Part A: Children's healthy eating—general comments and principles

1 Introduction

The foods that we eat are important to our long term health and well being. This link is particularly so for children, given the impact of nutrition on healthy growth and development. However, despite widespread community awareness of the importance of healthy eating, recent surveys have shown that many children have poor eating habits.

Healthy eating in childhood is important for of the following reasons:

- Eating a healthy diet is the cornerstone of optimal growth and development for infants, children and adolescents. A nutritious diet allows children to reach their maximal educational potential (NHMRC 2003; Journal of the American Dietetic Association 1999).

- Consumption of a wide variety of foods during childhood is likely to establish food preferences that will last into adulthood—'educated palates' (Birch and Marlin 1982). The food preferences of many 70 and 80 year olds, for example, tend to resemble the foods that were widely available during their childhood (Horwath 1989). It can be more difficult to influence food preferences later in life. Much social support and roughly four to six weeks are needed to alter taste preferences during adulthood (Tuorila 1987).

- Basic knowledge of foods and normal eating (so-called 'food and nutrition schema') is learned in childhood (Birch 1999; Johnson and Johnson 1985; Rozin and Vollmecke 1986). Examples are the belief that it is good to eat two or three pieces of fruit each day, and the belief that confectionery should be eaten only occasionally.

- Maternal and childhood eating habits can have an impact on adult health. Children who consume large quantities of energy dense foods, for example, are likely to become overweight and obese, especially if they are sedentary (Booth et al. 2001). In turn, obese children have a greater chance of being obese as adults and suffering from associated disease conditions such as type 2 diabetes and heart disease (Baur 2001; Fagot-Campagna 2000; Must et al. 1992). There is also increasing evidence that conditions such as rickets and lack of calcium and vitamin D (Mason and Diamond 2001; Nowson and Margerison 2002; Nozza and Rodda 2001), iron deficiency (Cooper and Simmer 2001; Karr et al. 2001) and iodine deficiency (McDonnell, Harris and Zacharin 2001) can affect undernourished Australian children. It is also now established

that maternal dietary habits during pregnancy may have long reaching effects on the health of children (Barker 1994; Moore and Davies 2001).