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## THE IMPORTANCE OF GUIDANCE ON THE INTRODUCTION OF FOOD IN EARLY CHILDHOOD FOR CHILDREN UNDER 02 YEARS OLD

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**Abstract:** The aim of this study was to describe the stages and experience of building a tool to guide mothers and caregivers **on the importance of guidance on the introduction of food in early childhood** for the formation of healthy eating habits, guiding the food consumption of children aged 0 to 2 years. **METHODOLOGY:** This is a descriptive study, based on the experience of a pediatrician who works in the maternal-child area. **RESULTS AND DISCUSSION:** The activities were carried out within the health service itself, since due to the daily demands it would have been impossible to move the mothers and their companions to another location. The health education took place in a simple way, with the participants being divided into two groups (mothers and carers and health professionals). After the division, each member of the group (the professionals) approached a mother and a carer and asked permission to talk about the topic and hand out the educational folder. **FINAL CONSIDERATIONS:** After searching for studies, the author realized the importance of developing a light technology for mothers on the 10 steps to healthy eating for babies and children under 2, according to the Ministry of Health and the Brazilian Society of Pediatrics. This awakening to research and the exercise of critical thinking are fundamental to building a trained professional. In addition, the practical experience was the greatest incentive to delve deeper into the subject and seek solutions to the problems identified.

**Keywords:** Breastfeeding. Food Consumption. Child Nutrition.

## INTRODUCTION

It should be emphasized that “the first year of a child’s life is a very important phase for health and the formation of habits, in relation to feeding at this stage the Ministry of Health” through the “Food Guide for Brazilian Children Under Two Years of Age guides that the child should be breastfed until two years of age or more and exclusively until the sixth month of life without offering any food before” (BRASIL, 2021).

Cabral et al., 2015; Brasil, 2021 state that “the recommendation from the sixth month onwards is to offer the greatest variety of healthy foods with adequate consistency until reaching the same diet as the family”, the authors emphasize that it is also important in order to offer the best food is, “to know the categories of food in which they are classified as: in natura or minimally processed foods; processed culinary ingredients; processed foods; and ultra-processed foods”.

“There is no denying the power of exclusive breastfeeding as a guarantee of adequate and essential nutrition for the baby, followed by healthy complementary feeding, as recommended by national and international guidelines,” since its aim is to “guarantee healthy development and growth, thus avoiding diseases such as food allergies, especially allergies to cow’s milk protein” (FERREIRA, et al. 2024).

“It is essential to emphasize the importance of adequate food intake in childhood in order to prevent childhood obesity and promote healthy eating habits that will last into adulthood.” From this perspective, “nutritional and behavioral strategies should be implemented to encourage the consumption of natural foods and regular physical activity in childhood” (MUNIZ, SOUZA, GALIZA, 2024).

In light of the issue in question, **Evangelista & Gomes (2024)** state that they observed that, “despite the constant recommendations and policies aimed at a healthy diet for children, dietary inadequacies were marked in the population studied”. This reinforces the idea that “children’s eating patterns are leaning towards the increasingly early introduction of sugary foods, which are high in calories, with low nutritional value”, which in a way contributes, in the long term, to damage to the oral, nutritional and general health of these individuals.

In the study by **Ferreira et al. (2024)**, it was noted that no research has been carried out at national level and in the field of Primary Health Care, “a fact that raises a reflection on the gateway to the Unified Health System”, thus raising awareness of the need to carry out research and actions in this area in order to strengthen the ties between families and health professionals and the development health promotion actions with regard to encouraging exclusive breastfeeding up to six months complementary breastfeeding up to two years or more and encouraging adequate and healthy complementary feeding.

The aim of this article is to describe the stages and experience of building an instrument to guide mothers and caregivers on **the importance of guidance on the introduction of food in early childhood** for the formation of healthy eating habits, guiding the food consumption of children aged 0 to 2 years. The activity was carried out in the obstetrics and paediatrics unit of a medium-sized hospital in the Rio Grande do Sul Carboniferous Region in 2024, and the theme was chosen by the author based on his experience and concern about the humanization of childbirth.

## METHODOLOGY

This is a descriptive study, based on the experience of a doctor working in the public health service. The choice to report the experience came about because it makes it possible to describe the experience based on interpretation, objectivity and the foundation of theoretical support. The experience took place during daily activities in 2023 and 2024.

The study was carried out at a public health service located in southern Brazil. This health establishment is a reference in medium-complexity and obstetric care. The study’s target audience was the maternal and child health team working in the mornings, afternoons and evenings at the hospital.

Based on the precepts Charles Maguez, the problematization methodology was used, consisting of five stages (**MITRE et. al., 2008**). The first stage involved observing reality and defining the problem. We observed the complexity of the care provided to puerperal women who sought care together with their babies, where each user/mother is of varying ages, some being in the puerperal period and others accompanying their children for routine appointments and compliance with the vaccination schedule.

In the second stage, a survey of **the** key points was carried out, in which we began to reflect on **the importance of guidance on the introduction of food in early childhood** for the formation of healthy eating habits and the food consumption of children 0 to 2, as well as the importance of building a tool to guide mothers. Regarding good practices in the light of **food introduction in early childhood**. At this stage, we assessed: each mother’s knowledge of the correct age for starting foods other than breast milk; knowledge of what foods they can offer their babies; and whether the mothers had received information about the importance of exclusive breastfeeding up to six months of age.

In the theorization that makes up the third stage, it was time to seek more elaborate answers to the problems encountered, based on information based on scientific studies, which state that the “development of good practices regarding the correct and adequate introduction of food for children under 02 years old”, well as, “contributes to the process of correct feeding so that the mother feels welcomed and can, within her financial conditions, know how to choose the correct foods to offer to her babies, thus ensuring healthy growth and mitigating possible problems in the near future related to the correct eating habit (CARVALHO & SILVA, 2020)”.

In the fourth stage, hypotheses for solutions were raised using the researched content. The hypothesis found as a solution was to build a tool to guide mothers on good practices regarding **the importance of guidance on the introduction of food in early childhood** for the formation of healthy eating habits and the food consumption of children aged 0 to 2 years, as well as an educational activity with the multidisciplinary team, mothers and caregivers to raise awareness of good practices regarding the introduction of food from the age of 6 months.

The fifth and final stage of Charles Maguez's Arc is to intervene in reality in order to solve the problem identified. In this way, an educational folder was produced, “Up to the age of 6 months, the advice is to give the child only breast milk, no need for water or tea. If the mother is unable to breastfeed due to some contraindication, she will offer infant formula, in the quantity prescribed by the pediatrician. In any case, avoid giving cow's milk at this age, as it can lead to serious complications for children. From the age of 6 months, food is introduced with fruit at snack times and salty porridge (remembering not to use salt) at lunchtime. From 8 months onwards, salty porridge is introduced at dinner time. From the age of 12 months, you can start feeding the family,

provided, of course, that the family eats a healthy diet, with low salt intake and little consumption of fried and processed foods.

After handing out the brochure individually to each mother or caregiver and member of the multi-professional team, brief discussions were held on subject in a short time so as not to jeopardize the team's activities and keep the mothers for a long time.

After each mother and member of the multi-professional team was approached and given the folder, the participants had the opportunity to express their opinions on the subject, clarify doubts and suggest possible changes.

## RESULTS AND DISCUSSION

She emphasizes that the experience proved the importance of health education actions aimed at promoting health with excellence from the perspective of nutrition from the age 6 months. It is believed that these actions should be carried out in the most diverse settings, especially in Primary Health Care, which is responsible for the entire period from birth to the ageing process, known as the life cycles.

According to Vilanova et al. (2014), health promotion is “understood as a combination of educational and environmental support that aims to achieve actions and living conditions conducive to health and that involve the formation of attitudes and values that lead individuals to autonomous behavior, benefiting their health and that of those around them”.

By seeking out different, scientifically proven and up-to-date knowledge, activities were developed for the maternal and child nursing team, pregnant women and those accompanying them. It is worth emphasizing that when health professionals seek improve themselves, they are putting into practice the improvement of their technical, scientific, ethical and cultural knowledge, for the benefit of the person, family and community and for the development of the profession (RIBEIRO et al. 2016).

Considering the work process, maternal and child health routines and the short time available to the professionals, the action took place on alternate days from 9 to 10 am, 3 pm and 4 pm. It was made up of nurses, nursing technicians and mothers and their respective companions.

The action was primarily aimed at mothers with children under 2 years of age and the multi-professional team, as it is based on the experience of mothers and the multi-professional team during the birth, growth and development of the child. However, the mothers and caregivers were very interested in the subject and became very involved in the actions.

The activities were carried out within the health service itself, since due to the daily demands it would not be feasible to move the mothers and their companions to another location. The health education took place in a simple way, with the participants being divided into two groups (mothers and their carers and health professionals). After the division, each member of the group (the professionals) approached a mother and a carer and asked for permission to talk about the topic and hand out the educational folder.

The folder highlighted 10 steps to healthy eating for babies and children under 2 years old, according to the Ministry of Health and the Brazilian Society of Pediatrics, adapted from.

**Step 1** - Give only breast milk until 6 months, without offering water, teas or any other foods.

**Step 2** - From the age of 6 months, gradually introduce other foods keeping breast milk until the child is 2 years old or older. During this period, the diet should be based on fruit, cereals, tubers, legumes, meat and vegetables. Eggs (whites and yolks) can be introduced at this stage. Note that mothers often already offer their babies foods that contain eggs. There are no 6 reasons to delay.

**Step 3** - After 6 months, complementary foods can be offered, such as cereals, tubers, meat, legumes, fruit and vegetables, three times a day while receiving breast milk and five times a day if “weaned”, i.e. using only age-appropriate milk formula and guided by a pediatrician.

**Step 4** - Complementary feeding should be offered without rigid timetables, always respecting the child's wishes. But it's not all party time, you know! It is important that there is a regular interval between meals (2 to 3 hours). It's also important to avoid giving food during breaks so as not to disturb the main meals. “Often children don't want to eat on time because they've been given non-nutritious food beforehand.”

**Step 5** - Complementary feeding should be thick from the start and offered with a spoon. Always start with a paste-like consistency, such as porridge and puree, and gradually increase the consistency until you reach the same consistency as the family food. During this period, the GAG reflex may occur, which is a defense mechanism present in all people, similar to the urge to vomit - don't be alarmed, it's normal in the first few days or weeks. Even if a cough appears, know that this is also normal. This is because he has never eaten these foods before.

**Step 6** - Offer your child different foods every day. A varied diet has to be colorful. But what if the child refuses some food? What should you do?

Offer it again at other meals. Did you know that it takes an average of eight to ten exposures to a new food for it to be accepted? Repeated attempts are the certainty of success.

**Step 7** - Encourage the daily consumption of fruit, vegetables and legumes at mealtimes.

**Step 8** - Avoid sugar, coffee, canned food, fried foods, soft drinks, petit suisse cheese, instant noodles, sweets, snacks and other treats during the first few years of life. Always use salt



in moderation. 7 Salt in a baby's diet is recommended from the age of 1 and sugar from the age of 2. These foods seem harmless, but they're not. Some foods suppress a child's appetite and are associated with anemia, excess weight and food allergies. Young children cannot try all the foods consumed by the family.

**Step 9** - Take care of hygiene during the preparation and handling of food, ensuring that it is properly stored and preserved. It's important to wash your hands thoroughly, take care of food and utensils, especially baby bottles.

**Step 10** - Encourage children who are ill or recovering from illness to eat, always offering them their usual diet, their favorite foods and respecting their acceptance.

**Zorzi (2025)** states that at 6 months, start with fruit porridge, scraped, mashed or cooked, without adding sugar. "Fruit can be offered in the morning, as a snack between the main meals or as a dessert. In the sixth month, the first porridge will also begin, at lunch or dinner, combining one food from each group." The "second porridge will be introduced from the seventh or eighth month". "In the initial phase of food introduction, it is important for the family and caregivers to be calm about acceptance." The aforementioned author stresses that this is an adaptation phase. It should be started with two or three tablespoons and gradually increased according to acceptance.

The feedback provided by the professionals who took part in the activities with the mothers and carers was very positive, with acceptance and appreciation of the knowledge built up, with deep reflections identified through the speeches. Thus, it was found that a Health Education activity, based on the real needs of the target audience, can bring about significant changes through critical reflection, and thus promote better health care for users who are often fragile in the process of caring for a baby. It should be emphasized that the

orientation and planning of the activity based on a real problem identified in the practical experience were fundamental in supporting the action.

## FINAL CONSIDERATIONS

In the context of health education in relation to promotion and prevention, this study highlights the importance of mothers discussing PHC, since this is where all the contact of the life cycle in its different phases begins, as well as monitoring throughout the period from gestation to aging, it is emphasized that raising a discussion with mothers is of great value, in order to ensure that these women will in fact understand the importance of introducing food at the right time.

Knowing which foods are recommended for each stage of a child's life, as well their benefits, will help to ensure that children's diets are adequate to meet their nutritional needs. To this end, it is important to offer fresh or minimally processed foods, such as fresh fruit, proteins and healthy fibers to assist in the efficient and effective feeding process, promoting reflection on the issue in question.

With regard to scientific publications on the subject, during the study we found a few works in the Brazilian literature on the subject. Therefore, it is believed to be extremely important for health professionals to carry out more studies on good practices in humanized labour and birth care.

By searching for studies, the author was able to see the importance of the 10 steps to healthy eating for babies and children under 2, according to the Ministry of Health and the Brazilian Society of Pediatrics. This awakening to research and the exercise of critical thinking are fundamental to building a trained professional. In addition, the practical experience was the greatest incentive to delve deeper into the subject and seek solutions to the problems identified.

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