

IV
Congreso
Internacional
Observatorio de la Alimentación
& Fundación Alícia

Barcelona / 9 - 12 junio / 2015

OTRAS MANERAS DE COMER

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Development and validation of an eating self-efficacy scale

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Self-efficacy refers to the beliefs in the ability to organise and implement the action plans needed to achieve a certain result and the feeling of control over the behaviours and environment. It determines the initiation, maintenance and cessation of strategies or behaviours, being a good predictor of eating behaviour. Despite its potential in terms of research, prognosis and evaluation of interventions, we are unaware of instruments to assess global features of food self-efficacy validated for the Portuguese population. The aim of this work was to develop and validate a scale to assess general features of food self-efficacy ("General Eating Self-Efficacy Scale"; "Escala de Auto-Eficácia Alimentar Global", in the original).

We evaluated a sample of 276 higher education students, and the analysis was performed separately for the subsamples of females ($n = 175$) and males (n

= 101). The items were created through the adaptation of the six items of the self-efficacy subscale of the "Self-Concept Clinical Inventory" ("Inventário Clínico de Auto-Conceito", in the original; Serra, 1986). The study of the validity of the scale included its association with other constructs, namely several self-concept dimensions and health locus of control.

The analysis led to the maintenance of five of the six items initially considered. The scale showed a unifactorial structure, and the proportion of total variance explained by the principal components extracted is higher than 64%. It also shows good internal consistency, with values of Cronbach's alpha above 0.85. The study of relations with other measures showed evidence of its construct, convergent, and discriminant validities.

The "General Eating Self-Efficacy Scale" showed good psychometric properties, and may prove to be a useful tool for the prognosis and the evaluation of interventions related to the change in eating habits. Therefore, the study of its relations with different eating behaviour dimensions (in both clinical and non-clinical samples) will be relevant to the interpretation of the underlying processes of food selection and consumption among individuals and specific population groups. *



Dietary restraint: adaptation and validation of the flexible and rigid control of eating behaviour subscales

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Dietary restraint behaviour implies conscious attempts to reduce food intake in order to control body weight. Nevertheless, restrained eating is not clearly associated with lower body weight. The association between dietary restraint and weight may be further clarified by considering different characteristics of eating behaviour control. Two types of restriction may be considered: flexible and rigid control of eating behaviour. Rigid control involves dichotomous attitudes regarding which foods to exclude, and is related to higher disinhibition and higher food consumption after preload. The self-imposed norms that define flexible control are less strict, and therefore associated to lower disinhibition.

To our knowledge there are no instruments validated for the Portuguese population to assess these two types of restraint. Therefore, our aim was to adapt and validate the flexible and rigid control subscales proposed by Westenhoefer et al. (1999) for the Portuguese adult population and to analyse the re-

lationship of the two types of control with socio-demographic and anthropometric variables.

Two samples were evaluated, one from the general population ($n=231$) and the other composed by higher education students ($n=257$). The adaptation of the subscales involved their translation, back translation and cultural adaptation.

The analysis led to the exclusion of three items. After exclusion of these items, both subscales showed unifactorial structure and acceptable internal consistency in any of the samples (Cronbach's alpha between 0,750 and 0,817). Women had higher levels of both types of control. For men age was positively associated with flexible control, and for women education was positively associated with both types of restraint. In the students' sample, rigid control significantly predicted BMI (positive association) while in the general population's sample none of the restraint types showed significant effect.

The present study supplies an instrument to assess flexible and rigid control of eating behaviour adapted to the Portuguese population. The relations with socio-demographic variables and BMI will be useful to plan future research and public health interventions. *



sados. Igual fenómeno observado en el Terreiro Osùn Oparà Oxossi Ybualama, al comenzar lo ajeum existian camareños, mesas forradas y alineadas, bufet con stroganoff y tortas decoradas⁵.

La identidad cultural no es algo ganado, que no se puede cambiar; se ha tornada fragmentada, provisional, variables; el sujeto ya no tiene una identidad fija asumiendo "identidades diferentes en momentos diferentes." Los cambios en el contexto de las identidades culturales están ligadas a la globalización⁶: en la medida que otras culturas se colocan en interconexión con cambio social los nuevos valores son inevitables.

Junto de los alimentos tradicionales los productos contemporáneos agregan solamente más valor y sabor a las fiestas del patio contribuyendo cada vez más a la diversidad de los cultos afroamericanos y su cocina. *

5. Observación in loco.

6 HALL, Stuart A. *Identidade cultural na pos-modernidade*. Rio de Janeiro: DP&A ed. 2006. p. 11-15, 68.

Emotions and food intake

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Objective

Verify the influence of negative emo-

tions in the energy consumption of sweet and savory foods in women with overweight and normal weight.

Method

Experimental study involving 33 healthy adult women who did not use psychotropic medications, 19 volunteer overweight (BMI higher than 25 kg/m^2) and 14 normal weight women (BMI between 18.5 and 24.9 kg/m^2) divided into nine groups, ranging from three to four members. All groups were submitted to two interventions with videos on different days with an interval of two days: a video containing scenes that trigger negative emotion and one with neutral scenes, seen as neutral intervention with emotion. After the presentation of the videos were offered ad libitum snack containing several typical Brazilian foods, including sweet and savory food. Dietary intake was assessed by the difference between the previous and after snack quantification. After scoring the food consumed by the group, the number of total consumption was divided by the number of members of the group, thus establishing the average per capita. To calculate the energy density of foods offered the Brazilian Food Composition Table was used. Thus, we compared the total energy density consumed and food choice on the emotions by groups and evaluated the difference in food consumption between groups.

Results

After the negative emotion, the average energy density consumed by participants overweight increased 48.6% compared to the average energy density consumed after neutral intervention, showing a significant difference between the neutral consumption and

consumption with emotion. Already eutrophic participants did not have a significant increase in energy intake, considering that the increase was only 9.0%. The food choice is presented evenly between sweet and savory food and interventions in both groups, ie, there was no difference between the amount of sweet and savory foods consumed during interventions in both groups. This shows that the group with overweight increased consumption of both types of food offered, expressing a lack of favoritism between sweet and savory in consumption after negative emotion.

Conclusion

The results show that women who are overweight tend to increase energy intake on negative emotions, unlike the normal weight who did not show a significant increase. Moreover, it was seen that the increase in food consumption in the presence of negative emotions by participating overweight is widespread, indicating no specific preference for sweet or salty foods. *

Social desirability is defined as the tendency to transmit a culturally accepted image, according to social norms. Individuals with high social desirability search approval and avoid criticism in situations of test. Therefore, social desirability may bias parameters evaluated in scientific research, especially self-reported parameters, leading individuals to provide answers believed to be socially accepted, and to avoid an association with opinions or behaviours socially disapproved. Few studies have focused on the effects of social desirability on eating behaviour evaluations. Moreover, the results from these studies lead us to assume that social desirability is likely to explain partially the relationships found between eating behaviour dimensions. However, to our knowledge, there are no works studying specifically the effect of social desirability on the relationships between eating behaviour dimensions.

Our aims were to relate social desirability with eating behaviour dimensions among Portuguese higher education students, and to assess the effect of social desirability on the association between pairs of eating behaviour dimensions.

Data from 266 higher education students (62.8% females) aged between 18 and 27 years were evaluated. Social desirability and several eating behaviour dimensions (emotional eating, external eating, flexible and rigid control of eating behaviour, binge eating, and eating self-efficacy) were assessed. The effect of social desirability on the association between eating behaviour dimensions was made by comparing these associations with similar partial correlations controlled for social desirability.

The effect of social desirability on eating behaviour among portuguese higher education students

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adelgazar por prescripción médica tienen un consumo alimentario más saludable que quienes lo hacen por iniciativa propia.

Como fuente de datos nos serviremos de la última Encuesta Nacional de Salud correspondiente a los años 2011/12. Para contrastar los efectos de los factores sociodemográficos, tanto sobre el seguimiento de dietas para adelgazar como sobre los consumos alimentarios, utilizaremos estadísticos paramétricos descriptivos y análisis de la varianza multivariante. Esto nos permite la comparación, tanto entre grupos, como entre categorías de los mismos, ajustando las mediciones por edad e índice de masa corporal, con la finalidad de comparar las diferencias entre los distintos grupos de estudio controlando o eliminando la posible influencia de dichas variables. *

Este trabalho é fruto da tese de doutoramento de Michelle Medeiros, orientada pela professora Josiméy Costa, no programa de pós-Graduação em Ciências Sociais na UFRN. O título da tese defendida em 2014 é: Marcel Proust para além das madeleines. Uma culinária indócil.

O comer na contemporaneidade, ainda que permeado por diversos fatores, guarda o científico como direcionamento hegemônico: um logos que compreende o bom corpo como o produto de uma saúde moralizada e racional, onde não há espaços para o que Georges Bataille denominou como dispêndios improdutivos. Aos dispêndios cabem a busca dos estados de excitação ilógicos, fora da razão e esgotamento do corpo. Portanto, para além de uma atitude de conservação da saúde, comer, como empreitada humana delineada em uma lei da economia geral, é também uma atividade do excesso (BATAILLE, 1975; 2013). Esse é um dos temas de interesse em Em busca do tempo perdido (BTP). Gérard Genette comenta que “desde as primeiras páginas de Combray, o tema do álcool e da sexualidade aparecem de maneira contínua” (DELEUZE, 2007, p. 54, traduzi). Ali, o álcool autoriza a duração de um estado fora da razão. Analisar a imbricação, entre o álcool e os excessos, a partir do texto BTP, foi o objetivo desta pesquisa. Para isso, foram realizadas leituras da obra e uma posterior sistematização em um arquivo digital que subsidiou a análise. Percebeu-se na Recherche (1) cervejas, conhaques, cidras, licores, mazagran, glória, vinhos tintos, espumantes, porto, (2) que o álcool autoriza o acesso do corpo ao que Michel Foucault (1986) chamou de heterotopias do desvio: os espaços de fora, que localizam indivíduos com comportamento desviantes em relação à norma. Por exemplo, os bordéis para

Heterotopias alcoólicas proustianas: Excessos do corpo e uma culinária indócil

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were assessed by the Dutch Eating Behavior Questionnaire, dietary restraint was measured using the flexible and rigid control of eating behaviour subscales proposed by Westenhoefer et al. (1999), binge eating was measured using the Binge Eating Scale, and eating self-efficacy using the General Eating Self-Efficacy Scale.

Female nutrition students present higher eating restraint (both flexible and rigid control) and higher binge eating; the effect on binge eating was small, while the effects on restraint were medium, being the one regarding rigid control the largest. No main effect of year was found for any dimension, as well as no significant interaction. Male nutrition students showed higher flexible and rigid control of eating behaviour when compared with students from other courses. Both effects were medium, but the effect on rigid control was larger.

Regarding dietary restraint, it is worth noticing that, for both sexes, the effects sizes found in our study were larger for rigid control than for flexible control. This result is particularly relevant given the conceptual distinction between these two restriction types, as rigid control is characterized by dichotomous attitudes regarding food and associated to higher disinhibition, which may lead to worse weight-related outcomes among nutrition students despite their higher knowledge on nutrition, food and dieting.

These results may have clinical implications, as the nutritionists' performance may be biased by their own eating behaviour characteristics. It is worth noticing that only recently Binge

Eating Disorder was formally classified as an eating behaviour disorder by the American Psychiatric Association (2013); therefore, these results should also have educational implications, as the relevance of binge eating should be focused accordingly throughout the nutrition courses' curricula. Moreover, the data obtained from this study provides several clues to further studies to be developed regarding the still rarely approached issue of eating behaviour among nutrition students. *

Cultura y dietética: normas y representaciones de una alimentación sana entre dietistas francesas y brasileñas

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Durante las últimas décadas las tasas de prevalencia de obesidad y enfermedades crónicas han aumentado en el mundo. Numerosos estudios han señalado el papel de los hábitos alimentarios inadecuados en el desarrollo de tales enfermedades, hasta el punto que la alimentación se ha vuelto una cuestión de salud pública. Diversas estrategias visando mejorar la alimentación y la salud de la población se basan en la idea que transmitir a los individuos conocimientos racionales científicos puede resultar directamente en comportamientos más sanos. La alimentación

fue así progresivamente medicalizada y las mismas normas dietéticas fueron globalmente difundidas, frecuentemente sin considerar la diversidad sociocultural.

Los dietistas tienen cada vez más un papel importante en la creación y difusión de las normas dietéticas. Estos profesionales, todavía poco estudiados y representados en su mayoría por mujeres, reciben, interpretan, experimentan y transmiten las normas dietéticas en contextos culturales distintos, donde la alimentación es igualmente estructurada e influenciada por un implícito cultural. En realidad, aunque los conocimientos médicos y dietéticos puedan influenciar las prácticas socio-culturales, ellos también pueden estar sumisos a las mismas. Esta relación recíproca provoca percepciones específicas del cuerpo, de la alimentación y de la salud, de acuerdo con el tiempo y el espacio. En ese contexto, en ese estudio nos cuestionamos: ¿en qué medida las dietistas, aunque tengan conocimientos técnicos y "objetivados", tienen sus normas y representaciones influenciadas por un implícito cultural? ¿Serían igualmente sus recomendaciones dietéticas influenciadas por el contexto cultural?

El presente estudio, inscrito en el cruce de la socioantropología de la alimentación y de la socioantropología de la salud, busca a comprender las respuestas a tales preguntas. Fue adoptada una metodología cualitativa y comparativa, basada en entrevistas semi-directivas individuales realizadas con 30 dietistas, del sexo femenino, de nacionalidad francesa y brasileña, viviendo en sus países de origen. *

BMI, energy and nutritional intake in the portuguese population

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Introduction

Positive energy balance is closely related to the onset of obesity. It is really important to know the energy and nutritional intake in order to classify the weight status of populations.

Purpose and methods: With the aim of studying the relationship between weight status and energy and nutrient intake, we studied a representative sample of the Portuguese population comprised 3047 adults (52.2 % women), with more than 18 years, included in the study "Food and lifestyles of the Portuguese Population" (SPCNA and Nestlé). Participants were measured and weighed according to standard methodology. With weight and height data, BMI was calculated and classified according WHO. We evaluated the dietary intake using a 24h recall (week days), and the nutritional analysis was made using the Food Processor®.

Results

Portuguese made 4.8 meals daily, women do more meals than men, number of meals decreases significantly with increasing age. Most common meals are lunch and dinner, less frequent is supper. 53% of men fail mid-morning-snack and 28% the mid-afternoon-snack. Younger Portuguese fail breakfast and older fail supper, more frequently. The total energy value (TEV) is spread by: 16.2% breakfast, 3.9% mid-morning-snack, 34.5% lunch, 11.1% mid-afternoon-snack 14.5%, 30.7% dinner, 8.3% supper. The contribution of lunch for men is higher than for women (36.1 vs 33.1%) and women have higher intake of energy at breakfast than men (15.1 vs 17.3%). Total number of daily meals is positively correlated with the TEV, and negatively with BMI and Wc. BMI and Wc have higher correlation with lunch contribution to TEV in men and with breakfast to women.

Conclusions

Attention to meal patterns is important for health promotion and preventive programs, for a variety of reasons. +

Con las manos en la masa

Reflexiones sobre la puesta en escena del cuerpo en el acto alimentario

*"No estés con los bebedores de vino,
Ni con los comilonas de carne,
Porque el borracho y el glotón
se empobrecerán, Y la vagancia
se vestirá de harapos."*

Proverbios 23:20-21 Nueva Biblia Latinoamericana de hoy

La obesidad ha sido indicada como uno de los problemas de salud pública más importantes de la actualidad, lo que ha significado la implementación de todo tipo de programas con resultados poco alentadores. Ser obeso actualmente resulta problemático, principalmente por la condena moral que los individuos reciben debido a su supuesta falta en el control de lo que ingieren y de sus cuerpos.

Este trabajo busca reflexionar en torno a la puesta en escena del cuerpo cuando come desde la perspectiva de Goffman y Bourdieu. Para ello se trabajó en base a observaciones de personas de contextura gruesa durante algún evento alimentario en lugares públicos de Santiago de Chile.

En un intento por observar cómo se presenta en escena el cuerpo que come. El foco está puesto en el cuerpo grueso y con sobrepeso que come, pues se trataría en cierta medida de un cuerpo estigmatizado.

Con dicha finalidad se recorrieron dos espacios de Santiago. El primero, un lugar muy concurrido en el centro. El segundo, un lugar muy exclusivo en la Comuna de La Dehesa con el fin de comparar algunos rasgos que había observado en la primera ocasión, pues siguiendo a Bourdieu (2012), en estos actos es posible vislumbrar distinciones vinculadas a los distintos habitus. Desde tales perspectivas se lo ha considerado al cuerpo como portador

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homens, que inscrevem uma tripla inversão na moral hegemonic: homens casados em relações extra-conjugais, sem fins reprodutivos e com homens - Robert Saint-Loup: homem viril, fardado, casado com Gilbert Swann, o rei do rendez-vous homossexual na Recherche, (3) e que o corpo vive a dilapidação do excesso tanto ao consumir o álcool em si, desafiando os regimes do médico Cottard, que centraliza o discurso logocêntrico ao culpabilizar e moralizar a volúpia da boca (NIETZSCHE, 1992); como ao acessar as heterotopias, sobretudo nas cenas de sadomasoquismo. Charlus, frequentador de bordéis, em uma das cenas é surrado por Maurice, um dos jovens que trabalha na casa: “Beijo-lhe os pés, humilho-me, prometo não recomeçar. Tenha dó de mim” [...] ‘vamos amarra-te na cama, nada de piedade’, e ouvi estalar uma chibata, provavelmente eriçada de pregos, pois seguiu-se um uivo de dor” (PROUST, 2013, p. 156). As práticas de consumo alimentar, como produto humano, guardam não só o nutritivo e a matéria-prima, mas a desnutrição e a excrescência, o que Medeiros (2014) denomina como culinária indócil: a compreensão de que tudo que há de mais humano em cada um de nós, a violência, o sadismo, a criação, o amor, também habita um comer para uma gorda saúde (NIETZSCHE, 2003). O dono dessa gorda saúde seria capaz de redimir seu corpo do ideal dominante, abocanhar a existência em sua totalidade, libertar-se do peso de valores morais definidos outro. Uma culinária indócil ao promover a saúde (do que viverá este corpo?) deve compreendê-la como a aptidão do sujeito para criar aquilo que falta. *

Comportamento alimentar em estudantes de nutrição

comparação com estudantes de outros cursos

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The role of nutrition and dietetics professionals is of great relevance for both the study and interventions to promote adequate and informed food choices among individuals, groups and populations. Nevertheless, and despite the recognition of its importance, studies focusing on eating behaviour among nutrition and dietetics students and professionals mostly study the prevalence or risk of eating disorders, and few evaluate eating behaviour dimensions. Given some discrepancies in previous research and the lack of works comparing eating behaviour dimensions between students from nutrition with those attending other courses, our main aim was to compare several eating behaviour dimensions between undergraduate nutrition students and students from other areas. In the female subsample we simultaneously studied the effect of the course's year of attendance on the results.

Several eating behaviour dimensions were compared between 154 nutrition students and 263 students from other areas. Emotional and external eating

Results: On average Portuguese energy intake is about 30kcal/kg weight measured/day. Pre-obese Portuguese reported the higher energy intake and lean the slightest. Is in the lower BMI group that that protein and total fat had higher contributes to Total Energy Value (TEV). The contribution of HC is higher in normal weight and ethanol in individuals with pre-obesity. Overall, the BMI has a significant effect on the average and percentage contribution of macronutrients for VET ($\beta = 0.058$, $p < 0.001$). For the percentage contribution of total fat the effect of BMI is small ($\beta = 0.002$, $p = 0.024$), as well as the percentage contribution of HC ($\beta = 0.008$, $p < 0.001$) and the percentage contribution of ethanol ($\beta = 0.003$, $p = 0.005$) for the TEV. As BMI increases, increases energy intake in men, but in women the association is negative, ie , women with higher BMI reported lower TEV. As BMI increases, the contribution of HC decreases and increases the contribution of ethanol to TEV. Correlations are weak but statistically significant.

Conclusions: The BMI group where intervention seems to be most needed is the pre-obesity one, as they are the group with higher energy intake. Thinner people should increase HC intake. It seems important to know the reported energy and nutrient intake, in order to develop strategies to improve weight status and achieve the nutritional requirements of the populations. +

Circadian energy intake of the portuguese

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Introduction

Meal patterns are of extremely importance when comprehensively describing dietary habits in a population.

Methods

To describe number of meals, most frequent meals and daily energy distribution along the day, in a representative sample of Portuguese adults by sex, age, BMI, waist circumference (Wc); and correlate all variables with number of meals and total daily energy intake. Trained interviewers interviewed the representative sample of 3047 adults, face-to-face at home with a questionnaire designed for the study "Portuguese Population's Food Habits and Lifestyles" (led by SPCNA). Dietary intake was estimated by a single 24h recall, converted into nutrients with Food Processor®.

Results

Portuguese made 4.8 meals daily, women do more meals than men, number of meals decreases significantly with increasing age. Most common meals are lunch and dinner, less frequent is supper. 53% of men fail mid-morning-snack and 28% the mid-afternoon-snack. Younger Portuguese fail breakfast and older fail supper, more frequently. The total energy value (TEV) is spread by: 16.2% breakfast, 3.9% mid-morning-snack, 34.5% lunch, 11.1% mid-afternoon-snack 14.5%, 30.7% dinner, 8.3% supper. The contribution of lunch for men is higher than for women (36.1 vs 33.1%) and women have higher intake of energy at breakfast than men (15.1 vs 17.3%). Total number of daily meals is positively correlated with the TEV, and negatively with BMI and Wc. BMI and Wc have higher correlation with lunch contribution to TEV in men and with breakfast to women.

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loss surgery drive to expected changes? What kind of changes? How does it lead to confront with surprises that have to be dealt with? How do the studied persons differently face these body, eating and identity issues? *

Perfis de comportamento alimentar e sua relação com o IMC em estudantes portugueses do Ensino Superior

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Eating behaviour refers to both quantitative and qualitative features of the selection of foods and decision of what foods to eat. Eating style refers to patterns of eating behaviours, and is the result of several psychological and social factors. Several eating behaviour dimensions may be considered, and several of them have been shown to have research and clinical relevance. Research has focused mostly on associations between eating behavior dimensions, providing evidence that these dimensions often cluster. Therefore, an analysis aiming to reveal eating styles (obtained through cluster analysis) could be more helpful to explain consumption and eating behaviour relationships with BMI. Our aim was to determine prototypical profiles of eating

behaviour among Portuguese higher education students, and to relate these patterns with BMI.

Data from 280 higher education students (63.2% females) aged between 18 and 27 years were analysed. Several eating behaviour dimensions (emotional and external eating, flexible and rigid restraint, binge eating, and eating self-efficacy) were assessed, and eating styles were derived through cluster analysis. BMI for current, desired and maximum self-reported weights and the differences between desired and current BMI and between maximum and current BMI were calculated.

Women scored higher in emotional eating and restraint, whereas men showed higher eating self-efficacy. Men had higher current, desired and maximum BMI. Cluster analysis showed three eating styles in both male and female subsamples, characterized by either high emotional, external and binge eating ("Overeating"), high eating self-efficacy ("High self-efficacy"), or high dietary restraint ("High restraint").

Restrictive women and men differ on important eating behaviour features, which may be the cause of differences in the associations with BMI. High self-efficacy women showed lower BMI values than the others, and restrictive women had higher lost BMI. High self-efficacy men showed lower desired BMI than overeaters, and lower maximum and lost BMI than highly restrictive ones. Eating self-efficacy seems to be a central variable influencing the relationships between other eating behaviour dimensions and BMI. *

the food decision. The choice previously driven primarily by the norms issued by the society, becomes an individual question. Everyone can choose what he eats, when he eats, with whom he eats. However, the choice is always done in a social context and is never completely detached from social constraints. In Dakar, there is a transformation of food decision model towards individualization but always in a social system imposing strong constraints. Eater is set between free choice and social constraints. Individualization seems initiated today without lead to a «food individualism.»

Our study shows that food choices are made in a context of rising prices for staple food of the Dakar diet: rice, imported and dependent on the world food market and fish, that local access is compromised by the overfishing and export policies. In this context, the decision to eat out can come from a desire for independence vis-à-vis the family, but can also participate in a solidarity strategy for reducing the pressure on the family dish – the number of eaters being lesser. *

Determinants of food individualism in Dakar: From independence desire to economic solidarity

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In Dakar (Senegal), meals are traditionally at home around a common dish. Hours and composition are decided by the head of household and/or the cook. Others household members have the choice of eating or abstain from eating. However, urban lifestyles see the emergence of new forms of commensality further from family and sometimes more individual. Street food, restaurants and fast foods represent opportunities to eat outside the home. Can we speak of individualization? What are the determinants of this «food individualization»? How choices, outside of family constraints, are they operated by eaters? A qualitative study including 29 individual semi-structured interviews and 22 participative observations of food sessions (supply, preparation and consumption) and a quantitative study - 800 questionnaires with eaters - realized in Dakar, allow us to present first answers to these issues.

This presentation, not exhaustive, of some determinants of individualism allows to capture the complexity of the phenomenon. The individualization is characterized by taking into account the own motivations of individuals in

Negotiating individuality: eating "by choice" in New-Delhi

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One sometimes hears "I'm vegetarian by choice", what reminds to the sociologist that in some other cultural



unánime entre los participantes el relato de que los cambios en la alimentación ocurrieron a partir de su ingreso en el deporte y no como resultado de la deficiencia, aunque el uso de otros sentidos que no la visión sea privilegiado a partir de la deficiencia visual. El uso de estos otros sentidos contribuye para la elaboración del autoimagen corporal para estos atletas, lo que es determinante para su autonomía, incluyendo la alimentación. Olfato, paladar y el peso del plato (como referencia de cantidad) influyen en lo que comen. Algunos referencian el comer como fuente de sabor y placer, pero no pautan sus elecciones basados en estos aspectos. La condición que prevalece es la busca por el desempeño deportivo. La palabra "controlada" es utilizada para describir su alimentación cotidiana y las elecciones relacionadas a la salud (ej.: preocupación con el consumo de hortalizas) están asociadas a las orientaciones nutricionales que reciben. Los DV reportan dificultades en adaptarse a la alimentación ofrecida en competencias internacionales, debido a las diferencias en los hábitos culturales y la disponibilidad de alimentos. Se refieren a los nutrientes en lugar de los alimentos, como forma de universalizar la alimentación, haciendo posibles elecciones alimentarias adecuadas a las demandas del deporte, en cualquier parte del mundo. En las relaciones con los guías, los DV reportan decidir los alimentos que desean comer a partir de las informaciones fornecidas por los guías y también indican las cantidades deseadas, sin embargo no suelen ser precisos sobre las mismas. Todos los atletas referenciaron las relaciones con al menos un familiar, como parte importante de la adaptación y/o organización de las actividades alimentarias. *

Stages of change towards healthy eating by portuguese senior population

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Introduction

Eating is not an involuntary process; on the contrary, as a bio-social and cultural phenomenon, the promotion of healthy ageing through healthy eating is more likely to be effective if based on the understanding the stages of behavior according to healthy eating.

Aim

To evaluate the stages of change towards healthy eating in the Portuguese senior population; and to compare these stages of change according sociodemographic characteristics.

Methods

This project was carried out within the "Portuguese Population's Food Habits and Lifestyles". This study was designed and promoted by Sociedade Portuguesa

de Ciências da Nutrição, with the support of Nestlé, within a protocol of scientific sponsorship between the two institutions. A national representative sample of 710 Portuguese citizens aged plus than 65 years, living in their own homes, were interviewed in a face to face situation. Subjects were assigned into five different categories according to Transtheoretical Model developed by Prochaska et al. In this model health related behaviour change occurs through separate stages: Precontemplation (do not consider any changes), Contemplation (consider changes), Decision (make plans to change), Action (carry out the changes) and Maintenance stage (maintained changes for more than six months). An additional group was identified: Relapse, corresponding to those who have quit healthy eating.

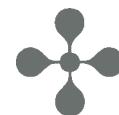
Results

Distributions of seniors over five stages of change showed that the majority of elderly (63,7%) were in the maintenance stage followed by decision (9,8%), pre-contemplative stage (7,6%), relapse (6,8%), action (6,9%) and contemplation stage (5,1%).

Gender differences were observed. Women were found to be in the maintenance stage (65,2%) as well as widows (69,1%). Looking at geographical area, elderly living in the North and Açores plus Madeira were also more likely to be in the Maintenance stage group (81,9%, 72,0%).

Conclusion

The stages of change model is an important tool in understanding differences in attitudes towards health eating habits and it can be a base for effective interventions in seniors population in Portugal. *



la Índice de Masa Corporal (IMC = peso / talla 2) y se consideraron los criterios propuestos por la Organización Mundial de la Salud. Para evaluar las diferencias entre las variables categóricas, se utilizó el test de chi². El nivel de la significación estadística empleado en todos los enfoques fue de p<0,05. La muestra consistió en 89% mujeres, edad media fue de 29 años (desviación estándar [DE] 8,6) y todos los participantes de la encuesta personal tiene educación media completa, técnica y universitaria completa. 32% de la población tenía sobrepeso y el aumento de riesgo de enfermedad cardiovascular y 18% de los empleados evaluados reportaron que tenían niveles elevados de colesterol. Respecto al consumo diario de frutas y verduras / ensaladas, 25% y 68%, respectivamente, reportaron tales prácticas de alimentación; 57% informó de agregar sal a la comida servida en el plato a veces o siempre y el 18% de los evaluados nunca quitar la piel o la grasa visible de la gallina, sin diferencia en los porcentajes por sexo, el estado del peso y el riesgo cardiovascular. Las personas rela sobre peso también reemplazar más a menudo (1-2 veces por semana) para el almuerzo merienda al comparar el peso normal (63 vs 16%, p = 0,04). proporción significativa de los empleados tenía la dieta con baja calidad nutricional que se caracteriza por el consumo frecuente de sal y grasas y el bajo consumo de frutas y verduras / granos integrales y otros alimentos ricos en fibras. Por lo tanto, la educación nutricional puede ser una herramienta importante en la construcción de nuevos conocimientos sobre los alimentos y los hábitos alimentarios y promover estilos de vida más saludables para ayudar en la prevención o el tratamiento de la posible peso y comorbilidades desviaciones. *

Health and food choice among free-living portuguese seniors

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Introduction

According to the last national statistics, in Portugal around 19% of the all population has plus than 65 years. Food intake affects the aging process but aging also determines attitudes related to health and food choices and dietary patterns of populations.

Aim

The aim of this study was to identify in the Portuguese senior population, the main perceived influences on health and food choice.

Methods

This project was carried out within the "Portuguese Population's Food Habits and Lifestyles". This study was designed and promoted by Sociedade Portuguesa de Ciências da Nutrição, with the support of Nestlé, within a protocol of sci-

entific sponsorship between the two institutions. A national representative sample of 711 Portuguese citizens aged plus than 65 years, living in their own homes, were interviewed in a face to face situation. Uni and multifactorial analysis were carried out to characterize the study sample. Factors associated to the main factors influencing health and food choice were identified by logistic regression, odds ratios and the respective confidence intervals. The analysis was done using the Statistical Program for Social Sciences (SPSS), 21.0.

Results

Food (52.4%), control weight (17.1%) and smoking (15.5%) were identified as the main factors relevant to their health. The less mentioned factors were the consumption of alcoholic beverages (8.6%) and physical activity (9.4%). The two main factors were reported mainly by women and more educated seniors. Regular physical activity was more important factor to women, younger and more educated.

The most important factors influencing food choice by the Portuguese elderly were "taste of the foods" (47.5%), followed by prices (35.8%) and try to eat healthy (30.2%). Conversely content in additives (2.7%) and food packaging or presentation (4.7%) were less important factors. Flavor was more determinant of food choice for women, younger elderly and more educated ones while price was also more women, older and with lower education.

Conclusion

The results of this study, conducted with a representative sample of Portuguese seniors reveals the factors

that should be taken into consideration to design appropriate programs to the Portuguese population and contribute to their quality of life. *

Influencia de factores socioeconómicos en el estado nutricional del paciente crónico

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Introducción

La Dieta mediterránea (DM) se asocia a un menor riesgo de padecer enfermedades crónicas. La adherencia a la DM reduce el riesgo de padecer algunas enfermedades crónicas como Diabetes Mellitus, problemas cardiovasculares, hipertensión arterial, etc.

Aproximadamente, una tercera parte de las enfermedades crónicas pueden estar relacionadas con la alimentación. La alimentación está influida por los conocimientos, hábitos, gustos y factores socioeconómicos de la persona.

Los expertos hablan de pobreza o inse-
guridad alimentaria para designar la si-
tuación de los grupos con bajos ingresos