

# Addressing Gluten Freedom in Early Childhood

by Yvonne Vissing

It's birthday snack time. A well-meaning parent brings cupcakes for the children, who are very excited for the sweet treat. The problem is, one of the children has Celiac disease and another one seems to have health problems after eating wheat. How do you include all the children in this special snack time, without making anyone sick?

What children eat is a challenge for caregivers, who are in a position of responsibility making sure their young charges are safe. Peanuts, milk products, and gluten can create both short- and long-term health problems for certain children. Some child care organizations have a policy that children can only eat what their parents send them, but parents may not realize that the children have Celiac disease or have gluten sensitivities or intolerances. It is sometimes under the watchful eye of a caregiver that children's reactions to certain foods are first identified. Goldfish crackers, Cheerios, cookies, macaroni and cheese, and sandwiches are all mainstays of many children's diets. Knowing when a child is coming down with a bug or having a reaction to gluten can be pretty tough to identify at first.

How do you know when a child has gluten sensitivity, gluten intolerance, or Celiac disease? When children don't feel well, it's hard to figure out if their health problems are physical, emotional, social, or psychosomatic. Children arrive with a complex genetic past that we may not always have the details about. If gluten issues run in the family and parents know there is a predisposition to having problems with foods containing gluten, they may be alert to signs that this intolerance has been passed on to their child. But we may not know the health history of all the members of the family. We may not recognize gluten reactions when we see them because Celiac and gluten sensitivities are chameleons that can be easily mistaken for other health issues. There are a variety of symptoms that are linked to Celiac disease or gluten intolerance or sensitivity, such as headaches, fatigue, skin issues, depression, gastrointestinal problems, trouble concentrating, and other things one would never think were gluten related. Parents may be a carrier with no identifiable symptoms at all, or have Celiac disease without ever knowing it. Having a tummy ache is a common occurrence for children. So when are signs pointing at the normal wear-and-tear of growing up — and when they are related to a syndrome like Celiac disease? It takes

a significant period of observation to figure this out.

## Is Gluten-free a Fad?

Not really. Wheat has changed in form and content over the years. Food processing masks what we're consuming. Some cultures, like the Irish, have more problems with gluten than others. While some people may eliminate wheat products as dietary preferences, most don't eat it because they get sick when they do. Celiac disease is an autoimmune disease, an immune-mediated enteropathy caused by a sensitivity to gluten in genetically susceptible individuals. The North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition found that the prevalence of Celiac disease in children between ages



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two-and-a-half and 15 ranges from 1 in 80 to 1 in 300 children. This means that in a school of 1,500 children there are between 5 and 20 children with Celiac disease (diagnosed or undiagnosed) and potentially a lot more if one adds in gluten intolerance or sensitivities. According to the National Foundation for Celiac Awareness, Celiac disease is genetically based, so reactions to gluten are more commonly found in those who have a family history of this autoimmune condition, occurring in 1 in 22 children and their parents or siblings. Detailed results of their research can be found in the NFCA's *Seriously, Celiac Disease* campaign.

## Assessing Warning Signs

What do you look for to suspect that a child may have Celiac disease? According to NASPGHAN and other Celiac experts, there are both gastrointestinal and other symptoms to look for — symptoms that one may not logically associate with gluten. But remember, many of these symptoms may exist independently in children and have no relationship to having Celiac disease at all. This is what makes trying to figure out whether or not a child has it extremely challenging.

If a child care provider sees several of these symptoms, it is appropriate to have a parent-teacher conference and talk about what you see. It's up to the parent to seek medical care; testing options have improved significantly over the last decade and include several blood tests or (rarely) a biopsy of the small intestine mucosa. After a determination is made that a child has Celiac disease or is highly predisposed to be gluten intolerant or sensitive, changing the child's exposure to foods containing gluten becomes of utmost importance.

## What Can You Do?

Once you know that a child has gluten issues, there are many things that can be done to ensure that a child isn't exposed to products that may make them feel badly. Most of them are diet-related. Celiac effects are sneaky; children can have bellyaches or diarrhea soon after being 'glutened,' act like they have a 'foggy brain,' or get lethargic. The big effects accumulate over time and can cause serious health problems. The short-term effects are inconvenient, uncomfortable, embarrassing, preventable, and should be avoided at all cost. (Note: It should be comforting to know that gluten isn't like a bee sting or peanut allergy for someone who could die immediately if exposed.)

It is professionally irresponsible to expose children to gluten when you suspect or know it will cause a problem for them. Legally, children with Celiac disease are a protected population. Most parents and providers don't realize that children with Celiac disease are entitled to have an Individualized Education Program or other accommodations under Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act. Because people are not aware of this, about three-quarters of children with Celiac disease who could have such accommodations never receive them. You may want to check out how 504 plans address children with Celiac disease at <https://celiac.org/wp/wp-content/uploads/2015/11/504-Plan-Model-Template-Completed.pdf> and <https://celiac.org/celiac-disease/resources/government-benefits/school-education-benefits/>. Children with Celiac may also be eligible for services under the Individuals Disabilities Education Act if it has an impact on their ability to learn.

Schools have an obligation to think through menus to make sure that there are foods available that every child can

eat. School menus are often wheat-heavy (sandwiches, pasta, pizza). Menu options of whole foods that aren't processed are good for every child. Potentially 'safe' foods may be cooked or served in an unsafe way, or exposed to cross-contamination where gluten-free foods become tainted with gluten through gloves, serving utensils, or 'double-dipping' that can make children who are sensitive to gluten very sick, very fast. Making gluten-free options easily available reduces stigma and inconvenience. There are a variety of gluten-free breads, cookies, muffins, cupcakes, pizza, pasta, and other products that can be kept in the freezer or pantry and made available when needed.

What are safe foods? Anyone who serves food to children has an obligation to find out! This means cafeteria workers, teachers, and parents who bring food in for group consumption. There are many books available and websites (you may want to check out our website [www.noglutenforme.org](http://www.noglutenforme.org)) to teach you what's safe and what's not. Some people erroneously think that gluten-free means wheat-free. It's a lot more than that since there are a variety of other products that contain gluten that you might never think about, such as oats, seasonings, ice cream, and ingredients found in some drinks. Whole foods that aren't processed are safe, such as natural vegetables, fruits, meats, fish, and milk products. Salt and pepper are fine, as are natural herbs. The more 'stuff' that's put into foods to make them tastier or fancier, the more risk there is of those foods containing gluten. Learn to read ingredient lists for potential hazards. Products labeled GF or gluten free are safe, but there are lots of other foods that are fine that don't have that label.

Sharing food is a common childhood occurrence, but it puts children with Celiac at risk unless the foods are

safe. When the team goes out for a pizza party or ice cream cones after a game, children with Celiac have to be extremely careful. Explore food availability before going on trips and create inclusive options. Social events like birthday parties, camps, and field trips may expose children to foods containing gluten. Again, make sure there are alternatives provided. Inform parents what constitutes acceptable snacks; teach them that when children need to avoid gluten, it is not because it is a choice — it is a health necessity. While a gluten-free public awareness campaign is underway, many people still don't understand the severity of the problem. As a parent of a child with Celiac, I know. Children need to learn self-advocacy skills to keep themselves healthy. This is sometimes hard to do when interacting with parents, teachers, and others who erroneously think that they understand the complications associated with needing to be gluten free.

Going gluten free doesn't have to be hard, but when it comes to children, often it is. From identifying that Celiac disease could be a problem, to diagnosing it correctly, to addressing it effectively in daily lifestyles, children are a special interest population. In order to help children with Celiac live long and healthy lives, this means educating adults, most of whom will never personally have to go gluten free. Speaking out on behalf of those children with gluten issues is an important thing to do. Adults in all professions need to learn what Celiac is, how to institute Celiac-safe strategies into their organizations, and realize how their decisions and behavior may adversely impact children. It is ultimately a human rights issue.

## Resources

Chick, K. (2014, March 19). "The educational, social, and family challenges of children with Celiac disease: What

parents should know." Available: [www.celiac.com/](http://www.celiac.com/)

Children's Digestive Health and Nutrition Foundation (CDHNF)  
[www.cdhnf.org](http://www.cdhnf.org)

Diagnosis and Treatment of Celiac Disease in Children. (2005, January). *Journal of Pediatric Gastroenterology and Nutrition*, 40(1), 1–19.

National Foundation for Celiac Awareness  
[www.celiaccentral.org/](http://www.celiaccentral.org/)

North American Society of Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN)  
[www.naspghan.org//files/documents/pdfs/medical-resources/ceeliac/Celiac-GuidelineSummary.pdf](http://www.naspghan.org//files/documents/pdfs/medical-resources/ceeliac/Celiac-GuidelineSummary.pdf)

Raising Our Celiac Kids (ROCK)  
[www.celiac.com/articles/563/1/ROCK-Raising-Our-Celiac-Kids---National-Celiac-Disease-Support-Group/Page1.html](http://www.celiac.com/articles/563/1/ROCK-Raising-Our-Celiac-Kids---National-Celiac-Disease-Support-Group/Page1.html)

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