

## Working With Families Around Nutritional Issues

by Wayne Eastman

Early childhood is an exciting time of changes and anecdotes. I am sure there are few families that can't recall humorous stories pertaining to their child's eating experiences. Etched in my memory is the morning I ventured into the family room and heard my young son asking the VCR if it was hungry, and moments later I watched in horror as he fed the machine his sandwich. When asked why he did this, he replied that the mouth of the VCR looked hungry.

Children's eating habits are learned in childhood and are influenced by family food practices. Families are responsible for the selection of foods young children consume. When considering food attitudes and preferences, it should be noted that a child's age also impacts upon his feeding likes and dislikes. For instance, food for infants often represents security and love, but for the toddler, food may reflect experimentation or a means to express frustration (Canadian Paediatric Society, 1999).

Eating is one of the fundamental needs of life, and for most children mealtimes are enjoyable. There are many kinds of children with a myriad of dietary differences. The paragraphs to follow will consider some of the more common nutritional issues such as allergies, obesity, and vegetarianism as well as suggestions for how families and caregivers (early childhood educators) can handle them.

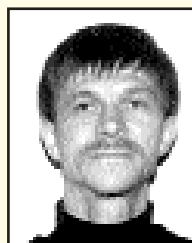
### CARING FOR ALLERGIES

Food allergies are common disorders among young children. An allergy is a specific reaction or sensitivity by the body to a particular food protein. Any type of food can trigger an allergic reaction. Some of the more common trigger foods are: cow's milk, nuts, eggs, peanut butter, and shellfish. A food allergy occurs when the food that causes a reaction is eaten, inhaled, or touched.

Allergic reactions can be prevented by avoiding contact with the allergic food. However, at times contact is often caused by cross contamination. All foods have proteins. When the proteins from one food comes in contact with another food, their proteins mix. While we may not see traces of the food, there may be enough protein present to cause a reaction if a child is allergic to the food. Cross contamination occurs any time one food protein comes in contact with another food or surface. This contamination can occur by direct contact during processing and when using serving utensils that have not been properly cleaned.

When caring for children with food allergies, families and caregivers should consider the following:

- Always check the oil in which foods are cooked. Peanut oil must be avoided if you have a peanut allergy. Those with a fish allergy will have to ensure that foods such as french fries are not cooked in the same oil in which fish was cooked.
- When using mayonnaise or other spreads, ensure that the knife and/or spoon used to spread a filling such as egg, tuna, or salmon is not put back in the jar as this utensil will contaminate the mayonnaise.
- Avoid buffet foods in restaurants as the ingredients are usually not known and the same serving spoon may be used for more than one dish.



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■ Never allow the child to eat any food that has been touched by a food to which she is allergic. For example, removing peanuts from a sundae does not make it safe to eat.

■ Food additives such as nitrates, artificial flavors, preservatives, and colors can trigger allergic reaction; always read labels thoroughly.

■ Avoid *exotic* or mixed fruit drinks if a child is allergic to certain fruits such as strawberry and kiwi.

■ Be careful of *the kiss*; avoid kissing a child if you have just eaten a food to which the child is allergic.

■ Wash hands frequently when preparing and serving food (The Newfoundland Lung Association, 1999).

Even though many children outgrow food allergies, families and caregivers should endeavor to eliminate the child's exposure to the food-causing stressor. This process implies constant planning prior to, during, and after meals. For example, families and caregivers need to plan in advance for field trips, parties, and any other special events so that allergic reactions are avoided.

## OBESITY: THE DILEMMA

An old Chinese proverb states that "A journey of a thousand miles begins with one step." The prevention of obesity should begin with infant feeding and continue throughout life. Childhood obesity has become a societal issue. Recent studies (Klich, 1998) have found that the longer a child remains obese the more predisposed that child will be to becoming an obese adult.

In most cases dieting is not recommended for overweight children. Families often wonder what is an adequate daily caloric intake for preschoolers. In general, there is no prescribed specific amount of energy for children. However, the approximate energy intake for a two or three year old is 1,300 kcal per day, whereas, a four to six year old would require 1,800 kcal. The key to maintaining a healthy weight is to ensure that there is a balance between energy intake and energy expenditure.

If dieting is not an option for children, then what can families and caregivers do to address obesity concerns? Here are a few suggestions:

■ Plan for daily physical activity.

■ Serve child size meals — a child size serving is anywhere from one-half to the full size foods in each food group.

■ Serve low calorie foods, such as fruits for second helpings.

■ Serve low-fat snacks; for example, instead of a cookie, present a fruit.

■ For infants, breast milk should be the food of choice.

■ Avoid over-feeding a child.

■ Keep the amount of sugar-laden treats to a minimum.

■ Most importantly, families and caregivers must encourage obese children to participate in sensible eating patterns.

## ORGANIC FOODS AND THEIR HEALTH BENEFITS

One of the more prevalent nutritional issues over the past number of years is the debate surrounding the organic foods movement. Organic produce are best defined as foods grown without synthetic pesticides or chemicals. Is organically grown produce healthier than other produce?

In a report prepared by CNN (2001), it was stated that organic products were not essentially healthier than non-organic produce. The nutritional content of produce such as vegetables are the same no matter what growing process is used. Even though organic produce are not necessarily any healthier than non-organic foods, the lack of pesticides or chemicals on the food makes for a safer product.

A further question posed by many families is whether children are at risk from pesticides on fruits and vegetables. Studies have found that there is a theoretical risk of pesticide residues; however, organizations such as the American Academy of Pediatrics state that a diet of vegetables and fruits is still the most healthful diet for children (CNN, 2001).

If families and caregivers cannot find organic foods or they are simply too costly, there are ways to lessen the effects of pesticides and chemicals on their children. Consider the following suggestions:

■ Avoid giving large amounts of the foods with the highest toxicity scores — here families may have to do a little investigation.

■ Peel foods such as apples, peaches, and pears.

■ Wash with a very diluted dishwashing detergent such foods as green, leafy vegetables.

# BEGINNINGS WORKSHOP

- Choose produce that are free of dirt, cuts, and decay.
- Eat a variety of foods (CNN, 2001).

## INTRODUCING SOLIDS AND NEW FOODS

No two babies are exactly alike; consequently, it is important not to compare one baby with another in regards to eating patterns and even the acceptance of new foods. However, generally speaking, babies don't need solid foods prior to four to six months of age.

This age is appropriate for introducing solids because the baby can now transfer foods from the front to the back of his mouth. They are also ready for spoon feeding at this age. At about five to seven months the baby is ready to try new flavors and textures. The baby may be more willing to eat vegetables if she tries these before eating naturally sweet fruits. Pureed foods are only needed for a short while, just a few weeks. Then go on to mashed table foods which promote chewing skills (Government of Newfoundland and Labrador, 1999).

When introducing solid foods, the following general guidelines should be considered:

- Offer only one new food every four to five days, so that you can see if your baby is allergic to any new food.
- When introducing each new food, start with only one to three teaspoons in case it doesn't agree with the baby.
- When introducing finger foods, good choices would be toast, plain unsalted crackers, soft fruit, cooked vegetables, and unsweetened ready-to-eat cereals.
- Introduce juices when the baby can drink from a cup.
- Gradually increase the amount of food, according to the baby's appetite.

- If the baby rejects a food, try again a few days later. Often a baby's appetite is best in the morning; hence, this is a good time to introduce new foods. (Government of Newfoundland and Labrador, 1999.)

In regards to introducing solids and new foods, families often ask what should be offered. Solid foods should supplement, not replace breast milk or commercial infant formula, which

are nutritionally superior for babies. A baby should be given a variety of foods so that she can appreciate a myriad of tastes. Parents sometimes need to be reminded that their baby may enjoy foods they don't. Foods such as plain vegetables, fruits, and meats without added salt or sugar are suggested. Also, it is recommended that babies are fed single foods rather than mixtures. In order for babies to taste the food, it is suggested they be given plain foods without gravies or sauces. (Government of Newfoundland and Labrador, 1999.)



PHOTOGRAPH BY BONNIE NEUGEBAUER

## VEGETARIAN DIETS FOR YOUNG CHILDREN

Vegetarian diets are more prevalent today than they were in the past. If managed

properly, these diets are nutritionally sound and may even reduce certain conditions such as childhood obesity. A number of vegetarian patterns exist, these include: Vegan Diet, consisting only of non-animal foods; Ovo-Vegetarian Diet, consisting of non-animal foods plus eggs; and the Lacto-Ovo Vegetarian Diet, consisting of non-animal foods plus eggs and dairy products.

Breast milk is the recommended staple food of a vegetarian baby's diet. To ensure that infants receive the adequate amount of vitamin D during the nursing period, it is suggested that mothers take a vitamin D supplement. As for vegetarian infants, they should be provided with the same variety of cereals, fruits, and vegetables as non-vegetarian babies. Young children need diets rich in energy. Because vegetarian

diets are usually low in fat, then meals tend to be low in calories. Thus, the challenge for families and caregivers is to ensure children consume adequate amounts of food to meet their energy needs. Children require fat. However, vegetarian children usually eat foods, such as beans, grains, fruits, and vegetables which are fat-free or low in fat. Hence, it is important that parents and caregivers use butter and gravies, in moderate amounts, so that children receive the calories they need (Satter, 2000).

For families as well as caregivers, the foundation of a sound vegetarian diet is planning. Planning guarantees infants and young children receive sufficient energy and protein to meet their growth patterns. When children are on vegetarian diets, both families and caregivers must ensure that the child's diet contains the necessary nutrients as well as ensure that the extra bulk of alternate food is not too burdensome for the child to consume (Canadian Paediatric Society, 1999).

### FOOD FOR THOUGHT

As adults, we are in control of what children eat; however, children are in control of how much they consume. Children exhibit a myriad of eating patterns and there are times when families are confronted with special feeding challenges. However, the key to ensuring that a child's nutritional intake is adequate is to provide a variety of healthy foods each day. How do families and early childhood educators ensure that

children's diets are healthy? This undertaking is accomplished by following a recognized food guide. For example, in Canada, the Canada Food Guide for Healthy Eating is the basic education tool to help plan nutritional meals for children.

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## Using Beginnings Workshop to Train Teachers by Kay Albrecht

**What is enough?:** Specialists recommend at least one hour of active play to prevent childhood obesity. Critically analyze classroom schedules to discern if an adequate amount of active, physical play is available for children. To do this, ask teachers to time the amount of active play the children in their classrooms receive. Start by analyzing each classroom's daily schedule to determine if more than one hour of active play, both indoors and outdoors, is available. Take the hours of the day that the child is in school, figure out the total number of minutes, and assign percentages to each scheduled activity. Then, ask teachers to time the active play of a small number of children — actually timing the minutes spent running, jumping, climbing, playing sports, digging in sand, etc. For infant teachers, complete the same process, focusing on the amount of time infants spend unrestrained (in arms, laps, buggies, bouncy seats, cribs, or play gyms) and on the floor, free to move their own bodies. For toddler teachers, use the same approach as preschool teachers, carefully looking at what children do during active play times. At a staff meeting, consider the results of the data gathering process. Make an action plan to address your findings.

**Introducing solids and new foods:** Eastman makes a strong case that every child is unique, both in their eating patterns and their response to new foods. Then, he lists some considerations for introducing solids and new foods. Do these guidelines work for your school? To find out, convene a small group of parents, concerned teachers, and a nutritionist, pediatrician, or infant feeding specialist. Ask them to consider the guidelines suggested by Eastman and to come up with recommendations to use at your school. Make sure to include strategies for individualizing and responding to different cultural or familial patterns of food introduction. Add the results of this process to the parent and staff handbooks.

**Pesticides in fruits and vegetables:** This author raises the important issue of pesticide residue on fruits and vegetables that are served raw to children at meals or for snacks. Does your school have a plan to address this concern? How are fruits and vegetables prepared to serve to children? Are they peeled, as Eastman recommends? Ask teachers to consider ways children can be included in the washing and preparing of fresh fruits and vegetables, particularly those served for snacks. Explore ways to do so and add the ones that sound like they will work into your food preparation plans.

**Caring for allergies:** Awareness of the complicated issues related to allergies is a training topic for teachers and all staff. After reading the article, have teachers take a look at their daily plans, the snack menu, and plans for special events to do as Eastman suggests — eliminate exposure to allergens during school, field trips, parties, and special events.