

3 What's the problem?

There are several causes of concern about children's eating. While appearing to vary according to age, they include:

- poor food selection and preferences for only a small number of foods among children of all ages (Magarey, Daniels and Smith 2001);
- meal skipping (especially breakfast—Pollitt and Mathews 1998);
- fussy eating and food refusal among toddlers (mentioned by practitioners in the Review of Children's Healthy Eating Interventions);
- difficulties with meals and the impact of parents' working lives; and
- excessive energy consumption and the increasing prevalence of overweight/obesity among primary and secondary school children (Baur 2001; Booth et al. 2001; Fagot-Campagna 2000; Magarey, Daniels and Boulton 2001).

Poor food selection

'Food selection' is a term used to describe the types and amounts of food that people usually consume. Poor food selection refers to an over reliance on a small number of foods, typically those that contain large amounts of fats, sugar and salt (for example, confectionary and 'fast foods'). *The Australian Guide to Healthy Eating* considers it to be the low consumption of foods such as fruits, legumes, vegetables and wholegrain foods. Children, especially very young children, often have little food choice because their parent or carer usually prepares and serves certain foods to them. However, they may exert some choice over what is offered by refusing to eat some foods.

The most recent National Nutrition Survey (ABS 1999), conducted in 1995, suggests many children are consuming foods that contain large amounts of energy in the form of fats and sugars, along with salt, and less than optimal amounts of nutrient dense foods such as fruits, vegetables and wholegrain foods (based on 'optimal' as recommended by *The Australian Dietary Guidelines for Children and Adolescents*). Children's eating practices also appear to have been changing for the worse over the past few decades.

Meal Skipping

For primary and secondary students, some nutritionists have expressed concern about the timing and content of meals. Missing breakfast or lunch, for example, has been linked with cognitive and mood deficits (Pollitt and Mathews 1998).

Fussy eating among toddlers

Many infants and young children (usually less than 4 years of age) tend to prefer familiar foods (Birch 1999). However, several practitioners in the Review of Children's Healthy Eating Interventions reported that some children as young as 2 years of age presented problems with food refusal and fussy eating that appeared to be related to narrow preferences for high salt, fat and sugar foods.

Box 1: A snapshot of children's eating habits

On the day of the 1995 National Nutrition Survey, the following were the findings among 5–8 year olds:

- About 40 per cent of children ate no fruit.
- Almost 30 per cent of children ate no vegetables.
- Potato comprised half of the vegetables eaten.
- Seventy-five per cent of potatoes were fried or mashed with added fat.
- Other than potato, children consumed only 1.5 types of other vegetable.

- As many children ate confectionery (60 per cent) as ate fruit.
- Eighty per cent of children ate foods such as cakes, biscuits and pastries.
- One-third ate 'snack' foods such as chips, Twisties and Cheezels.
- Only 25 per cent of children reported drinking water.
- Seventy per cent reported drinking fruit or vegetable juice.
- Thirty-eight per cent reported drinking soft drinks.
- Twenty-five per cent used beverage flavours (for example, cordial).

Source: Based on analysis of CURF data from the 1995 National Nutrition Survey (ABS 1999)

Impact of working life

Recent research conducted in Melbourne shows that 35 per cent of parents with children of preschool or primary age have schedules that make it difficult for them to eat the evening meal with their children. Thirty-five per cent of mothers find it difficult to find time to prepare the evening meal; 15 per cent of mothers do not consider the evening meal to be a pleasant family time, and 30 per cent of families have the television on during the evening meal on most nights (Campbell et al. 2002).

One possible flow on effect of the increased duration and intensity of parental working lives (Pusey 2003) has been the rapid increase in the provision of food for children outside traditional school hours. Over 50 per cent of high schools now provide breakfast programs (Maddock, Warren and Worsley 2004). For further information about out of school hours care see www.nosha.org.au, and for details of the National Heart Foundation's Eat Smart, Play Smart initiative in this area see www.heartfoundation.com.au.

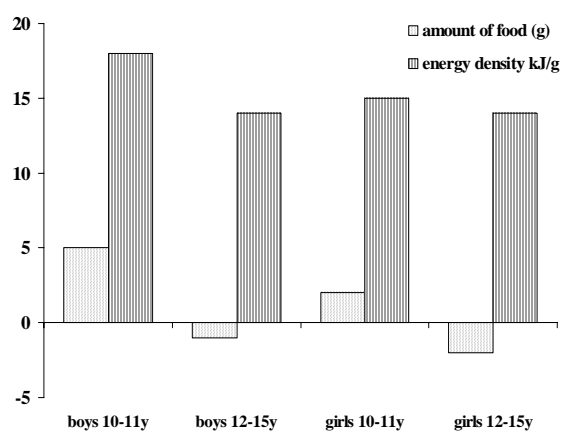
Excessive energy consumption

Comparisons of children's intake of foods show relatively little change between 1985 and 1995 in the amount of foods consumed by children (Magarey 2000) but major increases in the energy that children consumed in this period. The later finding appears to be associated with large increases in children's consumption of the following types of food:

- a 40–56 per cent increase in confectionary intake (lollies and chocolates)
- a 29–48 per cent increase in beverage intake (includes soft-drinks)
- a 46 per cent increase in the intake of cereal-based products and dishes (for example, cakes and sweet biscuits)
- a 59–136 per cent increase in the intake of sugar products and dishes

Figure 3: Change in the amount and energy density of food consumed, 1985–95

Percent change in amount of food and energy density of food 1985-95



Source: A Magarey, pers. comm. (2003) Overweight and obesity

There has been a great deal of media coverage of the 'epidemic' of obesity among Australian children. Table 1 shows the results of three surveys conducted during the past 15 years. The best available information suggests about 20 per cent of children are now overweight and about 5 per cent are obese (Booth et al. 2001). Obesity is a serious chronic health condition (WHO 2000), and obesity in childhood is associated with increased risk factors for heart disease (Baur 2001; Must et al. 1992). Disturbingly, type 2 diabetes (or adult onset diabetes) has begun to appear among adolescents (International Diabetes Institute 2002). In addition to its effect on physical health, obesity in children is also associated with reduced psycho-social health (WHO 2000).

Table 1: Obesity in Australian children (according to surveys conducting 1995–97)

	New South Wales Schools Fitness and Physical Activity Survey		National Nutrition Survey		Health of Young Victorians Survey	
	Boys (%)	Girls (%)	Boys (%)	Girls (%)	Boys (%)	Girls (%)
Acceptable	79.9	78.7	80.7	77.7	78.9	76.4
Overweight	14.9	16.3	14.4	16.9	15.8	17.8
Obese	5.2	4.9	4.9	5.4	5.3	5.7
Overweight/Obese	20.1	21.3	19.3	22.3	21.1	23.5

Source: Booth et al. (2001)