

# Meanings attributed to healthy eating by consumers of a street market

## *Significados atribuídos à alimentação saudável por consumidores de uma feira livre*

Jasilaine Andrade PASSOS<sup>1</sup>

Maria do Carmo Soares de FREITAS<sup>2</sup>

Ligia Amparo da Silva SANTOS<sup>2</sup>

Micheli Dantas SOARES<sup>3</sup>

### ABSTRACT

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#### Objective

To investigate the meanings attributed to healthy eating by consumers of a street market in the region called *Recôncavo da Bahia, Bahia, Brazil*.

#### Methods

Phenomenology-based ethnography to understand the meanings attributed by those consumers. Information was collected through participant observation documented in a field diary and in-depth interviews. Interviews were conducted with seven people who were visitors and/or worked at the street market. In the analytical process, the following significant concepts related to healthy eating were systematized: "fruits and vegetables represent healthy eating"; "safe food: it has to be clean", and "foods that do the body good".

#### Results

The meanings attributed to healthy eating are revisited daily and are related to individuals' life experiences; new meanings derive from intersubjective constructions. Based on the interviews, it was observed that re-signification was a constant process, marked by events that influence the respondents to change their eating habits such as diseases, aging, information received by health care professionals, and media reports. Healthy eating was also represented by the hygienic-sanitary quality of foods and the lack of strict control over everyday food choices.

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<sup>1</sup> Fundação Oswaldo Cruz, Escola Nacional de Saúde Pública Sérgio Arouca, Programa de Pós-Graduação em Saúde Pública. Rio de Janeiro, RJ, Brasil.

<sup>2</sup> Universidade Federal da Bahia, Escola de Nutrição, Núcleo de Estudos e Pesquisas em Alimentação e Cultura. R. Araújo Pinho, 32, Canela, 40110-150, Salvador, BA, Brasil. *Correspondência para/Correspondence to:* MCS FREITAS. E-mail: <carmofreitas@uol.com.br>.

<sup>3</sup> Universidade Federal do Recôncavo da Bahia, Centro de Ciências da Saúde, Bacharelado Interdisciplinar em Saúde. Santo Antônio de Jesus, BA, Brasil.

Article based on the master's thesis of JA PASSOS, entitled "*Saberes e práticas alimentares de comensais da feira livre de Santo Antonio de Jesus, Bahia*". *Universidade Federal da Bahia*; 2014.

## Conclusion

We highlight the importance of this discussion in the scientific field and governmental bodies, as well as among health care professionals aiming at a better understanding of the different concepts of healthy eating.

**Palavras-chave:** Feeding. Food habits. Personal narratives.

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## RESUMO

### Objetivo

Analisar os significados atribuídos por consumidores de uma feira livre no Recôncavo da Bahia à alimentação saudável.

### Métodos

Etnografia com aproximação do referencial fenomenológico para a compreensão de significados. As técnicas de coleta de informações foram a observação participante, com registro em diários de campo e entrevistas em profundidade. Foram entrevistadas sete pessoas que consomem e/ou trabalham na feira. No processo analítico, foram sistematizadas as seguintes unidades significantes referentes às noções sobre alimentação saudável: "saudáveis são as frutas e verduras"; "alimento seguro: tem que ter asseio"; e "comida que faz bem".

### Resultados

Os significados atribuídos à alimentação saudável são inaugurados cotidianamente e apresentam relação com as experiências de vida dos sujeitos, recebendo novos sentidos a partir de construções intersubjetivas. Observou-se um constante processo de resignificação no decorrer das histórias individuais, marcadas por eventos que os inclinam para mudanças nos hábitos alimentares, como experiências de enfermidade, o envelhecer, advertências de profissionais de saúde e informações midiáticas. O comer saudável também é representado pela qualidade higiênico-sanitária dos alimentos e pela ausência de controle rigoroso em torno das escolhas alimentares cotidianas.

### Conclusão

Aponta-se para a importância desse debate nos campos científico e governamental e entre os profissionais de saúde de forma que a compreensão sobre alimentação saudável acolha os diferentes olhares sobre a mesma.

**Palavras-chave:** Alimentação. Hábitos alimentares. Narrativas pessoais.

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## INTRODUCTION

Today, due to the spread of non-communicable diseases associated with foods, such as obesity, hypertension, and diabetes among others, and in view of the difficulty in changing eating habits, there is a great deal of information available in the scientific literature as well as empirical information on the importance of healthy eating for health promotion [1]. Even if these notions are present differently in the discourse of health care professionals, in the media, in public spaces, and in the domestic scenarios of everyday life, it is necessary to obtain information about the meanings of healthy eating for certain social groups to contribute to the actions undertaken by health care professionals [2,3].

The term healthy derives from its antonyms, unhealthy or diseased, which, in common sense, refer to something that is likely to be harmful to the body. The dualism between good and bad eating habits can be found in several studies [4,5]. Therefore, food choice can be considered as a social construction within a specific context, in which the rational and symbolic expressions are either combined or disconnected to put an interpretation on healthy eating.

According to Silva *et al.* [3], there are dilemmas and concerns involving the process of food choice in both the international and in the national contexts, in which different meanings are attributed to healthy foods involving the biological, cultural or symbolic spheres. Azevedo [6]

analyzed the concept of healthy eating as a construct of a relationship network. The author took a historical approach emphasizing the importance of political, economic, and socio-cultural contextualization, showing the dimensions and interests of this conceptual construction. At the heart of the discussion, sociological themes such as risk and reflexivity are common subjects of analyses in the scientific field on healthy eating, referring to the idea of prevention, for example in the social construction of the risk of becoming ill (due to excessive food intake and chemical contamination) and reflexivity in contemporary society.

In general, healthy eating is a complex term and there is no precise definition of a corresponding concept. Such complexity can be analyzed based on the perspective of Morin [7] who states that complexity exists when different elements are inseparable constitutive elements of the whole, and there is an interdependent, interactive, and retroactive connection between the object of knowledge and its context.

Despite the multidimensional nature of eating and eating habits, biological aspects are often prioritized in food and nutrition practices. Several authors [8,9] have pointed out that nutrition studies express the hegemony of the biomedical paradigm, which, in turn, is expressed in the predominant health practices, and the rules of biomedical norms are often established far from people's reality.

Generally, discussions about healthy eating often include food groups that should be consumed at each meal, as well as their amounts, in addition to issues such as tap water consumption, high salt intake, and drinking excessive amounts of alcoholic beverages, which deserve special attention. There have been conflicts, especially regarding eating habits and other cultural aspects that do not always agree with the biomedical concepts of healthy and safe eating for the well-being of the individual and the community. Moreover, it is worth mentioning the significant

increase in chemical and biological contamination in the food preparation process, which, according to Carneiro [10] has become a matter of health concern.

Studies in the field of socio-anthropology of food [11] and the production of knowledge about the interface between the Social and Human Sciences and Food and Nutrition Sciences are still a challenge, especially in the mediation with Health Sciences [12]. According to Canesqui & Garcia [11], food, beyond the biological perspective, was first introduced into the scientific scenario in the 1970s. Later, in the 1990s, there was a slight connection between Nutrition and the disciplines of Human Sciences such as Psychology, Sociology, and Anthropology. In the 1980s, theoretical and methodological efforts were made to define the anthropology of food [13]. Beardsworth & Keil [14] stated that the standardization of human nutritional needs was based on modern scientific research and healthy eating was based on calorie knowledge measures, *i.e.*, analyses emphasizing calculations, prediction, and systematic organization. This reductionism, however, favored actions towards health care services that were not included in the explanations of the Human Sciences about the sociocultural phenomena of eating in the lifeworld, or the everyday life, in a given political and economic context.

Everyday life is seen as a privileged locus of health promotion actions, and eating practices are, inevitably, part of it. Street markets, on the other hand, are spaces that reveal traditional regional dietary habits; their historicity reflects socio-cultural permanence and changes contributing to the understanding of the daily eating habit phenomenon in a contextualized way. Thus, this study aims to analyze the meanings of healthy eating for consumers of a street market in a municipality of the *Recôncavo da Bahia*, A region that surrounds *Bahia de Todos os Santos* and encompasses several cities including *Salvador*, the capital of the state of *Bahia* (BA).

## METHODS

This is an ethnographic study in which the phenomenological approach was used for the understanding of the meanings attributed by the participants. Phenomenological insights were based on authors such as Alfred Shutz [15]. Theoretical-methodological aspects were considered during all stages that included preparing the researcher for fieldwork, preparing a participant observation protocol, and writing the in-depth interview scripts, which were used to collect information about “healthy eating” at the street market.

Pre-fieldwork was conducted from October to December 2010 through a documentary research on this topic and a study on street market history. Fieldwork, conducted between January and September 2013, was an intense process that included the use of studies such as those carried Oliveira [16] and Laplantine [17] on looking, listening, and writing, to guide this research. It aimed at carrying out a comprehensive study thorough investigation of the topic healthy eating in the street market studied, based on participant observations and the respondents' answers [18].

The qualitative research method allowed gathering important information for the description of eating practices. Participant observation enabled the researcher to see, document, and describe the daily life, different behaviors, and the objects that caught her attention the most. The interviews were conducted by a master's student who was responsible for the fieldwork, and were held depending on the participants' availability and preferably on less busy days. The interviews lasted from 25 minutes and 11 seconds to 52 minutes and 24 seconds. The information collected contributed to a comprehensive approach, especially in terms of creating categories of analysis based on the interviews.

Interviews were conducted with seven selected participants: four were visitors who

consumed the food prepared and sold at the street market and worked there; one did not work at the market but visited it and ate the food prepared and sold there at least twice a week; and two were regular visitors who bought food but did not eat the food prepared and sold there. These seven respondents were selected during the fieldwork, and the selection criteria used were to be a frequent visitor of the street market and be willing to share personal and dietary habits. There was an effort to include participants of different gender and age; there was intersubjectivity between the participants.

The dialogical relationship was guided by a specific script related to the description of eating habits. The respondents were asked to report their visits to the street market, their common eating practices there, and what ‘healthy eating’ meant to them. They should also report on how these conceptions were aligned with their regular eating habits and their everyday activities. It was found that the dimensions related to eating have a strong and subjective identity association with taste and other senses such as smell and touch and even with affective values [13-19].

In addition to the contextual observations documented [18-21], the interviews were recorded and transcribed including linguistic and extra-linguistic information such as facial expressions, tone of voice, and gestures [20]. Significant conceptions related to healthy eating were systematized for the narrative analysis: “fruits and vegetables represent healthy eating”; “safe food: it has to be clean” and “foods that do the body good”. These terms and phrases were considered as revealers of the object of study. All fieldwork data were carefully analyzed: observation documents were read in their entirety and the audio recordings of each interview were listened several times to identify subtleties of language, such as metaphors and notions of healthy eating.

This study was approved by the Research Ethics Committee of the School of Nutrition of the *Universidade Federal da Bahia* (Protocol

#07/2010), on May 24th, 2010, according to Resolution nº 196/1996 of the National Health Council [22]. The participants were informed of the study nature and objectives and those who agreed to participate were asked to sign the Informed Consent Form. In order to protect the identity of the respondents, pseudonyms were allocated to all of the characters within the narratives.

## RESULTS AND DISCUSSION

### Characterization of the empirical universe

The "street" market studied was actually held in an indoor space, especially used for the trading of cereals, fresh fruits and vegetables, clothes, cassava, meats, and food. In this social space for food consumption [23], in which there was an overlapping of the natural (physical environmental and biological components) and cultural elements (linguistic, technological, and imaginary dimensions), commensal practices or practice of eating together in public were observed, allowing a contextualization of the actions observed that better reflect the everyday life of these subjects. The street market is characterized by colorful vegetables, fruits, and leafy greens, live animals such as chicken that are slaughtered there, dried fish, fresh fish, herbs, spices, flours, and cooking utensils among other products. The strong deep-fried food odor and meats being prepared, as well as the crowded space where food is consumed on premises characterize the market dynamics.

The respondents' education level ranged from illiteracy to high school. As for race, the respondents considered themselves to be black and brown (*mulato* or *moreno*) and as for occupation, four were market vendors, one owned a small business, one was a *babalorixá* (father-of-saint, leading male priest), and one was a self-employed salesman. With regard to their

religious beliefs, they were Catholics, Evangelicals, *Candomblé* practitioners, and some had no religion. Their age ranged from 22 to 67 years and they lived in the urban area of the city studied, *Santo Antonio de Jesus*. However, most of them came from the rural area of this municipality or neighboring cities, and one of them came from the city of *Salvador*, capital of *Bahia*, and had lived in the city for ten years.

### Conceptions of healthy eating and food choices

For those who work and visit the street market, the initial decision to eat there was related to practicality, food taste, and sociability. In general, the food prepared and sold at the street market was considered healthy by the consumers. However, there were some concerns regarding hygiene, excessive use of seasonings (mainly salt) and fat. The use of natural foods in the preparation of the meals served, the availability of fruits and vegetables, and the well-being promoted were the main linguistic signs used to interpret the meanings attributed to healthy eating.

The meanings attributed to healthy eating are revisited daily with a new perception of healthy eating. These meanings are related to individual's life experiences and are therefore specific to each person and derive from intersubjective constructions. Thus, there seems to be a constant process of re-signification within the individual experiences, marked by events that influence them to change their eating habits, including diseases, aging, and information received by health care professionals regarding the high intake of nutrients such as carbohydrates and fats. However, these changes are often deferred to a future time or use third person narrative, and when considered in the present, they are considered as attempts. The respondents' narratives show their interpretations:

I'm hypertensive. In that age (33). So, that's why I try to eat healthy things. I try. At

least I try. Because you know that everything that is bad is good and everything that is good is bad. For example, I don't like leafy greens. But I eat it because it's healthy (João, 33 years old).

Healthy food means being able to eat lots of fruits and vegetables (laughter). But nobody eats them (Vânia, 51 years old).

Their experiences are shared and receive new meanings in the universe of the street market combined with media information, advertising, and contact with health care professionals among others. The speeches of the market consumers were often heterogeneous and contradictory, evidencing their different understandings about healthy eating. Accordingly, the present time involves conflicts regarding putting ideas of healthy eating into practice. For example, for a market consumer (Mario, 32), decisions about healthy eating are the responsibility of individuals and depend on their self-control. He asked, *"What is healthy? Today we don't even know what healthy means anymore. Today they come and say that a food is healthy; then it is not. What kills us is the excess; it depends on each 'person'"*.

The food and eating cacophony in dietary discourses generates uncertainties among laypeople and health care professionals [6]. A study carried out by Silva et al. [3] with health care professionals showed that there is a duality in the concept of healthy eating, which involves an ideal plan and another plan in the concrete reality dimensions of individuals. Thus, the first plan would be based on the scientific literature and the second one on the contingencies of everyday life and would be related to the person's lifestyle.

In two cases, we observed subjects who did not consider the food served in the street market as healthy. One of them reported the reasons for not eating the food there: *"I do not find this food interesting. All that grease in the food. Too much saturated fat. Today you must rethink what you are going to eat"* (João, 33 years). At another moment during the interview,

he referred to the variety of food available in the market, food choices, and diseases and concluded saying *"[...] we have to choose what we eat because there is no healthy young people anymore; and stroke and high blood pressure have started earlier and earlier"*.

*Another respondent ate at the street market every day and talked about the possibility of dietary adequacies there, referring to the notion of healthy eating with an increase in the consumption of fruits and vegetables:*

*I think we have to start eating healthy foods. To adequate yourself. Because any study that is conducted and reaches the media shows that vegetables do the body good. So, that's why I decided to eat more greens and more salad (José, 30 years old).*

The respondents' showed concern and intention to pursue dietary adequacy in terms of "correct" diet. As an example, one respondent confessed her "food violations" and stated that only vegetables, fruits and leafy greens are healthy foods, and that leafy greens are the healthiest. However, she added that *"...nobody wants to eat leaves! When you see a person eating a salad, it is because the person is sick, fat, or wants to lose weight; the person has high cholesterol and wants it to lower it"* (Vânia, 51 years old).

In general, the participants follow, with their own specificities, the tendency of the contemporary reflective society, as pointed out by Giddens [24]. There were reflexive responses to eating in the subjects' daily lives, as well as conflicts over this topic which seem inevitable due to the overwhelming amount of information available.

## **Fruits and vegetables represent healthy eating**

Fruits, vegetables, and leafy greens were the foods considered the healthiest by the respondents. Therefore, there are objective possibilities for the consumption of these foods

since they are commonly sold in the street market. It is worth mentioning that although the market is a colorful place due to the variety of food available such as fruits, vegetables, leafy greens, and cereals among others, this was not observed in the dishes served and consumed at the street market. Salads and other preparations using vegetables are less frequently consumed.

According to some of the respondents, since they are "natural" foods, fruits and vegetables have a special value in terms of properties such as "they are good for our health", "they improve digestion", and "they are source of proteins", even if these foods are not necessarily tasty. This was also found in the study carried out by Murrieta [25]. Accordingly, it seems that the healthy aspect of fruits and vegetables does not need contextualization in the midst of the complexity of dietary habits to be regarded as food that are good, and they are more easily understood in terms of the duality of "good" and "evil".

The consumption of these "natural" foods can be seen as a cleansing ritual for the body. Liftshitz [26] stated that there may be several conceptions of natural eating. The respondents relate natural eating with the *in natura* food category since they "refer to nature itself, are naturally grown, and result from manual mixtures of the contact of raw material with the heat and pressure of hands" (p.72). Accordingly, the respondents mentioned some conflicts such as the use of pesticides in food production. Food comes from the nature but is contaminated by humans. This analysis becomes clearer for the market vendors who are familiar with the production process. For some of them, chemical contamination in food production is of secondary importance since it is not appreciated or valued by the study participants. Factors that are important for the respondents include food origin, food cleanliness, food image, and media reports that associate healthy foods with the cure and prevention of diseases.

## Safe food: It has to be clean

Hygienic-sanitary practices were also recognized as an attribute of healthy eating, and therefore, "it is necessary to be clean". These practices reflect sociocultural habits. The notion of clean and dirty foods (which may or may not pose a risk for our health) has symbolic dimensions and reflects the knowledge of a culture typical of the lifeworld [27]. Therefore, for some market vendors, the food cleaning discipline used seems to agree with customers' narrative: "It has to be clean. Very clean pots, pans, and dishes. We see it because they [the vendors] clean them in public. We see that they clean the table with alcohol and wash the dishes thoroughly. We see hygiene" (Vânia, 51 years old).

Hygiene practices have not always been associated with health. This association was introduced in the 19<sup>th</sup> century, according to Vigarello [28]. In the 18<sup>th</sup> and 19<sup>th</sup> centuries, despite the iniquity of food distribution, the mortality rates among the high-income and low-income social groups were similar due to hygienic-sanitary inadequacies in different environments and in culinary practices. The author showed associations between conditions related to food and eating and health consequences, highlighting that hygiene prevents diseases [28].

Some vendors considered some spaces in the street market as inadequate in terms of hygienic-sanitary aspects. Some of them pointed out that "there are people with good hygiene", who carry out practices capable of making food safe, even if it is prepared in an environment considered unhealthy: "foods are tastier and clean (but the street market) I think it is really filthy. It should be more organized. There is no hygiene here. The people who work have good hygiene" (Vânia, 51 years old). These narratives also demonstrate contradictory aspects regarding the conceptions of healthy eating. According to this respondent, the fact that the food is prepared at the street market does not necessarily make it

dirty since it depends on people. The codes of culinary hygiene also involve personal hygiene, as pointed out by another consumer: *"I don't like to eat at the market. I don't like anything that is cooked by the hands of others. ...We already have enough food at home that we like. Many people said that they got sick the next day they ate here. It is dangerous"* (Arnaldo, 67 years old). In this regard, Vigarello [28] highlighted the conception of hygiene and its practices as another representation about the care for the body. Our body can help the transmission of germs to the food, especially our hands [29].

### Foods that do the body good

Notions of healthy eating are also related to *"foods that do the body good"*, for our body, and for the imaginary, and correspond to the bodily instincts to satisfy hunger, to the sense of taste, and to nourish social relationships. Therefore, foods such as *feijoada* (a stew of beans with pork meat), traditionally consumed at the street market, were considered healthy. However, this statement demands reflection and contextualization. In this case, the duality of "good" and "evil" does not seem to fit into the daily life of those consumers, and relativizations need to be conceived to justify a food practice violation to the conception of the 'healthy or not healthy' food.

*Feijoada* is usually considered as a tasty dish, and this palatability promotes "well-being", which is valued by individuals and is related to health. However, there are some concerns regarding the high amount of fats, generating contradictions: *"feijoada is healthy. But since it contains more fat, it is harmful to our health"* (Vânia, 51 years old). After reflections provided throughout the narrative, the respondent came to a conclusion towards a balance: *"Because it has too much fat, if we eat it always, it may not be good for our body. In the future, we will see problems of high blood pressure and high*

*cholesterol"*. In addition to the balance dimension (fat reduction), the quality of the food used in the preparation of the *feijoada*, as long as they are natural and fresh, is responsible for the healthy conception associated with this dish.

*Another condition of healthy eating or foods that "do the body good" is related to freedom to eat:*

*I eat whatever I want to eat. If I want a cookie, I eat it; If I want to eat acarajé (a dish made from peeled beans formed into a ball and deep-fried in dendê oil [palm oil]), I eat it; If I want to eat abará (a dish made from mashed black-eyed beans wrapped into banana leaves and steamed), I eat it. Whatever I feel like eating, I go there and eat (Maria, 25).*

Eating well for this woman is represented by the lack of control over food choices. For her, the meaning of healthy eating is pleasing the bodily senses: *"Oh, girl! [food] that smells good and is appetizing is more than healthy. ...I eat to satisfy myself [laughter]"*. As a street market consumer, the well-being provided by this pleasurable eating trumps healthy eating as a control of the body, referring to foods that are good for the health.

### CONCLUSION

As discussed here, the meanings attributed to healthy eating by consumers of a street market in the *Recôncavo da Bahia* region are mainly represented by foods such as fruits and vegetables, by practices considered as hygienic in that sociocultural context, and by for sensations such as pleasure and satiation provided by eating. Due to the heterogeneous and contradictory discourses of the market visitors and consumers, it was observed an intersubjective construction of the conceptions of healthy eating, which are not always present in their daily experiences. Healthy eating is complex and has multiple meanings. This complexity, however, is not



normally recognized by consumers, making it more difficult to simplify it. These notions can include a medicinal conception and what we may call a positive conception of healthy eating.

It is essential to point out the importance of this discussion in the scientific field and governmental bodies, as well as among health care professionals aiming at a better understanding of the different concepts of healthy eating.

#### CONTRIBUTORS

All authors participated in all phases of the research.

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Received: March 30, 2016  
Final version: October 3, 2016  
Approved: November 16, 2016