

THE IMAGINARY OF FAMILIES OF SCHOOLCHILDREN ON EVERYDAY HEALTH PROMOTION

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ABSTRACT

Objective: to understand the imaginary of families on health promotion, as well as its limits and strengths in the family routine.

Method: a qualitative research of the descriptive-exploratory type. It was conducted with 12 families whose children attend a Municipal preschool and elementary educational center. Data collection was conducted between October and November 2018 by means of individual semi-structured interviews. The material was organized by coding the information until reaching the sense nucleus of the text, thus discovering the classes and their connections. Data analysis involved processes of preliminary analysis, ordering, key connections, coding, and categorization.

Results: three subcategories emerged: The imaginary of fathers and mothers about health promotion in the family routine; Strengths that can contribute to the promotion of health in the family routine; and Limits of the families to promote health in the family routine.

Conclusion: from the perspective of the imaginary, the importance of this research strengthens the possibility of sustaining strategies which favor an improvement in the everyday life of these families, further reinforcing community health to attain a healthy lifestyle.

DESCRIPTORS: Health promotion. Family. Children. Child obesity. Everyday activities. Nursing. Disease prevention. Family nursing.

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IMAGINARIO DE FAMILIAS DE ESCOLARES ACERCA DE LA PROMOCIÓN DE LA SALUD EN EL COTIDIANO

RESUMEN

Objetivo: Entender el imaginario de las familias en el fomento de la promoción de la salud, así como limitar y fortalecer es la rutina familiar.

Método: investigación cualitativa, del tipo descriptivo-exploratorio. Se llevó a cabo con 12 familias cuyos hijos pertenecen a un centro educativo municipal de enseñanza pre-básica y básica. La recolección de datos se realizó entre octubre y noviembre de 2018, mediante entrevistas semiestructuradas individuales. El material se organizó codificando la información para alcanzar el núcleo de sentido del texto, descubriéndose así las clases y sus conexiones. El análisis de los datos involucró procesos de análisis preliminar, ordenación, conexiones clave, codificación y categorización.

Resultados: Tres subcategorías surgidas: El imaginario de padres y madres acerca de la promoción de la salud en lo cotidiano familiar; Fuerza que puede contribuir para promover la salud en la rutina de las familias; y límites das familias para promover la salud en la rutina familiar.

Conclusión: Desde la perspectiva del imaginario, la importancia de esta investigación refuerza la posibilidad de sostener estrategias que favorezcan una mejora de la vida cotidiana de estas familias, reforzando aún más la salud comunitaria para lograr un estilo de vida saludable.

DESCRIPTORES: Promoción de la salud. Familia. Niños. Obesidad infantil. Actividades cotidianas. Enfermería. Prevención de enfermedades. Enfermería de la familia.

IMAGINÁRIO DAS FAMÍLIAS DE CRIANÇAS EM IDADE ESCOLAR SOBRE A PROMOÇÃO DA SAÚDE NO COTIDIANO

RESUMO

Objetivo: compreender o imaginário da promoção da saúde nas famílias, bem como seu potencial e seus limites no cotidiano familiar.

Método: pesquisa qualitativa, do tipo descritivo-exploratório. A pesquisa foi realizada com 12 famílias cujos filhos pertencem a um centro educacional municipal de educação pré-escolar e ensino fundamental. A coleta de dados ocorreu entre outubro e novembro do ano de 2018, por meio de entrevistas semiestructuradas individuais. A organização do material realizou-se codificando as informações para alcançar o núcleo de significado do texto, descobrindo assim as classes e suas conexões. A análise dos dados envolveu processos de análise preliminar, classificação, conexões principais, codificação e categorização.

Resultados: emergiram três subcategorias: o imaginário de pais e mães sobre a promoção da saúde no cotidiano familiar; potenciais que podem contribuir para promover a saúde no cotidiano das famílias; limites das famílias para promover a saúde no cotidiano da família.

Conclusão: a importância desta pesquisa reforça, na perspectiva do imaginário, a possibilidade de apoiar estratégias que promovam a melhoria do cotidiano dessas famílias, reforçando ainda mais a saúde da comunidade para alcançar um estilo de vida saudável.

DESCRITORES: Promoção da saúde. Família. Crianças. Obesidade infantil. Atividades cotidianas. Enfermagem. Prevenção de doença. Enfermagem familiar.

INTRODUCTION

The World Health Organization (WHO) considers that Health Promotion targeted to young people, especially younger adolescents, has great potential to foster health in the population. Fostering healthy behaviors is an effective way for the youth and their families to better control and improve their health. It is so that, among other groups, sports are considered an important and healthy alternative for the youth. On the other hand, it recognizes the need to expand the knowledge on health so that the population can better control it and treat diseases by managing risk in the best possible way. The communication strategy allows for greater access to information, improving the knowledge on health, health-related decision-making, perception, and risk evaluation.¹

The alliance established between the health centers and the educational institutions is of great relevance. It is expected that they advance collaboratively in the elaboration and execution of a work plan for the health center with the preschool level, as well as with the Municipal and maintained schools, coherently with the guidance provided by the Health Promoting Educational Institutions (*Establecimientos Educacionales Promotores de Salud*, EEPS) and by the City's Educational Plan.²

From the family perspective, parents are their children's model; if we want children who take care of themselves, we must set the example in the practice. If we do not have self-care habits in our routines, we are conveying to our children that it is not something important to lead a full life. Resigning one's own needs and putting oneself in the last place is considered a sign of low self-esteem. Taking care of our health, eating well, practicing sports, having a space for personal care, or enjoying leisure activities is one of the most powerful messages that we can convey to our children. Enjoying life, verbalizing the moments when we really enjoy, is to convey positive emotions that will brand for life the physical and emotional self-care of our children.³

According to the WHO, in 2016, 41 million children under the age of five were overweight or obese. In the same year, there were also more than 340 million overweight or obese children and adolescents (from 5 to 19 years old). Worldwide, in many countries obesity and overweight present a high and increasing prevalence since the early years of life. Currently, Obesity is a global health problem, reason why we speak about Globesity.^{1,4}

Chile has not remained aloof from this phenomenon, presenting a significant increase in its obesity and overweight rates, a situation that has drawn the attention of the governments. Although it has been approached as an urgent problem, the public policies that were launched have not yet managed to revert the high obesity rates. The Nutritional Map of the National Board for School Help and Scholarships shows that the prevalence of obesity is of 24.4% for 2018, with a similar percentage for overweight, resulting in 51.7% of overweight individuals. Magallanes is the leading region regarding this rate, with 33% of the students with obesity and 13.3% of morbid obesity, a tendency which is repeated in the South regions of the country.⁵

In the last 100 years, a strong urbanization process occurred in Chile, in which most of the rural population moved to the cities. The result has been a drastic change in the eating habits of the population, with more calories derived from highly-processed foods containing sugar, refined carbohydrates, sodium, and saturated fats. The current nutritional situation in Chile is related to the economic and sociodemographic changes both in diet and in lifestyles.^{2,6}

Everyday life is the object of study in the different scenarios of Nursing and Health research, which allows approaching an expression of a way of life in a given context. Consequently, and paradoxically, daily routines are not only a scenario but, above all, it they integrate the scenes of living and co-living.⁷

The daily routines are the way of living of the human beings that is evident in everyday life, expressed by its interactions, beliefs, values, symbols, meanings, images, and imaginaries, which

describe their process in life, in an initiative to stay healthy and not falling ill, punctuating their life cycle. There is certain pace that characterizes our way of life, influenced both by the must-be and by the needs and wishes of everyday life, which is called the rhythm of life.⁷

It is observed that people lead more sedentary lives, burning fewer calories daily; hence we see the importance of incorporating healthy life habits in the children's routines, since that contributes to good health. Currently, Chile is characterized by a marked decrease in malnutrition, by an increase in obesity, and by risk factors for non-communicable chronic diseases.⁸ Thus, it is important to intervene at early ages, avoiding the risk of increasing the number of future illnesses.⁹

Due to the increase in childhood obesity in the Magallanes Region, research work with the families of preschool and elementary boys and girls is important, in order to know the limits and strengths they have for health promotion in their family routines. We shall understand as strengths the advantages that allow taking an opportunity or facing a threat; and, as limits, those limitations that prevent facing a threat or taking an opportunity.⁹ Additionally, it is pertinent to consider the Imaginary as a common source of emotions, feelings, affections, and ways of life by self-identifying and by identifying oneself in the other.¹⁰

When reflecting on Health Promotion in the family routine, it is feasible to wonder: What is the imaginary of fathers and mothers about Health Promotion in the family routine? What are the families' limits and strengths for Health Promotion in the family routine of preschool and elementary boys and girls?

This study was designed with the aim of understanding the families' imaginary of Health Promotion, its limits and strengths in the family routine of preschool and elementary boys and girls, in a school from the *Barranco Amarillo* sector, Region of Magallanes and Chilean Antarctica.

This study sets out the premise that health problems are also related to people's everyday life, their interactions, beliefs, images, and symbols constructed in society life. Its purpose is to help expand the construction of the Nursing knowledge which implies care, teaching, research and extension, with health promotion as the driving factor of family care, expanding and reasserting the importance of studies on the theme.

METHOD

This is a study with a qualitative approach, in the descriptive-exploratory modality, based on Michel Maffesoli's Comprehensive Sociology of Everyday Life. From this proposal, the objective of science is to open mutual comprehension and to promote tolerance and sensitivity towards other ways of describing and explaining events.¹¹ The Comprehensive Sociology of everyday life seeks to understand, not to explain, social phenomena, valuing everyday knowledge and common senses,¹⁰ involving the way of living of the individuals and social groups in their imaginary, sublimating sensitive reason.¹²

Anonymity of the study participants was guaranteed with the Informed Consent. In the record for each participant, the letter "E" for student ("*estudiante*" in Spanish) was assigned, followed by the numerical code according to the sequence of the interviews, thus avoiding identification.

The study locus was a municipal preschool and elementary educational center located in the north exit of the city of Punta Arenas, Chile, at kilometer 8 ½ North, *Barranco Amarillo* sector.

The representatives of the 12 families in this study voluntarily agreed to participate, after the researcher presented the study to them in a proxy meeting which is held in that school once a month. When they agreed to their participation, they signed consent documents, and the interviews were held in their homes.

The inclusion criteria to participate in the study were being over 18 years old, with children enrolled in the 2018 academic year, as well as agreeing to welcome the researcher in their homes.

Data was collected by means of semi-structured interviews, following a script with questions, which were digitally recorded (recorder). The interviews were conducted between October and November 2018, and lasted approximately one and a half hour each. Work was conducted with a field diary to help build the data interpretations; notes were taken in each interview with the following codes: Interaction Notes (*Notas de Interacción*, NI), Methodological Notes (*Notas Metodológicas*, NM), Theoretical Notes (*Notas Teóricas*, NT), and Reflexive Notes (*Notas Reflexivas*, NR).

After collecting and recording the interview data, they were digitally recorded and transcribed in their entirety into Word format. Data analysis involved processes of preliminary analysis, ordering, key connections, coding, and categorization.¹³ Text clippings were performed, thus generating recording units; the material was coded seeking to attain the sense nucleus of the text, so that the meaningful classes, their characteristics, and their connections were unveiled. Three categories emerged: The Imaginary of fathers and mothers about health promotion in the family routine; Strengths that can contribute to the promotion of health in the family routine; and Limits of the families to promote health in the family routine

RESULTS

Profile of the research participants

The participants of this study were eight mothers and four fathers responsible for 12 families, with an age range between 28 and 53 years old. The families had the following characteristics: four are couples (no civil union), one has its parents separated, and seven are married couples. Their number of children varies from one to four. The parents had different professions, distributed as follows: bilingual (English and Spanish) secretary, Nursing technician, three housewives, foreman (construction chief), seamstress, gas installer, kindergarten education technician, confectioner, machinist, and cab driver. As regards their schooling level, three attained eight grade (elementary school); two, fourth year (high school); one, second year (high school); one, third grade (elementary school); one, higher education; and four, professional technician level. Regarding the children's characteristics, boys and girls participating in this study, 17 were preschool and elementary students in the 2018 academic year, being ten boys and seven women, with an age range between 5 and 12 years old. They attended kindergarten up to 6th grade (elementary school), distributed as follows: one pre-kindergarten student, one kindergarten student, two 1st grade (elementary school) students; five 2nd grade (elementary school) students; one 3rd grade (elementary) student; two 4th grade (elementary school) students; four 5th grade (elementary) school students; and one 6th grade (elementary school) student. No anthropometric assessments were performed on the pupils. The responsible individuals of the families contributed information on the pupils' weight and height, data through which very few cases of obesity and overweight were verified.

The Imaginary of fathers and mothers on health promotion in the family routine

The imaginary of the family on health promotion in the family routine emerges in the fathers' and mothers' reports. They show how, in their daily routines, the families are concerned in "trying", one way or another, to perform physical activities or implement changes in their eating habits in the family environment, always "trying" to contribute to Health Promotion.

Jogging, going out for a walk, going out for jogging, walking is what they demand anyway walking two hours a day two hours a day (E9).

It can also be physical well-being that is permanently staying physically active either walking riding a bike or any other related kind (E11).

The reports reveal to us that health promotion is intimately linked to the pre-established imaginary of healthy eating. As such, images emerge which represent the quality of life of the family, that is, family health.

Eating healthy stuff, not junk, that healthy food I know are the casseroles the desserts, tea, it's a healthy food not to gain weight (E3).

Starting to eat better, starting to leave aside much of the issue that it has to be big pasta, big meat, that we're trying to quit sugar anyway (E5).

About eating healthy eating well for their health for their well-being (E8).

From their imaginary, they set forth their doubts, of what it is to speak about Health Promotion. It is when they receive information on how to take care of themselves, and what is related to a healthy lifestyle:

It's the guidance that it gives us, that they provide us to lead a healthy life (E1).

It's like when they put the posters (E10).

Publicize what is being done, right! [...] Nationwide for health care, that is especially promoting healthy lifestyles. To promote is to take care of yourself, if you're sick, to promote healthy lifestyles (E2).

Form the families' imaginary, the metaphors of health promotion emerge as a cycle, a wheel. If something fails, health "goes down".

It is a cycle in its entirety, it is like a wheel: something fails in health prevention and "everything goes wrong", it makes no greater interference, it is like a chain.

In the statements of some participants, we can also observe that there is lack of knowledge. They say "I don't know" or "I don't understand" in their speeches.

Strengths that can contribute to health promotion in the family routine

Among the strengths that can contribute to everyday health promotion, based on the speeches provided by the families, the following elements stand out: The strengths refer to the following: The search for healthy eating; Guiding the children not to eat so much; Instilling the mentality of healthy eating and well-being; Health promotion begins with oneself – (Proactivity).

It's what we're starting to do now, starting to eat better, starting to leave aside much of the issue that it has to be big pasta, big meat, ... we're trying to quit sugar anyway because we were very good at consuming sugar [...] To generate healthy life among us (E5).

To explain that she doesn't have to eat so much to my daughter. I try to teach her (E6).

It's trying to instill a mentality in the people, of eating healthy, of eating well for their health, for their well-being (E8).

I believe that starting with yourself [...] the children basically [...] they have their bicycles that can help them do exercise, mi younger daughter and her granny constantly go to zumba which they do here in the neighborhood center, so my granny does some exercise (E11).

It is worth mentioning that the parental or family model exerts a strong influence on the biopsychosocial health condition of the family members. This is equally true in the formation of risk factors and of protective factors, in their beliefs, and in the expectation of the family. The following speeches derive thereof:

Being in good health [...] It is motivating they are my two sons... they're what they need all the help because they're growing up (E4).

For the father and mother to be there... if we're fine our daughters are going to be fine, if we're down our daughters are going to be down (E3).

It is motivating they are my two sons [...] they're what they need all the help because they're growing up they are in good health (E4).

Limits to promote health in the family routine

In the imaginary of fathers and mothers, among the limits to promote health in the family routine, the temptations to indulge in unhealthy eating stand out.

The temptations suddenly we eat a hot dog, which is not healthy, suddenly we fell like drinking unhealthy drinks, we dive into the cookie with sugar, bread, dough, those things (E1).

They prefer preparing easy foods, junk, French fries, hamburgers and all that kind of things (E2).

It is difficult to establish a limit or contrast between the habits or customs and the imaginary of what is healthy in the routines of these families, in relation to health promotion:

We're quite a bunch in the house, suddenly there are different ideas and things like how to treat certain themes and certain customs, we have different customs and that kind of weakens a little the theme of prevention in health (E2).

We're not used to physical activity (E5).

The accelerated rhythm of contemporary life is shown as a limit for health promotion. The theme of lack of time emerges.

Physical activity is kind of well-varied because or suddenly I'm not there or when I am I want to rest. I believe that it's not even lack of time, but, it's not wanting to [...] I'm all day seated, because of my work, all day in the car, simply there's no exercise, zero physical activity (E11).

Another limit pointed out corresponds to the images of what it is to be healthy transmitted by different family generations.

When I have healthy stuff I eat all that I find, because I know it's not going to do me any harm and if I get fat, 'as I am', I gain weight but healthy. My granny used to say that if you find something to eat, something that'll do you no harm you don't put yourself any limit [...] because in the end it's not going to do you harm because it's something healthy (E6).

The families report that they do not choose certain food products that could be healthier due to their higher cost. Thus, in relation to these economic issues, it is difficult to lead a healthy life for it demands from the families an expenditure which surpasses their budgets.

Buying healthy stuff..., the thing is that it's very expensive here. In sum everything is expensive, especially the healthy stuff. It's difficult to lead a healthy life (E6).

As I tell you, commerce, if it is but commerce here, it's not like in the North in Santiago, eating healthy that is fruits and vegetables, it's impossible (E10).

DISCUSSION

Seeking to understand the imaginary, we can observe each family by their words, their way of thinking and of living, and by their reflections on health promotion. The imaginary is that entire world of meanings, of ideas, of fantasies, memories of perceived or unperceived figures, the values, the beliefs, that merges with the images. It is an ambivalent force that joins the emotional and rational aspects, where the human being is immersed and social life is molded.¹⁴

Image is a cosmological reality, it is the collective that allows bringing to bear the multidimensional potentialities of each person, in a joint manner. This imaginary is also a reference both for the interactions that involve the health of the families and for the healthy being.¹⁴⁻¹⁵

The data presented allow us to understand how each person and each family has their own beliefs, values and knowledge, who somewhere hears or reads new ways of understanding and performing health care. As this participant reports, "it's like when they place the posters", thus generating a communicational dynamics that leads to learning new ways of caring for their health and for their surroundings, which juxtapose or impose on the inherited knowledge and practices with respect to what is good or not as regards health.

Knowing which food products are healthy and which are not can foster favorable behaviors and environments in preschool children on food selection and consumption, as well as respect for the prevention of risk factors related to childhood obesity. In small children, prevention usually yields better results than those offered by the Health Promotion programs.²

By essence, the family has a self-care nature, which seeks to “understand and foster health promotion to create other ways of caring”.¹⁵ In this sense, Nursing takes on a fundamental role to value users’ knowledge, understanding their values, beliefs, experiences, and life events based on an open-dialog relationship so that information and guidance are not clearly limited to the user, as well as the perspective of the elaboration of healthy ways to care for family health.¹⁶

When they express how they understand health promotion, the traits of their imaginary permeate through their self-declared knowledge. The social imaginary portrays a system of meanings that is inherent to every community, whose senses represent a network of meanings that enable cohesion of the existing environment/disarray. This refers to the manifestations of the symbolic dimension, even the imaginary uses the symbolic to express itself, it reflects social practices that materialize beliefs, rituals, and myths.¹⁷

As such, the imaginary is configured in the routines of these families, dictating customs and care actions in everyday life. Such care actions appear in the mothers’ and fathers’ speeches when they report on their eating habits.

An eating preference involves a complex interaction between family and social influence and the environment the child is immersed in. Apart from the association between preferences, to the tastes, and the access to knowledge on the food products.

Health Promotion practices can be activators of strengths in the elaboration of measures that result in the strengthening of the subjects and of the collectives, in the expansion of their autonomy, and in fostering participation in and use of the health networks.¹⁸

The adoption of healthy lifestyles, such as regularly practicing physical activity and healthy eating, is directly associated with health promotion, since this latter seeks means to improve the individuals’ quality of life. However, it is necessary to consider its determinants and conditionants, as highlighted in the Ottawa Letter. They are certain health pre-requisites, which include peace, adequate economic and nutrition resources, housing, a stable ecosystem, and sustainable use of the resources.¹⁹

In the current society, an increase has occurred in the intake of hypercaloric food products, as well as a reduction in physical activity, as a result of the change in behavioral patterns that lead to more sedentary lifestyles typical of life in the cities. In turn, the importance of empowering the families through Health Education, as well as of fostering personal skills and self-esteem, is fundamental to favor health, a fundamental promotion tool in the contexts of Primary Health Care and of education.²⁰

Health care begins within each person, as a concern for taking care of oneself. And the concern for care appears when it is important that someone else exists. Consequently, it is necessary to devote to that person, to participate in their destiny, their searches, their sufferings, and their successes in life. Then, to care means concern, effort, attention, promptness, jealousy, and good manners. We are in front of a fundamental action, a way of being in which the person comes out of themselves and focus on the other utmostly and with and concern.²¹

In post-modernity, being together is not a reason, it is a feeling experienced by the people who integrate in a group, being part of the “tribe”. In many aspects, feelings are the most irrefutable reality of our time, being used both for doing good and for doing evil.¹⁰

It is important to highlight family co-living, or “being together”, happy moments, enjoying with the family, taking into account certain values that guarantee happiness and union, for the balance and health of the nuclear members of the family.²²

Care can be understood as a configuration of practices with meanings. The notion of configuration allows us to think in actions that converge to the conformation of a related skill, interweaving and following certain logic or organization which includes and tries to visualize tensions and overlappings with other structures of signification in everyday life. When we speak about care actions and caring, we do not refer to a neutral concept but to one that materializes inequalities and differences, reason why it needs to be reflected upon in order to create well-being from the social policies and the interventions by the public institutions.²³

The strength lies exactly on the fact that each of the actions is, simultaneously, the expression of certain alienation and of a certain form of resistance. It is a compound of triviality and exception, of slowness and excitement, it is the place of a real feeling of reappropriation of existence.¹⁰

The feeling of being together, caring for the children, providing them with a good education and good health strengthens, cultivates and fosters the bonds, the manners for a good social relationship. It is there that it is taught to respect, to care for things, to manage sadness and happiness. Shared maternity and paternity represent an important advancement, boost the opportunity of more egalitarian relationships and of new socializing models in the educations of sons and daughters.²⁴

In this sense, we are living times of great cultural, and technological transformations, among others, which call us to adjust our outlook on this emerging reality. More than ever, it is necessary to stimulate each human being, involving their strengths.¹³

The sociodemographic, social, and community characteristics of the parents can influence on issues like the frequency with which they practice physical activity and on how they feed their children.²⁴

In the data presented, a number of decisions emerge clearly, such as the impulse to eat food products they identify as unhealthy, being stated by the participants, who also report food options they eat at their homes. It can be interpreted that health care is increasingly difficult every day, due to diverse food options available in the market and to the fact the most common preferences are for fast foods.

Many parents have to divide among the multiple work and household duties, and they find it more practical to offer fast food to their children. Nutrition is an important conditioning factor for children's growth and development; consequently, it is very important to guarantee them an adequate nutritional intake, as well as to educate them on a healthy lifestyle, an effective health promoter. Among the most functional strategies to attain this goal, the following can be mentioned: establishing a regular time schedule for each meal, serving varied and healthy food, setting the example by eating a healthy diet, discourage quarrels with food as a center, encourage the children to participate in the process of food elaboration or selection, always following the guidelines of a balanced and healthy diet.²⁵

Undoubtedly, the family is the main nucleus of social life where children and adolescents grow up. Many of the habits, values, beliefs, and lifestyles that will be present, to a greater or lesser extent, in the adult life of the person are established in the family. For this reason, the family is one of the most important cornerstones for the promotion of healthy habits. As stressed by the FAROS Foundation, the ideal way to promote better eating habits and healthy activities in the children is by involving the whole family. This approached centered on the family simply means that everyone, both parents and children, work together as a team to attain a healthy life.²⁶

Through the statements of fathers and mothers, the reports show the habits and customs of the participating families of the study, being that it is them, as responsible adults of each household, who exert an influence, to a greater or lesser extent, either for deficient nutrition or for healthy eating. They also account for the importance of trans-generational beliefs associated to eating excesses and their effect on health.

Together with the eating habits, sedentarism is another of the main factors with an effect on health and quality of life. Sedentarism is defined as performing less than 150 minutes of physical activity

a week, either vigorous or moderate. Among the multiple studies conducted around sedentarism, several of them signal that various factors associated to diverse diseases could be prevented by practicing physical activity at least fifty minutes a week.²⁷ According to the information collected among the participants of this research, they are people with sedentary habits. The reasons they point out as preventing them from engaging in physical activities are the following: lack of time, followed by lack of motivations; tiredness due to their jobs; and lack of habit. Therefore, for many of them the idea of practicing physical exercise ends up being a sacrifice.

The reports explicitly point to the economic restrictions as an important obstacle to health promotion, quality of life, and being healthy. It is evidenced that the family strategies are precarious as regards establishing actions focused on promoting healthy lifestyles and habits and on health promotion.

In order for the families and, the smallest boys and girls in particular, enjoy a quality and healthy life, it is necessary to strengthen the efficacy of the health promotion strategies. This implies developing policies and formulating strategies, actions, and interventions which go beyond a sectorial logic of the health scope. Only new approaches of inter-sectorial policies will be able to act on the social conditioning and determinant factors of health, with an interdisciplinary support, with adequate inter-sectorial coordination at the local, regional, and national levels, and with an Open Government approach, in which the effectiveness of the mechanisms for citizen participation and accountability is enhanced. Persisting on bureaucratic initiatives will not boost the development of healthy lifestyles among people, families and communities, in the spaces where they live, study and work.²⁸

In this context, health promotion must be based on a solid articulation between the logics of the health and educational teams and institutions. This is one of the challenges that must be solved to advance towards efficient and effective health promotion strategies.¹⁴

Health is essential for personal, social and economic development, emerging as a crucial component of quality of life. Political, economic, socio-cultural, environmental, behavioral, and biological factors can favor or impair health.²⁹ As such, the studies and the knowledge developed by the social sciences warn us that work must be conducted with the families, strengthening their knowledge, helping them face and overcome the limits and obstacles they experiment, both in their imaginary and in their routines, in order to be effective spaces for the promotion of a healthy life.

CONCLUSION

This study sought to understand the imaginary of the families on health promotion, with its limits and strengths in the family routines of a specific group of boys and girls in the South of Chile/Chilean Antarctica, Magallanes Region. The relatives' imaginary, a set of actions and interactions that is a component of the families, expresses different customs and habits that can be favorable or unfavorable to health. This proves that, to promote health, the focus is healthy eating, knowing how to eat, engaging in physical activity, knowing the limits, obstacles, socioeconomic situation, and beliefs.

Nursing has an important social commitment to fulfill in the field of Health Promotion, especially in the school setting, which is not limited to offering education on nutrition, in order for the individuals, families, and populations to maintain healthy eating habits; also, to convey scientific information and studies that allow favoring the understanding and importance of some prohibitions or reductions and the increase in the intake of certain food products. It is necessary that it allow knowing the existence of public policies and programs targeted at the well-being of human beings, with their accomplishments and failures, as well as with their successes and limitations. Additionally, it is relevant that Nursing imposes itself the challenge of developing actions towards and with the families, coordinated and articulated among the technical teams and health/education professionals, that provide them with

information and education opportunities as regards healthy habits, always considering the social determinants.

The study allows setting out that, to reinforce the families' knowledge, the nurses need to further involve in the quality of life practices with educational interventions targeted not only to provide information and guidance but, above all, to favor reflection and analysis of various aspects of family life and society, in order to develop the necessary ability and strengths in the families. It is definitely advisable that other studies are conducted on the theme of the Imaginary and the everyday routines in Family Health Promotion, as well as that these research studies include the reality of the imaginary and the everyday routines in the health professionals themselves.

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NOTES

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CONTRIBUTION OF AUTHORITY

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CONFLICT OF INTEREST

There is no conflict of interest.

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