**FOCUS GROUP REPORT NICK PROJECT - CHILE:**

**MOTHERS’ AND CARERS’ PERCEPTIONS, NEEDS AND DIFFICULTIES IN RELATION TO THE NUTRITIONAL STATUS OF THEIR PRESCHOOL CHILDREN**

Beatriz Salgado Diez

**Abstract:**

Understanding the problema of child obesity involves a multidimensional perspective that link behaviours with the families and the socio-cultural and economic elements. Culture seems to be important in the development of nutritional behaviours, such as choice of food, feeding patterns modelling or nutritional status perceptions. Moreover, the unregulated urban development, the consumerist society and the industries of obesity have worsened the feeding patterns, mainly, in vulnerable groups.

**Aim:** To know the perceptions that adults responsible of preschool children living in urban vulnerable areas of Valparaiso have on relation to child nutrition

**Methodology:** Descriptive qualitative study with focus groups. Participants were contacted through Primary health centres and public nurseries of vulnerable areas of the city of Valparaiso. Participants have signed a previous informed consent. 3 focus groups were carried out, before reach the saturation of information. Written, sound and video records have been done, which were transcribed and introduced to Nvivo 8. Thematic analysis was utilized.

**Results:** Participants: 19 mothers; 3 grandmothers; 1 father. Participants visualized child obesity as a problem, they consider that institutions don´t provide support to families on the nutritional task with children, but they believe institutions are overreacting about obesity. Poverty and social exclusion are associated as difficulties for consuming a healthy diet because healthier products (“*light products*”) are more expansive. Women´s double work journey reduces the possibilities of provide a healthier child feeding.

**Conclusions:** there are contradictory visions on relation to the institutions; in one side, its support is not recognised, but in other, they consider there is an overreaction facing the problem. Apparently, they know what a healthy diet is, but sometimes people are referring just to what is advertised by the marketing, which is usually more expensive. A discourse of poverty as a class category, is utilized as an explanation of the difficulties for having a healthy diet, in opposition to the discourse of the aspirational middle class in the context of a consumerist society that arises when they are talking about consumer goods that provide higher status such as cable television, computers, private school transportation, electronic games, etc.

**Resumen:**

Comprender el problema de la obesidad infantil, involucra un enfoque multi-dimensional que vincule al comportamiento con los ámbitos familiar, sociocultural y económico. Elementos culturales parecen ser importantes en el desarrollo de comportamientos nutricionales, como la elección de alimentos, modelamiento de patrones alimentarios o percepciones sobre estado nutricional. Por otra parte, el desarrollo urbano desregulado, las sociedades de consumo y las industrias de la obesidad empeoran los patrones de alimentación, principalmente en grupos sociales vulnerables.

**Objetivo:** Conocer las percepciones que tienen adultos/as responsables de preescolares de zonas urbanas vulnerables de Valparaíso, en torno a la nutrición infantil.

**Metodología:** Estudio cualitativo descriptivo con grupos focales. Se contactó a los participantes a través de centros de Atención Primaria y de Jardines Infantiles Públicos de áreas vulnerables de Valparaíso. Los participantes firmaron previamente consentimiento informado. Se realizó 3 grupos focales, hasta alcanzar saturación de la información. Se hizo registro escrito, de audio y video, que fue transcrito e introducido a programa Nvivo 8. Se analizó mediante análisis temático.

**Resultados:** Participantes: 19 madres, 3 abuelas y 1 padre. Los participantes visualizan a la obesidad infantil como un problema, consideran que las instituciones no apoyan a las familias, pero creen que la institucionalidad exagera frente a la obesidad. Se vincula la pobreza y la exclusión con la dificultad para llevar una alimentación saludable, dado que productos “sanos” (*o light*) son más caros, en general, la doble jornada laboral femenina dificulta las posibilidades de tener una alimentación infantil saludable.

**Conclusiones:** Existe visiones contradictorias frente a lo institucional, por un lado no se reconoce su aporte, pero se dice que se exagera ante el problema. Aparentemente saben lo que es una alimentación saludable, pero en ocasiones se menciona aquello que es publicitado por el marketing lo que suele ser de mayor costo. Se hace referencia a la pobreza como categoría de clase, para explicar las dificultades para llevar una alimentación saludable, en contradicción con el discurso de clase “aspiracional” dentro de una sociedad de consumo que surge al referirse a bienes de consumo con mayor estatus como acceso a televisión por cable, transporte escolar, computadores, juegos electrónicos, etc.

1. **Introduction:**

Overnutrition has become a major problem for Public Health. Children in Chile have the highest obesity levels in Latin America ([Amigo, 2003](#_ENREF_2)). To understand the problem in the Latin American context, various authors consider that a multi-causal approach is fundamental ([Amigo et al., 2007](#_ENREF_3)), that links elements, such as behaviour, with the family, social, cultural and economic environment ([Brancho and Ramos, 2007](#_ENREF_4), [Díaz, 2000](#_ENREF_6)).

The demographic transition which affects developing countries as they move towards urban lifestyles, industrialisation and faster rural migration to cities, all of which is associated with the neoliberal economic model and the shift towards a consumer society, has contributed to the increase in obesity ([Breilh, 2010](#_ENREF_5)). This phenomenon has a greater impact on lower income families because they have fewer opportunities to choose healthy food and lead an active life ([Peña and Bacallao, 2005](#_ENREF_9), [Uauy et al., 2001](#_ENREF_12), [Albala and Vio, 2000](#_ENREF_1)).

Peripheral neighbourhoods have less access to healthy food in grocery stores and local convenience stores, which mean parents have fewer possibilities of finding more nutritious products for their children. The notion that food availability differs within communities is described in several studies. This situation is usually related to differences in race, class and the gender of the people living in these communities, which affects their capacity to stay healthy and provide their families with a balanced diet ([Lindsay et al., 2009](#_ENREF_8), [Freedman, 2009](#_ENREF_7), [Sealy, 2010](#_ENREF_10)). The widespread use of televisions, video games and computers by children from an early age and the unsafe living conditions of the slums and the peripheral neighbourhoods, which results in people doing less physical activity and preventing their children playing outdoors, are factors which contribute to children developing a more sedentary lifestyle ([Snethen et al., 2007](#_ENREF_11), [Lindsay et al., 2009](#_ENREF_8)).

The preference among poorer sectors for food products such as meat instead of fruit and vegetables is reported in some studies; the choice of meat is more important than the nutritional quality of the cut (cheaper cuts) and is related to the self-esteem of the family because meat is considered a status food. The idea that vegetables and fruit are expensive and children do not like them, is also very common ([Wiig and Smith, 2009](#_ENREF_13)). Surveys carried out in Chile showed that the maternal perception of the nutritional status of their preschool children is a risk factor for excess weight and obesity ([Díaz, 2000](#_ENREF_6), [Brancho and Ramos, 2007](#_ENREF_4)).

The aim of this study is to ascertain the views, perceptions, needs and limitations of mothers, relatives and/or carers of preschool children living in the vulnerable neighbourhoods of Valparaiso, in terms of excess weight and obesity in children.

1. **Methodology:**

A study was carried out using qualitative methodology and focus groups were used as the method for gathering data. The subjects of the study were mothers, relatives and/or carers of preschool children that attend health check-ups at the Primary Healthcare Centres and/or nursery assistants working in public preschools in the area of Playa Ancha in the city of Valparaíso.

During March and April 2011, three focus groups were conducted until the point of data saturation was reached.

The participants were contacted through the Primary Healthcare Centres (CESCOSF Porvenir Bajo and CESFAM Quebrada Verde) and preschools (Jardín Infantil Golondrina) in the Playa Ancha area, which are located in neighbourhoods with high levels of social vulnerability. The participants were contacted via written invitations, telephone invitations and door to door. All those who agreed to take part signed an informed consent form. This study was approved by the Bioethics Committee of the Faculty of Medicine at the University of Valparaíso.

The focus group discussions were oriented by a facilitator and by a semi-structured questionnaire (Annex 1). The discussions were recorded (notes, audio and video) and transcribed for analysis. The analysis was carried out using thematic analysis which was then codified to generate categories and sub-categories for analysis (14). NVIVO 8 software was used to support this analysis.

1. **Results:**

23 people participated in the three focus groups: 19 mothers, 3 grandmothers and just one father. Ages ranged from 19 to 67 years. Some of the most relevant results are presented in the following section.

1. **Perception of institutions:**

In general, all of the participants perceived child obesity as a problem. Although there was no awareness of measures taken by institutions, there was a permanent awareness of public sector professionals; however these professionals were not seen as part of any policy, plan or institutional strategy.

The group also considered that the institutions, represented by health and education professionals, exaggerate the problem of child obesity. For example, one participants said

*“The thing is that sometimes the nutritionists exaggerate a little bit (laughter). No, seriously, they exaggerate a bit, because the little boy is really obese: “no, he needs to lose weight”, because the little girl is really thin: “no, you need to feed her more”, so there’s no way of like, understanding the nutritionist…” (add something to tell us about this participant, gender, age, etc.*

Furthermore, there was evidence of mistrust, confusion and little credibility in terms of the information that is received from these professionals and also about the nutrition provided by health and education institutions.

*“There is no clear information, of course, so the nutritionist says “skimmed milk and this and that” and in the local health centre what do they give you? full fat milk. You have to give them that milk you know. So you don’t know who to listen to”*

*“The thing is that everyone says children are fatter, but it’s hard, because sometimes those tables that the nutritionist has, aren’t really correct, because it depends on your build, because I was told - when I was pregnant - that I was underweight and that I had to put on weight but I couldn’t, because that’s just the way I’m built, I’m thin; so the tables they have aren’t really correct. So it’s also hard to know if someone’s overweight”*

1. **Access to healthy food versus junk food:**

As has been reported in other studies, the participants considered that in their neighbourhoods the sale of sweets is given a higher priority,

*“In the local shops, yeah there’s fruit and all, but you see the sweets more than the fruit you know, because the fruit is more hidden away like that…”*

Similarly, several of those interviewed complained about the price of healthy food products. Poverty and exclusion are linked to difficulties in eating a healthy diet, given that “healthy” (or diet/light) products are more expensive.

*“It’s difficult, the nutritionist gives you a list, okay, this is what the child can eat, this is what he can’t eat, but if you haven’t got the money, then you don’t buy what’s on the nutritionist’s list. So for example the list says the child should eat cooked chicken, and what if sometimes you don’t have chicken.”*

The participants also acknowledged that junk food easy to access and its widespread availability makes the task of eating healthily even more difficult,

*“And whatever, I went down town, I went and everywhere you look, there’s chips, hotdogs, temptation…”*

*“All the children go about eating and everyone’s going to want what the others are having…”*

1. **Access to spaces for physical activity:**

The participants considered it important for children to do physical activity and recognised that children today are more sedentary.

*“I reckon that children still need to get oxygen (laughter). Yeah, because sometimes you’re stuck inside all day, they’re stuck inside all day.”*

The lack of physical activity can be attributed to various reasons, generally, the lack of safety in the neighbourhoods due to drugs and delinquency, as well as the dangers associated with road traffic.

*“And another thing is that public transport, they don’t respect anything, they just come and go; I live at the end of the block, on Uno Street, and the cars speed past like in a race, they’re like racing cars, so you can’t even take your child outside either, not even for a little bit”*

*“And the other thing is that on the corner, the kids are taking drugs, you can’t take your children out and have them see that either…”*

Furthermore, the participants considered that there are no opportunities to do physical activity in their neighbourhoods and that this is something they have to pay for.

*“Yes, because those activities, like in our neighbourhood, you don’t see them, you have to pay so that the children can go to a sports club. I don’t know if up here they’ll do something like that, but what I know is that everything, everything has to be paid for privately…”*

1. **Difficulties in following good dietary patterns arising from the family environment:**

In general the participants recognised that long working hours, the double workload that results from their role as workers and housewives and a lack of time in general, make it more difficult to provide their children with a healthy diet.

*“Me, for work, I get up and I cook the quickest thing: rice or pasta, spaghetti with tomato sauce, so stuff that makes you fat.”*

The participants found it difficult to say no to their children when they ask for junk food.

*“The will power, you know, to not give them these things, because this one (looking at the daughter she is holding) asks for chips when we go out, she says chips chips…”*

*“For me at least, it’s impossible, I mean I try to not let him eat junk food, because, well, I work in McDonalds and he knows that and sometimes I…we’ve gone there and he’s played on the climbing frame and he wants a happy meal so it’s: “Mummy, don’t forget to get me fries and ketchup and a fizzy drink.”*

The participants in the three focus groups felt they had little support from their partners in terms of their children’s nutrition, which reveals that nutrition is considered to be a woman’s responsibility and that fathers are not concerned about it or may even contribute to bad dietary habits,

*“So you know I, even though I taught my child to eat breakfast, lunch, dinner and all that, which is fine, but he goes out with his Dad and he like, eats, and does everything that I’ve been telling him not to do..”*

*“It’s the mums or the grandmas but the dads and the grandpas, they do nothing in the kitchen (laughs), all they do is give you the cash so you can go and buy the food, nothing else.”*

1. **Conclusions:**

There are contradictory views of the role played by institutions. On the one hand, the focus groups said that they received very little or no support to keep their children healthy in terms of nutrition and physical fitness. However, they also said that health professionals exaggerate the problem of child obesity.

It is important to point out that the information coming from institutions seems to be perceived as unclear and even contradictory by the participants who represent a sector of society with high levels of social vulnerability. Given their vulnerability and the fact that they have young children, they frequently come into contact with health and education institutions. This perception could evidence the need for changes to the practices and discourses of these institutions.

It would appear that the participants understand the meaning of a healthy diet, although occasionally they tend to only recognise healthy products as those that are advertised as healthy, which are usually more expensive, and fail to recognise food products that are cheaper and more readily available, such as vegetables, fruit, pulses, etc. This is relevant as it shows the huge influence of the media, particularly the effect of advertising in terms of modelling ideas and views about what is “healthy” and what is not.

As has been reported by other authors, the participants recognised that the neighbourhoods where they live make it harder for them to access a healthier diet and lead more active lives.

There are also elements associated with stereotypical gender roles that make it more difficult for this group of participants to provide their children with a better quality of nutrition.

The category of poverty coming from the working class discourse, is referenced as an explanation for the difficulties in following healthy dietary patterns, as opposed to the “aspirational” middle class discourse of a consumer society when they are referring to other types of consumer goods that are usually associated with higher status such as access to cable television, private school transport, computers, video games, etc.

*“Yeah you know, in the old days you bought them a wooden toy, a doll and that was that and they were quiet; nowadays, if you don’t buy them a touch, a computer, they’re like – I want a computer, a computer, a computer…”*

**References:**

ALBALA, C. & VIO, F. 2000. Obesidad y pobreza: un desafío pendiente en Chile. *In:* PEÑA, M. & BACALLAO, J. (eds.) *La obesidad en la pobreza: un nuevo reto para la salud pública.* First ed. Washington, D.C.: Organización Panamericana de la Salud

AMIGO, H. 2003. Obesity in Latin American children: situation, diagnostic criteria and challenges. *Cadernos de saude publica / Ministerio da Saude, Fundacao Oswaldo Cruz, Escola Nacional de Saude Publica,* 19 Suppl 1**,** S163-S170.

AMIGO, H., BUSTOS, P., ERAZO, M., CUMSILLE, P. & SILVA, C. 2007. Determinant factors of excess of weight in school children: a multilevel study. *Revista médica de Chile,* 135**,** 1510-1518.

BRANCHO, F. & RAMOS, H. 2007. Percepción materna del estado nutricional de sus hijos: ¿Es un factor de riesgo para presentar malnutrición por exceso? [English] Maternal view of children nutritional status: Is it a risk factor for excess bad feeding? . *Revista chilena de pediatría,* 78**,** 20-27.

BREILH, J. 2010. La epidemiología crítica: una nueva forma de mirar la salud en el espacio urbano. [English] Critical epidemiology: a new perspective for urban health. *Salud Colectiva,* 6**,** 83-101.

DÍAZ, M. 2000. Percepción materna del estado nutritivo de sus hijos obesos [English] Maternal perception of the nutritional status of obese children. *Revista chilena de pediatria,* 7.

FREEDMAN, D. A. 2009. Local food environments: they're all stocked differently. *Am J Community Psychol,* 44**,** 382-93.

LINDSAY, A. C., SUSSNER, K. M., GREANEY, M. L. & PETERSON, K. E. 2009. Influence of social context on eating, physical activity, and sedentary behaviors of Latina mothers and their preschool-age children. *Health education &amp; behavior : the official publication of the Society for Public Health Education,* 36**,** 81-96.

PEÑA, M. & BACALLAO, J. 2005. La obesidad en la pobreza: un problema emergente en las Américas *Revista futuros* [Online], III. [Accessed 21/10/2010].

SEALY, Y. M. 2010. Parents' perceptions of food availability: implications for childhood obesity. *Soc Work Health Care,* 49**,** 565-80.

SNETHEN, J. A., HEWITT, J. B. & PETERING, D. H. 2007. Addressing childhood overweight: strategies learned from one Latino community. *Journal of transcultural nursing : official journal of the Transcultural Nursing Society / Transcultural Nursing Society,* 18**,** 366-372.

UAUY, R., ALBALA, C. & KAIN, J. 2001. Obesity trends in Latin America: transiting from under- to overweight. *The Journal of nutrition,* 131**,** 893S-899S.

WIIG, K. & SMITH, C. 2009. The art of grocery shopping on a food stamp budget: factors influencing the food choices of low-income women as they try to make ends meet. *Public Health Nutr,* 12**,** 1726-34.

**Annexes:**

**Annex 1: Semi-structured script of questions for focus groups**

1. Are there problems with child obesity in this neighbourhood?
2. What are your ideas about child obesity?
3. What does it mean to say a child has…. and how can it be achieved?
   1. A good nutritional status
   2. Adequate nutrition
   3. Adequate physical activity
4. What do you think is or are the main difficulties that prevent people from achieving a good nutritional status for their children?
   1. Is it easy to access healthy food products for children in this neighbourhood? Why?
   2. Is it easy for children in this neighbourhood to do physical exercise? Why?
5. Do you believe that institutions such as schools, preschools or the municipality have taken measures to avoid child obesity? What measures?
6. Which of these actions or measures do you think have been good or successful and which have been bad or ineffective?
7. What actions or measures do you think could work well to control or reduce excess weight in children in this neighbourhood?
8. How do you think families could be supported in this task?