Q & A WITH DR. ANNE ST. JOHN, PAEDIATRICIAN & DIRECTOR OF HSFB

## THE DOCTOR IS IN

As a paediatrician you have been on the 'frontline' and seen firsthand the increasing incidence of childhood obesity in Barbados. Why is this such an important issue?

What I do is approach the parents to point out to them that although the perception in the Caribbean is that 'fat is wonderful' and children should look plump and thriving, that is the first step for non communicable diseases to develop and what does that mean for them in the future?

The first thing is physical problems in that they can't take part in sport. They start to get symptoms like joint pains and shortness of breath. Then there are more serious medical issues as increasing overweight and obesity means that fat gets converted in the body and causes issues with organs. The most common

non-alcoholic cause of fatty liver is obesity. The fat gets deposited under the skin and they get premature development. This can subsequently lead to children experiencing psychological trauma due to bullying.

Another critical medical issue related to childhood obesity is the increase in incidence of diabetes type 2 which we are now seeing more of in adolescents. Previously, diabetes type 2 was typically seen in adults between adults over the age of 40.

The HSFB projects look at banning the sale and promotion of sugary drinks and unhealthy foods in schools. Do you think this can be an effective means of tackling childhood obesity?



I agree with generally banning and discouraging the sale of sugary drinks and unhealthy foods, not just in schools, but also in areas where children congregate. We need to encourage and educate kids to make healthy choices.

The school is a great target audience - if you think about it 4000 students sit common entrance exams in Barbados and that is just one age group. A recent study in Barbados has shown that the existing 10% tax on SSBs is working and that purchases have significantly decreased.

There are concerns that changes within the school environment will only be effective if there is support at the level of the family - how do you influence behaviour change and garner public support?

Education definitely starts in the home but kids do assimilate a lot of information at school. So you find that in some cases the children take the information back home and educate the parents. There are many traditional Bajan households where the appearance of an overweight child is favoured and considered 'healthy' due to myths around what children should be eating.

With regards to family support for healthy eating, I usually speak to the parents when they come to clinic to understand their concerns. Many of them complain about the child being a 'picky eater' and I try to determine what they mean and determine their concept of what the child should be eating. I go through each meal with them and recommend that a healthy diet should consist of eating 5-6 times per day, 3 main meals and 2 snacks.

## CHANGE HABITS

Typically you will find that children have something in between lunch and going home from school, e.g. a meat roll and a drink. In primary school where they give school meals, they usually get served a cooked meal at lunch. Medically this means they are not required to eat another heavy cooked meal. Overfeeding and force feeding is a problem in some households.

Specifically regarding sugar, Bajans like sweet things. The NCD Commission has established a MOU with manufacturers like Purity and Pine Hill Dairy to gradually reduce the amount of salt and sugar in certain products. This is a great way of promoting change as sometimes you don't even realise the difference in taste until you become used to it.

## In your personal experience, what messages work when speaking to youth about childhood obesity?

Well, most of my work is speaking to other doctors and medical students, however, I believe that children should be exposed to nutritional counseling in schools from an early age. Children also need to be encouraged to move more - there is a marked drop in physical activity from the age of 10 in Barbados, especially with girls.

This is a very real problem. A child has a 40% chance of being overweight or obese if they have one overweight or obese parent. This jumps to an 80% chance if both parents are overweight! Every parent that comes in to see me I have them take a picture of the healthy plate recommendations. The average plate in Barbados is brown and white - meat and starch with limited



or no vegetables. We need to change our habits.

Looking specifically at sugary drinks, what do you think about the HSFB projects 'Stop! Yuh TOO Sweet' and 'Stop Sugarcoating the Truth'? What next steps should be considered to bring about policy change?

I think the themes are great and represent the changes that need to be made. Moving forward the Minsitry of Education needs to play a role, especially in ensuring that nutrition and physical activity become core components of the school curriculum. In fact, there needs to be a collaboration amongst ministries covering health, education, sports and family.

WHO has suggested SSB taxation of 20% minimum has proven to be effective - in Barbados SSB taxation is presently 10%, should this be increased?

Definitely! It worked in Mexico and can work here. I say push it up!

