Nutrition and Pre-School Children

2003

Key Facts

The diets of pre-school children have changed dramatically in the last fifty years, and a lot of these changes may not be desirable in terms of achieving a balanced diet. Compared with the 1950s, the diets of four-year-old children in the 1990s included less energy and iron, and fewer starchy foods, but more confectionery and soft drinks. Health professionals have a significant role to play in encouraging breast-feeding and advising on the transition from a milk-only regime to a mixed diet; advice on appropriate weaning foods, the use of a cup, and the inclusion of fruits and vegetables, is crucial in terms of eating a mixed diet later in life.

1. In the most recent national studies of pre-school children, intakes of most nutrients were adequate. However, specific problem nutrients were vitamin A, zinc, copper and iron. Half of the pre-school children studied had a marginal intake of vitamin A, three-quarters had a marginal intake of zinc, half had a marginal intake of copper and 12% of 1½–2½ year olds had a low haemoglobin level.

2. Infancy and childhood are critical periods in life for nutrition. In the UK now, children’s diets are characterised by imbalance, and possibly sub-clinical deficiency diseases, which has implications for later health. Furthermore, children today are physically less active than in previous decades. It is important for parents and carers to take the lead in establishing a healthy balanced diet and an active lifestyle for pre-school children, and to prevent early rapid weight gain.

3. Obesity is now considered to be a global epidemic. International and national data suggest that the obesity epidemic already seems to be manifest in early life; among 3-4 year olds in the UK, the prevalence of obesity increased from 5.4% to 9.2% between 1989 and 1998. Once developed, obesity is likely to track into adulthood, increasing the risk of hypertension, type 2 diabetes, abnormal lipid levels and increased stress on weight-bearing joints, but there are also implications for psychosocial health.

4. Diet and physical activity patterns are two modifiable lifestyle behaviours that need to be influenced as early as possible, targeting all children and not just those who are already overweight. It is the responsibility of all sectors of society to contribute in any way they can to provide a healthful environment.

5. Both innate and environmental factors are working against children having healthy diets but, given the opportunity and correct dietary exposure, children can learn to eat well and adopt a healthful lifestyle. Parents and carers need to lead by example, as children learn through observation (modelling) and experience (repeated and regular taste exposure).

6. Many families on low incomes struggle to afford even a poor and monotonous diet. There is only so much that local groups can do to ensure people at all times know they have security of access to sufficient, affordable and appropriate food for a healthy life. The responsibility for facilitating this has to be governments’. Scotland and Wales have introduced diet action plans and England has some schemes that address nutritional needs of under 5s. But governments also need to take a lead in addressing structural changes such as income levels, planning laws, food promotion and food retailing in order to bring about real changes for vulnerable families with young children.
7. Sure Start schemes across the country are now helping to deliver the best start in life for every child, but there is a need to link what is happening at the local level with national strategies. An example is the initiative in Cannock, which includes: a cook start project, demonstrating easy, affordable recipes; play and learn activities focussed on food; and a bottle to cup project, promoting the introduction of appropriate feeding cups from 6 months. Sustainability is needed for the future success of the initiatives and there is a need to work in partnership with other agencies, whilst listening to what the community needs.

8. Another example, the Good Food Project in Burnley, aims to help children to learn how to love good food. Through food-related activities, such as gardening, cooking, shopping and budgeting, it aims to raise awareness of healthier food and its relationship with the environment. There is a focus on working in a multiagency team, using a model of peer education through which community food workers are trained. Taking on cross-cutting issues such as the use of regenerated allotments, for a learning through allotments project, has resulted in an improved environment and community pride, and this has made a difference to community cohesion.

9. Teddies Nurseries has developed a nutrition policy that helps meet the needs of nursery-age children for a balanced diet. The development process highlighted the need for good overall balance rather than good food versus bad food. Other aspects have included staff training to raise awareness of nutrition and eating activities, with a process of cascading the information to parents whilst meeting the child’s nutritional needs.

Notes: This is a summary of the findings from a British Nutrition Foundation conference held on 26th June 2003. Speakers were Pauline Emmett (University of Bristol), Dr Margaret Lawson (Institute of Child Health), Dr Pinki Sahota (Leeds Metropolitan University), Lucy Cooke (University College London), Kathy Cowbrough (Doncaster and Bassetlaw NHS Trust), Sarah Bowyer (Southwestern Staffordshire Primary Care Trust), Jenny Slaughter and Hufsa Kauser (Burnley, Pendle and Rossendale Primary Care Trust) and Jeanne Barczewska (Teddies Nurseries / BUPA Childcare). Professor Robert Pickard (Director-General at the BNF) and Dr Judy Buttriss (Science Director at the BNF) chaired the conference.

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