

**Dietary practices during the first pandemic of the 21<sup>st</sup> century (SARS-CoV-2) in Colombian families with members under 18 years of age**

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**Objectives and study:** COVID-19 forced to implement quarantines, self-isolation, and curfews. This could have determined the availability of and access to food. The aim of this study was to describe dietary tendencies and determining factors of food consumption in Colombian families with members under 18 years of age at the beginning of the quarantine. Observational, descriptive study.

**Methodology:** Online survey addressed, between March and April, 2020. Families with various children were asked to fill out the survey in the name of only one of them. The questionnaire included 1) sociodemographic data, 2) meal times, 3) food consumption, 4) changes in the health of the child, 5) changes in dietary habits. Analysis: descriptive statistics, analysis of multiple relationships in order to estimate a summary rate of food consumption for each main meal; and finally, general linearized models for each main meal rate, including as predictors the reasons that would explain changes in food consumption.

**Results:** 1419, mainly from Bogotá (49.2%), followed by the eastern region (18.4%), and the southern central part (6.7%). 28.1% of the people surveyed belonged to the lower strata (1 and 2), 49.3% to the middle strata (3 and 4), and 11.5% to the upper strata (5 and 6). The distribution according to age was: 6.1% (< 12 months old), 7.5% (12 -24 months old), 30.8% preschoolers, 23.4% school-age, and 30.8% adolescents. 80.6% established and abided by meal schedules. Breakfast: grain meal products, cereals, eggs, dairy products, and beverages were the most frequent foods in all of the age groups ( $\geq 60\%$ ). Beverages: fruit juices (32%) and hot drinks (32%) such as tea or hot chocolate were highlighted. Hot drinks were more common in the lower strata (41%) than in the middle (31%) and high (15%) ones ( $p < .05$ ). Fruit juice was more frequent in the high (37%) and middle (35%) strata than in the lower ones (26%) ( $p < .05$ ). Breast milk was characteristic in infants under 12 months old (61%). Lunch: the most frequent foods were grain meal products and cereals (95%), meat (93%), legumes (66%) and cooked vegetables (59%). Dinner: grain meal products and cereals (86%) and meat (97%) were the most frequently served foods, while the consumption of legumes and vegetables (cooked and raw) was lower at dinner in comparison with lunch ( $p < .05$ ). 49% stated that their children's diet changed during the quarantine ( $p < .05$ ) and the reasons given were: lack of money (34%), reduced portions in order to make the food last longer (32%), difficulty in buying (32%), and a perception of a lack of variety in the stores and markets (29%). Fear of leaving the house (20%) and difficulties in cooking (6%) were less common. Reduced portions in order to make the food last longer and lack of money, were more common in the lower socioeconomic levels ( $p < .05$ ).

**Conclusions:** The meal schedules were maintained for the great majority of children. Nevertheless, approximately 1 of every 2, experienced dietary changes. While it is true that people are worried about immunity, the serving of vegetables is less common than that of other food groups such as grain meal products and meat. This could result in a less diverse microbiota, which will impact the immunity and health protection, both in the short and the long term.