

PERCEPTIONS OF FAMILIES ABOUT THE EATING HABITS OF THE CHILD WHO IS OBESE¹

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ABSTRACT

The present study had as objective to describe the family influence on eating habits of children aged 6 to 10 years are obese. It is a descriptive exploratory research with qualitative approach. Attended 20 family and 33 children, enrolled in schools in the North of Santa Catarina. Scouting held of anthropometric measurements, calculation of body mass index, interviews and educational activity. For data collection, we used a semi-structured form. The interviews transcribed and treated according to thematic analysis. The data resulted in two categories: *perception of families about the habits, preferences and quality of food the kids and family influence on children's nutrition*. It noted that the families have already understood that their attitudes interfere with the feeding preference of children; they do not have healthy eating habits, because they do not have them, too; there is difficulty in teaching good food habits due to the lack of daily coexistence between family members, the long working hours of parents. In this way, the school after the family exerts strong influence on children's eating habits, so new strategies are needed to strengthen the participation of all those involved in the search for resources that teach children healthy habits for life.

Keywords: Family relationships. Family health. Child health. Childhood obesity.

INTRODUCTION

Childhood obesity has increased in whole world. In Brazil, according to the Brazilian Institute of geography and statistics (IBGE), in 2009, one in three children of 5 to 9 years were overweight recommended by the World Health Organization (WHO), given that justifies the motivating concern of this study.

Think about a healthy diet for children is part of a series of actions related to the promotion of health and quality of life. Is extrapolate the biological, is to understand that feed and nourish are social practices that go beyond the Act of ingesting a food in a particular portion. It is part of a whole context surrounding the Act of choosing, preparation, number, schedules and even the frequency of food intake. These practices are the result of habits that are learned over a lifetime and are part of the culture of a people, of a family, anyway, the way each person grasps these meanings⁽¹⁾.

In contemporary society, many customs are changing and feeding of the families too. Over a

few decades, the increased consumption of processed foods with low nutritional value and high calorie, were associated with, increasingly, the decrease in food intake of fruits, vegetables and vegetables as well as causes mainly linked to changes in lifestyle and eating habits. The overwork, associated to the need of consuming food preparation fast, like "fast food", has contributed to that, earlier, children become obese.

If genetics known to be a factor that determines the childhood obesity, the kind of joke of the child also interfere with your weight. With the increase in violence in the big cities and the advancement of technology, other entertainment possibilities emerged and, as a consequence, the habits, customs and culture of childish prank changed, children are more sedentary and more obese⁽²⁾.

Obesity is a chronic disease, rich in complexity, of multifactorial etiology with biological variables, psychological, social and economic. Among the social factors, family dynamics and influences dietary habits of children. The environment and the family

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context unfavorable conditions for the development of an enabling overweight and obesity in childhood and adolescence. The understanding that the family is in constant interaction with its context, influencing and influenced both the interrelation of family components and the environment is as a group, allows conditions to understand the interactions, habits and influences that occur between its members^(3,4).

Therefore, this study aimed to understand the family influence on eating habits of 6 to 10 years old child that is obese.

METHODOLOGY

Exploratory, descriptive study of qualitative nature, originated from the scientific production of one of the authors as a prerequisite to grant scholarships for higher education. The research developed during the year of 2012, by nursing academic, with families and children 6 to 10 years old, enrolled in three schools in a town north of Santa Catarina, being a State, a Hall and a private. The methodological procedure developed in 7 consecutive steps: 1st) Determination of the field-contact and authorization of the directors of the schools; 2nd) authorization request to parents; 3rd) anthropometric data verification; 4th) calculation of body mass index; 5th) Interviews with the obese children and their parents; 6th) Organization, categorization and analysis of data and 7th) Educational activity and dissemination of their results.

In the first step, in meetings with the principals and pedagogical coordinators from each school, in addition to the presentation of the research project, drew up plans for the development of the second and third steps. The dates planned for verification of anthropometric data of children; sent the parents an explanatory note of the goals of research and informed consent (TFCC). At the end of the first survey in the three schools, it found that there were 716 children, from six to 10 years old.

Voluntarily participated in this step, in addition to the researchers, ten nursing scholars. Before the verification of anthropometric data of children, there was a meeting with approximate

duration of 4 hours with all participating scholars. Discussed about childhood obesity, anthropometric data verification technique, characteristics of qualitative research, interview and the importance of ethics and posture of the researcher during the research development.

On the day prior to the beginning of data collection procedures, authorizations collected. Heavy and measures were only children who brought the FICS, signed by parents.

The data of all children have entered in the system Windows Excel® and spreadsheets created exclusively for this step. Have been listed the full name of your child, the weight (kg) height (meters), date of birth, age in years, months, days and weeks. Later these data were entered into the spreadsheet from the Ministry of health, called Telehealth Brazil <http://www.telessaudebrasil.org.br/apps/calculadoras/?page=7>), which calculates the body mass index (BMI) for children. The post classification of BMI of 716 children, 106 were found to be obese (≥ 97 percentile), were part of the study group.

The sheets submitted by schools and officials, on the same day, with tickets were sent invitations for parents participate, through interviews, the second stage of the study. To mark them, parents could choose one of the shifts of the day, at school or at a location of your choice.

However, even after using different strategies, such as tickets and phone calls, there were no significant number of participation of parents. Of the 106 children, only 33 have TCLE signed and of these only 20 families attended, totaling 53 interviews.

There was significant loss in the number initially expected composition of participants in the survey, yet chose to continue his study for understanding that the answers given by parents who attended have provided rich data on quality and enabled the understanding and the scope of the purpose of this study, so it is considered that the numerical loss didn't cause major damage to the quality of research.

The development of this study followed the ethical precepts governed by Resolution 466/12 National Health Council, and the research project has approved by the Research Ethics

Committee of Lutheran Association Bom Jesus IELUSC (opinion 169,068/2012). Children and their families interviewed only after reading, acquiescence and signature of the terms of free and informed Consent (TALE) and Free consent (TCLE).

To carry out the interviews, we used a form containing open and closed questions. For recognition and preferences of children, food rejections chose to elaborate frames with the presentation of several food compositions for each meal of the day, allowing the choice of those who most represented their daily lives. So, for breakfast, there was multiple choice options as: 1) bread; 2) bread and butter; 3) crackers; 4) biscuits stuffed; 5) juice; 6) cake; 7) candy; 8) soda; 9) pure milk; 10) milk. In the interviews with parents, in addition to the questions about the food preferences of children, others elaborated in order to recognize their perceptions about the reasons that led to child obesity.

After the interviews, the data has read, organized and compiled in another worksheet of Excel Windows® system, and later organized in empirical categories⁽⁵⁾, in search of the seizure perceptions, senses and concepts of parents on nutrition of their children.

Finally, for the completion of the study, were developed health education actions and dissemination of their results. Academics have developed health education activities with the theme "healthy eating"; performed puppet theatres, games on large trays, in which children participated as "live"; composed music appropriate to the theme of lyrics interact with and danced with the children. They obtained great success in the presentations. The kids participated and gave demonstrations of great satisfaction. The results provided to the schools. Private school released the results in its internal newspaper and the public chose to present them at meetings of parents and teachers.

RESULTS AND DISCUSSION

As mentioned previously, 33 children participated in this study of 6 to 10 years who were obese, enrolled in three schools (two public and one private) of a town north of Santa Catarina and family, 20 of which, on the day of

the interview, were present eighteen mothers (M), a father (P) and a mother along with his father (MP).

Perception of families about the habits, preferences and quality of food.

When the 20 family members were questioned about the food and the types of food that their children didn't like to eat, the majority stated that the age at which were already had their own views and expressed their will, wishes and refuse as feed. For the answers, seems to realize the influence they wield over their children, even if some believe that little pedagogical methods can result in healthy habits, like eating vegetables, as can be seen below:

Because she likes to express your opinion. She did not try the food before you define whether you like it or not. (M10)

[...] Lack force her to eat moresalad. (P12)

I think it is because I do not like it either. (MP13)

In the clash of the multiple choice answers with the text, many times it appeared certain incongruities when parents spoke about the foods that they believed were good and healthy for your children and, even when asked about the food they buy for their children, chose the items containing low-calorie foods and nutritious.

When questioned about the importance of food intake of fruits and vegetables, all participants stated that they knew to be these very important food for health, however recognized not consume frequently green leafy greens and vegetables because they didn't like and thought they didn't have to also teach the child to enjoy them.

For some authors⁽⁶⁻⁸⁾, the family is fundamental in the formation of habits, this way is very important, not to influence negatively on the feeding preference of the children, the parents do not show their disappointment regarding the intake of certain foods, since it is at this stage of life the child will select the foods you love.

The observation of media influence on eating habits of the Brazilian population can be observed. When talking about the menu offered daily to the children, you could tell a lot like suggested

in the food pyramid. However when compared with the responses of the children, there was an inconsistency in almost every meal, mainly on school lunches and lunch, in which the carbohydrate portions always exceeded those of fruits, vegetables, vegetables and proteins.

Most of the parents who participated in this study found that his son had a "very healthy" (in their words). Few were those who showed doubts about that assessment. For these parents, feeding their children would not be healthy when they ate "nonsense" (in their words), as industrialized snacks, cookies, candies and other sweets, however not really believed that these were the reasons for the weight gain.

There was a mother who claimed her daughter gained by "gluttony", because he did not like and did not eat vegetables and fruits, and because it was "sick" with the appearance of the food.

When food does not like it, she does not eat! Then I have to replace it with other things. She likes cookies, potato chips, sausage [...]. (MP13)

Another incongruity demonstrated in the confrontation between the responses of children and families was food preference. Even though their children reported preference and consume daily foods rich in calories and nutritional content, such as tarts, soda, French fries, bread and pasta, they continued to assert that their children have good eating habits.

Unlike other studies^(7,8), the lack of information on obesity was a noted factor. The families knew name foods that are good for feeding a child; however, it seems that the information is not turning into knowledge able to modify the eating habits of those families.

Family influence on children's nutrition

For several authors⁽⁸⁻¹³⁾, the family wields great influence in the formation of various fields of the adult life of the people. So, to reflect on the choices we make as adults, we need to consider that, when children in our family, we have had experiences that taught us to make decisions. The family is a unit of reference in socio-economic formation, political, cultural and religious, in the construction of subjectivities and feelings in everyday habits that we elect as priorities for the maintenance and enhancement

of life, anyway for the empowerment of factors that provide us the quality of life, among them the option to have healthy habits of feeding⁽⁷⁾.

In dialogue with the families, there was the realization that there is a lack of time for teaching good food habits for children, which was justified by the long workday. The children reported, at lunchtime, when parents are at work and they are on their own, even if the food is ready, give preference for eating cookies and other goodies.

The structure and the way they organize the contemporary families have been changing over the decades. However, the long history of Latin culture, many men still feel as a helper and not as responsible for the education of children and for everyday tasks, burdening even more women who largely Brazilian families, have a profession and also work outside the home and, in many cases, are responsible for the maintenance of their homes.

Specifically, if we approach the influence that the work has in the family, it is possible to affirm that, since his wife went to the formal job market, in addition to housework, care and education of children came to occupy another place in their lives. She had to split between the two functions and, when you choose or need to work all day outside the home, feels guilty for leaving the children. In this study, it was possible to realize that feeling, as can be seen from the following account:

[...] she is overweight, because I do not have time to hang out with her, monitor what she eats, and the amount of what she eats. (MP13)

Still with regard to forms of family composition, there were two reports in which mothers stated that the divorce situation influenced the current weight of the children. They believed that the absence of the father in the daily, living in two familiar surroundings, with distinct customs and routines have become relevant factors that influenced the increase in weight and contributed to the condition of obesity in which were his sons.

Because we do not say no, it is as if she had no father because we separated. She eats what she wants. (M5)

The "T" always ate healthy foods occasionally as a

child let a few slip-ups. Her weight has increased dramatically for a year and a half. I believe that was the trauma generated by anxiety due to separation. (M11)

To analyze the condition of the chronicity of childhood obesity should be considered the hormonal responses to the effects of stress. The experience of separation of the couple is a source of acute and chronic stressors to the child⁽¹⁵⁾. The family needs to be geared to recognize the psychopathological symptoms on weight gain in children after this event, and each parent needs to get understand what their role in the relief of these symptoms in children⁽¹⁴⁻¹⁶⁾.

Most families recognized the obesity in the child, except three, which correlated the weight of the child with the family, once their families had also other people overweight or obese. They considered that the weight of the child was normal for the family and tried to minimize the problem when it stated that the genetic make-up was what determined that State of the child.

Genetics. Obese parents and a little food. (M2)

He is chubby because of age, because he is tall for his age. Now he is slowing down food before he repeated. (M3)

Because she tends as I. Eat between meals, especially sweet. I have to force her to eat fruit, to give the sweet. (M16)

A few years ago, the topic of childhood obesity has become a concern in many countries of the world and mentioned above, is a human condition that has reached epidemic levels. A study to consider the family influences on eating habits of children who are obese intends to more that address the topic under the aspect of food and nutrition, need to reflect how much the culture interferes with food options of each person, need to understand that each family is a unit of reference in the construction of subjectivities, as the preference and dietary habits that every person possesses.

Woven analysis in relation to option that currently many women who are also mothers, are working full-time, is in line with the results of several investigations that talk about the female role in the Constitution change and family about the habits and eating habits not only the child who is obese, but also of the whole family to consume higher amounts of processed foods like "fast food".

He is a little chubby is our fault, because we are

sorry[work all day]. When order we will giving pizza, snacks and pasta. (M1)

I think the family has influence on the weight of it, because if we make the meals together, eat better, why would we do the options for healthier food. (M10)

We do not do meals together because the whole Family [activity] during day (work/school) and the night the husband is in college. (M7)

However for this study that, due to the small sample, it was not possible to differentiate the "new" food patterns among the families of women who are in the formal labour market and those in which the woman is not, remains the question whether the power type has already been adopted as common, if I eat "fast food" is already part of the menu of Brazilians by preference or if this has become a matter of necessity, attributed to the lack of time to choose, buy, prepare and cook food in the family home. Thus, it believed that further research might reveal these new food standards from the point of view of women's work. They could allow more broadly understanding the influence of the family on the new eating habits and customs of the Brazilian population.

In this study, it was possible to conclude that many families have already understood that their attitudes to food front also cause interference on the feeding preference of their children who are obese. Many of them have already acknowledged that their children have healthy eating habits, because they do not have them, too. Some assumed that do not offer their children foods that they do not like, even having knowledge that would assist in the maintenance of a balanced diet, which, along with other measures, would provide the weight of the child.

[Does not fruits, vegetables and vegetables] Convenience, lack of persistence, father is chubby; I think influence by eating habits. (M7)

Pork because I do not like doing, egg yolk, it makes me sick. I do not like milk. Baked potato: I do not know why. I do not like steak for lack of habit. Do not eat cassava stew because the father does not eat, just fried. (M5)

The results of this research show that it is not enough to meet the parents of healthy food choices options to offer to children, we need to recognize the importance of the example. They

need to accept that they have a decisive role in the condition of their children and obesity that are correspondents for the reversal of the disease state of the child. They need to help them adopt new habits, physical activity and other jokes that the retreat of isolated and sedentary activities. The attitude of parents influence in the development and decision-making with regard to the adoption of relevant health promotion strategies to deal with the complexity of the causes of childhood obesity.

The school after the family is a rich environment for obtaining new and favorable health habits. The partnership between the health sector, the school, the families and children need strategies that strengthen the participation of all those involved in the search for resources that teach children healthy habits for life.

The government also needs to create strategies to address this epidemic, maintaining an agenda priority and permanent actions for the promotion of healthy nutrition and also to address, in a responsible manner, the issue so that people are able to face this condition no longer as a particular situation, as a consequence of genetics exclusive, but rather as a disease that

has its origin in contemporary society and that can lead to very serious consequences for the life.

FINAL CONSIDERATIONS

Finally, it is necessary, even if supposedly understand the subliminal message of the absence or refusal of parents of obese children in participating in a study intended to understand the State of childhood obesity from the perspective of family influence. Would they have the answer provided to the question of this study? Would have the awareness that one of the causative factors for obesity of his sons are in their relationship with the children? Would have "fear" of an alleged accusation and exposure of its responsibility with regard to the situation?

These were questions without answers in this research and deserve new studies that have as objective to understand the perceptions of parents about the causes of obesity in their children, about the influence they exert on the eating habits of children and in particular, of those who are already obese.

PERCEÇÕES DAS FAMÍLIAS SOBRE OS HÁBITOS ALIMENTARES DA CRIANÇA QUE ESTÁ OBESA

RESUMO

O presente estudo teve como objetivo descrever a influência familiar nos hábitos alimentares de crianças de 6 a 10 anos que estão obesas. Trata-se de uma pesquisa descritiva exploratória com abordagem qualitativa. Participaram 20 familiares e 33 crianças, matriculadas em escolas do norte de Santa Catarina. Realizou-se aferição de medidas antropométricas, cálculo de índice de massa corpórea, entrevistas e atividade educativa. Para a coleta dos dados, utilizou-se um formulário semiestruturado. As entrevistas foram transcritas e tratadas segundo análise temática. Os dados resultaram em duas categorias: *Percepção das famílias quanto aos hábitos, preferências e qualidade da alimentação dos filhos* e *Influência familiar na alimentação das crianças*. Constatou-se que as famílias já compreenderam que suas atitudes interferem na preferência alimentar dos filhos; que eles não possuem hábitos alimentares saudáveis, porque elas não os têm também; que existe dificuldade em ensinar bons costumes alimentares devido à falta de convivência diária entre os membros da família, pela longa jornada de trabalho dos pais. Dessa forma, a escola, depois da família, exerce forte influência nos hábitos alimentares das crianças, portanto são necessárias novas estratégias que fortaleçam a participação de todos os envolvidos na busca de recursos que ensinem às crianças hábitos saudáveis de vida.

Palavras-chave: Relações familiares. Saúde da família. Saúde da criança, Obesidade infantil.

PERCEPCIONES DE LAS FAMILIAS SOBRE LOS HÁBITOS ALIMENTARIOS DEL NIÑO QUE ESTÁ OBESO

RESUMEN

El presente estudio tuvo como objetivo describir la influencia familiar en los hábitos alimentarios de niños de 6 a 10 años que están obesos. Se trata de una investigación descriptiva exploratoria con abordaje cualitativo. Participaron 20 familiares y 33 niños, inscriptos en escuelas del norte de Santa Catarina, Brasil. Se realizó medición de medidas antropométricas, cálculo de índice de masa corporal, entrevistas y actividad educativa. Para la recolección de los datos, se utilizó un formulario semiestructurado. Las entrevistas fueron transcritas y tratadas según análisis temático. Los datos resultaron en dos categorías: *Percepción de las familias en cuanto a los hábitos, preferencias y calidad de la alimentación de los hijos*; e *Influencia familiar en la alimentación de los niños*. Se constató que las familias ya han comprendido que sus

actitudes interfieren en la preferencia alimentaria de los hijos; que estos no poseen hábitos alimentarios saludables, porque ellos tampoco los tienen; que existe dificultad de enseñar buenas costumbres alimentarias debido a la falta de convivencia diaria entre los miembros de la familia, por la larga jornada de trabajo de los padres. De esta manera, la escuela, después de la familia, ejerce fuerte influencia en los hábitos alimentarios de los niños, por lo tanto son necesarias nuevas estrategias que fortalezcan la participación de todos los involucrados en la búsqueda de recursos que enseñen a los niños hábitos saludables de vida.

Palabras clave: Relaciones familiares. Salud de la familia. Salud del niño. Obesidad infantil.

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