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Editorial

REFLECTIONS ON THE DEVELOPMENT OF CHRONIC DISEASES FOR BEING A CHILD DURING THE COVID-19 PANDEMIC

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Sidrack Lucas Vila Nova Filho[a],
Fabiana Cristina da Lima Silva Pastich Gonçalves[a],
Pedro Israel Cabral de Lira[a]

Programa de Pós-Graduação em Nutrição,
Universidade Federal de Pernambuco[a]
E-mail: sidracklucas@hotmail.com

The COVID-19 pandemic which started in 2020 in China generated a global emergency to decrease the transmission of the SARS-CoV-2 virus and for the recovery of those who developed pneumonias (WHO, 2020). As it is a respiratory virus, one of the measures taken by governments was the social isolation, which, despite the preventive effect on transmission, brought side effects on behavior and consequently on the mental health of populations (MARROQUIN, VINE, MORGAN, 2020).

Among these effects, we highlight the change in eating behavior, which culminated in the consumption of a greater proportion of ultra-processed foods, mainly through meals delivery, fast food, snacks such as cookies, chips and sugary drinks (NEIRA et al., 2021) and, the reduced practice of physical activity, which corroborates to the greater risk of developing chronic non-communicable diseases (CNCD) (MARTÍNEZ-DE-QUEL et al., 2021). Allied to these factors, the higher levels of stress, fear and concearns are added, which favor the search for comfortable food or ultra-palatable food in an attempt to make one feel better (SPENCE, 2017).

In this context, eating behavior is characterized by choices from the act of buying to the preparation and consumption of food, and is directly influenced by environmental, nutritional, psychological, social, and cultural factors (SILVA et al., 2021). When eating habits reflect on the higher consumption of ultra-processed foods, which have a higher proportion of simple sugar, saturated/trans fats and chemical additives when compared to less processed foods, an environment that favors CNCDs arises, due to this eating behavior being more inflammatory (ASKARI et al., 2020).

Given this scenario, a prominent phenomenon is the change in children's eating habits, as pointed by some studies (BUSTOS-ARRIAGADA et al., 2021; PHILIPPE et al., 2021). In addition to eating behavior being initially formed through children repeating the caregivers' habits, it is argued that more permissive parental behavior during the pandemic, in an attempt to minimize the stress caused by social isolation, contributed to the greater consumption of ultra-processed foods by children (PHILIPPE et al., 2021). Allied to this, a factor that directly impacts the development of these habits is screen time, which, during social isolation, has increased, and reverberates on physical inactivity, not paying attention to food and becoming more susceptible to media influence on consumption of ultra-palatable foods (PANDYA, LODHA, 2021).

Also, during this period, the lack of access to public school meals by children and the difficulty of acquiring foodstuffs of better nutritional quality by the population with lower purchasing power is denounced, who may have preferred the acquisition of cheaper ultra-processed foods with longer shelf life. All these factors directly contribute to worse nutritional status and child eating behavior (DE SOUZA et al., 2020).

As we consider that the formation of eating habits occurs through repetitive behaviors that tend to last the earlier, they are introduced, children become possible victims of this environment generated by the social isolation imposed for their caregivers and for themselves and, therefore, they can present greater chance to perpetuate these habits throughout their life cycle, which will favor the development of NCDs.

Faced with the decrease in transmission and serious cases of COVID-19, the question remains: What are the consequences of this modern pandemic for the health of the population? In the context discussed here,

there is an urgent need for scientific mobilization to identify children's eating behavior in different populations in this post-pandemic period so that public health interventions and policies can be adapted to prevent the emergence of NCDs resulting from this phenomenon or reverse them, if already present.

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