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Strategies for Healthy Eating Promotion in Childhood: A Reflection

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Childhood obesity has been dramatically increasing worldwide along the past three decades and has become a major public health issue in Brazil [1]. Children feeding, especially from 2 to 5 years old, is directly related to their growth and development and also to the formation of their eating habits [2]. Thus, eating adequately can prevent malnutrition and excess weight, which may evolve into obesity and its comorbidities. Also were noted, alongside with weight gain, lower quality of life and a higher cost load for healthcare services

Based on the knowledge of children's food intake, it is possible to understand the habits installed in our culture and from there, start planning actions that promote positive changes in eating behaviour in childhood, a phase in which consumption habits are still being acquired and consolidated [3]. Literature on child nutrition shows that children's eating behaviour is determined in a first instance, by the family, of which the child is dependent on and, secondarily, by other psychosocial and cultural interactions, i.e., the environment where they live. Therefore, food selection is part of a more complex behavioural system that is determined upon the child, first of all by their parents [3].

Literature shows that children associate thin and fat people to negative qualities, while medium – sized individuals were associated with positive qualities. This way, children internalize – at a very early age – that being overweight is a cause of shame and embarrassment. What also happens is that they end up being under the risk of developing depressive symptoms by low self - concept and self-esteem, which would lead to their social isolation [4].

It can be noticed that successful treatments for obesity are usually invasive and expensive. The best solution would be working early with promotion of non-communicable diseases such as obesity [1,5]. However, people now live in an obesogenic environment with many factors conspiring against actions aimed at promotion, such as the food industry, advertisements on television, movies and games and television programming itself that keeps children ever more sedentary and subjected to hyper-consumption [5].

Thus, it is necessary to listen to children, but also to parents, since most of the eating behaviour is learned. Literature in the area also shows that interventions that do not involve the parents are less effective [5,6]. Among the various behaviours that corroborate this idea, we can mention the fact that parents seem more concerned about their child being underweight than overweight. This behaviour may result in an incentive to food abuse, especially by the mother, who is often the main caregiver. This way, the success of weight balance in childhood depends on the parents' effectiveness in identifying their children as overweight/obese and on involving them for a proper treatment [6].

Then, a question stands: 'what strategies could be used for prevention and promotion of healthy eating in childhood?'

There are intervention strategies centred on the child, those focused on the family as a whole, those that focus only on the mother, and even some focused on both mother and child. It can be noticed that the intervention should cover the child, family and the place where the child lives.

In Brazil, many interventions are done in schools, a place where children spend much of their time during the week. Intervening in inputting for institutions that provide meals for children, such as NGOs, kindergartens, schools and others provides a significant contribution to the prevention of childhood obesity.

Several factors contribute and potentiate habit formation in children, such as family, friends, culture, social and economic level and the media. Such factors must be targeted by interventions, by being social 'vehicles' that interact with habit formation in children [7].

Family is the key point when it comes to children, given that eating habit acquisition is started by an initial transfer from parents' preferences regarding what they see as better for their children. Then, based on that primary perception about that food, children will make their first choices, by beginning pointing out preferences about their own daily diet, but always based on that influence which they received at a younger age [7]. Bearing that in mind, family needs to be involved because even if the child adheres to the program implanted at the institution where the child is, those who purchase the food and determine the eating habits at the child's home for her to

give continuity to the nutritional education, are the adults [3]. It is noteworthy that those adults are exposed to an environment that does not favour the establishment of better eating habits [3]. Most parents work most of the day and it is common that both parents work and the child is in a full-time school or under the care of a neighbour, relative, caregiver and, in some cases, even alone [3,5]. Thus, in the context of scarce time, feeding needs to be "practical" and industrialized food serve this demand well. Preparing their own food, making natural juices, using homemade spices require some time which has not existed in family agendas [8]. A rushing life also provides the much needed lack of chewing so necessary to the notion of satiety [8].

In addition to that, parents and child caregivers are bombarded by a media that encourages consumption of fast food and processed foods, with lots of preservatives and colorant, thought of as "ideal" because they are ready fast [8]. The greatest media violence, however, is revealed by associating famous children's characters to unhealthy food like cookies and sandwich cookies, sandwiches, corn-based chips and others. Children do not have psychological maturity to discern that a type of food should not be eaten if it is so tasty and even comes with the drawing of such a cool character [8,9]. Studies show that television induces a sedentary lifestyle and increased consumption of high-calorie foods [8]. Analysis showed that 60% of the food in the ads goes into the categories fat, oil and sugar [9].

One can add to all this dynamic of maintenance and development of obesity the psychological mechanisms produced by social pressure. To illustrate this idea we can recover the example of the sandwich cookies stamped with the face of a cartoon character. If there is no reflection sustained by a network of social and family support, a few parents will resist the persistent request of their child, knowing that their classmates will bring that cookie to school and his/her child will not. There is the fear that the child might feel diminished and fear of failing as 'good' parents, who "do everything they can for their children". There we have another fundamentally important element in understanding the dynamics of obesity: the affective factor. These elements are intimately interconnected. Socially established standards are reflected in the subjectivity of caregivers which, in turn, reflect how these standards end up installed in their family eating habits. Obesity as an issue is a recent historical construct, and it was not until 1985 that it began to be considered a disease according to the biomedical vision [10]. Cultural beliefs take a long time to change and there is an association between thinness and disease. Food is very much linked to the sense of care. The relationship between the parents, the child and the food is inserted in an affective dimension, of stimulus, of search, of autonomy and socialization. Intending to fulfil their roles well – that the child is well-fed – some mothers have inadequate feeding practices [11].

The subjective and emotional dimension must be taken into consideration in the formulation of strategies to combat childhood obesity. Changing habits is not only about transmitting information, although this is also important. The

pleasure involved in eating, family traditions of certain recipes, and affect linked to eating habits, all of these make changing something that will "mess" with all this much more complex. Ignoring this greatness is has shown counterproductive in the clinical/social work [12].

The family's economic status also influences on their eating habits. Healthy eating is usually more expensive than unhealthy. Some studies show this reality. A survey in Brazil's major urban areas showed that, in some places, families with monthly incomes of up to eight minimum wages had caloric intakes below the minimum recommendations [13]. Another study conducted in Brazil, with 122 children of adolescent mothers and 123 children of adult mothers, showed that the socioeconomic factor probably weighed on feeding practices during the first year of life [13].

Economic conditions in developing countries may influence the food habits of children, since they have restricted access to some types of food, especially those of animal origin [14]. A study proving that there is a direct relationship between the frequency of exposure and preference for foods aggravates this fact [15].

Healthcare professionals who deal with childhood obesity should consider these factors when they build strategies for the promotion of healthy feeding in childhood. It is necessary to know the reality of the population being approached, and to be guided by their demand. Preparing an excellent lecture on the properties of food, even coming to providing a group technique that emphasizes learning, has shown ineffective if that public cannot afford purchasing the food suggested.

Thus, it is clear that a variety of dynamic and interconnected factors is related to the formation of children's eating habits. It is also important to consider the "whole" of the child and relationally, since it is not possible to treat him/her in isolation from their family, the main source of their learning about food. But it is possible to investigate, on a per case basis, which ones are the predominant factors in order to achieve an effective nutritional intervention when it is necessary.

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