

HEALTH CARE PRACTICES CARRIED OUT TO CHILDREN OF A RURAL COMMUNITY¹

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ABSTRACT

Objective: to know the health care practices performed to children who live in a rural area of Canguçu, Rio Grande do Sul. **Method:** this is a qualitative study. The data were collected from May to September 2014. The participants were 14 families of farmers from a rural area, totaling 25 respondents. **Results:** The food was the most relevant care practice for the children's health, being an everyday action that ranges from caring for food production to self-consumption, to food preparation. In addition, medicinal plants are used in the early care of children for different symptoms. **Final thoughts:** the care given to children is influenced by family experience, and also by the scientific knowledge through health professionals. In view of this, professionals must have theoretical and practical knowledge to perform child care and to understand the practices performed, such as the use of medicinal plants.

Keywords: Culture. Child Health. Rural Population. Nursingcare.

INTRODUCTION

Health care practices are actions carried out by individuals and groups from different knowledge, some from the formal system, and others from the informal system. These concepts are based on the research carried out in a rural community in the southern region of Rio Grande do Sul⁽¹⁾, which proposed as a formal health system all the services offered by the Brazilian public health system (hegemonic biomedical model), both public and private.

Thus, in the informal system, the different care practices are characterized as: medicinal plants, religiousness, spirituality, self-help groups and other practices used for health care in different spaces, which are not included in the formal health system. These practices permeate family care and biomedical services. Not having a single flow, they enjoy the different spaces and services, according to their needs⁽¹⁾.

In this context, the eating habits and the connection with work are two of the several cultural factors that interfere in the life of the

farmer and the rural family, which are reflected in health care and quality of life⁽²⁾. From this perspective, the participation of parents as informants of the child's health situation varies according to the culture and socioeconomic context and directly interferes with care⁽³⁾.

The care given to the population from rural areas needs to look at the cultural and behavioral peculiarities of the rural man, planning strategies, with the recognition of popular knowledge, with its peculiarities, associating them with the scientific knowledge of the professional⁽⁴⁾, thus realizing an integral care, through exchanges of knowledge.

The nursing works with the proposal of humanized attention to the child, the mother and the family, and respect them in their particularities and specificities. The professional has a fundamental role in prenatal care and childcare, guiding the woman and her family about how to handle various situations in the gestational period, in the postpartum period and in the care of the child⁽⁵⁾.

In addition, it also has the function of

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including the family in this process, especially the father, so that the father is no longer just an assistant, effectively participating in all the stages of his child's development⁽⁵⁾.

In this context, many challenges are faced in Primary Health Care in relation to the integrality of child care. There are studies^(6,7) that corroborate this point, however, there are investigations^(8,9) that refute this limitation and point out ways of promoting the child's health and the care offered to it.

In a study⁽⁶⁾, in two municipalities in the state of Paraná and in a municipality in the state of Paraíba, it was pointed out that the promotion of children's health is still limited because many initiatives are centered on the disease, focusing on actions screening in schools in urban areas.

Two investigations^(7,10) assessed PHC services in the health care of the child, and showed that the work process of the teams is centered on the disease, due to the precariousness of human resources and the emphasis given to the fulfillment of bureaucratic goals and functions, removing part of the nurses' time from their care function to administrative functions.

In an investigation⁽⁸⁾, carried out with all Health Units of the Family of Ribeirão Preto/SP, it was pointed out that one way of offering quality in child health care, according to the SUS principles, is to incorporate the knowledge and practices of professionals that contribute to the health actions in a specialized way, with a view to reach the resolution of the needs in the different levels of complexity of the health services.

Another study⁽⁹⁾, carried out with rural families, pointed out that the professional should guide the attention to the child's health, considering and approaching the cultural context of the families, helping to promote the healthy growth and development of children with reflexes in the other phases of the life.

In this context, this research had the following guiding question: What are the health care practices performed in the children of a rural area of Canguçu? This study aimed to know the health care practices performed with children living in an area rural of Canguçu, Rio Grande do Sul.

Faced with this objective, we used the theoretical framework that considered culture. Culture⁽¹¹⁾ is a web of meanings that allows individuals in a group to interpret and to guide their actions. The concepts of health and illness for rural families are not static, as well as the care practices carried out, being produced and re-signified through social interactions and in the spaces where they live and coexist.

METHOD

A qualitative, exploratory and descriptive study was carried out. The information presented is part of the macro-project "Health care system to rural families in the South of Rio Grande do Sul"⁽¹⁾.

The macro-project data collection took place between May and September 2014, in the residences of the 14 participating families, located in the rural territory of the 1st district of the municipality of Canguçu-RS, located approximately 33 km from the urban area.

As inclusion criteria for the participants in the macro-project, the women who belonged to the religious group linked to a church in the rural area under investigation were considered. In addition, participants should be 18 years-old or older and live in an easily accessible land for motor vehicles. During the field research period, 17 women attended the group, from them 14 women accepted to participate.

The choice of this group was due to the coordinator of the macro-project, to maintain contact with a resident farmer in the 1st district since 2008, as a result of the research for the master's degree, influencing the definition of the group of women addressed. The link has remained in the interval between one and another research, over the years, due to the fact that the locality of Remanso owns a bank in the Ecological Fair of the Regional Association of Agroecologists Producers of the South Region (ARPASUL).

From the 14 women who participated in this group, and who accepted to participate in the study, their relatives were approached, totaling 25 interviewees. The participants were identified by fictitious names, chosen by them, followed by age, e.g. Roberta, 35y.

Among the 14 families addressed, six had children as members at the time of data collection, a fact that did not interfere with the information about child care, because in the script of 28 questions of the semi-structured interview, there were issues that specifically addressed care the children: "What kinds of foods are suitable for children?" "In your family have you taught the children how to take care of health? If so, how?" "How is child care done?".

Visits to perform data collection were scheduled, either during religious group meetings or by telephone contact. The interviews were carried out in the residences of the participants, with the room or kitchen as space used, with the presence of the other members of the family who participated in the data collection.

The duration of each interview varied between 50 minutes and 3 hours and 10 minutes, which was conducted only by a researcher who spent the day (morning and afternoon) with the family. This organization occurred due to the method of ethnographic orientation adopted in the macro-research and other instruments and techniques used (participant observation, photographic record, field diary, genogram and network construction, recorded semi-structured interview).

The data collection of the macro-project required 26 meetings with the participants of the research, 16 of them for the semi-structured interview. This study used the semi-structured interviews recorded and transcribed from the macro-project database. The transcribed interviews were inserted into the NVivo 10 Software for reading and categorization.

Information on health care practices performed on children was selected from the database in NVivo 10 Software in December 2015. The data analysis followed the Minayo operative proposal⁽¹²⁾, which is divided into three stages: pre-analysis, material exploration and Treatment of Results Obtained and Interpretation.

This study complied with Resolution No. 466/12 of the competence of the National Health Council of the Ministry of Health that emanates guidelines on research with human beings. The project was approved by the Ethics and Research

Committee of the Faculty of Nursing of UFPel, with the opinion no. 649.818.

RESULTS AND DISCUSSION

Twenty-five people were approached, which included 14 rural families linked to a religious community and practicing family farming. They all attended the Lutheran religion - Evangelical Church of Lutheran Confession in Brazil (IECLB) - and referred to German and/or Pomeranian ancestry. The age range of the interviewees ranged from 28 to 87 years-old, most of them women.

There were eight mothers, eight mothers/grandmothers, four fathers, three fathers/grandfathers, one son and one daughter (Table 1). Among the 14 families, there were sixteen children, aged between two and nine years-old, living with their parents (table 1).

The main income of the studied families came from agro-ecological practices of production, whose products are traded in the fair, the dairy and the agricultural production of tobacco. There were occurrences of pensioners among these families, as well as many producing food for self-consumption.

Feeding was the most significant health care practice among families. It is an everyday action that ranges from caring for the production of food to the consumption of both vegetable and animal sources, to the preparation of food ⁽¹⁾.

When asked about the foods given to the children, the families reported little change in the menu when it is compared to the rest of the family, since having a healthy diet is present since childhood.

I think we have to be careful with the salt, with the fat {in relation to feeding children}. (Dilma, 71y)

The Ministry of Health⁽¹³⁾ confirms the information provided by the interviewee, in which the child can and should, from the outset, be fed with the family's food, the food must be prepared with freshly processed in natura foods, opting for natural seasonings and with a minimum amount of salt and without the use of ultra-processed foods.

Table 1. Contextualization of the research participants.

FAMILY	INTERVIEWED	AGE
Family 1	Siderlei (mother and grandmother)	56
Family 2	Olívia (mother and grandmother)	57
Family 3	Lídia (mother and grandmother)	70
Family 4	Lia (mother)	39
Family 5	Letícia (mother)	35
	Ricardo (father)	44
Family 6	Amanda (mother)	28
	Pedro (father)	33
	Selma (mother and grandmother)	81
	Augusto (father and grandfather)	87
Family 7	Dilma (mother and grandmother)	71
	Inês (daughter, aunt)	47
	Neldo (father and grandfather)	73
Family 8	Mariana (mother)	40
	José (father)	43
Family 9	Ilma (mother and grandmother)	70
	Ivete (mother)	50
Family 10	Maria (mother and grandmother)	58
	Henrique (son, uncle)	31
Family 11	Eduarda (mother and grandmother)	57
	César (father and grandfather)	61
Family 12	Viviane (mother)	40
	Paulo (father)	38
Family 13	Paula (mother)	31
Family 14	Iasmim (mother)	34

In this way, frying is unnecessary, especially in the first years of life. The source of lipid for the child is already present naturally in milk, protein sources and vegetable oil used for cooking food. The oil used for the fried foods overheats, releasing free radicals that are harmful to the baby's intestinal mucosa and, in the long run, have harmful effects on health ⁽¹⁴⁾.

The needs of children, who need "a lot of energy", were also mentioned about the adequacy of feeding.

Oh, I think the child needs a lot of energy, because she spends a lot on her movements, whether with her arms or her legs, while an older person, she needs very little, she satisfies herself with minimal things, while the child needs to be fed more often, eat every 3 hours. (Lídia, 70y)

Feeding in childhood should be qualitative, with nutrient and quantitative supply, being fractioned, and ingested several times a day. This is essential to ensure the child's growth and development, thereby providing the energy and nutrients necessary for the proper performance of his or her functions and for maintaining health ⁽¹⁵⁾, and this information is in line with that reported by the participant.

In relation to the care given to the children, the families report some habits differentiated for the childhood. Regarding breastfeeding, this practice is also influenced by guidelines developed by health professionals, as observed in the following reports:

Because if, so, if you go to the pediatrician, the pediatrician will say that the child who nurses does not need anything else. (Lia, 39y)

I. {Daughter's name} nursed very little, I think three months alone. The poor girl cried, they say that mother's milk is not weak, then I. was crying day and night, I was breastfeeding and she was always crying [...]. {I took her in} a pediatrician from Canguçu, he examined her and looked at me and said "mother your daughter is hungry", then I said "ah, she must be really hungry", I had not breastfed her, "No, your milk is weak, your daughter cries of hunger". It is a very sad thing, poor thing, I had to start using milk for her [...]. I ate a lot of fruit like that, I made soup with vegetables, beans, I think I took good care of her food (Paula, 31y).

In this way, it can be noticed that the women farmers were influenced by health professionals in the decision to maintain or to interrupt breastfeeding. In Paula's report it is observed

that the medical professional reported that breast milk was weak, needing to supplement feeding with artificial milk.

The elements related to health professionals and their orientations are the lack of information on the part of the professionals, blocks in the communication between the professional and the mother, the personal divergence of the mother in relation to the suggested dietary guidelines and the maternal belief that feeding practices have little influence on the child's development ⁽¹⁴⁾.

An investigation carried out with mothers and grandmothers, who live in the rural area of a small municipality in the northwestern state of RS, showed that the practice and interpretation of producing low milk, and the child has difficulties in sucking the breast or the milk is weak, is a peculiarity of the nature of some women, due to family characteristics, or it is associated with a circumstantial experience. This theory is confirmed by the fact that the child is not satisfied with breastfeeding, which is validated by the family and also by health professionals ⁽⁷⁾.

The rural community has an identity that is transferred between the family generations in the health care of the child, in which customs, specifically with medicinal plants, are present, integrating health care.

For the treatment of some symptoms, it was first observed the use of the medicinal plant as a practice of care, and if they persist, it is necessary to have an evaluation of the health professional:

We use the tea. If the tea does not solve it, we see the doctor (Olívia, 57y)

It is important to emphasize that the use of medicinal plants in primary health care is the first resource of users in relation to their health problems. Medicinal plants are low-cost options that contribute to popular knowledge and health promotion, being used in a responsible way, based on scientific knowledge ⁽¹⁶⁾.

In different reports, it was evidenced the use of medicinal plants in the care and treatment of children's symptoms, such as: elderberry for oral candidiasis; pomegranate peel for diarrhea; file for neonatal jaundice; rust for pediculosis, orange, tangerine and lemon, indicated for colds and flu in childhood. Mothers of different families cited orange, tangerine and lemon for

the treatment of colds and flu in childhood.

For flu the mother used to make it in a mug with orange leaves, with a spoonful of sugar and ember, put water, leach it and then take it at night, it makes you to perspire, but you have to change clothes and take at night. (Siderlei, 56 y)

{When I got the flu} My mother used a lot of tangerine leaf, lime leaf, she gave a lot of tea to the children. (Olivia, 57y)

Orange leaves are used for influenza, fever and colds and also for colic in infants, and lemon is used for the decongestion of pulmonary bronchi, colds and febrile conditions ⁽¹⁷⁾. The essential oil of leaves of the tangerine tree (*Citrus reticulata*) inhibited the growth of *Staphylococcus aureus*, *Escherichia coli* and *Salmonella* ⁽¹⁸⁾.

We can observe, in the report agro-ecological farmer Marina, the use of tea for the treatment of jaundice of the baby, in the neonatal period:

The navel lime is good for baby yellowing. (Marina, 40y)

Citrus limettoides is popularly called sweet lime, navel lime, antimicrobial and antifungal activities, as well as anti-inflammatory etiotinociceptive activity in mice ⁽¹⁹⁾.

In addition, non-medicated methods have been reported for the relief of physical discomforts, as for recurrent cramps in the first months of the baby's life:

And F. {daughter} was a child that she almost never took medicine for colic, it was only in the little massage made by José {husband}. He knew it, because if I did, I could not [...] lying the child of the belly for low helps, because she will tighten there [...], you have to make it get better. (Mariana, 40y)

The use of massage improves the functioning of the intestine, because there is a stimulus in the smooth muscles, which aids in peristalsis. The therapeutic massage has positive effects, as it provides relief against colic, calms and relaxes the baby, besides the contact, love and affection. It is recommended to practice massage in the first four months of life, or while the child is unable to move ⁽²⁰⁾.

When it comes to teaching children about health care, participants emphasize the importance of eating.

Sometimes I say {to my son}, you think that the mother is bad with you, but I am not because it is for your good! Ever since I got married, I did not know what vegetables were, I always had vegetables {in my parents' house}, but they did not encourage me to eat. I started learning to eat with G. {husband}, he use to prepare salad, because I did not know how to prepare vegetables... I. {son} is already learning from us {referring to feeding care}. My mother never encouraged what is good and what is bad, I miss that side of mother. His mother always encourages them to eat. We were created differently, for I did not have what I could not eat, I could do everything (Iasmim, 34y).

I think so, my daughter is very careful with the health, with the children's food, they all learned to eat the vegetables, what the mother eats the children eat too, I think I got a little, they {children } all value the natural things, and vegetables on the table always. (Maria, 58y)

The family group is responsible for the elaboration of the child's eating behavior through social knowledge, and the parents have the role of first nutritional educators. The cultural and psychosocial aspects contribute to the child's feeding experiences, from the time of birth, opening the learning process ⁽²¹⁾.

The social context of each family assumes a predominant role in this process, particularly in the strategies that the parents adopt for the child to feed themselves or to learn to eat specific foods. These strategies can point to both adequate and inadequate stimuli in the acquisition of children's food preferences and in self-control of food intake ⁽²¹⁾.

In the following we can observe about the teachings of health care, through the speech of César, who emphasized on the care to his adolescent son and his grandchildren, as far as dress, mainly in the cold days.

Don't walk without shoes. (César, 61y)

During the seasons of the year, there are fluctuations in temperature, especially between winter and summer, encouraging families to consider hot and cold in care practices, such as warming up on cold days, avoiding developing any disease. It is worth noting that the community where the families live has negative temperatures in winter ⁽¹⁾.

The health care practices carried out by rural families are related to the different care

spaces of the informal system and the health services of the formal system ⁽¹⁾. Popular knowledge comes from family traditions in order to complement the scientific knowledge of the health sector, and vice versa ⁽²²⁾.

In the care process of the individual and the social group, medicinal plants, medicines prescribed by the physician, among others, are used according to what is considered adequate at the time of the care ⁽¹⁾.

In this way, it is emphasized that in the family space, the contributions of the experiences of mothers, fathers, grandparents and other relatives transferred between the generations need to be valued and understood by the nurse, so that the care of the child occurs in an integral way.

FINAL THOUGHTS

The feeding was the most relevant practice of child health care, being a daily action. Another practice was in relation to the climatic temperature, which influences the health of the child. In addition, farmers point out that they use medicinal plants first and that only if the symptoms persist, they seek the assistance of a health professional.

Rural households perform various health care for children, both formal and informal. The practices of care are transmitted to the children, with a view to the continuity of this knowledge, which will be reflected in the new family in the future.

The care given to children is influenced by family experience, and also by the scientific knowledge passed on by health professionals. It is important to point out that in order to carry out child care; the nurse practitioner should consider that the guidelines for the prevention of diseases and promotion of health go beyond scientific knowledge, and it is fundamental to value familiar knowledge and cultural context, thus promoting integral care.

The research presented as a limitation the particularities of the group investigated, since the participants were part of a Lutheran Community, exhibiting characteristics that cannot be exceeded for other groups of people, such as the rural context, which reflects in the realization of the care to the children and the

distance of the urban, which influences access to health services.

Another restriction was the impossibility of identifying all the medicinal plants referred to,

as they were not available in the residences or because they did not have flowers or fruits at the time of data collection.

PRÁTICAS DE CUIDADO EM SAÚDE REALIZADAS ÀS CRIANÇAS DE UMA ÁREA RURAL

RESUMO

Objetivo: Conhecer as práticas de cuidado em saúde realizadas às crianças residentes em uma área rural de Canguçu, no Rio Grande do Sul. **Método:** Trata-se de um estudo qualitativo. Os dados foram coletados no período de maio a setembro de 2014. Participaram do estudo 14 famílias de agricultores, residentes em um território rural, totalizando 25 entrevistados. **Resultados:** A alimentação foi a prática de cuidado à saúde das crianças mais relevante, sendo uma ação cotidiana que permeia desde o cuidado com a produção dos alimentos para o autoconsumo, até o preparo da comida. Além disso, as plantas medicinais são utilizadas nos primeiros cuidados à saúde das crianças para diferentes sintomas. **Considerações finais:** Os cuidados realizados às crianças são influenciados pela experiência familiar e, também, pelo conhecimento científico repassado pelos profissionais de saúde. Em vista disso, os profissionais devem ter conhecimento teórico-prático para a realização do cuidado à criança e a compreensão das práticas realizadas, como o uso de plantas medicinais.

Palavras-chave: Cultura. Saúde da Criança. População rural. Cuidados de enfermagem.

PRÁCTICAS DE CUIDADO EN SALUD REALIZADAS A LOS NIÑOS DE UN ÁREA RURAL

RESUMEN

Objetivo: conocer las prácticas de cuidado en salud realizadas a los niños residentes en un área rural de Canguçu, en Rio Grande do Sul-Brasil. **Método:** se trata de un estudio cualitativo. Los datos fueron recolectados en el período de mayo a septiembre de 2014. Participaron del estudio 14 familias de agricultores, residentes en un territorio rural, totalizando 25 entrevistados. **Resultados:** La alimentación fue la práctica de cuidado a la salud de los niños más relevante, siendo una acción cotidiana que trata desde el cuidado con la producción de los alimentos para el autoconsumo, hasta la preparación de la comida. Además, las plantas medicinales son utilizadas en los primeros cuidados a la salud de los niños para diferentes síntomas. **Consideraciones finales:** los cuidados realizados a los niños son influenciados por la experiencia familiar y, también, por el conocimiento científico repassado por los profesionales de salud. Por lo tanto, los profesionales deben tener conocimiento teórico-práctico para la realización del cuidado al niño y la comprensión de las prácticas realizadas, como el uso de plantas medicinales.

Palabras clave: Cultura. Salud del niño. Población rural. Cuidado de enfermería.

REFERENCES

1. Ceolin T. Sistema de cuidado à saúde entre famílias rurais ao sul do Rio Grande do Sul. 2016. 217f. Tese (Doutorado em Ciências) - Programa de Pós-Graduação em Enfermagem, Faculdade de Enfermagem, Universidade Federal de Pelotas, Pelotas [on-line]. 2016 [citado em 2017 Mar]; Disponível em: <https://www.ufrgs.br/gepac/arquivos/teses/8.pdf>.
2. Budó MLD, Schimith MD, Alves CN, Wilhelm LA, Ressel LB. Care and culture: an interface in the nursing knowledge production. J. res.: fundam. care. [online]. 2016 [citado em 2018 abr]; 8(1):3691-3704. doi: <http://dx.doi.org/10.9789/2175-5361.2016.v8i1.3691-3704>.
3. Oliveira EAR, Rocha SS. O cuidado cultural às crianças na dinâmica familiar: reflexões para a Enfermagem. R. Interd [on-line]. 2015 [citado em 2019 fev]; 8(1):227-233. Disponível em: <https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/artic/view/302>.
4. Silva EM da, Portela RA, Medeiros, AL de F, Cavalcante MCW, Costa RT de A. Os desafios no trabalho da enfermagem na estratégia saúde da família em área rural: revisão integrativa. Hygeia [on-line]. 2018 [citado em 2019 fev]; 14(28):1-12. doi: <http://dx.doi.org/10.14393/Hygeia142801>.
5. Oliveira EC de, Barbosa S de M, Melo SEP. A importância do acompanhamento pré-natal realizado por enfermeiros. Rev. Cient Fac Mais [on-line]. 2016 [citado em 2019 fev]; 7(3):24-38. Disponível em: <http://revistacientifica.facmais.com.br/wp-content/uploads/2017/01/Artigo-02-A-import%C3%A2ncia-do-acompanhamento-pr%C3%A9-natal-realizado-por-enfermeiros.pdf>.
6. Diniz SGM, Damasceno SS, Coutinho SED, Toso BRGO, Collet N. Evaluating comprehensiveness in children's healthcare. Rev Gaúcha Enferm [on-line]. 2016 [citado em 2018 jan]; 37(4). doi: <http://dx.doi.org/10.1590/1983-1447.2016.04.57067>.
7. Einloft AB do N, Cotta RMM, Araújo RMA. Promoção da alimentação saudável na infância: fragilidades no contexto da Atenção Básica. Ciênc. saúde coletiva [on-line]. 2018 [citado em 2019 fev]; 23(1):61-72. doi: <http://dx.doi.org/10.1590/1413-81232018231.23522017>.
8. Furtado MCC, Mello DF, Pina JC, Vicente JB, Lima PR de, Rezende VD. Nurses' actions and articulations in child care in primary health care. Texto Contexto Enferm [on-line]. 2018 [citado em 2018 jan]; 27(1): 1-11. doi: <http://dx.doi.org/10.1590/0104-07072018000930016>.
9. Toebe D, Van der Sand ICP, Cabral FB, Hildebrandt LM, Beghini D. Self-care practices related to children nutrition in rural areas. Rev Gaúcha Enferm [on-line]. 2017 [citado em 2019 fev]; 38(3):e64507. doi: <http://dx.doi.org/10.1590/1983-1447.2017.03.64507>.
10. Finkler AL, Toso BRG de O, Viera CS, Obregón PL, Rodrigues RM. The process of work in Primary Health Care to children. Cienc Cuid Saude [online]. 2016 [citado em 2019 fev]; 15(1):171-179. doi: <http://dx.doi.org/10.4025/cienccuidsaude.v15i1.27683>.
11. Geertz C. A interpretação das culturas. Rio de Janeiro: LTC, 2012.
12. Minayo MCS. O desafio do conhecimento. Pesquisa qualitativa em saúde. São Paulo: Hucitec, 14.ed. 2014.
13. Brasil. Ministério da Saúde. Guia alimentar para crianças

menores de 2 anos. Coordenação Geral de Alimentação e Nutrição, Departamento de Atenção Básica, Secretaria de Atenção à Saúde. Brasília: Ministério da Saúde [on-line]. 2018 [citado em 2019 fev]; 72 p. Disponível:

<http://portalarquivos2.saude.gov.br/images/pdf/2018/julho/12/Guia-Alimentar-Crianca-Versao-Consulta-Publica.pdf>.

14. Broilo MC, Louzada MLC, Drachler ML, Stenzel LM, Vitolo MR. Maternal perception and attitudes regarding healthcare professionals' guidelines on feeding practices in the child's first year of life. *Jornal de Pediatria (Rio de Janeiro)* [on-line]. 2013 [citado em 2018 jan]; 89(5): 485-491. doi: <http://dx.doi.org/10.1016/j.jped.2013.01.005>.

15. Philippi ST, Cruz ATR, Colucci ACA. Pirâmide alimentar para crianças de 2 a 3 anos. *Revista de Nutrição, Campinas* [on-line] 2003 [citado em 2018 fev]; 16(1):5. doi: <http://dx.doi.org/10.1590/S1415-52732003000100002>.

16. Flor ASSO, Barbosa WLR. Sabedoria popular no uso de plantas medicinais pelos moradores do bairro do sossego no distrito de Marudá- PA. *Ver Bras Pl Med, Campinas* [on-line]. 2015 [citado em 2018 abr]; 17(4): 757-768. doi: http://dx.doi.org/10.1590/1983-084X/14_064.

17. Lorenzi H, Matos FJA. *Plantas Mediciniais no Brasil: nativas e exóticas*. 2. ed. Nova Odessa, SP: Instituto Plantarum, 2008.

18. Santos AO, Freire JA de S., Carvalho TD de, Barbosa TC,

Prates RP, Silva JCRL, Farias PKS. Atividade antibacteriana e antioxidante de óleos essenciais cítricos com potencialidade para inclusão como aditivos em alimentos. *Cad. Ciênc. Agra* [on-line]. 2016 [citado em 2019 fev]; 8(3):15-21. Disponível em: <https://periodicos.ufmg.br/index.php/ccaufmg/article/view/2935>.

19. Zhou XM, Wena GY, Zhaoa Y, Liub YM, Li JX. Inhibitory effects of alkaline extract of *Citrus reticulata* on pulmonary fibrosis. *J Ethnopharmacol* [on-line] 2013 [citado em 2018 fev] 146(10):372-378. doi: <http://dx.doi.org/10.1016/j.jep.2013.01.006>.

20. Motter AA, Micos AP, Veiga TP da, Santos MF dos, Derussi K de S, Szklar CO da L. Benefícios da shantala em bebês de uma escola pública de Matinhos/PR. *Revista Extensão em Foco* [online]. 2012 [citado em 2019 fev]; (15): 03 – 14. doi: <http://dx.doi.org/10.5380/ef.v1i15.52275>.

21. Bezerra, JAB. Educação alimentar e nutricional: articulação de saberes. Fortaleza: Edições UFC [on-line]. 2018 [citado em 2019 fev]; 120p. Disponível em: <http://www.fnnde.gov.br/centrais-de-conteudos/publicacoes/category/116-alimentacao-escolar?download=12042:educa%C3%A7%C3%A3o-alimentar-nutricional-articulacao-de-saberes>.

22. Dalmolin IS, Heidemann ITSB. Integrative and complementary practices and the interface with the health promotion: integrative review. *Ciência, Cuidado e Saúde* [on-line]. 2017 [citado em 2018 abr]; 16(3):1-08. doi: <http://dx.doi.org/10.4025/ciencucuidsaude.v16i3.33035>.

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