



**An Lárionad um Fhorbairt
agus Oideachas na Luath-Óige**

**Submission to the
National Task Force on Obesity.
May, 2004**



1. Introduction.

The Centre for Early Childhood Development and Education (CECDE) was established in 2002 by the Minister for Education and Science under the joint management of St. Patrick's College and the Dublin Institute of Technology (DIT). The CECDE is charged with the development and co-ordination of early childhood care and education (ECCE) provision for children from birth to six years of age across all settings, with a particular focus on disadvantage and special needs. In that context the CECDE has three primary functions;

- ❖ The development of nationally applicable Quality Standards for all aspects of provision for children in the specified age range, including training and qualifications, materials and equipment and environment.
- ❖ The development and implementation of targeted pilot projects in the areas of disadvantage, special needs, training and quality standards.
- ❖ Laying the groundwork for the establishment of the Early Childhood Education Agency as envisaged in the White Paper on Early Childhood Education, Ready to Learn (DES, 1999).

In submitting this document to the National Task Force on Obesity, it should first be stated that the CECDE views children's development as holistic with all the different domains of development interconnecting and exerting influence one upon the other. In focusing on the child's physical development for the purposes of this submission, it should be understood that physical development does not take place in isolation from the child's total development, or in isolation from her/his environment, relationships and circumstances.

The CECDE, in developing the National Framework for Quality takes the view that obesity in children or in any given child, is influenced by different factors and must be addressed by a range of health promoting actions based on the principle of early intervention¹. The CECDE also recommends a preventative focus with the emphasis on healthy overall development rather than a single issue

¹ Early intervention, for the purposes of this submission, should be understood as interventions which are put in place early in the child's life, from birth onwards.

concern around obesity. This submission will outline research on the following areas of physical well-being;

- ❖ Nutrition
- ❖ Physical activity

2. Nutrition.

2.1. Balanced diet.

While most of the research evidence relates to the effect of nutritional deficits in young children's diets, i.e. a lack of energy giving fats and micronutrients such as essential minerals and vitamins, these effects demonstrate the role of good nutrition in driving young children's development, both physically and intellectually (Leavitt, Tonninges & Rogers, 2003; Story, Holt & Sofka, 2000; Young & Berti, 2000; Alnwick, 1999; Briefel et al, 1999; Glewwe, Jacoby & King, 1999; Center on Hunger, Poverty and Nutrition Policy, 1998; Morley & Lucas, 1997; Brown & Pollit, 1996). Deficient diets in children are most often associated with poverty (CPA, 2003), a critical concern in Ireland which has one of the highest rates of child poverty in the EU (CPA, 2003). Young children's diets should constitute a **balance** of fat, essential vitamins and minerals in order to ensure appropriate weight gain and to provide conditions conducive to physical growth, cognitive development and health.

The effects of childhood obesity, resulting from excess intake and/or foods high in fat, salt and cholesterol (CDC, 2000), which could be characterised as processed foods, are immense both during childhood (Roche, 2003; Falkner et al, 2001) and during an individual's lifespan (Law et al, 2002; Murphy, 2001; National Health, Lung and Blood Institute, 1998a, 1998b; Serdula et al, 1993). However, where the condition is prevented during childhood (Leavitt, Tonninges and Rogers, 2003), or interventions put in place to address childhood obesity, the beneficial effects last into adulthood (Roche, 2003; Epstein et al, 1995). Early interventions must be available to successfully manage problems which some

young children experience in relation to obesity, and to prevent the condition developing.

2.2. Breast feeding.

Mothers support the health of their children even before birth, and children benefit from the efforts mothers make during pregnancy to ensure healthy development. This continues after birth with mothers' concern for optimum nutrition for their babies. There is agreement in the literature about the benefits to children of being breast fed (WHO, 2002; Story, Holt and Sofka, 2000; Williams, 1995). Currently, however, breast feeding rates in Ireland are low by international standards (Best Health for Children, 2002; Twomey et al, 2000). While the benefits to children are well documented, very little attention has been paid to the circumstances experienced by mothers which mitigate against breast feeding. There is some evidence that socio-economic disadvantage is one such circumstance (Twomey et al, 2000). Other factors are likely to include:

- A lack of adequate facilities for breast-feeding in the work-place and in public settings;
- Inability to balance work expectations with breastfeeding practices;
- Cultural taboo against breast-feeding in public.

The National Breastfeeding Policy (DoH, 1994) considers the difficulties which women experience in this regard, but has not been updated in recent years. Supporting the health of children in this regard means supporting their mothers.

2.3. Consumption of breakfast.

In terms of providing children with the wherewithal for living and learning, there is evidence that breakfast provides the daily basis for cognitive and academic performance, social, emotional and overall nutritional well-being (Briefel et al, 1999). This can be beneficially translated into such supports as breakfast clubs (Pollitt & Matthews, 1998). However there is reliable evidence that the more television commercials a child sees for cereals marketed for children, the more likely that the product will be found in the household (Goldberg, 1990). This

highlights the importance of protecting children from targeted advertising, and stressing healthy, natural breakfasts. The importance of breakfast for the developing child must be emphasised. Providing all children, particularly those living in poverty with opportunities for consumption of breakfast must also be a priority, e.g. through breakfast schemes and clubs.

3. Physical activity.

3.1 Holistic development.

Physical activity in a child's early years of development enhances overall socio-emotional, cognitive and physical development, gross and fine motor skills, and forms the basis for future activity patterns (Conor, 2003; Shephard and Shek, 1996; Raitakari et al, 1994;; Bailey and McCulloch, 1992; Kuh and Cooper, 1992; Lee and Hsieh, 1992; Slemenda et al, 1991; Calfas et al, 1991). Although developmental pathways have been mapped (Shapiro, 2000), it must be recognised that children have individual developmental trajectories and abilities. Gender differences in levels of physical activity have been documented (Finn, Johannsen and Specker, 2002; Manios et al, 1999; DiLorenzo et al, 1998; Allison, 1996; Baranowski et al, 1993;), but these generalities should not mask the great individual differences which exist among girls and boys.

3.2 Influences on physical activity

Parental role modelling and behaviours are strongly positively associated with children's beneficial physical activity (Fogelholm et al, 1999; DiLorenz et al, 1998; Kohl and Hobb, 1998; Aarnio et al, 1997). There is also evidence that watching television and playing computer games can have detrimental effects on levels of physical activity among children (Hernandez et al, 1999; Jason and Brackshaw, 1999; Robinson, 1999; Katzmarzyk et al, 1998; Bernard et al, 1995; Gupta et al, 1994). Facilities and attitudes in childcare centres, pre-schools, schools and other out-of-home settings are strongly associated with physical activity in young children (Finn, Johannsen and Specker, 2002; Mulligan et al, 1998), with

particular significance in the organisation of indoor and outdoor environments (Bedford, 2003).

3.3 Facilitating physical play

There is considerable evidence that the provision of public play spaces in the community impacts on children's opportunities for physical activity among their peers (Thornton, Sutterby and Brown, 2001; Sugradh, 2001; Welk, 1999; DiLorenzo et al, 1998), and that the absence of such facilities is a feature of the lives of children in Ireland (Best Health for Children, 2002; DHC, 2000). This particular issue has been addressed by the recently published National Play Strategy (NCO, 2004).

4. Conclusion.

While nutrition and physical activity are the focus of attention for this submission, there are other aspects of the child's physical development which are also important. Preventative health care includes consideration of a child's sleep needs and patterns, immunisation, hearing and vision screening, and factors influencing the promotion and accessibility of preventative health care. The physical safety and security of the child is primarily influenced by her/his family and home circumstances, and it is the role of the child's caregivers to support her/his well-being including promoting good health. Additionally, other areas of development, for example socio-emotional development, in particular the promotion of healthy self-image and self-esteem, will have an impact on promoting healthy weight and overall well-being. Disadvantaged socio-economic circumstances impact negatively on children's health, a major concern for the CECDE. However, healthy nutrition and optimal levels of physical activity will be the main vehicles through which healthy weight patterns in children, and therefore in our future adults, will be promoted.

5. Recommendations

The CECDE makes the following recommendations to the National Task Force on Obesity.

- ❖ Poor diet in children is most often associated with poverty and socio-economic disadvantage. Any approach to addressing the issue of obesity must recognise this fundamental fact and support early intervention to alleviate child poverty.
- ❖ Children should be offered balanced, non-processed meals with natural ingredients taking account of cultural and religious preferences.
- ❖ Children are active participants in their own learning, and should have the opportunity to be involved, in an age appropriate way, in preparing their own food.
- ❖ Early interventions should be available to prevent obesity developing, and to successfully manage problems which do arise.
- ❖ Children should participate in physical activity on a daily basis, and this should be modelled by the significant adults in the child's life.
- ❖ Mothers must receive a range of supports from family, community, health authorities and employers to encourage breastfeeding.
- ❖ Breakfast should be promoted as an important start to each day for a child, and out-of-home services for children should provide a healthy breakfast for the children attending. Providing breakfast clubs in schools, for example, is one important support for children.
- ❖ Where children are eating in out-of-home care settings, the service provider should have a policy of promoting healthy eating.
- ❖ The advertising of foods being marketed to children should not be targeted at children.
- ❖ Each child has the right to engage in physical activity appropriate to her/his developmental stage and individual ability. Child-care, pre-school and school physical activity programmes and environmental support structures (e.g. playgrounds and play spaces) in the community should be consistently available.

- ❖ Each child should have daily opportunities for indoor and outdoor play activities and periodic off-site field trips, e.g. to the park/playground.
- ❖ An individual programme of support must be developed for children with special needs in collaboration with other professionals, families and, when appropriate, the child.
- ❖ The outdoor environment should include a variety of surfaces such as soil, grass, sand and hard surfaces. It should also include developmentally appropriate playground equipment.
- ❖ Indoor physical activity facilities should have developmentally appropriate play equipment.
- ❖ Indoor and outdoor facilities must be accessible for wheelchair access and participation of children with special needs.
- ❖ Children's individual differences, strengths and weaknesses must be respected and supported.

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