



ORIGINAL ARTICLE

Socioeconomic, cultural and demographic maternal factors associated with dietary patterns of infants



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KEYWORDS

Food habits;
Food consumption;
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Abstract

Objective: To analyze dietary patterns of infants and its association with maternal socioeconomic, cultural, and demographic variables.

Methods: A cross-sectional study was conducted with two groups of mothers of children up to 24 months ($n=202$) living in the city of Maceió, Alagoas, Northeast Brazil. The case group consisted of mothers enrolled in a Family Health Unit. The comparison group consisted of mothers who took their children to two private pediatric offices of the city. Dietary intake was assessed using a qualitative and validated food frequency questionnaire (FFQ). The evaluation of the FFQ was performed by a method in which the overall rate of consumption frequency is converted into a score.

Results: Children of higher income families and mothers with better education level (control group) showed the highest median of consumption scores for fruits and vegetables ($p<0.01$) and meat, offal, and eggs ($p<0.01$), when compared with children of the case group. On the other hand, the median of consumption scores of manufactured goods was higher among children in the case group ($p<0.01$).

Conclusions: Maternal socioeconomic status influenced the quality of food offered to the infant. In the case group, children up to 24 months already consumed industrial products instead of healthy foods on their menu.

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PALAVRAS-CHAVE

Hábitos alimentares;
Consumo de
alimentos;
Lactente

Fatores socioeconômicos, culturais e demográficos maternos associados ao padrão alimentar de lactentes**Resumo**

Objetivo: Analisar o padrão de consumo alimentar de lactentes e sua associação com variáveis socioeconômicas, culturais e demográficas maternas.

Métodos: Foi realizado um estudo de corte transversal, envolvendo dois grupos de mães de crianças até 24 meses ($n=202$) residentes na cidade de Maceió-Alagoas. O grupo caso foi constituído por mães cadastradas em uma Unidade de Saúde da Família. O grupo comparação foi constituído de mães que levaram seus filhos para atendimento em dois consultórios particulares de Pediatria da cidade. O consumo alimentar foi avaliado utilizando um questionário de frequência alimentar (QFA) qualitativo e validado. O QFA foi avaliado pelo método no qual o cômputo geral da frequência do consumo é convertido em escore.

Resultados: As crianças com maior renda familiar e mães com melhor nível de escolaridade (grupo comparação) apresentaram as maiores medianas de escores de consumo dos grupos alimentares de frutas, legumes e verduras ($p<0,01$) e carnes, miúdos e ovos ($p<0,01$), quando comparadas às crianças do grupo caso. Por outro lado, as medianas de escores de consumo de produtos industrializados foram mais elevadas entre as crianças do grupo caso ($p<0,01$).

Conclusões: O nível socioeconômico materno influenciou na qualidade da alimentação que foi oferecida ao lactente, pois, no grupo caso, crianças de até 24 meses já possuíam no seu cardápio produtos industrializados, em detrimento do consumo de alimentos saudáveis.

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Introduction

Adequate nutrition in the first 2 years of life is essential, as this is a period characterized by rapid growth, development and formation of eating habits that may remain throughout life.^{1,2}

Exclusive breastfeeding up to 6 months and, after this age, breastfeeding up to 2 years or more, combined with the opportune introduction of balanced complementary foods (CF), are emphasized by the World Health Organization as important public health measures, with an effective impact on the decreased risk for development of chronic non-communicable diseases (NCDs) such as obesity, hypertension and diabetes mellitus.^{1,3} However, studies performed in the last 30 years show that the frequency of NCDs has increased in all Brazilian regions and social classes, especially childhood obesity, with prevalence rates ranging from 5 to 18%.⁴

Feeding practices, in addition to being determinants of health status in children, are strongly associated with the purchasing power of families, as they directly influence the availability, quantity and quality of consumed food.⁵ In recent years, there have been changes in the eating habits of the population, especially regarding the substitution of homemade and natural foods by processed foods, considered superfluous, with high energy density and low nutritional quality.^{5,6} The advertising market, globalization, the rapid pace of life in big cities and women's work outside of the household have also contributed to these changes.⁷

The identification of dietary patterns of infants is an important study object in nutritional epidemiology, aimed to understand one of the factors responsible for health in childhood.⁸ On the other hand, there is need for

improvement in the means of assessing dietary patterns through the use of new methodologies.⁹

Thus, the use of the food consumption frequency method, analyzed through scores, may be a useful tool in the assessment of food quality offered to the infant. Therefore, this study aims to analyze the pattern of food intake of infants and its association with maternal socioeconomic, cultural and demographic variables.

Method

A cross-sectional study was carried out, involving two groups of mothers of children aged up to 24 months living in the city of Maceió, state of Alagoas, Brazil. The case group consisted of mothers enrolled at the Carla Nogueira Family Health Unit (FHU), located in a low-income neighborhood belonging to the VI Health District. The comparison group consisted of mothers who took their children to two private pediatric offices of the city.

Inclusion criteria were: mothers of children aged up to 24 months and who had a working TV set at home, as television has become the cultural factor that more often disseminates messages about unhealthy foods.¹ The exclusion criteria were: adolescent mothers and, also for the comparison group, mothers who had the doctor's consultation fee paid by another person outside the family.

The convenience sample consisted of 202 mothers of infants, attending study sites and who, in addition to meeting the inclusion criteria, signed the informed consent form between February and April 2012. Of the 220 recruited mothers, 202 mothers participated in the study, with a sample loss of 8.1%. The study was submitted to the Institutional

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