

TRANSCRIPT: Discover Healthier podcast series – “Raising Healthy Children” episode

29 April 2020
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Speaker	Dialogue	Start time	End time
Podcast Intro - Azania	Welcome to Discover Healthier. Everything you need to know about health, brought to you by Discovery Health. I’m Azania Mosaka. You can join the conversation as we explore some of the most pressing matters in the healthcare environment today. Our wide variety of topics and specialist guests will empower you to care for your health, now, and in the future.	00:00	00:23
Episode Intro - Azania	Raising healthy children is one of the toughest challenges facing modern parents. That’s why this podcast is a must-listen for mums and dads of children and young teens. As a mum, I know that today’s children are growing up in a world in which their mental, their physical and emotional wellbeing are challenged on an ongoing basis. So, what should moms and dads know when it comes to ensuring that they’re equipped to raise healthy children. Join me as I speak to experts who give you all the physical, mental and emotional tools you need to give your children a priceless gift: their health. Both now, and into adulthood.		01:03
Azania	<p>Dr. Hanneke Heyns, a paediatrician who works with children from new-borns to 17-yr-olds, is passionate about their health and development. She joins me on the line from Cape Town to explain why children’s health depends on a good understanding of their total wellbeing. Putting them on the path to becoming well-adapted independent adults.</p> <p>(Music)</p> <p>Well, Dr. Heyns, it's a pleasure to have you and thank you so much for joining us. You have built your practice on your passion and your interest in child health and development. So, if we think about from birth to adolescence, how important is that developmentally for human being?</p>	01:09	01:52
Hanneke	Hi Azania, thank you very much for the invite and the opportunity to be able to join you today here. There's a quite a big discussion at the moment about where does Child Health start. And actually, the child health starts the moment of conception. So, we are not looking from the day that the baby is born, but we're actually	01:52	03:07

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	<p>looking at the health of the mommy and the daddy before the baby is conceived. And then that first thousand days, that's the golden thousand days and so important. So, if you're looking at child health, you know, health is not merely the absence of disease, it encompasses the total well-being of the child, and that means that this child is going to be raised to be the best possible himself or herself that it possibly can be. That is what we are trying to help with and assist. So, I always teach my parents and I say you must remember your job is not just to make your child happy, but your job is to raise and equip and guide your child to become a healthy and well adapted adult that can function and make good choices in the current day and age.</p>		
<p>Azania</p>	<p>Right and let's talk about one of those facets, as you say that health is not just the absence of disease, but it's quite a range of inputs, right, for us to have what we can call a 'healthy human being'. So, the input of nutrition, you know, children and nutrition, it's probably one of the biggest things that parents complain about.</p>	<p>03:07</p>	<p>03:27</p>
<p>Hanneke</p>	<p>Absolutely. I mean nutrition is absolutely the most important thing, it starts before baby's conceived, then it carries on in hopefully breastfeeding. So, breastfeeding is still the most important choice of food for a baby, and we recommend that moms try to breastfeed between nine months and a year to give baby all those correct nutrients for growth and brain development, immunity and then, you know, to help this baby thrive into a wonderful child. So, obviously, there are reasons when moms cannot breastfeed for various reasons or cannot breastfeed exclusively and that's okay, you know, there are excellent infant choices of formulas, but before we discuss it with a nutritionist or a paediatrician or the GP or the clinic sister, before choices are made, because they are tailor made for each baby. And then between the ages of four and six months, solids can be introduced in the form of vegetables and fruits, and we refer to that as weaning. Now weaning does not necessarily refer to the removing of breastfeeding, it is just the addition of other foods, and I often get the question of moms that says, yes must they not just push the exclusively breastfeeding to six months. And yes, you can definitely do that, but it doesn't mean that when we add food we take away from the breastfeeding. It's just our teaching the baby tastes and textures and how to tolerate solids and how to eat it. And some of the most important factors when you start weaning our babies is that we try not to give all</p>	<p>02:02</p>	<p>06:49</p>

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	<p>these artificial sugars, these jars and boxes and pots and everything else that is preservative full or sugar full, that's not great for babies. So, we try to wean them basically for the first two months just on vegetables and fruits, denatured, steamed and pureed for baby. And then at six months, we start introducing the protein. So, that will be your chicken and fish, and eggs and legumes. And also, very important now, is the early introduction of peanut butter. They've done a wonderful study in the UK called the Leap Study. That early introduction of peanuts in the form of a peanut butter can prevent or at least lower the risk of a peanut allergy, so that's why we recommend that babies from the age of six months starts with one teaspoon of peanut butter three times a week. And then about eight months baby can start eating from the family diet and we start adding some finger foods so the baby can get used to the textures and bigger chunks and start biting on things. Then by one year, baby should be incorporated fully into the family diet, but obviously manageable pieces and self-feeding is more important. So, in one year, we start getting this little independent toddler that kind of have their own ideas about life. And a couple of rules there, is that we try to see if we can get them to eat between five and six portions of fruit and veg per day, spread over the whole day, and we prefer to give them whole foods versus processed or preserved, so try to give them real food and not easy foods for children.</p>		
Azania	<p>I'm sure you hear parents say my child doesn't like vegetables. You know, my child doesn't eat vegetables. Do you respond to that?</p>		06:57
Hanneke	<p>Right, so the one thing I always teach parents is that... first of all, children don't grow up in hotels and they don't order from menus and etc. So, mommy's job is to prepare and offer food. And that's where it ends. It is the toddler's job to eat it. So, if your toddler refuse to give something, it's okay. We're not going to push him. You're not going to fight him. You're not going to have, you know, this battle of wills that kind of entails with little toddlers, but there must not be an alternative. There must not be a fallback food, an easy food, because then they learn that if I don't eat, I'm rewarded with something nice. So, mommy must try to... if there's vegetables as part of the diet, vegetables must be on the child's plate. Try to make it interesting. Try to make it colourful. fruit and veggie kebabs, salads, you know, that kind of thing is a great way to make it interesting. And then obviously, parents</p>	06:57	08:15

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	<p>must at least lead by example. You know, if the dad's not going to eat the veg, you cannot expect the little one to... to try to eat the veg.</p>		
Azania	<p>But what about later, when they now adolescents or even preteen and they're just so much more independent, they can make their own meals. And this is when bad choices are up to them, you know. Yes, you might not have introduced them to all the processed foods, but as they get older, you know, there's a lot more autonomy about what they like and what they eat.</p>	08:15	08:37
Hanneke	<p>Absolutely, you know, adolescence, I love adolescents. They're amazing. And it's such a very special time in life because you've got this little human being that's now starting to have that autonomy, but it's still a child at heart and still needs guidance. The most important thing is, you've got basically seven years, until the child seven years, you as a parent can do most of your moulding. After seven years, external effects are starting to play such a big role. So, I try to teach parents that I say, you know, be a conscious parent. When you work with your child and when you teach your child, teach your child from the very beginning how to make good choices and what are the consequences to choices. I find in today's day and life, consequences are often pushed aside, and parents don't, or children doesn't want to take the responsibility of the choices. So, a child knocks, for instance, into the table, you pat the table and you say, naughty table. But actually, what you teach the child is it's the tables fault, it's not your fault. And that happens in many times, you know, oh no, it's the other child at fault with you, instead of you now have to share your toys. So, if you teach a child from a very young beginning how to take responsibility, and what are the consequences to choices, this is how we can guide them. And then obviously, to try to get the social media and the support groups and the schools and the cafeterias to move towards healthier choices. We see a lot of that currently, if you go into the mall, there's less and less fast food restaurants, and more whole food restaurants. So, there are fun places to eat but do have healthy choices of foods.</p>	08:37	10:23

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Azania	As you say, yeah, that the modelling, the role modelling from parents, is a critical component. But now that we've touched on nutrition, as you said, health isn't just about the absence of disease, but disease can come along. There are signs and symptoms. And sometimes because children are young, they might not have the words or the means to communicate these, you know, some things might not be hard to understand in a child when they are ill. What are your overall guidelines around conditions and how, as parents, what we need to do?	10:23	10:57
Hanneke	Absolutely. So, I know that any parent that is entrusted with a new young little baby feels very fragile, necessarily know what to look out for. But it is a learning curve. It's learning to care for that baby, to learn the cues and things. The most important cues in babies, especially in infants, is growth and development. And there are amazing, wonderful apps available now that you can download onto your phone and that you can check and see and make sure that your baby reaches certain milestones by certain ages, as well as following his own growth curve. You know it's often just taking the baby to the clinic for a weight check and plotted on the app. So, obviously, the moment that there's any growth failure, or there's developmental failure, that's a red flag that needs to be looked after. And as we look at infants, obviously, the most common reasons for infants to seek medical help is things like infections, injuries, and then obviously things like birth defects, metabolic infections, genetic conditions, etc. So, the red flags that we look out for in infants are things like poor feeding. So, this is a baby that struggles to finish a feed, that takes a long time to feed, that gets tired after a short little while in the feed or has been feeding well and suddenly he's not interested. That's always a warning sign in the infant. Any form of temperature in an infant, if they're vomiting... lots of baby's vomit, they posit this little bit, but you know, it's kind of a baby that's not vomiting that is suddenly vomiting bucketloads... or a baby that is been vomiting but suddenly vomits a whole lot more and is also lethargic. So, you must see it in perspective. And then if the baby becomes very pale or if your baby's blue, you know, blue babies is not... never a good thing. And it's not the hands and the feet because that's normal to be blue. It's the tongue of a baby that must not be blue. So, if ever you see a blue tongue, that is a warning sig. And then lethargic babies... babies have got the naps and there are some good days and there are bad days. But generally, mummies know the behaviour of the babies after a	10:57	17:13

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	<p>couple of weeks and then if baby becomes very lethargic that is obviously a sign. And then if you go move over to the under-fives and still infections, that's still very prominent reason. And one of the most common reasons for parents to panic is fever. And fever is an interesting scenario, because if it's just a fever, that there's nothing else wrong with a child, you can monitor the fever for about 48 hours. If the fever persists after 48 hours, the parents need to seek for medical help. But if it's just fever, and the child still eating, he's still playing, there's no vomiting, there's no coughing, there's no other symptoms, that's when you can take the wait and see approach. If it's coupled with something else, then you need to look for medical help much sooner, especially if there's things like persistent vomiting. And again, it's not just one vomit, it's the little one that kind of vomits and mommy tries to give a couple of sips of milk or water and it comes out and then you try a bit of Calpol and then it comes out. You know, persistent vomiting. If a baby has got persistent diarrhoea, you know, it's literally kind of every hour or half an hour, there's a runny poo. If a baby presents or a child under five has got a rash, and we not looking at just this pinkish kind of rash, that's very common. We're looking specially at a non-blanching kind of rash. Now the glass test is a very, very nice taste to see whether a rash is blanching or not. You take a glass and you press the glass against the skin where the rash is present. If the rash gets lighter, it's a blanching rash, and that's usually a viral rash, not something to be too worried about. But if the rash remains exactly as red as it has been, that's the kind of rash that we are worried about, that needs urgent medical care. So, that baby needs to go to the doctor. Then again, if a baby is you know, not drinking, refusing to drink is, it's a big sign that something's not right, baby becomes lethargic, and then signs of respiratory distress. Now the signs of respiratory distress is basically showing this child is struggling to breathe. So again, the colour usually is not so good, it's a bit pale or a bit blue, child's breathing very fast, there are some indrawing, it's when you're looking at the chest, you undress the child and look at the chest and you see, you know, the skin kind of pulls in between the ribs and the underneath the ribs, and here, you know, on the top of the sternum that's indrawing, so that's a sign of respiratory distress. And you can see that the child's tummy is actually trying to push the air out of the chest, the tummy muscles are breathing. That's all signs of respiratory distress. And then very important for parents to learn from a... from very early onwards is signs of dehydration. It's not</p>		
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	<p>the vomiting, it's not the diarrhoea, it's not the gastro that's causing the problems. It's the resulting dehydration that's dangerous. So, signs of dehydration that parents should be able to spot are things like sunken eyes, or a sunken fontanel, again that lethargia, the mouth is dry, the lips are dry, there's dry nappies, you know the baby has normally peed by eight o'clock in the morning, but they still are kind of a dry nappy. And then the decreased skin [inaudible]... it's almost kind of a doughy feeling, especially on the skin in the abdomen. The heart rate usually goes up when they get dehydrated, and then they've got what we call a prolonged capillary refill. Now that's an easy one to test. So, if you take a finger and your thumb and you press on it with your other finger, you see that it blanches as quickly pinks up again. So, that's normal capillary refill. So, prolonged capillary refill is when you press and that re-blanching, that re-becoming pink takes longer than three seconds, then it's delayed capillary refill.</p>		
Azania	<p>So, that's a sign of dehydration, right. This was such a, like just those points that you've shared, it feels like a brief masterclass of the things that we need to be so aware of, so succinct. I'm really grateful for that. But let's take a broader picture, a picture at children growing up in South Africa. What are some of the facts around child health that are specific to South Africa? And how do we compare to... to countries? Is there interesting research or developments that add to our understanding of child health?</p>	17:13	17:44
Hanneke	<p>Child health is a very interesting topic, is a very hot topic, has always been a hot topic. And I think I'm going to start with some statistics basically, to look at a child health. So, if you're looking at statistics, basically Child Health is improving. We know that worldwide, the under-five mortality rate in 1990 was 12.6 million, and it dropped to 5.3 million in 2018, which is really tremendous improvement. It's a 59% improvement. So, if you're looking especially in South Africa, the statistic says there were 65 deaths per thousand births in 1992. And then that increased actually, by 1997 to 79, and that was due to the AIDS epidemic and lots of baby's kind of still dying from HIV/AIDS. The good news is in 2012, it has dropped to 40 deaths per thousand births. So, it is even in South Africa also improving. And where our focus worldwide has always been mostly on infections, it is now shifting slightly. So, five most common causes of death in children below the age of five years is now things like pre-term birth complications, we now are able to have babies survive at a much younger age. Obviously, that comes at a price, but so preterm</p>	17:44	20:51

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	<p>birth complications is still a leading risk. Pneumonia is still under the top five. So, pneumonia and diarrhoea and malaria, the three infections that can be prevented. And then things like birth asphyxia, and South Africa has a wonderful thing that's going at the moment in private med, the beta ops program, and that's a program where gynaecologists and paediatricians works together to look at which babies are admitted to ICU, which patients passed away, what was the reasons, what can be prevented. So, it's a real program that's running at the moment that I'm sure going to make a big difference. And congenital anomalies. So, we are shifting more from infections to more kind of chronic things, and emerging priorities worldwide is to look at congenital anomalies. We're then looking at gene research and gene modification research. Injuries is still a big thing and especially in South Africa, and then things like non-communicable diseases, things like chronic respiratory illnesses like asthma and cystic fibrosis, acquired heart diseases, childhood cancers is now becoming more prominent. Diabetes and the new killer is obesity. You know, we spoke about nutrition and we spoke about good nutrition... in the past we always looked at malnutrition, but obesity is just as malnutrition as poor feeding, you know, and the statistics show that there... It was 31 million in 2000 of people in the world and it's raised to 42 million in 2015.</p>		
Azania	Sjoe, that is staggering!	20:51	20:53
Hanneke	That is staggering. So, if we look at South Africa, kind of in the whole setup of this, we are still struggling with infections, especially things like HIV AIDS and tuberculosis. In South Africa, that's prominent diseases, that's diseases that still harms a lot of children... still have got poverty, we still have got poor access to healthcare for everybody.	20:53	21:18
Azania	So, would you say that those are the major contributors then to the prevalence of the health conditions that you've just mentioned in children? The poverty, access to health care?	21:18	21:30
Hanneke	We live in a very interesting country. We've got first world problems. We've got third world problems. And one side of our population are struggling with poor nutrition, poverty, poor access to health care, and then the other side, we've got patients that has got access to excellent health care, and they've got other kinds of problems. So, if you're looking at those kinds of	21:30	21:56

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	problems, I'm talking about things like the vaccinations rates that stop dropping...		
Azania	What is your opinion on that? Because this vaccination movement or the antivac movement seems to be, you know, gaining foothold in different parts of the world.	21:56	22:08
Hanneke	Absolutely. You know, it is so amazing that the WHO has identified issues or certain... certain places, that, they need to focus on, you know, and the re-emergence of vaccine preventable diseases was one of the top five. So, it is definitely a huge problem currently. So, looking at vaccinations, it's basically vaccinations can prevent 3 million deaths per year, 2 to 3 million deaths per year. If we can increase our vaccination rate global, we can prevent another 1.5 million deaths.	21:13	22:49
Azania	All with this one change, one little action. Yes. And we did... we've made such great gains over the years. So, it's quite interesting to note this little setback as a result of the rejection by some of vaccinations.	22:49	22:03
Hanneke	Absolutely. If you're looking at vaccinations, you know, there's something that they call the herd immunity. So, herd immunity says that if 85% of our population is vaccinated, the 15% non-vaccinated are protected against that disease. The problem is now our herd immunity is dropping, and we've seen things like pertussis. I mean, we almost have every month a baby that has got pertussis or contract pertussis. We've seen diphtheria this year in Cape Town, this is diseases that I never thought I'm never going to see my lifetime again. And vaccines, there's a lot of research that goes into vaccines and it is safe. it's cost effective, it's an effective way of preventing a disease. The amount of quality control that goes into vaccines are enormous. If they find one little thing in a batch, a whole batch is scratched, and the vaccination production line starts from over again. About two years to produce one vaccine. So, and constantly, you know, vaccines are purified, every single you know, the research is going on. So, we still... we not eating the same vaccine we used to get 20 years ago, the vaccine has been purified and we are giving less and less antigens. All the same effect. And I think social media and public opinion plays a big role in... in this anti-vaccination.	22:03	24:29

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Azania	Hmmm. And so, for child health and not just your individual child's health, but child health of the collective... vaccines, in your view, they play a critical and important part overall for society.	24:29	24:44
Hanneke	Yes, absolutely. Absolutely. Vaccines are really important in preventing, you know, diseases that kill and maim children. You know, with the world having access to easier and better care, antibiotics has become something that is very easily accessible, and it's been abused and we all know that it's been abused, and that is leading to another big problem also in South Africa. And I think especially for patients that have got access to good health care, it's going to be a big issue and emerging problem in South Africa, because antibiotics that's prescribed constantly for viral infections, especially in children, especially in the crèche-going kid, leads to the children becoming resistant. Now, these bacteria and things developing and growing that start to become resistant against all known antibiotics.	24:44	25:41
Azania	No, that is a problem. I think governments all over the world have to... have to pay attention to. But I want to now take the conversation to the work, take us into your rooms for instance, or rooms of a paediatrician such as yourself, what are some of the things that are changing? What are the... what has changed in your approach and the various approaches to child health?	25:41	26:06
Hanneke	Over the years, we are becoming more, more alert, and more in-tune with our children. So, what has changed is a big focus on education. I think it's very important that we really, really not just focus on the sick child, but actually more focusing on the prevention of illness and not necessarily the treatment of illness. And that's why it's so important. You know, parents always wants to know, why do you need to come for your check-ups. It's kind of to identify little red flags that's popping up and that you can give attention to, but as well as educating the parent on the road ahead. What are you supposed to be look out... looking out for, what can you do? So, you know, it's all that education. So, I think we're doing quite a lot more education and prevention now than we used to do in the past, which is actually something that I really liked doing and is very interesting.	26:06	27:02
Azania	And finally, how do you think medical schemes should approach child health? Is this something that you think is quite specific to children that should be considered by medical schemes?	27:02	27:14

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Hanneke	Right, I think it's important for children to have good access, especially in the first two years, to... you know, say paediatricians, if you look at GP's, they often focus on problems versus the bigger picture. So, if we can in the first two years, just monitor growth and development, and educate the parents and give the parents access to that information, that will make a big difference. If we can run campaigns where we can educate parents. One thing that I found is that I think our parents are ill-equipped with dealing with the demands of parenting. In the past, children... it's we said it takes a village to raise a child. Now I find that we have got capsule-living. Mom and dad's both working, the child's in the crèche, grandparents are far away. And the demands and the stress on the parents to provide for the family needs... leaves very little left over to have conscious parenting and guiding their child, the child's often kind of just put in front of the TV... or the necessary is done and the physical care is there but not necessarily... they don't know how to give that overall emotional key. So, if we can have you know, platforms where we can teach parents basic parenting skills, how to deal with a screaming toddler, how to get your child to eat his vegetables, and so on. And then helping parents and assisting them to make healthy choices, to giving the parents access to healthy nutrition, teach them what is healthy nutrition, what is normal eating in toddlers, how can we make food interesting for them, programs to get, you know, get teenagers, pre-schoolers and school kids involved in healthy eating, getting their minds changed about healthy eating, getting them as part of the family making healthy choices. I've seen a beautiful eight-year-old yesterday, that research healthy eating and came with a plan to mommy and says, 'Mommy, I need to eat these things because'... this is just absolutely amazing.	27:14	28:58
Azania	It is amazing. And I think that's an inspired note to end things off on. I've loved our discussion. Thank you so much. Dr. Heyns.	28:58	29:08
Hanneke	Thank you very much for... for chatting to me. It was wonderful to talk to you. And I hope this has contributed a little bit to our listeners. And then, some things... recognizing some signs, you know, being more positive, less overwhelmed.	29:08	29:25
Azania	Yes, no, I think some of us will keep coming back to this conversation from time to time. Thank you. It was absolutely valuable.	29:25	29:32

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Hanneke	Thank you very much.	29:32	29:34
Azania	<p>It's an astonishing fact, childhood obesity and [overweight] have become one of the greatest global healthcare challenges, affecting every country in the world. So, what sort of threats challenge the health of children growing up in today's world? And what does it take to empower children to understand how to be healthy, and so set them up on a path to achieving life-long health and wellness. I'm now joined by Principal Clinical Specialist and Head of Research at Vitality South Africa. Dr. Deepak Patel. He's here to share a wealth of insights into how the right lifestyle behaviours can make all the difference to a child's state of health. We'll also look at how important it is for parents to be healthy role models for their children.</p> <p>(Music)</p> <p>Deepak, welcome to the podcast.</p>	29:38	30:29
Deepak	Thank you, Azania.	30:29	30:30
Azania	So ,let's start with your background. You're a paediatrician, and now you're at Vitality. So, you come with a wealth of experience, but tell us a little bit about your work and your focus areas.	30:30	30:42
Deepak	So, I've been in clinical practice for many years. I worked at Barra firstly, and I was in private practice. But I've been at Vitality now for 15 years. In a sense, I've grown with Vitality. I work there, principally doing research in the Vitality program but also to inform, you know, the clinical- the scientific kind of evidence in the program. So many of the programs that we've launched, whether it's active rewards, or the screening benefits, you know, they're all informed by evidence. And that's part of my work.	30:42	31:26
Azania	And if we talk evidence, I was absolutely amazed to see that the World Health Organization has actually labelled childhood obesity as one of the most serious public health challenges of the 21st century. In fact, they go on to say that the prevalence has increased at an alarming rate, and globally in 2016. If we look at that year the number of overweight children under the age of five was estimated to be over 41 million, and that's almost half of all overweight children under five. And this proportion lives in Asia	31:26	32:04

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	as well, as in Africa. Talk to us a little bit more about this reality that confronts the health of our children		
Deepak	So, when I was, you know, starting out with my medical career, obesity- being overweight- was not regarded as a serious health problem. In fact, it was a disease or condition of the affluent. What's happened- and it's really happened very recently, in the last, perhaps five decades- is there's been a global increase starting really in the West, but spreading rapidly, almost like an epidemic to the developing world. This epidemic of overweight and obesity and depression is a huge threat, in a sense, both a health threat and an economic threat. Because childhood obesity is preceded by adult obesity, which lays the foundation, really, of many chronic diseases. And we can talk about that as we go along.	32:04	33:07
Azania	Absolutely. I just want to stay with this point a little bit more that, as you said, we're seeing an increase in low- and middle-income countries, particularly in the urban settings of this country. So, why is childhood obesity more a disease of poverty than of wealth?	33:07	33:25
Deepak	So, that's an interesting kind of fact that, in a sense, people miss- we still- many people continue to think of overweight and obesity as a disease of the affluent. But it seems that as soon as people move from subsistence to earning a bit of an income, where they can buy their food, their choices are really quite limited. It is about high calorie foods with little variation. In the US, for instance, where statistics have been kept for a long time, the highest rates of obesity are seen in African American and Hispanic communities. And similarly, I think in South Africa, the highest rates of obesity are in the townships and that's because people buy affordable foods, but they're not necessarily the most nutritious foods.	33:35	34:25
Azania	So, those are some of the drivers. So, what are we to understand about the societal factors that are to blame for this obesogenic environment in which our children are living?	34:25	34:36
Deepak	I think that's a good term- obesogenic. And really, I think, you know, there are a few, but very embedded, kind of behaviours and lifestyles that contribute to obesity. And one can say that perhaps it is a Western type of lifestyle, not all Western communities, of course, adopt this lifestyle, right, but it is, to some extent the globalization of that lifestyle which simply is, firstly, it's unhealthy eating. And by that we mean the ubiquitousness of foods that are processed, high in saturated fats ,high in sugars. You know, that's not part of the traditional diet. That's part, really, of a Western diet that took root about 50 or 70 years ago, and kind of spread. So, unhealthy foods, large portion	34:36	36:18

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	<p>sizes- that's also been a very recent phenomena- lack of physical activity. And that's again globally you know, vehicular transport seems to be kind of, again, ubiquitous. Everyone, you know, relies on vehicles; less walking, and then independently a risk factor is sedentary behaviour. So, you know, the time spent watching TV, on your cell phones, video games, etc. So those are all the factors that have contributed to this epidemic.</p>		
Azania	<p>Right. And I do want us to go into those very specific areas of a child's life. But let's start with the family. Let's look at parental attitudes. What role do they play in a child's health?</p>	36:18	36:30
Deepak	<p>So, you know [an] obesogenic environment is a difficult environment, in a sense, to find. These are embedded kind of environmental factors. But a family plays a huge role and a very important role in guarding against the excesses of those environmental factors, in protecting a child and the habits a child acquires in the first three years. But of course, throughout childhood and adolescence, but especially in the first few years of life- are usually important. You know, this is really what parenting is all about. It's about raising children who are healthy, and who'd be healthy as adults; have healthy habits, but also socially integrated, mentally kind of emotional integrated. So, really what the family does in terms of healthy habits is very important. And I mean, the first step in that is just knowing what healthy is. Often parents tend to repeat the kind of unhealthy habits that they've acquired in bringing up- raising their own children.</p>	36:30	37:53
Azania	<p>Right. So how are healthy habits formed, then?</p>	37:53	37:57
Deepak	<p>You know, it said that about 70% of our behaviour's habitual. I mean, if you think about it, really, you know, going to the bathroom in the morning and then washing your hands, that's a healthy habit- washing your hands. Brushing your teeth is a healthy habit. We don't really question the value of it, you know, because it's acquired as habitual behaviour in childhood. In the same way, we often acquire unhealthy habits. So, if a family, for instance, has the dinner while watching TV, after a while switching on the TV is a cue to eating. So, it's not hunger often that's driving that behaviour. It's not a need to eat; it's a want kind of, which is triggered by just switching the TV on. It's- it's almost a Pavlovian, you know, conditioned reflex. And in some ways, I think, one needs to create an environment where healthy habits are embedded or ingrained. And that's really the challenge of parenting. I think in doing so, often, if parents do this consciously, they themselves might acquire healthier habits, you know, break their old habits.</p>	37:57	39:22

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Azania	Yes. Now, if we are talking habits, it's also about what we recognize, what we reach out for on the shelf. So how important are our shopping habits? And how is this linked to our eating behaviour and what's on the plate?	39:22	39:36
Deepak	So I think again, coming back to our obesogenic environment, and really, I think it's really if we look at it kind of historically, it's not more than, again, five decades, you know, when I was growing up, supermarkets were kind of rare phenomena. Today, the places where you can buy food is everywhere, you know. There's still the cafe but more than that, I mean, there are supermarkets and there are supermarkets everywhere, the competing kind of, you know, supermarket chains, every garage shop, every garage now has a shop, you know, there are vending machines everywhere. So, in some ways, you know, food, and particularly unhealthy food is all around us. Supermarkets, I think, they've employed perhaps, you know, psychologists who really understand human behaviour. So, they've been constructed in such a way. You know, when we walk into the supermarket, rarely do we just walk out to the one item that we need. There's a- there's almost an impulse to grab things that we see on the shelves and the way shelves are packaged often leads to us buying things that we don't really need. And we know that. I mean there's that, you know, the aisle before the checkout.	39:36	41:04
Azania	It's gotten you too, I see.	41:04	41:07
Deepak	And, I mean, one has to develop some sort of approach to fight off- to ward off the impulse to buy.	41:07	41:16
Azania	And you know, with the busy lives that we lead, Deepak, this impulse is driven even more by these busy lives. And then the temptation is there to grab the pre-packed meals. So, we're not cooking at home. What influence does that have- what does it teach our children if there's this heavy reliance on pre-cooked, pre-packed food versus the lessons they could learn from a meal being cooked at home?	41:16	41:44
Deepak	So, I think, you know, increasingly we are becoming aware that, you know, our lives, in a sense, depend so much on everything that's pre-packaged, pre-cooked. But I think slowly we're also realizing that there's some value in doing this ourselves in cooking. I mean, I'm a late comer to this. I'm only starting- to be quite honest- learning how to make roti. My mother kind of showed me and I think there's great fun value in doing this. Also, one then becomes very conscious about what he's eating. Not only conscious of what one puts in the food, but also about, kind of, portion size, the amount you dish up... And there's huge	41:44	43:18

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	benefits in doing this as a family- cooking as a family. I mean, it's the social connectedness. I think what we're seeing so often is kids who come from school where there are no parents, eat by themselves, often tend to eat more than they need, to eat more junk, drink high calorie kind of fluids... So, I think doing things as a family will reduce the temptation, the impulse is to do that.		
Azania	So, what are the consequences? Let's look at the long and the short, and long-term consequences of childhood obesity.	43:18	43:29
Deepak	So, I think the short-term consequences are many, you know, one thinks really of obesity leading to chronic diseases in adulthood. But increasingly, one is now aware of many of these diseases actually beginning in childhood, in adolescence. Type 2 diabetes, for instance, used to be called Adult Onset Diabetes. But it's no longer only a disease that occurs in adults. We have, you know, adolescence, even kids eight to nine years old, with pre-diabetes, with Type 2 diabetes. So, obesity is causing many of these diseases to make the appearance much earlier. Hypertension- even high cholesterol- is now kind of evident in adolescence. But over and above that, actually there are other conditions that might manifest in adolescence. There's sleep apnoea that's common with obesity, both in children and in adults. In fact, Charles Dickens, in one of his books The Pickwick Papers, has a child who nods off to sleep. The child is, in the book, an obese child and that's what actually the syndrome of sleep apnoea is, in childhood: Pickwickian Syndrome, it's called. There are also, other things, other conditions that occur with obesity in childhood. So, you know, there's a kind of debate about whether obesity is a risk factor for disease or a disease. To some extent, it's an esoteric debate. In reality, obesity leads to many immediate kind of health problems.	43:29	45:19
Azania	And for the adult?	45:19	45:20
Deepak	Well, it's multiplied. You know, obesity in adults is associated with Type 2 diabetes. In fact, there's a various strong correlation between Type 2 diabetes and obesity. If you look at how Type 2 diabetes is increasing, it's the same graph, very similar to the increase in obesity. So, Type 2 diabetes, hypertension, high cholesterol, sleep apnoea, arthritis, back pain, all sorts of conditions associated with obesity. And that's only the physical condition. Obesity in childhood is associated with- against- stigmatized bullying and all kinds of emotional kind of problems. So, I think one needs to, to be aware, really, of the consequences of obesity and deal with it. Prevent it by making sure, in a sense, from early on, that children adopt healthier lifestyles.	45:21	46:27

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Azania	Sho. That's a life of chronic disease, then, in the long term, which starts while a child is pretty young. But when should parents be concerned? Because I think that many parents can actually recognize that the child is overweight, they just don't see it. And you often hear the adage that it's baby weight, you know, they will lose the baby weight once they kick into the teenage years, or there's an assumption that they still have time, that the child is still young; this thing will self-correct or come right, you know, as they get older.	46:27	47:02
Deepak	Yes, that's absolutely true. I think, you know, again, in my practice, I would often see parents and rightfully so being so happy when they see their baby putting on weight. You know, at six weeks they've- a baby often puts on about a kilo. At about five months, they double their weight and parents, when they look at their growth charts, are absolutely ecstatic when the child is growing well, and that's true. I think a healthy weight is a good sign of the baby doing well. But, you know, those chubby cheeks and the dimple thighs aren't necessarily good throughout childhood. You know, one might expect that in early childhood, but as early as one year of age, one should be concerned about whether the child is putting on too much weight. There was a study-	47:03	48:01
Azania	As early as one?	48:01	48:02
Deepak	As one. And there's a study that's published- I mean, it's well known that childhood obesity predisposes to adolescent obesity, which predisposes to adult obesity. So, there's a kind of linear relationship, you know. But there was a study published in the New England Journal of Medicine last year, where they looked at about 51,000 children and there was good evidence that obesity at three years of age, predisposed to adolescent obesity. 95% of kids who were obese at three years of age, were obese in adolescence. And that, of course, translates into adult obesity. So, definitely, by about two, three years of age, one should be concerned about a child that's putting on weight rapidly.	48:02	49:00
Azania	Right. Their - Vitality has had a lot of innovations. This is part of your focus area , as you mentioned, but what have you come up with to promote healthier children?	49:00	49:12
Deepak	We've done quite a few things. Over the years we've written a lot about obesity and being overweight. We've had a Vitality health check where there's an emphasis on checking BMI. It's not- I think, you know, while weight and height are measured often when children are taken to the paediatrician, BMI is not something that's measured often. And BMI is really a simple indirect measure of obesity. It's not, you know, the most accurate	49:12	50:58

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	<p>but it's very good as a screening test. So, we've promoted checking BMI. I think there've been some parents who've been offended when we've alerted them to the fact that their child might have an unhealthy weight. But we think it's a kind of duty, in a sense, to make people aware of this. So, we've had a kids' Vitality health check, we do an online kids' assessment and this year, we're launching a kid's program, which really is an incentive program for kids to adopt healthier behaviours. Whether it's eating behaviours, physical activity, sedentary behaviours, and it's all mediated through their parents. It's really the first step in this program. I'm sure future iterations of the program will become kind of more intensive but as a first step, we're getting parents to get their kids to be engaged with healthy behaviour and incentivize them to do so and reward them.</p>		
Azania	<p>Yes, because we do our own checks. So, we know all our numbers, but we don't do the same for our children.</p>	50:58	51:06
Deepak	<p>Absolutely. So, I mean, we recognize that health is a family thing. It's not usually- and then there's good evidence that families get healthy together and they get unhealthy together. So, you know, more and more, Vitality is becoming, in a sense, a family program. Of course, you know, it's difficult. I mean, we don't want to interact with children directly. But as they get older, they might be able to- adolescents would definitely be able to interact with our program with the consent of the parents</p>	51:06	51:45
Azania	<p>Absolutely. Am I to understand, then, the key mitigating factors- such as physical activities, such a sport- can also be incentivized, are being incentivized through Vitality? But what are you doing actively as part of the Vitality program to get kids out there playing more sport, being more physical? Is that part of the program directed at children?</p>	51:45	52:09
Deepak	<p>Absolutely. So, I mean, we're not obviously directing this to kids in person. But through their parents. And we're, through their parents, encouraging kids to be more engaged. So, the Vitality Active Rewards program, which is really an online app where you can record your activity that we're going to make available for adolescents. So, adolescents would be able to join the Active Rewards program. For younger kids, it's going to be mediated through their parents, And the more engaged kids are, you know, the more through their parents again, kid would be incentive. Physical activity is a key part of the Vitality program and we think that physical activity is key to kids' health as well.</p>	52:09	53:04

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Azania	Yes, let's talk about that. What are the benefits of sports and exercise to a growing child?	53:04	53:09
Deepak	So, we've said that, you know, our environment in a sense has led to people being less active and by that we mean, both in activities of daily living. You know, I used to walk to school. There are fewer people now, I think, there are still kids who walk long distances to school. But I think, you know, a lot of kids also rely, and understandably so, on public transport or on taxis, on their parents dropping them off at school. So, there's less activity; kids are less engaged in other activities; cleaning the house, you know, helping with gardening and so forth. So, globally, there's been a decrease in the amount of activity kids do and some of those cannot be reversed. I mean, for safety issues we know people are not going to allow their kids sometimes to walk to school. But that that can to some extent, be addressed by organized activities like sport, and sport has many benefits. There are physical benefits, you know, cardiorespiratory fitness. We've talked a lot about obesity. Other physical benefits is bone health, there are emotional kind of benefits. There's huge evidence that physical activity ward offs- it's fun- but it also wards off depression.	53:09	54:41
Azania	Right. So those are the psychological benefits.	54:41	54:44
Deepak	Yeah. And there are social benefits. Playing in a team, understanding your role as a team player. And a good example of this is the Rugby World Cup. It leads to social cohesion. I mean, we don't want to overplay that, but it is important for social cohesion as well. So, sports is very important, I think, for a child's development.	54:44	55:06
Azania	Is there a role that sports specialization plays in a child's wellbeing?	55:06	55:11
Deepak	So, we talk of sports at two levels: one for its health benefits and for most kids, I think, there's huge benefits in being involved in sports for its health benefits. Of course, the more kids that are involved in sport, the greater the chance that really talented young individuals would be identified and be able to, in a sense, specialize in sport. And that's, I think, one of our great deficiencies. I think we don't have a great school sports kind of program throughout the country. And I think for both its health reasons, and in a sense for that sports specialization, creating great sports, people really, I think, that benefits in promoting sports at a school level.	55:11	56:06

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Azania	We've looked at physical activity as a mitigating factor for obesity but let's now focus on the effects of a sedentary life. As you said, it's a largely Western thing that now is coming into low- and middle-income countries, but what are the effects of excessive sedentary behaviour?	56:06	56:30
Deepak	So, I've said that sedentary behaviour is an independent risk factor. So even if you meet your, let's say, your physical activity goals, if you're excessively sedentary it's still a risk factor for obesity and chronic diseases. And there are, you know, guidelines on how much sedentary activity children should be engaged in. I mean, school is to some extent- to a large extent- a sedentary activity, but we're talking about sedentary activity outside the school environment. And we know that watching TV serials, you know, all sorts of programs-	56:30	57:12
Azania	-the screen, phone, laptop-	57:12	57:14
Deepak	-all those things are taking more and more time in a child's day. And to some extent, actually, we don't even know the effect of social media on kids' health.	57:14	57:27
Azania	The amount of time. Ooh.	57:27	57:29
Deepak	Exactly. So, I think there's both, again, a physical element and a social-emotional element. From the physical side, engagement in sedentary activity means less engagement in other activities, physical activity, less engagement in creative works. And so, you know, the consequences from the physical side, from the social-emotional side, we're only beginning to learn of the ill effects of excessive social media, particularly adolescent behaviour; how social media can become an echo chamber, really, for unhealthy kind of attitudes. So as soon as we begin to understand it, there's a new form of social media. So, the science really can't keep up with the changing social media environment.	57:29	58:26
Azania	We don't have enough time to study the effects, in fact, because just as they we adopt these new social media platforms or technologies, the effects come into our lives and we can only study them afterwards.	58:26	58:39
Deepak	Yes, they are long enough for us to understand the long-term effects. But we have a sense that, you know, particularly social media has, I mean, there are some positive effects. But there are also many negative effects	58:39	58:56

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Azania	How much time is recommended regarding watching TV? Time spent watching TV, playing video games	58:56	59:03
Deepak	It's recommended that babies should not be allowed to kind of watch TV, at least in the first two years, you know, they should not be left in front of a screen by themselves. Of course, you know, it's impossible with older children not to allow them to watch TV. But the American Academy of Paediatrics actually has a good guideline and their guideline is dependent. The amount of sedentary time one allows a child is dependent on the amount of time that's left over after a child's schoolwork, homework, physical activity and creative activity have been addressed. And so, it's really a question of negotiating with the child, kind of how much, but usually one, and at most two hours a day average is what should be allowed.	59:03	1:00:04
Azania	So, the time allocation should go to all these other things; the good things; the education, the homework, the extramural activity, the creative time first. So, we should take these things first out of the day, make sure that these are done and whatever is remaining, then we can negotiate around that.	1:00:04	1:00:23
Deepak	Actually after, also, taking into account the amount of time spent on sleep. Sleep is very important. And there are some guidelines about how much your child should be sleeping. It should be about eight- children should be sleeping eight to ten hours a day, and not less. So, you should take all that into account. Usually, you're perhaps left with about one or two hours depending on whether it's a weekday or a weekend.	1:00:23	1:00:50
Azania	Right. Does a sedentary lifestyle impact sleep? Does it produce poor sleep habits?	1:00:50	1:00:56
Deepak	Absolutely. So, there's good evidence that if a child has a TV in the room, you know, they're going to sleep less. If they have access to their phone, particularly kind of older children who use their phone on social media, they're going to sleep less. And I think sleep duration is one of the most important kind of modifiable lifestyle behaviours. And you know, we have sleep disorders such as sleep apnoea and we have disordered sleep. And disordered sleep is kind of sleeping less than one should. Perhaps other things in older kids- imbibing alcohol, smoking- all those things affect sleep. So, yes, I think one should look at disordered sleep.	1:00:56	1:01:49
Azania	As we conclude, what's your message? What is the most important message or what you think we should emphasize and lift out of this conversation? What is it that you would like to	1:01:49	1:02:02

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	share?		
Deepak	So, I think that for many of the conditions that affect adults, you know, physical conditions, including psychological conditions, many have their kind of Genesis, their beginning, in childhood. And I think as a society, we should be putting a lot of emphasis, money, resources, into preventing some of these conditions and the best time to do so is in childhood. I think children are probably our most important asset. And we should be starting early, as early as the first day of life, really.	01:02:03	1:02:49
Azania	Dr. Deepak Patel, thank you so much. Thank you for your time.	1:02:49	1:02:52
Deepak	Pleasure. It's been great talking to you.	1:02:52	1:02:54
Azania	I'm now speaking to a specialist Child and Adolescent Psychiatrist, and that's Dr. Wendy Duncan. Wendy... a pleasure that you could be a part of this conversation and helping us understand the importance of mental health in children. Why is it important? What's the importance?		1:03:15
Wendy	Thanks Azania, it's really good to be thinking about this. I think what's important is there's no health without mental health. So, we are very focused on Child Health and child well-being. And mental health is really a key aspect of that. I think in a country that's quite stressed by most standards; mental health is a really important area that needs to be addressed. It's been long, sort of the poor second cousin of the other aspects of child health. But I think as we grow in our understanding of children, we grow in our understanding of the need to focus on mental well-being and health.	1:03:15	1:03:55
Azania	You know, it feels like the times we're living in the kids have said they've grabbed us by the shirt and they've said, 'Listen to me, this is how I feel', like we cannot look away from the state of their mental state any longer.	1:03:55	1:04:09
Wendy	That's true. I think so and even if they themselves are not articulating it as directly as that, certainly in a lot of the behaviours, I think also in a lot of the struggles, the demand is there, they need to be heard, we need to listen. And I suppose	1:04:09	1:04:30

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	part of what we need to think about today is, what do we need to be listening out for?		
Azania	Yes, what do they come to you saying they’re struggling with?	1:04:30	1:04:33
Wendy	You know, often... and I suppose the struggles really depend on the developmental stage of the child. So, the very young child would often not necessarily be articulating a struggle but enacting a struggle. So, the parents come. Oftentimes it relates to struggles around school. Anxiety is hugely problematic at the moment and I think that's accompanied with a significant amount of pressure that children are under. Adolescence comes with another whole basket of difficulties. And there, day to day, we are seeing a lot of kids feeling depressed, feeling hopeless, feeling burdened. So, you know, it really depends on where the child is at in his or her life, yes, as to what's showing up and, coupled with that, where the child's at will also be indicative of how it shows up. So, anxiety in a four-year-old is not going to look the same as anxiety in a ten-year-old, or a sixteen-year-old for that matter.	1:04:33	1:05:40
Azania	We're able to diagnose much quicker now than we were before. But what are some of the more prevalent mental disorders that you see diagnosed?	1:05:40	1:05:48
Wendy	So, I think the most... I mean, the sort of bread and butter mental disorder is attention deficit hyperactivity disorder. You know, that's pretty steady. About 7% of the population, 7 to 10%, so that shows up a lot. And I think educators are aware of it, therapists are aware of it. And so, we are accessing a lot more of that. The other thing that we see an incredible amount of is, as I said before, anxiety. And anxiety is sort of a very diffused term for a whole lot of stuff. So, that typically shows up in children with a lot of physical complaints, a lot of avoidance behaviour, sleep difficulties, really challenging, difficult, difficult behaviour. So, we do see heaps of that, and as I said, related to the demands that children have to sort of deal with, and those demands vary according to the community the child's coming from. Depression is a big issue, an escalating issue in South Africa, where we and the children experience a lot of trauma. we see a lot of trauma related illness. And interestingly, that's not just post-traumatic stress disorder, but something that we refer to as developmental	1:05:48	1:07:25

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	trauma, where children are exposed to trauma early on in childhood, and that has profound impact subsequently, in terms of emotional, social, cognitive development. So, we see a lot of that.		
Azania	That's so interesting... and speaking of trauma, being one of the causes for mental disorders, what affects a child's mental health, what other things are affecting our children's mental health?	1:07:25	1:07:35
Wendy	Yeah. So, I think if one takes a view that in part mental health or mental illness is biologically determined, there is the heritable component, there's a genetic component, anxious kids, anxious parents, ADHD, kids, ADHD parents. So, there's that heritable component. Trauma is a significant contributor. What's also very common is learning difficulties. And by learning difficulties, I mean, the child who is intellectually capable, but has discrete areas where he or she cannot manage. So, there's inordinate amount of stress around schooling. So, that's certainly associated with a lot of difficulties. In South Africa, medical illness is a big issue. HIV is a big issue. Things like epilepsy, diabetes, those are issues that contribute to the advent of mental illness. You know, I want to say stress, but with the stress is the whole bag of parental separation, you know, a lot of the life related stuff can present sort of vulnerabilities or... or a child who's vulnerable might then move into a space of developing mental health issues. Puberty is a big stressor. You know, and not so much from the perspective of the hormones that we always like to talk about, but from the perspective of that's a time of radical growth in the child's brain. So, that's a vulnerable period for girls in particular. Poverty, deprivation, malnutrition, neglect, all of those issues are significant contributors to mental illness.	1:07:35	1:09:07
Azania	Then, let's look at what the most important aspects are in ensuring a child's good mental health.	1:09:07	1:09:24
Wendy	For me, the key issue would really start with connectedness, relatedness. And, as people who work in the paediatric setting child psychiatrist, psychologist, we focus a lot on what we call attachment, which is that early bond between the child and her caregiver, be it gogo, be it mom, be it dad, whatever the case may be. So, there's attunement, connection, relatedness. That's a hugely protective factor. And I think that follows through the whole way because if there's connectedness and attunement, and it doesn't mean ... attunement doesn't mean you're going to	1:09:24	1:10:54

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	<p>have to get it right all the time, but you just got to be there and asking questions and noticing. That can sort of give you an inkling quite early on something's up here. So, the connectedness certainly prevents things like anxiety disorders showing up, things like depression developing. Interestingly enough, and we live in an era where the world just functions 24/7, the good old-fashioned boundaries, routine, sleep, all the basics, that's the stuff that maintains health. Because, as a child's developing, she is developing her own regulation strategies and those regulation strategies are not just developing emotionally and socially, but they're developing physiologically as well. My body needs to learn when it's time to sleep, my body needs to understand that I'm hungry, all of that kind of stuff. So that's very holding and containing for children.</p>		
Azania	<p>And speaking of which, I think then it's important that we address the question of resilience, does that give us a foundation for their resilience, when we do that, these boundaries, these basics that you speak of?</p>	1:10:54	1:11:07
Wendy	<p>I think to some extent it does. And resilience is a big area that you know, there's a huge amount of debate around it... resilience certainly can be fostered by allowing children to experience, and when I say adversity, although it's probably too strong a word, but experience difficulty, discomfort, understand that they can tolerate it, and understand that they can survive it, recognize what's happening in my body, and know how I need to respond to that. Have a sense of how I'm feeling and what I can do to manage that. So that's part of, you know, what almost seems like we should know intrinsically and intuitively, but that goes a long way. I think in an era where indulgence is sort of the norm for some communities, I think you know, certainly many of us are guilty of that... the need to not have the child suffer or not have the child struggle, and to jump in and solve and fix, that sort of urge is every parent's urge. But, if parents are present and able to watch, keep safe, but at the same time, allow the child to navigate some of that stuff, or not to let the child set the rules in the home, so that when bedtime is bedtime, it's bedtime, the device goes off if it was on in the first place. You know, those kinds of things, and they won't like it, and they won't tolerate it. But ultimately, it will help them to have strategies going forward for the own regulation.</p>	1:11:07	1:12:37

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Azania	It makes me think of, you know, this phase of parenting where we were about not letting your child to play on the floor, for instance, or play in the dirt because we think that's going to make them sick. Meanwhile, it doesn't build a resistance. And so, in a similar way, without them being exposed to having to be firm and strong, then they become weak.	1:12:37	1:12:57
Wendy	And this is one of the things we see, and I see it a lot in children who suffer with anxiety, they are failure averse. So, a parent may identify in their child, this child has a very brittle sensibility, right? And so, let's make sure that they don't have that experience. Let's reinforce strength. But in fact, I think the strength comes from the making the mistake and the working out maybe what went wrong, asking some questions. And then moving on.	1:12:57	1:13:27
Azania	So, the cottonwood approach does not work?	1:13:27	1:13:30
Wendy	No, no, I certainly think there are times cotton wool is necessary. You know, metaphorically, the holding is always necessary. But I think the experience of things is important. You know, we've just come through the exam cycle and in my work, the exam cycle is it's the busiest time. Everyone needs to be seen immediately because everyone's stressed, and it's true, exams are stressful. You've got to get down and do the work. So, I think it's important that children are able to learn to tolerate that stuff. And yes, there are there is a cohort of children who really struggle, children on the autistic spectrum. Kids with dyslexia, ADHD, the bipolar child, if they really struggle, and they maybe need a different set of rules, but certainly in fostering resilience doesn't mean always protecting.	1:13:30	1:14:19
Azania	What can you tell us about, you know, just a broad picture around the facts on Child Health specific to South Africa and say how we compared to other countries?	1:14:19	1:14:29
Wendy	I think, you know, a lot of the facts we don't have. So, if we're focusing on child health, child mental health, we don't have huge amounts of data, as to you know... what the rates, what the prevalence is, etc, etc. So, the sense is, in terms of South Africa is that mood disorders, anxiety disorders, rates of trauma, rates of substance misuse, are much higher than many other parts of the world. The sense is also there's an escalating risk of suicide and	1:14:29	1:16:11

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	<p>suicidal behaviour that we see in children. So that, I think, is a given. It's hard to give you specific numbers. The other facts, I suppose, really relate to the fact that there's extraordinary amounts of trauma, that the sort of devastation on the family persists. You know, there's a transgenerational kind of impact here, I think that we can assume as a fact, I think, you know, in many respects, with the other sort of more, I suppose would call hardcore... the bipolars, the schizophrenia, the ADHD, the autism spectrum, we probably, in terms of prevalence, are fairly equal to everywhere else in the world. Access to service is hugely problematic. Access to service is as lopsided as everything else is. So, sort of identifying the child who's vulnerable often doesn't happen that proactively. I worked many years at Chris Hani Baragwanath, and you would get to the kid when they were in trouble. Once it reaches crisis, somebodies saying, something's going on here.</p>		
Azania	<p>and by then clearly a lot has happened along the way....</p>	1:16:11	1:16:15
Wendy	<p>by then you've got stuff to deal with. I suppose what's promising and what's positive is that development is always there... development is a wonderful thing and children can continue to grow and develop and, and one can have an impact. And I suppose that's the other factor about South African sort of Child Health and Mental Health is there is quite a commitment to sort of trying to work out how we can make things work. So, there's some really good and interesting stuff happening, particularly in the Western Cape, to see how can we bring parents on board or how can we train parents, how can we bring parents on board to do some of the education, to do some of the therapies etcetera, etcetera.</p>	1:16:15	1:16:57
Azania	<p>Those models must be very interesting. But, when it comes to mental health, we're seeing interesting insights around diet. What do we know now about diet and the relationship to things like, conditions like depression and anxiety?</p>	1:16:57	1:17:12
Wendy	<p>So, there is very interesting work coming out and I think, you know, one step on from the whole diet thing is also the gut and the brain... the gut and the brain. So, I think what we know is... is certainly the excess of processed sugars, fats, etc., etc., are associated with poor child health. We've got high rates of obesity. And so, I think that certainly has a negative impact on child</p>	1:17:12	1:18:50

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	<p>health, child mental health in terms of the relationship to the brain and... and the gut. I think that's kind of a burgeoning area that's... that's coming out and certainly is highly relevant in relation to the ADHD and the autism spectrum. The diet thing you know, it's interesting because, again, it depends, I suppose in which area you're working, in which population you're working or with which communities you're working with, as to how impactful it is. You know, I think what we see in a lot of kids is kids who are already struggling, their diet becomes a problem. So, one of the hugest risks for Childhood Obesity is poor sleep, and kids are up all night on their games, they eat themselves awake and we see a lot of obesity becoming a problem. So, I think that stuff is key. In terms of nutritional manipulation, it's not an area that I have much expertise in. But I certainly know there are some integrative care physicians around town who would guide people as to what would be better choices for them.</p>		
Azania	<p>At least they are those solutions available. Let's look a few years down the line into the lives of these children as they become adults. So, do we take mental health in childhood into our adult years?</p>	1:18:50	1:19:04
Wendy	<p>Absolutely. So, if we look at mental disorder, 50% of disorders in adulthood onset before the age of 15, or by the age of 15... and again, we're talking mental disorder, we're talking significant conditions like mood disorders, difficult to treat anxiety disorder. So, absolutely, you carry it forward. I've spoken about the fact that we see an extraordinary amount of anxiety and what always comes up in you know, my everyday work, is well why do we need to manage this, why do we need to be so aggressive about it, and part of the reasons we are so aggressive about it is simply that, because if we're not aggressive about it, it morphs into something else, or it could morph into something else. I tend to think that many people who work in this area of child mental health, do so in sort of protection of development. So... whenever something is impacting an area of development or a number of areas of development, then we need to intervene because otherwise things can go, of course, you know...</p>	1:19:04	1:20:07
Azania	<p>That's such a beautiful turn of phrase... “in protection of development”. I see it, which makes this work so important.</p>	1:20:07	1:20:15

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Wendy	But it feels that way sometimes. I mean, it's very exciting because sometimes you can sort of just think around what's going on with the child and see where can we move things around a bit? Where can we change things?	1:20:15	1:20:29
Azania	Let's talk about parents. What tips, advice, lessons should parents be aware of?	1:20:29	1:20:36
Wendy	I think, as parents, and I think as parents particularly in this era, we have told ourselves a fable that we need to be perfect in every way and our children need to be perfect in every way. So, I think that's the first thing, which is not to say take your foot off the gas, but just to modify your expectation of yourself and of your child. As I said, I think connection, attunement, relatedness... I think that's so key; it really is key. Which means do sit on the floor and play with your child. You know, do take your shoes, sit on the floor, and play with your child. Look up from your laptop... you know, I thought last night I was... thought I'd be very clever, go and sit with my son while he was in the bath and play some candy crush. And he very quickly called me out on it, to say put your phone down. You know, so put down the phone, sit on the floor with a little child. Families need to work, parents need to work, we understand that. So, it doesn't mean that as a working parent, you've now somehow failed your child and enhance the risk. But there must be areas we you can get involved to check in about stuff. I think the thing is, is to be asking questions, asking questions of your child and of yourself, kind of keeping an eye and asking questions. Is this okay? Is he behaving like this because now he's 12? Or is he behaving like this because something's up and he's being bullied, or something is going on. So, to keep sort of asking the questions, being involved. I think we're fortunate in that we can access a vast amount of information. And I think, again, sort of community dependent, you can still access professional advice, you can still go to the clinic and ask the sister about something, or your GP, talk to your child's teachers. Listen to the teachers. And again, with that fable that we have that we have these wonderful children who are clever and sporty and socially astute and artistic and we often quick to jump at saying, 'Well, why does the teacher want to point my son out, or my daughter out'. Yeah, I do keep saying, son because, unfortunately, up until puberty, boys are more vulnerable. So, listen to the people involved in your child's life, where you can communicate with them.	1:20:36	1:23:06

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Azania	I was about to close, but you raise such an interesting point, this issue, as you say, boys are more vulnerable before puberty. Can we do just a quick mapping of a girl and a boy and what's happening with them across... with their mental health across the development?	1:23:06	1:23:22
Wendy	You know, just in terms of children generally acquiring or being at risk for mental health problems... as far as depression and mood disorders go, guys, boys and girls are equally sort of likely to develop depression before puberty. After puberty, the risk to girls goes up by a factor of five. So, there is something hormonal there, but there's a whole lot of other stuff. Boys tend to get ADHD more frequently than girls, so earlier on tend to be more hyperactive, definitely probably about four times more frequently than girls. They also tend to develop concerns on the autistic spectrum. So, these all show up in early childhood, and sort of stick with them as they go through. Eating disorders, we see younger and younger, tend to be more girls than boys, but certainly are showing up in boys and that sort of peri-adolescent ten, eleven, we seeing these things develop. As far as the sort of... what we call the major mental illness, the major disorders, the depression, bipolar, schizophrenia, that tends to start later, in childhood, later adolescence. And there we're looking at, again, with schizophrenia, boys being more vulnerable, particularly if there's substance misuse in that. If one were to unpack risk factors, then you've got a whole, you know, range of... [laughter] issues	1:23:22	1:24:56
Azania	Right. Absolutely fascinating. Thank you so much, Dr. Wendy Duncan.	1:24:56	1:25:00
Wendy	Thanks, Azania. It was great to be here, thank you.	1:25:00	1:25:03
Azania	If you've enjoyed listening to this podcast, and want additional must-know insights into maximizing every child's potential, from planning for a baby to conception, and the first 1000 days of life, then listen to our Discover Healthier Podcast titled Healthy Moms and Babies.	1:25:07	1:25:25

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