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DIET AND HEALTH IN THE PERSPECTIVE OF ADOLESCENTS: CONTRIBUTIONS FOR HEALTH PROMOTION

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ABSTRACT

Objective: to describe the social representations of healthy eating and to analyze the relationships established with health.
Method: an exploratory and descriptive study, with qualitative approach that applied the Social Representations Theory. A semistructured interview was conducted with 31 adolescent students, aged 10 to 13 years, from a municipal school in Rio de Janeiro (Brazil) from September to November 2013. The Alceste software was used to analyze the two classes of greater statistical significance.
Results: adolescents choose foods with higher fat content, with faster preparation time and more sugar. They care about health, but they prioritize pleasure and taste. They establish a relationship between diet, body weight and health, understanding that fat people are more prone to diseases.
Conclusion: healthy eating is conceptualized by what adolescents consider good or bad for their health, but this evaluation is not directly related to their eating practices. The contradictions between knowledge and practice are evidenced in order to guide propositional interventions with this population group.

DESCRIPTORS: Adolescent. Feeding. Health promotion. Body weight. Psychology, social. Nursing care.

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ALIMENTAÇÃO E SAÚDE NA PERSPECTIVA DE ADOLESCENTES: CONTRIBUIÇÕES PARA A PROMOÇÃO DA SAÚDE

RESUMO

Objetivo: descrever as representações sociais sobre alimentação saudável e analisar as relações estabelecidas com a saúde.
Método: estudo exploratório, com abordagem qualitativa que aplicou a Teoria das Representações Sociais. Realizou-se entrevista semiestruturada com 31 adolescentes escolares, com idade entre 10 e 13 anos, de uma escola municipal do Rio de Janeiro (Brasil), no período de setembro a novembro de 2013. Utilizou-se o *software* Alceste para análise dos dados, sendo analisadas as duas classes de maior significância estatística.
Resultados: adolescentes optam por alimentos mais gordurosos, de preparações rápidas e com mais açúcares. Preocupam-se com a saúde, mas priorizam o prazer e o paladar. Estabelecem relação entre a alimentação, o peso corporal e a saúde, entendendo que pessoas gordas estão mais propensas ao adoecimento.
Conclusão: a alimentação saudável é balizada pela concepção do que os adolescentes consideram bom ou mau para a saúde, mas essa avaliação não está diretamente relacionada com suas práticas alimentares. As contradições entre saber e prática se evidenciam para orientar intervenções propositivas junto a este grupo populacional.

DESCRITORES: Adolescente. Alimentação. Promoção da saúde. Peso corporal. Psicologia social. Cuidados de enfermagem.

ALIMENTACIÓN Y SALUD EN LA PERSPECTIVA DE ADOLESCENTES: CONTRIBUCIONES PARA LA PROMOCIÓN DE LA SALUD

RESUMEN

Objetivo: describir las representaciones sociales sobre alimentación sana y analizar las relaciones establecidas con la salud.
Método: estudio exploratorio y descriptivo, con abordaje cualitativo que aplicó la Teoría de las Representaciones Sociales. Se realizó una entrevista semiestructurada con 31 adolescentes escolares, con edad entre 10 y 13 años, de una escuela municipal de Río de Janeiro (Brasil), en el período de septiembre a noviembre de 2013. Se utilizó el *software* Alceste para análisis de los datos, siendo analizadas las dos clases de mayor significancia estadística.
Resultados: adolescentes optan por alimentos más grasos, de preparaciones rápidas y con más azúcar. Se preocupan por la salud, pero priorizan el placer y el paladar. Se establecen relaciones entre la alimentación, el peso corporal y la salud, entendiendo que las personas gordas son más propensas a la enfermedad.
Conclusión: la alimentación sana es balizada por la concepción de lo que los adolescentes consideran bueno o mal para la salud, pero esa evaluación no está directamente relacionada con sus prácticas alimentarias. Las contradicciones entre saber y práctica se evidencian para orientar intervenciones propositivas junto a este grupo poblacional.

DESCRIPTORES: Adolescente. Alimentación. Promoción de la salud. Peso corporal. Psicología social. Cuidados de enfermería.

INTRODUCTION

Nutrition and diet are topics of public health interest, as they affect billions of people around the world, whether due to malnutrition, overweight or obesity. These conditions are associated with high rates of chronic noncommunicable diseases and / or deaths of children, adolescents and adults, and are therefore essential focus areas for improving the health of the population.[1] Therefore, food is one of the most important modifiable factors to reduce the risk of chronic noncommunicable diseases, and should be included among the priority health actions, especially in adolescence as it is involves the consolidation of practices and transition to adult life.

In order to classify adolescence in Brazil, the chronological criteria of the World Health Organization was adopted – as between 10 and 19 years of age – as well as the Child and Adolescent Act, whose classification is between 12 and 18 years old.[2] Puberty begins between 10 and 14 years of age, and intensifies nutritional demands, and therefore, diet plays a fundamental role in growth and development during this period.[3]

Adolescent nutrition and diet occurs through a network of interactions, with a strong influence from the media which leads to an increase in the consumption of low nutritional quality foods.[4] It is observed that the adolescents´ choice of food is not always related to what is healthy, but rather to what is socially acceptable by their group, which is then encouraged and reinforced by marketing and advertising.[5]

Inadequate eating practices are not new, so much so that 23 years ago, problems related to the excessive or unbalanced consumption of nutrients in diets were identified.[6] In the current decade, food consumption occurs in a variety of ways and in different preparations for adolescents, which include vegetables and fruits, but treats, high-calorie foods, high in fat, sodium and simple carbohydrates like sugar, low consumption of fruits, vegetables and vegetables are still quite evident.[7–8]

Results from the National School Health Survey (NSHS), performed with adolescents from public and private schools in all Brazilian capitals, revealed a high percentage of adolescents who frequently consume - five days or more per week - foods rich in sugar and fat associated with sedentary habits such as the frequent use of electronic gadgets and watch television for long periods of time. These data refer to adolescents who attend public schools and were present on the day of the research, but corroborate others found in national surveys, which identified the trend of increasing prevalence of overweight among children and adolescents, which has been occurring at an alarmingly rate over the years.[9–10]

Adolescents relate food directly to the worship of the perfect body, which influences their attitudes and habits, drawing attention to conflicting feelings about the dissatisfaction and young obsese adolescents rejecting their own bodies, negatively reflected in their social relations.[11]

Adolescence is a time where lifelong customs and habits are formed. A healthy diet leads to fewer complications in adulthood and preventive measures related to food are mostly educational and easy to implement. Therefore, nursing, together with other health professionals, play a fundamental role in proposing and carrying out educational actions that encourage adolescents to choose nutritious foods and adopt healthy eating habits.

The act of eating is full of representations, both in relation to the importance it has in aggregation, commemoration, as well as its importance for survival, in addition to medicalization linked to health and also to body aesthetics.[12] Such representations permeate groups of humans, from adolescence to senescence, as eating is an important act in the daily life of individuals.

The study of social representations is fundamental for work with vulnerable groups, since it assists in understanding health behaviors and practices, with transformative potential for prevention and care.[13] This is especially the case with adolescents, since the adolescent process involves complex

psychological issues and social changes and the influence of the environment in which they are inserted in, which are significant in the formation of their character, thoughts and habits. Information on topics of interest contribute to (re)configure representations and form a person capable of critically analyzing their actions and consequences in relation to health.

Studies on dietary practices are important for the implementation of chronic disease prevention programs. They are essential as they show the cultural and social characteristics and the tastes of the people; however, research on the adolescent perspective is still scarce, and therefore studies with this population and their family context are of paramount importance.[14]

The objectives are: to describe the social representations of healthy eating in adolescence and to analyze the relations established with health.

METHOD

A descriptive and exploratory field research with a qualitative approach, applying the Social Representations Theory.[15] 31 adolescents of both sexes, enrolled in a municipal school in Rio de Janeiro (Brazil), included in the Health in School Program (Programa Saúde na Escola - PSE) participated in the study. The inclusion criteria were: to be an adolescent between the ages of 10 and 19, either sex, active enrollment, preserved verbal communication, and attend school activities during the period of data production. The exclusion criteria were: have some cognitive, emotional or verbal communication impairment that prevented participation; be absent from school activities for any reason.

The data were produced from September to November 2013, by means of individual interview and the application of a form whose first part collected the identification data of the participants, such as: age, sex, color by self-declaration and information on social class, based on the Brazilian Economic Classification Criterion, which proposes a stratification of the families and forecasts purchasing power among other things.[16]

This criterion lasted until 2014 and was based on the declared family income, and on the amount of household comfort and instruction of the head of the household, classifying the families in the stratums from A to E, with classes A, B and C having subdivisions in 1 and 2, and classes D and E were those with the lowest purchasing power.[16]

The second part consisted of a semi-structured script, with open questions which intended to explore the knowledge and healthy eating practices: what they consume, whether they like it or not, what they consider healthy or not.

The data coming from the form were organized into tables and charts and analyzed with simple statistical and percentage features. The content of the interviews was submitted to the ALCESTE software (Analyze Lexicale para Context d'ensemble de Segments de Texte), version 2010. This software analyzes textual data, quantifying them to extract meaningful structures and access essential information. This allows the description, classifcation, assimilation, and identification of the topical organization of a text through lexical analysis, accessing the existing relationships between the lexicons that compose them, without losing the context from which they come.[17] Each class brings a set of lexical set together (analyzable words), whose presence is expressed in Khi2 and the meanings can be analyzed in the set of speech fragments of the participants selected by the software to form the classes, called Elementary Context Units (ECU).

This research complied with Resolution No.466, of 2012, of the National Health Council, and prior authorization was obtained from the institution in which the study was conducted.

Alphanumerical characters were used to identify the participants (F and M for females and males, followed by the interview order number and age). All participants signed an assent form, and their parents and / or guardians signed the informed consent form. In order to meet the objectives

of this article, the results refer to classes two and three, which are also those that have the highest statistical significance.

RESULTS

The age ranged from 10 to 13 years, and 12 females and 19 males; 35.4% (n=11) declared themselves as black and only 9.6% (n=3) said they were brown. The predominant economic classes were D and E, totaling 32.2% (n=10) and 29% (n=9), respectively. Also included were those who belonged to class C representing 16% (n = 5) and 22.5% (n=7).

The processing performed by Alceste showed a 78% use of the corpus with formation of four lexical classes. Class 2 comprised 36% of the corpus and added 169 ECUs and 85 analyzable words. Class 3, with 18% of the corpus, added 83 ECUs and 72 analyzable words.

These classes deal with the construction of conceptions regarding the type of diet adopted by adolescents and the relationship with health. The lexicons with the greatest association to class two show the knowledge that justifies the food practices, thus expressing the social representations of adolescents: what they understand about food, what is right or wrong, and the consequences of these practices in relation to health and disease. They also show the classification of people according to body weight, fat and slim, as demonstrated in Table 1.

The words that represent foods and their preparations, mostly fatty and fast food, in addition to referring to their relationship with health are listed in class 3. The words that compose this class show the relationship between the knowing, liking and doing evidencing the meanings the adolescent has in relation to eating, as seen in Table 2.

Table 1 – Statistical association of representative words of class 2, stated by adolescent students. Rio de Janeiro, RJ, Brazil, 2013. (n=31)

Words	Khi²
Fat	86
Slim, thin	62
Person, people	56
If	55
Heavy, weigh, weight	48
Sick	47
Become, becoming, became	44
To have	37
Energy	28
Healthy, health	27
To have	27
Body	25
Matter, important	24
To be	20
Disease	20

The first strand presented in class 2 relates to the eating practices adopted by the adolescent in their daily life, based on the amount of food consumed without worrying about quality: *It is not what the person eats, but how much they eat* (F02, 10 years). *The person's weight depends on how much she eats. If she eats a lot she'll get fat. Slim people don´t eat a lo*t (M22, 10 years).

The adolescent associates the exaggeration in the consumption of foods with diseases, and the images seen as negative to health, like being fat: *fat people eat a lot and slim people don´t eat a lot* (M17, 10 years). *If the person eats a lot, they get fat, eat a lot and any food. Slim people eat less, so they have more disposition, they run more, you know. I have an aunt who eats a lot of hamburgers and she's really fat. She doesn´t have the strength to climb the stairs and I think this is bad* (M23, 10 years).

In addition to this quantity-based construction, the adolescent relates the type of diet adopted as a defining characteristic of health status, whose exaggeration or lack is characterized in a negative way, the search for balance, the ideal being to be healthy. This association leads them to elaborate conceptions that relate weight to their state of health: *fat people are unhealthy... Slim people are neither healthy or unhealthy, fat people have more diseases because they have to do that operation in the belly, and the slim person doesn´t have to do this, so, it is better* (M17, 10 years). *I am very thin and I eat a lot and my mother does not eat anything and is fat*. *Fat people are healthier because they are strong and so they have less disease* (F30, 10 years).

On the other hand, there is a deconstruction of this knowledge, which shows the adolescents' uncertainty regarding what is beneficial to health and the influence of their experiences and social relations in relation to their understandings about the image of what it is to be healthy, from the

Table 2 – Statistical association of the representative words of class 3, stated by 31 adolescent students. Rio de Janeiro, RJ, Brazil, 2013. (n=31)

Words	Khi²
Vomit, vomiting, vomited	56
Yellow biscuit	54
Hamburger	38
Bad	33
French fries	33
Say	24
Chips, salty	22
Mine	21
Friends	21
Pizza	18
Relationship	18
Friend	17
Fats	16
Classmate	15
Do	14
Yellow	14
Guaraná	14
Guaravita	14
Adolescent	14
Biscuit	14

association of their statements to their reality: *the person who eats well looks good and their body is normal, they are neither fat nor thin. My aunt is not healthy, she is fat and can´t do anything, she lies down all day* (M09, 11 years old). *Disease can happen to anyone, no matter if they are fat or thin. If you gain weight, you do not have a problem, you only have a little more weight. Health has nothing to do either. Not eating food is the problem, because sometimes when I do not eat, I get a headache* (M16, 11 years old).

This ECU shows how the adolescent created the image of a healthy strong individual who has energy to perform activities, who has a balanced weight, and is neither fat nor thin, called normal. The teenager establishes a positive relationship between food and health, and understands that it necessary to eat a balanced diet to be healthy, understanding body weight as a determinant of health: *I will feel my belly rumble and I will not be able to run or play ball. If I do not eat when I grow up, I will have to eat a lot and I will get fat and sick* (M-22, 10 years old). *People who eat well are strong and do not get sick (M19, 11 years). Eating is good for your health, because otherwise you can get sick and if you eat, you get better because your body does not look bad and you have more energy and strength* (M17, 10 years old).

Adolescents demonstrate knowledge about the types of food classified as healthy and unhealthy and show the possibility of changes in eating habits: *my diet can change because I can change the hamburger for fruit and decrease the soda and be healthy. It is important to do it so that I do not get sick* (M09, 10 years). *I could not change because I think it's good and it does not matter because I've never been sick* (M16, 11 years old).

The ECUs illustrate speeches that address two states: get sick and feeling unwell related to exaggerations in the consumption of certain foods. They refer to blood-related diseases, more common in the adults they know or live with. It is also observed that, although the adolescent eats in this way, she establishes a negative relationship between these foods by calling them rubbish: *I am too fat and I want to be thinner. My weight is high. I'm afraid of getting diabetes* (F30, 10 years old). *Bad when she eats a lot of hamburgers, mousse, pizza, fat and chocolate. My friends just eat unhealthy food, sometimes people eat biscuits in the classroom and the teacher tells them to stop so that they don´t vomit, just like a friend of mine* (F26, 10 years old).

They list a series of foods and drinks, evaluated them, but are unaware of the diseases that can be triggered in this process: *foods like hamburgers, pizzas, chips, biscuits, and different types of soda. I eat them. I don´t think my diet is very good. Depending on what I eat, I will be sick or not* (M23, 10 years old). *So, the doctor said my (blood) levels were high. After that I tried to stop eating, to not eat so much, but if you let me I will still eat a lot* (M04, 11 years). *I could eat less fries because it has too much fat and bad for cholesterol, it can give you heart problems. We like to eat a lot of meat and salty chips* (M21, 10 years).

The characteristics that exists in these ECUs is the duality of consumption, pleasure and the enjoyment of the way they eat, taking over the overlapping conceptions of what it is to be healthy: *teenagers like apples, pears and grapes, but they like pizzas, hamburgers, chips, biscuits more. And a a lot of soda. They eat because they like it and do not care much about their health, but I know it's bad, I do not know why, but I know it's very bad* (M19, 11 years old). *In fact, I do not like these salad things, vegetables, I prefer to eat hamburgers, fries and pizza* (F05, 11 years old). *The biscuits are very bad for your healthy, but they are so good so it is difficult. Teenagers eats a lot of hamburgesr, fries, and most of the time they eat them with ketchup. I do not know if it is bad, it depends on the quantity. If it's too much, it's okay. They eat a lot of chocolate stuffed biscuits that are very good* (M12, 11 years old).

The quantity and quality relationship is also established and related to the types of food and how they are prepared. The explanation of this relationship by the adolescent is defined by exaggeration

or absence, understanding that eating a lot or too little is bad, reinforcing the ideal of balance found in class two: *and the bad thing when she eats a lot of hamburgers, lots of mousse, lots of pizza, lots of fat and lots of chocolate* (F26, 10 years old). *My friends eat very badly, because they eat a lot of yellow biscuits and drink a lot of drink soda. And they also eat a lot of unhealthy rubbish food at home. They only boil the rice, the beans and the cassava, the rest is always fried. I think that's why my grandmother is fat and has very high cholesterol* (M04, 11 years old).

The aformentioned yellow biscuit is that type of chip/biscuit easily found in any place that sells food products. One reason given by the adolescents is that to be the yellow biscuit is the worst food of all, when compared to other types of biscuits rich in sugars and fats, characterized as the ones that do less bad for health: *that one that is like Styrofoam, my colleague who got sick and vomited in the room, because he was eating a lot of this type of biscuit in the classroom* (M21, 10 years). *They eat a lot of biscuits and drink soda*. *Then they all vomit and get high cholesterol and glucose, on the verge of death* (M04, 11 years). *These yellow biscuits are very unhealthy, the healthiest ones are the cream-crackers. In order to be healthier, you have to stop eating rubbish food and fried foods too. I try to stop, I'll bring other biscuits that are better* (M12, 11 years old).

DISCUSSION

The conceptions constructed by the adolescents emphasize their knowledge developed through common sense and in the social relations with regard to the diseases, that can be triggered by poor eating habits in adolescences. This knowledge is anchored in the visual dimension of the other's health, in the way in which the afflictions are described and projected in those with whom the adolescent lives with. The adolescent develops knowledge from common sense, derived from experiences and the communication in the group, which generates a network of information based on popular knowledge that the daily consumption of fatty foods is relevant and worrying.

Class three consists of words related to some foods and their preparations, which can be seen as defining for the group – mainly fatty foods and fast food – and also refers to their relationship to health. It is identified in the ECUs that, although they are aware that the adoption of these practices contributes to the production of health, consumption is still cited and justified through the relation of well-being. The words that make up this class show the relationship between knowing, liking and making the meanings of eating for the adolescent evident. This finding is in line with the adolescent food pattern of Brazil and the world, which tends to the high energetic content of total fat saturated with simple carbohydrates, contributing to increase cardiovascular risks.[18]

The representations of the adolescents show the duplicity of meanings between what is bad for health or not, emphasizing the construction of meanings in what refers to a typical adolescent diet, giving identity to the group, when it is informed as to which every adolescent consumes. Food consumption is similar to that of their peers, and therefore is based on shared experiences in a given culture, since the choice of food is not only due to its nutritional value, but also due to influences from social interaction.[19]

The experiences of adolescents related to food and health are important and can influence the knowledge that results in bad habits. This is exemplified when the situation of an adolescent being physically sick appears in several ECUs, a fact associated with the exacerbated consumption of a yellow-colored biscuit.

Thus, the adolescents' knowledge about diet and its consequences to their bodies and health - expressing a conflict - are identified, because on one hand they inform themselves about their choices on certain foods, and on the other they know that they are not healthy. This duality is a consequence of the union of knowledge of the reified universe, which comes from different sources, and common sense, which are formed in everyday practices, justifying social representations.[20]

Adolescents have learned information about scientific knowledge, even if insufficient, and show it when they relate food to health. However, they highlight their knowledge in the constructions derived from common sense, reiterating their relations with the culture defined in the family environment. Therefore, focusing on the family is of paramount importance, so much so that a large survey in Minnesota, United States of America, shows the relationships between the eating practices of parents and adolescents and their influences - especially their body weight - creating support for health professionals to work on the prevention of both problems of underweight and obesity in adolescence.[21] The role of the family is corroborated in another research with African American adolescents and their parents, which evidences health factors such as weight, physical activity, fruit vegetables intake and shows that the parents' diet can especially prevent obesity in adolescents.[22]

It is observed that class two evidences that the knowledge and eating practices of adolescents are based on two aspects: in the diet seen as good or bad regarding the quantity and quality of consumption, as a result of eating practices, and of being fat or slim, influencing health status and body image. By combining these meanings, this class deals with the relations between food and health evidencing the knowledge of adolescents regarding body aesthetics.

The acquired scientific knowledge comes to the fore when the adolescent justifies the possibility of changes in his eating behavior; however, the strong sociocultural influence and pleasure in eating still surpasses the benefits of eating healthily.

The difficulty of changing habits can be explained by defining that no food is free from cultural associations and, being part of a cultural system, food and its contexts are full of symbols, senses and classifications that justify the need for its consumption, putting health in the background.[23]

The knowledge of adolescents is related to the taste and pleasure of eating and the types of preparations most commonly consumed. In this sense, they establish the relationship of knowing and doing, but they still prioritize the issue of liking and having pleasure in eating in a certain way. There is a mention of the amount of food eaten, and, subtly, it is observed that the adolescent shows concern with quality and to eating well, relating the type of food to its preparation.

The act of eating is cultural and food is a system of communication that expresses the identity of people and groups, attributing a moral and symbolic burden to the customer, and thus producing meanings.[24] Eating practices can represent the individual´s ways of expression and contribute both to the construction process and to the affirmation of their social identities. Eating habits are not determined solely by economic or utilitarian factors, but they are also influenced by symbolic aspects related to food, and it is necessary to consider the cognitive and imaginary dimensions of eating.

The diets of adolescents have suffered changes with a higher intake of low-nutrient foods.[25] This consumption profile is of great concern, since it is seen that the adolescents' diet is based on foods high in fat and sugars, which can have a long-term harmful effect. Currently, in the adolescent population, the levels of cardiovascular diseases have increased considerably, due to the association of inadequate eating habits and physical inactivity. Although cardiovascular disease has a clinical manifestation in adulthood, there is growing evidence that risk factors arise earlier and extend to later ages.[26]

Corroborating with the results of the research object of this article, in a school in the city of Pernambuco (Brazil), researchers interviewed adolescents between 10 and 14 years of age and verified the distance between knowledge about healthy eating and the good eating practices, whose explanations are in factors that intervene in food choices.[27]

Brazil is not the only country concerned about this issue. A survey conducted in Ghana with 313 adolescent students showed that food diversity is generally poor and that there is a significant relationship between the knowledge of chronic diseases related to diet and adolescent eating practices.

Because adolescents adopt lifestyles that negatively influence their nutrition and health, vulnerability to chronic diseases increases.[28]

From a sociological point of view, food tastes are the result of socio-cultural constructions that guide the choice of foods that express lifestyles and social structures.[29] In health education, one must consider not only individual choices, but understand these implications. It must also be considered that while controlling the food order dictated by scientific nutritional institutions, there is the abundant supply of food by the large global fast-food restaurant chains. There is also added value for the products that translate local identity, standardization of tastes and products on a global scale, and the seemingly increasing offer of individual choice while coexisting with the standardization of the products of the same transnational corporations.[30]

The individual's apparent capacity for free choice serves as a function of the system, since the market is ready to meet and produce desires. In order to think about the food order, it is necessary to know who is the main social actor behind everyday actions; *i.e.*, to reflect on the role of the market. It produces the elements that organize the symbolic structure that regulates food consumption and contemporary social relations.[30]

The meanings produced by adolescents about their diet reveal criteria of choice, ways of categorizing and separating foods into classes, valuable actions, and social norms regarding these acts. For example, in relation to what should be eaten to maintain good health and what should be avoided.

Their choices are built through a network of interactions that will determine and justify poor nutrition in relation to the adolescent´s lifelong knowledge of what is healthy or not. Research in Ghana shows that, as disease awareness increased, dietary diversity also improved in the adolescents investigated.[28]

A broad population-based study that linked parental feeding practices with the weight of adolescents, recommends that health professionals educate and train parents to promote healthy eating by providing nutritious foods that can shape healthy choices and encourage the adolescent to be autonomous in the self-regulation of food consumption.[31]

Thus, in order to encourage the adoption of healthy practices both the family and the school play a fundamental role in the diets of adolescents. Educational interventions and dissemination of information contribute to meanings about food and how people feed themselves. Therefore, knowing and evidencing the contradictions between the knowledge and the meanings that adolescents attribute to food and diet contribute to the best practices of education and health care of this social group.

With regard to adolescent health care, the challenges for establishing connections between research and care are highlighted,[32] in a way that their results can be applied to the benefit of the population groups. Nevertheless, the production of data in the school field, directly with adolescents, based on the knowledge and meanings produced by them, has the potential for greater acceptance, application and resolute intervention practices and thus also contribute to an increase in the connection between research and nursing work in schools.

This research was carried out in a specific school, thus it is necessary to expand the fields in include a greater number of adolescents, so that several groups can be expanded, thus broadening the results on representations, analyzing variables, characterizing gender, age, country and sociocultural status. Therefore, the nurse in the school environment can propose care strategies that are more attuned to the realities, according to the contexts in which the adolescents live.

CONCLUSION

Eating habits among adolescents are similar to the practices of the general population, which include a high consumption of fatty foods, with faster preparations and more sugars. Adolescents are partly concerned with their health and the benefits of specific nutrients, but they still prioritize the taste of the food. Adolescent eating practices can be determined by constraints and influences, but they are also embedded in a complex system of social and symbolic functions.

Adolescents evaluate food as good or bad, but do not necessarily apply in practice what they consider to be a good diet, this is observed in the presence of treats in everyday meals. They established a relationship between what they consume, their body appearance and their health, expressing a concern with body weight. They exemplify the consequences of eating for health through the images of being fat, unhealthy, more prone to disease, or slim, healthy.

Aesthetics is highlighted in the eating process, and the conceptions constructed between being fat or thin define the fear that the adolescent has in acquiring such characteristics, which, for them, are the beginning of the afflictions defined as states of feeling bad.

The contradictions between the knowledge and practices of adolescents in relation to food are evident and serve to guide constuctive interventions with this population group.

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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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