



What are some trends in the eating habits and weight of young children?
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Profilí & others, 2017). Distractions created by television, family arguments, and competing activities should be minimized so that children can focus on eating. Experts recommend a sensitive, responsive caregiver feeding style, in which the caregiver is nurturant, provides clear information about what is expected, and responds appropriately to children's cues (Black & Armstrong, 2017; Black & Hurley, 2017). Forceful and restrictive caregiver behaviors are not recommended, as they can lead to excessive weight gain (Rollins & others, 2016).

Being overweight has become a serious health problem in early childhood (Donatelle, 2019; Perry & others, 2017; Roberts, Marx, & Musher-Eizenman, 2018; Smith & Collene, 2019). A national study revealed that 45 percent of children's meals exceed recommendations for saturated and trans fat, which can raise cholesterol levels and increase the risk of heart disease (Center for Science in the Public Interest, 2008). This study also found that one-third of children's daily caloric intake comes from restaurants, twice the percentage consumed away from home in the 1980s. Further, 93 percent of almost 1,500 possible choices at 13 major fast-food chains exceeded 430 calories—one-third of what the National Institute of Medicine recommends that 4- to 8-year-old children consume in a day. Nearly all of the children's meal offerings at KFC, Taco Bell, Sonic, Jack in the Box, and Chick-fil-A were too high in calories. Also, a study of U.S. 2- and 3-year-olds found that French fries and other fried potatoes were the vegetable they were most likely to consume (Fox & others, 2010).

The Centers for Disease Control and Prevention (2018) has established categories for obesity, overweight, and at risk for being overweight. These categories are determined by body mass index (BMI), which is computed using a formula that takes into account height and weight. Children and adolescents at or above the 97th percentile are classified as obese; those at the 95th or 96th percentile as overweight; and those from the 85th to the 94th percentile as at risk of being overweight.

The percentages of young children who are overweight or at risk of being overweight in the United States have increased dramatically in recent decades, but in the last several years there are indications that fewer preschool children are obese (Wardlaw, Smith, & Collene, 2018). In 2009–2010, 12.1 percent of U.S. 2- to 5-year-olds were classified as obese, compared with 5 percent in 1976–1980 (Ogden & others, 2012). However, in 2013–2014, a substantial drop in the obesity rate of 2- to 5-year-old children occurred in comparison with their counterparts in 2009–2010 (Centers for Disease Control and Prevention, 2018). In 2013–2014, 9.4 percent of 2- to 5-year-olds were obese compared with 12.1 percent in 2004. It is not clear why this drop occurred, but among the possible explanations are families buying lower-calorie foods and being influenced by the Special Supplementation Program for Women, Infants, and Children (which subsidizes food for women and children in low-income families) that emphasizes consuming less fruit juice, cheese, and eggs and more whole fruits and vegetables. In a recent study, 2½-year-olds' liking for fruits and vegetables was related to their eating more fruits and vegetables at 7 years of age (Fletcher & others, 2018).

The risk that overweight children will continue to be overweight when they are older was documented in a U.S. study of nearly 8,000 children (Cunningham, Kramer, & Narayan, 2014). In this study, overweight 5-year-olds were four times more likely to be obese at 14 years of age than their 5-year-old counterparts who began kindergarten at a normal weight. Also, in the study described earlier in which obesity was reduced in preschool children, the children who were obese were five times more likely to be overweight or obese in adulthood (Ogden & others, 2014).



How Would You...?

As a health-care professional, how would you work with parents to increase the nutritional value of meals and snacks they provide to their young children?