

Health promotion and child obesity in the daily life of school children and families

Promoción de la salud y obesidad infantil en el cotidiano de los escolares y familias

Promoção da saúde e obesidade infantil no cotidiano de escolares e famílias

ABSTRACT

Objectives: to understand the daily life of families of boys and girls in pre-school and basic education in a school in the Barranco Amarillo sector, Magallanes and Chilean Antarctic Region; to know the experience of care related to the prevention of childhood obesity and the promotion of the health of their families. **Method:** qualitative, descriptive-exploratory study, based on the Comprehensive and Daily Sociology of Michel Maffesoli, with the participation of twelve families. **Results:** families have knowledge about good health, trying to eat healthy, but it is difficult for them to apply them because they do not find an appropriate routine, due to the higher cost of healthy foods, sedentary lifestyle, and the preference for fast foods, among others. **Conclusion:** it is necessary to establish intervention strategies in the prevention of childhood obesity, focusing on health promotion, for a dignified and healthy life.

Descriptors: Health promotion, Disease prevention, Pediatric obesity, Family, Activities of daily living.

RESUMEN

Objetivos: comprender el cotidiano de familiar de niños y niñas de enseñanza prebásica y básica en una escuela del sector Barranco Amarillo, región de Magallanes y Antártica Chilena; conocer la experiencia de cuidados relacionados con la prevención de la obesidad infantil y la promoción de la salud de sus familias. **Método:** estudio cualitativo, descriptivo-exploratorio, basado en la sociología comprensiva y del cotidiano de Michel Maffesoli, con la participación de doce familias. **Resultados:** las familias tienen conocimientos sobre una buena salud, tratando de comer de forma sana, pero les resulta difícil aplicarlos porque no encuentran una rutina apropiada, por el mayor costo de los alimentos saludables, el sedentarismo y la preferencia por comidas rápidas, entre otros. **Conclusión:** es preciso instaurar estrategias de intervención en la prevención de la obesidad infantil, teniendo como foco la promoción de la salud para una vida digna y saludable.


Descriptores: Promoción de la salud, Prevención de enfermedades, Obesidad pediátrica, Familia, Actividades cotidianas.

RESUMO


Objetivos: compreender o cotidiano das famílias de meninos e meninas na educação pré-escolar e básica em uma escola do setor Barranco Amarillo, Magalhães e Região Antártica Chilena; conhecer a experiência de cuidados relacionados à prevenção da obesidade infantil e à promoção da saúde de seus familiares. **Método:** estudo qualitativo, descritivo-exploratório, baseado na Sociologia Compreensiva e Cotidiana de Michel Maffesoli, com a participação de 12 famílias. **Resultados:** as famílias têm conhecimento sobre a boa saúde, procurando se alimentar de forma saudável, mas têm dificuldade em aplicá-los por não encontrarem uma rotina adequada devido ao maior custo dos alimentos saudáveis, sedentarismo e preferência por *fast foods*, entre outros. **Conclusão:** é necessário estabelecer estratégias de intervenção na prevenção da obesidade infantil, com foco na promoção da saúde para uma vida digna e saudável.

Descritores: Promoção da saúde; Prevenção de doenças; Obesidade pediátrica; Família; Atividades cotidianas.


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INTRODUCTION

Data from the World Health Organization (WHO) has shown that obesity had doubled from the 1980s to 2014. In this context, Chile is in sixth place in the world in childhood obesity and in first place in Latin America. Specifically, childhood obesity is one of the most serious public health problems of the 21st century⁽¹⁾.

Childhood obesity is a chronic disease, since in his adult life an obese child whose pathology is not treated will be more likely to be an obese adult, with the consequent probability of experiencing various complications in his health and quality of life⁽²⁾.

Among the factors that determine the propensity to experience childhood obesity are: birth weight, sedentary lifestyle, eating habits, cultural traditions, among others, including social, physiological, metabolic and genetic influences⁽³⁾. In relation to environmental factors, the high prevalence of obesity and overweight is associated with excessive and increasing offers of high calorie content, the increase in refined sugars and saturated fats and the decrease in physical activity⁽⁴⁾.

Currently, people tend to eat fast food and follow unbalanced diets due to insufficient time to cook. In addition, there is an increase in children's sedentary lifestyle, especially when children prioritize the use of electronic devices to which they dedicate extensive periods of time, neglecting the performance of physical activity⁽⁵⁻⁶⁾.

Health risk behaviors are associated with an increase in noncommunicable diseases. In European countries, a study shows that there is a special concern for young women, children and families, mainly because pregnant women's health behavior and early postnatal life can have profound long-term consequences for children's health. And considers that interventions to improve the diets of families with children and to be more active in physical/body practices should be encouraged⁽⁷⁾.

Understanding daily eating habits and measures taken at the family level to promote children's health contribute to actions to raise

awareness of healthy food and lifestyle habits in childhood that will be developed by primary health care professionals, as well as to meet the demands imposed by the socioeconomic situation of families⁽⁸⁾.

Given the above, this study raised a series of questions to better understand childhood obesity from the perspective of the family daily life: What is the daily life of families of pre-school and basic education children? What obesity prevention strategy does the family use with their children and in their daily lives? How does the family promote health?

The objective of this study was to understand the daily family life of children in pre-basic and basic education, and their experiences of care related to the prevention of childhood obesity and health promotion of the families of a school in the Barranco Amarillo sector, Magallanes and Antarctica region, Chile.

METHODOLOGY

This is a qualitative, descriptive and exploratory study, having the comprehensive and everyday sociology of Michel Maffesoli as theoretical and methodological reference⁽⁹⁾. The challenge of achieving processes of socio-cultural change in the complex context of the postmodern world is highlighted, to account for the diversity and specificity of the lives of ordinary people in their daily lives.

The research involved the participation of twelve families, to which a total of 17 children who attended courses between pre-kindergarten and 6th grade in 2018 belonged, in a pre-basic and basic education school, in the South/Austral of Chile. The semi-structured interview technique was applied, supported by the study questions.

Interviews ranged from 60 to 90 minutes, with data collected between October and November 2018. The following ethical requirements were met: Social Value, Scientific Validity, Equitable Subject Selection, Favorable Risk-Benefit Ratio, Independent Evaluation, Informed Consent, and Respect for Enrolled Subjects.

To carry out this study, the Scientific Ethics Committee of the University of Magallanes obtained a favorable opinion through its Resolution number 045/CEC/2018.

The research included people who met the following criteria: Parents over 18 years of age, with children enrolled in 2018, and who were willing to receive the researcher at home. Families whose children were not students at the selected school were excluded.

Background of health statistics and references of the health professional of the Family Health Center (CESFAM) adjacent to the educational establishment led the researcher to select that school. In the context of a monthly meeting of parents, with the disposition of the director of the establishment, the researcher invited them to participate in this study, exposing the objectives, theoretical approach and how the collection of information would be carried out.

To preserve confidentiality, the researcher used symbols and codes at the time of transcription of the instruments. They were identified with the letter "I" (Interviewee) followed by the numerical code according to the sequence of the interviews, thus avoiding the identification of the participants.

The grouping and organization of the data was made from the insertion of the narrative content in a table, placing as reference the research issues and the identification of the participant's serial number. Each category identified by the researcher was elaborated based on the answers provided by the participants, category, subcategory and reflective notes. Data analysis followed the method suggested by Schatzman and Strauss⁽¹⁰⁾.

RESULTS AND DISCUSSION

The family daily life of boys and girls in pre-primary and basic education

The approach to the daily lives of these families facilitated the understanding of their way of living, their ways of acting, of living together, their symbolic characteristics, values, emotions,

beliefs and meanings attributed to the formation and care of their children in everyday life.

The need for work, inside and outside the home, is a fundamental aspect of everyday life. It is a fundamental part of the development of the family and has an impact on its socialization processes. The speeches collected allow us to recognize its presence in daily life:

"I start Monday at work; I am a service assistant... I enter at 09:00 in the morning until 6:30 in the afternoon at the latest [...] and my partner also works from Monday to Friday, we arrive at 18:00 to 19:00 in the afternoon" (I1).

"My day-to-day begins at 6 a.m., it begins my work schedule at 7 a.m., and ends at 7 [at night]" (I5).

All families must schedule their days. The labor obligation derives from the need to obtain an income that allows the subsistence of the family group. This burden influences the individual and group health of those who make up the family nucleus, which must adapt to different degrees of systemic demands.

The stories expose the fundamental role of mothers in the daily lives of children, assuming the responsibility of supporting their chores every morning, helping them to dress, bathe, prepare their breakfast, take them to school, leave them on the bus, in short, taking care of and collaborating in the growth and development of their children:

"My son has lunch at school but in the morning he takes his breakfast [...] my daughter leaves here at 7:15, that's their routine" (I1).

"I wake up in the morning I worry about my daughters, take them to school to the bus [...] At 4 o'clock my daughters arrive from the bus, from school" (I3).

"The boys arrive from school at 4 in the afternoon, we check if they have any homework, something to finish, some work... we share a while, then they already play [...] and I already go to work at about 6 in the afternoon. Well, the children leave early for school, at 7:30" (I11).

Another requirement of the functioning of the family system is to prepare meals, including snacks. This is a grueling and demanding effort every day:

"I go back to the house to do things and make lunch, and that's a normal day" (I2).

"I come to my house to do my grooming and my lunch" (I3).

"My daily life, that is to stay with him and prepare food every day" (I12).

"He has lunch at school [...] But in the morning he takes his breakfast here [...] That is a routine" (I1).

Families are multifunctional in their daily lives, which they call their "day-to-day" or "routine". They describe that diversity of tasks, roles, activities and unforeseen events that arise as "very simple", not giving it so much importance. They do not highlight the vulnerability of their lifestyle, which could affect all areas of health:

"That is a day, in quotes, normal" (I2).

"There I dine, take a shower, change my clothes, and retire to my room to rest so I can start the next day. Because I am always getting up early, I start working early, I cannot go without having eaten food, I get up and I have breakfast" (I5).

"We look forward to the visit of my sister who always comes in the afternoons to have a coffee and our day-to-day lives are relatively simple" (I5).

A mother informs about her responsibility to transfer her children to extracurricular activities, which complement their education:

"Because there are days when children have extracurricular activities and we already have to be out almost all day [...] The youngest to soccer training, my older son to play the guitar" (I2).

Other stories refer that, in their moments of rest, they are distracted through the use of technologies, such as televisions, dedicating themselves to "watching novels" as a form of leisure, during the afternoons. Parents, being alone, since the children are in school, allow

spaces for relaxation and times to carry out external procedures:

"I look at a soap opera in the afternoon" (I10).

"We, in the day, are almost alone with my husband [...], the children study all day" (I2).

"I relax, we have breakfast with my wife [...] Usually, we stay here talking, or we go outside to shop, do some things, have lunch outside; we are alone, we can have lunch quietly" (I5).

The concept of "being together" accounts for a fundamental experience. The meaning of being present at important family reunion hours emerges; lunchtime is essential to talk, bond or "share a while", as they say, consolidating the family group:

"Normally breakfast is not familiar, which is lunch, el once (afternoon snack) and dinner because normally we are the four that make up the family group" (I7).

"It's staying with my son [...] preparing to eat every day, [...] every afternoon. My she dog, which is part of my family, I still take it out for a walk three times a week, in the vicinity of here in the sector. This is how my daily life is, day by day, every day" (I12).

"We take el once (afternoon snack) all together and then each one does his chores and goes to bed, we finish the day at about 21:30, 22:00 at night" (I2).

Physical activity is recognized as a healthy habit, but it is not practiced:

"Very little physical activity, because when we drive we try to stay as close as possible to the place where we are going, walking very little" (I5).

They also allude to the fact that missing or not being present in the children's activities, for work reasons (work in inflexible roles or schedules), generates negative feelings and feelings associated with not getting involved in the daily lives of their children and family:

"Your day is a little bit unfamiliar to me, because I spend a lot of time outside the house" (I5).

"I am at work all day, so, in our daily lives, it happens not to have much contact with her, only on weekends, which would be Sunday because on Saturday I work until 9 at night" (I12).

At the same time, it is worth highlighting the relevance of the individual belief system in the daily lives of some people, who consider "faith" and the existence of a God a pillar for family union, because they share ideas, activities "different from the rest", which is interpreted as being immersed in sharing and living spiritually:

Well, my family daily life is very different from the rest, we don't drink or smoke here, and we don't have parties or those things. We are Christians, we attend the evangelical church. We praise a great God, a living God who changed us one day and my children all go to worship [...] And that's my routine, working, dedicating myself to my children and all the things that are in the church, because I always go there, because we go to worship, and that's what keeps us going, faith. That, perhaps, is what happens in my family routine (I9).

In the daily life of families, vital situations occur that are difficult to overcome, involving all the members of a family, a topic discussed at a systemic level:

No, we don't go out. When we go out, it is because we have to go shopping at the supermarket, [...] If we have gone out to the countryside, to entertain ourselves, to get some air, and all that, it is because she is sick, she has a mixed anxiety-depressive disorder, so yes, now we have gone to the countryside, we have all been with the family, we have gone out [...] It has been six years since my brother died; Since he passed away my mourning, I carry it both inside and out, and it will be like that. Who knows, if I change my way of thinking. [...] Before he met me, my husband was not that person who needs a weekend to go out like other men to drink or go to a pub, to clubs, hang out with friends, barbecue, this or that, no. Because he is very calm (I10).

The story shows very well the contingencies that impact families in the modern day. Family

structures have been transformed from the extended family to the nuclear family. However, there are cases in which the extended family is preserved, in which, under the same roof, several generations of the same family group live together and share daily life, sharing roles, functions, activities and duties. Thus, different family lifestyles are being built and reconstructed, which directly affect the biopsychosocial health of each of its members, manifesting the existence of relevant morbid antecedents, which could affect one or more of its members.

"They sleep with their great-grandmother, who is my grandmother; she is the one who gets them up in the morning. Then, well, they do their chores here at home [...] My wife works, she is not the mother of the children, but she lives with us anyway, they get along super well" (I11).

The everyday is the way of living that is shown in the present, directly associated with the culture in which it is inserted. Thus, it is presented by interactions, beliefs, values, symbols, images experienced daily, which make it possible or not for the human being to grow and develop throughout life, outlining the process of living in a movement of being healthy, influenced both by the duty to be and by the needs and desires of day to day, which is called the rhythm of life and living. Daily life is not only shown as a scenario, but above all it integrates the scenes of living and conviviality⁽¹¹⁾.

The daily lives of the families in this study express a lot of contemporaneity, focusing on work as a source of income. The relationship and impact of work on family life often puts a healthy person at risk⁽¹²⁾.

On the other hand, already in the 1990s, other research pointed out that families declared the importance of work for being a healthy family member, being a condition for it, and also a way of being healthy⁽¹³⁾. In other words, work was claimed in everyday life as a dimension that builds the human being and society, and not as one that kidnaps the human beings from their family and themselves⁽¹⁴⁾.

In this way, a daily life was also manifested, that is, a way of living, with the presence of global phenomena such as technological process, including information and communication technologies, including social networks, which causes a not always healthy impact for families and, especially, children⁽¹⁵⁾.

In the daily lives of these families we can recognize that everyone is involved, both fathers and mothers, in the care of their children and their environment; in that daily life, full of work, they are concerned with their children.

Beliefs, religion, mourning, illness make up various aspects of the family's daily life, through which we observe the phenomena of the life cycle. In each person, being healthy and getting sick are present, as well as family support and sensitivity to face an illness together. One of its components is to experience changes in the functions and routines of daily life, exposing the support of the family.

Care strategies for the prevention of childhood obesity

To prevent childhood obesity, parents resort to strategies such as healthy eating, with support in the family environment being relevant to overcome difficulties and maintain a better quality of life, a healthy lifestyle:

"Obviously, the healthiest food. The zero-sugar juice, I try to bring an apple, the fruit that I have. And bring water, his little bottle of water" (I1).

"Healthy meals. In the morning his breakfast, at lunch his cazuela (meat stew with vegetables), in the afternoon his afternoon snack, which is a tea with bread, and in the evening a light meal, which is a soup. Light food, which is the main thing not to gain weight" (I3).

"Healthy meals. First of all, I do not buy a lot of candy for children, for example: koyak, sweets, cookies; very little, rather always try to have fruit, salad, healthier things, which they can eat" (I8).

"Today we had a very light lunch, light that was a brown rice with a few pieces of meat, not in

abundance, and the rest was salad. So we consume vegetables and salads most of the time" (I5).

"Good feeding. Grandparents bring them a lot of fruit all of a sudden and... occasionally a salad that Grandma makes for them, but basically that. But there is no specific strategy" (I11).

"Trying not to give her junk food, I don't know. My daughter eats yogurt, her breakfast in the morning, because I give her breakfast with hard-boiled eggs" (I6).

In these stories, rudimentary strategies aimed at maintaining a healthy diet are observed, focused on ensuring a lower intake of "sweets" (sugars and fats), since they are recognized as harmful. The daily consumption of this type of industrialized products is evident:

As for sweets, I contribute very little because I don't like to buy them sweets, because I know it hurts them very badly and what they eat is enough. The one who contributes the most to eating healthy is their grandfather, who brings them a lot of fruit all of a sudden and [...] from time to time one salad or another that she makes for them, the grandmother. That's it. But there is no specific strategy. I am not in charge of food (I11).

"Unhealthy and healthy food, they don't want to eat much vegetables, legumes... today they are going to eat healthy. I don't know, I can make an invention of a turkey ham, and I put tuna, lettuce, tomato and I make them in rolls, because they like fast food, they like it a lot" (I10).

"Fast food. He likes fast food, he really likes rice, puree, nugget, sausages, stews, gnocchi, pure things like that, which is good to eat. For example, it must be done at least twice a week" (I10).

When identifying symptoms and anxious behaviors, the mother uses the administration of chocolate bars as a strategy to minimize symptoms and control the child's condition. Each family functions differently based on transgenerational experiences and learning, independently of what is established by physical and mental health agencies and programs:

She has had too many crises, and during the week we have rested one day a week, and the rest we have spent in the clinic, all week, and now we have to ask for an hour for the nutritionist because, since she has the disorder, she has a lot of anxiety [...] what takes the anxiety away from her is eating chocolate, she sends up to two chocolate bars suddenly at night (I10).

There is an image that you can take care of your health, avoiding certain foods and leading a healthy lifestyle so as not to get sick. Experiences associated with family members have an impact on family memory:

"Trying to eat healthy, trying to lead a healthy life. Although it is difficult, because I have my mother who is diabetic and injects insulin for a long time." (I9).

The lack of preventive practices is also reported, exposing the absence of planning a healthy diet, instead resorting to routines associated with popular beliefs:

"We feed within what we believe will be beneficial for his health: fruit, vegetables, his meat quota, his yogurt, cereal, milk, beyond that we do not have a specific diet" (I7).

It is difficult to maintain a feeding routine, due to the various child rearing styles (normative establishment) and the home-stay schedules of the adults in charge:

"Give a routine: Well, the idea is that they have the topic of eating schedules marked a little. It costs a lot to give them a routine, but we try to do it" (I2).

"Routine, that is, I try to give her meals on time when she is here at home, and thus keep track of her. But yes, I still find it difficult" (I4).

In this diary, families indicate the significant influence of purchasing power in obtaining a healthy life, by establishing barriers to the purchase of certain foods or to satisfy another beneficial need for health:

Cost of living. Beyond that we don't have a specific diet. We don't eat fish, because it's so expensive. It goes more for the purchasing part than for the taste. But suddenly we bought an assortment of caldillo (fish broth) because it is the most economical, it is more accessible within the economy" (I7).

"We can't eat healthy. Between the legume and the vegetables it is the most expensive thing to eat. Here in the house I use a sweetener that is purer, I use bio salt that is very expensive" (I10).

Physical activities are carried out individually and in families, in order to collaborate with a healthy life. As a counterpart, families declare themselves as sedentary, showing mixed feelings, since this choice is directly related to the work environment of parents, since family support is a priority in the scale of needs.

"Sport, going for a walk on Saturdays and Sundays, riding a bicycle" (I3).

"Sedentary, at this time I would decree a sedentary family" (I11).

The narratives expose concerns about healthy and unhealthy eating. Food is essential to satisfy the need to survive, grow and develop. In addition, it has a direct effect on health. In quantitative terms, insufficient or excessive feeding can lead to malnutrition or obesity, and other diseases.

Some families report that they do not take care to promote health, because, due to various factors, health promotion is difficult. They indicate that buying healthy food and doing physical activities is difficult, as they are not used to these practices.

However, families express that, to promote health, they need to put some care into practice, concluding that it is necessary to review and highlight the educational, socialization and protection function that they must play.

One study evaluated, after one year, the effectiveness of a multicomponent obesity intervention program for 9- and 10-year-old schoolchildren, with a comparison group of 1,609 students and another of 1,464 students assigned

to participate in nine class sessions, six weekly out-of-school physical education sessions, and a workshop for families. The intervention reduced the incidence of obesity as measured by adiposity; the intervention can prevent 1 in 3 new cases of childhood obesity in this age group⁽¹⁶⁾.

From the excerpts of the speeches presented, it is clear that the families participating in the research show a low capacity for foresight, with a low level of planning in health promotion, rather associated with a “laissez-faire” behavior (letting go, letting go). The family priority scale focuses on the economic support of the family group and the satisfaction of basic needs, above their higher needs associated with trust, respect and self-esteem. In this regard, health promotion is essential, since it would favor the origin of protective behaviors focused on the prevention of overweight, obesity and other associated diseases.

How the family promotes health

It is reiterative in the stories collected that families seek to follow a “healthy lifestyle” and point out that they try to “eat healthy”, with enough awareness of what is or is not healthy, even though it is not necessarily reflected in the behaviors:

“Try to eat well, healthy, [...]My daughter is already aware of the things that do her good and others that do not. She handles more or less that information, that the fruit is healthy, the water. Because maybe, suddenly, there are temptations to drink, I can't deny it for everything, but yes, she knows. “No mom, a little juice already, the water is healthier” (11).

“We try to eat as healthy as possible. Because today everything you buy brings additives and things that are not natural, and within what you can, we try to eat healthy” (17).

“I try to take a little care of children in every aspect, whether in healthy lifestyles [...] Well, let him eat well” (12).

“No health promotion at all” (111).

“Water. Drink plenty of fluids. My daughter, what she drinks the most, is water, not juice, water. In the afternoon they come dry, because at school they hardly drink water” (13).

Participants value the benefits of physical activities to prevent obesity and promote health. But, they set out reasons that limit physical exercise:

“But we are still in deficit with the issue of physical activity. He is having plenty of physical activity, either at school or here, because he goes out to ride a bike. The older one, he also does a lot of physical activity “ (15).

“We are bad because we do not play sports” (16).

“Mostly we don't have a day, you know, that today we're going to ride a bike, tomorrow we're going to play ball” (17).

Regarding health care, there are findings associated with family culture and beliefs rooted in families. A mother uses and elaborates “home remedies” promoting feelings of well-being for her children when suffering from “simple” discomforts, for example, a common cold, she says:

“When they get sick, I try to make them home-made no more, so I can keep them healthy. I'm not so much about taking them to the hospital, to the medical clinic. No, more home remedies [...] when they get a cold, honey, tea with honey, pure home remedies” (14).

There are, therefore, difficulties in taking care of health, without guidelines to follow for it. There is a lack or scarce existence of information on health promotion and support in healthcare networks. The need to carry out activities to help and support the family is evident:

“Trying to lead a healthy life, although it is difficult” (19).

“There is no guideline within what is promotion [...] we do not promote it [...] clearly in what we eat” (17).

“Hard (laughs). Well, we try [...] I try to take care of the children in every aspect, whether in healthy lifestyles “ (12).

There is a direct influence of cultural and climate factors on the eating habits of families. In the Magellan region, the low temperatures and strong winds throughout the year stand out. A resident family, originally from another region of the country, indicates that the eating style of the Chilote settlers, who arrived in Magallanes since 1843, has influenced its habits, which leads it to eat more and unhealthy (highly caloric foods, high-fat proteins, etc.). It should also be noted that the Magellan region is characterized by a varied cultural and social influence of several immigrant colonies (French, English, Spanish, Croatian, etc.), so that the social and cultural factors of the geographical place have a great influence on how people live, directly influencing their daily lives how they prepare their food, their eating practices, the foods they prefer, how they take care of and promote their health.

Food: I used to be from the Fifth region and I ate less. Now I eat more, because they eat milcao, potato bread and those things are very fried, they eat much more meat and what's more, a lot of fat here [...] In Magallanes you eat more of those things because it's typical food from here [...] Facts: And here they eat more too, I don't know if the "cold" makes you eat more, but yes, yes. People eat much more than in the north [...] Culture: Everything that is the month of September, if it is not complete, is almost everything, you have to do at least twice a week empanadas (I10).

In the family group, cultural patterns are developed, in particular eating habits, which the mother socializes through the kitchen. It recreates family and social identities, domestic roles and ties, pleasure, taste and rejection of different foods. The mother is considered the main trainer of the child's eating habits, in addition to being responsible for providing adequate nutrition. However, most of the time the mother does not have enough information and does not receive support and guidance to play such a role⁽¹⁷⁾.

Randomized controlled cluster study with a 12-month intervention program recruited 40 state-funded elementary schools from urban

districts in Guangzhou, China, with a total of 1,641 first-year children. Physical activity and healthy eating behaviors were promoted through educational and hands-on workshops, family activities, and the school was used to improve physical activity and food supply. This school and family obesity prevention program was effective and highly cost-effective in reducing body mass index (BMI) z-scores in schoolchildren in China⁽¹⁸⁾.

It is essential to incorporate risk prevention and health promotion, "motivating the continuity of healthy attitudes, encouraging the reduction of diseases. To foster healthy attitudes, it is necessary to build stable links between the health team and the family. The development of qualified care is only possible in the context of the relationship between health professionals, patients, family and community, with an exchange of knowledge and the recognition of the subjectivity of the subjects, bearers of different knowledge"^(16:363-64).

Maffesoli's theoretical contribution gives coherence to the research, which manages to recover the strength of the social imaginary in the field of everyday life⁽¹⁹⁾. Object and subject integrated into everyday life allow us a holistic knowledge with respect to sensation, emotion, feeling, and the links with the thought and word of the subjects. In this context, the notion that the personal being only exists in communication with the other⁽²⁰⁾ stands out, giving the idea that all this only makes sense within a universal well-being⁽¹¹⁾.

Success in disease prevention requires several components: healthy habits, good feeding, physical activity and a healthy lifestyle. Health promotion aims to generate healthy environments, considered as community or local scenarios, in which there must be opportunities and conditions for individuals and groups to enjoy a good quality of life.

A challenge of health promotion strategies is to strengthen the collective/social approach, avoiding oversizing the individual in lifestyles⁽²⁰⁾. This research corroborates that the family is an indispensable reference of any initiative that aims to address the social determinants

of health, to achieve better results in health, quality of life and equity.

Subjects do not exist in a vacuum. When analyzing the everyday and the imaginary, it is necessary to consider all the elements associated with their geographical location, culture, family structures, belonging to a community, economy, articulation with networks and public policies. All this forms the set of social determinants that must be considered for effective health promotion.

FINAL CONSIDERATIONS

This approach to the daily lives of the families of pre-basic and basic school children in the southernmost region of Chile made it possible to reflect on our contemporaneity and care experiences related to the prevention of childhood obesity and health promotion. It facilitated understanding of the ways of acting, living, their symbolic characteristics, their values, emotions, beliefs and meanings attributed to the formation and care of their children in everyday life, contemplating dimensions such as: work, home, child care, family care, self-care, being together, inter-trans generations, religion, routine, leisure, diseases, and mourning, among others.

In daily life, families experience various obstacles to adopting practices and customs consistent with health promotion. This shows the need to review and strengthen the educational, socialization and protection functions, which will be performed by health teams with families and the community.

This research corroborates the usefulness of the Maffesolian approach for research in health and nursing, providing this discipline with a theoretical perspective that must continue to be deepened, encouraging the construction of new concepts about care in everyday life and that families are also incorporated and become familiar with knowledge and are involved in this education. It is very important to articulate education and health policies in the territories much more effectively, while recognizing the inescapable and indisputable role of families in the processes of socialization, and the creation and reproduction of styles of health care and quality of life.

The challenge is to persevere and innovate intervention strategies for the prevention of childhood obesity and, in general, for the promotion of health, and thus improve the quality of life of children and their families.

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