

1980

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Department of Health Education

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Recommended Citation

Department of Health Education, "#29 - Is Your Child Physically Fit?" (1980). *Keys to Total Health*.
<http://scholarsrepository.llu.edu/keys/13>

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Keys to Total Health

PRODUCED BY THE DEPARTMENT OF HEALTH EDUCATION, SCHOOL OF HEALTH

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Is Your Child Physically Fit?

A mother was recently asked a question, "Is your child physically fit?", to which she responded, "Michael is the picture of health. From the very beginning he got such a good start. He was a nice round, fat baby, and he got everything America could provide for a diet. Therefore, he must be in the pink of condition. True, now that he is in school, he may be a little overweight but his body is really sound and his bones are solid. He is healthy." How many thousands, even hundreds of thousands, of mothers take this attitude about their children? Actually there are many children of grade-school age who are not physically sound and in a state of good physical fitness.

This was documented in a public school district of California recently. A testing program was initiated in grades four and five of a public school. Children were tested for the presence of the risk factors for coronary heart disease. Previous studies had shown that parents who were at high risk of coronary heart disease could be identified by studying the habits and certain physical characteristics of the children.

The children were tested for serum cholesterol, blood pressure, height and weight, level of physical fitness and the presence of smoking. These findings were then entered into a computer. To reach total objectivity, the computer did the deciding as to which of the subjects had the risk factors that could lead to coronary heart disease later in life. If potential trouble spots and problems were pointed out, then a communication went out to the parents of the children.

Many parents expressed surprise at the findings of the testings, and asked what questions we had asked the children that might indicate to us that their family had a



history of heart problems. Actually there were no questions asked of the children that would lead the research team to evaluate the family as having coronary heart disease. The conclusions of the research team were based only upon the action of the computer and the information received from the students. The entire appraisal was based on the results of the testing program.

The parents of those children identified as high risk were also tested on the same factors. Both students and parents were tested three times during the study: at the beginning, again after six months of education, and finally after another six months of no contact from the health educators.

This was a very informative study. The research team was in high hopes of not only finding potential problems, but also of correcting those problems by entering into educational programs in the homes of these children. For the benefit of parents and other family members, the programs were carried out throughout the school year. Health education classes were formed in the homes. These covered the areas of smoking cessation, weight control, exercise, and food selection and preparation.

And what was the evaluation? Whereas the team of health educators was very optimistic about the upcoming results, the evaluation portrayed the dismal fact, that very

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little lifestyle change had been accomplished in the families of the school children. A similar project had been carried on during the previous year, among high school students, involving students three to seven years older than the elementary school children. When that program was evaluated it was found that there was more behavioral change. It was also found that there were greater alterations in lifestyle, as a result of the health education component for the families of the high school students. So those on the research team were left with the question, "Why?" Why did the second group make fewer behavioral changes?

Younger People see Less Need of Change

Because the parents of the elementary students were younger, they saw less need of changing their lifestyles. This seems to be a typical response of the young adult in the early thirties as opposed to older parents who have experienced more symptoms of some of the degenerative diseases. Often, it appears we need to have health problems before we recognize the need for doing something about our health.

The intent of this lesson is to point out the dangers and hazards of our modern lifestyle, and to cause us to think more seriously of our state of health and that of our children. What does it mean to be physically fit? What part does nutrition play in fitness? What part does physical exercise play in fitness? What course should be followed to encourage a high level of fitness in the lives of our children?

One child seems to have more energy than a handful of adults. But beneath that seemingly limitless energy may be potential for health problems. Childhood habits have a great effect on an individual's habits throughout his life. A child's health habits now will, to a large measure, determine the quality of life that he will enjoy later. Never was this Biblical principle more true than as it applies to the health of a child: "Be not deceived; God is not mocked; for whatsoever a man soweth, that shall he also reap." (Galatians 6:7) We might look at the "sowing" as the habits that are established during childhood. The "reaping" process would be the health, good or bad, that is reaped throughout the rest of that individual's life.

Pregnant and nursing mothers need a good diet. Too many young women have not formed good eating habits. This is especially true of teen-aged mothers, and the health problems of infants of these mothers are twice those of mature women.

The most common nutritional problems in mothers include: iron deficiency anemia, obesity and its side effects, and unsatisfactory intakes of folacin, calcium, vitamin A,

the B vitamins, vitamin C and iodine. Some results of malnutrition in pregnant mothers are: higher rates of premature births, still born infants, infants below normal weight, and high neonatal death rate.

A woman who is pregnant needs a slight increase in calories, but larger increases in protein, calcium, iron, vitamins and minerals. The calcium requirement is nearly doubled. This means that the expectant mother cannot afford to eat a lot of empty and refined calorie foods in her diet. White bread, white rice, sugar, pastries, cakes, cookies, soda pop and other such foods should be replaced with whole grains, skim milk, fresh fruit, vegetables and legumes.

The desirable weight gain during pregnancy is twenty-four to twenty-eight pounds. Obese pregnant women have a higher incidence of toxemia, high blood pressure, protein in the urine, edema, headache, visual disturbance and even convulsions in severe cases. Large early weight gain may signal future problems. An overweight woman who becomes pregnant needs to keep her physical activity level high. A woman who maintains her fitness during pregnancy by moderate activity has less chances of complications and is more likely to give birth to a healthy baby.

From the time the brain is first formed, there is a crucial relationship between nutrition, brain growth and final brain size. From the moment of conception, on through nursing and the preschool years, proper nutrition is important for the mental and physical development of the child.

There are many advantages of breast feeding over bottle feeding. Nourishment is readily available. The warmth and closeness between mother and baby is an important emotional factor. Human milk is superior for human infants over any other type of milk or food. Breast milk contains immune substances made by the mother to protect the infant during the early months of life, and human milk is especially adapted to provide all nutrients in the right proportions for human infants. Cows milk cannot be modified for human infants without diluting its vitamin and trace mineral content at the same time.

Many mothers start their children on solid foods much too early. Five or six months of age is soon enough to begin adding strained foods to the diet. Because many food companies add sugar to their products, parents may want to consider blending and straining their own baby foods. Cereals and fruits are generally introduced first, followed by yellow and green vegetables. Other strained foods may be added to this list later. After the first teeth appear, pureed and semisolid table foods may be used.

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During the first three years of life a child's protein, vitamin, mineral and caloric needs are about half of those of his mother. This increases to about seventy-five or eighty percent by ages four to six. After age six the requirements of the child about equal the mother's needs until the teen years, when the individual's needs are higher than during any other period of life.

How Healthy is Your Child. . .or Grandchild?

A few simple observations can aid you in determining your child's general physical fitness. If your child is getting all the nutrients he needs, the mouth should be well shaped and the teeth free of caries. Tooth decay is an indication of possible dietary problems. The hair should be sleek and shiny and the eyes bright. The child should display a happy disposition. Misbehavior in children may often be traced to an unbalanced diet. Habits of elimination should be regular. The bones should be straight and even, and weight gain should be continual. A sudden loss of weight is a definite warning signal that something is wrong.

The day should start with a good breakfast. The child who enjoys proper nourishment in the morning has an advantage over other children. Sweets and empty and refined calories (enriched breads and refined or sugar coated cereals) should be kept to a minimum. Whole grains, fruits, vegetables, milk and legumes should hold central place in the diet. The "chubby" baby and overweight child will probably have a battle with obesity for the rest of his life. It is better if the child enjoys normal body weight at every stage of his development.

A typical diet for the modern teenage often is something like this: for breakfast, prepared sugar-coated cereal with a glass of milk, or juice, a piece of toasted white bread with jelly; dinner finds him with the gang around a vending machine or short-order place where he eats a couple of hot dogs or hamburgers, fries, drinks a milkshake and finishes off with a candy bar or two; then for supper it's a heavy steak and a nibble or two on some vegetables. In between the average teenager enjoys plenty of snacks. The situation is more critical for girls than for boys. Because boys eat more than girls and are less prone to go on crash reducing fads, they have a better chance of getting the needed nutrients.

The average teenage diet consists largely of fat, sugar and starch. Obesity and underweight are both teenage nutritional problems. They may not present the normal "picture of health" which this age group should display. They can lack youthful energy, and be tired and listless, with little enthusiasm for their studies. Teenagers need more nutrients than any other age group due to their rapid growth rate and the physical changes which take place during this period. The growth spurt for girls is from ages eight to fourteen while boys experience this about two years later. The modern teen diet is not adequate to meet the body's needs.

What would constitute a well-balanced daily diet for your teenage son or daughter? Based on the latest nutritional research it is:

1. Three or four cups vitamin D fortified non-fat milk.
2. Three servings of high protein foods (including cottage cheese, eggs, nuts, legumes, etc.)
3. Two liberal servings of fruit (including oranges, grapefruit, strawberries or cantaloupe.)

4. Three or more large servings of vegetables (include potatoes and at least one dark-green leafy vegetable or yellow vegetable). Some of these could be included in a raw vegetable salad.

5. Four servings of whole-grain cereals (this should include some cooked cereals and whole grain bread).

Studies indicate that the major reason for lack of good nutrition among teenagers is that the parents just don't care! Seldom do youth rise above parental example. How about you? Are you really concerned enough to do something about it?

Fitness for your child must involve more than just his dietary, or his eating habits. Also involved are his regular habits of life, getting a proper amount of rest, and an adequate exercise program. Often the child is looked upon as being just a bundle of energy, getting all the exercise needed. This is not often the case. In our push-button age of television to occupy the time of youngsters after school hours, many of today's youth do not get adequate exercise.

Physical and Dental Exams

How can you know if your child is physically fit? One way to find out is to give him examinations, including physical fitness tests. Have a physician and dentist examine him. Do you know your child's blood pressure? Many physicians do not routinely take a child's blood pressure. Do you know what your child's resting heart rate is? A rapid resting heart rate is indicative of poor physical condition. Dental caries or cavities are one index as to whether or not their program is nutritionally sound. Chances are that if a child has had cavities in his baby teeth, there needs to be a new look at his eating habits. Review his activity pattern for one week; how much active physical exercise is he getting daily? Don't rely on physical education at school; often students who need it most are adept at getting out of that class.

Parents, take a good look now because the health that your child will carry with him through life is being influenced by what goes on at the dinner table, recreation field, and in his home.



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IS YOUR CHILD PHYSICALLY FIT?

1. In a public school district in California, recently a test was administered to 4th and 5th grade students. List four factors that the test covered.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

2. Why did some parents register surprise at the results? _____

3. The previous year a group of high school students were tested—more lifestyle changes were realized by the older families. In your own words state why you feel this happened. _____

4. Health problems of infants of teenaged mothers are twice as common as mature women. Why? _____

5. List four of the most common nutritional deficiency problems among mothers.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

6. List three advantages of breast feeding: 1. _____

- 2. _____
- 3. _____

7. Many mothers start their children on solid foods much too early. When should strained baby foods be added to the diet?

8. The problem of obesity often begins.....When? _____

9. _____ need more nutrients than any other age group. Why?

Name _____

Address _____

City _____

Phone _____