

FLAVORS OF CHILDHOOD: PROMOTING HEALTHY EATING IN EARLY CHILDHOOD EDUCATION

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ABSTRACT

Healthy eating is one of the most powerful practices in the context of health promotion, being one of the pillars for good child development, with a strong impact on adult life. This report deals with the experience of medical students in a health education activity aimed at children on the theme of healthy eating. The experience took place in the context of a municipal center for early childhood education with children from one to three years old. The students used tools such as games and games to provide guidance on healthy eating in a dynamic and interactive way. The action allowed the involvement between academics, children, health professionals and the school community, providing learning in a playful way and allowing academics to act in a real practice scenario, reinforcing essential principles of primary care and the Unified Health System.

Keywords: Health Promotion. Healthy Eating. Child. Health Education.

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INTRODUCTION

Early childhood education in Brazil, initially welfare in the eighteenth century, began to be recognized as a fundamental right after the 1988 Constitution and the Statute of the Child and Adolescent (ECA) of 1990. The 1996 Law of Guidelines and Bases of Education (LDB) consolidated this change, including early childhood education as part of basic education, focusing on the intellectual, psychological and social development of children up to six years of age (Ranyere; Matias, 2023).

In the basic education network, the Municipal Centers for Early Childhood Education (CMEIs) play a fundamental role in transforming daycare centers into educational spaces, promoting socialization and the cognitive, motor and affective development of children. In this sense, teachers offer conditions for them to explore and interact, meeting their needs and stimulating their integral growth (Leonardo Filho et al., 2023).

Playful activities, which involve games and play, are essential in this process, stimulating creativity, reasoning and socialization in a pleasurable way. Although playing is spontaneous, it also requires social learning and, when well structured, facilitates the teaching-learning process, developing cognitive, physical and emotional skills (Nascimento, 2012).

Recognizing the strong relationship between feeding and children's living conditions and health, with an influence on infant morbidity and mortality, international organizations have stressed the need to adopt public policies to promote healthy eating for infants and children in early childhood, based on breastfeeding and adequate complementary feeding (Einloft; Cotta; Araújo, 2018).

Over time, Brazil has advanced in this perspective, introducing policies and programs that aim to encourage healthy eating as part of a larger process of child care, focused on aspects essential to good child development. The National Food and Nutrition Policy (PNAN) and the Brazilian Breastfeeding and Feeding Strategy (EAAB) are examples of these actions that have repositioned the food and nutrition issue on the agenda of public policies in the health sector (Recine; Vasconcelos, 2011).

In this context, the Family Health Strategy (FHS), implemented in almost the entire national territory, emerged as an important tool to integrate health and education, following the principles of the Unified Health System (SUS). Coordinated by the Ministry of Health, this strategy reorganized and qualified primary health care in Brazil, and aims to bring health care and actions to communities, especially the most vulnerable areas (Brasil, 2017). This is fundamental for the success and guarantee of children's right to a healthy and integral development.



In view of this scenario, the study aimed to describe the experience of medical students in a health education activity on healthy eating with children in early childhood education.

DESCRIPTION OF THE EXPERIENCE

This is an experience report study on an educational activity, developed within the scope of the discipline Integrated Medicine to Community Health (MISCO), with students from the first period of the medical course of a municipal public institution of higher education in the State of Goiás.

The dense development of the activity is part of the students' experience in the context of primary health care, with visits to basic health units, homes of registered users and social equipment in the territory. The visits provide the opportunity to understand the needs of the local population, diversity and how social and economic factors impact the health and well-being of the community.

This practical experience was essential for understanding the strategic role of primary care in health promotion and disease prevention, connecting the knowledge acquired in the classroom with the reality experienced by the community. The educational activity was developed on November 7, 2024, at CMEI Cristiano Emídio Martins, located in the eastern region of the municipality of Goiânia-GO.

107 children aged one to three years participated in the activity. The purpose of the action was to carry out a playful activity entitled "Healthy Trail". To do this, an interactive trail was created consisting of several stages, each representing an image of healthy or unhealthy food. During the course, the children participated in a game with a dice, which, when thrown, indicated the number of houses to be covered on the trail. When falling into a house, the children were asked whether the food represented there was healthy or not, using a simple approach with the terms "good" or "bad" for health, appropriate to the age group of the participants (Figure 1).

Figure 1. Academic and child interacting on the "Healthy Trail".



During the interaction, the children had the opportunity to answer the questions, and with each answer, they proceeded with the explanation of whether that food was healthy or not, encouraging learning in a clear and accessible way. At the end of the trail, as a way of reinforcing learning, the children received an illustrated booklet, made by the students, with images of healthy foods for them to color (Figure 2 and Figure 3). The goal was to help them memorize and recognize these foods, associating them with healthy food choices in a fun way.

Figure 2. Coloring booklet prepared by academics.



The experience was extremely enriching for both the children and the academics. It was possible to observe the diversity of personalities and behaviors among the children. Some were outgoing, speaking and interacting easily, while others were shy, with a little more difficulty expressing themselves. However, all of them, regardless of their particularities, were interested and motivated to participate.

The most gratifying thing was to realize how many children were able to recognize the fruits and healthy foods present in the activity book, also identifying them in the images along the trail. Their interaction with healthy foods showed that the activity had the potential to help understand the concept of healthy eating in a playful and pleasurable way.

In addition, the activity provided an opportunity to strengthen the connection with children and understand their needs and responses to this type of stimulus. The joy and enthusiasm of the children during the activity was evident, reflecting the success of the creative and productive approach adopted.

Figure 3. Dice used in the game of "Healthy Trail".



DISCUSSION

The playful activity carried out at the Municipal Center for Early Childhood Education reinforces the importance of structured play as an effective pedagogical strategy in children's cognitive formation. Studies highlight that play facilitates the acquisition of skills such as memory, attention and language, which are essential for the child's learning and integral development (Rolim et al., 2008). In addition, playing is a powerful tool for building fundamental concepts about the world, such as learning healthy food choices, promoting habits that directly impact long-term quality of life.

The articulation between the Family Health Strategy and early childhood education schools occurs within the sphere of the School Health Program (PSE), an intersectoral



policy instituted in 2007, aimed at promoting the integral health of children, adolescents, young people and adults in Brazilian public education (Brasil, 2007). The proposal reinforces the preventive role of primary care, especially in the formation of healthy habits from the first years of life. Intersectoral actions, such as those carried out between basic health units and educational centers, have a significant impact on the construction of self-care and healthy eating practices, contributing to the reduction of chronic diseases throughout life (Brasil, 2014).

The high consumption of ultra-processed foods is currently frequent in all age groups, and becomes a worrying fact due to the harm associated with this dietary pattern (Sparrenberger et al., 2015). Another relevant point is the increase in the prevalence of childhood obesity, considered a public health problem with considerable health complications (Menezes; Vasconcelos, 2021).

The prevalence of overweight in the Brazilian child population has increased alarmingly. In the period from 1989 to 2009, the number of obese children between 5 and 9 years old grew by more than 300% (Crescente et al., 2021). In this sense, the school is a central point to sensitize children and introduce a healthy eating routine, being one of the most conducive environments for addressing this topic in a pedagogical way (Zompero et al., 2015).

In the first two years of a child's life, food deserves a prominent place. It is at this stage that eating habits begin to be formed and directly impact the behavior of the future adult. The participation of the family in this process is of paramount importance, and it is up to adults to choose healthy foods and encourage consumption by the child, and they should be involved in school activities so that they receive adequate guidance (Brasil, 2019).

Healthy food intake is necessary not only for the nutrients provided, but for the eating pattern that will be formed in the child. Habits and behaviors related to feeding, motor development and coordination when coming into contact with different textures, in addition to affective memory and bonding, are fundamental steps in the transition process between breastfeeding and food introduction (Dewey et al., 2021).

In addition, observing metabolic changes in children is another important aspect, as they can generate negative consequences in adult life, such as the presence of arterial hypertension, type 2 diabetes mellitus and cardiovascular diseases, comorbidities known for their potential for sequelae and death (Ramalho; Lamb; Ribamar, 2024).

The use of games as a pedagogical tool is appropriate in early childhood education, since it facilitates the assimilation of abstract concepts, such as those related to healthy eating. The activity also enables the observation of children's behavior in relation to the



recognition of food and their ability to apply the knowledge acquired. In addition, the direct interaction between medical students and children ensured an exchange of information and a bond, facilitating the transmission of content in a more accessible and enjoyable way.

Games and play are important in the children's learning process, however, it is extremely important that these activities are guided by a qualified professional, such as an early childhood educator. This professional has the necessary knowledge to plan, elaborate and apply activities in a correct, coherent and aligned way with the stages of child development. He is able to adapt activities to meet the diversities and specific needs of each child, ensuring an inclusive and stimulating environment (Santos; Pereira, 2019).

Health education work aimed at children should contemplate current issues and use instruments that enable the dissemination of good practices and the encouragement of self-care, such as playful activities and even the virtual environment through social networks (Nascimento et al., 2020). In addition, the nutrition approach must be associated with other healthy initiatives, such as the practice of sports or other bodily activities, articulating the interdisciplinarity of knowledge to achieve the goal of community well-being (Gonçalves, 2022).

For medical students, participation in this type of activity goes beyond community practice, promoting humanized and interdisciplinary training. The experience provides opportunities for interaction with vulnerable populations and reinforces the importance of teamwork and effective communication, skills that are fundamental in medical practice. In addition, it allows us to experience the principles of the Family Health Strategy and the Unified Health System (SUS), strengthening the understanding of the interfaces between health, education and the community (Dallabona; Mendes, 2004).

CONCLUSION

This report was about the experience of medical students in an educational activity with the theme of healthy eating for children from one to three years old. The interaction and the exchange of learning provided a broader view of the needs and challenges of community work, as well as a practical application of the principles of the Family Health Strategy and the Unified Health System.

It is suggested that educational activities be carried out continuously, involving not only the children, but also their families and the school community. The articulation between teaching-service-community is fundamental for the construction of more integrated, efficient and humanized health systems; allowing students to develop practical competencies in real-world contexts, while health services benefit from innovation and academic knowledge.



In addition, the community gains a voice in the process of training professionals and improving health care, ensuring that interventions are contextualized and socially relevant. This partnership strengthens the commitment to equity, comprehensiveness and social participation, essential pillars for strengthening the SUS.



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