

Childhood obesity: coping actions in the context of primary health care

Obesidade infantil: ações de enfrentamento no contexto da atenção primária em saúde

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Abstract

Introduction: The growth of childhood overweight is a global health concern. In this context, coping actions and strategies are extremely important, based on health promotion, prevention and treatment of this phenomenon. *Objective:* to understand the health promotion actions developed in primary health care in the municipalities of the 15th Regional Health Department of the State of Paraná, to cope with overweight and childhood obesity. *Materials and Methods:* This was a descriptive research with a qualitative approach, in which managers and health professionals from 30 municipalities participated. Data were collected through a structured questionnaire and interviews and submitted to content analysis, being classified into three categories: “The School Health Program as a trigger of intersectoral health promotion actions”; “The eyes of municipal managers” and “Role of nurses in the prevention and control of childhood obesity”. *Results:* the municipalities develop intersectoral actions to promote health, mostly linked to the School Health Program. Nurses make up the professional category that stands out most in relation to this modality, limited by the overload of activities and difficulties in working with health promotion. The managers are consonant to conclude that the actions developed by the municipalities are insufficient to cope with this problem. *Conclusions:* municipalities develop some intersectoral actions to promote health, but in an incipient way. The recognition of this phase of life as ideal to the institution of those actions is undeniable and shared by managers.

Keywords: Health promotion; pediatric obesity; nursing, children's health.

Resumo

Introdução: O crescimento do excesso de peso na infância é uma preocupação de saúde global. Neste contexto, são de extrema importância ações e estratégias de enfrentamento, com base na promoção da saúde, prevenção e tratamento deste fenômeno. *Objetivo:* compreender as ações de promoção da saúde desenvolvidas na Atenção Básica de Saúde dos municípios da 15^a Regional de Saúde do Estado do Paraná, para o enfrentamento do sobrepeso e obesidade infantil. *Materiais e Métodos:* Tratou-se de uma pesquisa descritiva com abordagem qualitativa, da qual participaram os gestores e profissionais de saúde de 30 municípios. Os dados foram coletados por meio de questionário estruturado e entrevistas e

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submetidos à análise de conteúdo, sendo classificados em três categorias: “O Programa Saúde na Escola como desencadeador de ações intersetoriais de promoção de saúde”; “O olhar dos gestores municipais” e “Atuação do enfermeiro na prevenção e controle de obesidade infantil”. *Resultados:* evidenciou-se que os municípios desenvolvem ações intersetoriais de promoção da saúde, sendo a maioria vinculada ao Programa de Saúde na Escola. Os enfermeiros compõem a categoria profissional que mais se destaca em relação à esta modalidade, limitados pela sobrecarga de atividades e dificuldades em trabalhar com a promoção de saúde. Os gestores são consonantes ao concluir que as ações desenvolvidas pelos municípios são insuficientes para o enfrentamento deste agravo. *Conclusões:* os municípios desenvolvem algumas ações intersetoriais de promoção a saúde, porém de forma incipiente. O reconhecimento desta fase da vida como ideal à instituição destas ações é inegável e compartilhado pelos gestores.

Palavras-chave: Promoção de saúde; obesidade pediátrica; enfermagem, saúde da criança.

Introduction

Obesity is a chronic multifactorial disease characterized by body fat accumulation due to physical inactivity and/or excessive calorie consumption. Overweight is the pre-obesity phase, and is characterized by body mass index (BMI) between 25 and 29 kg/m²¹.

The increase in obesity in recent years highlights a worldwide epidemic. It is considered a serious public health problem, especially in childhood, being conceptualized as the excessive accumulation of body fat that causes harm to health in general²⁻³. The development of obesity in childhood may be correlated with its maintenance in adulthood³.

Overweight and obesity have grown worldwide in all classes and age groups, especially in children and adolescents¹. Worldwide, approximately 41 million children under the age of five years are overweight or obese⁴. In Latin America, about 47.2 million of the population between 0 and 19 years old are affected by overweight⁵.

In Brazil, according to data from the Brazilian Institute of Geography and Statistics, about 82 million people suffer from BMI above the recommended level, and the highest growth rates of this disease are found in the child population between five and nine years old⁶.

Therefore, to promote control actions to these diseases, it is essential to consider the political factors of society and the family, as well as to encourage

community mobilization and intersectoral support. To combat it, it is elementary to presume the behavioral changes of each individual, because they imply challenges to health professionals, who must understand their intrinsic motivations, aiming at monitoring and supporting the population in different life cycles⁷.

The regular practice of physical activities and the adoption of healthy eating habits, especially in childhood, is one of the main measures for reducing adipose tissue, acting as a protective factor against obesity and its ramifications². However, a systematic review conducted with analysis of 298 studies in 146 countries revealed that 80% of young people are not sufficiently active⁸.

Thus, the accelerated growth of obesity in Brazil and the demands arising from this scenario have been fundamental for the construction of public health policies aimed at guiding actions and strategies to cope with obesity, based on health promotion, prevention and treatment of this phenomenon. Therefore, the importance of intensifying nutritional education and stimulating physical activity is highlighted, especially in the school context, which is one of the places covered by Primary Health Care (PHC).

Therefore, and, having as a goal to verify how municipal management and primary care are involved in the control of this problem, the objective was to understand the health promotion actions developed in the PHC of the municipalities of the 15th Regional Health of the State of

Paraná, in order to cope with childhood overweight and obesity.

MATERIALS AND METHOD

Descriptive cross-sectional research, with qualitative approach, carried out within the scope of the 15th Regional Health of the State of Paraná. The region is composed of a headquarters municipality, Maringá, in addition to 29 other municipalities in the northwest region of the state, which together correspond to approximately 724,215 inhabitants, distributed in a geographical area of 6,520,995 km² ⁴.

The study included the 30 municipalities of the aforementioned region, through their respective informants. Of these, 8 were the health managers of the municipality, the other were their indications, being 16 nurses, 1 secretary, 2 nutritionists and 3 primary care coordinators.

Those were elected among the health managers, represented by the municipal health bureaus or by professionals acting in those bureaus. In the impossibility of participating in the study, they indicated health professionals, regardless of the category, whom they considered able to answer the questions.

The inclusion criterion was to have knowledge about the health promotion actions developed by the PHC of the municipality.

The research project was approved by the direction of the 15th Regional Health of The State of Paraná, and subsequently presented to municipal managers at the time of the meeting of the regional commission of bipartite inter-managers, in March 2014, which allowed a participation of all municipalities. The studied region provided a list with the contacts of the municipal health secretaries, in order to carry out the prior scheduling of visits to the municipalities and, later, the interviews.

In the interview, the presence of the intersectoral health promotion program, the existence of a partnership between the health and education bureaus to promote physical activities and body practices, the presence of physical education classes at school, the provision of physical activities in the counter shift, the School Health Program, besides the presence of healthy spaces or events were questioned.

The questions asked for the participants were: Do you participate in intersectoral actions aimed at health promotion of children and adolescents? If so, which ones? Do you develop health education for children and adolescents and their families? Explain. Do you follow the BMI of children and adolescents in your area of coverage? Detail the follow-up process. How do you evaluate the actions implemented by the municipality regarding the prevention of childhood overweight/obesity? Explain. What measures in your opinion could optimize the actions of municipalities to prevent this problem?

Data were collected from April to June 2014, through interviews conducted by a semi-structured guide, addressing the actions implemented by the municipalities, with a view to preventing childhood overweight and obesity. The informants' reports were recorded and complemented by field notes and were later transcribed and organized. The data went through an analytical process based on the content analysis technique, in the thematic modality proposed by Bardin, through the pre-analysis; the exploitation of the material; treatment of results and interpretation. In the pre-analysis, a floating reading of the collected material was performed; in the exploration of the material, the categories and the identification of the units of records were defined using colors. In the stage of results and interpretations, condensation and critical analysis of the data were performed in the light of national and international literature.

The research was approved by the Permanent Human Research Ethics Committee at the State University of Maringá, under opinion n. 623.548/2014. To ensure the anonymity of the participants, they were identified with the letter I of 'interviewee' and with Arabic numbers, according to the sequence of interviews.

The study was developed in line with the guidelines described by Resolution 466/12 of the National Health Council, through the prior instruction of all research participants and registration of their formal consent in an Informed Consent Form (ICF) in two copies of equal content.

Results

After content analysis, the data were classified into three categories: "The School Health Program as a trigger for intersectoral health promotion actions"; "The eyes of municipal managers" and "Role of nurses in the prevention and control of childhood obesity".

In the unavailability of conducting the interview, health managers indicated another professional. It is noteworthy that the number of interviewees was equal to the total number of municipalities, since there was no need to interview more than one professional per municipality.

The characterization of the health care network, as well as the characterization of the interviewees, is described in Table 1.

Table 1. Characterization of the health care network and of the interviewees. Maringá, Paraná, 2014.

Variables	N	%
Family Health Strategy Teams		
1	17	56.7
2	5	16.7
3 - 8	7	23.3
66	1	3.3
N. of Basic Health Units		
1	15	50
2	6	20
5 - 11	8	26.7
29	1	3.3
Interviewees' position		
Municipal health managers	8	26.7
Nurse	16	53.3
Basic Health Care Coordinators	3	10
Nutritionists	2	6.7
Receptionist	1	3.3
Interviewees' degree		
Complete High School	6	20
Complete College	11	36.7
Specialization	12	40
Doctorate	1	3.3
Interviewees' age range		
20-30	10	33.3
31 -40	13	43.4
41-50	6	20
51 or more	1	3.3
Time working at the post		
< 1 year	15	50
2 – 5 years	8	26.7
6 – 10 years	4	13.3
11 – 15 years	1	3.3
16 or more	2	6.7

The School Health Program as a trigger for intersectoral health promotion actions

The School Health Program (SHP) stood out among the intersectoral health promotion actions aimed at children and adolescents, being referenced by 14 participants. Thus, the SHP was pointed out as an expanded strategy that enables the implementation of health promotion actions with this specific clientele.

The managers also pointed out that, prior to adhering to the SHP, the municipalities practically did not develop any kind of intersectoral action for this purpose, and the program allowed implementing the official partnership between health and education, in favor of quality of life.

“The actions take place with lectures at schools and now, with the SHP activities”. I16

“We are starting, we start mainly after the implementation of the SHP”. I14

“It is still very small, we ended up working on other diseases. Now with the SHP, things became more focused”. I23

Regarding the activities performed at schools, the main themes reported by the professionals were related to Sexually Transmitted Diseases (STD), sexual orientation, oral hygiene, physical activity, drug use, obesity and dengue. Ten of the managers recognized that the school environment constitutes a locus conducive to the implementation of actions aimed at health promotion among children and adolescents, even among those municipalities that have not yet joined the SHP.

“They always do activities at schools, along with nutritionists.” I12

“At school, they work oral hygiene, sex education and physical activity.” I23

Only two managers reported the development of intersectoral health promotion programs with other bureaus besides education.

“They participate in the intersectoral Early Childhood Care program, as an FHS, and are involved in the intersectoral Mental Health project.” I29

“Together with the NASF, with group activities and through intersectoral actions, such as Community Gardens with the Environment Bureau, Health Fairs and combating smoking.” I27

The eyes of municipal managers

Municipal managers are aware of the scarce development of preventive actions against childhood obesity. Thus, approximately 33% of the interviewees defined the initiatives as reasonable or insufficient and were unanimous regarding the need to increase actions. The rest assumed not to carry out those actions.

“The municipality has a structure composed of parks, courts, clubs that could be better used. But the theme is still very little worked.” I28

“I think we have little time. The increasingly growing activities and the small staff end up doing only the basics.” I25

“They are just not made.” I16

“Nothing, only the doctor refers to the nutritionist. There should be more physical activities with the kids. Children should be evaluated at schools to form childhood obesity follow-up groups.” I20

“I think it can improve, I intend to work on the topic with the NASF, FHS, team of the Health Academy to discuss obese patients and prevention.” I29

The managers’ discourses showed the clarity of the understanding that health promotion should be carried out through a multidisciplinary team, however, some reports pointed to the lack of important professional categories in the municipalities.

“It is necessary to hire a nutritionist and a physical educator, to offer more guidance and more intersectoral actions.” I4

“Work the family, establish an intersectoral program, hire physical educator and nutritionist. Increase the commitment of professionals.” I12

Role of nurses in the prevention and control of childhood obesity

In relation to nurses and their participation in the context of actions to control childhood obesity, it was evident their involvement in the intersectoral activities implemented by the municipalities. Thus, only two managers reported the non-participation of the FHS nurse in the intersectoral actions of health promotion.

“I think there could be more, the problem is that there is no time... The nursing is the most active part, but it is overburdened”. I18

The development of health education activities by nurses with the clientele of children and relatives was indicated by 19 of the managers, of whom 11 stated that the nurse performs health education at schools and 10 said they do so in Home Visits (HV).

Regarding nursing consultations, only two interviewees mentioned them as a

means used for health education. Health education was also mentioned in groups, along with the nutritionist, in lectures, through partnerships with sport and in the puerperium.

“It is held with lectures, guidelines at schools and home visits”. I17

“In HV and in the Nursing Consultation”. I14

“On the day of the school meeting with parents and children.” I13

Regarding the measurement and monitoring of the Body Mass Index (BMI) of children belonging to the coverage area, 50% of managers reported the inclusion of this practice in the work routine of nurses and their teams, although they mentioned the organization of this follow-up.

“It is not done, but they are structuring this work together with the nutritionist.” I7

“No, but they are starting to deploy childcare.” I15

The managers who confirmed the follow-up of the BMI of children and adolescents by nurses, reported their link to pre-existing programs or activities such as the SHP, childcare, Food and Nutrition Surveillance System (SISVAN), Milk Program and Bolsa Família Program. Therefore, certain actions are only performed by professionals when they are imposed by programs.

“Yes, but only of the children who participate in the childcare group.” I24

“Yes. In the SHP.” I10

“Yes, in the SISVAN, Bolsa Família and Milk Program”

The statements revealed that nurses

are involved with health promotion actions for children and adolescents, but do not grasp the functions that are exclusive to them, such as the nursing consultation, whose execution was referred only by two of the interviewees.

Discussions

The fact that half of the respondents have been in the position for less than a year denotes the high turnover of managers in public positions. This datum, together with the fact that only 10% have over 10 years of performance in the function, can be an important indicator for determining the quality and effectiveness of health policies in those locations¹⁰⁻¹¹.

The initiatives described converge with the purpose of the SHP, which aims to contribute to the integral education of students in the public primary education network, through prevention, promotion and health care actions. The extended school environment is thus considered vital in children's ability building, being necessary to implement a comprehensive approach of childhood, which leads to social, emotional, linguistic and cognitive development. It has been proven that the longer stay in the school environment favors good eating practices and physical activity¹⁰.

The school environment is vital in building children's abilities, being necessary to implement a comprehensive approach of childhood, which is capable of promoting social, emotional, linguistic and cognitive development. It has been proven that the longer stay in the school environment favors good eating practices and physical activity¹¹.

In this context, it is also highlighted that health, as knowledge or behavior related to body practices, when worked in the school environment, allows establishing a rich interface of relationships and meanings for the student, whether from the individual, collective, biological, social or affective aspects¹²⁻¹³.

Few municipalities have a management with an expanded view of health and that understand the importance of integration with other municipal departments for health promotion, in terms defined by the World Health Organization itself and understood as complete physical, mental and social well-being and not only as the absence of disease¹⁴.

In this scenario, the nursing professional emerges as a link between the universes of health and education, causing joint activities to be carried out outside the health unit, favoring the access of the child-adolescent population to health services. The role of nurses together with the school community is essential for their good growth and development, enriching their school and health experience^{11,15}.

The biomedical care model that has prevailed in our country for many years has not been effective for improving the health situation, because it does not consider the influences of life habits and the environment where the Brazilian population lives¹⁵. Thus, the need to work with health promotion strategies emerges, which remains a major challenge. To this end, intersectorality is used, which in turn is closely linked to the integrality instituted in the UHS.

Integrality aims to establish partnerships between different areas, aiming at working together to achieve common objectives and goals, leading to a certain unity, even having different areas of knowledge and action, thus trying to overcome fragmentation and specialization¹⁶.

Therefore, it is important to highlight that intersectorality needs to be based on concrete programs, defined from objectives, with its own management and budgets and with evaluation procedures that allow dimensioning its impacts on health and quality of life¹⁷.

The deficiency of municipal health promotion actions aimed at the child public, admitted by municipal management, may be due to the lack of

clarity on the part of most health professionals about the concept of health promotion¹⁶⁻¹⁸.

This was evidenced in a study conducted with FHS professionals that detected that they understand health promotion actions as prevention actions, restricting them to preventive campaigns and guidance activities to patients¹⁸. Those limitations are reflected in difficulties for the planning and execution of actions, in addition to the biomedical and assistance model.

A study conducted in Paraná found that nursing professionals jointly understand health prevention and promotion actions and do them concomitantly, without being able to point out where health promotion ends and the prevention of complications begins¹⁹. Thus, it can be considered that the change in the logic of services involves transformations in the way health promotion is conceived, by managers and professionals of the network and in the search for participatory and intersectoral solutions^{16,20}.

The implementation of health education at schools was once again well referenced, studies show that nurses carry out integrated actions with schools to prevent and combat obesity, recognizing the importance of multidisciplinary actions to obtain better results²⁰. An important tool in this process is home visits, since this practice confers some benefits to the care activity with families, highlighting the approximation with the individual and his/her family, strengthening the bond between professional and user, attentive listening, and, mainly, the identification of risks in the household²¹.

All this contributes to the improvement of the quality of health care, through a more humanized approach, which provides the formation of bonds of

trust and the exchange of information between professionals and family members, supporting the construction of intervention projects closer to the reality of families²².

It is also noteworthy that the interviewees pointed out the absence of nutrition and physical education professionals, as well as work overload as impediments or hinderers of execution and planning of activities focused on overweight and obesity. Moreover, the performance of nurses or any other professional in isolation in management or even intersectoral initiatives lead to activities overload and unsatisfactory results, thus being necessary the intersectoral commitment for successful health promotion activities²³.

Conclusions

The municipalities develop some intersectoral health promotion actions aimed at children and adolescents, especially in the context of the implementation of the School Health Program, but in an incipient way when considering the magnitude of obesity and overweight problems in today's society.

The recognition of this phase of life as ideal to the institution of those actions is undeniable and shared by managers, who still encounter difficulties of a logistic and structural nature, as well as difficulties in relation to a clearer concept about health promotion.

Therefore, nurses appear as an extremely important professional in the context of intersectoral health promotion actions, with a view to articulating their work with the management of services, however, intersectorality should be stimulated to increase the effectiveness of health promotion actions.

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