

ELABORATION OF PRIMER ON COMPLEMENTARY FOOD: A COMPILATION OF EXPERIENCES OF A GROUP OF MOTHERS IN CAUCAIA-CE

Leandro Soares Damasceno¹

Ana Paula Lima Ribeiro²

Annunziata Cunto de Vasconcelos³

Antonia Meirivam Mendonça Pereira⁴

Teresa Raquel Ferreira de Carvalho⁵

Letícia Maria Maia de Melo⁶

Elaine Regina Silveira⁷

Cintia Gonçalves Nascimento Costa Cordeiro⁸

Ingreth Janaina de Sousa⁹

Naitlha Alves de Menezes¹⁰

Abstract: The inclusion of complementary feeding is an important and difficult step for the child and his / her caregivers. In this period, the development of self-control of food intake by the child depends on the food and the form that are offered. Thus, the objective of the study was to elaborate an

1 Master in Nutrition and Health, Doctoral Student in Education, Specialist in Sanitary Food Surveillance, Graduated in Nutrition

2 Specialist in Maternal Child Nutrition, Graduated in Nutrition

3 Master in Food Technology, Specialist in Functional Nutrition, Graduated in Nutrition

4 Post Graduate in Functional Nutrition and Food Therapy in Autism and ADHD, graduated in Nutrition

5 Master in Nutrition and Health, PhD student in Translational Medicine, Graduated in Nutrition

6 Graduated in Nutrition from the University of Fortaleza

7 Master in Experimental Nutrition, Graduated in Nutrition

8 Specialist in Clinical Nutrition, Graduated in Nutrition

9 Graduated in Nutrition from Estácio

10 Graduated in Nutrition from Estácio



educational booklet with healthy eating guidelines, based on the experiences of a group of mothers. A qualitative and quantitative research was carried out, with a cross - sectional design and a discourse analysis methodology. The population was 20 mothers who had children over 1 year, since they have already undergone the introduction of food. Data collection was performed through an individual interview, with the application of guiding questions. Breastfeeding extended to six months of age did not prove to be a prevalent practice among the interviewed mothers, since 45% offered food and teas before completing the 6 months. According to the results, we can see that breastfeeding and complementary feeding are not yet within the desired results of the Food Guide. However, these results are not related to lack of information, support and encouragement to breastfeeding and healthy eating, since most mothers reported receiving guidance on these subjects.

Keywords: complementary food, child nutrition, baby food, complementary education, infant nutrition.

Introduction

The World Health Organization recommends that soon after the birth of the baby, exclusive breastfeeding should be started until six months of age and complemented until two years or more. Breast milk is capable of providing all the baby's nutritional needs until six months, and later, at this age, the introduction of complementary foods is recommended. Complementary feeding is established by the period in which liquids and food are offered along with breast milk. Any food offered to the baby during this cycle is called complementary food (Brasil, 2015).

Worldwide, only 35% of children are exclusively breastfed during the first four months of life. The offer of complementary foods has been introduced outside the standard either too early or too late, and the quality of the foods has been predominantly inadequate in terms of texture and nutritional composition (Brasil, 2009).

The inclusion of complementary feeding is an important and difficult step for the child



and their caregivers. During this period, the development of self-control of food intake by the child depends on the foods and the way they are offered. However, it is perceived that some mothers have other feeding methods that are easily accessible and prepared during the process of introducing the baby (Carneiro et al, 2015).

The lack of satisfactory guidance can compromise the way complementary feeding is introduced according to the Ministry of Health and the World Health Organization (WHO). This impairs the continuity of breastfeeding until two years of age or older (WHO et al, 2006).

During childhood, the mother and the whole family have an enormous responsibility not only in the supply of food, but also in the formation of the child's eating behavior, with parents having the role of first nutritional educators. For this, there is a need to analyze their knowledge about infant feeding and identify the information needs of parents in education and health promotion activities (Costa et al, 2012).

Thus, nutritional education aimed at mothers should present the necessary and basic knowledge to promote habits of a complete, balanced, varied diet, improving health and contributing to the development of their children (Cunha, 2014).

The health professional has a very important role in providing adequate support to the food introduction process, helping the mother and the child's caregivers in their needs, removing doubts, concerns, difficulties, successes and previous knowledge, which are as important as technical knowledge to ensure the success of a healthy diet. Thus, all health professionals become promoters of healthy eating when they are able to translate technical concepts to the community they care for in a practical way and with simple and accessible language (Brasil, 2015).

Thus, the objective of the study was to develop an educational booklet with guidelines for healthy eating, based on the experiences of a group of mothers in Caucaia-CE.



Methodology

A qualitative and quantitative research was carried out, with a cross-sectional design and methodology in discourse analysis.

The study was carried out at the Hospital and Maternity, located in Caucaia, Ceará. It is a reference throughout the state of Ceará, performs health care for pregnant women, outpatient care and gynecological surgeries.

Data collection took place in the second half of the year, in October 2018. The population was made up of 20 mothers who had children from 6 months to 2 years old, since they had already gone through the food introduction phase. The sample was carried out for convenience with mothers who were at the place and on the days of the visit and who agreed to participate in the interview.

Data collection was carried out through individual interviews, initially composed of sociodemographic and economic data of the participants, such as age, income and marital status. Guiding questions were also applied to the mothers with their consent, leaving them free to express the experiences acquired. The guiding questions were:

- Number of children:
- Did your child feed on exclusive breast milk until he was 6 months old?
- Did you have any guidance on how to introduce your baby's food?
- How was the complementary feeding from 6 to 12 months and what foods were used in these preparations?

The interviews were conducted with the aid of a tape recorder, lasting an average of 3 to 4 minutes. To preserve the anonymity of the interviewed participants, we chose to name them by letters from A to U, to ensure the confidentiality of the information.

The data were analyzed by the collective discourse, in which several statements complement each other to construct a single speech, considering the most common responses among the mothers.



The methodological planning of the research was prepared within the fundamental ethical and scientific procedures, as provided for in Resolution No. 510, of April 7, 2016 and Resolution No. 466, of December 12, 2012.

The project was approved by the Research Ethics Committee, and the study's purpose, objectives, and procedures were explained to the study participants, requesting the signing of a free and informed consent form.

Results and Discussion

20 mothers of children aged 6 months to 2 years who met the inclusion criteria of the research were interviewed. The arithmetic mean age of the mothers was 20 years, with the lowest age being 20 years and the highest age being 37 years.

According to the marital status of the mothers, 20% were married, 40% were in a stable union and 40% were single. The family income of 60% of the mothers was less than 2 minimum wages and 40% had no income.

According to what was evaluated in this study, recommendations from the World Health Organization on healthy eating practices, such as the introduction of quality solid/semi-solid foods in a timely manner, resulting in many benefits for the health of children at all stages of life, have not been followed (Brasil, 2015).

Exclusive breastfeeding extended until six months of age, as recommended by the Ministry of Health (2013), was not a prevalent practice among the mothers interviewed, since 45% of the mothers offered food and teas before completing 6 months, as an example, mother B said: "no, I started the pot food early" and mother P "No, because my milk has dried up."

In a similar study by Alleo et al. (2014), it was possible to observe low adherence to exclusive breastfeeding in the first semester of life as a result of the early introduction of complementary feeding, low consumption of vegetables and little consumption of natural sources and fortified foods



There were mothers who followed the recommendations of the WHO (2009) and underwent EBF until 6 months. Analyzing the statements of mothers who did not have income, the majority 35% breastfed their children exclusively until they were 6 months old, as we can observe that mother E mentioned that “yes, because she was not able to give anything else” and mother I “Yes, because she was not able to buy other milk”.

In a study conducted by Gurmini et al. (2017) showed different results to this study in which only 11 mothers (13.75%) followed the recommendations of the WHO (2009). The children were already being fed fruit and “main porridge” one month before this period (on average 5.2 and 5.59 months respectively).

The early introduction of complementary feeding causes the child to ingest a smaller amount of breast milk and, consequently, receive lower amounts of protective factors, can slow down the child’s growth, increasing the risk of deficiencies of essential micronutrients such as iron, calcium, folic acid, vitamin A, vitamin C and zinc (Brasil, 2013).

There is evidence in studies that shows that early food introduction increases the risk of obesity twice when compared to children who maintain breastfeeding as the only dairy food (Siqueira et al, 2007).

One of the factors cited by PAHO (2005) in its guide that makes mothers offer processed solid foods to reach liquid consistency is for fear of the child choking or not knowing how to chew, and so they avoid solid foods and end up opting for a liquid diet, which justifies the reports of most mothers found in this study¹³. Mother C said: “The soups I made had potatoes, beets, carrots and a little piece of meat if there was one, I cooked everything together and passed it in a blender, but when his teeth appeared, I already hurt the potatoes and carrots, I also gave rice with broth”.

In a study conducted by Alleo et al. (2014), similar results were also found in this study, since even though mothers receive guidance on children’s feeding and encourage the same family food to be offered in the food introduction, with changes exclusively in texture, it is noted that the traditional form of food introduction is maintained.



The foods that the mothers mentioned in the offer of complementary food were: porridge, whole milk, danoninho, cookies, fruit juices and smoothies, ready-to-eat baby food. Mother F reported “I made guava smoothies with water, powdered milk and sugar, any fruit I had at home I made smoothies or juice, I also gave them dadoninho, I gave them little soup, but everything I had at home I gave, my children didn’t have a mess with food thank God”.

Unlike the previous results, there was a mother who carried out the correct practices regarding complementary feeding following the period, feeding and the appropriate texture, mother U mentioned “after the 6 months of exclusive breastfeeding I started to give cooked and scraped berries, and at lunch I gave her rice, string beans that she likes very much, vegetables such as potatoes, chayote, carrots and beets also put fish or chicken, and everything was mashed and separated. After she grew up, I cut her into pieces and after 1 year she started to eat normally”.

The initial proposal of this research would be to develop a booklet based on the correct feeding practices according to the food guide for children under 2 years old, but as demonstrated by the results, most cited incorrect practices and it was not possible to build a material based on them. On the other hand, we prepared a simple booklet based on the recommendations of the Food Guide for Children under 2 years of age of the Ministry of Health on the introduction of complementary feeding and distributed it to the participants.

Conclusion

This research proves the need for programs with nutritional education activities, guided by trained professionals for mothers who attend basic health units from pregnancy to two years of the child’s life.

Exclusive breastfeeding and complementary feeding are not yet within the results desired by the Food Guide for children under 2 years old. However, it is clear that these results are not related to the lack of information in the study group, support and encouragement of breastfeeding and healthy



eating, as most mothers reported receiving guidance on these subjects.

We can conclude that there is a need to develop more educational actions with the objective of intensifying knowledge and information about the importance of exclusive breastfeeding and complementary feeding. In this way, by carrying out nutritional education activities and developing specific actions aimed at maternal and child health in a clear and objective way, being based on the reality of the whole family, it will contribute to the knowledge and healthy development of children.

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