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Short Communication

Overweight and Obesity in Pre-School Children

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Overweight and obesity in pre-school children has risen; notably in deprived backgrounds, urban environments and particular ethnic minority groups such as Black and Asian populations [1].

In the rapid growth early year's period, children should be encouraged to embed healthy eating routines incorporating physical activity as a regular part of everyday life. In 2011, The Chief Medical Officer recommended concerted action to establish conditions and surroundings conducive to physical activity with initiatives specifically earmarked for movement in the early years [2].

Despite this encouraging stance, future policy initiatives must include the UK's increasingly diverse communities. South Asian children reportedly have lower levels of physical activity than white Europeans [3]. This may be contributing to the increased risk of corononary heart disease, obesity and diabetes recognized within Southern Asian populations living in the UK and is evidently in need of serious study.

The Childhood Obesity Strategy – A Plan for Action

Points out that currently only one in ten children currently meet the guidelines set out by the1 Chief Medical Officer for physical activity [4]. These state that activity should be promoted from birth, particularly by means of floor play and water-based activities in safe environments. Pre-school children who are ambulant should be physically active; spread throughout each day. Undue time spent engaged in sedentary pursuits is deemed to be unsuitable and the National Literacy Trust in 2009 found that on average, UK children spend 24 hours per week in front of a TV or computer. Simply turning the implement off can result in increased activity levels.

The Common Inspection framework gives Ofsted's commitment to the protection and safety of all children and learners. Early years' provision is evaluated in line with framework national standards and regulatory requirements [5].

However, the guidelines are not sufficiently reflective of the multiple factors impacting children's lives which are incapable of quantification and accurate snapshot observation. Neither does the Framework advocate an outdoor, active element that would naturally maximize children's opportunities to demonstrate these learning features and to pursue their personal interests and needs.

Schools are increasingly pressurized to demonstrate children's achievement via tests taken in sedentary conditions [6].

With a combination of research community guidance and government policy, it would be feasible to recommend appropriate levels of physical activity to effect beneficial change in the school climate. Otherwise, children will be disadvantaged due to a curriculum that endorses 'whole-child' development, whilst simultaneously being unduly standards based. In fact, studies show that regular physical activity (especially when begun in early childhood) is significantly linked to improved cognition in children [7,8].

With health indicators directly and indirectly associated with academic performance, those starting school already overweight, or becoming overweight during the transitioning years, achieve lower results in standardized tests than children of a healthy body weight [9]. Yet whilst research suggests that a threshold of vigorous physical activity is necessary for academic achievement, what should this be? When should it start and how significant are differences between girls' and boys' play?

'Childhood Obesity – A plan for action' states that at least 30 minutes of physical activity should be delivered daily in school via break

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times, PE, extracurricular clubs, active lessons or other sport and physical activity events with the remaining 30 minutes supported by parents and careers outside school. Ofsted will assess how leaders of the Primary PE and Sport Premium, measure its impact upon overall outcomes and the ways in which governors hold them to account. Since September 2017, each primary school in England must be able to access a local and national co-ordinated offer of high quality sport and physical activity programmes.

The connection between food and physical activity is complex and a recent WHO report from the Commission on Ending Childhood Obesity presented an Implementation Plan proposing interventions directed towards population-based regulatory, legislative and fiscal measures [10]. Concern has been expressed about recommended action from the private sector to 'facilitate access to, and participation in physical activity.'

According to the World Cancer Research Fund, NCD Alliance, World Obesity and Jamie Oliver Food Foundation:

'This may lead to industry, whose core business is the supply and promotion of foods or beverages, to focus on physical activity as a priority rather than addressing harmful practices related to their core business, such as the marketing of unhealthy foods and beverages to children,'[11].

Some sections of the food industry over promote their involvement in physical activity initiatives, thereby distracting from nutritional criticism. The report accepted that interactions between governments and industry must be government-led, health-goal oriented, transparent and accountable. This is vulnerable to compromise if profit is positioned above health concerns relating to diet and physical activity in the child and has major implications for future health policy.

The revenue from the new Sugar Tax will be invested in programmes to promote physical activity and balanced diets for school age children and the Primary PE and Sport Premium doubled. The legislation of April 2018 serves as an example of adjusting dietary measures to produce funding – not for physical activity alone – but also for school breakfast clubs. These sugar reduction fiscal measures are well targeted. However, the current guidelines may need adjustment because manufacturers of beverages (energy/sugar drinks) with an ever high sugar content have little incentive to reduce sugar content because the product remains within the same tax range [12].

The relationship between energy/sports drinks and physical activity is complex. Currently, the positioning of the energy/sports drink is central to children's physical activity. Children are attracted by their bright graphics, shapes and packaging and yet the association of playful running with the consumption of a calorie-laden drink that they are assured is 'required' is certainly not healthful. In the United States, the energy drink market burgeoned by 60% between 2008-2012 and was worth 12.5 billion dollars. Projected sales for 2017 were 21.5 billion dollars; the market is vast and UK sales are predicted to follow suit. The British Soft Drinks Association Annual Report (2016) recognized that the Energy Drink Market is worth over 32 billion; a rise of almost 8% from 2014 [13] .

Energy drinks may make children gain weight. Few exercise sufficiently to 'burn off' extra calories and stimulants within the drinks include 14 times more caffeine than in other soft drinks [14]. Sports drinks contain carbohydrates, minerals, electrolytes and flavoring and are primarily intended to replace electrolytes and water lost via sweating. Many consumers think that sports drinks and energy drinks are interchangeable and link both to activity. Sports drinks utilize dubious nutrition-related claims and hydration themes whilst promoting physical activity [15].

University of East Anglia and Cambridge research suggests that sports drinks do not boost exercise, casting doubt upon manufacturers' claims that their products improve hydration and endurance. Parents should be advised that fresh, safe, free drinking water should be accessible at all times for an exercising child because sports drinks are not an essential 'piece of equipment' for physical activity. Correcting false assumptions that have been allowed to flourish as to the efficacy of energy drinks should be done in an unambiguous and informative way that is also sensitive. Parents have been encouraged to believe that such drinks improve sporting prowess. Directing children towards healthy options should not entail blaming and shaming their parents and careers.

Parental calorie literacy is generally low and many do not know how many calories a child needs to keep a healthy weight. 'Front of pack' food labeling must be readily understandable to influence behavior change and 'activity equivalent' calorie levels are a relatively straightforward reference for parents to decipher in busy supermarkets. This labeling prompts consumers about the importance of activity as well as referencing a simple body weight issue. Individuals were over three times likelier to indicate that they would participate in physical activity after viewing the 'activity equivalent' calorie label over the current 'traffic light' system.

Children must be supported and informed about their food choices, particularly in relation to physical activity. The two are inseparable because it is impossible to 'out-run' a poor diet as Shirley Cramer from The Royal Society of Public Health has observed (RSPH 2015) www.rsph.org.uk .

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