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Over-provision of discretionary foods at childcare dilutes the nutritional quality of diets for children

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Over-provision of discretionary foods at childcare dilutes the nutritional quality of diets for children

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The childcare setting can significantly influence the lifelong eating habits and health outcomes of children.1 It is ideal for health-promoting interventions that optimise the provision of nutritious food2 and nutrition education.3 Unfortunately, these interventions are neither offered nor promoted in many childcare settings.4 Recent studies have indicated an increased risk of overweight/obesity with childcare attendance,5 which if present in early life is associated with increased risk of chronic disease and reduced psychological wellbeing.6

The National Quality Standards (NQS) regulate childcare services to provide food consistent with the Australian Dietary Guidelines (ADG), and state “sound menu planning incorporates foods from the basic food groups in each meal and does not include discretionary choices”.7 Research indicates that Australian childcare services are not meeting recommendations for provision of the core food groups,8 and discretionary foods (DF) are offered routinely. International studies have reported that children (>2 years) often consume energy-dense, nutrition-poor food at childcare,9 inappropriate snacks10 and processed meats.11

Supporting Nutrition for Australian Childcare (SNAC) is an online nutrition education resource (www.snacwa.com.au) developed at Edith Cowan University as a PhD research project without external funding. Launched in 2013 to support childcare staff to provide a healthy eating environment, SNAC offers evidence-based, current nutrition resources and tools to address contemporary issues. SNAC aims to increase nutrition knowledge and attitudes of members towards healthy eating environments.12

The SNAC study adopted a netnographic, qualitative, longitudinal design. Childcare staff were invited to register on the website, access resources and engage with other members on discussion boards. Data were collected from conversation threads, interviews and observations, and imported into NVivo (Version 10, QSR International) for analyses. This allowed the attitudes and perceptions of childcare staff about healthy eating to be investigated.

After 12 months, SNAC had 1,045 members, of which 98 % were female and >50% (n=606) held senior roles. Qualitative findings suggested DF were provided regularly at childcare; identified on menus, during celebrations and in planned learning experiences. DF were habitually offered and included sausages, processed meats and commercially baked items.

The definition of DF by SNAC members was highly variable; many believed sausages were an acceptable choice, despite high saturated fat and sodium content. Jam and Vegemite™ were the ‘go-to’ choice of spreads even though, despite being served in small amounts, the intense sweet/salty taste could lead to a predisposition for high salt/sweet foods.13 Some SNAC members understood these foods were not a ‘healthful choice’, but were unwilling to introduce alternatives due to established food cultures, also reported elsewhere.14

SNAC members held differing opinions about the frequency of ‘sometimes’, ranging from daily to being limited to special occasions; DF were used frequently for celebrations and promoted as ‘fun’ foods. Members believed it important to provide DF in the childcare environment ‘occasionally’ to teach children about ‘balance’ between healthy and less healthy choices. Cooking activities with children used DF choices such as sweet baked foods rather than core foods. Alternatively, other studies have capitalised on teaching opportunities with core foods to embed basic nutrition concepts and increase consumption of healthy foods.15 Reported barriers to change included lack of time, nutrition knowledge and training.12 Exposure to subliminal messages about DF and the positive association with special occasions, fun and their use in educational activities is problematic from a health promotion perspective but consistent with previous research.16 Reducing provision of DF is important for optimal child health.2 This qualitative study reports current attitudes and perceptions of childcare staff towards the provision of DF in an environment where SNAC supports healthy eating, alignment with the ADG and strategies to address barriers to healthy eating. These research findings, however, suggest that accountability to ensure food provision meets guidelines requires stronger NQS regulation.

References


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