

“Staple food” and “children’s food”: food consumption by Bolsa Familia Program members in Curitiba-PR, Brazil

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Abstract

The Bolsa Familia Program covers approximately 50 million people in Brazil, and is recognized as the world’s largest income transfer program. Recent researches pointed out that new food products and eating habits have been introduced by the increased income, which leads to ambiguous outcomes in terms of food security. Thus, this research aimed to investigate subjective perceptions and bring meaning cores out of the discourses related to food consumption by Program members at a Sanitary District in the city of Curitiba, state of Parana, Brazil. This population was selected by the proportional random stratified sampling method, based on the universe of members of the Program living in this District. After visiting 92 homes, where the families’ statements were collected, the quantitative data were tabulated and descriptive statistics were calculated. Discourse subjectivities were brought together in the form of meaning cores and discussed according to empirical and theoretical findings. The qualitative and quantitative results revealed an increased consumption of ultra-processed foods justified by “children’s” food compensation and linked to opposition to “staple”, concurrently with the fragmented perception of “unhealthy” food and positive evaluations about the entry into the world of consumption of certain products under the perspective of the Program’s recipients investigated.

Key words: Poverty; Income transfer programs; Qualitative Analysis; Food Consumption; Feeding Behavior.

Introduction

The Bolsa Família Program (BFP), or Family Allowance Program, covers about 50 million people in Brazil, and is considered the major income distribution program in the world.¹ According to study conducted by Paiva et al.,² of various income transfer programs, BFP is one of the strategies that have contributed most to the decrease of economic inequality (a 19% reduction in Gini coefficient) and boosted the economy. The program also has positive impacts on health, and is related to a 19.4% decline in child mortality in the country.

Among the various BFP objectives, one of the most important is the elimination of hunger and food insecurity among the beneficiaries of this program. In this regard, it can be considered a successful program, given that the results indicate that by 2013 the rate of properly nourished children in Brazil was 39.6% higher compared to the early stages of the Program.³ Another recent study⁴ reveals the favorable level of financial and social autonomy achieved by BFP member women in the poorest northeast regions.

Regarding nutrition itself, in the context of the BFP, researches highlight the increased consumption of processed and ultra-processed foods, which are unfavorable to health regarding the nutritional outcome.^{5,6} Other researches emphasize that there has also been supply of fresh, natural foods, which are favorable to health and available to low-income families, although less accessible to extremely poor families.⁷ However, few researches attempted to understand the meaning of these new accessed products and processes from the perspective of the BFP beneficiaries. In this regard, the present work brings contributions to elucidate the perceptions of BFP recipients about nutrition in the dimension of consumption.

This paper derives from the study *Food, nutrition, health and quality of life of beneficiaries of the Bolsa Família Program: a case study*, which was conducted in August 2012 to July 2013 in Curitiba-PR. The main purpose was to investigate aspects of human development regarding the Food and Nutrition Security (FNS) in the management context of public policies. More specifically, one of its goals was to identify subjectivities related to the capacities expressed in health, food, nutrition and quality of life of the studied population.

Justification for this study was the need, already pointed out by Canesqui,⁸ with respect to the perspective of the Food Anthropology area to address the impact of governmental food policies focused on the poor population in order to understand their consumption practices and its relationship with the family structure. Thus, the objective of exploiting the meaning of the new eating habits derived from the financial aid received by the BFP families is justified.

Methodology

This is a cross-sectional, exploratory and descriptive study with complementarity between the quantitative and qualitative approaches, having as general objective an analysis of the elements of perceptions and opinions related to the eating behavior and its impact on nutrition (habits, beliefs, demands, daily practices) based on the income increase of people living in the Cajuru Sanitary District, Curitiba-PR.

The study population was chosen by stratified random sampling proportionate to the universe of BFP beneficiaries of each Health Service unit in the Cajuru Sanitary District, Curitiba-PR. The names and addresses of these subjects were obtained from listings of BFP recipients, as recorded in the Family and Social Development Secretary of the state of Paraná.

Based on the sampling calculation equation^a, which can be found in Triolla,⁹ produced via Microsoft Excel®, 92 BFP users residing in the Cajuru Sanitary District were randomly selected. If there were errors in the registration records, changes of address, or refusal to participate, a new complementary sample with equal number of beneficiaries was calculated.

The study individuals were contacted by home visits. The tools for data collection consisted of a Food Frequency Questionnaire (FFQ) and a guide for semi-structured interview with guiding issues to direct the conversations, called Qualitative Guide (QG).

The FFQ was developed based on the Food Consumption Markers Form for individuals aged five years or over according to SISVAN.¹⁰ In order to understand the families' consumption pattern, the FFQ was adjusted to include other foods, as reported in previous surveys with BFP beneficiaries.⁶

The QG was built based on questionnaires used in the *Repercussions of the Bolsa Família Program on food and nutritional security of the beneficiary families* research.⁶ So, these tools were designed to obtain elements for the understanding of the universe of representations, habits and attitudes of the studied subjects.

$$a \quad n = \frac{N \cdot \hat{p} \cdot \hat{q} \cdot (Z_{\alpha/2})^2}{\hat{p} \cdot \hat{q} \cdot (Z_{\alpha/2})^2 + (N - 1) \cdot E^2} = \frac{2319 \cdot 0,5 \cdot 0,5 \cdot 1,96^2}{0,5 \cdot 0,5 \cdot 1,96^2 + 2318 \cdot 0,1^2} = 92,25$$

Where: N = population size (2,319); P = Proportionate individuals' population belonging to the studied category; Q = Proportionate individuals' population who DO NOT belong to the studied category (q = 1 – p) (when this information was not available, it was adopted values for p and q = 0.5); E = Margin of error or maximum estimation error. It identifies the maximum difference between the proportionate sampling and the actual proportionate population (p) (It was assumed 10% sampling error); $Z_{\alpha/2}$ = Critical value corresponding to the desired degree of confidence. It was adopted a 95% confidence level. So, based on the universe of BFP users in the studied area (n= 2319), 92 was considered the minimum number of the individuals in order that the sample has a 10% probability error. In other words, 92 users represent a satisfactory number for the sample statistical and scientific representativeness.

The qualitative approach was chosen based on the beneficiaries' reports, because it allows revealing dimensions or marginal elements to the quantitative approaches that are not directly visible, but are decisive and strategic in the interpretation of social phenomena. In addition, according to Alami et al.,¹¹ this approach allows showing the ambivalence of most social realities. The authors also emphasized that the qualitative approach may lead to a system that explains the meaning that the subject attributes to his/her action, even if the meaning or the intention stated by the individual is only one of the causality system elements. Therefore, there was an attempt to introduce the guiding topics and issues when more details were necessary and some specific interferences when it was necessary to direct the conversation, thus avoiding direct questions or questions that might induce responses.

Besides being an interview guiding instrument, the guiding topic was applied for the development and anticipation of categories of analysis of the results. After being constructed, the preliminary data collection instruments were field tested, applied to a pilot group of the study population.

The analyzed discourses were obtained from reports collected in the homes of the subjects who agreed to and signed the Free Consent Form, thus meeting the recommendation of Health National Council's Resolution nº 466/12, which rules scientific researches involving humans, and thus were confirmed as participants of the study.¹²

The statements were recorded in a Sony ICD-PX240 4GB recorder, and were fully transcribed, codified and stored in electronic files, ensuring confidentiality of the collected information. The quantitative data were tabulated by Microsoft Excel, which performed the descriptive statistics, as well as the correlations between the variables.

The thematic analysis of the reports of the investigated subjects was carried out after an in-depth reading of the transcribed records. The meaning cores of the subjects' reports were selected, considering their social stories, allowing a theoretical analysis and a critical approach, with agreement between the research findings and the literature regarding the configurations of the lived experience on the theme in discussion. By organizing the discourse meanings, the categories that made up the analytical schematic framework of the subject matter were identified.¹³⁻¹⁵ The findings were compared with the scientific literature on the theme studied.

The research project from which these discussions derive was approved by the Research Ethics Committee of the Pontifical Catholic University of Paraná, under no. 82409/2012, and by the committee of the Center of Studies of the City Health Secretary in Curitiba, protocol no. 59/2012.

Results

Regarding the original project, the general characteristics of the population studied are described below, according to different scenarios. In the socioeconomic scenario, it can be seen (Table 1) that the majority of the sample population is white (40.2%, n=37), followed by brown (39.1%, n=36) and black people (20.6%, n=19), according to the color criterion (self-referred skin color); 66.3% are evangelicals (n=60) and 46% (n=42.5) are between 18 and 30 years old.

Table 1. Distribution of the parameters relating to the socioeconomic conditions of the Bolsa Família Program's beneficiaries living in the Cajuru Sanitary District. Curitiba-PR, 2013.

CHARACTERISTICS					
Race / color	40.2% whites	20.6% blacks	39.1% browns		
Age	46% are between 18-30 years old	38% are between 18-30 years old	8% are between 51-63 years old		
Religion	66.3% evangelicals	33.6% catholics			
Education	10.8% Completed primary school	61.8% Did not complete primary school	1% Higher technical school	5.4% illiterate	
Marital status	30.9% stable union	25% married	15.2% divorced	18.4% single	6.5% widow
Children	26% Three children	19.56% 4 children	15.2% 1 or 2 children	25% 5 children or more	
Average no. of people per household	5.4 people per household, 4 being the more recurrent number				
Average income	775.37 reais/month				
Work condition of the BFP beneficiary	48.9% Have formal or informal job	40.2%	6.5% Never worked	4.24% Retired	
Work condition of the spouse	53.2% Have a job	11.9% unemployed	35.8% do not have a spouse/do not work		

Of the respondents, 61.8% (n=57) have not completed primary school; 30.9% (n=28) live in informal union; 26% (24) have three children, and the average number of people per household was 5.4. Most of the respondents (53.2%, n=45) have a formal or informal job. Average household income was R\$ 775.37.

Table 2 shows that 36.9% (n=34) of the BFP beneficiaries earn \$ 100 to 150 reais; 80.4% (n=74) spend the allowance received from the BFP in foods and other regular expenses such as water and electricity bills, school supplies, medications, clothes and shoes. For 48.9% (n=45) of the beneficiaries, the BFP allowance corresponds to 20% of the household income.

Table 2. Summary of the quantitative indicators of income distribution, where the allowance is spent and financial impact of this money on the household income of the Bolsa Familia Program’s beneficiaries residing in the Cajuru Sanitary District. Curitiba- PR, 2013.

Allowance range	≤100 reais	100 – 150 reais	160 – 200 reais	202 – 402 reais	
No. of users	20	34	22	16	
%	21.7%	36.9%	23.9%	17.3%	
Where the money is spent	Food only	Food and others (medications, school supplies, clothing, household bills [rental, water, electricity, gas])	Household bills, school supplies, clothes and shoes		
No. of users	13 users	74 users	5 users		
%	14.1%	80.4%	5.5%		
Impact of the BFP allowance on household income	48.9% users 20% of household income	36.9% users 40% of household income	3.2% users 60% of household income	2.17% users 80% of household	1% users 100% of household income

Regarding the distribution of the access to foods, it can be seen in Table 3 that 68.4% (n=63) of the beneficiaries increased their spending on foods since they began to receive the BFP allowance. For 85% (n=78) of the beneficiaries, the increase was in the purchase of foods that children like.

Current consumption situation and food (in)security

Regarding the scope of investigation related to this paper, it was observed in general that new foods, as identified in the context of the respondents' perspective, such as instant noodles, stuffed cookies, yogurt, sweets, chocolate, meat, vegetables and pasta, have been increasingly introduced in their diets, either because of the cash transferred by the Program or the access to new shopping places (*Armazéns da Família*,^b street fairs and supermarkets).

It was possible to identify that 85% of the families spent more money in foods that will satisfy the desire of children at home (Table 3). The majority of the respondents (67%, n=61) stated that their first place of choice when shopping for foods was the *Armazém da Família*. A smaller portion of these users receive financial aids from state and municipal policies on foods security, e.g., the *Programa Família Curitibana*,^c where beneficiaries are entitled to a monthly credit when shopping at the *Armazém da Família* and local fruit and vegetable grocers, and the *Programa Leite das Crianças* (Children's Milk Program).

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- b The *Armazém da Família* (Family Grocery Store) offers food supplies, toiletries and cleaning products with prices 30% lower than the market prices to the population that earns a maximum income of 3 ½ minimum wages per month.
 - c The *Programa Família Curitibana* (Curitiba Household Program) is designed to assist families earning less than half the minimum wage per person/month, with children between zero and six years old who are out of day care, and elderly people or people with physical or mental disability living in the home, among others. The families receive R\$ 35 to buy foods and hygiene supplies in the Family Grocery Stores hold by the City Administration and R\$ 15 to spend on fruits and vegetables of the season, which are paid by the City Administration on a biweekly basis. To be entitle to this program, the child must be enrolled in a day care or school or in professional courses.

Table 3. Distribution of the accesses to foods by the beneficiaries of the Bolsa Família Program residing in the Cajuru Sanitary District. Curitiba-PR, 2013.

After receiving the financial aid from the BFP			
Foods purchase	68.4% increase	2.17% diminish*	28.2% buy the same amount
Purchase of children's foods	85% increase	1.8% buy the same amount	2.4% do not shop for kid foods
Purchase locations	67% at the <i>Armazém da Família</i>	23% in small neighborhood groceries	2.17% from itinerant peddlers (possibility of informal credit purchase)
Access to resources provided by other Programs (<i>Família Curitibana</i> and <i>Leite das Crianças</i>)	38% are entitled	61.9% not entitled	
Access to foods	60.8% reported concern about running out of food	36% are not concerned	
	16.5% reported running out of food	44.5% reported having already experienced some kind of lack of food	

*The users explained that they diminished their food purchases due to the great number of children and/or relatives who passed to live in their houses or because of unemployment.

Table 4 describes the frequency of food consumption by the BFP beneficiary families. Regarding water intake, average was 3 ½ glasses of water per person, and 8% did not drink water at all on a daily basis. This low water intake was explained by the respondents as “lack of habit” or “unpleasant taste” of the water. It should be noted that, regarding the guidelines described in the document “Ten Steps to Healthy Eating”, water intake by these families is insufficient, below the recommended levels for adult population, and may endanger the body hydration.¹⁰ On the other hand, low water intake may indicate a replacement with other liquids not always “natural”, which may be a vehicle for the intake of other nutrients such as sugars and food additives, not considered a healthy practice.

Table 4. Distribution of food frequency intake by the beneficiaries of the Bolsa Família Program in the Cajuru Sanitary District. Curitiba-PR, 2013.

HEALTH-PROMOTING FOOD PRACTICES				
FOOD	1x	2x - 6 x	7x	NEVER
Greens and vegetables (lettuce, tomato, watercress, carrot, beet, kale)	10.8%	85.61%	32.6%	1.9%
Cooked vegetables (broccoli, cauliflower, chayote, kale)	22.8%	43.4%	10.8%	43.38%
Fruits (apple, orange, banana, kiwi, watermelon)	15%	42.25%	25%	9.75%
Cereal grains such as bread and rice	0%	9.78%	96.7%	2.17%
Beef	10.8%	18.4%	56.52%	13.04%
Pork meat	33.6%	30.43%	3.2%	31.5%
Chicken meat	2.86%	73.91%	16.3%	2.17%
Fish	18.4%	7.6%	0%	72.8%
Viscera (liver, heart, kidney, gizzard)	18.47%	2.17%	1.08%	70.6%
Milk and dairy products (milk, yogurt and cheese)	7.6%	26%	59.78	15.21%
Beans and legumes	2.17%	20.6%	73.9%	2.17%
RISK FOOD PRACTICES				
Sausages, hot dog, bologna, salami	22.8%	50%	8.69%	20.6%
Stuffed cookies	19.5%	32.6%	20.6%	27.1%
Graham crackers	9.78%	39.1%	31.5%	20.6%
Fried foods (potato chips, kebab, chicken coxinha, pastel *)	17.39%	47.8%	9.78%	23.9%
Sweets (chocolate, ice cream, candies)	34.7%	28.25%	16.3%	20.6%
Packed snacks	31.5%	26%	2.17%	39.1%
Instant noodles	31.5%	26%	2.17%	28.2%
Liquor/beer	13 %	27.17%	2.17%	75%
Soda	20.24%	30.36%	8.28%	23.92%
Processed juice	7.36%	19.46%	46.9%	4.6%

(*) both Brazilian popular street foods

Regarding protective foods, it was found a higher intake of fresh vegetables (79 respondents, or 85.61%, eat these foods 2-6 times a week) and cereal grains such as rice (89 respondents, or 96.7%, eat rice 7 times a week). Milk and dairy products, beans and other legumes were the food groups mostly consumed on a daily basis (55 respondents, or 59.78%, and 68 respondents, or 73.9%, respectively).

One third of the respondents (31.5%, n=29) reported eating packed snacks and instant noodles once a week; 27.17% (n=25) consumed alcoholic beverages 2-6 times a week. Stuffed cookies (32.6%, n=30) and sausages (50%, n=46) were consumed with the same frequency (once a week). Fried foods were the most consumed foods, 2-6 times a week, by 47.8% (n=44) of the beneficiaries. Concerning sodas, 30.36% (n=42) of the respondents reported an intermediate intake of 2-6 times a week; 46.9% (n=43) reported consuming processed juices every day. Together, these last-mentioned food markers indicate consumption practices that represent a risk to food and nutritional safety.

It is worth noting that more than half of the BFP recipients (60, 8%, n=56) reported having experienced some kind of food shortage, and had to turn to relatives, neighbors or institutional social services to meet their family needs.

Current food and food memoirs

With respect to the beneficiaries' perceptions of food consumption, some health-favorable elements were observed in current eating habits, except for new items included in the purchases and consumed daily (fried foods, pasta and over-processed products). This favorable perception appears as opposed to former diets (before the Program), which were referred to as "weaker (lighter) foods", "lacking many things", which in turn refers to consumption of meat which was much lower and other basic products.

Favorable perceptions were also observed regarding the family-type meals that they used to eat when they lived in the country. About this issue, the food memory, i.e. the meals prepared by parents and grandparents are perceived as "healthier", because of the farming origin of many respondents. This "healthier" eating perception is justified by the plentiful production of fresh foods, as opposed to the foods perceived as "bad" or "superfluous", when they referred to urban foods.

Elements of the discourse also show that the easy access to foods ("everything was easier") as experienced in the past rural life completes the dimensions that characterize a favorable perception of the traditional family dietary practices. In this regard, migration from the rural area to the city

appears as an element of process, associated with impoverishment and reduced maintainability of the food cultural identity.

Another rupture is related to a limited or decreased consumption of foods considered “healthy”, such as meats, vegetables, rice and bean, especially by children. The children segment appears as a wider marker of the impact of changes in the food consumption patterns by families.

Economic access and food consumption desire by families

“Desired, but not consumed foods” include “foods different from those ordinarily eaten”, i.e. those eaten at weekends. They are chiefly represented by pasta, more refined sweets (“bakery pies and cakes”) and meats, which are food items less often consumed due to financial restrictions. Still in this dimension, another desired food behavior is “eating out” in buffet-type or *à la carte* restaurants, a habit not yet formed because of financial hindrance.

A classification that emerges in the discourses is relative to the possibility that the BFP aid represents an access to kid products. The “junk food” category is represented by a conquest in purchasing processed yogurt, cookies, snacks and sweets, as opposed to the “staple” food notion.

So, the rise in the consumption pattern provided by the cash aid received from the BFP exhibits dualities relating to the former (traditional, known, staple foods consumed in the country) and the new pattern (processed, superfluous, desired foods consumed in the urban areas).

Discussion

According to Woortmann,¹⁶ eating habits are adjustable to each group’s relations with market and depend on access conditions, having symbolic and cognitive contents relating to social classifications and perception of the human body. In addition, eating behaviors reveal the identity of those who practice them, bringing information on their social *status* and position.¹⁷

According to Maciel,¹⁸ such habits and behaviors, besides “nourishing the body, express ways of living and lifestyles that serve as codes for social recognition” (author’s translation). Thus, the above data reveal behaviors consistent with studies conducted with low-income groups or bring peculiarities resulting from the Program allowance and new possibilities of inclusion to the category of consumers of these groups.

A high consumption of staple foods, such as rice and bean, may indicate that the families that consume processed foods such as instant noodles, biscuits and yogurt are those who already had their basic food ensured. In this case, the BFP aid represents the guarantee that the purchase of food items considered basic is ensured; in addition, it is a kind of bonus that enables purchasing items represented as “foods that children crave”.

On the other hand, “kids junk food” is the children’s food preference, which is perceived by adults as “bad, light food”. However, many BFP beneficiaries admitted that although the motivation to buy this kind of food is to meet their “children’s cravings”, these products end up being incorporated to the adults’ eating habits shared with the children.

According to the BFP beneficiaries, rice, bean and meat are defined as “basic”, “staple” food, meaning healthy, “strong” food as they call it:

“Strong” food, as referred, is associated with the perceived nutritional value of the food, and the main indicator of such “strength” quality is given by the feeling of satiety that it produces, i.e. “strong”, good food is the one which promotes satiety, a feeling of lasting fullness (p. 45)¹⁶ (author’s translation).

According to a research conducted by Zaluar,¹⁹ rice and bean, together with meat, are understood by low-income families as “food”, the meal itself. Therefore, vegetables and fruits are considered “complement”, because they do not “fill the stomach”, do not satiate and do not provide “sustenance”, strength.

The excessive consumption of fried foods, as observed in the frequency pattern of food consumption, also fits this rationale. According to the author:

[...] the poor has the need to feel full, and he/she thinks that the only way to achieve it is eating rice, bean, pasta, fatty foods, undervaluing the side dishes (fish, chicken, vegetables, fruits), which are light, supplementary foods, but preferred by the rich (p. 175-176)¹⁹ (author’s translation”).

Many BFP families still have financial difficulty to consume meat on a daily basis; therefore, staple is still comprised of rice and bean in the main meals, and bread, margarine, milk and coffee at breakfast and at the afternoon coffee. The increased consumption of meat, which has as the major consumption event the weekend barbecues with relatives and friends, was construed by many families as a way to gain a higher social position, in which food goes beyond the concept of basic

need to be enjoyed in parties and celebrations. In contrast, the “cannot-afford-meat” condition was understood, especially by the poorest families, as food deprivation.

Fish also had a low level of consumption, being red meat and chicken the preferred ones. It should be noted that the population studied live in the city, not in the seacoast. So, the traditional food culture, which works as a barrier to the formation of new eating habits, as well as the price of fish, which often makes this food unaffordable, would explain the low consumption of this food. Added to this, fish is considered by low income families as a “light meat”, which does not provide sustenance.¹⁹

On the other hand, it can be seen the incorporation of the scientific discourse of Nutrition into the food choices, if one takes into account the appreciation of fruits and vegetables, even if not consumed more frequently because of inaccessibility to this food or preferences contrary to this recommendation.

The “healthy” notion appears frequently in the reports, especially by the BFP beneficiaries who had some chronic disease and/or overweight or obesity. There was also some “cacophony”, as Fischler²⁰ suggests, i.e. noises in different discourses, revealing confused information, lacking clear distinctions about food and nutrition. In this regard, processed foods such as sodas and powder juices – quite recurrent in the daily diet of this group – have a decreased valuation, considered “unhealthy” foods. In contrast, ultra-processed foods, e.g. potato sticks, appear in this cacophonous discourse as a “light” food.

There was a clear perception of the poor quality of the foods consumed due to the presence of processed and ultra-processed items (stuffed cookies, sweets, yogurts and packed snacks), of easy access (due to low prices at stores like the *Armazém da Família*) and which kids crave. Many reports revealed the kids’ preference for these products rather than eating the “staple” (rice and bean) and fruits and vegetables as well.

This behavior also represents an inversion of the eating habits of children and adolescents of low-income families. According to Daniel & Cravo,²¹ foods such as candies, cookies, sweets and sodas were consumed by children and adolescents of higher social classes. Therefore, the introduction of this financial aid made it possible the incorporation of this habit by low-income children. In this regard, while the parents of these children spend a great percentage of this allowance to buy foods their children crave and which until then were unaffordable to them, they also recognize that most of the food items purchased are not “healthy”.

Concerning this issue, other studies showed that adults separate “superfluous” from “food itself” (rice, bean and complements), while children resist this rule and eat what parents consider “non-food”.²² Based on this inference, three explanatory dimensions can be included in the scenario of the population studied:

- 1) This behavior can be justified by the feeling of inclusion in the consumer world; i.e. this is what it means for the parents when they buy superfluous food items (stuffed cookies, yogurts and instant noodles) for their children. Paradoxically, the perception of “unhealthy” and “bad” foods coexist in the discourses that are favorable not to this kind of food but rather to the new situation of inclusion in the contemporary consumer world. The statement, “now I can buy for my children what I couldn’t earlier” reveals a sense of overcoming a former reality of economic restrictions to full food access. The “freedom” that the consumption power brought, due to the complementary income allowance,⁴ brings a feeling of belonging to a world that was denied to them before and places them in the contemporary world, where most of the people are free to buy the foods they need or desire.
- 2) The contemporary world is included in this food context also by means of foods consumption that is disseminated in kid foods advertisements. The “junk foods that children crave” are part of the food products targeted to the kids.
- 3) The positive sense relating to restricted time for cooking, as found in “it is more practical and children like it”, was also often observed in the discourse that justifies the acquisition and consumption of this kind of product. In a social dimension, this meaning can be related to the reduced time spent in cooking meals, because of the multiple working hours that the women who are the family’s head have when living in poverty.

Lack of time to prepare the meals, associated with the willingness to be included in the consumer society, by purchasing products widely advertised in the media, was also observed in the consumption of other processed foods, the “ready-to-use” ones, such as frozen pasta. On the other hand, other respondents recognize the favorable values of everyday production of home meals, classified as “fresher”, “fitting our taste”.

Regarding the parents’ food memory, this seems to oscillate between poverty and food scarcity (“there wasn’t almost anything to eat”), where the times of “abundance in the country” are remembered as opposed to the scarcity of living in the city. Old times are more valued than present times in terms of food,²² identified with abundance and variety (“they planted everything”) as well as the notion of healthy (“they ate fresh foods, not added with this crap”). Migration from

the rural area to the city, or from the countryside to the capital outskirts or even from other poor regions to the outskirts of a large city, appears as an element of rupture and change of dietary habits of these families.

In studies conducted with migrants from rural areas, Woortmann¹⁵ points out that, once deprived from the production of foods and good remuneration, migrants remember the “plentifulness” lived in the rural area in the past, now replaced by the scarcity of food in the city. Moving to the city also represents the loss of abundance and a “lost past”:

Rural-urban migration affects the eating patterns not much by cultural differences but rather by how a worker is subjected to the process of capital accumulation, a process that, by taking him out from the rural area, where the “abundance” conditions were undermined, throws him into the cities in the condition of poor.¹⁶ (author’s translation)

BFP beneficiaries who remained in the rural areas or in “rurban” spaces experience some ambiguity caused by the lack of spaces and farm support policies and the possibility of purchasing foods in supermarkets, opposing to the work forces and convenience. Favero⁵ identified, when talking to BFP beneficiaries in Bahia, feelings of embarrassment and shame with respect to the traditional regional foods:

The changes introduced in the diets also contribute to the re-arrangement of food classification systems and representation. One of the most common complaints made by the women attending the “chat groups” refer to the increasing resistance of children and adolescents to eating some of the traditional regional foods. The mere utterance of the name of these foods during the chats was mingled with laughs and stories (...) The names of city foods are mentioned without constraints.⁵ (author’s translation)

According to the author, the cash transfer may have created, in the region of the study, discontinuities between the traditional and modern.⁵

Conclusion

It could be seen from the meaning cores of the discourses a need to overcome a past of hunger by ensuring the supply of “staple food” and the insertion into the contemporary, consumer world by consuming processed foods that conflict with the “healthy” notions presented.

The possibility to access places not much visited before, such as supermarkets, also brings the possibility of shifting from poverty-consolidated traditions to the belongingness to contemporaneity through a new identity subsided by the Program financial aid: of consumers. This process is featured by the ideals of consumption by incorporating renewed needs, of social ascension, an aspect already observed in other studies.⁸

It is worth noting that this study was not intended to discuss regional disparities or even classify the effects of the BFP as favorable or not regarding the food dimension; however, it should not be disregarded that the study may have identified regional specificities in the beneficiaries' consumption dimension.

To conclude, the effects of the Bolsa Familia Program can be noticed in multiple dimensions and require complex analysis. In this regard, the major intention of this study was to apprehend the resignification processes of the eating habits of this group under a comprehensive perspective in order to determine food (in)security in the Program context.

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