications that can emerge in the family and consequently reach the society (SILVEIRA et al., 2008). Regarding this situation and aware of this subject, it is perceived the need for deepening the knowledge about healthy eating of children, since the achievement of an ideal feeding to most children

must be part of the overall strategy to ensure food security for a population. This study identified the influence of educational workshops on the infant nutrition.

Material and methods

This action-research study was characterized as a qualitative approach, which according to Minayo (2001), and current approximates the object and the subject, making it significant, complex, and profound of actions and human relationships, including values, beliefs that cannot be operationalized into variables.

The research site was a Family Health Center of the city of Fortaleza, with the participation of seven mothers that accompanied their children in childcare consultation, obeying to the following pre-established criteria: the mothers live in the community of Dendê and were monitored in the referred center. The participants have a qualitative representativeness, since according to Thiollent (2003) they form a group with few people, intentionally chosen due to their importance in relation to a particular issue.

The confidentiality was kept regarding personal data like name of the interviewee, which could refused or interrupt the research process at any time. All participants signed a Consent Form, in order to participate in the study, which explained the ethics part of the research that obeys the Resolution 196/96 of the Ministry of Health (BRASIL, 1996). It was approved by the Research Ethics Committee under Opinion number 185/2006.

The collection of data was made from February to June 2008, through participant observation, semi-structured interview and educational workshops. In addition to these tools, we used a field diary to register relevant aspects. The first step to gather the data took place during the childcare consultation, when it was observed the possible informants and start of approximation, to integrate them into the service routine to acquire confidence and cooperation for the study.

After selecting the participants, we conducted home visits to apply a semi-structured interview. Minayo (2006) states that this is a way to seek information and data of the respondent's subjectivity, through narratives, being thus an essential tool to understand perceptions, representations, concepts and attitudes. The initial interview was permeated by the following guiding questions: 'How is your child's feeding? What do you know about infant nutrition?'

As a third step, an invitation was performed to the mothers to take part of the group through educational workshop, involving the topic Healthy Nutrition. It is worth emphasizing that at certain moments during the workshops, the mothers participated throughout the elaboration of educational material, with an exchange between the parts that in turn were linked to the goals and approach of this essay. On the due date, group dynamics were conducted for a greater integration and delivery of the schedule of educational activities that scheduled one weekly meeting, totaling nine meetings.

For the activity, it was used texts, explanatory presentations, videos, photos panel, among others, with the participation of professionals of nutrition and nursing, aiming to meet the objectives and stressing the interdisciplinary in the context of child health. The educational workshops explored the importance of exclusive breastfeeding up to six months, the advantage of breastfeeding, alternatives to the influence of work and how it should be the correct introduction of complementary feeding.

During the activity, the researchers performed participant observation, with the recording of the mothers' speech and application of semi-structured interview for the mothers, in order to verify the improvement of their perception considering child nutrition, after the end of the activity. The guiding questions were: 'What are the advantages of exclusive breastfeeding? And how long do you intend to breastfeed your next baby? How should child feeding be?'

Data analysis were carried out according to Minayo (2001), by means of description and documentation, identification and categorization of the speeches; discovery of saturation of ideas and their meanings, and at last, the synthesis of thought, configuration analysis, interpretation of the findings and creative design of the findings.

Results and discussion

The results obtained after educational workshops were disposed into categories that arose from informants' speeches, which were: contribution of these workshops, breastfeeding and introduction of complementary feeding.

Contribution of educational workshops

Mothers evidenced the knowledge acquired during the educational activity, showing to be aware of contribution from workshops regarding infant feeding, in order to promote the development of learning. According to Frota et al. (2009), the practices of popular education in health services

emphasize the overcoming of the cultural channel, being no longer a trivial activity but to cover and provide a tool that reaches the construction of popular knowledge, deepening in scientific knowledge on families' health.

M.1 ...I'm taking the experience of taking care of my baby, how to breastfeed him, observing what he was doing ...

M.3 ... I was disoriented, I will take a lot of good things from here, a lot of learning.

M.4 I've brought a bag full of doubts; I'm taking a lot of experience I've learned here with you. I learned the proper eating at the right time.

The Health Education is a way for Health Promotion. The knowledge allows *empowerment* with consequent change in behavior. In this understanding, the educational process is the holder of actions integrated and promoted by the autonomy of knowledge and concerns relative on the way of living, thus through systematic and pedagogical actions aimed at maintaining the social harmony and healthy interaction between the individual and the external environment (MACHADO et al., 2007).

Also, Alves (2005) affirms that the approach of health professional should not be limited to the care that seeks to the cure, but advance to perform preventive actions like health education, resource through scientific knowledge mediated by health professionals that reaches people's daily life, offering contributions to adopt adequate habits and procedures in health.

M.5 Today I can say I'm a great mother. I will pass what I learned from you to whom still don't have experience or don't believe in breastfeeding. Firstly I will pass reliability for them, to believe that breastfeeding is the best choice and the ideal.

M.6 ...Like this, I've brought doubts, I've learned about feeding, that I was giving very wrong food, I was not offering porridge at the right time.

M.7 I've brought doubt, lack of experience. I'll take learning, wisdom about food.

Therefore, the mother exposed to situations that provide risk on infant nutrition, leading to consequences for development, needs a look that pervades the nutritional behavior. This should make the mother understand that the damage caused by a wrong feeding since the first days of life will facilitate the development of future complications that can transcend to the family and consequently to the society.

Breastfeeding

Mothers after the educational workshops were able to understand the benefits of exclusive

breastfeeding up to six months, stressing the importance for both the mother and child. Breast milk contains a different composition, providing health benefits to the baby, with antibodies and anti-infective factors that are not present in milk formulas, these immunological factors strengthen the immature immune system of newborns, protecting them against infections, and reduce infant morbidity and mortality.

M.1 Breastfeeding is important in the life of children, because it has the necessary vitamins for the baby, and also helps fight disease. The child becomes healthier and smarter.

Brasil (2003) stresses that the breastfeeding when made in an appropriate way is the food that provides healthy growth and development, as a part of reproductive process, with consequences for mother's health.

M.4 If I have another baby, until six months, I'll give nothing but breast milk, and after that, soup, fruit juice, water.

M.6 ...Breastfeeding is very important for baby's life because it is an economical, practice and hygienic food. Moreover, it creates a loving relationship between mother and baby...there is no weak milk, every mother pass nutrients through the milk, and if the mother needs to return to work, she can store the milk.

The breastfeeding practice ensures child's health and prevents future complications, but the adoption depends on several factors related to the mother, baby and environment surrounding them, being the knowledge a relevant issue to aware the mother about the benefits of breastfeeding, reflecting in the achievement. Percegani et al. (2002) affirm that the value of the breast milk and its benefits must be recognized. The early weaning, especially in population with lower socioeconomic status, increases the morbidity and mortality in children and commits their growth and development.

Despite the acquirement of knowledge on breastfeeding after the workshops, it was observed the use of the possible need of work to justify the weaning. The work should not influence the early weaning, since it affects negatively the child health.

M.4 ... If I have to work, I have to wean the baby, right?

M.5 I think like this, if I have to work, before the six months, I'll take my daughter, because she'll only be breastfed, but if they don't accept, I don't stay, but I can also express milk and store to give her.

M.6 ...If the mother needs to return to work, she can store the milk.

The cultural aspects of the population when believing that non-breast milk foods can bring benefits for the child as the breast milk, besides the work journey and body aesthetics are root causes that contribute to early weaning, being important to highlight the awareness of the mother to minimize this index.

In this way, it is necessary that Health Education goes beyond the obstacles experienced by the mother, as a proposal for this educational strategy, the Nutrition Education emerges to ensure health, pervading the meanings of food choices and social organizations.

Introduction of complementary feeding

The mother achieved knowledge on the introduction of complementary feeding adequately, which can improve satisfactorily the growth and development of children. With this proper initiation, the child's mortality risk is reduced and the quality of future life is guaranteed.

M.3 ...After 6 months, fruits, soups, and continue breastfeeding yes, I will continue up to 6 months.

M.5 ... From six months I can introduce fruit, right? Just fruit, juice, after some time introduce soup, because the child needs a salt meal.

The introduction of complementary feeding is essential, since after six months, the nutritional requirements are not easily met with exclusive breastfeeding. In this way, it is necessary the slow and gradual introduction of complementary foods, but the breastfeeding can be kept up to two years or older. Then, in this period the child can feed on a greater range of foods according to nutritional needs.

Palmas (2003) emphasizes that from six months it must be started the administration of mashed fruit and/or juice, introduced in the times of snacks, in the intervals of breastfeeding. After 15 days, the child should receive the first salt meal, with vegetables cereals and legumes, preferentially offered at lunch with the family. The variety of foods should be after regular acceptance of the first meal, taking care to offer one food at a time.

M.6 The child's feeding must be healthy, always natural, without being purchased with dyes, industrialized. It must have fruit, legume, because before I was used to give industrialized frequently, even the powder juice I was used to buy and prepare, but now I've changed my mind.

M.7 ...Soft drink cannot be offered; the correct is to breastfeed until 6 months and then introduce juice, soup, food, right?

An improper nutrition in the first two years of life, especially among disadvantaged populations, is associated with increased morbidity, represented by infectious diseases, malnutrition, and deficiency of micronutrients, particularly iron, zinc and vitamin A. Thus the adoption of exclusive breastfeeding until six months, the opportune supply of complementary foods after this, and the maintenance of breastfeeding for 24 months ensure the adequate physical, neurologic and motor development of the child (OLIVEIRA et al., 2005).

Furthermore, an alternative to complementary feeding is the reuse of foods, since the greater concentrations of nutrients is in the peel and seeds, usually discarded. Thus, the alternative feeding is presented as a solution, because the community realizes it as an accessible with low cost (SILVEIRA et al., 2010). Also it is important to aware the family to adopt a balanced diet for the child, based on affordable foods. Therefore, the professional has a key role in health promotion, raising critical awareness, enhancing strengths and pointing weaknesses faced to social context to perform a given practice.

Conclusion

The child is increasingly exposed to situations of nutritional risk, with consequences for the overall development. Then it is urgent to understand that the damages caused by an inadequate diet will facilitate the development of future complications that will transcend to the family realm and consequently to the society.

In this way the first year of life is characterized by fast growth and accelerated processes in the development, thus, the child monitoring is indispensable to obtain a significant result of the child nutritional status. Moreover, in Health Promotion, it is essential the approximation of the parents with the health professionals involved in integrated care for children, without which there would be a partial involvement facing a complex phenomenon.

The monitoring to guide in advance the mothers permit advantages, because it will result in an early diagnosis of any abnormality in child's health and prevent future complications that can increase the rates of infant mortality.

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