Background Information

- Water is essential for many functions in the body.
- Water is provided from solid foods, and is produced by the body's metabolism, but the remainder needs to come from drinking water and other fluids.
- A child's fluid needs are best met by drinking water and reduced fat milk.
- Excessive consumption of sugar sweetened drinks such as soft drinks, sports drinks, energy drinks, cordial and fruit juices should be discouraged.
- A small amount of fruit juice (125ml – ½ cup) can provide valuable nutrients.

HOW MUCH FLUID DO CHILDREN NEED?

- Children aged 4-8 years need 1.2 litres (about 5 cups) fluid each day.
- At ages 9-13 years, girls need 1.4 litres/day (5-6 cups) and boys need 1.6 litres/day (6 cups)

* If it is very hot or children are highly active they may need more.
This fluid requirement includes water, milk and other drinks.

WHY WATER?

- Water is best to quench thirst
- Water has no sugar or energy (kilojoules).
- Tap water contains fluoride which helps children develop strong teeth.

WHY NOT SUGAR SWEETENED DRINKS?
(ie Soft drinks, sports drinks, energy drinks and juices)

- A high consumption of sugar sweetened drinks, contributes to health problems including obesity, type 2 diabetes, dental caries and osteoporosis.
- Children who regularly drink soft drink and other sugar sweetened drinks are more likely to be overweight.
- Soft drinks, sports drinks, energy drinks and juices, all contain sugar and acid which both contribute to dental decay.
- Soft drinks provide no nutrition other than sugar and fluid. The *Australian Guide to Healthy Eating* defines soft drinks as an 'extra' food to be eaten sometimes or in small amounts.
- Fruit juice contains some vitamin C, but ½ cup of most juices (or ½ fresh orange) provides a child's daily requirement for Vitamin C.
- Sugar sweetened drinks cannot be sold in NSW school canteens or vending machines.
- Artificially sweetened drinks taste sweet, and so teach the habit of sweet drinks. They also contain acid which contributes to dental decay.
- Children whose parents regularly drink soft drinks are more likely to consume soft drinks than those children whose parents do not drink soft drinks regularly.
- Higher soft drink consumption among children and adolescents is especially associated with a decline in milk consumption.

Soft Drink Consumption

The NSW Schools Physical Activity and Nutrition Survey (SPANS) 2015 reported that

- 16% of primary school children usually consumed 2 to 6 cups of soft drink per week.
- The prevalence of consuming one or more cups of soft drink daily was significantly higher among obese children.

There is evidence that consumption of more than one cup of sugar sweetened beverages per day maybe associated with adverse health effects, including weight gain and dental caries.

Fruit juice and milk consumption

The SPANS survey also reported that

- About 6% of children never or rarely drank milk and 28% drank one cup per day.
- Milk consumption was less frequent among Year 6 children when compared to other year groups.
- The majority of children (61%) consumed whole milk and 26% consumed reduced/low fat or skim milk.
- Overall, 29% of children never or rarely consumed fruit juice and 27% usually drank one cup or less a week.
- Almost 1 in 6 (16%) of children usually drank one cup or more per day of fruit juice.

FRUIT JUICE

Although fruit juice provides nutrients such as vitamin C, potassium and folate, it should be considered a sugar sweetened drink. Whole fresh fruit is preferred to fruit juice because it provides these nutrients and has more fibre, and so is more filling and less likely to provide excess kilojoules than if drinking fruit juice. 1/2 a cup (125 ml) of fruit juice is the equivalent of one serve of fruit.

MILK AND MILK ALTERNATIVES

Children aged 4-11 years need 1.5 -3 serves of milk or milk alternatives each day.
One serve is

- 1 cup (250ml) milk or soy milk (with added calcium)
- 200g (1 small carton) yoghurt
- 40g (2 slices) cheese

Note: Lactose intolerance may be an issue with some students. Lactose intolerance means they lack the enzyme, lactase, which is needed to digest lactose, a milk sugar. There are, however, many non-dairy milk sources available such as rice, oat, grain and soy milks. It is important that these are fortified with calcium.

Reduced fat milks are encouraged for children over 2 years. Reduced fat milks provide the same important nutrients as full cream milks (such as calcium and protein) but less saturated fat. Reduced fat milk has approximately 2% milk fat compared with regular milk which has on average 3.8% milk fat.
Plain reduced fat milks are preferred.
Flavoured reduced fat milks are a healthier choice than sugar sweetened drinks such as soft drinks, cordial etc.

Milk and milk alternatives also protect against tooth decay. Casein, a protein in milk protects tooth enamel against plaque acids, and calcium and phosphorous can enhance the remineralisation of tooth enamel.

An overview of current knowledge of soft drink consumption has provided the following messages for specific groups to promote healthy drinks:

Messages for Primary School-aged Children

- Limit soft drink consumption to once a week or less, and in small amounts.
- Water and reduced-fat milk are preferred beverages.
- Limit fruit juice consumption to no more than one cup (250ml) per day.
- Water is the best beverage to quench thirst.
- Serve water with meals.
- Use a refillable water bottle.

Messages for Parents/caregivers

- Soft drinks are an extra, or 'discretionary food' and should be consumed once a week or less, and in small amounts.
- Consumption of sugar-sweetened drinks, artificially sweetened drinks and juices contribute to a 'sweet palate'.
- The adverse health consequences of excessive soft drink consumption are substantial
- Avoid buying soft drinks and limit availability at home
- Lead by example ie reduce your own consumption of soft drink
- Serve water with meals
- Offer water and reduced fat milk (whole milk is recommended for children under 2 years of age)
- Use a refillable water bottle.

References:

Hardy LL, Mihrshahi S, Drayton BA, Bauman, A. NSW Schools Physical Activity and Nutrition Survey (SPANS) 2015: Full Report. 2016 Sydney: NSW Department of Health.

Rangan A et al (2009). *Soft drinks, weight status and health: Health professionals update*. Sydney: NSW Centre for Public Health Nutrition (now known as the Cluster of Public Health Nutrition).

Nutrient Reference Values for Australia and New Zealand – Executive Summary (2006) Commonwealth of Australia.

NSW GOVERNMENT Health
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Local Health District

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