Food insecurity and social support in families of children with sickle-cell disease

Isabel Nascimento dos Santos, Jorginet de Jesus Damião, Maria de Jesus Mendes da Fonseca, Cláudia dos Santos Cople-Rodrigues, Odaleia Barbosa de Aguiar

Objective: To examine the associations between food insecurity (IA) and social support in families of children with sickle-cell disease (DF).

Methods: This cross-sectional study in families of 190 children from five to nine years old in follow-up at a hematology referral hospital in Rio de Janeiro State. IA was measured using the Brazilian food insecurity scale and social support was measured using the Brazilian version of the MOS social support survey instrument. The relation between IA and social support was analyzed by way of a multinomial logistic model.

Results: There was IA in 62.2% of the families, in moderate and severe form in, respectively, 11.1% and 7.9% of cases. In families of children with DF, levels of mild and severe food insecurity (IAle and IAGr) were found to relate inversely to levels of social support in the following dimensions: informational support (IAle OR = 0.98; 95% CI 0.96–0.99 and IAGr OR = 0.95; 95% CI 0.92–0.98); social interaction (IAle OR = 0.98; 95% CI 0.96–0.99 and IAGr OR = 0.96; 95% CI 0.93–0.99) and tangible social support (IAle OR = 0.97; 95% CI 0.96–0.99 and IAGr OR = 0.97; 95% CI 0.94–0.99).

Keywords: Food insecurity; Social support; Anemia sickle cell; Hemoglobin sickle; Child; Family

Corresponding author.
E-mail: odaleiab@hotmail.com (O.B. Aguiar).

https://doi.org/10.1016/j.jped.2018.01.005
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Insegurança alimentar e apoio social em famílias de crianças com doença falciforme

Resumo

Objetivo: Avaliar as associações entre insegurança alimentar (IA) e apoio social em famílias de crianças com doença falciforme (DF).

Métodos: Estudo transversal realizado com as famílias de 190 crianças, com idades de cinco a nove anos, atendidas em um hospital de referência em hematology no estado do Rio de Janeiro. A IA foi medida utilizando a escala brasileira de insegurança alimentar, e o apoio social foi medido utilizando-se a versão brasileira do instrumento de pesquisa de apoio social MOS. A relação entre IA e o apoio social foi analisada por meio de um modelo logístico multinomial.

Resultados: Havia IA em 62,2% das famílias, nas formas moderada e grave em 11,1% e 7,9% dos casos, respectivamente. Em famílias de crianças com DF, os níveis de insegurança alimentar leve e grave (IAL e IAG) apresentaram relação inversa com os níveis de apoio social nas seguintes dimensões: apoio informativo (IAL OR = 0,98; IC 95%: 0,96-0,99 e IAG OR = 0,95; IC 95%: 0,92-0,98); interação social (IAL OR = 0,98; IC 95%: 0,96-0,99 e IAG OR = 0,96; IC 95%: 0,93-0,99) e material (apoio social tangível) (IAL OR = 0,97; IC 95%: 0,96-0,99 e IAG OR = 0,97; 95% CI 0,94-0,99).

Conclusão: Considering os efeitos positivos do apoio social na IA, as políticas públicas devem ser encorajadas a garantir segurança alimentar e nutricional e assistência social para o atendimento de pessoas com DF. Além disso, os grupos de apoio social para pessoas com DF devem ser fortalecidos.

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Introduction

Sickle-cell disease (SCD), a group of hematological diseases characterized by the presence of hemoglobin S (HbS), is highly prevalent and a recognized public health problem worldwide and in Brazil.\(^1\) Brazil’s national neonatal screening program estimates that 3500 babies are born with SCD each year. Anyone can be born with the disease, which is hereditary, providing their parents have the HbS gene.\(^2\) However, SCD is still acknowledged to be a racial/ethnic disease, primarily affecting individuals of black and mixed-race ethnicity.\(^3,4\)

In Brazil, differences are observed in the results for certain birth, mortality, and morbidity indicators when stratified by ethnicity.\(^5\) Individuals of black and mixed-race ethnicity generally present worse results for these indicators, including higher prevalence of FI, when compared with households whose residents’ race is white.\(^6,7\)

Prevalences of FI have been steadily decreasing in Brazilian households, from 34.9% in 2004 to 30.2% in 2009\(^9\) and then 22.6% in 2013.\(^7\) Despite that decline, FI is still alarming, given that it is a violation of human rights that can have direct and indirect effects on people’s health.

People with chronic illness in situations of greater social vulnerability and FI may have a worsening of living conditions, aggravating their health.\(^1\) Therefore, it is important to study of FI in a group of people with high biological, clinical, and social vulnerability, such as in SCD.

Studies\(^9-11\) have found an inverse relation between FI and social support, indicating that the latter can lessen the situation of food insecurity, because it influences resource availability (for example, food donations or barter, or even someone to do the cooking) or yields the beneficial effects of feeling cared for, loved, and having people to turn to.\(^11\) Nonetheless, Davis et al.\(^12\) highlight the mixed effects between FI and social support; qualitative studies of these phenomena can provide a stronger understanding of how specific strategies and context factors determine how social support is used and what effects it produces on food security.

Social support can be described as a buffer (on a buffer-effect model), moderating the impact of stressful situations, or as a main effect, on a model in which social networks are considered to foster positive experiences, stability, positive affect, and self-esteem, with the potential to help avert adverse situations.\(^13\) Lastly, it can also be described in terms of how interpersonal relations associate with the emotional, instrumental/tangible, informational, affectionate, and positive social interaction dimensions of social support.\(^14\)

Based on the hypotheses that families of children with SCD belong to groups more prone to experiencing situations of FI and that social support has some effect on that
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