

# The Food and Nutrition Education Framework for Public Policies in the context of nutritional care in Brazil

## O Marco de Referência de Educação Alimentar e Nutricional para Políticas Públicas no Brasil no contexto do atendimento nutricional

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### Abstract

Nutritional care contributes to the individual being an agent of his food choices, aware of the benefits of healthy eating. It should be guided by documents such as the *Marco de Referência de Educação Alimentar e Nutricional para Políticas Públicas* [Food and Nutrition Education Framework for Public Policies]. This article aims to reflect on nutritional care, discussing relevant concepts such as food and nutrition education, the determinants of dietary pattern, counseling, and how the *Framework* can contribute with this process. The main interface points between this document and nutritional care are the need to understand the interactions and meanings that determine feeding behavior, and care should not focus only on biological aspects of nutrition. Emphasis is placed on the professional's proper posture as an educator, which favors the opening of dialogue and contributes to empowerment, promotion of self-care and generation of autonomy concerning eating behavior. Considering the complexity of food choices, instruments that collaborate with counseling and food and nutrition education can significantly contribute to democratic access to healthy food.

**Keywords:** Food and Nutritional Education. Nutrition in Public Health. Public Policies.

## Resumo

O atendimento nutricional contribui para que o indivíduo seja agente de suas escolhas alimentares e consciente dos benefícios de uma alimentação saudável e deve ser pautado em documentos norteadores, tais como o *Marco de Referência de Educação Alimentar e Nutricional para Políticas Públicas*. Este artigo se propõe a refletir sobre o atendimento nutricional, discutindo conceitos relevantes como a educação alimentar e nutricional, os determinantes do padrão dietético, o aconselhamento e a forma como o *Marco de Referência* pode colaborar com esse processo. Os principais pontos de interface entre o *Marco* e o atendimento nutricional são a necessidade de compreender as interações e significados que determinam o comportamento alimentar, não devendo o atendimento enfatizar apenas os aspectos biológicos da nutrição. Destaca-se a postura adequada do profissional, como educador, que favorece a abertura do diálogo e contribui para o empoderamento, promoção do autocuidado e geração de autonomia no que tange ao comportamento alimentar. Considerando a complexidade das escolhas alimentares, instrumentos que colaborem com o aconselhamento e a educação alimentar e nutricional podem contribuir de forma significativa ao acesso democrático a uma alimentação saudável.

**Palavras-chave:** Educação Alimentar e Nutricional. Nutrição em Saúde Pública. Políticas Públicas.

## Introduction

According to the National Food and Nutrition Policy (PNAN),<sup>1</sup> Food and Nutrition Education (FNE) compiles the list of fundamental strategies for the promotion of adequate and healthy food, being fundamental in the process of nutritional care. And, despite the historical progress in actions in the FNE field, the need to broaden the discussion on the possibilities, limits and ways in which it is carried out, in the different environments and contexts, has been noticed. Thus, the Ministry of Social Development and Fight against Hunger has coordinated and published the *Food and Nutrition Education Framework for Public Policies*,<sup>2</sup> a guiding document that aims to promote a common field of reflection and orientation of the practice.

In the Epidemiology of Chronic Diseases, food is considered an important modifiable etiological factor and one of the main causes of obesity.<sup>3</sup> Strategies involving food as a form of health promotion are essential for the effectiveness of policies for healthy living<sup>4,5</sup> and should be based on the practice of food and nutrition education (FNE), made possible by nutritional care.

Nutritional care can be defined as the act of providing assistance in relation to food and nutrition of an individual, group or population. Its goal is to enable conducts that promote a food standard that contributes to the quality of life and meets nutritional needs and recommendations.

Demand for nutritional care has grown in recent years and plays an important role in promoting health, and preventing and treating diseases. The search for a healthy diet has led the population to seek counseling in order to review their eating habits and select the food they eat.

It is important to emphasize that food and nutrition education should consider the various dimensions of food and elements that make up food behavior. Much is known about the aspects that are relevant and determine the consumption, but little is used in the service care process. Habits are influenced by complex and dynamic determinants that interact, and feeding must be understood not only by the biological contribution, but by the set of biopsychosocial needs that it can represent.

Thus, this article proposes to reflect on nutritional care, presenting and discussing concepts and points of intersection on the themes of Food and Nutrition Education presented in the *Framework*,<sup>2</sup> as well as the determinants of consumption and the nutritional counseling processes in which the actions of nutritional care are processed.

## Reference framework for food and nutrition education

In 2012, the Ministry of Social Development and Fight against Hunger (MDS) published the *Food and Nutrition Education Framework for Public Policies*,<sup>2</sup> an important document to be used in various civil, public and academic spheres in Brazil.

Considering the field of Food and Nutrition Security (FNS),<sup>6</sup> the document seeks to establish a dialogue among the various programs available, based on health promotion practices that rethink the complexity of the articulation between public policies and the way of acting.<sup>7</sup>

The need to publish a document such as the *Framework* was pointed out by Santos,<sup>8</sup> who emphasized that there were few references guiding the public policies: “food and nutrition education is everywhere and, at the same time, nowhere” (p. 688). However, since its publication, there is still a shortage of academic and scientific papers that refer to the document and highlight its relevance, especially in the context of nutritional care.

The document suggests adopting the nomenclature “Food and Nutrition Education”, contraindicating the terms “Food Education” or “Nutrition Education”, since, in isolation, these can - in the first case - reinforce only the aspects related to food and feeding and, - in the second

case - only strengthen the nutritional aspects. This statement corroborates a broad concept of food and nutrition education that contemplates the context in which it will be carried out, the fields of knowledge, the educational approach and the pedagogical model, as well as the space and the audience for which it is intended.

It is noted that the *Framework* made no reference to the term “food re-education”, often used in the nutritional counseling process and also in the academic environment. Santos<sup>9</sup> emphasizes that the conceptual adequacy of this term is not very clear in the theoretical bases of the scientific literature. However, by drawing a parallel between the concept of “food and nutrition education” as set out in the *Framework* and the term “food re-education”, it is inferred that such use is not appropriate. This is because the educational process assumes continuous and permanent practice, involving decision making and consequent transformation of reality, considering all the interactions and meanings that make up the food behavior. This is a journey that cannot be redone, rebuilt or re-educated, but it can be done from a new structure, built from a new knowledge or educated from new experiences.

On the Food and Nutrition Education (FNE) fields of practice, the *Framework*<sup>2</sup> points out that they may occur in several sectors and must observe the “organizational and doctrinal principles of the field in which they are inserted” (p. 24) and, while Public Policy, food and nutrition education can occur in several areas of society. According to Santos<sup>9</sup>, practices developed in the field of Clinical and Ambulatory Nutrition are conceived in a complex context of health care. It is important to consider that individual or group nutritional care activities carried out in outpatient clinics of the public service institutional networks and private offices should be based on the recommendations of the document.

Considering “feeding as a social practice resulting from the integration of the biological, sociocultural, environmental and economic dimensions” (p. 31), the *Framework*<sup>2</sup> emphasizes that the FNE requires an integrated approach and, for this reason, professionals from different areas can and should develop related actions. However, when involving individuals or groups with a disease, where FNE is considered a therapeutic resource, actions should respect the regulatory specificities of the professional categories.

In an analysis of the Brazilian scientific production on interventions in food and nutrition education (FNE), Cervato-Mancuso et al.<sup>10</sup> observed that there was greater performance of the nutritionist in the interventions that presented as a pretension the treatment of diseases, when compared to the studies focused on health promotion and healthy eating. The authors infer that the possible expansion of FNE performance to other professionals, seen in the *Framework*, may be due to the fact that nutritionists were not developing the practices in a sufficiently accessible way to the demands of society, and therefore, the opening of action for other professionals is indicated.

On the training of health professionals, there are challenges to be overcome since the teaching methods related to food and nutrition education (FNE) are insufficient and there is little articulation between the study of Ethics, Philosophy, Sociology and Anthropology and the biological aspects of Food and Nutrition. In addition, there is a predominance of the biomedical approach and curricular structures that do not envisage that the FNE approach transcends curricular components.<sup>2</sup>

Some of these challenges were pointed out by Boog<sup>11</sup> in the formation of the nutritionist, who emphasized the predominance of biological sciences studies and devaluation of the human sciences. According to Navolar et al.,<sup>12</sup> Nutrition science, because it is inserted in the “biologist” model and focuses on disease and risk, presents restrictive intervention practices that transform FNE into prescriptions of foods and supplements, disarticulating the approach of the subject’s social context with his/her beliefs and history.

For Santos,<sup>13</sup> the approach to the cultural aspects of feeding present in the *Framework* is extremely relevant as it allows for an “enlargement of the ways of seeing and thinking the triad of eating, feeding and nourishing, and how they dialogue with the dimensions forged by biomedicine, central axis of the Nutrition Science since its birth” (p. 597).

An analysis of publications related to actions in Food and Nutrition Education (FNE) recognizes that there are advances in the search for the integrality of the subject in its biopsychosocial dimension, with an important contribution of Psychology in counterpoint to the current biomedical model. However, the fragmented approach between biomedical knowledge and behavioral human sciences still predominates with approaches based on dietary information, nutrients and food groups.<sup>9,10</sup>

In response to these challenges, the *Framework*<sup>2</sup> presents a public agenda focused on professional training, studies and research in which the actions for extension that value the articulation between the popular knowledge, the traditional communities and the technical-scientific knowledge stand out. In this context, the new version of the *Dietary Guidelines for the Brazilian Population*<sup>14</sup> was elaborated considering the principles and guidelines established by the *Framework*, constituting itself as an instrument to support actions of food and nutrition education.

The publication of the *Framework*<sup>2</sup> is an important step towards directing reflections on FNE, in the various sectors of the society and action fields. However, it presents itself as an unfinished document and in continuous process of construction, once there will be developments that, from the new experiences, learnings, principles and knowledge, can be incorporated into the practice of nutritional care.

## Determinants of food behavior

According to the *Framework*<sup>2</sup>, Food and Nutrition Education should consider “the interactions and meanings that make up the food behavior” (p. 23) since

[...] eating, in addition to satisfying biological needs, is also a source of pleasure, socialization and cultural expression, and the characteristics of the contemporary way of life significantly influence the eating behavior (p. 14).

In the educational process of nutritional care, which aims to promote autonomy for appropriate choices, it is important to consider that the food behavior is determined by personal, social, cultural, economic and environmental factors and, mainly, by the interaction between them. Food, commonly linked to health promotion, changes according to historical contexts, from different forms of social construction, environmental and technological changes in society that can determine food consumption.<sup>8,15</sup>

It is early in life that eating habits are formed, from the earliest experiences of breastfeeding to the process of transition to general nourishment, which will be shaped by the child’s innate preferences, family decisions, and social and affective context in which they are experienced.<sup>16-19</sup> It is important to highlight the relevance of the family structure, since the individual is daily exposed to these patterns and habits.

According to Rossi et al.,<sup>19</sup> parents serve as models for the child’s eating behavior, as they play a key role in the learning process and exposure to eating patterns. For Poulain,<sup>17</sup> it is in the family meal that “children internalize the rules and values of property, of respect for others, of sharing” (p. 177).

The knowledge that individuals have about food, being it scientific or popular, expressed by myths, beliefs and taboos, also determines, to a certain extent, eating behavior. This item includes the information disclosed by the media, especially television, that influence the purchase and consumption of food.<sup>18-20</sup>

Sensory characteristics of foods such as taste, appearance, odor and texture are the main predictors of food choice, especially if associated with the memory of previous experiences. Depending on the social context in which food is presented and consumed, there may be an association of pleasure, search and repetition of food when there is a positive association of reward, that is, a pleasant memory associated with consumption. Likewise, when consumption is associated with a conflict event, food may be rejected.<sup>20</sup>

Among the determinants of food behavior, there are also those related to the food production

system, which correspond to the set of technological and social structures used from the collection to the culinary preparation,<sup>21</sup> which Poulain<sup>17</sup> defines as “channels in which food moves” (p. 49). According to the author, physical and financial access to food, social development, food production, acquisition methods, and culinary transformations will define what the individual will consume.

Individual biological factors, subdivided into physiological, pathological and genetic components, also determine the feeding behavior. Nutritional needs will influence the quantity and quality of food to be consumed at different stages of life, and physiological or pathological conditions.<sup>22</sup>

In the *Framework*,<sup>2</sup> there is an instigation of the need to discuss and consider the determinants of eating behavior in the context of FNE. However, the approach on this topic is limited to the description that food choices come from individual dimensions (subjective aspects, knowledge about food and individual perceptions) and collective dimensions (economic, social and cultural factors). It is important to broaden the discussion, since food and nutrition education will have more effective results, favoring individuals’ autonomy of choice, if articulated to strategies that encompass these determinants involving eating behavior.

For Cervato-Macuso et al.,<sup>10</sup> studies of educational intervention that may be carried out after the publication of the *Framework* may present results that contemplate more inclusive and problematizing strategies, in which qualitative research is strengthened, evidencing a more evident understanding of the complex network of factors that determine food behavior.

## Nutritional care and dietary advice

Nutritional care can be performed in various contexts and environments. According to the Resolution n° 380/2005 of the Federal Council of Nutritionists (CFN),<sup>23</sup> nutritional care is defined as “service of information or assistance provided to the client or patient who needs specific diet, feeding or nutritional guidance, information or care”, and it includes nutritional consultation. The nutritional consultation is defined as an

[...] activity performed by a nutritionist in an outpatient unit, hospital environment, office or at home for the collection of information that enables nutritional diagnosis and sanitary knowledge, dietary prescription and individualized guidelines.<sup>23</sup>

Nutritional care is a dynamic and unpredictable process, with several languages, which can help nutritional care and, at the same time, create barriers. The moment and the space where it is realized should favor access to mutual knowledge and the sharing of them.<sup>7</sup> The professional should be open to receive the individual and create a gentle and receptive environment. Initially, it is important to make a presentation. The professional should be available to dialogue and

value the initiative of seeking care. Thus, empathy and bonding are the initial steps to establish a relationship of trust among the individuals involved in the process.

In the nutritional care, another important point to consider is the emotional load of the individuals, because they bring with themselves expectation, anguish and fragility that must be identified and respected. Signs of nervousness and anxiety should be noted, observing attitudes such as gestures, facial and body expressions, and the timbre of the voice, excessive information or silence. It is important to reduce the intensity of these feelings, which can make it difficult to establish the necessary bond. After reducing the intensity of the first contact, it is important to listen to the individual “complaint”, seeking to understand the reasons for searching service and favoring the dialogue to generate true reports that avoid the omission of information.<sup>24</sup>

The relationship with the individual should be the priority in nutritional care and in all professional actions. First of all, it is necessary to understand the other person, knowing his/her complaints and worries, allowing the triggering of care. Through appropriate strategies and practices, coupled with appropriate humanistic training and person-centered care, the patient may be encouraged and stimulated to make healthier choices about his/her health.

One of the protocols foreseen in nutritional care is the nutritional anamnesis, which can be defined as the interview and detailed recording of the physiological, pathological and socioeconomic-cultural background of the patient and his/her family members, in order to facilitate the nutritional diagnosis.<sup>25</sup> The information obtained from the anamnesis should serve as a basis for the problematization in search of solutions for the treatment, pointing out the alternatives related to eating and life habits of each individual.<sup>2,24</sup> However, as a reflection of the predominance of the biological sciences in the training of health professionals,<sup>11,12</sup> it is natural to observe in the anamneses a greater attention to anthropometric, clinical and dietary data, which are more focused on the quantitative data of food consumption. The field of research for social, historical, and cultural elements influencing food, in many cases, is reduced to just one question about one’s religion or ethnicity.

One of the principles for FNE actions set out in the *Framework*<sup>2</sup> addresses the importance of the food system approach in its integrality. For this, it is important to expand the research in the anamnesis process, in order to identify elements that influence the eating behavior throughout the whole food process.

In practice, little is questioned and identified about the factors that influence the food choices represented by the interactions and meanings that make up the behavior and the food system in its integrality. This event was observed in the study of Cervato-Mancuso et al.<sup>10</sup> The authors reported that, among the educational intervention studies analyzed, the majority referred to the quantitative indicators, especially on food consumption and anthropometric verification, with the behavioral issues being in the background.

In addition to anamnesis, dietary counseling is part of the nutritional care process, defined by Rodrigues et al.<sup>26</sup> as

[...] a nutritional education approach, carried out through the dialogue between the customer who has a life history - who seeks help in solving feeding problems - and the nutritionist, prepared to analyze the food problem in the biopsychosocial context of the person, which will help to explain the conflicts that permeate the problem, in order to find solutions that allow the integration of the experiences of creating strategies to face food problems in everyday life, seeking a state of harmony compatible with health (p. 127).

However, in practice, counseling is often done in a prescriptive way, limited to what needs to be done, without regard to the dimensions that affect behavior. It is a traditional approach to education based on the oral transmission of knowledge between someone who holds it and transfers the knowledge to the one who does not hold it. The individual is not the focus of care, but the disease that he/she presents, which fragments and reduces the responsibility of action.<sup>26</sup> For Boog<sup>11</sup> this model is what is conceptualized as “nutritional guidance”. According to the author, “orientation” differs from the term “education” because, although it is inserted in the education process, orientation is part of a scope of more restricted actions, limited to the objective of instructing in cases of an emerging need for change when, for example, the individual is diagnosed as having a disease for which immediate dietary changes are required.

The art of counseling should not be limited to “prohibiting” and “permitting”. Counseling should be based on a dynamic process of education, respecting the biopsychosocial values of the individual. Considering the concepts adopted by Rodrigues et al.<sup>26</sup> the counseling aims to promote technical and emotional support to the individual in developing his/her personal capacity to make his/her own food choices, allowing a differentiated educational relationship, directed to the decision making and attitudes placed in the context of his/her experiences.

According to the *Framework*,<sup>2</sup> the way in which the communication is developed is fundamental for obtaining results that favor the proper food choices, going beyond the limits of the verbal transmission of information. Communication in the context of food and nutrition education (FNE) should be based on active and close listening, recognition and appreciation of the different forms of knowledge and practices, and the search for contextualized solutions. Thus, it highlights the importance of valuing respect for individual stories and the recognition of the legitimacy of different types of knowledge, without expression of judgment imposed by the professional. According to Paulo Freire,<sup>27</sup> the educational process that favors autonomy requires the educator to respect the learners’ knowledge.

The attitude of listening presupposes the capacity of the professional to provide a space for the individual to express what he/she knows, thinks and feels about his/her food choices, responding

to his/her real expectations, doubts and needs. It is important to motivate him/her to expose his/her needs and difficulties to the adoption of healthy practices and habits of life, because it is in this relationship between the educator and the learner that the possibility of a problematization experiment of food behavior is established, with the opportunity to transform it into a solution.<sup>28,29</sup>

In the dietary counseling process, it is necessary to understand the different meanings that the individual attributes to his/her limitations and possibilities in solving the problems related to his/her feeding. For this, it is fundamental to develop a competent communication, that is, information appropriate to the needs of the individual, and the adequacy of the language used to promote understanding of the content.<sup>30</sup>

The dietetic counselor needs to develop personal and professional characteristics that facilitate the educational process and “empowerment” for appropriate food choices. One of the principles of the *Dietary Guidelines for the Brazilian Population*,<sup>14</sup> supported by the *Framework*, is the recognition that the guides should increase the autonomy in the food choices, so people can look for the changes themselves, having conditions to govern and lead their own lives, making choices that promote the improvement of the quality of life.

Therefore, empathy, tolerance, understanding and flexibility are essential. In the approach, the individual should feel welcomed and understood, and not judged by his/her eating attitudes.<sup>24</sup> In this context, the *Framework*<sup>2</sup> points to the need to broaden the discussion about the communication process in FNE, developing new theoretical and methodological tools that address relevant issues, such as sharing knowledge and building solutions.

The *Framework*<sup>2</sup> infers that the form of communication directly influences the results of the educational process and, therefore, suggests that it should be based on an active and close listening, on the recognition of different knowledge and practices, on the formation of bond between the different subjects and on the search for contextualized solutions.

Educational practices should seek to follow the principles for the educational actions advocated by the *Framework*,<sup>2</sup> which suggests the promotion of self-care and autonomy as main ways to guarantee the individual’s involvement in FNE actions, generating situations of reflection about attitudes and the consequent search for solutions based on the problematization.

The theoretical-pedagogical approach that envisions the emphasis on the dialogicity and autonomy of the subject, with the use of problematizing resources, is based on the thought of Paulo Freire.<sup>27</sup> For the educator, “in the true conditions of learning, learners are becoming real subjects of the construction and reconstruction of the knowledge taught, alongside the educator, also subject of the process” (p. 26). This is only possible through the horizontal dialogue between the agents of the educational process, in which there is respect and mutual search for alternatives to solve problems.

Thus, it is necessary to develop positive values in the individuals in relation to their habits, which contribute to their self-discovery and recognition of what may be contributing to their attitudes towards food choices. In his study of adolescent eating behavior, Toral<sup>30</sup> argues that an important factor to be developed during counseling is the self-efficacy of the individuals, that is, the development of their self-confidence in relation to the ability of making healthy food choices.

One of the challenges presented in the dietary counseling process is the adoption of food as reference, since

[...] people, [...], do not eat nutrients, but food and preparations chosen and combined in a particular way, with smell, color, temperature, texture and taste; they also feed on their meanings and symbolic aspects<sup>2</sup> (p. 26).

Therefore, it is essential to take into account the principle of culinary valorization as an emancipatory practice, established in the *Framework*,<sup>2</sup> because it facilitates the reflection and the exercise of the sensorial, cognitive and symbolic food dimensions. The development of culinary skills is stimulated in the *Dietary Guidelines for the Brazilian Population*<sup>14</sup> as a fundamental practice for the generation of autonomy and expansion of the possibilities of choices for an *in natura* food basis.

Study conducted by Castro et al.<sup>31</sup> identified that, through culinary, it was possible to provide participants with an experience of living and reflection on the relationships between food, culture and health, resulting in the instrumentalization for the appropriate choices and practices to promote healthy eating. Authors point out that it is feasible to use culinary as the structuring axis of educational strategy, as it develops the autonomy to make the choices, besides involving the subject as protagonist of the process.

As a result of this reflection, a format of space and physical structure for nutritional care can be seen, in which - in addition to rooms equipped with instruments for anthropometry and computers - kitchens should be installed, where tasty and healthy preparations could be developed.<sup>31</sup>

Although the *Framework*<sup>2</sup> refers to the “use of educational resources”, the importance of choosing appropriate materials and educational strategies adapted to physical and human resources, the document does not infer about materials or teaching resources that can be used in educational processes.

For Santos,<sup>13</sup> the *Framework* brings to light the need for reflection on how to think about the training of professionals who can act in educational practices that happen in a real world, in which events cannot be controlled, such as laboratory experiments. The challenge is to construct quantitative and qualitative indicators relevant to the field of education, requiring researchers to “deal with the novelty of human experience, being involved with their research practice.” (p. 599)

In the counseling process, one must take on the challenge of exercising the role of educator, contemplating the concern with representations about eating and food, the search for autonomy and the application of problematizing approaches, besides the opening of dialogue and collective construction of a dietary proposal in which the individual is the agent of his/her transformation, allowing the adoption of behaviors that contribute to his/her health.<sup>9,11,13</sup>

## Final considerations

Food and Nutrition Education presents itself as one of the fundamental strategies for the prevention and control of contemporary dietary and nutritional problems, being fundamental in the process of nutritional care. However, dietary counseling and care are complex and challenging practices that require extrapolating the dimension of correct information and broadening its action to the individual's biological, psychological, social, and cultural context. The richness of this practice is in promoting changes in thinking, feeling, and acting.

In this context, the *Food and Nutrition Education Framework for Public Policies*<sup>2</sup> provides further reflection on the importance of nutritional care in promoting the health of the Brazilian population and, according to the document, “promoting adequate and healthy food is the expression of citizenship and a protective factor of life”(p.36).

There is a need to reduce the gap between available information on food and the health and nutrition conditions of the population. If, on the one hand, information on healthy eating has been widely disseminated, on the other hand, the epidemic of obesity and other chronic diseases has been progressively increasing at all ages. Such mismatch induces the questioning of how prevention strategies are being applied and which effectively favor the incorporation of new eating habits. Among the recognized strategies, dietary counseling has been pointed out as an effective and fundamental practice for the adoption of attitudes towards the care that the individual has with himself/herself.

However, for a more effective analysis of the application of the principles of the *Framework* in nutritional care, it is necessary to expand the publication of studies adopting methodological description that present sufficient elements for the comprehension and interpretation of the entire educational path, including agents, educational strategies, assessment systems and observation of behavioral aspects.

A well-planned and individualized orientation should allow the individual to be the agent of his/her choices, aware of the benefits of adopting healthy habits and, gradually, having a diet that can promote health and reduce the risk of diseases.

Nutritional care implies commitment and should be provided in person, in a continuous, systematized and documented way, with the active participation of the individual, for a better quality of life. It is expected that the *Framework* will be an instrument that contributes to the goal of ensuring access to healthy food.

## Contributors

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