

NUTRITIONAL COUNSELLING – A METHOD FOR ACQUIRING A HEALTHY FOOD BEHAVIOUR

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Abstract: *The article analyses the reasons for which the patients do not apply the methods for changing the food behaviour recommended by specialists and try to find solutions in order to increase the efficiency of the nutritional counselling. The factors that determine the food behaviour are presented, as well as the limits and the nutritional counselling principles.*

Keywords: *food behaviour, nutritional counselling*

Rezumat: *Articolul analizează motivele pentru care pacienții nu aplică metodele de schimbare a stilului de alimentație recomandate de către specialiști și încearcă să găsească soluții de creștere a eficienței consilierii nutriționale. Sunt prezentați factorii care determină comportamentul alimentar, limitele și principiile consilierii nutriționale.*

Cuvinte cheie: *alimentație sănătoasă, consiliere nutrițională*

The prevalence of the problems related to an unhealthy food is increasing, in the absence of certain profound changes in people's attitude.

In a society in which reasoning has a well known value, young people and adults should be taught to submit the emotional decisions to reasoning. Thus, choosing a certain type of food should be made first of all, taking into account the nutritional contribution (contents of vitamins, fats, number of calories) and afterwards, taking into account the emotional part (taste, environment etc.).

In reality, "good food" is on the fourth place in the pleasures hierarchy, after "holiday", "vacation" and "sex".(1) The healthy food is regarded as a requirement that must be fulfilled, but which, in peoples' opinion, leads to the decrease of life quality. Even children and the young people between 4 and 16 know how to classify the "healthy" and "unhealthy" food, but most of the times, this classification does not coincide with their preferences, respectively with their dislikes.

Children acquire food preferences within the culture they grow up, especially through observation. They imitate the parents' food behaviour. For this reason, the food behaviour is very stable during many generations. In order to bring changes in this type of behaviour, people should be provided with the means necessary to reach the proposed target and not only to be ordered to eat or to avoid a certain food.(2) As a result, many people eat the way they used to. Yet, their

conscience is loaded. The effect of the nutritional counselling is manifested only at the level of the brain's thinking function and does not influence the food behaviour.(3) The experiences transmitted through different events registered a high rate of success. For example, instead of courses, cooking lessons should be offered, as well as visits to restaurants or shopping in supermarkets. Changes in food preferences can be made step by step: 1. introspection – revealing the conditions in which the food behaviour is manifested, both the good and the bad behaviour; 2 - planning the changes; 3 - observing the results in the food behaviour and in the state of well-being.

The nutritional recommendations should be correct. In order to last, the change of the food behaviour should register an obvious success. For example, the application of the recommendation "eat 5 portions of vegetables and fruits daily" could be checked in the evening. The gained success will bring about the easier adoption of the healthy food behaviour. Also, the period of time in which the changes should occur must be as accurate as possible, for example a week. The objectives should be realistic, shaped for each patient.(4)

"Token economy" principle is valid for the nutritional counselling, too. Thus, losing 1kg will be rewarded with a token. 10 tokens are followed by a reward, under a form of a new dress, for example. Successes and failures stabilize or shaken the human behaviour. In nutritional counselling, recommendations refer to the necessary of nutrients and not to food preferences. It is not indicated to totally forbid a certain food. Behaviour control should be flexible, the proposed objectives should be realistic and food behaviour should change from one week to another and it should remain constant on long term.(3,5) The behaviour that the patient can observe and assess by himself should be always on the first place and not the abstract values measured in proteins, fats, carbohydrates Food behaviour is largely determined by emotions and customs acquired in childhood.

In conclusion, the principles of the nutritional counselling are the following:

1. The establishment of clear, concrete objectives, easy to be controlled.
2. The objectives should be realistic.
3. Concrete measures in the absence of abstract information.

4. Introspection in the situations directed by wishes and the change of behaviour in stages.
5. Flexible and not rigid control measures.
6. Successes should be rewarded.
7. Pudiel V. Verhältnisprävention muss Verhaltensprävention ergänzen, *Ernährungsumschau*, 2007;(53):95-98.

The nutritional counsellor is not liable for the patients' behaviour, but he/she is liable for the patient's overstress, which happens many times.

Tendencies show that during time, consumers change their food behaviour. Nutritional counselling recommends different changes and promises health for the future. Each patient should be aware of a management of the behaviour. This is difficult to accomplish, as long as genetic predisposition and modern society characterised by excessive food are superposed. The patient should permanently control his/her behaviour. For this reason, the long term programmes for the adoption of a healthy lifestyle do not register long lasting results. Genetically conditioned fats deposits cannot be influenced. This continues to be directed towards fats deposits during crisis times, making more difficult to adopt a new behaviour.(6)

The efficient changes may take place in the education of the children's taste. They are in full process of learning and may be positively influenced in this sense. One of the solutions is that school canteens should offer for a week, menus in accordance with the present nutritional recommendations. In order to do this, it is necessary to get the consent of many decision factors, the food choice being an individual freedom. Another measure could be the adoption of certain rules through which the portions offered in different packages should not be so large (for example, "now with 20% more").

The prevalence of overweight and obesity in children and adults should be considered an epidemic. It is not enough to make millions of individuals responsible for this and to offer them pieces of advice regarding their food behaviour. Life conditions should be changed, so that the child, respectively the adult should have a chance to apply the nutritional advice.(7)

Prevention, in term of consensus, has a chance of success and should begin in kindergarten. Offers should be at the level of the present knowledge regarding the healthy food. Only this way, the child will learn from the beginning to adopt a healthy food, a healthy lifestyle and an efficient behavioural management.

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