



ABSTRACT

Children's behavior on sugar-sweetened beverages and factors that influence the consumption

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For Indonesia children, the sugar-sweetened beverages (SSB) drinking behavior is not yet a big problem as compared to other countries, such as Mexico or United States. However, although the soft-drink intake is very minimal, there is a trending higher intake of sweetened milks, sweetened teas dan packaged juice in a daily or weekly bases. Based on age, then the amount and the percentage of SSB consumer age 10–17 years is higher as compared to the younger or older age.

Preference of sweet taste is an innate in nature and it is develop well since fetus is living in the womb amniotic fluid and while having exclusive breast milk. This condition is maintain to as adults that driven for palatable food intake in which related to higher BMI.

Although several studies cannot confirm on the relationship between high intensity of sweetness to the general health, however one hypothetical explanation shows that SSB intake will go to two pathways, i.e. the liquid calories pathway and the sucrose pathway. The liquid calories pathway sill directly affect obesity and its comorbidities, such as hypertension, insulin resistance, inflammation and dyslipidemia before resulting to metabolic syndrome, diabetes and cardiovascular disease. While the sucrose pathway will take another three pathways to resulting to gout, lipogenesis and also to affect glucose metabolism as high glycemic load to resulting to several chronic non-communicable disease without affecting the BMI. That is why many studies failed to confirm that there is an association between SSB consumption and obesity.

On the other hand, observational study done in Indonesia show that by consuming SSB more than one per-day then the proportion of obesity was significantly higher as compared to have only one or none SSB per-day. Furthermore, higher consumption of SBB is also significantly associated with the development of metabolic syndrome and type-2 diabetes.

Thus, it is not easy to formulate recommendation for SS consumption, especially for children. Health education to caregivers is the still the top priority as individual domain to increase their health and nutritional knowledge, to deal with their health beliefs and habits to increase parenting skills and confidence.

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Positive role modelling should be develop among peer and family to become a social and cultural norms as a social domain. While for environmental domain, we should consider to the SSB availability, its marketing, price and policy behinds it. We should have recommendation to increase water availability and limit sweet drink availability, restrict unhealthy marketing and reduce price of water while increasing price of sweet drink.

Keywords: behavior, children, preference, Indonesia, SSB
