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Sociocultural and parental influences on infant feeding practices: a qualitative study with mothers of children under two years of age in Rio de Janeiro, Brazil

Influências socioculturais e parentais nas práticas alimentares no primeiro ano de vida: estudo qualitativo com mães de crianças menores de dois anos

Abstract

Introduction: Infant feeding practices are determined not only by biological and developmental needs, but also by psycho-affective, socioeconomic, and cultural factors, which have received limited research in Brazil. **Objective:** Understand the sociocultural and parental aspects that influence infant feeding practices. **Method:** This is a qualitative study using semi-structured interviews with mothers in two cities in the state of Rio de Janeiro, Brazil, in November and December 2017. The choice of this technique aimed to elucidate the mothers' own reflections on their infant feeding practices. Interviews were conducted until reaching the necessary saturation point for identification of recurrent meanings. Thematic content analysis was performed with the empirical material, using the QRS Nvivo software. Interpretation of the empirical material was based on the theoretical-methodological references of common sense, food culture, meanings, and autonomy. **Results:** The following categories were identified: food culture, influence of social relations, attributes of ultra-processed foods, and parental aspects. In the current study, the sociocultural aspects that emerged from the mothers' discourse included classification of foods, influence of social actors, and attributes of ultra-processed foods. The parental practices featured parenting behaviors in specific contexts and those inherent to the child. **Conclusions:** Such aspects influenced food choices and should be acknowledged and understood by healthcare workers in order to empower their role in the promotion of healthy feeding and family counseling.

Keywords: Sociocultural environment. Parenting. Industrialized foods. Infant feeding.

Resumo

Introdução: A prática alimentar infantil é determinada não apenas pelas necessidades biológicas e de desenvolvimento, mas também por fatores psicoafetivos, socioeconômicos e culturais, ainda pouco documentados em nosso país. **Objetivo:** Compreender os aspectos socioculturais e parentais que influenciam as práticas alimentares de lactentes. **Método:** Trata-se de estudo qualitativo conduzido por meio de entrevistas semiestruturadas realizadas com mães em duas cidades do Rio de Janeiro entre os meses de novembro e dezembro de 2017. A escolha pela técnica objetivou conhecer as reflexões individuais das mães sobre a realidade que vivenciam. Foram realizadas entrevistas até que se alcançasse o ponto de saturação necessário à identificação de sentidos recorrentes. Foi conduzida Análise de Conteúdo Temática do material empírico com apoio do *software* QRS Nvivo. A interpretação do material

empírico foi baseada nos referenciais teórico-metodológicos de Senso Comum, Cultura Alimentar, Sentidos e Autonomia. **Resultados:** Foram identificadas as seguintes categorias: Cultura alimentar, Influência das relações sociais, Atributos dos alimentos ultraprocessados e Aspectos parentais. No presente estudo, dentre os aspectos socioculturais que emergiram na fala das mães, estavam a classificação dos alimentos, a influência de atores sociais e os atributos dos alimentos ultraprocessados. Quanto às práticas parentais, destacaram-se comportamentos parentais em contextos específicos e aqueles inerentes à criança. **Conclusões:** Tais aspectos influenciam as escolhas alimentares, devendo ser reconhecidos e compreendidos pelos profissionais de saúde de forma a potencializar seu papel promotor da alimentação saudável no aconselhamento às famílias.

Palavras-chave: Ambiente sociocultural. Parentalidade. Alimentos industrializados. Alimentação infantil.

INTRODUCTION

Infant feeding is determined by the child's biological needs and by psychoaffective, socioeconomic, and cultural factors in the environment, as well as by the attitudes of the mother, usually the principal person responsible for feeding the child.^{1,2} Mothers base their practices on their living conditions, worldview, representations of foods, and interpretation of the child's behavior towards the food.³

The act of eating is inherently social, and foods are incorporated into cultural systems.⁴ Caregivers can influence small children's food learning in three ways: familiarization (offering new foods), associative learning (emotional factors associated with the act of eating), and observational learning (parents as examples for their children).⁵ From this perspective, parental infant feeding practices play a critical role in the formation of children's eating preferences and behaviors, including the way they eat and the signs of their appreciation or rejection of certain foods.^{4,6} Children also have innate predispositions that interact with the initial experience of flavors and textures during the introduction of complementary foods and which predict timely food acceptance.⁷

In Brazil, infant feeding is far from ideal, with early introduction of foods other than maternal breastmilk⁸ and high consumption of ultra-processed foods⁹ in the first two years of life.¹⁰ Studies on the sociocultural and psychoaffective aspects that influence feeding practices in early childhood are still scarce in Brazil.³ The current study thus seeks to help overcome this gap and understand the sociocultural and parental aspects that influence infant feeding practices.

METHODOLOGY

We studied mothers of children under two years of age living in the municipalities of Rio de Janeiro (Rio) and Engenheiro Paulo de Frontin (EPF) in the state of Rio de Janeiro, Brazil. These municipalities were chosen because the study's principal investigator works there and they allow including participants with different sociodemographic characteristics, providing greater diversity in the study sample.

The empirical material was produced through semi-structured interviews^{11,12} focused on the child's first year of life. The script included socioeconomic information (maternal age, schooling, family income, number of children, work, and family income) to characterize the families and questions on the introduction of foods in the first year of life, followed by images of groups of ultra-processed foods that had been reported as present in feeding children under two years of age in a survey held in 2014 in the city of Rio de Janeiro.¹³

The mothers were identified by key informants (healthcare workers and daycare staff) and invited to participate via a telephone contact and/or *WhatsApp* from the study team (for mothers in Rio de Janeiro, Rio) or when they enrolled their children in the municipal daycare center (for mothers in Engenheiro Paulo de Frontin, EPF). There were no refusals to participate.

The interviews took place in November and December 2017 in locations chosen by the participants (workplace, church, home, daycare center, or health service) and were conducted by the principal investigator using the above-mentioned script. They were audio-recorded and lasted 30 to 40 minutes on average. The interviews were conducted until reaching the necessary saturation point for identification of recurrent meanings.¹⁴

To maintain the information's confidentiality and protect the mothers' identity, the participants' names were replaced with initials (R for Rio de Janeiro and F for Engenheiro Paulo de Frontin), followed by the number of the interview's order.

Thematic content analysis¹⁵ included three stages: pre-analysis, based on the transcription and skim-reading of the interviews, selecting excerpts that corresponded to common themes, followed by the constitution of the *corpus*

(set of all the interviews' texts); exploration of the material, which consisted of identification of categories, using the QRS Nvivo 1999-2017 software and treatment and interpretation of the results, through linkage with the theoretical framework.

We adopted a theoretical and methodological framework based on Geertz¹⁶ and Contreras and Gracia¹⁷ to approach the concepts of common sense and food culture, with the understanding that a set of learned or inherited representations, beliefs, knowledge, and practices is associated with feeding. The concept of meaning adopted here was that proposed by Weber¹⁸, i.e., meaning as a social construct, a collective and interactive effort in which people construct terms by which they understand and deal with situations around them. The concept of freedom was defined as autonomy, according to Amartya Sen,¹⁹ as the individual capacity for self-governance.

The study was approved by the Institutional Review Board of Hospital Universitário Pedro Ernesto (CAAE: 69683417.0.0000.5259).

RESULTS AND DISCUSSION

The women interviewed in the study belonged to two different municipalities. Those residing in the city of Rio de Janeiro (capital of the state by the same name) lived with the fathers of their children and had paid work and shared the childcare with other actors/institutions (maternal grandmothers and a daycare center), besides the fathers. The women residing in Engenheiro Paulo de Frontin (in southern Rio de Janeiro state), a municipality with rural characteristics, also lived with the fathers of their children, and at the time of the interview they were responsible for the direct care of their children (most of the interviews were held in the child's presence). The mothers that reported having formal or informal paid work shared the care of their children with family members (maternal great-aunts or grandmothers). They had all enrolled their children in the daycare center in order to look for work. Table 1 lists the mothers' sociodemographic characteristics.

Table 1. Socioeconomic profile of interviewed mothers. Qualitative study on sociocultural and parental influences on infant feeding practices, Rio de Janeiro and Paulo de Frontin, Rio de Janeiro State, Brazil, 2017.

Mother's code	Age	Schooling	Number of children	Work	Family income (times minimum wage*)
R1	35	Complete university	2	Formal	7 to 8
R2	33	Complete university	1	Formal	8
R3	32	Complete university	1	Formal	10
R4	34	Complete university	1	Formal	5 to 6
R5	35	Complete university	1	Formal	4
R6	30	Complete university	1	Formal	6
F1	20	Incomplete secondary	1	Unemployed	Did not know
F2	21	Complete secondary	1	Unemployed	Did not know
F3	41	Complete secondary	2	Unemployed	1
F4	32	Complete secondary	2	Formal	4
F5	20	Complete secondary	1	Unemployed	Did not know
F6	30	Complete secondary	2	Informal	2

* 1 minimum wage = U\$200.00 per month

The categories that emerged from the data analysis were food culture, influences of social actors, attributes of ultra-processed foods, and parental aspects.

Sociocultural aspects

Food culture

In this study, herbal teas played a role that was known and shared by the mothers, converging with the meaning of belonging to a certain social group.^{3,17,20} Teas were used to promote wellbeing or solve some ill, like reducing the infant's discomfort during teething or calm the child to sleep. This corroborates a study in which chamomile and anise teas had a calming effect on children under two years of age.²¹ Both studies evidence the influence of culture on the use of tea. This practice of offering teas to provide comfort corroborates the literature, where one of the traditional practices in infant feeding is to offer foods as the first response to the baby's crying and fussing.⁶

When he was fussing from teething, I gave him parsley root tea, which they said was good. And chamomile and anise to calm him at night [...]. (F6)

Right after she was born, she had a lot of colic. They said it was good to give her anise tea. So, she drank it, but the colic didn't go away. Then I gave her fennel tea, and her colic went away. (F2)

The mothers also identified recommended and unrecommended foods. We see two common-sense qualities here, according to Geertz' concept.¹⁶ The first is naturalness, the most essential quality according to the author. In other words, things are what they are: "that's how things work". They are aspects seen as intrinsic to reality, but that can suffer interference from life's experience or different cultures. The second is practicality, the most easily observable according to the author. We are not talking here about the meaning of "usefulness", but of sagacity, that is, grasping reality; to be more alive, more prudent, more balanced. Just as there are different wisdoms in different societies, there is no logical structure to explain common sense. But we know common sense is featured in popular wisdom, as in the quotes by some mothers in citing herbal teas and pork, without knowing why, foods that can be good or bad for the child.

The mothers believed that pork could pose a biological risk ("it has bacteria"), and that even fried beef would not be a good choice, due to its high fat content. That is, culturally, some meats or ways of preparing them posed a risk, leading mothers not to offer them to their children. This is consistent with the common-sense qualities of naturalness and practicality: for the mothers, pork contained "bacteria" and fatty meat would give the child indigestion.

I don't know about pork. It's got bacteria, right? I'm afraid of bacteria, those things, I'm afraid. I don't give pork to my baby. (F3)

Fatty meat, fried, we didn't give it to the baby. The idea is that it's bad for the baby because of the frying. (R1)

Other foods were identified as "strong", giving the child sustenance, so they should be offered. This finding corroborates studies in which beans, rice, and red meat were considered sources of vitamins, protein, and iron, besides sustaining, nourishing, and promoting health.^{3,22} Meanwhile, "heavy" foods were associated with the experience of not having been good for the child when they were offered. "Heavy" foods should thus be avoided, such as whole beans (not mashed), which could cause colic and indigestion. Meanwhile, "light" foods like bean broth and cornmeal porridge were considered good for the blood, without causing harm to the young child.

I believe yams would be good for the baby, because people like my grandmother, who's from Minas Gerais, said that yams are really good. (R6)

I thought whole beans would be bad, so I'd just give the baby bean broth. Bean broth and cornmeal porridge, people said they were lighter, and I could give them to the baby. (F2)

There was another group of foods that some mothers said could be given occasionally, because otherwise the child would "*aguar*" (literally "water down"). The expression "*aguar*" refers to a food which adults imagine the child wants to eat. If the child does not get that food, he or she may get sick because of an unsatiated wish.²³ In this study, this meaning was assigned to unhealthy foods.

The baby girl is too little to drink soda. But she'd have some soda at birthday parties. I'd put some in her little mouth at the party, so she wouldn't 'water down'. But I always took her water bottle and fruit juice along, too. (F3)

The belief that some foods had therapeutic properties, that they could be good or bad, was based on the adults' experiences. The mothers' idea was to protect the child from some possible ill, to meet the child's needs, and to please the child. In relation to the latter meaning, mothers classified some foods as "kiddy foods", such as yogurt, jelly, gelatin, and cookies. According to the mothers, these foods complemented the regular feeding, contributing to the child's sustenance, and served as food that pleased the child.

Just jelly, yogurt, and a little gelatin, I used to make these for her, and still do, with no sugar, nothing. I just gave her plain gelatin. It was kiddy food, to keep her healthy, to keep her strong. That's how I figured it. (F3)

The sociocultural functions mothers attribute to kiddy food are consistent with what Contreras and Gracia propose¹⁷: to satisfy hunger, nourish the body, provide safety, and express love and affection.

The mothers interviewed in Rio also offered their infants industrialized baby foods with the argument that the consistency was safer, to avoid choking.

Sometimes you go to a restaurant, for example. I was afraid to take those hard vegetables and mash them because the baby might choke. I preferred to buy the baby food because it was already smooth, right? (R3)

The mothers' concern was that even if the food was natural and healthy, it might pose a risk to the child. The mothers' thoughts on the risks of ultra-processed foods are presented next.

Influences of social relations

In the family setting

According to the women, the father usually entered the scene when the mother was not present. Although some changes appear to be taking place, with the father's greater share in caring for children, according to Benczic²⁴ there are still many fathers who do not occupy this place, either because they do not want to or do not believe they can. In this study, we found that the father's opinion can protect the child from exposure to unhealthy foods.

According to some mothers interviewed in Rio, the role of the child's father extended beyond that of support, with task-sharing in preparing the food. Some mothers reported that with the husband's help, they offered foods whose information on the labels included ingredients that were considered less harmful than those of other products.

My husband taught me to read labels, taught me to see the issue of the foods' real composition, what comes with the highest percentages in foods, what's not contained in them, so whenever we shop for food, we always read the labels first. (R4)

All the mothers in Rio were employed, which may have affected the sharing of care for the child. A study of mothers with lower purchasing power identified domestic work done by husbands. According to the women, besides the "breadwinner" role, the fathers participated in the housework and the child's feeding.²²

According to the mothers, besides the father, the maternal and paternal grandmothers influenced the timing of the introduction of new foods and were often responsible for the infants' physical and emotional care.^{20,25} All the women that were employed reported that the maternal grandmothers were responsible for their children's care while they were working, playing the role of surrogate mother.²⁶ And this occasionally created friction in relation to feeding practice.

When I don't pick him up, my husband picks him up at my aunt's house. I say, look, give him a little bath and a baby bottle. (F6)

When we started introducing foods for my baby, my mother and my mother-in-law wanted to prepare them, give him too much food, or put things in that I don't consider healthy. One time my mother even said, If that's the case, then you don't need my help anymore. (R5)

The women who were on their second baby reported that the experience acquired with the first child positively influenced their attitudes towards the second child. This finding corroborates a study showing that insecurity and an overprotective attitude with the first child were overcome or at least managed better with the second.²⁰

In the community and/or virtual environment

According to the mothers in Rio, when the grandmothers did not play the role of caregivers, the daycare centers did. However, the infant feeding practiced by the daycare centers was not always what the mothers wanted.

The women interviewed also reported that the experiences of other mothers with whom they had contact influenced their own choices. In this case, unlike the fathers and grandmothers who participated in the physical and emotional care, the influence of other mothers' opinions depended on the families' social context and occurred mainly among first-time mothers and during the introduction of new foods.

Mothers also reported searching the internet for information on recommended foods for small children. They assigned greater credibility to information from experts on the subject, for example in online groups of mothers mediated by healthcare professionals. Such findings were consistent with another study in which the internet was used to search for information to complement the pediatrician's instructions.²⁰

In the current study, the instructions from healthcare professionals, whether physicians or nutritionists, both in health services and online groups, also influenced the mothers' feeding choices.

The pediatrician said, 'Mother, you don't need to add salt, just enough seasoning, but you don't need to add salt, and don't give sugar.' So, my baby never ate sugar. No sugar, or honey either. (R3)

The pediatrician always said not to mix foods, and that at the start of introduction, we should always offer the foods one at a time so the baby could taste the foods' flavors. (R4)

The mothers attributed two meanings to the pediatrician's discourse. First, that of instructions to be followed, given the trust invested in a specialist on child feeding, growth, and development.²⁷ Second, due to their empowerment, some mothers challenged the pediatricians' instructions, especially on offering unhealthy foods.

The pediatrician said, 'Mother, you can give [XYZ brand] yogurt. Your baby is a year old, so you can give him XYZ. Not every day, but you can give it.' So, I said, 'But it's XYZ, it's so industrialized, it's got artificial coloring, right?' (R3)

These studies corroborate research showing that the mother's grasp of information based on her experiences and acquired knowledge had a direct effect on whether she followed the pediatrician's instructions.^{3,27}

The capacity to act critically relates to personal empowerment, one of the elements of autonomy. Maternal empowerment can be interpreted as the woman's conquest for strengthening her personal autonomy, making her capable of self-managing her dilemmas.²⁷

Attributes of ultra-processed foods

The mothers' discourse defined ultra-processed foods as practical, since the products are ready to eat and/or drink⁹, while they also see them as harmful to health. For Daniel and Cravo,²⁸ there is both the need or convenience of using industrialized products and the fear of relying on them.

Fisher and Dwyer²⁹ point to the lack of familiarity with natural foods such as fruits and vegetables, lack of time or skill for the tasks involved in choosing, preparing, and cooking vegetables, and lack of space for storing them, which can lead parents to consider processed foods as a quicker and more convenient alternative.

Mothers in this study reported that easy-to-prepare or ready-to-eat foods were offered to entertain the child at snack time, when the mothers were too busy or away from home. The meanings appear to include the concern to not let the child feel hungry. Sorrentino and Venancio²⁰ observed that young children were offered unhealthy foods outside the home environment.

We used to give him cornstarch cookies when we were away from home. You always have a package in the baby bag. Sometimes the baby is fussy, so you give him a cookie. Say you're at a wedding party, you just give him a cookie (laugh). (R1)

A quick lunch, right? We get home and it's already lunch time, and you don't have anything ready. So, you fix some rice and fry some chicken nuggets. (F4)

The mothers interviewed here expressed contradictory meanings towards offering sugar. On the one hand, they saw sugar as not so harmful, offered to please the child. On the other, some mothers in Rio felt that ultra-processed foods were high in sugar and were thus harmful, since they associated excessive sugar intake with infant obesity and future health problems. The mothers' concern is legitimate, since Brazilians have a habit of consuming much sweeter foods than in other cultures.³⁰ The mothers also voiced a concern over the formation of food habits, postponing the introduction of sweet foods, realizing that their children would love them.

I think it contains sugar [guarana sugary drink], so as long as I can offer him natural things I will, because we set the example, right? So, I don't offer [guarana sugary drink] for that reason, while I can limit [his sugar consumption]. Because I think the day I start offering [sugary drinks], he's going to like them too much. (R3)

Evidence shows that the consumption of sweet foods during the introduction of foods influences the formation of eating habits, since humans are born with an innate preference for sweet flavors and a rejection of sour and bitter flavors.⁵ The mediation between pleasing the child and the meaning of health risk was performed through the meaning of harm reduction: some ultra-processed foods were offered to the children after modifying their original composition.

Whenever I give him soda, I never give it without adding water. I put more water than soda. The soda is just to give it that bit of color (laughs). (F6)

In addition, ultra-processed foods that are high in sodium (e.g., instant noodles), are also avoided because of the health risk, according to some mothers. Due to the "chemicals" in them, these foods were also viewed as unnecessary, not nutritional, and/or inadequate as part of infant feeding. Likewise, ultra-processed foods that contained unknown ingredients (e.g., nuggets) were avoided because of the distrust towards such ingredients.

I still think it's industrialized and doesn't have enough nutrients. I don't know if it's true that nuggets are just a little bit of meat with a whole lot of skin and innards, so I don't see the need for him to eat them, so I never feed them to him. (R3)

I think this little powder that comes with the instant noodles is not very good. I think it has a lot of chemicals. (F6)

Mothers in the current study repeatedly voiced their worries about offering foods with little nutritional value or with unknown composition. Our findings add to those of Sorrentino and Venancio²⁰ in relation to the meaning of risk attributed to sodas. The authors also found that mothers expressed doubts about which foods are ultra-processed and about their harms.

According to the women interviewed in our study, the familiar or more famous brands were purchased more frequently, and those that were advertised more often enjoyed greater credibility.

We try to read the labels, to see the amounts of fat and so on, to know what might be bad for the baby. We think the more famous brands wouldn't be bad, based on their advertising, because they have more calcium and so on. (F5)

According to Vicentini,³¹ the techniques used by manufacturers of ultra-processed foods feature practical and attractive packaging and advertising targeted to children. This emphasizes the public health importance of regulating the marketing and labeling of foods targeted to children.³² We found that mothers in the current study were influenced by the advertising and other marketing strategies. Thus, the implementation of regulatory measures on food labeling, both to improve the information on composition and to ban communication elements that induce purchases, will help families access more complete and reliable information to make their choices.

Parental aspects

According to Gerards and Kremers,³³ parental practices refer to parenting behaviors in a specific context, that is, what parents do in their relationship with their children, including the introduction of new foods in the first year of life. The combinations of the dimensions of responsiveness (how much the parents respond to the children's needs) and demands (how much the parents control their children) give rise to four types of parenting: authoritative, authoritarian, indulgent, and negligent. The authors state that responsiveness is a key dimension of parenting skills. Some women reported a responsive practice in their children's feeding process, seeking to foster autonomy by encouraging their children to eat by themselves. Meanwhile, others reported a more controlling attitude at mealtime.

He takes the spoon from our hand. He can't fill the spoon enough, but he sticks the spoon in his mouth and always tries to offer it to us. And we say, 'Baby, it tastes so good!' And when he realizes he's not managing, he gives the spoon back for us to feed him. (R4)

I don't think it's normal for him to feed himself, because I can't, I have to feed him first and then eat my own food. I don't give him free reign, because maybe I don't want him to make a mess. (R3)

Therefore, in addition to the child's characteristics, the parents' behavior (one of the elements in parenting) influences the children's behavior. Parents shape the development of the children's food acceptance patterns, determining which foods are offered and furnishing the social contexts in which the children are eating.³⁴ The act of feeding thus depends on the interaction between the child and the person feeding him or her. The important elements in the child's self-control process thus include the recognition of hunger and satiety.³⁵

Mothers and fathers make emotional investments when feeding their children. Such attitudes also depend on the children's inherent characteristics. Johnson et al.³⁶ classify as "good" eaters, children who do not display food problems and who enjoy a variety of foods. Meanwhile, "picky" eaters are children who refuse larger servings and are more selective. These two profiles of children and their implications for the relationship with the persons that feed them result in different experiences. Some mothers whose children were "good eaters" reported a pleasurable experience during the introduction of foods. For mothers of "picky eaters", the children's refusal of foods frustrated their expectations concerning the introduction of foods.

It was super-emotional for me. I was so happy to see him eating healthy food. The first food was a banana. I'm certain it was a banana, cause I'll never forget him eating it, his face, all smeared with banana (laughs). (R4)

It took so long sometimes. I remember, like forty minutes, how that irritated me! Forty minutes with that piece of fruit, just to eat half a banana (laughs). (R3)

In the development process, associative learning refers to the emotional associations with the social act of eating. Food preferences are shaped and can present negative outcomes when the children are pressured to eat the foods.³⁴ The use of pressure in the feeding process was associated with an increase in food consumption, compromising children's inborn capacity to regulate their own intake.³⁷ Thus, in addition to children's inherent characteristics, like being a "good eater" or "picky eater", caregivers attitudes pressuring to eat or displaying irritation can also influence children's food habits.

In the development process, observational learning is determined by social influences when consuming new foods. That is, children tend to try unfamiliar foods when they see adults eating them.⁶ During the learning process,

in addition to parents setting examples for their children, repeated exposure to a food is necessary for children to learn to like it (familiarization).⁵ The act of including children in sharing family meals enhances observational learning and fosters familiarization with new foods.

The approach by Pinard et. al.³⁸ intersects with the literature presented thus far. According to these authors, the home food environment is influenced, among other factors, by three parental practices: role modeling (setting examples for children), policies (e.g., what is and is not offered to the child), and feeding styles (e.g., attitudes when feeding the children). Some mothers in this study reported consuming ultra-processed foods themselves, but not offering them to their children in order to protect them from consuming unhealthy foods.

It was always a choice of mine and my husband for our child to have healthy feeding, and we even changed our own diet for him to always have a better food reference. (R4)

I never offered powdered juice, because I'm aware that it's just worthless (laughs), so I never offered it, but I drink it myself. But I never offered it (laughs). I drink it, too, but only once in a while. (R3)

FINAL REMARKS

Based on interviews with women from different sociodemographic backgrounds in terms of schooling, work, and income, the study pointed to influences from sociocultural and parental factors, healthcare professionals, and the internet on food choices, participation by grandparents and fathers and the role of daycare on care for small children.

Sociocultural aspects featured traditional practices, offering or withholding certain foods according to the meaning assigned to each of them, and offering certain foods with the objective of pleasing the child. The most relevant parental aspects included expectations towards the child, an attitude of not exposing the child to certain foods, and in the child's feeding process, pleasurable or frustrating experiences, controlling attitudes and responsive attitudes, encouraging the child's development. Healthcare professionals and the internet influenced the food choices, and fathers were identified as the mothers' partners in conducting the child's feeding. Grandmothers and daycare centers also played an important role in care for the child, but they did not always facilitate healthy feeding practices.

The study also pointed to different meanings attributed to ultra-processed foods (practicality, convenience, composition with high levels of critical nutrients or unknown composition, health risks) and revealed the processes of managing information and dilemmas experienced by mothers in the daily feeding of their young children.

The evidence highlights the need for healthcare professionals to understand these aspects, given their role of potentially motivating and promoting healthy feeding through counseling the families. They should also acknowledge that families live in different economic, social, cultural, and geographic contexts. Therefore, local characteristics should be identified and considered when issuing infant feeding instructions to families.

Finally, according to this study, given the early presence of ultra-processed foods in feeding the children, it is essential for the State to promote regulatory measures to protect children from exposure to these products and guarantee that families receive reliable and comprehensible information on these foods.

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Contributors

Jerônimo RA participated in the conception and design of the study, conducted the fieldwork, performed the analysis of the material and elaborated the manuscript. Quinteiro MDP supported the analysis of the empirical material and carried out a critical review of the manuscript. Castro IRR participated in the conception and design of the study, supervised the fieldwork, supported the analysis of the empirical material and performed a critical review of the manuscript.

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