

Dietary Education of Parents and Caregivers Promotes Healthy Lifestyles for Children

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La educación alimentaria de padres y cuidadores promueve estilos de vida saludables en los niños

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On July 20, 2022, the article on "Oral diagnosis in preschool children living in a marginal urban area" was published, where a high frequency of dental caries was found in the population studied, which can cause short and long term repercussions, not only in dental health but also in general health¹.

Therefore, it is important to treat it promptly to prevent physical and psychological health problems in patients. This clinical picture causes complex dental alterations that involve pain, esthetic alterations, malnutrition, halitosis, and diminished self-esteem, among others^{1,2}.

This pathology is multifactorial and has been described in various studies, among which the following stand out: poor dental hygiene, genetic predisposition, and low attendance at prevention programs¹⁻³.

At this point, a notorious cause is the frequent consumption of cariogenic foods, which are part of the children's diet at home and school^{1,2}. Cariogenic foods are high in sugar, which generates acids and tooth demineralization to the point of their possible destruction².

The problem is that the children's food choices are made by their caregivers, parents, or teachers, who often do not have an adequate nutritional dietary orientation but rather unhealthy habits that have lasted all their lives³.

In the preschool and school stages, children begin to develop their preferences for foods and discriminate against those that are not palatable, so it is important that they

become accustomed to eating nutritious foods with less sugar, fat, and salt at this age⁴.

These feeding practices are influenced by the cultural, social, and even emotional context that the caregivers have acquired; thus, they are transmitted to new generations³.

This lack of knowledge among adults is added to the pressure of energy-dense food advertising, which offers a wide variety of products with high cariogenic potential, such as sweets and fast food products with high cariogenic potential. They are also low-cost and even come with toys or other gifts as part of the advertising^{2,4}.

Children do not have enough knowledge to reflect on the damage caused to their health by consuming these foods; they will not understand an explanation of the amount of calories and the percentage of fat a cookie contains. The only thing they will remember is its pleasant taste, compared to the taste of carrots, which are also sweet⁵.

Equally important is the misguided practice of caregivers providing children with sugary and carbonated beverages, candy, and other snacks to reward achievement or control children's negative emotions, such as temper tantrums⁵.

Given this situation, it is necessary to change the habits of caregivers so that children acquire healthy lifestyles. Parents must know what foods to buy, read and understand nutritional labels, and prepare and cook⁵.

As the parents develop competencies and skills in nutrition, they can decide on their family's diet according to their needs

and socioeconomic context. Eating patterns are born within the family and are imitated in other places, such as school⁵.

Health-promoting dietary behaviors will enable children to develop healthy lifestyle habits and prevent non-communicable diseases such as dental caries, among others^{3,4}.

At the international level, there have been efforts to ensure adequate child nutrition and to correct dietary problems in the early stages of childhood. Thus, dietary guidelines and child feeding manuals have emerged, but efforts to educate caregivers have not been sufficient^{3,5}.

Health professionals of the different branches must inform caregivers about healthy eating habits. It is not enough to say, during healthcare: "do not eat this or that"; it is important to explain in simple words the short and long-term consequences of not eating healthily and choose the most appropriate foods according to the age group and other concomitant health conditions⁵.

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