

RESEARCH REPORT

2007

**NEW ZEALAND CHILDREN'S
FOOD AND DRINKS SURVEY**

**COMMISSIONED BY THE:
HEALTH SPONSORSHIP COUNCIL**

**PREPARED AND CONDUCTED BY:
NATIONAL RESEARCH BUREAU LTD**

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FOREWORD

The rates of overweight and obesity and associated comorbidities are generally accepted to have reached epidemic proportions in children and adults in New Zealand and many other countries in the developing and developed world. The *Healthy Eating, Healthy Action (HEHA): Oranga Kai – Oranga Pumau* Strategy provides the basis of the New Zealand Government's approach to improve nutrition, increase physical activity and reduce obesity, all identified as population health priorities in the New Zealand Health Strategies.

The Health Sponsorship Council (HSC) has recently completed the first phase of its social marketing programme – *Feeding our Futures* - which contributes to the HEHA framework. The programme aims to help parents establish good eating practices for New Zealand children. The *Children's Food and Drinks Survey* provides extremely important baseline information against which the impact of this programme can be evaluated. The Survey also will facilitate the planning of future social marketing and other programmes that contribute to the overall HEHA Strategy as it relates to children.

Some of the information generated is encouraging. For example, all or almost all parents and caregivers reported that tap water, fresh fruit and fresh vegetables were available in their home and drinking water and eating plenty of fruit and vegetables were the two main things that parents and caregivers said meant that children were eating and drinking healthily.

Parents and caregivers thought that they should play a "big role" in making sure that children eat and drink healthily. Walking the talk may be a challenge, however, with only around one-half saying they tried to set a good example by what they eat and drink "all of the time", and promoting the benefits of role modelling could be a future focus for social marketing.

Most parents and caregivers tended to see the benefits of children eating and drinking healthily in functional terms – more energy / better health – rather than in nutritional terms. There may be scope to improve knowledge of these benefits, especially as a quarter of parents and caregivers said that explaining the benefits of healthy eating to children was one of the strategies they thought they could use to help their children eat and drink healthily. Parents and caregivers appear receptive to this type of information – when asked what help they could be given, education, directly or through schools, and information were the two things they mentioned most often.

Most parents and caregivers said they were already using or were confident they could use the types of strategies promoted by *Feeding our Futures* to get their children eating and drinking healthily, for example, about 60% of children are involved in meal preparation and cooking.

This level of involvement and confidence among parents and caregivers suggests that the "tip-based" approach of *Feeding our Futures* is supporting and reinforcing what parents and caregivers are already doing or trying to do. Despite parents and caregivers' best efforts and intentions, however, the latest Health Survey (2006/07) shows one in five children are overweight and a further one in twelve are obese, suggesting that factors outside of parents and caregivers' direct influence are countering good practices in the home.

Other data gathered are less encouraging though not surprising. Availability and consumption of sugary drinks, burgers and sausages, and pies and pastries appeared to be greater among those living in the most deprived areas (where rates of obesity are the highest) than among those living in the least deprived areas. Concern about children gaining weight and, to a lesser extent, eating unhealthy foods appears not to be on parents and caregivers' radars. Almost three-quarters of parents and caregivers said they "hardly ever/never" worried about their children gaining weight and around six out of ten said they were concerned "hardly ever/never" or only "once in a while" about their children having unhealthy foods and drinks.

There are also a number of findings which may be unexpected, such as the observation that nearly three-quarters of parents and caregivers support a total ban on advertising unhealthy foods at times when children watch television.

Results such as these represent a challenge to legislators who are generally reluctant to implement legislative measures which may be deemed to limit freedoms of expression and choice. Other information will guide future public health programmes as well as measures aimed at high risk population groups and individuals. The HSC is to be congratulated on generating this mine of information for everyone involved in measures aimed at controlling the now global epidemic caused by over consumption of inappropriate food choices and lack of physical activity.

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A. INTRODUCTION

1. BACKGROUND

New Zealand is experiencing a rapid rise in the rate of obesity among both adults and children, with significant implications for public health. In New Zealand, one in twelve (8%) children are obese and a further one in five (21%) are overweight. One in four (27%) adults are obese and a further one in three (36%) are overweight.¹ Being obese or overweight adversely affects people's health by increasing the likelihood of chronic diseases, including type 2 diabetes, hypertension, coronary heart disease, some cancers, and stroke.

To respond to this growing problem, the *New Zealand Health Strategy* identifies improving nutrition, increasing physical activity, and reducing obesity as population health priorities. Because these issues are inter-related, the Ministry of Health has developed a strategic framework – *Healthy Eating Healthy Action: Oranga Kai – Oranga Pumau* (HEHA) – to develop a united approach to improving population health in these three areas.²

As part of HEHA, the Ministry has commissioned the HSC (Health Sponsorship Council) to develop and deliver a Healthy Eating Programme using social marketing to increase public awareness and understanding of the benefits of improved nutrition and to facilitate behaviour changes supporting healthy nutrition practices.³ The first phase of this national social marketing programme is *Feeding our Futures*.⁴

Feeding our Futures aims to help New Zealand parents establish good eating practices for children that will support them in achieving healthy diets as they grow. When good nutrition and healthy eating practices are established in childhood, they are more likely to continue into adulthood, promoting positive health and overall wellbeing for the future. *Feeding our Futures* offers tips and advice for parents that can be carried out regularly at home.

¹ Ministry of Health. 2008. *A Portrait of Health. Key Results of the 2006/07 New Zealand Health Survey*. Wellington: Ministry of Health.

² For information about HEHA visit: www.moh.govt.nz/healthyeatinghealthyaction

³ For information about the programme and the evidence that underpins it visit: www.hsc.org.nz/nutrition.html

⁴ For information about *Feeding our Futures* visit: www.feedingourfutures.org.nz/index.html

The first stage of the programme includes a mass media campaign that talks to parents about healthy eating in the home, through television, print and radio advertising, as well as unpaid media. Over time, the programme will work with public health providers and priority communities and support them to help parents and caregivers to achieve healthy diets for their children and families, whether at home or in the wider environment.

The programme aims to benefit children, particularly those aged 8 – 12 years. It does this by providing parents and caregivers with information that helps them to have a positive influence on their children's diets. The 2002 *Children's Nutrition Survey* found that the nutrition status of children 5 – 7 years old is appreciably better than that of older children (7 to 14-year-olds).⁵ Parents and caregivers of older children need new strategies and ways of continuing to ensure that their children are eating well. *Feeding our Futures* seeks to support parents and caregivers by reinforcing the important role they play and providing them with tips for healthy eating that they can adopt as their children move into their teenage years.

The programme prioritises parents and caregivers in Maori, Pacific and low socio-economic households, to ensure the messages are most effective for these groups. These audiences also have been identified as priority groups in the HEHA Strategy.

The 2007 *Children's Food and Drinks Survey* surveyed New Zealand parents and caregivers to provide baseline information for evaluating the impact of the social marketing programme and informing the development of future phases of the programme.

2. PURPOSE OF THE SURVEY

The *Children's Food and Drinks Survey* is designed to benchmark parents and caregivers' current knowledge, attitudes and views about healthy eating, and the extent to which they already use, or feel confident they can use, a range of tips (strategies) promoted by *Feeding our Futures* to help parents and caregivers provide healthy diets for their children.

⁵ For information about the 2002 Children's Nutrition Survey visit: www.moh.govt.nz/moh.nsf/wpg_index/Publications-NZ+Food,+NZ+Children+-+results+Summary#6

These strategies include encouraging families to eat together, getting children involved in food preparation and cooking, promoting healthy snacking, and encouraging children to eat more fruit and vegetables, and drink water and milk, rather than sugary drinks.

The *Children's Food and Drinks Survey* also collected information about the foods available to, and eaten by, New Zealand children to provide context for the other information collected by the survey and to track changes in children's diet over time. Parents and caregivers were asked about the availability in the home of selected "healthy" and "less healthy" foods and drinks, and whether and how often their children ate and drank them. Parents and caregivers also were asked whether and how often they ate and drank these foods and drinks to compare their diets with those of their children.

Children also were asked to take part in the survey to provide their views about a range of topics and to complete a booklet about all the foods and drinks they eat and drink, and how often they eat and drink them. This booklet was based on the Ministry of Health's Food Frequency Questionnaire from the 2002 *National Children's Nutrition Survey*. Unlike the national nutrition surveys, the *Children's Food and Drinks Survey* was not designed to collect comprehensive information about children's nutrition, rather it aimed to collect information about children's diets to contribute to the evaluation of *Feeding our Futures*.

3. DESIGN AND IMPLEMENTATION OF THE SURVEY

HSC commissioned National Research Bureau (NRB) to help it design the survey and carry it out. NRB also was responsible for processing and analysing the results and preparing the report in association with HSC's Research and Evaluation Unit.

To help decide what the scope and content of the survey should be, the HSC commissioned the Health Promotion and Policy Research Unit at the Wellington School of Medicine and Health Sciences, at the University of Otago, to provide advice on the design and potential topics for the survey. Advice also was provided by the Healthy Eating Programme's Public Health Reference Group for Improving Nutrition. Advice from both these groups provided the basis for drafting the survey design and instruments, which were then tested and refined in a pilot survey by NRB.

4. CONTENT OF THE REPORT

Following this introduction is a description of the survey design and method (section B – full technical details of the survey and the questionnaire will be published in a companion report on the *Feeding our Futures* website). The key findings are then described in eight sections:

- Section 1: availability and consumption of foods and drinks.
- Section 2: eating and food preparation practices.
- Section 3: planning, food preparation and shopping.
- Section 4: decision-making, monitoring and role modelling.
- Section 5: efficacy and support for parents and caregivers.
- Section 6: views and concerns about children's diets.
- Section 7: the role of parents/caregivers and others in healthy eating for children.
- Section 8: awareness and views of advertising and promotion.

This report describes the main findings from the survey. Other publications are scheduled that will explore and report on the results in more detail. These include a series of *Research Bites* that will summarise information from the *Children's Food and Drinks Survey*, as well other recent research for the Healthy Eating Programme.

This report describes the responses of the parents and caregivers who were interviewed. Separate reports will describe the responses of the children who were interviewed and the results from the booklet that collected information about all the foods and drinks that children said they eat and drink.

B. SURVEY DESIGN AND METHOD

This section describes the main features of the design and implementation of the survey. A companion technical report describes these aspects of the survey in more detail (this report is available on the *Feeding our Futures* website).

1. OBJECTIVES

The general objective of this survey was to provide baseline information to evaluate the HSC's Healthy Eating Programme, including the first phase of the programme – *Feeding our Futures*. The survey also was designed to provide information to inform the development of the programme.

Phase one of the programme targets parents and caregivers with the aim of communicating practical messages and support for providing a healthy diet for their children, with a particular focus on children 8 to 12 years old.

The survey interviewed parents and caregivers with children aged 5 to 16 years old. Although the first phase of the programme focuses on 8 to 12-year-olds, baseline information was collected about children in this wider age range, as future phases of the programme may target younger and older children.

Parents and caregivers were asked about their views and experiences and also asked to answer questions about the diet and eating practices of one of their children. In one-half of households the child also was interviewed and then asked to complete and return a booklet that collected information about all the different foods and drinks they usually eat and drink.

The survey also collected demographic and socio-economic information about the parents and caregivers and their children to help understand and interpret their knowledge and behaviours. This information included: parents and caregivers' age, gender, ethnicity, country of birth, the year they arrived in New Zealand (if born overseas), educational qualifications and employment status; the age, gender, and ethnicity of the child chosen for the survey; and the household size and composition, annual household income, the household's weekly expenditure on food and beverages, and dwelling type and ownership (ie, owned or rented).

2. GENERAL SCOPE AND TYPE OF SURVEY

The 2007 *New Zealand Children's Food and Drinks Survey* is a nationwide survey of parents and caregivers of children aged 5 to 16 years. A number of the questions were about a child in this age range. If there was more than one 5 to 16-year-old in a household, then one of these children was selected at random. This child is referred to as the nominated child or "their child" in this report. In one-half (50%) of the households, also selected at random, the child also was asked to complete a short interview and then, after the interview was finished, to complete a booklet to record all the foods and drinks they usually ate and drank. The booklets were mailed back to NRB when they were completed. All the children that agreed to complete a booklet (called the Food Questionnaire) were given a ten-dollar gift voucher as a thank-you for taking part in the survey.

People were interviewed using a structured questionnaire that was developed to meet the project objectives. The questionnaire was tested in a pre-survey pilot to make sure that the questions were easy to understand and answer. The survey was carried out in people's homes, with households and survey participants selected at random. Interviews with parents and caregivers and the children chosen for the survey were administered face-to-face by trained interviewers.

Answers were recorded in survey software on laptop computers (a process known as Computer-Aided Personal Interviews – CAPI). The answers from completed questionnaires were combined into an electronic database, which, after coding and editing, was used to produce tables showing the number and percentage of responses to each question. This report includes the tables showing the answers of parents and caregivers. The results from the children's interviews and the Food Questionnaire will be published subsequently in separate reports. The data tables and other supplementary information will be made available on the *Feeding our Futures* website.

3. QUESTIONNAIRE DEVELOPMENT AND TOPICS

The Health Promotion and Policy Research Unit at the Wellington School of Medicine and Health Sciences, at the University of Otago, provided advice on the potential topics for the survey. Advice also was provided by the Healthy Eating Programme's Public Health Reference Group for Improving Nutrition.

Based on advice from both these groups, the topic areas for the survey included:

For **parents and caregivers** the interview collected information about:

- Their views on eating and drinking healthily.
- Their knowledge and views about the healthiness of selected foods and drinks.
- The availability of selected foods and drinks in the home.
- How often the selected foods and drinks were eaten and drunk by the child chosen for the survey, if these foods/drinks were available in the home.
- How often they (ie, the parent/caregiver) ate and drank the selected foods and drinks, if they were available in their home.
- Their child's behaviour in relation to shopping, helping prepare meals, and eating meals and snacks.
- Their views about strategies to get their children to eat and drink more healthily.
- Their awareness and views of campaigns and advertising about eating more healthily.

For **children** the interview collected information about:

- Their food preferences.
- Their views about the healthiness of certain foods and drinks.
- The pocket money they received or earned each week, how much was spent on foods or drinks, and what types of foods or drinks they bought.
- Where they ate their evening meal and whether or not the TV was on or off.
- Whether they helped with shopping for, and preparing, food and what they liked/didn't like about these activities.
- Foods and drinks eaten/drunk while going to/from school.
- The extent to which they watched TV, DVDs or videos, and played computer games.

The **booklet completed by children** (with help from a parent/caregiver if needed) collected information about:

- How often they ate or drank a wide range of foods and drinks.

The booklet was based on the Food Frequency Questionnaire used in the Children's Nutrition Survey conducted for the Ministry of Health in 2002.

For each of these topics, the HSC project team and NRB, as the survey provider, developed specific questions. Following discussion about each question's fit to the objectives of the survey, and the likely ease with which the questions could be answered by parents and caregivers and their children, a pilot questionnaire was designed. The pilot questionnaire contained more questions than were scheduled for the final version. This allowed the pilot to examine the likely distribution of replies, as well as people's cognitive reactions to the questions, in order to arrive at the best mix of questions to meet the survey objectives, as well as making sure that the time the interview took was acceptable to survey participants and consistent with the survey's budget.

Open-ended questions that required participants to verbalise their own views were a key component of the questionnaire. In total, there were 25 open-ended questions for the adults and 16 for the children who were interviewed. This approach allowed people to express their views about eating and drinking and what eating healthily might mean in their own terms. This was an important part of this benchmark survey, allowing these topics to be explored in detail.

Average interview durations for the final questionnaire were 50 minutes for the parents and caregivers and 21 minutes for the children (excluding completion of the Food Questionnaire booklet). Paper-based versions of the CAPI questionnaire and the Food Questionnaire are available on the *Feeding our Futures* website.

4. SAMPLE AND SAMPLING

The survey sample is defined as a nationwide, multi-stage random probability sample of parents and caregivers of children aged between 5 and 16 years. A supplementary sample of children aged 5 to 16 years also was obtained by interviewing a child in this age group who lived in the same household as the parent/caregiver.

Meshblocks are the smallest geographical unit for which the Census data are collected and processed by Statistics New Zealand, and these formed the first level of sampling. Systematic, random procedures were used to draw first the meshblock, then the dwellings within the meshblock. If a dwelling had a child aged between 5 and 16 years, who usually lived there, the interviewer asked who the person was who was responsible on a day-to-day basis, for providing, cooking and managing the food of the child or children. An interview was then undertaken (where possible) with this person.

Interviewers also selected a 5 to 16-year-old child, as many of the questions were asked about a specific child. If there was more than one 5 to 16-year-old in the household, then a child was selected at random for the child-focussed questions. In addition, in one-half (50%) of households, this child was asked to take part in an interview to provide the child's perspective on a number of topics and then to complete the Food Questionnaire.

The sample design allowed for increasing the number of Maori and Pacific people interviewed by contacting and screening additional homes in each meshblock. In these homes, only people in one of these two ethnic groups were eligible for the survey.

Interviews were conducted with a total of 1,133 parents and caregivers and 547 (out of 579 sampled) children. This equates to an unweighted response rate of 75% for the parents and caregivers, and 94% for the children. Of the 547 children who answered questions, 424 completed and returned the Food Questionnaire (ie, 73% of the child sample). The children's responses will be presented in a separate report.

The sample bases for analysis of ethnicity used the prioritised approach⁶, which resulted in the following sub-samples for the parents and caregivers:

Maori	287
Pacific peoples	330
Asian peoples	78
Other ethnic groups	437
<u>Refused to select an ethnic group</u>	<u>1</u>
TOTAL	1,133

5. INTERVIEWING

Upon identifying the eligible respondent in each sampled home, the interviewer presented a printed brochure from the HSC. This brochure explained the role and content of the survey and questionnaire, and the respondent's rights. It also gave contact phone and email addresses in the event that the person wished to know more about the survey. A copy of the brochure is in the technical report.

The title "New Zealand Children's Food and Drinks Survey" was chosen for the survey to avoid mentioning "healthy eating" when introducing the survey and so potentially compromising questions at the start of the interview that asked about healthy eating.

Interviews were conducted using CAPI. Interviewing took place in the respondent's home. Interviewing aids included the software-driven questionnaire and a set of showcards that were used to show potential responses to closed-ended questions. Using a laptop computer also allowed parents and caregivers and children to be shown illustrations of a selection of foods and drinks to help them answer questions about these. Verbatim answers to open-ended questions were typed into the software on the laptops as they were spoken. Interviewers transferred completed interviews on a weekly basis to a database on NRB's website. Interviews were conducted from June 2007 to early October 2007.

⁶ Prioritisation is a classification that assigns the ethnicity of a person who has given multiple responses to just one ethnicity. This process means that the total number of responses equals the total survey population. The order of prioritisation is Maori, Pacific, Asian, other groups, and then New Zealand European. For example, a person with two ethnicities recorded as Maori and Tongan, would have a prioritised ethnicity of Maori. All of the ethnic groups that people said they belonged to are recorded in the survey dataset and so ethnicity can be analysed using other approaches, such as total response.

6. DATA PREPARATION

Data preparation included checking and, if necessary, editing responses for accuracy and consistency. Editing and checking are largely concurrent in software-driven questionnaires, as the question order and answer options are controlled electronically. Coding of the open-ended questions, however, required a thorough inspection of the range of unique replies given orally by respondents. Those replies that contained similar themes, albeit expressed in different words, were assigned a common code. One or more of these codes was then assigned to each open-ended question.

Creating this code set enabled the open-ended questions to be converted to numeric data in the dataset, and so the percentage of people giving the different responses could be calculated. These grouped responses are included in the data tables. Examples of the verbatim responses also are included in the report.

7. WEIGHTING AND TABULATION

The survey dataset was weighted to recognise each respondent's initial probability of selection based on the main demographics (this adjusts for the fact that, because only one adult is interviewed, people in larger households are under-sampled relative to adults in smaller households). Weighting also adjusted the data for differences in response rate. For the sub-sample of children, age, gender, and ethnicity groups were benchmarked to the proportions for the respective groups in the 2006 Census of population. The weighting procedure is outlined in the technical report. Note that it was not possible to benchmark the proportion of parents and caregivers in the sample against Census data as the definition of 'parent or caregiver' used for the survey is not used in the Census.

The weighted responses (number and percentage) are presented in tables that are the basis for describing the findings from the survey. These tables are designed to provide ready comparisons between the overall (total survey) finding and those of each of a range of specific population groups. These are largely demographic groups based on the age of the nominated child and their parent/caregiver, the gender and ethnicity of the parent/caregiver, household composition, household income, location (urban/rural) and a measure of socio-economic status based on the deprivation index.

8. STATISTICAL ERROR AND THE CONFIDENCE INTERVAL

Figures from surveys are subject to variation that arises from the use of a randomly drawn sample, rather than a survey of the total population of interest. Different random samples drawn the same way may produce slightly different results (ie, in the survey percentages); this is known as sampling variation. The extent of this variation falls within known ranges and is expressed as a confidence interval. The larger the sample, and the closer the figure of interest to 100% or 0%, the narrower the interval.

The principal findings to the closed-ended questions in this survey are presented in the form of bar charts that enable ready, visual comparison of the results. Set into the top of each bar is a "whisker", a line that shows the likely range of variation within which the true figure may fall (ie, the figure that would have been obtained if all parents and caregivers had been asked the questions rather than a sample). This range is the confidence interval.

For the *Children's Food and Drinks Survey*, the interval shows the range within which a figure would likely fall for 90 out of any 100 different random samples. In this regard, it is useful to bear in mind that the true figure for the population is more likely to be close to the actual figure found in the survey, rather than to the figures at either extreme of the confidence interval.

Calculation of these confidence intervals needs to take into account that the survey employs a complex sample design, rather than a simple random sample (SRS). The technical report describes this aspect in more detail and presents the relevant information on confidence intervals.

Confidence intervals reported here have been individually calculated using a statistical procedure known as the Jack-knife Replicate procedure. This follows from the survey sample being a complex one, using stratification and screening. In such cases, the standard formula used for a SRS is not appropriate.

Confidence intervals are an indicator of whether or not differences between survey results for different sub-groups are statistically significant (ie, whether or not they occur by chance). If confidence intervals for two figures do not overlap, the difference is statistically significant. The difference between two figures may be statistically significant when confidence intervals overlap. These differences can be detected using significance tests but significance tests have not been used when analysing data for this report.

9. NON-SAMPLING ERROR

Non-sampling error relates to how well people understand and answer the questions in a survey and how well they communicate their answers to the interviewer. This includes aspects such as correctly recalling time periods and frequencies of behaviour, and candidness of replies. The piloting of the questions will have reduced potential errors of this kind, but the amount remaining, as with all survey questionnaires, cannot be estimated. The *Children's Food and Drinks Survey* is designed to monitor trends and proceeds on the assumption that these sources of error remain relatively constant from one survey to the next.

10. DIFFERENCES BETWEEN SUB-GROUPS

It is generally accepted that, while statistical significance remains the basis for defining prevalence and key changes in social surveys, readers are not best served by only reporting findings that reach chosen significance levels. Small differences of little practical value may be highlighted if the sample is large, while differences of practical or interpretive value may be masked if the sample base is not large.

As this report is for a wider, non-technical audience, readily understood English-language terms have been used to draw attention to relative differences between groups of people taking part in the survey. This approach encourages a richer appreciation of the findings. The expressions used are "more likely/less likely" where the size of the difference is proportionately large in relation to the figures described, and "slightly more/slightly less likely" where a difference is evident but less marked. This treatment is appropriate also to the attitudes, perceptions and social behaviours reported. For the technical researcher, a dataset and data dictionary are available for performing statistical investigation.

It also should be noted that when the number of respondents in a sub-group is small (<30) the difference between this sub-group and others is not commented on, as the estimates of results may be subject to a very wide margin of error.

11. ADDITIONAL NOTES

The figures presented in tables and graphs in this report may not sum to 100 due to rounding. Where answer options have been combined, this percentage may not equal the sum of the percentages of the individual answer options due to rounding.

Categories used in the tables include:

Ethnicity – for this survey, people's ethnicity is assigned using the prioritised approach (see footnote six). European/Other includes everyone who did not say their ethnicity was Maori, Pacific or Asian.

Deprivation Index – the deprivation index combines nine census variables from the 2006 Census that reflect aspects of material and social deprivation. A score is provided for each meshblock in New Zealand and so the index applies to areas rather than individuals. The index, therefore, is an indicator of someone's likely socio-economic status, rather than their actual status. A value of 10 indicates that the meshblock is in the most deprived 10 percent of areas in New Zealand, according to the NZDep2006 scores. In the tables in this report, the index is grouped into three categories: 1-3 (low) = the least deprived areas; 4-7 (mid) = areas of mid-deprivation; and 8-10 (high) = the most deprived areas.

Household Composition – this is generated from a survey question asking who usually lives in the respondent's household. As this was a survey of parents and caregivers, the four household composition categories include: "single parent/caregiver family" (ie, no other partner/spouse/caregiver); "two-parent/caregiver family" (ie, respondent is mother or father (biological or foster/adoptive) or caregiver with one other partner/spouse); "extended family" (ie, respondent is mother or father (biological or foster/adoptive) or caregiver with one other partner/spouse and other relatives but not friends/flatmates/other); and "other households" (none of the above). A parent/caregiver was defined as the person mainly responsible for providing, cooking and managing the food and drink for 5 to 16-year-old children who were usually resident in the household. Caregivers included, for example, a grandparent or an older child living in the household.

Location – this is based on the Statistics New Zealand classification of locations. In this survey, the definitions Urban and Rural are used. The main urban centres form one category – 'Urban'. The remaining areas are Minor Urban and Rural, which together make up the 'Rural' category.

C. EXECUTIVE SUMMARY

Over 1,100 (1,133) parents and caregivers of 5 to 16-year-olds took part in a nationwide, in-home survey from June to early October 2007. Parents and caregivers were asked a series of questions about one of their children (who was chosen at random for the survey and is referred to as "their child"), as well as about their own views and experiences of healthy eating. In addition, over 500 (547) of the children selected for the survey were interviewed to provide their perspective on a number of topics. Over 400 (424) children also completed a booklet after the interview to provide information about all the foods and drinks they ate and drank. The survey included parents and caregivers and children who were Maori, Pacific, Asian, and of European and other ethnicities.

1. AVAILABILITY AND CONSUMPTION OF FOODS AND DRINKS

To provide information about children's diets, parents and caregivers were asked whether selected foods and drinks were available in their home and, if so, whether and how often their child ate or drank these types of foods and drinks. A list of twenty-two different foods and drinks was used to represent foods/drinks that can be considered more and less healthy.

Almost all parents and caregivers (97%) said that **tap water** was available in their home. Of these parents and caregivers, almost all (97%) said that their child drank tap water. Over one-half (56%) of parents and caregivers said that **bottled water** was available in their home and, when it was available, eight out of ten (80%) parents and caregivers said that their child drank it. Over one-third (35%) of parents and caregivers said that **flavoured water** was available in their home and three-quarters (75%) of these parents and caregivers said that their child drank flavoured water.

Just under seven out of ten (69%) parents and caregivers said that **full-sugar carbonated drinks** were available in their home and almost nine out of ten (89%) of these parents and caregivers said that their child drank full-sugar "fizzy" drinks. Just under six out of ten (58%) parents and caregivers said that **diet carbonated drinks** were available in their home and almost eight out of ten (79%) of these parents and caregivers said that their child drank these types of "fizzy" drink.

Between eight and nine out of ten (85%) parents and caregivers said that **fruit juice** was available in their home and the majority (93%) of these parents and caregivers said that their child drank fruit juice. Over one-half (56%) of parents and

caregivers said that **other types of juice**, including juice from concentrate, powder and cordials, were available in their home and nearly nine out of ten (89%) of these parents and caregivers said that their child drank these types of juice.

Just under three-quarters (73%) of parents and caregivers said that **full-fat milk** was available in their home and over nine out of ten (93%) of these parents and caregivers said that their child drank full-fat milk. Seven out of ten (70%) parents and caregivers said that **low-fat/soy milk** was available in their home and over three-quarters (78%) of these parents and caregivers said that their child drank these types of milk. Over one-half (54%) of parents and caregivers said that **flavoured milk** was available in their home and of these parents and caregivers over eight out of ten (83%) said that their child drank flavoured milk.

Of the ten selected drinks that parents and caregivers were asked about, most said that their children did not drink these very often (ie, *1-4 days a week or less*). The exceptions were **tap water** (90% of parents and caregivers who said that tap water was available in their home said their child drank it daily), **full fat milk** (69% of parents and caregivers who said that this type of milk was available in their home said their child drank it daily), and **low-fat/soy milk** (52% of parents and caregivers who said that these types of milk were available in their home said their child drank it daily). (Note: readers are referred to the full text for more information about the frequency with which children consumed each of the twenty-two foods and drinks).

All parents and caregivers (100%) said that **fresh fruit** was available in their home and the majority (98%) of these parents and caregivers said that their child ate fresh fruit. Over nine out of ten (91%) parents and caregivers said that **tinned or frozen fruit** was available in their home and a similar proportion (90%) of these parents and caregivers said that their child ate tinned or frozen fruit.

Almost all parents and caregivers said that **fresh vegetables** were available in their home, with less than 1% saying that fresh vegetables were never available. Nearly all (99%) parents and caregivers said that their child ate fresh vegetables. The majority (97%) of parents and caregivers said that **tinned or frozen vegetables** were available in their home and of these parents and caregivers the majority (96%) said that their child ate these types of vegetables. Almost all parents and caregivers said that **taro/kumara/potatoes** were available in their home, with less than 1% saying that they were never available. Almost all parents and caregivers (99%) said that their child ate these types of food. Over eight out of ten (81%) parents and caregivers said that **fried potatoes** were available in their home and the majority (97%) of these parents and caregivers said that their child ate fried potatoes.

Parents and caregivers said that **fresh fruit** and **fresh vegetables** were eaten more often by their children than the other types of fruit and vegetables they were asked about. Eight out of ten (80%) parents and caregivers (who said that fresh fruit was available in their home) said their child ate fresh fruit daily and almost seven out of ten parents and caregivers (68% of those who said fresh vegetables were available) said that their child ate fresh vegetables this often.

Over nine out of ten (92%) parents and caregivers said that **burgers and sausages** were available in their home and the majority (96%) of these parents and caregivers said that their child ate these foods. Just over two-thirds (67%) of parents and caregivers said that **fried chicken or nuggets** were available in their home and of these parents and caregivers over nine out of ten (93%) said that their child ate fried chicken or nuggets. Over eight out of ten (81%) parents and caregivers said that **fried fish** was available in their home and just under nine out of ten (89%) of these parents and caregivers said that their child ate fried fish.

None of these foods was eaten frequently; less than one in ten of the parents and caregivers who said that these types of food were available said that their child ate them 5 days a week or more often. **Burgers and sausages** were eaten more frequently than **fried chicken/nuggets** and **fried fish**. Almost one-half (47%) of parents and caregivers, who said that these foods were available in their home, said that their child ate burgers and sausages *1-4 days per week*, while the majority of parents and caregivers saying **fried chicken/nuggets** and **fried fish** were available in their home said that their child ate these foods *less often* than once a week or *never*.

Just under eight out of ten (79%) parents and caregivers said that **pies and pastries** were available in their home and of these parents and caregivers over nine out of ten (93%) said that their child ate pies and pastries. Over nine out of ten (94%) parents and caregivers said that **potato or corn crisps and snacks** were available in their home and the majority (97%) of these parents and caregivers said that their child ate these types of snacks. Over nine out of ten (93%) parents and caregivers said that **sweets, lollies and chocolates** were available in their home and the majority (97%) of these parents and caregivers said that their child ate sweets, lollies and chocolates.

Potato/corn crisps and snacks and **sweets, lollies and chocolates** were eaten more frequently by children than **pies and pastries**. Between four and five out of ten of those parents and caregivers who said snacks and sweets were available in their home said that their child mostly ate these types of foods *1-4 days per week* (48% of these parents and caregivers said this about crisps and snacks and 44% said this about sweets), while the majority of parents and caregivers saying that

pies and pastries were available said that their child ate these foods *less often* than once a week (62%) or *never* (7%).

Potato/corn crisps and snacks were eaten more frequently by children than **sweets, lollies and chocolates**, with almost three out of ten (28%) parents and caregivers (who said these foods were available) saying their child ate potato/corn crisps and snacks 5 days a week or more often, compared with one in ten (10%) parents and caregivers who said their child ate sweets/lollies/chocolates this often.

Parents and caregivers also were asked whether and how often they ate and drank the twenty-two selected foods and drinks. Their answers, as well as how their consumption of these foods and drinks compare with their child's, are described in sections 1.10 to 1.12.

The extent to which parents and caregivers said the different foods and drinks were available in their home and consumed by their child varied with the age of the children, the ethnicity of parents and caregivers and the deprivation index of the area they lived in. Readers are referred to the full text for information about the differences in the availability and consumption of the twenty-two foods and drinks.

Almost one-third (32%) of parents and caregivers said that there had been changes in the **kinds** of foods and drinks that their child had eaten and drunk over the last six months. The most common change mentioned was *change of personal preferences/tastes/choice*; this was mentioned by just under one-quarter (24%) of parents and caregivers saying that there had been changes.

Just under one-half (49%) of parents and caregivers said that there had been changes in the **amounts** of foods and drinks that their child had eaten and drunk over the last six months. Nearly six out of ten (59%) parents and caregivers saying that there had been changes said the reason was that their child now *eats more*, although they couldn't give a specific reason for this, while just over five out of ten (54%) said the change was because their child *eats more* because she/he is *growing bigger/getting older/experiencing a growth spurt*.

When asked about the extent to which the child chosen for the survey usually ate and drank the same things as everyone else in the household, just over six out of ten (62%) parents and caregivers said that their child *has the same things nearly all the time*. Just over one-third (35%) said she/he *has some of the same things, but has different things*, and 3% said *mostly has different things*.

Almost one-third (32%) of parents and caregivers said that there had been changes in the kinds of foods and drinks that they had eaten and drunk over the last six months. The two reasons for these changes mentioned most commonly by parents and caregivers saying that there had been changes were for *health reasons* (24%) and for *weight loss* (19%).

2. EATING AND FOOD PREPARATION PRACTICES

Meal time practices at home

Over one-half (53%) of parents and caregivers said that their child sometimes had her/his main meal in front of the TV, computer or PlayStation. Of those parents and caregivers who said that this happened, over one-quarter (26%) said that it happened every day.

The majority of parents and caregivers (98%) said that their child sometimes had her/his main meal of the day sitting down with the rest of the household. Of those who said this, almost six out of ten (58%) said that it happened every day. Just over six out of ten (61%) parents and caregivers said that their household sometimes had the main meal in front of the TV. Of those who said this, just over two out of ten (21%) said that it happened every day.

Seven out of ten (70%) parents and caregivers said that their child had a sit-down breakfast daily. Four percent (4%) of parents and caregivers said that they did not have a sit-down breakfast on any day of the week.

Almost six out of ten (59%) parents and caregivers said that their child had a sit-down lunch daily. Two percent (2%) said that they did not have a sit-down lunch on any day of the week.

The majority (86%) of parents and caregivers said that their child had a sit-down evening meal every day. Less than 1% said that their child did not have a sit-down evening meal on any day of the week.

The majority (83%) of parents and caregivers said that their child *had breakfast every school day*. Six percent (6%) said that their child *never ate breakfast on school days*. Eight out of ten (80%) parents and caregivers said that their child *had breakfast every weekend day*. Three percent (3%) said that their child *never eats breakfast on weekend days*.

Food taken to school from home

The majority (93%) of parents and caregivers said that their child took food and drink to school from home. Five percent (5%) said *no*, this happened *rarely*, on the *odd occasion only*. Of those parents and caregivers who said that their child took food and drink to school, over eight out of ten (81%) said that this happened every school day (ie, all five school days).

Food preparation and cooking practices

Six out of ten (60%) parents and caregivers said that they *always cook with oil or margarine*, rather than butter or lard. Only 1% of parents and caregivers said that they never cook with oil or margarine, rather than butter or lard. Around one-half (45%) of parents and caregivers said that they *always trim the fat off meat*, including corned beef, while 5% said that they did not cook or eat this type of food.

Just over one-third (35%) of parents and caregivers said that they *always skim the fat off boiled meat*, although over one-third (36%) of parents and caregivers said that they did not cook or eat boiled meat. Three out of ten (30%) parents and caregivers said that they *always remove the skin from chicken*. Three percent (3%) of parents and caregivers said that they did not cook or eat chicken. One in ten (10%) parents and caregivers said that they *drain the fat off corned beef*, although three-quarters (75%) of parents and caregivers said that they did not cook or eat corned beef.

Over one-quarter (28%) of parents and caregivers said that they *always add salt* to food. A similar proportion (26%) said that they *rarely or never* do this. Over one-quarter (27%) of parents and caregivers said that they *cook or use low-fat foods always*, while under one-quarter (23%) said that they do this *rarely or never*. Eight percent (8%) of parents and caregivers said that they *always add butter, margarine or sauce to vegetables*, while over one-third (36%) said that they *rarely or never* do so. Three percent (3%) of parents and caregivers said that they *always fry or deep fry food rather than grill or bake*, while over six out of ten (61%) said that they *rarely or never* do so. Three percent (3%) of parents and caregivers said that they *use sweeteners, rather than sugar always*, while over eight out of ten (85%) said that they do this *rarely or never*.

3. PLANNING, FOOD PREPARATION AND SHOPPING

Just under three-fifths (58%) of parents and caregivers said that their child helps to plan meals *sometimes*, while over one in ten (14%) said that their child does so *often*. Fifteen percent (15%) of parents and caregivers said that their child does this *rarely* and a similar proportion (13%) said that their child *never* helps to plan meals.

Around one-third (35%) of parents and caregivers said that their child helped with shopping for food **every week or most weeks**. Ten percent (10%) of parents and caregivers said that their child helped with the main food shopping by going along *several times a week* and 25% said this happened *nearly every week*. Most parents and caregivers (65%) said this happened *about every second week* (16%), *about every third week* (13%), *less often* than about every third week (25%), or *never* (11%).

Parents and caregivers replies were similar when they were asked whether and how often their child helped with the main food shopping by unpacking the groceries afterwards. Around one-third (36%) of parents and caregivers said this happened **every week or most weeks** – *several times a week* (9%) and *nearly every week* (27%), while almost two-thirds (64%) said this happened less often – *about every second week* (15%), *about every third week* (10%), *less often* than about every third week (22%) – or *never* (17%).

Fewer parents and caregivers said that their child helped them to prepare or cook food **every week or most weeks**. Under one quarter (23%) of parents and caregivers said that their child helped them to prepare or cook food *several times a week* (8%) or *nearly every week* (15%). Over three-quarters (78%) of parents and caregivers said that this happened less often – *about every second week* (23%), *about every third week* (15%), *less often* than about every third week (24%) – or *never* (16%).

4. DECISION-MAKING, MONITORING AND ROLE MODELLING

Decisions about takeaway foods, snacks and food taken to school

Just under one-half (47%) of parents and caregivers said that they and their child choose together the type of **takeaway foods** that their child ate at home. Just over one-quarter (26%) said that their child chooses (*he/she does*), just under one-fifth (19%) said that they themselves choose (*you do*), and 5% of parents and caregivers said that they *don't buy takeaways for home eating*.

Around one-third (37%) of parents and caregivers said that their child chooses (*he/she does*) or that they *choose together* (32%) what their child eats **other** than the **main meal** at home, and just over one-quarter (26%) said they themselves choose (*you do*).

Just over two-fifths (41%) of parents and caregivers said that their child chooses (*he/she does*) what they eat for **snacks**, over one-third (35%) said they *choose together*, and around one-fifth (21%) said that they themselves do this (*you do*).

Just over two-fifths (41%) of parents and caregivers said that they themselves choose (*you do*) what food their child **takes to school from home**, over one-third (36%) said that they *choose together*, and just under one-fifth (19%) said *he/she does* this.

Monitoring food eaten away from home and between meals

Just over two-fifths (42%) of parents and caregivers said that they *often* asked their child what foods or drinks they had when they were **away from home**. Just over one-third (34%) said they did this *sometimes*, and around one-tenth said they did this *rarely* (11%) or *never* (14%).

Just under six out of ten (59%) parents and caregivers said that they often kept a check on what foods and drinks their child had **at home between meals**. One-quarter (25%) said they did this *sometimes*, and around one-tenth (8%, each) said they checked what their child ate and drank between meals *rarely* or *never*.

Role modelling

Over one-half (55%) of parents and caregivers said that they tried to set a good example at home by what they eat and drink *all of the time*, while just over one-third (35%) said that they try to be a good role model *fairly often*. Few parents and caregivers said that they tried to set a good example *occasionally* (6%), *rarely* (2%), and *never* (1%).

For parents who said that they tried to set a good example by what they eat and drink at home *all of the time*, the reason they mentioned most commonly for doing this (mentioned by just under one-half (47%) of these parents and caregivers) was that they liked *to set a good example/want them to follow my example*. This also was the reason most commonly mentioned by parents and caregivers who said that they tried to set a good example at home *fairly often* and *occasionally* (mentioned by 44% and 20%, respectively, of parents and caregivers who said they tried to set a good example *fairly often* and *occasionally*).

For parents and caregivers who said that they tried to set a good example at home by what they eat and drink *rarely* or *never*, the reason given most commonly for doing this was that they ate *unhealthy food/drinks* (mentioned by 20% of parents and caregivers saying they tried to set a good example *rarely* or *never*) and/or that they didn't *like healthy food* (mentioned by 16% of these parents and caregivers).

Just over two-thirds (67%) of parents and caregivers said they talked to their child *often* about foods that **may or may not be good for them**. One-quarter (25%) of parents and caregivers said that they did this *sometimes*, while 5% said that they did this *rarely*, and 3% said that they *never* talked to their child about foods that may or may not be good for them.

5. EFFICACY AND SUPPORT FOR PARENTS AND CAREGIVERS

Six out of ten (60%) parents and caregivers said that they found it *easy* to get their child to eat and drink healthily. When asked why they found it easy, the reason mentioned most commonly by parents and caregivers was that their child *has been brought up to eat healthily* (this reason was given by 28% of parents and caregivers saying that it was *easy* to get their child to eat and drink healthily).

Thirteen percent (13%) of parents and caregivers said that they found it *not easy/hard* to get their child to eat and drink healthily and the three most commonly given reasons for this were that their child did not *like veges* (in general or specific ones), was a *fussy eater* (or it was *hard to get her/him to eat meals*), and *that their child likes junk food, eg, pies, takeaway, chips* (these reasons were given by 19%, 17% and 17%, respectively, of parents and caregivers who said it was *not easy/hard* to get their child to eat and drink healthily).

Just over one-quarter (26%) of parents and caregivers said it *depends* (some easy and some hard) and the reasons they gave most commonly were that it depended *what food is available/what's on offer* and that their child *sometimes eats healthy food and sometimes doesn't* (these reasons were given by 16% and 14%, respectively, of parents and caregivers who said "it depends").

Asked how confident they were that they could use a range of strategies to get their child to eat and drink healthily, around six out of ten parents and caregivers (between 55% and 64% for the various strategies) said that they were already using these. Most other parents and caregivers felt confident that they could use these strategies, with between one-quarter and one-fifth saying *I am sure I can*, and around one-tenth saying *I think I can*.

The strategies included encouraging families to eat together, getting children involved in food preparation and cooking, promoting healthy snacking, and encouraging children to eat more fruit and vegetables, and drink water and milk, rather than sugary drinks. A list of all the strategies is in section 5.2.1.

When asked what other things parents and caregivers could do to help children eat and drink healthily, the things suggested most commonly (mentioned by around one-quarter of parents and caregivers) were to *have healthy foods available in the home* (26%), and to *educate them* [ie, the children]/*explain the benefits of healthy eating* [to them] (25%).

When asked what kind of help they think they needed in order to use strategies to get children to eat and drink healthily, just under one-fifth of parents and caregivers said *education/educating the parents* (19%) and a similar proportion said *education through schools/help from schools* (17%).

6. VIEWS AND CONCERNS ABOUT CHILDREN'S DIETS

Views about what eating and drinking healthily means

The main things that parents and caregivers said counted as having their child eating and drinking healthily were when they: *eat plenty of fruit and vegetables* (mentioned by 66% of parents and caregivers); *drink plenty of water* (mentioned by 40%); *eat balanced meals/a variety of food from all food groups* (mentioned by 24%); and *eat meat/red meat* (mentioned by 21%).

Parents and caregivers thought that the two main benefits of children eating and drinking healthily were that they *have more energy/able to be more active/more stamina* (44%) and that they have a *healthy body/better health and fitness/improved well-being* (44%).

The majority (92%) of parents and caregivers thought that children like theirs could get problems from not eating and drinking healthily. The problems mentioned most commonly by these parents and caregivers were that children *tend to gain weight/will be overweight/obese* (38%), that they *get sick/are more susceptible to illness/have a poor immune system* (31%), and that they *lack energy/are not as active/have low stamina* (27%).

Views about which foods and drinks are healthy and unhealthy

Parents and caregivers were asked to say whether each of the twenty-two foods and drinks that they were asked about in the survey were *healthy* or *unhealthy*.

Drinks viewed as *healthy* by the highest proportion of parents and caregivers were tap water (95%), bottled water (90%), low-fat/soy milk (89%), and full-fat milk (75%). The drinks viewed as *unhealthy* by the highest proportion of parents and caregivers were full-sugar carbonated drinks (95%), diet carbonated drinks (84%), and other juices, which include juice from concentrate, powder and cordials (75%).

All parents and caregivers (100%) viewed fresh fruit and fresh vegetables as *healthy*. A high proportion also viewed taro/kumara/potatoes (93%) and tinned/frozen vegetables (88%) as *healthy*. Two-thirds (66%) of parents and caregivers viewed fried potatoes as *unhealthy* and 8% viewed tinned/frozen fruit as *unhealthy*.

More parents and caregivers viewed all the different types of meat and fish (burgers and sausages / fried chicken or nuggets / fried fish), and pies, pastries, snacks and sweets as *unhealthy* rather than *healthy*. One-quarter (25%) of parents and caregivers thought burgers and sausages were *healthy*, while one-third (33%) thought these were *unhealthy*. (The other parents and caregivers, just over four out of ten (42%), had no view either way.) Only 4% of parents and caregivers thought fried chicken or nuggets were *healthy*, while 84% thought they were *unhealthy*. Seven percent (7%) of parents and caregivers thought fried fish was *healthy*, while 76% thought it was *unhealthy*. Only 3% of parents and caregivers thought pies and pastries were *healthy*, while 85% thought they were *unhealthy*. One percent (1%) of parents and caregivers thought potato/corn crisps and snacks and sweets/lollies/chocolates were *healthy*, while 80% and 90%, respectively, thought these foods were *unhealthy*.

Concerns about children gaining / losing weight and eating unhealthy foods

Almost three-quarters (73%) of parents and caregivers said that they were concerned about their child **gaining weight** *hardly ever or never*, while eight percent (8%) said that they were concerned about this *most days, ongoing*. Similar proportions of parents and caregivers said that they were worried about their child **gaining less weight** or **weighing less** than was best for her/him *hardly ever/never* (75%) and on *most days, ongoing* (4%).

Just under four out of ten (38%) parents and caregivers said that they were concerned *hardly ever/never* that their child was having too much of the unhealthy kinds of foods and drinks, while just under one in ten (9%) said that they were concerned *most days, ongoing*.

7. THE ROLE OF PARENTS/CAREGIVERS AND OTHERS IN HEALTHY EATING FOR CHILDREN

Almost all parents and caregivers (99%) thought that they should play a "big role" in making sure that children eat and drink healthily and just over eight out of ten (81%) thought that food manufacturers should play a "big role". Around three-quarters thought that schools (76%) and GPs and other health professionals (75%) should play a "big role". Around seven out of ten (71%) thought that broadcasters should play a "big role". Just under two-thirds thought this about Government (63%) and the whole community (64%). Just under six out of ten thought that social and welfare agencies (59%), supermarkets and dairies (58%), and sports clubs or organisations (58%) should play a "big role". Around one-half thought this about places that sell fast food/takeaway food (50%) and restaurants where people eat on the premises (48%). One-third (33%) of parents and caregivers thought that churches should play a "big role".

8. AWARENESS AND VIEWS OF ADVERTISING AND PROMOTION

Over two-thirds (67%) of parents and caregivers said that, in the last three months, they had seen or heard some advertising, or noticed leaflets or posters, that explained the ways that they can help their children eat and drink healthily. Of these parents and caregivers, over eight out of ten (81%) said they had seen/heard television advertising, while just under one-half (46%) mentioned leaflets or posters. Just under one-quarter (23%) said they had seen advertising in daily newspapers and just over one-fifth (21%) mentioned community newspapers.

Just over three-quarters (76%) of parents and caregivers who had seen or heard advertising in the last three months could describe it. Of those parents and caregivers who said that they could describe the advertising, leaflet or poster, just under three out of ten (29%) said it *showed/promoted/explained about healthy food generally*. One-fifth (20%) of parents and caregivers, who said that they could describe the advertising they had seen or heard, mentioned 5+ *A Day* and 14% mentioned *Push Play/30 minutes a day*.

One-third (33%) of parents and caregivers said that a celebrity person featured in the advertising, leaflet or poster which they had seen or heard. Of those who said that a celebrity person featured in the advertising, just over one-third (34%) said it was *Tana Umaga/the rugby player with dreadlocks*. Around one-sixth mentioned *Sarah Ulmer/the cycling woman* (17%) and the *Evers-Swindell twins/the rowing twins* (16%).

Over one-third (36%) of parents and caregivers said that they were *very concerned* about the advertising of unhealthy food products **at times when children watch TV**. Around one-quarter said that they were *somewhat concerned* (27%) and *a little concerned* (22%), while 15% said that they were *not concerned at all*.

Just under three-quarters (73%) of parents and caregivers *support* a total ban on advertising **unhealthy foods at times when children watch TV**, while 12% *oppose* such a ban (the remaining 15% did not have a view either way). Over one-half (56%) of parents and caregivers *support a total ban on advertising unhealthy foods* and one-fifth (20%) *oppose* this. Three out of ten (30%) parents and caregivers *support a total ban on all food advertising at times when children watch TV*, while four out of ten (40%) *oppose* such a ban. Just over one in ten (12%) parents and caregivers *support a total ban on all food advertising*, while almost six out of ten (56%) *oppose* this.

D. FINDINGS

1. AVAILABILITY AND CONSUMPTION OF FOODS AND DRINKS

1.1 Overall availability and frequency of consuming selected foods and drinks

Parents and caregivers were asked about the availability of selected foods and drinks in their home. If these items were available in their home, then they were asked how often the child chosen for the survey ate or drank these foods and drinks.

This section describes parents and caregivers responses to these questions. It begins by describing the responses for all children. However, as children's diets vary with age, the following sub-section looks at the responses for three age groups: 5 to 7-year-olds, 8 to 12-year-olds, and 13 to 16-year-olds. Subsequent sub-sections look at these responses by the ethnicity of parents and caregivers and the deprivation index, as an indicator of the household's socio-economic status.

1.1.1 Beverages

The table alongside shows the overall responses for the different types of drinks that parents and caregivers were asked about. For each drink, the first row of figures shows how often it was available in their home. The second row shows how often the child chosen for the survey drank this type of drink, if it was available. The figures in the shaded column show overall availability in their home and overall consumption by the child.

Reader Note: The figures in the "available/consumed" column are the inverse of the figures in the "never" column. The base for the "available" rows is all parents and caregivers who answered the question for each item. The base for the "consumption" rows is the number of parents and caregivers saying that the item was available in their home.

We would like to ask you about the availability of foods and drinks in your home ... and how often [the nominated child] eats/drinks them

	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Available/ consumed %	Base
BEVERAGES							
Tap water							
Availability in the home	96	1	1	1	3	97	1133
Frequency of consumption by child	90	1	5	2	3	97	1100
Bottled water							
Availability in the home	20	1	12	23	44	56	1133
Frequency of consumption by child	24	3	14	39	20	80	678
Flavoured water							
Availability in the home	6	1	8	21	65	35	1133
Frequency of consumption by child	9	1	16	49	25	75	441
Diet carbonated drinks							
Availability in the home	7	2	17	32	42	58	1133
Frequency of consumption by child	6	3	28	43	21	79	683
Full-sugar carbonated (fizzy) drinks							
Availability in the home	6	2	24	37	31	69	1133
Frequency of consumption by child	5	2	34	47	11	89	823
Fruit juice							
Availability in the home	26	6	22	32	15	85	1133
Frequency of consumption by child	25	4	29	34	7	93	950
Other juice*							
Availability in the home	19	3	12	21	44	56	1133
Frequency of consumption by child	23	6	24	36	11	89	742
Low-fat/soy milk							
Availability in the home	57	1	5	7	30	70	1133
Frequency of consumption by child	52	4	11	12	22	78	756
Full-fat milk							
Availability in the home	61	3	5	4	27	73	1133
Frequency of consumption by child	69	4	12	7	7	93	902
Flavoured milk (excl. milk shakes)							
Availability in the home	2	1	12	40	46	54	1133
Frequency of consumption by child	6	1	19	58	17	83	634

* Other juice includes juice from concentrate, powder and cordials.

† For "availability" the scale was "available every day"; for "consumption" it was "twice a day or more often".

For example, **tap water** was available in almost all homes (97%) and was drunk by almost all children (97%) – *daily or more often* (90%). In contrast, **full-sugar drinks** were available in 69% of homes and, when they were available, 89% of children drank them, mostly on *1-4 days per week* (34%) or *less often* (47%).

- **Bottled water** – was available in over one-half of homes (56%). When this drink was available, 80% of parents and caregivers said their child (ie, the child chosen for the survey) drank bottled water, with around one-quarter of parents and caregivers saying their child drank it *daily or more often* (24%).
- **Flavoured water** – was available in around one-third of homes (35%). When it was available, three-quarters (75%) of parents and caregivers said their child drank it. Most parents and caregivers said their child drank flavoured water on *1-4 days per week* (16%) or *less often* (49%).
- **Diet carbonated drinks** – over one-half (58%) of parents and caregivers said these drinks were available in their home. When they were available, the majority (79%) said their child drank them, although most parents and caregivers said that their child drank diet "fizzy" drinks relatively infrequently – *1-4 days per week* (28%) or *less often* (43%).
- **Full sugar carbonated drinks** – were available in almost seven out of ten (69%) homes. When they were available, almost nine out of ten (89%) children drank them, mostly on *1-4 days per week* (34%) or *less often* (47%).

- **Fruit juice** – was available in 85% of homes. When it was available, nine out of ten (93%) parents and caregivers said that their child drank it. The frequency with which parents and caregivers said that their child drank fruit juice varied – 25% said *daily or more often*, 4% said *5-6 days per week*, 29% said *1-4 days per week*, and 34% said *less often*.
- **Other juice** – includes juice from concentrate, powder and cordials and was available in over one-half of homes (56%). When it was available, nine out of ten (89%) parents and caregivers said their child drank these types of juice. The frequency with which parents and caregivers said that their child drank "other" fruit juices varied – 23% said *daily or more often*, 6% said *5-6 days per week*, 24% said *1-4 days per week*, and 36% said *less often*.
- **Low-fat / soy milk** – was available in seven out of ten (70%) homes. When it was available, 78% of parents and caregivers said their child drank these types of milk. About one-half of parents and caregivers (52%) said their child drank low fat or soy milk *daily or more often*. (Note: these two types of milk were combined into one category but it is likely that most children were drinking low fat, rather than soy, milk).
- **Full-fat milk** – almost three-quarters (73%) of parents and caregivers said this type of milk was available in their home. When it was available, most parents and caregivers (93%) said their child drank this, with the majority (69%) saying their child drank it *daily or more often*.

- **Flavoured milk** – over one-half (54%) of parents and caregivers said this type of milk was available in their home. When this type of milk was available, eight out of ten (83%) parents and caregivers said their child drank it, although the frequency with which most children drank flavoured milk was relatively low, with 58% of parents and caregivers saying their child drank it *less often* than 1 to 4 days per week.

1.1.2 Fruit and vegetables

The table alongside shows the overall responses for the different types of fruit and vegetables that parents and caregivers were asked about.

For each type, the first row of figures shows how often it was available in the home. The second row shows how often the child chosen for the survey ate that type of fruit or vegetable, if it was available. The figures in the shaded column show overall availability in the home and overall consumption by children.

- **Fresh fruit** – all parents and caregivers said this was available in their home, and 91% said it was available *daily*. Only 2% said their child *never* ate fresh fruit. Most (80%) parents and caregivers said their child ate fresh fruit *daily or more often*.
- **Tinned/frozen fruit** – around nine out of ten (91%) parents and caregivers said this was available in their home, with just over one-third (35%) saying tinned or frozen fruit was available *daily*. When these foods were available, only 8% of parents and caregivers said this was eaten *daily or more often*. The most common responses were that their child ate tinned or frozen fruit *1-4 days per week* (37%) or *less often* (41%).
- **Fresh vegetables** – almost all parents and caregivers said that fresh vegetables were available in their home. Most (79%) said these were available *daily*. Around two-thirds (68%) of parents and caregivers said fresh vegetables were eaten by their child *daily or more often*.

We would like to ask you about the availability of foods and drinks in your home ... and how often [the nominated child] eats/drinks them

	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Available/ consumed %	Base
FRUIT & VEGETABLES							
Fresh fruit							
Availability in the home	91	4	4	1	-	100	1133
Frequency of consumption by child	80	6	9	3	2	98	1132
Tinned/frozen fruit							
Availability in the home	35	4	26	27	9	91	1133
Frequency of consumption by child	8	5	37	41	10	90	1049
Fresh vegetables							
Availability in the home	79	11	10	1	<1	100 [±]	1133
Frequency of consumption by child	68	12	17	2	1	99	1129
Tinned/frozen vegetables							
Availability in the home	46	8	33	10	3	97	1133
Frequency of consumption by child	25	13	45	14	4	96	1098
Taro/kumara/potatoes*							
Availability in the home	57	11	28	4	<1	100 [±]	1133
Frequency of consumption by child	38	15	40	6	1	99	1129
Fried potatoes**							
Availability in the home	7	1	25	49	19	81	1133
Frequency of consumption by child	1	2	35	59	3	97	868

* Boiled or baked.

** Hot potato or kumara chips, French Fries, wedges and hash browns.

† For "availability" the scale was "available every day"; for "consumption" it was "twice a day or more often".

± The overall figure is rounded to 100, although a small proportion of parents and caregivers said fresh vegetables and taro/kumara/potatoes were "never" available in their home.

Note: The figures in the "available/consumed" column are the inverse of the figures in the "never" column. The base for the "available" rows is all parents and caregivers who answered the question for each item. The base for the "consumption" rows is the number of parents and caregivers saying that the item was available in their home.

- **Tinned/frozen vegetables** – almost all parents and caregivers (97%) said tinned or frozen vegetables were available in their home. Around one-half (46%) of parents and caregivers said these types of food were available *daily*. However, one-third (33%) said they were only available *1-4 days per week*. When tinned or frozen vegetables were available, the frequency with which parents and caregivers said their child ate them varied, with one-quarter (25%) of parents and caregivers saying their child ate tinned or frozen vegetables *daily or more often*, 13% saying *5-6 days a week*, 45% saying *1-4 days per week* and 14% saying *less often*.
- **Taro/kumara/potatoes** – these types of food were available in almost all homes; less than one percent of parents and caregivers said these foods were *never* available. Over one-half (57%) of parents and caregivers said these foods were available *daily*. When these foods were available in the home, almost all (99%) parents and caregivers said their child ate these on *1-4 days per week* (40%) or *daily or more often* (38%).
- **Fried potatoes** – around eight out of ten (81%) parents and caregivers said fried potatoes were available in their home, although this was mostly *1-4 days per week* (25%) or *less often* (49%). When fried potatoes were available, over nine out of ten (97%) parents and caregivers said their child ate fried potatoes, although the frequency was mostly *1-4 days per week* (35%) or *less often* (59%).

1.1.3 Meats and fish

The table alongside shows the overall responses for the different types of meats and fish that parents and caregivers were asked about.

- **Burgers and sausages** – nine out of ten (92%) parents and caregivers said these were available in their home, although mostly not very often; only 12% of parents and caregivers said burgers and sausages were available *daily*, while most said they were available *1-4 days per week* (37%) or *less often* (40%). When burgers and sausages were available in the home, most parents and caregivers said their child ate these *1-4 days per week* (47%) or *less often* (42%).
- **Fried chicken or nuggets** – were available in around two-thirds of homes (67%), although infrequently; mostly either *1-4 days per week* (16%) or *less often* (48%). When these foods were available, most parents and caregivers (64%) said their child ate these foods *less often* than 1 to 4 days a week.
- **Fried fish** – eight out of ten (81%) parents and caregivers said fried fish was available in their home, although it was not available very often; most parents and caregivers said it was available mostly *1-4 days per week* (17%) or *less often* (63%). When it was available in the home, just over one in ten (11%) parents and caregivers said their child never ate fried fish, and less than 1% said this food was eaten *daily or more often*. The majority of parents and caregivers (68%) said their child ate fried fish *less often* than 1 to 4 days a week.

We would like to ask you about the availability of foods and drinks in your home ... and how often [the nominated child] eats/drinks them

	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Available/ consumed %	Base
MEATS & FISH							
Burgers & sausages							
Availability in the home	12	2	37	40	8	92	1133
Frequency of consumption by child	6	1	47	42	4	96	1063
Fried chicken or nuggets							
Availability in the home	3	1	16	48	33	67	1133
Frequency of consumption by child	1	1	27	64	7	93	828
Fried fish*							
Availability in the home	1	<1	17	63	19	81	1133
Frequency of consumption by child	<1	<1	21	68	11	89	953
PIES/PASTRIES/SNACKS/SWEETS							
Pies & pastries (savory and sweet)							
Availability in the home	3	1	22	54	21	79	1133
Frequency of consumption by child	1	1	29	62	7	93	912
Potato/corn crisps & snacks							
Availability in the home	23	9	37	24	6	94	1133
Frequency of consumption by child	17	11	48	22	3	97	1056
Sweets/lollies/chocolates							
Availability in the home	9	2	37	44	7	93	1133
Frequency of consumption by child	7	3	44	44	3	97	1015

* Including fish and chips.

† For "availability" the scale was "available every day"; for "consumption" it was "twice a day or more often".

Note: The figures in the "available/consumed" column are the inverse of the figures in the "never" column. The base for the "available" rows is all parents and caregivers who answered the question for each item. The base for the "consumption" rows is the number of parents and caregivers saying that the item was available in their home.

1.1.4 Pies, pastries, snacks and sweets

The previous table shows the overall responses by parents and caregivers about the availability and their child's consumption of pies, pastries, snacks and sweets.

- **Pies and pastries** – around eight out of ten (79%) parents and caregivers said these were available in their home, although not very often. Only 3% of parents and caregivers said these foods were available *daily*, and most said they were available *1-4 days per week* (22%) or *less often* (54%). When pies and pastries were available, very few parents and caregivers (1%) said their child ate these *daily or more often*. Most parents and caregivers said their child ate pies and pastries *1-4 days per week* (29%) or *less often* (62%).
- **Potato/corn crisps and snacks** – over nine out of ten (94%) parents and caregivers said these foods were available in their home, and 23% said these foods were available *daily*. When these foods were available, 97% of parents and caregivers said their child ate them and 17% of parents and caregivers said their child ate them *daily or more often*. Most parents and caregivers said that their child ate potato/corn crisps and snacks *1-4 days per week* (48%) or *less often* (22%).
- **Sweets/lollies/chocolates** – most (93%) parents and caregivers said these foods were available in their home, mostly *1-4 days per week* (37%) or *less often* (44%). When sweets, lollies and chocolates were available, almost all (97%) parents and caregivers said their child ate them. Most parents and caregivers said their children ate these foods *1-4 days per week* (44%) or *less often* (44%).

1.2 Availability and frequency of consuming selected foods and drinks – by age of children

1.2.1 Beverages

The table alongside shows the availability of different types of drinks in the home and how often the child chosen for the survey drank these, for each of three age groups.

- **Tap water** – was available in almost all homes and drunk *daily or more often* by most children, although parents and caregivers talking about older children were less likely than those talking about younger ones to say their child drank tap water; 7% of parents and caregivers of 13 to 16-year-olds said their child *never* drank tap water, compared with 1% of parents and caregivers of 8 to 12-year-olds and 1% of parents and caregivers of 5 to 7-year-olds.
- **Bottled water** – parents and caregivers of 5 to 7-year-olds were more likely to say that bottled water was *never* available in their home than other parents and caregivers (49%, compared with 44% for parents and caregivers of 8 to 12-year-olds and 40% for 13 to 16-year-olds). When this drink was available in the home, parents and caregivers of 5 to 7-year-olds were also more likely to say their child *never* drank this; 28% of parents and caregivers of 5 to 7-year-olds said their child *never* drank bottled water, compared with 15% for parents and caregivers of 8 to 12-year-olds and 20% for parents and caregivers of 13 to 16-year-olds.

Reader Note: Figures in the table should be considered *row by row*. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the *total* who said the item was available in the home.

Example: Looking at the figures for tap water for parents and caregivers where the nominated child is aged 5 to 7 years old, availability is high (eg, 96% have tap water available) and frequency of consumption is also high (eg, 94% of parents and caregivers who said tap water was available, said their child drank it daily or more often).

We would like to ask you about the availability of foods and drinks in your home ... and how often [the nominated child] eats/drinks them

	Parent/caregiver of child 5-7 years old					Parent/caregiver of child 8-12 years old					Parent/caregiver of child 13-16 years old				
	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %
BEVERAGES															
Tap water															
Availability	96	1	<1	1	2	95	1	<1	<1	4	96	<1	1	-	2
Frequency	94	1	2	2	1	91	1	4	2	1	83	2	8	1	7
Bottled water															
Availability	15	1	11	25	49	22	1	10	24	44	23	1	15	20	40
Frequency	15	4	14	39	28	28	2	9	46	15	26	4	21	29	20
Flavoured water															
Availability	3	1	6	16	75	5	1	8	25	60	8	1	9	20	61
Frequency	10	<1	10	48	32	6	1	14	56	23	13	2	22	41	22
Diet carbonated drinks															
Availability	5	4	9	31	53	5	1	20	34	41	10	2	23	31	33
Frequency	2	3	15	48	32	4	3	29	44	21	10	2	37	38	14
Full-sugar carb. drinks															
Availability	5	3	19	34	39	6	2	22	43	27	8	1	31	32	28
Frequency	3	4	32	50	12	3	2	30	54	11	10	1	41	37	11
Fruit juice															
Availability	24	6	22	34	14	25	3	22	34	16	29	8	22	27	14
Frequency	25	5	29	35	7	21	6	24	40	9	30	2	36	26	6
Other juice*															
Availability	14	4	12	21	49	21	3	11	24	41	22	2	14	19	44
Frequency	19	8	25	37	11	23	6	22	38	11	26	5	26	34	10
Low-fat/soy milk															
Availability	48	1	6	9	36	56	<1	5	8	32	67	1	6	5	21
Frequency	51	7	5	15	21	53	4	14	11	19	52	3	11	10	26
Full-fat milk															
Availability	67	2	5	5	22	59	4	6	5	27	57	2	3	3	34
Frequency	69	4	11	9	7	70	4	13	8	7	70	3	13	6	8
Flavoured milk															
Availability	3	1	14	39	43	2	1	11	41	45	2	1	10	38	49
Frequency	4	2	23	61	11	7	1	17	57	19	6	2	17	55	20
Base (availability)	346					454					333				

* Other juice includes juice from concentrate, powder and cordials.

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

- **Flavoured water** – parents and caregivers of 5 to 7-year-olds were more likely than other parents and caregivers to say that flavoured water was *never* available in their home. Three-quarters (75%) of parents and caregivers of 5 to 7-year-olds said flavoured water was *never* available in their home, compared with six out of ten (60%) parents and caregivers of 8 to 12-year-olds, and six out of ten (61%) parents and caregivers of 13 to 16-year-olds. When this drink was available in the home, parents and caregivers of 5 to 7-year-olds were also more likely to say their child *never* drank this; 32% of parents and caregivers of 5 to 7-year-olds said their child *never* drank bottled water, compared with 23% for parents and caregivers of 8 to 12-year-olds and 22% for parents and caregivers of 13 to 16-year-olds.
- **Diet carbonated drinks** – parents and caregivers talking about 5 to 7-year-olds were more likely to say that these drinks were *never* available in their home; 53% of parents and caregivers of 5 to 7-year-olds said this, compared with 41% and 33%, respectively, of parents and caregivers of 8 to 12-year-olds and 13 to 16-year-olds. When these drinks were available, consumption also varied according to the age of the children. Almost one-third (32%) of parents and caregivers talking about 5 to 7-year-old children said they *never* drank diet carbonated drinks, compared with just over one-fifth (21%) of parents and caregivers of 8 to 12-year-olds and around one-tenth (14%) of parents and caregivers of 13 to 16-year-olds.
- **Full-sugar carbonated drinks** – parents and caregivers talking about 5 to 7-year-olds were more likely to say that these drinks were *never* available in their home; 39% of parents and caregivers of 5 to 7-year-olds said this, compared with 27% and 28%, respectively, of parents and caregivers of 8 to 12-year-olds and 13 to 16-year-olds. When these drinks were available, around one-tenth of children of all ages *never* drank them. Children aged 13 to 16 years were more likely to have full-sugar fizzy drinks, with 10% of parents and caregivers of 13 to 16-year-olds saying their child drank these *daily or more often*, compared with 3% of parents and caregivers of 8 to 12-year-olds and 3% of parents and caregivers of 5 to 7-year-olds.
- **Fruit juice** – was available in the majority of homes and the extent to which it was available was similar for all three age groups. When fruit juice was available, the frequency with which parents and caregivers said children drank this type of juice was also similar for all three age groups. Parents and caregivers of 13 to 16-year-olds were slightly more likely to say their child drank this *daily or more often* (30%, compared with 21% for parents and caregivers of 8 to 12-year-olds and 25% for parents and caregivers of 5 to 7-year-olds).
- **Other juice** – about one-half (49%) of parents and caregivers of 5 to 7-year-olds said this was *never* available in their home – slightly more than parents and caregivers of 13 to 16-year-olds (44%) and more than parents and caregivers of 8 to 12-year-olds (41%). When this type of drink was available in the home, parents and caregivers of 13 to 16-year-olds were more likely to say their child drank this *daily or more often* (26%), compared with parents and caregivers of 8 to 12-year-olds (23%) and parents and caregivers of 5 to 7-year-olds (19%).
- **Low-fat/soy milk** – availability of this in the home increased with the age of the child chosen for the study. Thirty-six percent (36%) of parents and caregivers of children aged 5 to 7 years old said this was *never* available in their home, compared with 32% for parents and caregivers of 8 to 12-year-olds and 21% for parents and caregivers of 13 to 16-year-olds. When this drink was available in the home, parents and caregivers of 13 to 16-year-olds were slightly more likely to say their child *never* drank this (26%), compared with parents and caregivers of 5 to 7-year-olds (21%) and 8 to 12-year-olds (19%).
- **Full-fat milk** – parents and caregivers talking about 5 to 7-year-olds were more likely to say that full-fat milk was available, and was available *daily*, in their home, than other parents and caregivers (67% of parents and caregivers of 5 to 7-year-olds said this, compared with 59% of parents and caregivers of 8 to 12-year-olds and 57% of those talking about 13 to 16-year-olds). When full-fat milk was available, around seven out of ten children of all ages drank it *daily or more often* (69% of 5 to 7-year-olds and 70%, each, for children in the two older age groups).
- **Flavoured milk** – this was available in between four and five out of ten homes. When flavoured milk was available, parents and caregivers of 5 to 7-year-olds were less likely to say their child *never* (11%) drank it than parents and caregivers of 8 to 12-year-olds (19%) and 13 to 16-year-olds (20%).

1.2.2 Fruit and vegetables

The table alongside shows the availability of different types of fruit and vegetables and how often the child chosen for the survey ate these, for each of three age groups.

- **Fresh fruit** – was available in all homes, mostly every day. Parents and caregivers talking about 13 to 16-year-olds were less likely than other parents and caregivers to say their child ate fresh fruit *daily or more often*; 67% of these parents and caregivers said this, compared with 84% of parents and caregivers of 8 to 12-year-olds and 88% of parents and caregivers of 5 to 7-year-olds. Parents and caregivers of 13 to 16-year-olds were more likely than other parents and caregivers to say their child ate this food *1-4 days per week* (17%) or *less often* (7%).
- **Tinned/frozen fruit** – was available in nine out of ten homes, but to varying degrees. The frequency with which children of different ages ate tinned or frozen fruit was similar, although parents and caregivers talking about 13 to 16-year-olds were more likely to say their child *never* ate these foods (16%, compared with figures of 7% for 8 to 12-year-olds and 8% for 5 to 7-year-olds).
- **Fresh vegetables** – were available in between seven and eight out of ten homes on a *daily* basis and *never* available in very few homes (1% or less). The frequency with which fresh vegetables were eaten was similar for children of all ages.

We would like to ask you about the availability of foods and drinks in your home ... and how often [the nominated child] eats/drinks them

	Parent/caregiver of child 5-7 years old					Parent/caregiver of child 8-12 years old					Parent/caregiver of child 13-16 years old				
	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %
FRUIT & VEGETABLES															
Fresh fruit															
Availability	93	2	5	<1	-	90	6	4	1	-	89	5	5	1	-
Frequency	88	4	3	1	4	84	7	8	1	1	67	7	17	7	2
Tinned/frozen fruit															
Availability	26	6	27	32	10	38	3	24	26	10	41	3	27	24	6
Frequency	5	6	40	42	8	11	4	37	42	7	7	4	36	38	16
Fresh vegetables															
Availability	75	10	13	1	1	80	10	9	1	<1	81	11	7	1	-
Frequency	68	10	19	2	1	68	13	16	3	<1	68	13	16	2	<1
Tinned/frozen vegetables															
Availability	46	9	32	11	2	41	8	34	12	5	51	8	32	7	3
Frequency	22	17	44	15	3	24	13	44	17	4	29	8	47	11	5
Taro/kumara/potatoes*															
Availability	55	10	34	2	-	55	13	28	5	<1	64	9	23	4	1
Frequency	35	14	45	5	2	39	16	39	5	<1	40	15	36	7	2
Fried potatoes**															
Availability	5	1	25	52	17	7	1	23	49	21	8	1	26	46	19
Frequency	1	1	35	62	2	<1	2	33	60	4	3	3	38	53	3
Base (availability)	346					454					333				

* Boiled or baked.

** Hot potato or kumara chips, French Fries, wedges and hash browns.

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered row by row. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Tinned/frozen vegetables** – parents and caregivers talking about 13 to 16-year-olds were more likely to say these foods were available *daily* (51%) than parents and caregivers of 8 to 12-year-olds (41%) and slightly more likely to say this than parents and caregivers of 5 to 7-year-olds (46%). Parents and caregivers also were more likely to say 13 to 16-year-olds ate these foods more often (with 29% eating them *daily or more often*, compared with figures of 24% for 8 to 12-year-olds and 22% for 5 to 7-year-olds).
- **Taro/kumara/potatoes** – were available in almost all homes and available *daily* in between five and six out of ten homes; parents and caregivers talking about 13 to 16-year-olds were more likely to say they were available *daily* (64%, compared with figures of 55% for each of the other two age groups). Parents and caregivers of 5 to 7-year-olds were slightly less likely than the parents and caregivers of older children to say their children ate these types of food *daily or more often* (35%, compared with figures of 39% for 8 to 12-year-olds and 40% for 13 to 16-year-olds).
- **Fried potatoes** – were available in four out of five homes, mostly *1-4 days a week or less often*. Most children in all three age groups ate fried potatoes less than once a week, although parents and caregivers talking about 13 to 16-year-olds were slightly less likely than other parents and caregivers to say that their child ate fried potatoes *less often* than 1-4 days per week (53% of parents and caregivers talking about 13 to 16-year-olds said this, compared with 60% of parents and caregivers talking about 8 to 12-year-olds and 62% of parents and caregivers talking about 5 to 7-year-olds).

1.2.3 Meats and fish

The table alongside shows the availability of different types of meats and fish, and how often the child chosen for the survey ate these foods, for each of three age groups.

- **Burgers and sausages** – the frequency with which these foods were available in the home was similar, regardless of the age of the child being talked about. Parents and caregivers of 8 to 12-year-olds were slightly more likely to say these foods were available *less often* than *1-4 days per week* (36%, compared with figures of 42% for parents and caregivers of 13 to 16-year-olds and 43% for those of 5 to 7-year-olds).

When burgers and sausages were available, parents and caregivers talking about 13 to 16-year-olds were more likely to say their child *never* ate these foods (7%, compared with figures of 3% for parents and caregivers of 5 to 7-year-olds, and 2% for those of 8 to 12-year-olds).

- **Fried chicken or nuggets** – parents and caregivers were less likely to say these foods were available in the home if they were talking about 13 to 16-year-olds; 40% of parents and caregivers of 13 to 16-year-olds said that these foods were *never* available, compared with 30%, each, of parents and caregivers of 8 to 12-year-olds and 5 to 7-year-olds.

When these foods were available, older children also were less likely to eat them; 12% of parents and caregivers of 13 to 16-year-olds said their child *never* ate this food, compared with figures of 5% for parents and caregivers of 8 to 12-year-olds and 3% for those of 5 to 7-year-olds.

We would like to ask you about the availability of foods and drinks in your home ... and how often [the nominated child] eats/drinks them

	Parent/caregiver of child 5-7 years old					Parent/caregiver of child 8-12 years old					Parent/caregiver of child 13-16 years old				
	Daily or more often† %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %
MEATS & FISH															
Burgers & sausages															
Availability	11	2	35	43	9	13	3	39	36	9	12	2	38	42	7
Frequency	6	1	44	45	3	7	1	48	41	2	4	1	48	40	7
Fried chicken or nuggets															
Availability	1	1	20	48	30	3	1	15	52	30	3	-	14	43	40
Frequency	1	1	30	65	3	1	1	26	67	5	2	<1	27	58	12
Fried fish*															
Availability	2	<1	15	63	20	<1	<1	18	62	20	1	<1	18	65	16
Frequency	<1	<1	20	71	8	<1	<1	20	71	9	<1	<1	21	61	18
PIES/PASTRIES/ SNACKS/SWEETS															
Pies & pastries**															
Availability	3	<1	21	58	19	4	1	23	52	20	2	1	20	53	24
Frequency	1	2	27	66	5	1	1	29	62	7	1	1	30	59	9
Potato/corn crisps & snacks															
Availability	23	9	39	25	3	21	10	35	26	8	25	9	37	22	7
Frequency	17	10	50	20	2	18	10	43	25	4	15	11	51	21	3
Sweets/lollies/ chocolates															
Availability	7	2	42	43	6	9	3	34	45	8	9	3	37	44	7
Frequency	7	2	43	46	3	6	2	46	44	3	8	5	42	40	5
Base (availability)	346					454					333				

* Including fish and chips.

** Savoury and sweet.

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered row by row. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Fried fish** – was available in around eight out of ten homes for children in all three age groups, mostly *less often* than once a week. When fried fish was available, the majority of parents and caregivers said that children in all three age groups ate this food *less often* than once a week. Parents and caregivers of 13 to 16-year-olds were more likely than parents and caregivers of younger children to say their child *never* ate this food (18%, compared with figures of 9% for 8 to 12-year-olds and 8% for 5 to 7-year-olds).

1.2.4 Pies, pastries, snacks and sweets

The previous table also shows the availability of pies, pastries, snacks and sweets and how often the child chosen for the survey ate these foods, for each of three age groups.

- **Pies and pastries** – were available in around eight out of ten homes for children in all three age groups, mostly *less often* than once a week, although these foods were available in around two out of ten homes on *1-4 days a week* for all three age groups. When these foods were available, the frequency with which children ate them was very similar for all three age groups, with around six out of ten children eating them *less often* than once a week and three out of ten eating them *1-4 days per week*.
- **Potato/corn crisps and snacks** – these foods were available in the majority of homes and the extent to which they were available was similar for children in all three age groups, although parents and caregivers of 5 to 7-year-olds were less likely than parents and caregivers of older children to say these foods were *never* available in their home (3%, compared with 8% for parents and caregivers of 8 to 12-year-olds and 7% for those of 13 to 16-year-olds).

When these foods were available in the home, children mostly ate them *1-4 days per week*, although parents and caregivers talking about 8 to 12-year-olds were less likely than parents and caregivers talking about older and younger children to say their child ate these foods this often; 43% of parents and caregivers of 8 to 12-year-olds said their child ate these foods *1-4 days per week*, compared with figures of 50% for parents and caregivers of 5 to 7-year-olds and 51% for those of 13 to 16-year-olds.

- **Sweets/lollies/chocolates** – were available in the majority of homes and the extent to which they were available was similar for all three age groups. When these foods were available, the frequency with which parents and caregivers said children ate them also was similar for all three age groups.

1.3 Availability and frequency of consuming selected foods and drinks – 5 to 16-year-old children by ethnicity of parents and caregivers

1.3.1 Beverages

The table alongside shows the availability of different types of drinks in the home and how often the child chosen for the survey drank these by the ethnicity of parents and caregivers. Readers should note that the categories *5-6 days per week* and *1-4 days per week* are combined in the tables in sections 1.3.1 to 1.3.3 to allow the results for all four ethnic groups to be shown in the same table.

- **Tap water** – Asian (5%) and Maori (4%) parents and caregivers were more likely than Pacific parents and caregivers and those of European/Other ethnicity (2%, each) to say that tap water was *never* available in their home. Parents and caregivers of European/Other ethnicity (98%) were more likely than parents and caregivers of other ethnicities (92%) to say that it was available in the home *daily*.

When tap water was available in their home, Asian (93%), European/Other (92%), and Maori (87%) parents and caregivers were more likely to say that their child drank it *daily or more often*, compared with Pacific (78%) parents and caregivers.

We would like to ask you about the availability of foods and drinks in your home ... and how often [the nominated child] eats/drinks them

	Maori				Pacific				Asian				Euro/Other			
	Daily or more often [†] %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %
BEVERAGES																
Tap water																
Availability	92	3	1	4	92	5	1	2	92	1	2	5	98	<1	<1	2
Frequency	87	6	1	6	78	15	4	4	93	1	3	3	92	5	2	2
Bottled water																
Availability	23	15	16	46	38	19	14	29	30	16	12	42	15	10	28	46
Frequency	30	22	28	20	38	30	20	12	36	15	36	14	17	15	45	23
Flavoured water																
Availability	7	12	17	65	13	16	17	54	3	15	20	62	5	6	22	67
Frequency	9	19	42	30	20	25	33	21	10	20	34	36	7	15	57	22
Diet carbonated drinks																
Availability	10	18	26	46	6	33	27	34	9	22	35	34	5	17	34	43
Frequency	5	30	39	26	7	42	38	13	7	26	43	24	5	30	45	21
Full-sugar carb. drinks																
Availability	7	32	34	28	7	40	33	21	6	32	34	28	6	22	39	33
Frequency	5	45	42	8	7	49	34	10	9	32	43	16	4	32	52	12
Fruit juice																
Availability	12	29	35	24	13	48	27	12	32	34	29	6	31	23	32	14
Frequency	13	32	41	15	15	49	30	6	28	36	34	2	28	31	34	7
Other juice*																
Availability	28	27	21	24	21	29	23	27	8	12	27	53	18	11	20	51
Frequency	28	36	28	7	22	43	28	8	10	26	33	31	23	26	41	10
Low-fat/soy milk																
Availability	36	7	7	50	44	19	12	26	53	6	10	32	65	4	6	25
Frequency	45	16	17	22	42	24	18	17	49	15	11	25	55	13	10	22
Full-fat milk																
Availability	79	5	4	12	59	17	7	18	55	17	2	26	57	5	5	33
Frequency	75	14	5	6	54	26	12	9	73	22	3	3	70	14	8	8
Flavoured milk																
Availability	1	18	29	52	3	22	41	35	8	19	39	35	2	9	42	47
Frequency	4	26	55	15	8	34	45	14	13	25	40	22	4	15	64	16
Base (availability)	287				330				78				437			

* Other juice includes juice from concentrate, powder and cordials

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered row by row. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Bottled water** – Maori (46%), European/Other (46%), and Asian (42%) parents and caregivers were more likely than Pacific (29%) parents and caregivers to say that bottled water was *never* available in their home. Pacific parents and caregivers (38%) were more likely than parents and caregivers of other ethnicities (Maori 23%, Asian 30%, European/Other 15%) to say that bottled water was available *daily*.
When bottled water was available in the home, Pacific (38%), Asian (36%), and Maori (30%) parents and caregivers were more likely than those of European/Other (17%) ethnicity to say that their child drank it *daily or more often*. Maori parents and caregivers (20%) and those of European/Other ethnicity (23%) were more likely than Pacific (12%) and Asian (14%) parents and caregivers to say that their child *never* drank bottled water.
- **Flavoured water** – Maori (65%), Asian (62%) and European/Other (67%) parents and caregivers were more likely than Pacific (54%) parents and caregivers to say that flavoured water was *never* available in their home. Pacific parents and caregivers (13%) were more likely than those of other ethnicities (Maori 7%, Asian 3%, European/Other 5%) to say that flavoured water was available in their home *daily*. In homes where flavoured water was available, one in five (20%) Pacific parents and caregivers said that their child drank it *daily or more often*, compared with one in ten (10%) Asian parents and caregivers, 9% of Maori, and 7% of European/Other, parents and caregivers.
- **Diet carbonated drinks** – Maori (46%) and European/Other (43%) parents and caregivers were more likely than Pacific and Asian parents and caregivers (34%, each) to say that diet carbonated drinks were *never* available in their home. When these were available in the home, around one in four Maori (26%) and Asian (24%) parents and caregivers said that their child *never* drank these, compared with just over one in five (21%) European/Other parents and caregivers and 13% of Pacific parents and caregivers who said their child never drank diet "fizzy" drinks.
- **Full-sugar carbonated drinks** – Pacific parents and caregivers (21%) were less likely than Maori (28%), Asian (28%), and European/Other (33%) parents and caregivers to say that full-sugar carbonated drinks were *never* available in their home. In homes where these drinks were available, Asian parents and caregivers (16%) were more likely than European/Other (12%), Pacific (10%), and Maori (8%) parents and caregivers to say that their child *never* drank them. Asian parents and caregivers (9%) were also more likely than Maori (5%) and European/Other (4%) parents and caregivers to say that their child drank full-sugar carbonated drinks *daily or more often*.
- **Fruit juice** – Maori parents and caregivers (24%) were more likely than Pacific (12%), Asian (6%) and European/Other (14%) parents and caregivers to say that fruit juice was *never* available in their home. Asian (32%) and European/Other (31%) parents and caregivers were more likely than Maori (12%) and Pacific (13%) parents and caregivers to say that fruit juice was available in their home *daily*. In homes where fruit juice was available, just under three in ten (28%) Asian and European/Other parents and caregivers said that their child drank it *daily or more often*, compared with 13% of Maori and 15% of Pacific parents and caregivers. Maori (15%) parents and caregivers were more likely than those of other ethnicities (Pacific 6%, Asian 2%, European/Other 7%) to say that their child *never* drank fruit juice.
- **Other juice** – just over one-half of Asian (53%) and European/Other (51%) parents and caregivers said that other juices were *never* available in their home, compared with around one-quarter of Maori (24%) and Pacific (27%) parents and caregivers. Asian parents and caregivers (8%) were less likely than other parents and caregivers (Maori 28%, Pacific 21%, European/Other 18%) to say that other juices were available in their home *daily*. In homes where other juices were available, Asian parents and caregivers (10%) were less likely than other parents and caregivers (Maori 28%, Pacific 22%, European/Other 23%) to say that their child drank these *daily or more often*. Conversely, Asian parents and caregivers (31%) were more likely to say that their child *never* drank other juices, compared with Maori (7%), Pacific (8%) and European/Other (10%) parents and caregivers.

- **Low-fat/soy milk** – one-half of Maori parents and caregivers (50%) said that low-fat or soy milk was *never* available in their home, compared with around one-quarter of Pacific (26%) and European/Other (25%) parents and caregivers, and just under one-third (32%) of Asian parents and caregivers. Parents and caregivers of European/Other ethnicity (65%) were more likely than Maori (36%), Pacific (44%), and Asian (53%) parents and caregivers to say it was available *daily*.

In homes where low-fat or soy milk was available, Pacific parents and caregivers (17%) were less likely to say that their child *never* drank it, compared with Maori (22%), European/Other (22%), and Asian (25%) parents and caregivers. Pacific (42%) and Maori (45%) parents and caregivers were less likely to say that their child drank this type of milk *daily or more often*, compared with Asian (49%) and European/Other (55%) parents and caregivers.

- **Full-fat milk** – Asian (26%) and European/Other (33%) parents and caregivers were more likely than Maori (12%) and Pacific (18%) parents and caregivers to say that full-fat milk was *never* available in their home. Nearly eight out of ten (79%) Maori parents and caregivers said it was available in their home *daily*, compared with around six out of ten Pacific (59%), Asian (55%) and European/Other (57%) parents and caregivers. In homes where full-fat milk was available, Maori (75%), Asian (73%), and European/Other (70%) parents and caregivers were more likely than Pacific (54%) parents and caregivers to say that their child drank it *daily or more often*.

- **Flavoured milk** – around one-half of Maori (52%) and European/Other (47%) parents and caregivers said that flavoured milk was *never* available in their home, compared with slightly over one-third (35%, each) of Pacific and Asian parents and caregivers. Asian parents and caregivers (8%) were more likely than parents and caregivers of other ethnicities (Maori 1%, Pacific 3%, European/Other 2%) to say that flavoured milk was available in their home *daily*. In homes where flavoured milk was available, Asian parents and caregivers (13%) were more likely than Maori (4%), Pacific (8%) and European/Other (4%) parents and caregivers to say that their child drank it *daily or more often*. Asian parents and caregivers (22%) were also more likely than parents and caregivers of other ethnicities (Maori 15%, Pacific 14%, European/Other 16%) to say that their child *never* drank it.

1.3.2 Fruit and vegetables

The table alongside shows the availability of different types of fruit and vegetables in the home and how often the child chosen for the survey ate these, by ethnicity of parents and caregivers.

- **Fresh fruit** – parents and caregivers of European/Other ethnicity (94%) and Asian parents and caregivers (92%) were more likely than Maori (84%) and Pacific (76%) parents and caregivers to say that fresh fruit was available in their home *daily*. In homes where fresh fruit was available, parents and caregivers of European/Other ethnicity (81%) and Asian parents and caregivers (83%) were more likely than Pacific parents and caregivers (72%) to say that their child ate it *daily or more often*.

- **Tinned/frozen fruit** – Maori and European/Other parents and caregivers (39%) were more likely than Pacific (23%) and Asian (16%) parents and caregivers to say that tinned or frozen fruit was available in their home *daily*. Asian parents and caregivers (27%) were more likely than parents and caregivers of other ethnicities (Maori 3%, European/Other 7%, Pacific 9%) to say that tinned or frozen fruit was *never* available in their home.

When tinned or frozen fruit was available in the home, Pacific parents and caregivers (14%) were more likely to say that their child ate it *daily or more often*, compared with parents and caregivers of other ethnicities (Maori 8%, Asian 6%, European/Other 7%). Asian parents and caregivers (23%) were more likely to say that their child *never* ate tinned or frozen fruit, compared with parents and caregivers of other ethnicities (Maori 6%, Pacific 6%, European/Other 10%).

We would like to ask you about the availability of foods and drinks in your home ... and how often [the nominated child] eats/drinks them

	Maori				Pacific				Asian				Euro/Other			
	Daily or more often [†] %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %
FRUIT & VEGETABLES																
Fresh fruit																
Availability	84	15	1	-	76	22	2	<1	92	8	-	-	94	5	1	-
Frequency	78	18	3	1	72	26	2	<1	83	12	5	-	81	14	3	3
Tinned/frozen fruit																
Availability	39	32	26	3	23	45	22	9	16	19	38	27	39	28	27	7
Frequency	8	47	39	6	14	49	32	6	6	35	36	23	7	40	43	10
Fresh vegetables																
Availability	75	23	2	<1	60	37	3	<1	83	17	-	-	82	18	<1	<1
Frequency	62	34	4	1	52	41	7	1	70	28	2	-	72	26	1	1
Tinned/frozen vegetables																
Availability	59	36	4	2	41	43	13	2	30	35	25	11	45	43	9	3
Frequency	37	51	8	4	30	51	16	4	11	49	32	9	22	61	13	3
Taro/kumara/potatoes*																
Availability	66	31	3	<1	53	41	6	1	38	44	18	-	59	40	1	1
Frequency	47	46	6	<1	43	47	10	1	27	52	21	1	37	59	3	2
Fried potatoes**																
Availability	5	24	43	28	3	25	40	33	6	33	48	13	8	25	52	16
Frequency	1	45	52	2	6	38	53	3	6	45	50	-	<1	34	63	3
Base (availability)	287				330				78				437			

* Boiled or baked

** Hot potato or kumara chips, French Fries, wedges and hash browns

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered row by row. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Fresh vegetables** – Pacific parents and caregivers (60%) were less likely than parents and caregivers of other ethnicities (Maori 75%, Asian 83%, European/Other 82%) to say that fresh vegetables were available in their home *daily*. However, they were more likely (37%) than parents and caregivers of other ethnicities (Maori 23%, Asian 17%, European/Other 18%) to say that fresh vegetables were available 1-6 days per week.

Similarly, in homes where fresh vegetables were available, Pacific parents and caregivers (52%) were less likely than parents and caregivers of other ethnicities (Maori 62%, Asian 70%, European/Other 72%) to say that their child ate fresh vegetables *daily or more often*, and they were more likely (41%) than parents and caregivers of other ethnicities (Maori 34%, Asian 28%, European/Other 26%) to say that their child ate fresh vegetables 1-6 days per week.

- **Tinned/frozen vegetables** – Maori parents and caregivers (59%) were more likely than parents and caregivers of other ethnicities (Pacific 41%, Asian 30%, European/Other 45%) to say that tinned or frozen vegetables were available in their home *daily*. Asian parents and caregivers (11%) were more likely than parents and caregivers of other ethnicities (Maori 2%, Pacific 2%, European/Other 3%) to say that tinned or frozen vegetables were *never* available in their home.

In homes where these foods were available, Maori parents and caregivers (37%) were more likely than parents and caregivers of other ethnicities (Pacific 30%, Asian 11%, European/Other 22%) to say that their child ate tinned or frozen vegetables *daily or more often*. Asian parents and caregivers (9%) were more likely than parents and caregivers of other ethnicities (Maori 4%, Pacific 4%, European/Other 3%) to say that their child *never* ate tinned or frozen vegetables.

- **Taro/kumara/potatoes** – Asian parents and caregivers (38%) were less likely than parents and caregivers of other ethnicities (Maori 66%, Pacific 53%, European/Other 59%) to say that taro/kumara/potatoes were available in their home *daily*. Asian parents and caregivers (18%) were more likely than parents and caregivers of other ethnicities (Maori 3%, Pacific 6%, European/Other 1%) to say that taro/kumara/potatoes were available in their home *less often* than once a week.

Similarly, when these foods were available, Asian parents and caregivers (27%) were less likely to say that their child ate taro/kumara/potatoes *daily or more often*, compared with parents and caregivers of other ethnicities (Maori 47%, Pacific 43%, European/Other 37%) and more likely to say that they ate them *less often* than once a week (21%), compared with other parents and caregivers (Maori 6%, Pacific 10%, European/Other 3%).

- **Fried potatoes** – Maori (28%) and Pacific (33%) parents and caregivers were more likely than Asian (13%) and European/Other (16%) parents and caregivers to say that fried potatoes were *never* available in their home. When these were available, Pacific and Asian parents and caregivers (6%, each) were more likely than Maori (1%) and European/Other (<1%) parents and caregivers to say that their child ate fried potatoes *daily or more often*. European/Other parents and caregivers (63%) were more likely, compared with Maori (52%), Pacific (53%) and Asian (50%) parents and caregivers, to say that their child ate fried potatoes *less often* than once a week.

1.3.3 Meats and fish

The table alongside shows the availability of different types of meats and fish in the home and how often the child chosen for the survey ate these, by ethnicity of parents and caregivers.

- **Burgers and sausages** – Maori (23%) and Pacific (20%) parents and caregivers were more likely than Asian (10%) and European/Other (9%) parents and caregivers to say that burgers and sausages were available in their home *daily*. Asian parents and caregivers (24%) were more likely than parents and caregivers of other ethnicities (Maori 4%, Pacific 3%, European/Other 7%) to say that burgers and sausages were *never* available in their home.

Parents and caregivers of European/Other ethnicity (46%) were more likely to say that burgers and sausages were available in their home *less often* than one day per week, compared with parents and caregivers of other ethnicities (Maori 30%, Pacific 27%, Asian 28%).

In homes where burgers and sausages were available, Pacific parents and caregivers (16%) were more likely to say that these were eaten *daily or more often* by their child, compared with parents and caregivers of other ethnicities (Maori 11%, Asian 10%, European/Other 2%).

- **Fried chicken or nuggets** – parents and caregivers of European/Other ethnicity (39%) were more likely than Maori (26%), Pacific (17%) and Asian (23%) parents and caregivers to say that fried chicken or nuggets were *never* available in their home. Where these foods were available in the home, Asian parents and caregivers (6%) were more likely to say that their child ate these *daily or more often*, compared with Maori (1%), Pacific (2%) and European/Other (1%) parents and caregivers.

We would like to ask you about the availability of foods and drinks in your home ... and how often [the nominated child] eats/drinks them

	Maori				Pacific				Asian				Euro/Other			
	Daily or more often [†] %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %
MEATS & FISH																
Burgers & sausages																
Availability	23	43	30	4	20	51	27	3	10	37	28	24	9	38	46	7
Frequency	11	55	31	4	16	50	32	2	10	50	37	4	2	46	47	5
Fried chicken or nuggets																
Availability	4	19	51	26	1	35	47	17	6	28	43	23	2	12	48	39
Frequency	1	30	63	6	2	34	56	7	6	45	44	6	1	22	70	7
Fried fish*																
Availability	1	33	56	10	1	35	50	15	1	11	57	32	1	12	68	20
Frequency	1	31	61	7	1	36	54	9	-	26	65	8	-	14	72	13
PIES/PASTRIES/ SNACKS/SWEETS																
Pies & pastries**																
Availability	4	31	50	15	3	35	42	19	2	31	39	28	3	17	59	21
Frequency	1	41	53	5	4	47	43	5	1	26	61	13	<1	25	68	7
Potato/corn crisps & snacks																
Availability	28	50	15	8	14	53	24	8	23	47	24	7	23	44	27	5
Frequency	23	58	16	3	16	63	17	5	11	64	24	1	16	57	25	3
Sweets/lollies/ chocolates																
Availability	9	44	40	8	4	38	46	12	12	48	35	5	9	37	47	7
Frequency	5	50	41	4	4	49	42	5	15	49	31	6	6	45	47	3
Base (availability)	287				330				78				437			

* Including fish and chips

** Savoury and sweet

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered row by row. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Fried fish** – Asian parents and caregivers (32%) were more likely to say that fried fish was *never* available in their home, compared with Maori (10%), Pacific (15%) and European/Other (20%) parents and caregivers. Where fried fish was available in their home, European/Other parents and caregivers (13%) were more likely to say that their child *never* ate it, compared with parents and caregivers of other ethnicities (Maori 7%, Pacific 9%, Asian 8%).

1.3.4 Pies, pastries, snacks and sweets

The previous table also shows the availability of pies, pastries, snacks and sweets and how often the child chosen for the survey ate these foods by ethnicity of parents and caregivers.

- **Pies and pastries** – Asian parents and caregivers (28%) were more likely to say that pies and pastries were *never* available in their home, compared with Maori (15%), Pacific (19%) and European/Other (21%) parents and caregivers. When they were available in their home, Asian parents and caregivers (13%) were more likely to say that their child *never* ate them, compared with Maori (5%), Pacific (5%) and European/Other (7%) parents and caregivers.
- **Potato/corn crisps and snacks** – Pacific parents and caregivers (14%) were less likely than parents and caregivers of other ethnicities (Maori 28%, Asian 23%, European/Other 23%) to say that potato or corn crisps and snacks were available in their home *daily*. Where potato or corn crisps and snacks were available in the home, Maori parents and caregivers (23%) were more likely to say that their child ate these *daily or more often*, compared with Pacific and European/Other (16%) and Asian (11%) parents and caregivers.
- **Sweets, lollies and chocolates** – Pacific parents and caregivers (12%) were more likely than other parents and caregivers (Maori 8%, Asian 5%, European/Other 7%) to say that sweets, lollies and chocolates were *never* available in their home. When these were available in the home, Asian parents and caregivers (15%) were more likely to say that their child ate them *daily or more often*, compared with Maori (5%), Pacific (4%) and European/Other (6%) parents and caregivers.

1.4 Availability and frequency of consuming selected foods and drinks – 5 to 16-year-old children by deprivation index

1.4.1 Beverages

The table alongside shows the availability of different types of drinks in the home and how often the child chosen for the survey drank these, by the deprivation index of the area that parents and caregivers lived in.

- **Tap water** – almost all homes had tap water available *daily* (97% in the least deprived areas, 96% in areas of mid-deprivation, 94% in the most deprived areas). Where tap water was available, parents and caregivers living in the least deprived areas (93%) were more likely than those living in the most deprived areas (84%) to say that their child drank it *daily or more often*. Conversely, parents and caregivers living in the most deprived areas (5%) and in areas of mid-deprivation (4%) were more likely to say that their child *never* drank tap water, compared with those living in the least deprived areas (1%).

We would like to ask you about the availability of foods and drinks in your home ... and how often [the nominated child] eats/drinks them

	Deprivation index 1-3					Deprivation index 4-7					Deprivation index 8-10				
	Daily or more often† %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %
BEVERAGES															
Tap water															
Availability	97	<1	-	1	2	96	<1	<1	<1	3	94	2	1	1	3
Frequency	93	1	3	2	1	91	<1	4	2	4	84	2	7	2	5
Bottled water															
Availability	16	-	12	29	43	19	1	10	21	49	27	2	13	18	41
Frequency	13	2	8	50	26	26	4	20	36	14	35	4	17	26	17
Flavoured water															
Availability	4	1	6	22	67	4	-	8	23	66	9	2	11	18	61
Frequency	6	-	17	55	23	6	-	12	55	27	15	4	18	39	25
Diet carbonated drinks															
Availability	7	1	13	37	42	6	3	17	30	44	7	3	22	28	41
Frequency	4	2	24	49	22	5	4	27	44	20	8	2	34	35	21
Full-sugar carb. drinks															
Availability	4	1	17	43	35	7	4	25	37	28	8	2	31	30	28
Frequency	2	1	27	57	14	5	2	36	50	7	9	3	41	34	13
Fruit juice															
Availability	35	7	13	35	10	23	5	28	28	16	18	5	26	31	19
Frequency	32	3	23	37	6	21	6	34	32	8	19	5	34	34	9
Other juice*															
Availability	13	2	5	21	60	23	3	14	21	39	24	5	20	22	30
Frequency	14	4	23	45	14	27	8	21	34	11	25	7	28	31	9
Low-fat/soy milk															
Availability	73	-	3	8	16	56	1	2	4	37	39	2	11	9	40
Frequency	57	5	10	9	19	55	1	6	13	25	40	6	16	16	22
Full-fat milk															
Availability	50	3	5	5	37	67	1	3	4	25	68	4	7	4	17
Frequency	65	2	14	10	11	78	3	9	7	3	67	6	14	6	7
Flavoured milk															
Availability	2	<1	10	40	48	1	1	10	45	43	4	1	16	34	45
Frequency	4	1	15	65	16	6	-	16	60	18	8	4	26	48	15
Base (availability)															
					228					199					706

* Other juice includes juice from concentrate, powder and cordials

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

- **Bottled water** – parents and caregivers living in the most deprived areas (27%) were more likely than those living in the least deprived areas (16%) and in areas of mid-deprivation (19%) to say that bottled water was available in their home *daily*. When bottled water was available, parents and caregivers living in the least deprived areas (26%) were more likely to say that their child *never* drank it, compared with those in areas of mid-deprivation (14%) and in the most deprived areas (17%). Those living in the least deprived areas (13%) were less likely to say that their child drank bottled water *daily or more often*, compared with parents and caregivers in areas of mid-deprivation (26%) and those in the most deprived areas (35%).
- **Flavoured water** – parents and caregivers living in the most deprived areas (9%) were more likely to say that flavoured water was available in the home *daily* than those living in less deprived areas (low and mid-deprivation - 4%, each). When flavoured water was available in the home, parents and caregivers living in the most deprived areas (15%) were more likely to say that their child drank it *daily or more often*, compared with those in less deprived areas (6%, each).
- **Diet carbonated drinks** – parents and caregivers living in the least deprived areas (37%) were more likely than those in areas of mid-deprivation (30%) and those in the most deprived areas (28%) to say that diet carbonated drinks were available in their home *less often* than once a week. In homes where diet carbonated drinks were available, parents and caregivers living in the most deprived areas (8%) were more likely than those living in the least deprived areas (4%), and slightly more likely than those in areas of mid-deprivation (5%), to say that their child drank these *daily or more often*.
- **Full-sugar carbonated drinks** – parents and caregivers living in the least deprived areas (35%) were more likely to say that full-sugar carbonated drinks were *never* available in their home, compared with those living in other areas (28%). Parents and caregivers in the most deprived areas (8%) were more likely, and those in areas of mid-deprivation (7%) were slightly more likely, than those in the least deprived areas (4%) to say that full-sugar carbonated drinks were available *daily*.
In homes where these drinks were available, parents and caregivers in the most deprived areas (9%) were more likely to say that their child drank these *daily or more often*, compared with those in the least deprived areas (2%) and in areas of mid-deprivation (5%).
- **Fruit juice** – parents and caregivers living in the least deprived areas (35%) were more likely to say that fruit juice was available in their home *daily* than those living in areas of mid-deprivation (23%) and in the most deprived areas (18%). Conversely, those living in the least deprived areas (10%) were less likely than those in areas of mid-deprivation (16%) and those in the most deprived areas (19%) to say that it was *never* available. When fruit juice was available in homes, parents and caregivers in the least deprived areas (32%) were more likely to say that their child drank it *daily or more often*, compared with those in areas of mid-deprivation (21%) and those in the most deprived areas (19%).
- **Other juice** – parents and caregivers living in the least deprived areas (13%) were less likely than those living in areas of mid-deprivation (23%) and in the most deprived areas (24%) to say that other juices were available in their home *daily*. Parents and caregivers living in the least deprived areas (60%) were more likely than those living in areas of mid-deprivation (39%) and those living in the most deprived areas (30%) to say that other juices were *never* available in their home. In homes where other juices were available, parents and caregivers in the least deprived areas (14%) were less likely to say that their child drank these types of juice *daily*, compared with parents and caregivers in areas of mid-deprivation (27%) and in the most deprived areas (25%).
- **Low-fat/soy milk** – parents and caregivers living in the least deprived areas (73%) were more likely than those in areas of mid-deprivation (56%) and those in the most deprived areas (39%) to say that low-fat or soy milk was available in their home *daily*. Conversely, parents and caregivers in the most deprived areas (40%) and in areas of mid-deprivation (37%) were more likely than those in the least deprived areas (16%) to say that low-fat or soy milk was *never* available. Where low-fat or soy milk was available, parents and caregivers in the least deprived areas (57%) and those in areas of mid-deprivation (55%) were more likely than those in the most deprived areas (40%) to say that their child drank this *daily or more often*.

- **Full-fat milk** – parents and caregivers in the least deprived areas (50%) were less likely than those in areas of mid-deprivation (67%) and the most deprived areas (68%) to say that full-fat milk was available in their home *daily*, and more likely to say that it was *never* available (37%), compared with those in areas of mid-deprivation (25%) and in the most deprived areas (17%). In homes where full-fat milk was available, parents and caregivers in the least deprived areas (11%) were more likely to say that their child *never* drank it, compared with those in areas of mid-deprivation (3%), and those in the most deprived areas (7%). Parents and caregivers in areas of mid-deprivation (78%) were more likely than those in the least deprived areas (65%) and the most deprived areas (67%) to say that their child drank it *daily or more often*.
- **Flavoured milk** – parents and caregivers in the most deprived areas (4%) were more likely than those in the least deprived areas (2%) and in areas of mid-deprivation (1%) to say that flavoured milk was available in their home *daily*. When flavoured milk was available, parents and caregivers in the most deprived areas (8%) were more likely to say that their child drank it *daily or more often*, compared with those in the least deprived areas (4%).

1.4.2 Fruit and vegetables

The table alongside shows the availability of different types of fruit and vegetables in the home and how often the child chosen for the survey ate these, by the deprivation index of the area parents and caregivers lived in.

- **Fresh fruit** – parents and caregivers living in the least deprived areas (96%) and in areas of mid-deprivation (94%) were more likely than those living in the most deprived areas (81%) to say that fresh fruit was available in their home *daily*. When fresh fruit was available, parents and caregivers living in the least deprived areas (84%) were more likely than those in the most deprived areas (74%) to say that their child ate this *daily or more often*.
- **Tinned/frozen fruit** – parents and caregivers in the least deprived areas (40%) and in areas of mid-deprivation (35%) were more likely than those in the most deprived areas (29%) to say that tinned or frozen fruit was available *daily*. When tinned or frozen fruit was available in homes, there was little variation between parents and caregivers living in areas with different deprivation indexes with regard to the frequency with which they said that their child ate this type of fruit.
- **Fresh vegetables** – parents and caregivers living in the least deprived areas (84%) and in areas of mid-deprivation (82%) were more likely than those living in the most deprived areas (69%) to say that fresh fruit and vegetables were available in their home *daily*. In homes where fresh vegetables were available, parents and caregivers in the most deprived areas (55%) were less likely than those in the least deprived areas (77%) and in areas of mid-deprivation (71%) to say that their child ate these *daily or more often*.

We would like to ask you about the availability of foods and drinks in your home ... and how often [the nominated child] eats/drinks them

	Deprivation index 1-3					Deprivation index 4-7					Deprivation index 8-10				
	Daily or more often† %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %
FRUIT & VEGETABLES															
Fresh fruit															
Availability	96	2	2	<1	-	94	3	3	<1	-	81	8	9	2	<1
Frequency	84	4	6	2	3	80	5	9	5	1	74	10	12	2	2
Tinned or frozen fruit															
Availability	40	3	23	25	9	35	5	21	31	9	29	3	33	27	8
Frequency	9	4	36	43	9	7	4	36	42	11	8	5	41	36	10
Fresh vegetables															
Availability	84	9	6	<1	1	82	11	8	-	-	69	13	16	2	<1
Frequency	77	11	11	1	1	71	10	18	1	-	55	16	23	5	1
Tinned/frozen vegetables															
Availability	42	7	35	12	3	48	7	33	8	4	47	11	30	9	4
Frequency	20	13	47	16	4	25	10	50	12	4	30	15	37	14	5
Taro/kumara/potatoes*															
Availability	54	13	30	3	1	62	11	24	3	-	57	8	29	5	1
Frequency	35	14	46	4	1	38	17	38	6	2	42	14	34	8	2
Fried potatoes**															
Availability	7	<1	21	55	17	7	1	28	49	16	6	1	26	42	24
Frequency	-	-	33	63	4	2	4	31	62	1	2	2	43	50	3
Base (availability)	228					199					706				

* Boiled or baked

** Hot potato or kumara chips, French Fries, wedges and hash browns

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered row by row. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Tinned/frozen vegetables** – there was little variation between parents and caregivers living in areas with different deprivation indexes with regard to the frequency with which they said that tinned or frozen vegetables were available in their home (these types of vegetables were available in around 4 out of 10 homes). When tinned or frozen vegetables were available in the home, parents and caregivers living in the most deprived areas (30%) were more likely than those living in the least deprived areas (20%), and slightly more likely than those in areas of mid-deprivation (25%), to say that their child ate these *daily or more often*.
- **Taro/kumara/potatoes** – there was little variation between parents and caregivers living in areas with different deprivation indexes with regard to the frequency with which they said that taro/kumara/potatoes were available in their home (these vegetables were available in between 5 and 6 out of 10 homes). Similarly, in homes where these vegetables were available, there was relatively little difference with regard to the frequency with which parents and caregivers said that the child ate these vegetables (around 4 out of 10 parents and caregivers said their child ate taro/kumara/potatoes daily or more often).
- **Fried potatoes** – parents and caregivers living in the most deprived areas (24%) were more likely, compared with those in the least deprived areas (17%) and in areas of mid-deprivation (16%), to say that fried potatoes were *never* available in their home. When they were available in the home, parents and caregivers living in the most deprived areas (50%) were less likely than those in the least deprived areas (63%) and in areas of mid-deprivation (62%) to say that fried potatoes were available *less often* than once a week.

1.4.3 Meats and fish

The table alongside shows the availability of different types of meats and fish in the home and how often the child chosen for the survey ate these foods, by the deprivation index of the area that parents and caregivers lived in.

- **Burgers and sausages** – parents and caregivers living in the most deprived areas (18%) were more likely to say that burgers and sausages were available in their home *daily*, compared with those living in the least deprived areas (10%) and in areas of mid-deprivation (9%). In homes where burgers and sausages were available, parents and caregivers living in the most deprived areas (12%) were more likely than those living in the least deprived areas (1%) and in areas of mid-deprivation (6%) to say that their child ate these *daily or more often*.
- **Fried chicken or nuggets** – parents and caregivers living in the least deprived areas (41%) were more likely than those living in the most deprived areas (27%) and in areas of mid-deprivation (30%) to say that fried chicken or nuggets were *never* available in their home. When fried chicken or nuggets were available in the home, there was little variation between parents and caregivers in areas with different deprivation indexes with regard to the frequency with which they said that their child ate this type of food.

We would like to ask you about the availability of foods and drinks in your home ... and how often [the nominated child] eats/drinks them

	Deprivation index 1-3					Deprivation index 4-7					Deprivation index 8-10				
	Daily or more often† %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %
MEATS & FISH															
Burgers & sausages															
Availability	10	1	31	50	8	9	1	43	38	9	18	5	40	30	7
Frequency	1	<1	41	54	5	6	1	52	39	3	12	3	50	31	4
Fried chicken or nuggets															
Availability	4	<1	13	42	41	1	1	14	56	30	3	1	22	48	27
Frequency	2	1	24	67	6	-	-	27	66	7	2	1	31	60	7
Fried fish*															
Availability	1	-	10	68	21	<1	-	13	68	19	1	1	29	53	16
Frequency	-	-	14	72	14	-	-	18	71	11	1	1	30	59	9
PIES/PASTRIES/ SNACKS/SWEETS															
Pies & pastries**															
Availability	3	<1	19	58	20	3	-	15	59	23	4	1	31	45	20
Frequency	-	1	25	67	7	-	1	21	70	9	2	3	40	50	5
Potato/corn crisps & snacks															
Availability	21	11	37	28	4	26	8	34	25	8	24	9	40	20	7
Frequency	12	8	53	24	3	16	12	46	25	1	23	13	42	18	5
Sweets/lollies/ chocolates															
Availability	13	1	37	42	7	4	3	36	53	4	8	3	39	39	11
Frequency	9	2	41	46	2	2	2	48	44	4	8	4	44	40	4
Base (availability)	228					199					706				

* Including fish and chips

** Savoury and sweet

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered *row by row*. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Fried fish** – parents and caregivers in the least deprived areas (21%) were more likely, and those in areas of mid-deprivation (19%) were slightly more likely, than those living in the most deprived areas (16%) to say that fried fish was *never* available in their home. Parents and caregivers living in the most deprived areas (29%) were more likely than those living in the least deprived areas (10%) and in areas of mid-deprivation (13%) to say that it was available *1 to 4 days per week*. When fried fish was available, parents and caregivers in the least deprived areas (14%) were more likely than those in the most deprived areas (9%) to say that their child *never* ate fried fish.

1.4.4 Pies, pastries, snacks and sweets

The previous table also shows the availability of pies, pastries, snacks and sweets and how often the child chosen for the survey ate these foods by the deprivation index of the area that parents and caregivers lived in.

- **Pies and pastries** – parents and caregivers living in areas of mid-deprivation (23%) were slightly more likely than those in other areas (20%, each) to say that pies and pastries were *never* available in their home. In homes where pies and pastries were available, parents and caregivers in the most deprived areas (40%) were more likely to say that their child ate these *1 to 4 days per week*, compared with those in the least deprived areas (25%) and in areas of mid-deprivation (21%). Those in the less deprived areas (70% in areas of mid deprivation and 67% in areas of least deprivation) were more likely than those in the most deprived areas (50%) to say that their child ate pies and pastries *less often* than once a week.
- **Potato/corn crisps and snacks** – less likely to say that potato or corn crisps and snacks were *never* available in their home were parents and caregivers in the least deprived areas (4%), compared with those in areas of mid-deprivation (8%) and in the most deprived areas (7%). When these were available in the home, parents and caregivers in the most deprived areas (23%) were more likely to say that their child ate these *daily or more often*, compared with those in the least deprived areas (12%) and in areas of mid-deprivation (16%).

- **Sweets/lollies/chocolates** – parents and caregivers in the most deprived areas (11%) were more likely to say that sweets, lollies and chocolates were *never* available in their home, compared with those in the least deprived areas (7%) and in areas of mid-deprivation (4%). When these were available in the home, parents and caregivers in the least (9%) and most (8%) deprived areas were more likely than those in areas of mid-deprivation (2%) to say that their child ate these *daily or more often*.

1.5 Changes in food and drinks consumed by children

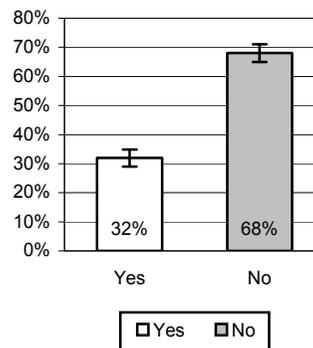
1.5.1 Changes in the last 6 months in the kinds of foods and drinks consumed by children

Parents and caregivers were asked if there had been any changes in the kinds of foods and drinks that the child chosen for the survey had eaten or drunk over the last 6 months.

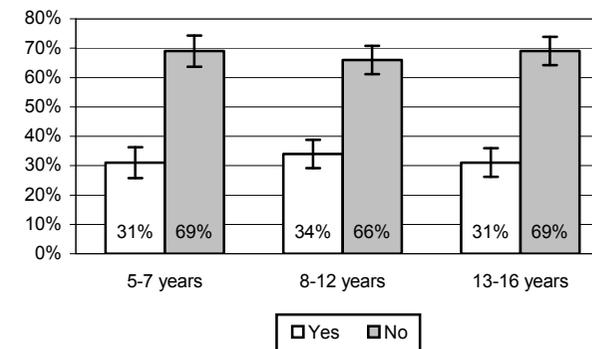
- Almost one-third (32%) of parents and caregivers said *yes* there had been changes in the kinds of foods and drinks their child had had over the last 6 months, while just over two-thirds (68%) said *no*.
- The proportion of parents and caregivers who said that there had been changes in the kinds of foods and drinks that their child had had over the last 6 months was similar, regardless of the age of the child they were talking about.
- Asian parents and caregivers were less likely than parents and caregivers of all other ethnicities to say that there had been changes (21%, compared with figures of 26% for Pacific parents and caregivers and 34%, each, for Maori parents and caregivers and those of European/Other ethnicity).
- Parents and caregivers living in the most deprived areas were less likely (28%) than those living in areas of mid-deprivation (33%) and those living in the least deprived areas (35%) to say that there had been changes in the kinds of foods and drinks that their child had had over the last 6 months.

Have there been any changes in the kinds of foods and drinks that [nominated child] has, over the last 6 months?

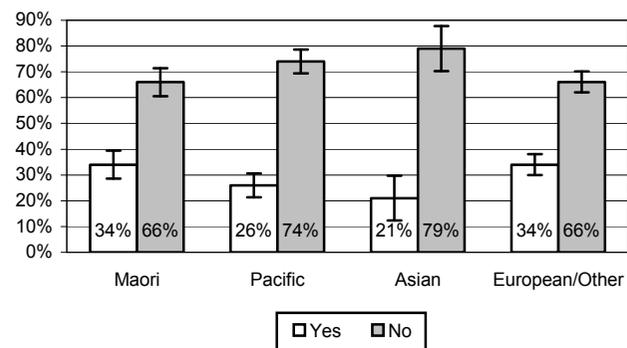
All parents/caregivers



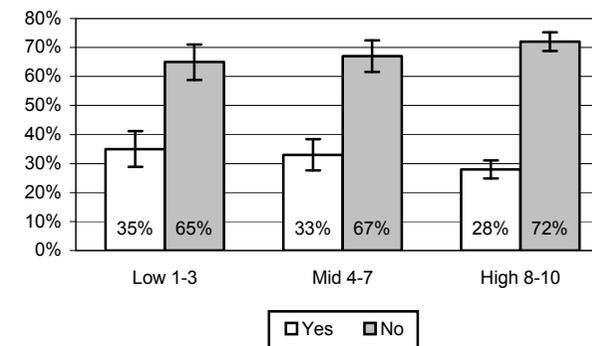
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Female parents and caregivers were more likely than male parents and caregivers to say that there had been changes over the last 6 months in the kinds of foods and drinks their child had eaten and drunk.
- Parents and caregivers aged 35 to 44 years were more likely than other parents and caregivers to say that there had been changes in the kinds of foods and drinks that their child had had over the last 6 months.
- Parents and caregivers living in rural areas were more likely than those living in urban areas to say that there had been changes.
- Parents and caregivers living in *extended families* were less likely to say that there had been changes than those living in other types of household.
- Parents and caregivers whose annual household income was \$20,000 to \$40,000 were less likely to say that there had been changes in the kinds of food and drinks their child had had over the last 6 months than parents and caregivers with lower and higher incomes.

Have there been any changes in the kinds of foods and drinks that [nominated child] has, over the last 6 months

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	25	34	30	35	29	31	34	31	30	39	32
No	76	66	70	65	71	69	66	69	70	61	68
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	34	26	21	34	34	33	23	30	32
No	66	74	79	66	66	67	77	70	68
Base	287	330	78	437	253	645	156	79	1133

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	37	25	31	35	35	33	28	32
No	63	75	69	65	65	67	72	68
Base	180	322	224	368	228	199	706	1133

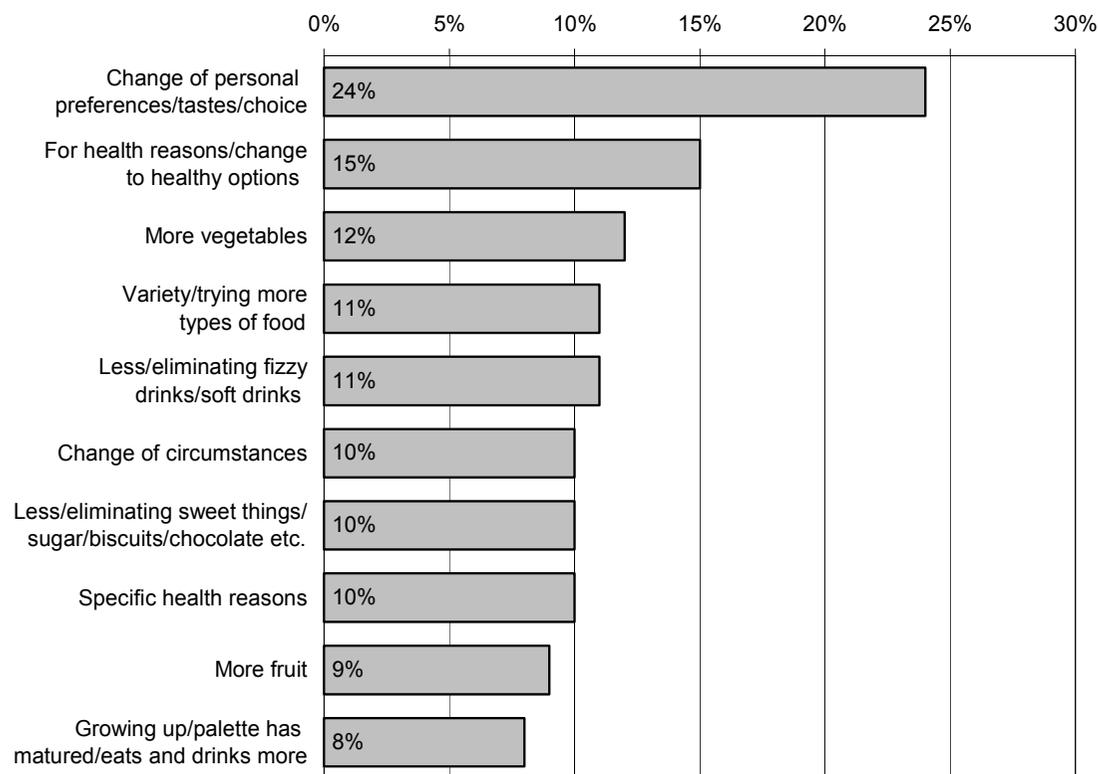
Note: "Don't know" responses are not shown in tables where the figures are <1%.

1.5.2 What were the changes and why

Parents and caregivers who said that there had been changes in the kinds of foods and drinks that their child had had over the last 6 months were asked what the changes were and why they had been made. The top 10 reasons given are shown in the chart alongside.

- The most common change mentioned was *change of personal preferences/tastes/choice* (24%).
- Almost one-sixth (15%) of parents and caregivers said that changes in the kind of foods and drinks that their child had had over the last 6 months were for *health reasons/change to healthy options*, while just over one-tenth (12%) said that their child now ate *more vegetables*.
- Just over one-tenth (11%) of parents and caregivers said that the changes were due to *variety/trying more types of food* and the same proportion (11%) mentioned *less/eliminating fizzy drinks/soft drinks* as the changes in the kinds of things that their child had had over the last 6 months.
- Ten percent (10%) of parents and caregivers said that *change of circumstances* was the reason why their child had changed the kinds of foods and drinks she/he had had over the last 6 months, while 10% mentioned *less/eliminating sweet things/sugar/ biscuits/chocolate etc* as the reason for the changes.
- Ten percent (10%) of parents and caregivers said that their child had *specific health reasons* to make changes and 9% said that their child had had *more fruit* in the last 6 months.
- Eight percent (8%) of parents and caregivers said that *growing up/palette has matured/eats and drinks more* was the reason why these changes had taken place.

What were the changes and why?



Unweighted base = 344 – all parents/caregivers who said that there had been changes in the kinds of foods and drinks that their child had had over the last 6 months.

What were the changes and why ... Top 10 mentions

- Parents and caregivers talking about children aged 8 to 12 years old were more likely than those talking about 13 to 16-year-olds to have said that there had been changes in the kinds of foods and drinks their child had had over the last 6 months due to *change of personal preferences/tastes/choice*. Parents and caregivers of 5 to 7-year-olds were less likely than other parents and caregivers to have mentioned *less/eliminating fizzy drinks/soft drinks* as reasons for changes.
- Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to have said that changes had been *for health reasons/change to healthy options*. Asian parents and caregivers were less likely than those of other ethnicities to have said that their child had eaten *more vegetables* over the last 6 months.
- Parents and caregivers living in the least deprived areas were more likely than those living in other areas to say that the changes were due to *change of personal preferences/tastes/choice*. Parents and caregivers in the most and least deprived areas were less likely than those in areas of mid-deprivation to say that *change of circumstances* was the reason for changes in the kind of foods and drinks that their child had had over the last 6 months.

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Change of personal preferences/tastes/choice	26	29	17	15	20	25	27	32	16	22	24
For health reasons/change to healthy options	13	17	15	19	19	37	11	14	12	21	15
More vegetables	18	9	12	14	12	4	13	9	14	15	12
Variety/trying more types of food	13	13	8	8	15	22	11	6	16	14	11
Less/eliminating fizzy drinks/soft drinks	3	13	16	10	18	14	10	9	14	9	11
Change of circumstances	11	4	17	18	9	18	7	7	18	7	10
Less/eliminating sweet things/sugar/biscuits/chocolate etc.	10	6	14	10	9	11	10	12	10	6	10
Specific health reasons	11	11	7	8	3	11	11	12	10	6	10
More fruit	6	12	8	13	10	11	8	7	12	10	9
Growing up/palette has matured/eats and drinks more	5	9	9	2	12	-	10	7	8	9	8
Base	108	138	98	95	82	17	149	81	71	192	344

Reader Note: The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.

The main reasons mentioned by parents and caregivers for changes in the kinds of food and drinks their child had had over the last six months were as follows:

Change of personal preferences/tastes/choice (mentioned by 24% of parents and caregivers) ...

"Seems to enjoy eating spicy foods now." (m)

"Gone off toast and back to Weetbix and smoothies." (m)

"Changes mind all the time." (o)

"He discovers new foods he likes." (o)

"Gone off eggs." (p)

"She likes porridge and Fruit Loops instead of Weetbix." (m)

"Sometimes he doesn't like stuff cold." (o)

"Media influence compels change." (o)

"We tried a new cereal because kids saw it on telly and wanted to try it." (o)

"Loves egg sandwiches for lunch." (m)

For health reasons/change to healthy options (mentioned by 15% of parents and caregivers) ...

"Trying to get into good healthy eating habits." (p)

"More aware of making healthy choices." (o)

"Good for you." (m)

"A lot less unhealthy foods in the house." (o)

"From unhealthy food to more healthy diet." (o)

"Be more careful what we eat." (o)

More vegetables (mentioned by 12% of parents and caregivers) ...

"Trying to encourage veges." (o)

"Starting to eat his veges." (m)

"He eats more salads." (m)

Variety/trying more types of food (mentioned by 11% of parents and caregivers) ...

"Trying new foods." (p)

"He has increased the variety of foods he eats." (o)

"Try to vary diet." (m)

"He gets bored with the same tastes of cereals and asks for a variety." (m)

"He's been introduced to different foods in the last 6 months." (m)

"Different foods she eats and drinks." (p)

Less/eliminating fizzy drinks/soft drinks (mentioned by 11% of parents and caregivers) ...

"Stopped drinking fizzy drinks." (o)

"Juice instead of fizzy drinks." (p)

"Don't drink Coke anymore." (o)

Change of circumstances (mentioned by 10% of parents and caregivers) ...

"He only came to live with me recently." (m)

"Has just come here from Samoa so food has changed." (p)

"Coming from England big changes." (o)

"Had sit down lunch at Kohanga but now goes to school so has sandwiches or a cold lunch." (m)

"Previously she was living with her other Nan." (m)

"We have shifted to live in the country." (o)

"Has braces at present and some foods are restricted to avoid damage." (o)

Less/eliminating sweet things/sugar/biscuits/chocolate/cakes/sweets (mentioned by 10% of parents and caregivers) ...

"Eliminating chocs." (p)

"only get lollies for a treat." (m)

"reduce sugar intake." (m)

Specific health reasons (mentioned by 10% of parents and caregivers) ...

"Because he's got very bad eczema and asthma." (p)

"For his teeth." (p)

"Teeth problems." (m)

"Too many fillings." (m)

"Because of her bowel condition." (o)

"My husband diabetic so changed his diet and we changed as well." (m)

"Because of the incident with his kidneys last year." (p)

"More fibre to help bowels work properly." (o)

More fruit (mentioned by 9% of parents and caregivers) ...

"Eats fruit every day." (p)

"Nuts/cashews/dried fruit." (p)

"He's started to like apples." (o)

Growing up/palate has matured/eats and drinks more (mentioned by 8% of parents and caregivers) ...

"Growing up and needs more bulky foods." (o)

"Eats more things like roast potatoes as she's got older." (o)

"Eating more adult foods." (o)

"She is growing her own taste buds." (m)

"He is getting older." (p)

"She is growing and gets hungry and eats more." (o)

"Eats and drinks more now." (m)

Key: m = Maori, p = Pacific peoples,
a = Asian peoples, o = European/Other

Other changes in the kinds of foods and drinks their child had eaten and drunk, and the reasons for these changes, mentioned by less than 8% of parents and caregivers were ...

- Change of lifestyle.
- Sport/exercise.
- Financial reasons/money.
- Encouraged at school.
- Less takeaways/junk food/more home cooking.
- More takeaways.
- Change of season/summer foods to winter foods.
- More meat/chicken/fish.
- Milk (change of type).
- Bread/rice (change of type).
- Vitamins/protein/iron.

- More sweet things/chocolate.
- More water.
- Less/eliminating chippies/Cheezels/noodles.
- Less red meat/meat/dairy products.
- Less fatty foods.
- Obesity/weight loss/to lose weight/diet.
- Become more educated/more aware.
- Cheating (eg, sneaking fizzy drink, pies).
- Sitting down to eat more often.

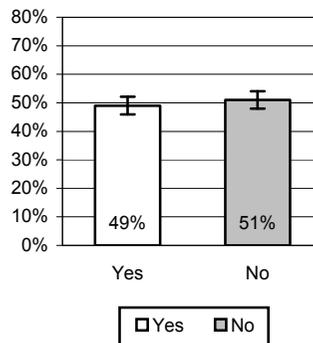
1.5.3 Changes in the last 6 months in the amounts of food and drink consumed by children

Parents and caregivers were asked if there had been any changes in the amounts of food and drink that the child chosen for the survey had had over the last 6 months.

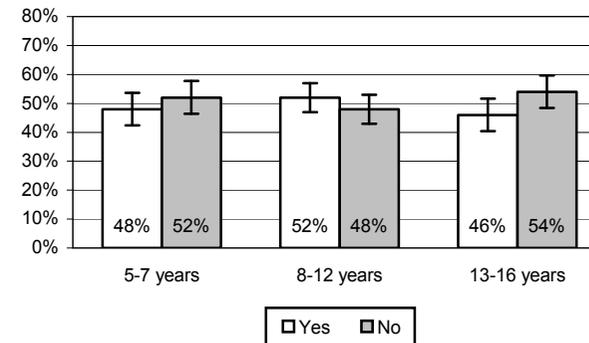
- Almost one-half (49%) of parents and caregivers said *yes* there had been changes in the amounts of food and drink that their child had had over the last 6 months and just over one-half (51%) said *no*.
- Parents and caregivers talking about 13 to 16-year-olds were less likely (46%) than those talking about 8 to 12-year-olds (52%) to say that there had been changes in the amounts of food and drink their child had had over the last 6 months.
- Asian parents and caregivers were less likely than other parents and caregivers to say that there had been changes in the amounts of food and drink their child had had over the last 6 months (39%, compared with 46% for Pacific parents and caregivers, 50% for European/Other parents and caregivers and 53% for Maori parents and caregivers).
- Parents and caregivers in the most deprived areas were slightly less likely than other parents and caregivers to say that there had been changes in the amounts of food and drink their child had had over the last 6 months (46%, compared with 49% for those in areas of mid-deprivation and 51% for those in the least deprived areas).

Have there been any changes in the amounts she/he drinks, over the last 6 months

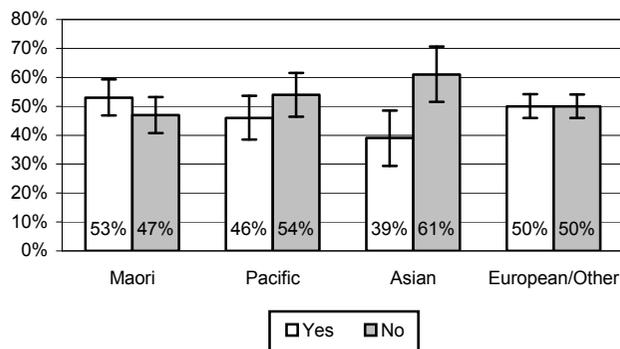
All parents/caregivers



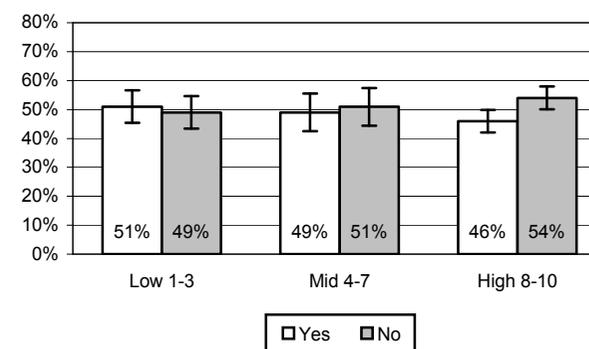
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Female parents and caregivers were slightly more likely than male parents and caregivers to say yes there had been changes in the amounts of food and drink their nominated child had had over the last 6 months.
- Younger parents and caregivers were slightly more likely than older ones to say yes there had been changes in the amounts of food and drink their child had had over the last 6 months.
- Parents and caregivers in a *2-parent family* were more likely than those living in other types of household to say yes there had been changes.
- Parents and caregivers with an annual household income over \$60,000 were slightly more likely to say that there had been changes in the amounts of food and drink their child had had in the last 6 months, compared with parents and caregivers with an annual household income less than \$60,000.

Have there been any changes in the amounts she/he drinks, over the last 6 months

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	44	50	55	50	44	48	52	46	49	49	49
No	56	50	45	51	56	52	48	54	51	51	51
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	53	46	39	50	43	52	39	42	49
No	47	54	61	50	57	48	61	58	51
Base	287	330	78	437	253	645	156	79	1133

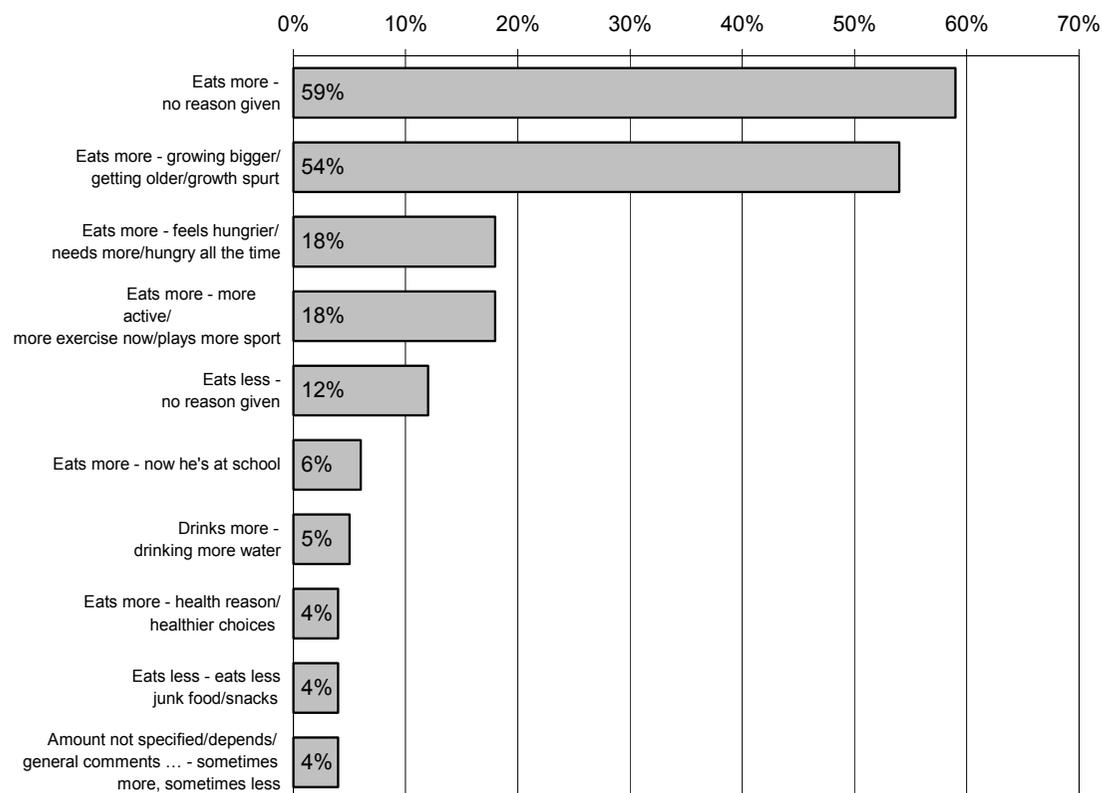
	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	48	43	47	54	51	49	46	49
No	52	57	53	46	49	51	54	51
Base	180	322	224	368	228	199	706	1133

1.5.4 What were the changes and why is this

Parents and caregivers who said there had been changes in the amounts of food and drink that their child had had over the last 6 months were asked how the amounts were different and why. The top 10 answers are shown alongside.

- Two changes were mentioned most frequently in response to this question: *eats more* but with no specific reason given (59%) and *eats more [because they are] growing bigger/getting older/growth spurt* (54%).
- Two other changes, each mentioned by around one-fifth (18%) of parents and caregivers, also related to children eating more. The reasons for this change were, firstly, because the children were hungrier and, secondly, because they were more active.

What were the changes and why is this



Unweighted base = 344 – all parents/caregivers who said that there had been changes in the kinds of foods and drinks that their child had had over the last 6 months.

- Parents and caregivers talking about 13 to 16-year-olds were less likely than those talking about younger children to mention both of these changes (ie, about their child eating more), and were more likely than other parents and caregivers to say changes were because their child *eats less*, again with no specific reason given. Parents and caregivers talking about 5 to 7-year-olds were more likely than other parents and caregivers to say their child *eats more* – *now she/he's at school*.
- Maori parents and caregivers were more likely than parents and caregivers of other ethnicities to say their child *eats more* but with no reason given. Parents and caregivers of European/Other ethnicity were more likely than other parents and caregivers to say changes were because their child *eats more [because they are] growing bigger/getting older/growth spurt*. Asian parents and caregivers were less likely than other parents and caregivers to say changes were because their child *eats more* because they are hungrier or *eats less* but with *no reason given*.
- Parents and caregivers from the most deprived areas were less likely to give *eats more [because the child] feels hungrier/needs more/hungry all the time* as a reason.

What were the changes and why is this ... Top 10 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Eats more - no reason given	75	59	42	72	61	65	54	63	53	59	59
Eats more - growing bigger/getting older/growth spurt	58	59	43	48	46	35	60	59	53	49	54
Eats more - feels hungrier/needs more/hungry all the time	16	22	15	11	18	8	21	20	22	12	18
Eats more - more active/more exercise now/plays more sport	23	15	17	21	12	14	18	22	13	16	18
Eats less - no reason given	5	10	22	10	14	3	14	14	8	14	12
Eats more - now he's at school	18	2	1	8	3	2	6	9	3	4	6
Drinks more - drinking more water	3	4	7	4	1	4	5	3	9	2	5
Eats more - health reason/healthier choices	3	4	5	5	2	7	3	2	7	3	4
Eats less - eats less junk food/snacks	3	4	5	3	3	-	4	3	5	3	4
Amount not specified/depends/general comments ... - sometimes more, sometimes less	3	3	5	2	7	4	4	2	6	3	4
Base	170	212	147	138	141	30	219	115	103	311	529

The main changes mentioned by parents and caregivers in the amounts of food and drink their child had had over the last six months, and why this was, were as follows:

Eats more – no reason given (mentioned by 59% of parents and caregivers).

Eats more – growing bigger/getting older/growth spurt (mentioned by 54% of parents and caregivers) ...

"Becoming a teenager." (o)

"He's a growing lad." (o)

"Body is changing." (o)

"Growing fast." (m)

Eats more – feels hungrier/needs more/hungry all the time (mentioned by 18% of parents and caregivers)

...

"Gets hungry." (p)

"Needs more." (p)

"More craving for food." (a)

"Good appetite." (o)

"Bigger breakfast." (o)

Eats more – more active/more exercise now/plays more sport (mentioned by 18% of parents and caregivers) ...

"Burns more energy." (p)

"A lot more active in sport." (m)

"Have started her at netball." (p)

"He plays rugby." (p)

"More mentally active." (o)

"Working very hard now." (a)

Eats less – no reason given (mentioned by 12% of parents and caregivers).

Eats more – now he's at school (mentioned by 6% of parents and caregivers) ...

"When he started school his appetite grew." (m)

"A lot busier since he started school." (m)

"Eats more at school." (o)

Drinks more - (mentioned by 5% of parents and caregivers) ...

"Drinking more water." (o)

Eats more – health reasons/healthier choices (mentioned by 4% of parents and caregivers) ...

"Mum is feeding him more healthy food." (m)

"More of the healthy stuff." (o)

Eats less – junk food/snacks (mentioned by 4% of parents and caregivers) ...

"Cutting out snacks." (o)

"Less snacks." (p)

"Reduced fat and sugar intake." (o)

"Reduced Coke." (o)

Amount not specified/ depends/the same – sometimes more sometimes less (mentioned by 4% of parents and caregivers) ...

"Goes through phases." (o)

"Sometimes good appetite, sometimes not." (o)

"Depends on his mood." (p)

"Depends how she feels." (p)

"Sometimes a lot, sometimes little." (o)

Key: m = Maori, p = Pacific peoples,
a = Asian peoples, o = European/Other

Other reasons for changes in the amounts of food and drink and why this was, given by less than 4% of parents and caregivers were ...

Eats more ...

- Colder weather.
- Wants snacks between meals.
- Wants seconds.
- Variety/discovering new foods.
- Eating more junk food.
- Likes eating.
- Eating more fruit and vegetables.

Eats less ...

- Health reasons.
- To lose weight.
- Smaller portions.
- Not so hungry anymore/more selective.
- At school now.
- Peer pressure.
- Sports/exercise.

Amount not specified/general ...

- Amount not specified/depends/the same.
- Becoming educated.
- Health reasons.
- Change of circumstances/shifted.
- Other/busy/weather/smoking/no time.

1.6 Availability and frequency of consuming selected foods and drinks – parents and caregivers by age of their child

Parents and caregivers also were asked about how often they ate and drank the selected foods and drinks included in the survey. Their answers are shown along with their earlier answers about the availability of these foods in their home.

As with the results for children, parents and caregivers answers are shown by the three age groups of the children being talked about, the parents and caregivers' ethnicity and the deprivation index of the area they lived in.

The answers of all parents and caregivers to the questions about which of these foods they eat and drink are in sections 1.10 to 1.12, where their answers are compared with those of their child.

1.6.1 Beverages

The table alongside shows the availability of different types of drinks in the home and how often the **parent or caregiver** drank these, for each of the three children's age groups.

- **Tap water** – almost all parents and caregivers said that tap water was available in their homes *daily* (parents and caregivers of 5 to 7-year-olds 96%, 8 to 12-year-olds 95% and 13 to 16-year-olds 96%). When tap water was available in their home, parents and caregivers talking about 5 to 7-year-olds (90%) were more likely than parents and caregivers talking about 8 to 12-year-olds (83%) and 13 to 16-year-olds (82%) to say that they drank it *daily or more often*..

Reader Note: Figures in the table should be considered *row by row*. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the *total* who said the item was available in the home.

The next questions are about what you yourself eat and drink, from foods available at home

	Parent/caregiver of child 5-7 years old					Parent/caregiver of child 8-12 years old					Parent/caregiver of child 13-16 years old				
	Daily or more often† %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %
BEVERAGES															
Tap water															
Availability	96	1	<1	1	2	95	1	<1	<1	4	96	<1	1	-	2
Frequency	90	2	3	2	4	83	3	6	4	4	82	3	6	4	5
Bottled water															
Availability	15	1	11	25	49	22	1	10	24	44	23	1	15	20	40
Frequency	17	2	25	38	19	27	4	14	33	23	24	5	15	31	25
Flavoured water															
Availability	3	1	6	16	75	5	1	8	25	60	8	1	9	20	61
Frequency	8	1	24	35	32	8	1	13	36	42	9	1	12	36	42
Diet carbonated drinks															
Availability	5	4	9	31	53	5	1	20	34	41	10	2	23	31	33
Frequency	7	4	20	43	26	6	1	20	39	35	10	1	22	32	36
Full-sugar carb. drinks															
Availability	5	3	19	34	39	6	2	22	43	27	8	1	31	32	28
Frequency	8	2	34	41	16	3	2	22	41	32	5	2	20	38	34
Fruit juice															
Availability	24	6	22	34	14	25	3	22	34	16	29	8	22	27	14
Frequency	14	2	26	45	13	9	4	24	42	21	12	4	32	34	18
Other juice*															
Availability	14	4	12	21	49	21	3	11	24	41	22	2	14	19	44
Frequency	7	4	19	33	38	9	3	13	23	53	8	3	16	30	43
Low-fat/soy milk															
Availability	48	1	6	9	36	56	<1	5	8	32	67	1	6	5	21
Frequency	62	3	11	10	14	62	2	12	9	14	67	5	9	9	11
Full-fat milk															
Availability	67	2	5	5	22	59	4	6	5	27	57	2	3	3	34
Frequency	57	4	10	16	14	51	2	14	10	23	48	3	14	10	26
Flavoured milk															
Availability	3	1	14	39	43	2	1	11	41	45	2	1	10	38	49
Frequency	3	1	14	37	46	1	1	8	29	61	-	<1	7	29	64
Base (availability)	346					454					333				

* Other juice includes juice from concentrate, powder and cordials

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

- **Bottled water** – parents and caregivers talking about 5 to 7-year-olds (49%) were more likely to say that bottled water was *never* available in their home, compared with parents and caregivers talking about 8 to 12-year-olds (44%) and 13 to 16-year-olds (40%). In homes where bottled water was available, parents and caregivers talking about 8 to 12-year-olds (27%) and 13 to 16-year-olds (24%) were more likely than those talking about 5 to 7-year-olds (17%) to say that they (ie, the parent/caregiver) drank it *daily or more often*.
- **Flavoured water** – parents and caregivers talking about 5 to 7-year-olds (75%) were more likely to say that flavoured water was *never* available in their home, compared with parents and caregivers talking about 8 to 12-year-olds (60%) and 13 to 16-year-olds (61%). When flavoured water was available in the home, parents and caregivers talking about older children (8 to 12-year-olds (42%) and 13 to 16-year-olds (42%)) were more likely than those talking about younger children (5 to 7-year-olds (32%)) to say that they *never* drank it.
- **Diet carbonated drinks** – parents and caregivers talking about 5 to 7-year-olds (53%) were more likely than parents and caregivers talking about older children (8 to 12-year-olds (41%) and 13 to 16-year-olds (33%)) to say that diet carbonated drinks were *never* available in their home. Parents and caregivers talking about 13 to 16-year-olds (10%) were more likely than those talking about younger children (8 to 12-year-olds (5%) and 5 to 7-year-olds (5%)) to say that these types of drinks were available *daily*.
In homes where diet carbonated drinks were available, parents and caregivers talking about 8 to 12-year-olds (35%) and 13 to 16-year-olds (36%) were more likely than those talking about 5 to 7-year-olds (26%) to say that they *never* drank these types of drinks.
- **Full-sugar carbonated drinks** – parents and caregivers talking about 5 to 7-year-old children (39%) were more likely than parents and caregivers talking about older children (8 to 12-year-olds (27%) and 13 to 16-year-olds (28%)) to say that full-sugar carbonated drinks were *never* available in their home. When these types of drinks were available, parents and caregivers talking about older children (8 to 12-year-olds (32%) and 13 to 16-year-olds (34%)) were more likely to say that they *never* drank these, compared with parents and caregivers talking about 5 to 7-year-olds (16%).
- **Fruit juice** – parents and caregivers talking about 13 to 16-year-olds (29%) were more likely than parents and caregivers talking about younger children (5 to 7-year-olds (24%) and 8 to 12-year-olds (25%)) to say that fruit juice was available in their home *daily*. In homes where fruit juice was available, parents and caregivers talking about older children (8 to 12-year-olds (21%) and 13 to 16-year-olds (18%)) were more likely than parents and caregivers talking about 5 to 7-year-olds (13%) to say that they *never* drank fruit juice.
- **Other juice** – parents and caregivers talking about 5 to 7-year-olds (49%) were more likely than parents and caregivers talking about older children (8 to 12-year-olds (41%) and 13 to 16-year-olds (44%)) to say that other juices were *never* available in their home. When it was available, parents and caregivers talking about 8 to 12-year-olds (53%) were more likely than parents and caregivers talking about 5 to 7-year-olds (38%) and 13 to 16-year-olds (43%) to say that they *never* drank other types of juice.
- **Low-fat/soy milk** – parents and caregivers talking about younger children (5 to 7-year-olds (36%) and 8 to 12-year-olds (32%)) were more likely than parents and caregivers talking about 13 to 16-year-olds (21%) to say that low-fat or soy milk was *never* available in their home. When low-fat or soy milk was available in their home, parents and caregivers talking about younger children (5 to 7-year-olds (14%) and 8 to 12-year-olds (14%)) were slightly more likely to say that they *never* drank it, compared with parents and caregivers talking about older children (13 to 16-year-olds (11%)).
- **Full-fat milk** – parents and caregivers talking about 13 to 16-year-olds (34%) were more likely to say that full-fat milk was *never* available in their home than those talking about younger children (5 to 7-year-olds (22%) and 8 to 12-year-olds (27%)). In homes where full-fat milk was available, parents and caregivers talking about older children (8 to 12-year-olds (23%) and 13 to 16-year-olds (26%)) were more likely to say that they *never* drank it, compared with parents and caregivers talking about 5 to 7-year-olds (14%).
- **Flavoured milk** – parents and caregivers talking about 13 to 16-year-olds (49%) were slightly more likely than parents and caregivers talking about younger children (5 to 7-year-olds (43%) and 8 to 12-year-olds (45%)) to say that flavoured milk was *never* available in their home. When flavoured milk was available, parents and caregivers talking about older children (8 to 12-year-olds (61%) and 13 to 16-year-olds (64%)) were more likely than parents and caregivers talking about 5 to 7-year-olds (46%) to say that they *never* drank it.

1.6.2 Fruit and vegetables

The table alongside shows the availability of different types of fruit and vegetables in the home and how often the **parent or caregiver** ate these, for each of the three children's age groups.

- Fresh fruit** – fresh fruit was available in all homes. Most parents and caregivers said that fresh fruit was available in their home *daily* (parents and caregivers of 5 to 7-year olds - 93%, 8 to 12-year-olds - 90%, 13 to 16-year-olds - 89%). There was little variation between parents and caregivers talking about children of different ages with regard to the frequency with which they said that they ate fresh fruit. Around three-quarters of parents and caregivers said that they ate fresh fruit *daily or more often* (parents and caregivers of 5 to 7-year-olds 76%, 8 to 12-year-olds 75%, 13 to 16-year-olds 79%).
- Tinned/frozen fruit** – parents and caregivers talking about 5 to 7-year-olds (26%) were less likely than parents and caregivers talking about older children (8 to 12-year-olds (38%) and 13 to 16-year-olds (41%)) to say that tinned or frozen fruit was available in their home *daily*. When tinned or frozen fruit was available in the home, parents and caregivers of older children (8 to 12-year-olds (8%) and 13 to 16-year-olds (9%)) were more likely than parents and caregivers of younger children (5 to 7-year-olds (5%)) to say that they ate this type of fruit *daily or more often*.
- Fresh vegetables** – parents and caregivers talking about older children (8 to 12-year-olds (80%) and 13 to 16-year-olds (81%)) were slightly more likely than those talking about younger children (5 to 7-year-olds (75%)) to say that fresh vegetables were available in their home *daily*. There was little variation between parents and caregivers talking about children of different ages with regard to the frequency with which they said that they ate fresh vegetables.

What do you yourself eat and drink from foods/beverages available at home

	Parent/caregiver of child 5-7 years old					Parent/caregiver of child 8-12 years old					Parent/caregiver of child 13-16 years old				
	Daily or more often† %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %
FRUIT & VEGETABLES															
Fresh fruit															
Availability	93	2	5	<1	-	90	6	4	1	-	89	5	5	1	-
Frequency	76	7	14	1	1	75	8	14	2	1	79	6	13	2	<1
Tinned/frozen fruit															
Availability	26	6	27	32	10	38	3	24	26	10	41	3	27	24	6
Frequency	5	3	36	47	10	8	4	30	49	8	9	4	30	46	12
Fresh vegetables															
Availability	75	10	13	1	1	80	10	9	1	<1	81	11	7	1	-
Frequency	74	11	14	1	-	76	12	10	1	1	78	11	10	1	1
Tinned/frozen															
Availability	46	9	32	11	2	41	8	34	12	5	51	8	32	7	3
Frequency	27	14	42	16	1	26	14	42	15	3	32	10	47	10	1
Taro/kumara/potatoes*															
Availability	55	10	34	2	-	55	13	28	5	<1	64	9	23	4	1
Frequency	37	19	40	3	1	40	17	38	4	2	47	15	31	6	1
Fried potatoes**															
Availability	5	1	25	52	17	7	1	23	49	21	8	1	26	46	19
Frequency	1	1	26	66	6	1	<1	24	62	12	2	<1	34	53	10
Base (availability)	346					454					333				

* Boiled or baked

** Hot potato or kumara chips, French Fries, wedges and hash browns

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered row by row. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Tinned/frozen vegetables** – parents and caregivers talking about 13 to 16-year-olds (51%) were more likely than parents and caregivers of 8 to 12-year-olds (41%), and slightly more likely than parents and caregivers of 5 to 7-year-olds (46%), to say that tinned or frozen vegetables were available *daily*. In homes where tinned or frozen vegetables were available, parents and caregivers talking about 13 to 16-year-olds (32%) were more likely to say that they (ie, the parent/caregiver) ate them *daily or more often*, compared with parents and caregivers of younger children (5 to 7-year-olds (27%) and 8 to 12-year-olds (26%)).
- **Taro/kumara/potatoes** – parents and caregivers talking about 13 to 16-year-olds (64%) were more likely than parents and caregivers of younger children (5 to 7-year-olds and 8 to 12-year-olds - 55%, each) to say that taro/kumara/ potatoes were available in their home *daily*. In homes where these vegetables were available, parents and caregivers talking about 13 to 16-year-olds (47%) were more likely to say that they ate taro/kumara/potatoes *daily or more often*, compared with parents and caregivers talking about younger children (5 to 7-year-olds (37%) and 8 to 12-year-olds (40%)).
- **Fried potatoes** – parents and caregivers talking about 8 to 12-year-olds (21%) were slightly more likely than parents and caregivers of 5 to 7-year-olds (17%) to say that fried potatoes were *never* available in their home. When fried potatoes were available, parents and caregivers talking about older children (8 to 12-year-olds (12%) and 13 to 16-year-olds (10%)) were more likely to say that they *never* ate them, compared with parents and caregivers talking about younger children (5 to 7-year-olds (6%)).

1.6.3 Meats and fish

The table alongside shows the availability of different types of meats and fish in the home and how often the **parent or caregiver** ate these, for each of the three children's age groups.

- **Burgers and sausages** – there was little variation between parents and caregivers talking about children of different ages with regard to the frequency with which they said that burgers and sausages were available in their home. However, when these were available, parents and caregivers talking about 13 to 16-year-olds (3%) were less likely to say that they ate them *daily or more often*, compared with parents and caregivers talking about younger children (5 to 7-year-olds (7%) and 8 to 12-year-olds (8%)). Parents and caregivers talking about 13 to 16-year-olds were more likely (13%) to say that they *never* ate burgers and sausages, compared with parents and caregivers of younger children (5 to 7-year-olds and 8 to 12-year-olds, 7%, each).
- **Fried chicken or nuggets** – parents and caregivers talking about 13 to 16-year-olds (40%) were more likely than those talking about younger children (5 to 7-year-olds and 8 to 12-year-olds, 30%, each) to say that fried chicken or nuggets were *never* available in their home. When these were available, parents and caregivers talking about 5 to 7-year-olds (29%) and 13 to 16-year-olds (30%) were more likely than parents and caregivers of 8 to 12-year-olds (24%) to say that they *never* ate them.

What do you yourself eat and drink from foods/beverages available at home

	Parent/caregiver of child 5-7 years old					Parent/caregiver of child 8-12 years old					Parent/caregiver of child 13-16 years old				
	Daily or more often† %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %
MEATS & FISH															
Burgers & sausages															
Availability	11	2	35	43	9	13	3	39	36	9	12	2	38	42	7
Frequency	7	2	40	44	7	8	2	40	43	7	3	1	37	45	13
Fried chicken or nuggets															
Availability	1	1	20	48	30	3	1	15	52	30	3	-	14	43	40
Frequency	1	<1	18	53	29	<1	<1	16	60	24	1	1	18	51	30
Fried fish*															
Availability	2	<1	15	63	20	<1	<1	18	62	20	1	<1	18	65	16
Frequency	<1	<1	17	71	12	<1	<1	21	66	13	-	<1	18	68	14
PIES/PASTRIES/SNACKS/SWEETS															
Pies & pastries**															
Availability	3	<1	21	58	19	4	1	23	52	20	2	1	20	53	24
Frequency	1	<1	18	62	19	1	1	18	58	23	<1	<1	15	64	20
Potato/corn crisps & snacks															
Availability	23	9	39	25	3	21	10	35	26	8	25	9	37	22	7
Frequency	2	1	38	48	11	2	1	31	49	18	1	1	32	49	16
Sweets/lollies/chocolates															
Availability	7	2	42	43	6	9	3	34	45	8	9	3	37	44	7
Frequency	4	5	40	44	7	5	5	36	44	9	5	1	36	47	10
Base (availability)	346					454					333				

* Including fish and chips

** Savoury and sweet

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered row by row. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Fried fish** – parents and caregivers talking about younger children (5 to 7-year-olds and 8 to 12-year-olds, 20%, each) were slightly more likely than parents and caregivers talking about 13 to 16-year-olds (16%) to say that fried fish was *never* available in their home. There was little variation between parents and caregivers talking about children of different ages with regard to the frequency with which they said that they ate fried fish.

1.6.4 Pies, pastries, snacks and sweets

The previous table shows the availability of different types of pies, pastries, snacks and sweets in the home and how often the **parent or caregiver** ate these, for each of the three children's age groups.

- **Pies and pastries** – parents and caregivers talking about 13 to 16-year-olds (24%) were more likely than parents and caregivers talking about younger children (5 to 7-year-olds (19%) and 8 to 12-year-olds (20%)) to say that pies and pastries were *never* available in their home. There was little variation between parents and caregivers talking about children of different ages with regard to the frequency with which they said that they ate pies and pastries.
- **Potato/corn crisps and snacks** – parents and caregivers talking about older children (8 to 12-year-olds (8%) and 13 to 16-year-olds (7%)) were more likely than parents and caregivers talking about 5 to 7-year-olds (3%) to say that potato or corn crisps and snacks were *never* available in their home. When these were available, parents and caregivers talking about older children (8 to 12-year-olds (18%) and 13 to 16-year-olds (16%)) were more likely to say that they *never* ate them, compared with parents and caregivers talking about 5 to 7-year-olds (11%).
- **Sweets/lollies/chocolates** – there was little variation between parents and caregivers talking about children of different ages with regard to the frequency with which they said that sweets, lollies and chocolates were available in their home, or with regard to the frequency with which they themselves ate them.

1.7 Availability and frequency of consuming selected foods and drinks – parents and caregivers by ethnicity

1.7.1 Beverages

The table alongside shows the availability of different types of drinks in the home and how often the **parent or caregiver** drank these, by the ethnicity of parents and caregivers.

- **Tap water** – Asian (5%) and Maori (4%) parents and caregivers were more likely than Pacific (2%) and European/Other parents and caregivers (2%) to say that tap water was *never* available in their home. Parents and caregivers of European/Other ethnicity (98%) were more likely than parents and caregivers of other ethnicities (92%) to say that it was available in their home *daily*. When it was available in the home, Asian parents and caregivers (90%) were more likely than Maori parents and caregivers (80%) to say that they drank tap water *daily or more often*.
- **Bottled water** – Maori (46%), European/Other (46%), and Asian (42%) parents and caregivers were more likely than Pacific (29%) parents and caregivers to say that bottled water was *never* available in their home. Pacific parents and caregivers (38%) were more likely than parents and caregivers of other ethnicities (Maori 23%, Asian 30%, European/Other 15%) to say that bottled water was available *daily*.

What do you yourself eat and drink from foods/beverages available at home

	Maori				Pacific				Asian				Euro/Other			
	Daily or more often [†] %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %
BEVERAGES																
Tap water																
Availability	92	3	1	4	92	5	1	2	92	1	2	5	98	<1	<1	2
Frequency	80	10	4	7	83	9	3	5	90	2	6	2	86	8	3	4
Bottled water																
Availability	23	15	16	46	38	19	14	29	30	16	12	42	15	10	28	46
Frequency	31	29	21	20	47	27	12	15	21	14	30	36	17	19	42	22
Flavoured water																
Availability	7	12	17	65	13	16	17	54	3	15	20	62	5	6	22	67
Frequency	10	25	40	25	23	22	30	25	-	9	22	69	7	14	38	42
Diet carbonated drinks																
Availability	10	18	26	46	6	33	27	34	9	22	35	34	5	17	34	43
Frequency	11	30	30	29	5	32	42	22	1	15	42	43	8	20	38	34
Full-sugar carb. drinks																
Availability	7	32	34	28	7	40	33	21	6	32	34	28	6	22	39	33
Frequency	6	39	39	17	9	37	35	19	3	26	45	26	5	21	40	34
Fruit juice																
Availability	12	29	35	24	13	48	27	12	32	34	29	6	31	23	32	14
Frequency	8	29	44	20	12	45	32	10	13	43	23	22	12	26	44	18
Other juice*																
Availability	28	27	21	24	21	29	23	27	8	12	27	53	18	11	20	51
Frequency	13	24	33	30	11	37	34	18	3	7	30	59	6	14	24	56
Low-fat/soy milk																
Availability	36	7	7	50	44	19	12	26	53	6	10	32	65	4	6	25
Frequency	54	18	11	18	46	25	16	12	41	23	13	23	72	10	7	11
Full-fat milk																
Availability	79	5	4	12	59	17	7	18	55	17	2	26	57	5	5	33
Frequency	71	14	5	10	49	23	12	16	52	29	10	9	46	12	14	28
Flavoured milk																
Availability	1	18	29	52	3	22	41	35	8	19	39	35	2	9	42	47
Frequency	1	17	40	41	2	26	34	38	-	16	26	57	1	4	30	65
Base (availability)	287				330				78				437			

* Other juice includes juice from concentrate, powder and cordials

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

- **Bottled water (continued)** - When bottled water was available in the home, Pacific parents and caregivers (47%) were more likely to say that they drank it *daily or more often*, compared with Maori (31%), Asian (21%) and European/Other (17%) parents and caregivers. Asian parents and caregivers (36%) were more likely to say that they *never* drank bottled water, compared with Maori (20%), Pacific (15%) and European/Other (22%) parents and caregivers.
- **Flavoured water** – Maori (65%), Asian (62%) and European/Other (67%) parents and caregivers were more likely than Pacific (54%) parents and caregivers to say that flavoured water was *never* available in their home. Pacific parents and caregivers (13%) were more likely than those of other ethnicities (Maori 7%, Asian 3%, European/Other 5%) to say that it was available *daily*. In homes where flavoured water was available, Pacific parents and caregivers (23%) were more likely to say that they (ie, the parent/caregiver) drank it *daily or more often*, compared with Maori (10%), Asian (0%) and European/Other (7%) parents and caregivers.
- **Diet carbonated drinks** – Maori (46%) and European/Other (44%) parents and caregivers were more likely than Pacific (34%) and Asian parents and caregivers (34%) to say that diet carbonated drinks were *never* available in their home. When these were available in homes, Asian parents and caregivers (1%) were less likely than parents and caregivers of other ethnicities (Maori 11%, Pacific 5%, European/Other 8%) to say that they drank these types of drinks *daily or more often*.
- **Full-sugar carbonated drinks** – Pacific parents and caregivers (21%) were less likely than Maori (28%), Asian (28%) and European/Other (33%) parents and caregivers to say that full-sugar carbonated drinks were available in their home *daily*. In homes where these drinks were available, Pacific parents and caregivers (9%) were more likely than Asian (3%) parents and caregivers, and slightly more likely than Maori (6%) and European/Other (5%) parents and caregivers to say that they drank them *daily or more often*. European/Other parents and caregivers (34%) were more likely to say that they *never* drank these types of drinks, compared with parents and caregivers of other ethnicities (Maori 17%, Pacific 19%, Asian 26%).
- **Fruit juice** – Maori parents and caregivers (24%) were more likely than Pacific (12%), Asian (6%) and European/Other (14%) parents and caregivers to say that fruit juice was *never* available in their home. Asian (32%) and European/Other (31%) parents and caregivers were more likely than Maori (12%) and Pacific (13%) parents and caregivers to say that fruit juice was available in their home *daily*. When it was available, Pacific parents and caregivers (10%) were less likely than parents and caregivers of other ethnicities (Maori 20%, Asian 22%, European/Other 18%) to say that they *never* drank fruit juice.
- **Other juice** – just over one-half of Asian (53%) and European/Other (51%) parents and caregivers said that other types of juice were *never* available in their home, compared with around one-quarter of Maori (24%) and Pacific (27%) parents and caregivers who said this. Asian parents and caregivers (8%) were less likely than other parents and caregivers (Maori 28%, Pacific 21%, European/Other 18%) to say that other types of juice were available in their home *daily*. In homes where other types of juice were available, Maori (13%) and Pacific (11%) parents and caregivers were more likely than Asian (3%) and European/Other (6%) parents and caregivers to say that they drank it *daily or more often*. Conversely, Asian (59%) and European/Other (56%) parents and caregivers were more likely than Maori (30%) and Pacific (18%) parents and caregivers to say that they *never* drank these types of juice.
- **Low-fat/soy milk** – one-half of Maori parents and caregivers (50%) said that low-fat or soy milk was *never* available in their home, compared with around one-quarter of Pacific (26%) and European/Other (25%) parents and caregivers, and just under one-third (32%) of Asian parents and caregivers. Parents and caregivers of European/Other ethnicity (65%) were more likely than Maori (36%), Pacific (44%), and Asian (53%) parents and caregivers to say it was available *daily*. In homes where low-fat or soy milk was available, just under three-quarters (72%) of European/Other parents and caregivers said that they drank these types of milk *daily or more often*, compared with 54% of Maori, 46% of Pacific and 41% of Asian parents and caregivers.

- **Full-fat milk** – Asian (26%) and European/Other (33%) parents and caregivers were more likely than Maori (12%) and Pacific (18%) parents and caregivers to say that full-fat milk was *never* available in their home. Nearly eight out of ten (79%) Maori parents and caregivers said it was available in their home *daily*, compared with Pacific (59%), Asian (55%) and European/Other (57%) parents and caregivers. In homes where full-fat milk was available, Maori parents and caregivers (71%) were more likely to say that they drank it *daily or more often*, compared with Pacific (49%), Asian (52%) and European/Other (46%) parents and caregivers. Over one-quarter (28%) of European/Other parents and caregivers said that they *never* drank full-fat milk, while this was true for 10% of Maori, 16% of Pacific and 9% of Asian parents and caregivers.
- **Flavoured milk** – around one-half of Maori (52%) and European/Other (47%) parents and caregivers said that flavoured milk was *never* available in their home, compared with slightly over one-third (35%, each) of Pacific and Asian parents and caregivers. Asian parents and caregivers (8%) were more likely than parents and caregivers of other ethnicities (Maori 1%, Pacific 3%, European/Other 2%) to say that flavoured milk was available in their home *daily*. When it was available, Asian (57%) and European/Other (65%) parents and caregivers were more likely, compared with Maori (41%) and Pacific (38%) parents and caregivers, to say that they themselves *never* drank this type of milk.

1.7.2 Fruit and vegetables

The table alongside shows the availability of different types of fruit and vegetables in the home and how often the **parent or caregiver** ate these, by the ethnicity of parents and caregivers.

- **Fresh fruit** – over nine out of ten Asian (92%) and European/Other (94%) parents and caregivers said that fresh fruit was available in their home *daily*, compared with around eight out of ten Maori (84%) and Pacific parents and caregivers (76%).

In homes where fresh fruit was available, Asian parents and caregivers and those of European/Other ethnicity were more likely than Maori and Pacific parents and caregivers to say that they ate fresh fruit *daily or more often*; around eight out of ten Asian (83%) and European/Other (78%) parents and caregivers said this, compared with around seven out of ten Maori (70%) and Pacific (72%) parents and caregivers.

- **Tinned/frozen fruit** – Maori parents and caregivers and those of European/Other ethnicity were more likely than Maori and Pacific parents and caregivers to say that tinned or frozen fruit was available in their home *daily*; just under four out of ten (39%, each) Maori and European/Other parents and caregivers said this, compared with around two out of ten Pacific (23%) and Asian parents and caregivers (16%).

In homes where tinned or frozen fruit was available, Pacific parents and caregivers (14%) were more likely to say that they ate it *daily or more often*, compared with Maori (6%), Asian (2%) and European/Other (7%) parents and caregivers. Asian parents and caregivers (28%) were more likely than parents and caregivers of other ethnicities (Maori 11%, Pacific 5%, European/Other 8%) to say that they *never* ate tinned or frozen fruit.

What do you yourself eat and drink from foods/beverages available at home

	Maori				Pacific				Asian				Euro/Other			
	Daily or more often [†] %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %
FRUIT & VEGETABLES																
Fresh fruit																
Availability	84	15	1	-	76	22	2	<1	92	8	-	-	94	5	1	-
Frequency	70	28	2	<1	72	24	2	1	83	17	1	-	78	19	2	1
Tinned/frozen fruit																
Availability	39	32	26	3	23	45	22	9	16	19	38	27	39	28	27	7
Frequency	6	40	43	11	14	45	36	5	2	20	50	28	7	35	50	8
Fresh vegetables																
Availability	75	23	2	<1	60	37	3	<1	83	17	-	-	82	18	<1	<1
Frequency	70	29	1	<1	63	36	1	-	79	21	-	-	80	19	1	1
Tinned/frozen vegetables																
Availability	59	36	4	2	41	43	13	2	30	35	25	11	45	43	9	3
Frequency	38	53	7	2	33	55	11	2	16	50	27	7	27	59	14	1
Taro/kumara/potatoes*																
Availability	66	31	3	<1	53	41	6	1	38	44	18	-	59	40	1	1
Frequency	51	44	3	2	49	45	6	-	27	53	19	2	40	56	2	1
Fried potatoes**																
Availability	5	24	43	28	3	25	40	33	6	33	48	13	8	25	52	16
Frequency	1	37	54	8	2	30	56	13	4	34	48	14	1	25	65	9
Base (availability)	287				330				78				437			

* Boiled or baked

** Hot potato or kumara chips, French Fries, wedges and hash browns

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered row by row. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Fresh vegetables** – Pacific parents and caregivers (60%) were less likely than Maori (75%), Asian (83%) and European/Other (82%) parents and caregivers to say that fresh vegetables were available in their home *daily*. When they were available in the home, around eight out of ten Asian (79%) and European/Other (80%) parents and caregiver said that they (ie, the parent/caregiver) ate them *daily or more often*, compared with seven out of ten (70%) Maori parents and caregivers and around six out of ten (63%) Pacific parents and caregivers.
- **Tinned/frozen vegetables** – just over one in ten (11%) Asian parents and caregivers said that tinned or frozen vegetables were *never* available in their home, compared with 2%, each, of Maori and Pacific, and 3% of European/Other parents and caregivers. Maori parents and caregivers (59%) were more likely than Pacific (41%), Asian (30%), and European/Other (45%) parents and caregivers to say that tinned or frozen vegetables were available *daily*.
In homes where they were available, Asian parents and caregivers (16%) were less likely, compared with parents and caregivers of other ethnicities (Maori 38%, Pacific 33%, European/Other 27%), to say that they ate them *daily or more often*.
- **Taro/kumara/potatoes** – Asian parents and caregivers (38%) were less likely than Maori (66%), Pacific (53%), and European/Other (59%) parents and caregivers to say that taro/kumara/potatoes were available in their home *daily*. When they were available in the home, Asian parents and caregivers (27%) were less likely than other parents and caregivers (Maori 51%, Pacific 49%, European/Other 40%) to say that they ate taro/kumara/potatoes *daily or more often*.
- **Fried potatoes** – Maori (28%) and Pacific (33%) parents and caregivers were more likely than Asian (13%) and European/Other (16%) parents and caregivers to say that fried potatoes were *never* available in their home. When they were available, Pacific (13%) and Asian (14%) parents and caregivers were more likely than Maori (8%) and European/Other (9%) parents and caregivers to say that they *never* ate them. Asian parents and caregivers (4%) were more likely than Maori (1%), European/Other (1%), and Pacific (2%) parents and caregivers to say that they ate fried potatoes *daily or more often*.

1.7.3 Meats and fish

The table alongside shows the availability of different types of meats and fish in the home and how often the **parent or caregiver** ate these, by the ethnicity of parents and caregivers.

- **Burgers and sausages** – just under one-quarter (24%) of Asian parents and caregivers said that burgers and sausages were *never* available in their home, compared with 4%, 3% and 7% for Maori, Pacific and European/Other parents and caregivers, respectively. Maori (23%) and Pacific (20%) parents and caregivers were more likely than Asian (10%) and European/Other (9%) parents and caregivers to say that burgers and sausages were available in their home *daily*.

In homes where these types of food were available, 18% of Pacific parents and caregivers said that they ate burgers and sausages *daily or more often*, compared with 11% of Maori, 8% of Asian, and 3% of European/Other parents and caregivers. Just under one-quarter of Asian parents and caregivers (24%) said that they *never* ate burgers and sausages, while this was true for 7% of Maori, 2% of Pacific, and 9% of European/Other parents and caregivers.

What do you yourself eat and drink from foods/beverages available at home

	Maori				Pacific				Asian				Euro/Other			
	Daily or more often [†] %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %	Daily or more often %	1-6 days per week %	Less often %	Never %
MEATS & FISH																
Burgers & sausages																
Availability	23	43	30	4	20	51	27	3	10	37	28	24	9	38	46	7
Frequency	11	46	36	7	18	49	31	2	8	38	30	24	3	38	50	9
Fried chicken or nuggets																
Availability	4	19	51	26	1	35	47	17	6	28	43	23	2	12	48	39
Frequency	<1	25	61	14	1	37	46	16	1	30	56	13	<1	9	54	37
Fried fish*																
Availability	1	33	56	10	1	35	50	15	1	11	57	32	1	12	68	20
Frequency	1	31	59	9	<1	33	58	8	-	22	64	15	-	13	72	15
PIES/PASTRIES/ SNACKS/SWEETS																
Pies & pastries**																
Availability	4	31	50	15	3	35	42	19	2	31	39	28	3	17	59	21
Frequency	1	32	54	13	3	30	56	10	-	12	46	42	<1	12	66	22
Potato/corn crisps & snacks																
Availability	28	50	15	8	14	53	24	8	23	47	24	7	23	44	27	5
Frequency	4	36	40	20	3	44	38	15	-	21	58	21	1	35	51	13
Sweets/lollies/ chocolates																
Availability	9	44	40	8	4	38	46	12	12	48	35	5	9	37	47	7
Frequency	6	43	45	6	6	27	49	18	3	24	52	21	5	45	43	6
Base (availability)	287				330				78				437			

* Including fish and chips

** Savoury and sweet

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered *row by row*. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Fried chicken or nuggets** – nearly four out of ten (39%) European/Other parents and caregivers said that fried chicken or nuggets were *never* available in their home, while 26% of Maori, 23% of Asian, and 17% of Pacific parents and caregivers said this.

When this food was available, European/Other parents and caregivers (37%) were more likely than parents and caregivers of other ethnicities (Maori 14%, Pacific 16%, Asian 13%) to say that they *never* ate fried chicken or nuggets.

- **Fried fish** – Asian parents and caregivers (32%) were more likely, compared with Maori (10%), Pacific (15%) and European/Other (20%), parents and caregivers, to say that fried fish was *never* available in their home. When fried fish was available in the home, 15%, each, of Asian and European/Other parents and caregivers said that they *never* ate it, while 9% of Maori and 8% of Pacific parents and caregivers said this.

1.7.4 Pies, pastries, snacks and sweets

The table on the previous page also shows the availability of pies, pastries, snacks and sweets in the home and how often the **parent or caregiver** ate these, by the ethnicity of parents and caregivers.

- **Pies and pastries** – Asian parents and caregivers (28%) were more likely than parents and caregivers of other ethnicities (Maori 15%, Pacific 19%, European/Other 21%) to say that pies and pastries were *never* available in their home. Similarly, in homes where these were available, Asian parents and caregivers (42%) were more likely than other parents and caregivers (Maori 13%, Pacific 10%, European/Other 22%) to say that they *never* ate them.
- **Potato/corn crisps and snacks** – around one-quarter of Maori (28%), Asian (23%), and European/Other (23%) parents and caregivers said that potato or corn crisps and snacks were available in their home *daily*, compared with 14% of Pacific parents and caregivers. In homes where these were available, Maori (4%) and Pacific (3%) parents and caregivers were more likely than Asian (0%) and European/Other (1%) parents and caregivers to say that they ate potato or corn crisps and snacks *daily or more often*.
- **Sweets/lollies/chocolates** – Pacific parents and caregivers (12%) were more likely than Maori (8%), Asian (5%), and European/Other parents and caregivers (7%) to say that sweets, lollies and chocolates were *never* available in their home. In homes where these were available, around one in five Pacific (18%) and Asian (21%) parents and caregivers said that they *never* ate them, while 6% (each) of Maori and European/Other parents and caregivers said this.

1.8 Availability and frequency of consuming selected foods and drinks – parents and caregivers by deprivation index

The table alongside shows the availability of different types of foods and drinks in the home and how often the **parent and caregiver** ate or drank these, by the deprivation index of the area that parents and caregivers lived in.

1.8.1 Beverages

The table alongside shows the availability of different types of drinks in the home and how often the parent or caregiver drank these, by the deprivation index of the area that they lived in.

- **Tap water** – almost all homes had tap water available *daily* (97% in the least deprived areas, 96% in areas of mid-deprivation, 94% in the most deprived areas). When tap water was available, parents and caregivers in areas of mid-deprivation (5%) and in the most deprived areas (7%) were more likely than parents and caregivers in the least deprived areas (1%) to say that they *never* drank tap water. Those in the least deprived areas (89%) were slightly more likely than parents and caregivers in areas of mid-deprivation (84%) and in the most deprived areas (81%) to say that they drank tap water *daily or more often*.

What do you yourself eat and drink from foods/beverages available at home

	Deprivation index 1-3					Deprivation index 4-7					Deprivation index 8-10				
	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %
BEVERAGES															
Tap water															
Availability	97	<1	-	1	2	96	<1	<1	<1	3	94	2	1	1	3
Frequency	89	2	5	3	1	84	3	5	3	5	81	3	6	4	7
Bottled water															
Availability	16	-	12	29	43	19	1	10	21	49	27	2	13	18	41
Frequency	15	2	19	41	22	21	5	15	33	26	35	4	17	24	19
Flavoured water															
Availability	4	1	6	22	67	4	-	8	23	66	9	2	11	18	61
Frequency	5	-	15	37	44	8	-	12	35	45	12	3	19	35	31
Diet carbonated drinks															
Availability	7	1	13	37	42	6	3	17	30	44	7	3	22	28	41
Frequency	10	2	21	40	27	4	1	13	40	42	8	2	26	33	32
Full-sugar carb. drinks															
Availability	4	1	17	43	35	7	4	25	37	28	8	2	31	30	28
Frequency	5	1	16	40	38	3	3	25	47	23	7	3	32	34	24
Fruit juice															
Availability	35	7	13	35	10	23	5	28	28	16	18	5	26	31	19
Frequency	12	2	25	44	18	11	4	28	38	20	12	4	30	39	15
Other juice*															
Availability	13	2	5	21	60	23	3	14	21	39	24	5	20	22	30
Frequency	7	1	7	28	58	5	6	12	28	49	12	2	24	28	34
Low-fat/soy milk															
Availability	73	-	3	8	16	56	1	2	4	37	39	2	11	9	40
Frequency	71	2	8	8	10	74	2	5	5	14	41	9	19	15	16
Full-fat milk															
Availability	50	3	5	5	37	67	1	3	4	25	68	4	7	4	17
Frequency	40	1	13	17	29	56	2	12	11	20	60	5	13	7	14
Flavoured milk															
Availability	2	<1	10	40	48	1	1	10	45	43	4	1	16	34	45
Frequency	1	1	5	29	65	<1	-	9	29	62	2	1	16	37	45
Base (availability)	228					199					706				

* Other juice includes juice from concentrate, powder and cordials

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered *row by row*. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Bottled water** – parents and caregivers living in the most deprived areas (27%) were more likely than those living in the least deprived areas (16%) and in areas of mid-deprivation (19%) to say that bottled water was available in their home *daily*. When bottled water was available, parents and caregivers in the most deprived areas (35%) were more likely to say that they (ie, the parent/caregiver) drank it *daily or more often*, compared with those in areas of mid-deprivation (21%) and those in the least deprived areas (15%).
- **Flavoured water** – parents and caregivers living in the most deprived areas (9%) were more likely to say that flavoured water was available in their home *daily* than those living in less deprived areas (4%, each). When flavoured water was available in the home, parents and caregivers in the most deprived areas (12%) were more likely to say that they drank it *daily or more often*, compared with those in areas of mid-deprivation (8%) and in the least deprived areas (5%). Parents and caregivers in the most deprived areas (31%) were less likely to say that they *never* drank flavoured water, compared with those in the least deprived areas (44%) and those in areas of mid-deprivation (45%).
- **Diet carbonated drinks** – parents and caregivers living in the least deprived areas (37%) were more likely than those in areas of mid-deprivation (30%) and those in the most deprived areas (28%) to say that diet carbonated drinks were available in their home *less often* than once a week. In homes where diet carbonated drinks were available, parents and caregivers living in areas of mid-deprivation (42%) were more likely to say that they *never* drank these, compared with 27% of those in the least deprived areas and 32% of those in the most deprived areas.
- **Full-sugar carbonated drinks** – parents and caregivers living in the least deprived areas (35%) were slightly more likely to say that full-sugar carbonated drinks were *never* available in their home, compared with those living in other areas (28%, each). Parents and caregivers in the most deprived areas (8%) were more likely than those in the least deprived areas (4%) to say that full-sugar carbonated drinks were available *daily*. When these were available in the home, parents and caregivers in the least deprived areas (38%) were more likely than those in the most deprived areas (24%) and in areas of mid-deprivation (23%) to say that they *never* drank full-sugar carbonated drinks.
- **Fruit juice** – parents and caregivers living in the least deprived areas (35%) were more likely to say that fruit juice was available in their home *daily*, compared with those in areas of mid-deprivation (23%) and in the most deprived areas (18%). Conversely, those in the least deprived areas (10%) were less likely than those in areas of mid-deprivation (16%) and those in the most deprived areas (19%) to say that fruit juice was *never* available. When fruit juice was available in homes, there was little variation between parents and caregivers living in areas with different deprivation indexes with regard to the frequency with which they said that they drank fruit juice.
- **Other juice** – parents and caregivers living in the least deprived areas (13%) were less likely than those living in areas of mid-deprivation (23%) and in the most deprived areas (24%) to say that other juices were available in their home *daily*. Parents and caregivers living in the least deprived areas (60%) were more likely than those living in areas of mid-deprivation (39%) and those living in the most deprived areas (30%) to say that other juices were *never* available in their home. When other juices were available, parents and caregivers in the most deprived areas (12%) were more likely than those in the least deprived areas (7%) and in areas of mid-deprivation (5%) to say that they drank these types of juice *daily or more often*.
- **Low-fat/soy milk** – parents and caregivers living in the least deprived areas (73%) were more likely than those in areas of mid-deprivation (56%) and those in the most deprived areas (39%) to say that low-fat or soy milk was available in their home *daily*. Conversely, parents and caregivers in the most deprived areas (40%) and those in areas of mid-deprivation (37%) were more likely than those in the least deprived areas (16%) to say that low-fat or soy milk was *never* available. When low-fat or soy milk was available, just under three-quarters of parents and caregivers in the least deprived areas (71%) and areas of mid-deprivation (74%) said that they drank it *daily or more often*, compared with 41% of those in the most deprived areas.

- **Full-fat milk** – parents and caregivers in the least deprived areas (50%) were less likely than those in areas of mid-deprivation (67%) and the most deprived areas (68%) to say that full-fat milk was available in their home *daily*, and more likely to say that it was *never* available (37%), compared with those in areas of mid-deprivation (25%) and in the most deprived areas (17%).

In homes where full-fat milk was available, parents and caregivers in the most deprived areas (60%) and in areas of mid-deprivation (56%) were more likely than those in the least deprived areas (40%) to say that they drank it *daily or more often*. Those in the least deprived areas (29%) were more likely than those in areas of mid-deprivation (20%) and those in the most deprived areas (14%) to say that they *never* drank full-fat milk.

- **Flavoured milk** – parents and caregivers in the most deprived areas (4%) were more likely than those in the least deprived areas (2%) and in areas of mid-deprivation (1%) to say that flavoured milk was available in their home *daily*. When flavoured milk was available in homes, parents and caregivers in the least deprived areas (65%) and in areas of mid-deprivation (62%) were more likely than those in the most deprived areas (45%) to say that they *never* drink this type of milk.

1.8.2 Fruit and vegetables

The table alongside shows the availability of different types of fruits and vegetables in the home and how often the **parent or caregiver** ate these, by the deprivation index of the area that they lived in.

- **Fresh fruit** – parents and caregivers living in the least deprived areas (96%) and in areas of mid-deprivation (94%) were more likely than those living in the most deprived areas (81%) to say that fresh fruit was available in their home *daily*. When fresh fruit was available in the home, parents and caregivers living in the least deprived areas (84%) were more likely to say that they ate it *daily or more often*, compared with those in areas of mid-deprivation (74%) and in the most deprived areas (70%).
- **Tinned/frozen fruit** – parents and caregivers in the least deprived areas (40%) and in areas of mid-deprivation (35%) were more likely than those in the most deprived areas (29%) to say that tinned or frozen fruit was available *daily*. In homes where tinned or frozen fruit was available, parents and caregivers in more deprived areas (13%, each) were more likely than those in the least deprived areas (5%) to say that they *never* ate tinned or frozen fruit.
- **Fresh vegetables** – parents and caregivers living in the least deprived areas (84%) and in areas of mid-deprivation (82%) were more likely than those living in the most deprived areas (69%) to say that fresh vegetables were available in their home *daily*. In homes where fresh vegetables were available, parents and caregivers in the least deprived areas (81%) and in areas of mid-deprivation (78%) were more likely than those in the most deprived areas (69%) to say that they ate these *daily or more often*.

What do you yourself eat and drink from foods/beverages available at home

	Deprivation index 1-3					Deprivation index 4-7					Deprivation index 8-10				
	Daily or more often† %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %
FRUIT & VEGETABLES															
Fresh fruit															
Availability	96	2	2	<1	-	94	3	3	<1	-	81	8	9	2	<1
Frequency	84	5	10	1	-	74	8	16	1	1	70	9	16	4	1
Tinned/frozen fruit															
Availability	40	3	23	25	9	35	5	21	31	9	29	3	33	27	8
Frequency	8	2	32	53	5	7	4	29	47	13	6	5	34	41	13
Fresh vegetables															
Availability	84	9	6	<1	1	82	11	8	-	-	69	13	16	2	<1
Frequency	81	10	8	1	<1	78	11	11	-	-	69	13	15	2	1
Tinned/frozen vegetables															
Availability	42	7	35	12	3	48	7	33	8	4	47	11	30	9	4
Frequency	23	12	46	18	1	29	11	46	11	2	33	16	38	10	2
Taro/kumara/potatoes*															
Availability	54	13	30	3	1	62	11	24	3	-	57	8	29	5	1
Frequency	36	19	42	2	1	41	18	35	5	2	49	13	31	6	1
Fried potatoes**															
Availability	7	<1	21	55	17	7	1	28	49	16	6	1	26	42	24
Frequency	1	-	21	68	10	3	-	31	57	9	1	1	33	56	9
Base (availability)	228					199					706				

* Boiled or baked

** Hot potato or kumara chips, French Fries, wedges and hash browns

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered row by row. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Tinned/frozen vegetables** – there was little variation between parents and caregivers living in areas with different deprivation indexes with regard to the frequency with which they said that tinned or frozen vegetables were available in their home. When tinned or frozen vegetables were available in the home, parents and caregivers living in the most deprived areas (33%) were more likely than those in the least deprived areas (23%) and those in areas of mid-deprivation (29%) to say that they ate these *daily or more often*.
- **Taro/kumara/potatoes** – there was little variation between parents and caregivers living in areas with different deprivation indexes with regard to the frequency with which they said that taro/kumara/potatoes were available in their home. In homes where these foods were available, parents and caregivers living in the most deprived areas (49%) were more likely than those living in the least deprived areas (36%) and slightly more likely than those living in areas of mid-deprivation (41%) to say that they ate these *daily or more often*.
- **Fried potatoes** – parents and caregivers living in the most deprived areas (24%) were more likely, compared with those in the least deprived areas (17%) and in areas of mid-deprivation (16%), to say that fried potatoes were *never* available in their home. When they were available in the home, parents and caregivers in areas of mid-deprivation (3%) were more likely to say that they ate these *daily or more often*, compared with parents and caregivers living in other areas (1%, each).

1.8.3 Meats and fish

The table alongside shows the availability of different types of meats and fish in the home and how often the **parent or caregiver** ate these, by the deprivation index of the area that they lived in.

- **Burgers and sausages** – parents and caregivers living in the most deprived areas (18%) were more likely to say that burgers and sausages were available in their home *daily*, compared with those living in the least deprived areas (10%) and in areas of mid-deprivation (9%). In homes where burgers and sausages were available, 12% of parents and caregivers in the most deprived areas said that they ate these *daily or more often*, compared with 6% of those living in areas of mid-deprivation, and 1% in the least deprived areas.
- **Fried chicken or nuggets** – parents and caregivers living in the least deprived areas (41%) were more likely than those living in the most deprived areas (27%) and in areas of mid-deprivation (30%) to say that fried chicken or nuggets were *never* available in their home. When fried chicken or nuggets were available in their home, 39% of parents and caregivers in the least deprived areas said that they *never* ate them, while 24% of parents and caregivers in areas of mid-deprivation said this as did 18% of those in the most deprived areas.

What do you yourself eat and drink from foods/beverages available at home

	Deprivation index 1-3					Deprivation index 4-7					Deprivation index 8-10				
	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Daily or more often %	5-6 days per week %	1-4 days per week %	Less often %	Never %
MEATS & FISH															
Burgers & sausages															
Availability	10	1	31	50	8	9	1	43	38	9	18	5	40	30	7
Frequency	1	<1	33	56	10	6	-	43	42	10	12	5	43	32	8
Fried chicken or nuggets															
Availability	4	<1	13	42	41	1	1	14	56	30	3	1	22	48	27
Frequency	<1	-	11	50	39	-	<1	15	61	24	1	1	26	55	18
Fried fish*															
Availability	1	-	10	68	21	<1	-	13	68	19	1	1	29	53	16
Frequency	-	-	11	74	14	<1	-	16	69	15	1	<1	30	59	10
PIES/PASTRIES/SNACKS/SWEETS															
Pies & pastries**															
Availability	3	<1	19	58	20	3	-	15	59	23	4	1	31	45	20
Frequency	-	-	9	67	25	-	-	12	64	24	2	1	31	52	14
Potato/corn crisps & snacks															
Availability	21	11	37	28	4	26	8	34	25	8	24	9	40	20	7
Frequency	1	1	38	45	16	1	1	32	56	11	3	2	29	47	20
Sweets/lollies/chocolates															
Availability	13	1	37	42	7	4	3	36	53	4	8	3	39	39	11
Frequency	7	3	43	43	5	3	4	35	48	10	5	5	32	44	14
Base (availability)	228					199					706				

* Including fish and chips

** Savoury and sweet

† For "availability" the scale was "available every day"; for "frequency" of consumption it was "twice a day or more often".

Reader Note: Figures in the table should be considered row by row. A specific frequency figure does not derive from the availability figure directly above, but is a percent of the total who said the item was available in the home.

- **Fried fish** – parents and caregivers in the least deprived areas (21%) were more likely, and those in areas of mid-deprivation (19%) were slightly more likely, than those living in the most deprived areas (16%) to say that fried fish was *never* available in their home. Parents and caregivers living in the most deprived areas (29%) were more likely than those living in the least deprived areas (10%) and in areas of mid-deprivation (13%) to say that this type of food was available *1 to 4 days per week*. When fried fish was available, parents and caregivers in the least deprived areas (14%) and those in areas of mid-deprivation (15%) were more likely than those in the most deprived areas (10%) to say that they *never* ate fried fish.

1.8.4 Pies, pastries, snacks and sweets

The previous table also shows the availability of different types of pies, pastries, snacks and sweets in the home and how often the **parent or caregiver** ate these, by the deprivation index of the area that they lived in.

- **Pies and pastries** – parents and caregivers living in areas of mid-deprivation (23%) were slightly more likely than those in other areas (20%, each) to say that pies and pastries were *never* available in their home. In homes where pies and pastries were available, around one-quarter of parents and caregivers living in the least deprived areas (25%) and in areas of mid-deprivation (24%) said that they *never* ate pies and pastries, compared with 14% of parents and caregivers in the most deprived areas.
- **Potato/corn crisps and snacks** – parents and caregivers in the least deprived areas (4%) were less likely to say that potato or corn crisps and snacks were *never* available in their home than those living in areas of mid-deprivation (8%) and in the most deprived areas (7%). When these types of foods were available in the home, parents and caregivers in the most deprived areas (20%) were more likely than parents and caregivers in the least deprived areas (16%) and in areas of mid-deprivation (11%) to say that they *never* ate potato or corn crisps and snacks. Parents and caregivers in the most deprived areas (3%) were also more likely than those living in other areas (1%, each) to say that they ate potato or corn crisps and snacks *daily or more often*.

- **Sweets/lollies/chocolates** – parents and caregivers in the most deprived areas (11%) were more likely to say that sweets, lollies and chocolates were *never* available in their home, compared with those in the least deprived areas (7%) and in areas of mid-deprivation (4%). When sweets, lollies and chocolates were available in the home, parents and caregivers in areas of mid-deprivation (10%) and in the most deprived areas (14%) were more likely than those in the least deprived areas (5%) to say that they *never* ate them.

1.9 Changes in the kinds of foods and drinks consumed by parents and caregivers

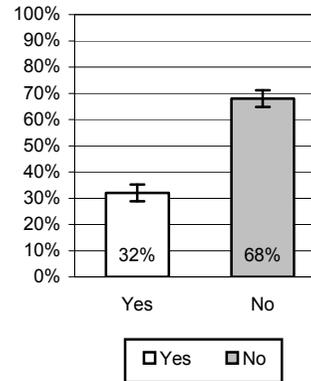
1.9.1 Changes in the last 6 months in the kinds of foods and drinks consumed by parents and caregivers

Parents and caregivers were asked if there had been any changes in the kinds of foods and drinks they had eaten or drunk over the last 6 months.

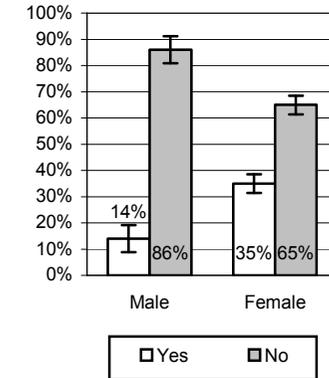
- Almost one-third (32%) of parents and caregivers said yes there had been changes in the kinds of foods and drinks they had had over the last 6 months, while just over two-thirds (68%) said *no*.
- Male parents and caregivers were less likely (14%) than female parents and caregivers (35%) to say that there had been changes in the kinds of foods and drinks they had had over the last 6 months.
- Maori and European/Other parents and caregivers were more likely (36% and 34%, respectively) than Pacific parents and caregivers (29%) and, in particular, Asian parents and caregivers (17%) to say that there had been changes.
- Parents and caregivers living in areas of mid-deprivation were more likely to say that there had been changes in the types of foods and drinks they had had over the last 6 months than other parents and caregivers (38%, compared with 30%, each, for those living in the least deprived areas and those living in the most deprived areas).

Have there been any changes in the kinds of foods and drinks that you eat and drink, over the last 6 months

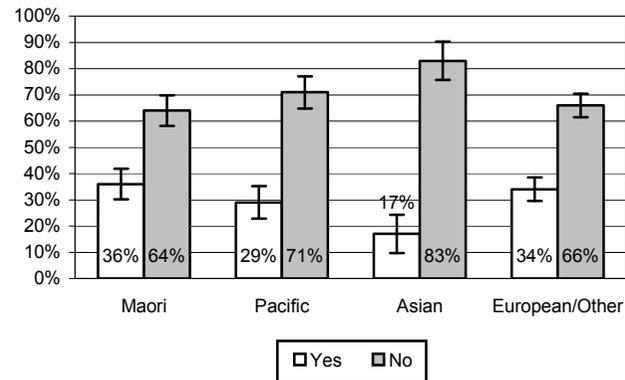
All parents/caregivers



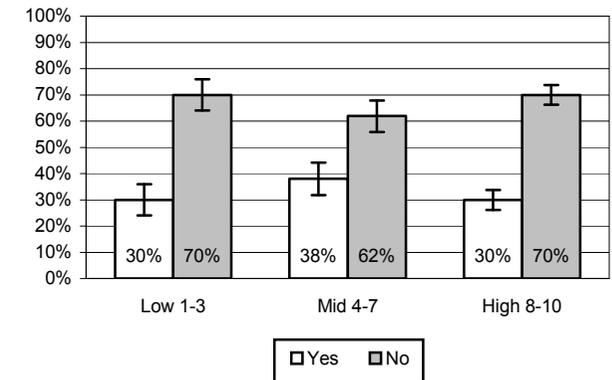
By gender



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers aged 45 years and over were less likely than younger parents and caregivers to say yes there had been changes in the kinds of foods and drinks they had had over the last 6 months.
- Parents and caregivers talking about 5 to 7-year-olds were slightly more likely than parents and caregivers talking about older children to say that there had been changes.
- Parents and caregivers in *2-parent families* and, in particular, those in *extended families* were less likely than those in other types of household to say there had been changes in the kinds of foods and drinks they had had over the last 6 months.
- Parents and caregivers with an annual household income over \$40,000 were less likely than those with an annual household income less than \$40,000 to say that there had been changes.

Have there been any changes in the kinds of foods and drinks that you eat and drink, over the last 6 months

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	14	35	38	36	23	35	32	31	32	34	32
No	86	65	62	64	77	65	68	69	68	66	68
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	36	29	17	34	37	31	25	44	32
No	64	71	83	66	63	69	75	56	68
Base	287	330	78	437	253	645	156	79	1133

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	39	36	31	31	30	38	30	32
No	61	65	69	69	70	62	70	68
Base	180	322	224	368	228	199	706	1133

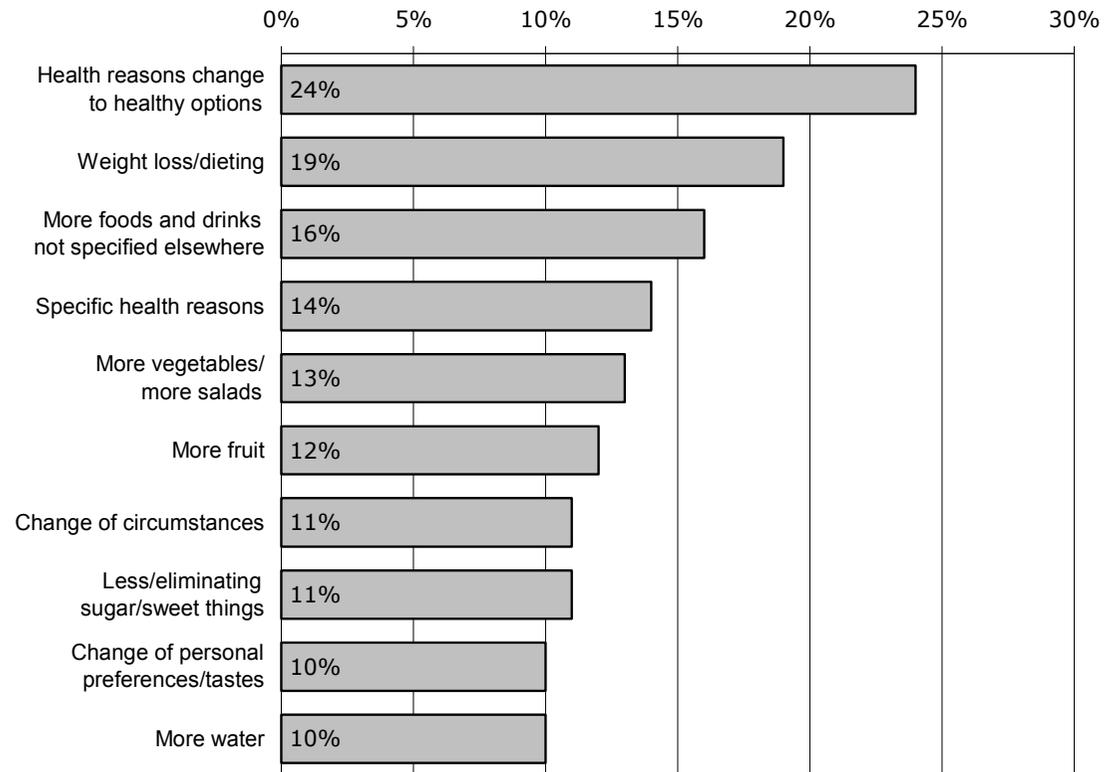
Note: "Don't know" responses are not shown in tables where the figures are <1%.

1.9.2 What were the changes and why

Parents and caregivers who said that there had been changes in the kinds of foods and drinks they had had over the last 6 months were asked what the changes were and why the changes had been made. The top 10 reasons given are shown in the chart alongside.

- Almost one-quarter (24%) of parents and caregivers said that changes in the kinds of foods and drinks they had had over the last 6 months were for *health reasons/change to healthy options*, while almost one-fifth (19%) said the reason was *weight loss/dieting*.
- Around one-sixth (16%) of parents and caregivers said that over the last 6 months they had eaten/drunk *more foods and drinks* without saying which ones or the reason for this change, while 14% of parents and caregivers said there had been changes in the kinds of foods and drinks they had had over the last 6 months for *specific health reasons*.
- Other changes mentioned were: *more vegetables/more salads* (13%) and *more fruit* (12%).
- Just over one-tenth (11%) of parents and caregivers said that a *change of circumstances* had led to the changes in the kinds of things they had had to eat/drink over the last 6 months and the same proportion (11%) said the change was *less/eliminating sugar/sweet things*.
- One-tenth (10%) of parents and caregivers mentioned *change of personal preferences/tastes*, and the same proportion (10%) said that over the last 6 months they had drunk *more water*.

What were the changes and why is this ... Top 10 mentions



- Parents and caregivers aged 45 years and over were less likely to have said that the changes in the kinds of foods and drinks they had had over the last 6 months were for *health reasons/change to healthy options* and more likely to mention *specific health reasons* than younger parents and caregivers. Parents and caregivers aged 15 to 34 years were less likely to have said that over the last 6 months they had had more of a range of foods (*more foods and drinks not specified elsewhere*) and more likely to mention *change of personal preferences/tastes*, compared with older parents and caregivers.
- Asian parents and caregivers were less likely than other parents and caregivers to have mentioned *health reasons/change to healthy option* and *change of circumstances* as the reasons for the changes in the kinds of things that they had had over the last 6 months. They were also more likely than parents and caregivers of other ethnicities to have said that the changes were for *weight loss/dieting* and that, over the last 6 months, they had had less or eliminated *sugar/sweet things* from their diet. Parents and caregivers of European/Other ethnicity were more likely to have mentioned *specific health reasons* and less likely to have said that they had had *more vegetables/more salads* over the last 6 months than other parents and caregivers.

What were the changes and why is this ... Top 10 mentions

	Age of parent/caregiver			Ethnicity of parent/caregiver				Deprivation index			Total
	15-34 years %	35-44 years %	45+ years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Health reasons/change to healthy options	28	25	18	27	32	11	24	25	19	29	24
Weight loss/dieting	20	19	20	18	27	58	16	15	24	19	19
More other specified foods and drinks	10	20	15	13	13	15	17	16	19	13	16
Specific health reasons	8	13	26	11	10	9	16	12	16	14	14
More vegetables/more salads	11	13	16	17	23	28	9	9	18	12	13
More fruit	15	9	13	11	10	20	11	16	8	10	12
Change of circumstances	13	10	13	16	10	-	11	17	8	9	11
Less/eliminating sugar/sweet things	15	7	16	9	7	33	10	12	11	9	11
Change of personal preferences/tastes	16	8	7	6	12	10	11	7	13	10	10
More water	8	14	3	11	16	6	9	10	10	10	10
Base	93	197	76	70	29	21	247	132	126	108	366

Reader Note: The text describes some of the more notable differences in parents and caregivers responses, rather than all of the differences.

- Parents and caregivers living in areas of mid-deprivation were less likely to have said that changes in the kinds of foods and drinks they had eaten/drank were due to health reasons/change to healthy options, and more likely to have mentioned weight loss/dieting than other parents and caregivers. Parents and caregivers living in the least deprived areas were less likely to have said that, over the last 6 months, they had eaten more vegetables/more salads and more likely to have said they had eaten more fruit than parents and caregivers living in more deprived areas.

The main changes mentioned by parents/ caregivers in the amounts of food and drink they had had over the last six months, and why this was, were as follows:

Health reasons change to healthy options (mentioned by 24% of parents and caregivers) ...

- "Not so tired and more focused."* (p)
- "They are good for me."* (o)
- "I want to have healthier things."* (m)
- "I feel so much better."* (p)
- "Very conscious of healthy eating."* (m)
- "We have changed to healthier foods."* (m)

Weight loss/dieting (mentioned by 19% of parents and caregivers) ...

- "Needed to slim down."* (a)
- "Used to be overweight."* (m)
- "Doing Sure Slim diet."* (m)
- "Want to stay trim."* (o)
- "Higher protein, less carbs diet."* (o)
- "Need to be aware of my diet."* (o)

More foods and drinks not specified elsewhere (mentioned by 16% of parents and caregivers) ...

- "More red meat."* (p)
- "More hot spicy food, cream crackers, fish, sushi, chicken, rice, nuts, pasta."* (o)
- "More quick food, convenience food."* (m)
- "Chocolate after dinner."* (m)
- "Drinking more alcohol."* (m)
- "Herbal tea."* (p)

Specific health reasons (mentioned by 14% of parents and caregivers) ...

- "I am a diabetic."* (p)
- "High cholesterol level."* (m)
- "Was bad effect on my teeth."* (o)
- "I've got gallstones."* (o)
- "I have a sensitivity to gluten."* (o)

More vegetables/more salads (mentioned by 13% of parents and caregivers) ...

- "Need to have fresh veges daily."* (m)

More fruit (mentioned by 12% of parents and caregivers) ...

- "Need to have fresh fruit daily."* (m)
- "Eating more fruit."* (m)
- "Lots of kiwifruit."* (m)

Change of circumstances (mentioned by 11% of parents and caregivers) ...

- "In the islands 6 months ago and food different there."* (p)
- "Moved here recently from England."* (o)
- "I'm in between homes so my meals do change."* (m)
- "My other children live with me now."* (p)
- "I've given up my night job."* (m)
- "Live in the country now."* (p)
- "Work in a dairy."* (m)
- "Have gone back to work."* (o)
- "Due to house renovations."* (o)

Less/eliminating sugar/sweet things (mentioned by 11% of parents and caregivers) ...

- "Less chocolate, biscuits."* (o)
- "Cut down on sugar."* (m)
- "Cut out desserts."* (a)

Change of personal preferences/tastes (mentioned by 10% of parents and caregivers) ...

- "Chocolates are my treat instead of lollies."* (p)
- "We have been eating more sausages lately."* (m)
- "Change of breakfast cereals."* (o)

More water (mentioned by 10% of parents and caregivers) ...

- "Drink lots of water."* (m)
- "Water everyday."* (o)
- "Increased my water intake to 2 litres a day."* (m)

Key: m = Maori, p = Pacific peoples, a = Asian peoples, o = European/Other

1.10 Frequency of consuming selected foods and drinks – by 5 to 7-year-old children and their parents and caregivers

Parents and caregivers were asked how often they themselves and how often their children drank or ate selected foods and drinks. This section compares the frequency with which parents and caregivers and their child (ie, the child chosen for the survey) ate and drank the foods and drinks asked about in the survey. The comparisons are made for each of the three children's age groups: 5 to 7-year-olds, 8 to 12-year-olds, and 13 to 16-year-olds.

1.10.1 Beverages

The table alongside shows how often parents and caregivers and how often their 5 to 7-year-old children drank selected beverages. The figures in the shaded column show overall consumption by the child and by parents and caregivers.

- Drinks drunk **more** by 5 to 7-year-old children than their parents and caregivers included: *tap water, full-sugar carbonated drinks, fruit juice, other juice, full-fat milk, and flavoured milk.*
- Drinks drunk **more** by parents and caregivers than their 5 to 7-year-old children included: *bottled water, diet carbonated drinks, and low-fat and soy milk.*
- Drinks drunk **more frequently** by 5 to 7-year-old children than their parents and caregivers included: *fruit juice, other juice, full-fat milk, and flavoured milk.*
- Drinks drunk **more frequently** by parents and caregivers than their 5 to 7-year-old children included: *bottled water, flavoured water, diet carbonated drinks, full-sugar carbonated drinks, and low-fat and soy milk.*

Selected foods and drinks consumed by 5 to 7-year-old children and their parents/caregivers

	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Consumed %	Base
BEVERAGES							
Tap water							
Child	94	1	2	2	1	(99)	338
Parent/caregiver	90	2	3	2	4	96	
Bottled water							
Child	15	4	14	39	28	72	195
Parent/caregiver	17	2	(25)	38	19	(82)	
Flavoured water							
Child	10	<1	10	48	32	68	111
Parent/caregiver	8	1	(24)	35	32	68	
Diet carbonated drinks							
Child	2	3	15	48	32	68	176
Parent/caregiver	(7)	4	20	43	26	(74)	
Full-sugar carbonated drinks							
Child	3	4	32	50	12	(88)	234
Parent/caregiver	(8)	2	34	41	16	84	
Fruit juice							
Child	(25)	5	29	35	7	(93)	289
Parent/caregiver	14	2	26	45	13	87	
Other juice*							
Child	(19)	8	25	37	11	(89)	219
Parent/caregiver	7	4	19	33	38	62	
Low-fat/soy milk							
Child	51	7	5	15	21	79	219
Parent/caregiver	(62)	3	11	10	14	(86)	
Full-fat milk							
Child	(69)	4	11	9	7	(93)	283
Parent/caregiver	57	4	10	16	14	87	
Flavoured milk							
Child	4	2	(23)	61	11	(89)	202
Parent/caregiver	3	1	14	37	46	54	

* Other juice includes juice from concentrate, powder and cordials

† The scale was "twice a day or more often".

° The circles show which drinks/foods were consumed more by the child and more by the parents and caregivers and which were consumed more often by the child and more often by the parents and caregivers.

Note: The figures in the "consumed" column are the inverse of the figures in the "never" column. The base is the number of parents and caregivers saying that the item was available in their home.

1.10.2 Fruit and vegetables

- The table alongside shows how often parents and caregivers and how often their 5 to 7-year-old children ate selected fruit and vegetables. The figures in the shaded column show overall consumption by the child and by parents and caregivers.
- Fruit and vegetables eaten slightly more by 5 to 7-year-old children than their parents and caregivers included: *tinned or frozen fruit* and *fried potatoes*.
- Fruit and vegetables eaten slightly more by parents and caregivers than their 5 to 7-year-old children included *fresh fruit*.
- Fruit and vegetables eaten **more frequently** by 5 to 7-year-old children than their parents and caregivers included: *fresh fruit, tinned or frozen fruit, and fried potatoes*.
- Fruit and vegetables eaten **more frequently** by parents and caregivers than their 5 to 7-year-old children included: *fresh vegetables, tinned or frozen vegetables, and taro/kumara/potatoes*.

Selected foods and drinks consumed by 5 to 7-year-old children and their parents/caregivers

	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Consumed %	Base
FRUIT & VEGETABLES							
Fresh fruit							
Child	88	4	3	1	4	96	346
Parent/caregiver	76	7	14	1	1	99	
Tinned/frozen fruit							
Child	5	6	40	42	8	93	321
Parent/caregiver	5	3	36	47	10	90	
Fresh vegetables							
Child	68	10	19	2	1	99	345
Parent/caregiver	74	11	14	1	-	100	
Tinned/frozen vegetables							
Child	22	17	44	15	3	97	339
Parent/caregiver	27	14	42	16	1	99	
Taro/kumara/potatoes*							
Child	35	14	45	5	2	98	346
Parent/caregiver	37	19	40	3	1	99	
Fried potatoes**							
Child	1	1	35	62	2	98	270
Parent/caregiver	1	1	26	66	6	94	

* Boiled or baked

** Hot potato or kumara chips, French Fries, wedges and hash browns

[†] The scale was "twice a day or more often".

[°] The circles show which drinks/foods were consumed more by the child and more by the parents and caregivers and which were consumed more often by the child and more often by the parents and caregivers.

Note: The figures in the "consumed" column are the inverse of the figures in the "never" column. The base is the number of parents and caregivers saying that the item was available in their home.

1.10.3 Meats and fish

- The table alongside shows how often parents and caregivers and how often their 5 to 7-year-old children ate selected meats and fish. The figures in the shaded column show overall consumption by the child and by parents and caregivers.
- Meats and fish eaten more by 5 to 7-year-old children than their parents and caregivers included: *burgers and sausages, fried chicken or nuggets, and fried fish*.
- Children 5 to 7 years old also ate these three foods **more frequently** than their parents and caregivers.

1.10.4 Pies, pastries, snacks and sweets

- The table alongside also shows how often parents and caregivers and how often their 5 to 7-year-old children ate selected pies, pastries, snacks, and sweets.
- Pies, pastries, snacks and sweets eaten more by 5 to 7-year-old children than their parents and caregivers included: *pies and pastries, potato or corn crisps and snacks, and sweets, lollies and chocolates*.
- Children 5 to 7 years old also ate these three foods **more frequently** than their parents and caregivers.

Selected foods and drinks consumed by 5 to 7-year-old children and their parents/caregivers

	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Consumed %	Base
MEATS & FISH							
Burgers & sausages							
Child	6	1	44	45	3	97	324
Parent/caregiver	7	2	40	44	7	93	
Fried chicken or nuggets							
Child	1	1	30	65	3	97	257
Parent/caregiver	1	<1	18	53	29	71	
Fried fish*							
Child	<1	<1	20	71	8	92	285
Parent/caregiver	<1	<1	17	71	12	88	
PIES/PASTRIES/SNACKS/SWEETS							
Pies & pastries**							
Child	1	2	27	66	5	95	286
Parent/caregiver	1	<1	18	62	19	81	
Potato/corn crisps & snacks							
Child	17	10	50	20	2	98	328
Parent/caregiver	2	1	38	48	11	89	
Sweets/lollies/chocolates							
Child	7	2	43	46	3	97	313
Parent/caregiver	4	5	40	44	7	93	

* Including fish and chips

** Savoury and sweet

† The scale was "twice a day or more often".

◦ The circles show which drinks/foods were consumed more by the child and more by the parents and caregivers and which were consumed more often by the child and more often by the parents and caregivers.

Note: The figures in the "consumed" column are the inverse of the figures in the "never" column. The base is the number of parents and caregivers saying that the item was available in their home.

1.11 Frequency of consuming selected foods and drinks – by 8 to 12-year-old children and their parents and caregivers

1.11.1 Beverages

- The table alongside shows how often parents and caregivers and how often their 8 to 12-year-old children drank selected beverages. The figures in the shaded column show overall consumption by the child and by parents and caregivers.
- Drinks drunk more by 8 to 12-year-old children than their parents and caregivers included: *bottled water, flavoured water, diet carbonated drinks, full-sugar carbonated drinks, fruit juice, other juice, full-fat milk, and flavoured milk.*
- Drinks drunk slightly more by parents and caregivers than their 8 to 12-year-old children included *low-fat and soy milk.*
- Drinks drunk **more frequently** by 8 to 12-year-old children than their parents and caregivers included: *tap water, diet carbonated drinks, full-sugar carbonated drinks, fruit juice, other juice, full-fat milk, and flavoured milk.*
- Drinks drunk **more frequently** by parents and caregivers than their 8 to 12-year-old children included: *bottled water, and low-fat and soy milk.*

Selected foods and drinks consumed by 8 to 12-year-old children and their parents/caregivers

	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Consumed %	Base
BEVERAGES							
Tap water							
Child	91	1	4	2	1	99	439
Parent/caregiver	83	3	6	4	4	96	
Bottled water							
Child	28	2	9	46	15	85	280
Parent/caregiver	27	4	14	33	23	77	
Flavoured water							
Child	6	1	14	56	23	77	196
Parent/caregiver	8	1	13	36	42	58	
Diet carbonated drinks							
Child	4	3	29	44	21	79	277
Parent/caregiver	6	1	20	39	35	65	
Full-sugar carbonated drinks							
Child	3	2	30	54	11	89	343
Parent/caregiver	3	2	22	41	32	68	
Fruit juice							
Child	21	6	24	40	9	91	384
Parent/caregiver	9	4	24	42	21	79	
Other juice*							
Child	23	6	22	38	11	89	309
Parent/caregiver	9	3	13	23	53	47	
Low-fat/soy milk							
Child	53	4	14	11	19	82	291
Parent/caregiver	62	2	12	9	14	86	
Full-fat milk							
Child	70	4	13	8	7	93	367
Parent/caregiver	51	2	14	10	23	77	
Flavoured milk							
Child	7	1	17	57	19	81	258
Parent/caregiver	1	1	8	29	61	39	

* Other juice includes juice from concentrate, powder and cordials

[†] The scale was "twice a day or more often".

° The circles show which drinks/foods were consumed more by the child and more by the parents and caregivers and which were consumed more often by the child and more often by the parents and caregivers.

Note: The figures in the "consumed" column are the inverse of the figures in the "never" column. The base is the number of parents and caregivers saying that the item was available in their home.

1.11.2 Fruit and vegetables

- The table alongside shows how often parents and caregivers and how often their 8 to 12-year-old children ate selected fruit and vegetables. The figures in the shaded column show overall consumption by the child and by parents and caregivers.
- Fruit and vegetables eaten more by 8 to 12-year-old children than their parents and caregivers included *fried potatoes*.
- Fruit and vegetables eaten **more frequently** by 8 to 12-year-old children than their parents and caregivers included: *fresh fruit, tinned or frozen fruit, and fried potatoes*.
- Fruit and vegetables eaten **more frequently** by parents and caregivers than their 8 to 12-year-old children included *fresh vegetables*.

Selected foods and drinks consumed by 8 to 12-year-old children and their parents/caregivers

	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Consumed %	Base
FRUIT & VEGETABLES							
Fresh fruit							
Child	84	7	8	1	1	99	453
Parent/caregiver	75	8	14	2	1	100	
Tinned/frozen fruit							
Child	11	4	37	42	7	93	414
Parent/caregiver	8	4	30	49	8	92	
Fresh vegetables							
Child	68	13	16	3	<1	100 [±]	451
Parent/caregiver	76	12	10	1	1	99	
Tinned/frozen vegetables							
Child	24	13	44	17	4	97	437
Parent/caregiver	26	14	42	15	3	97	
Taro/kumara/potatoes*							
Child	39	16	39	5	<1	100 [±]	452
Parent/caregiver	40	17	38	4	2	98	
Fried potatoes**							
Child	<1	2	33	60	4	96	345
Parent/caregiver	1	<1	24	62	12	88	

* Boiled or baked

** Hot potato or kumara chips, French Fries, wedges and hash browns

[†] The scale was "twice a day or more often".

[±] The overall figure is rounded to 100, although a small proportion of parents and caregivers said that their 8 to 12-year-old child "never" ate fresh vegetables and taro/kumara/potatoes.

° The circles show which drinks/foods were consumed more by the child and more by the parents and caregivers and which were consumed more often by the child and more often by the parents and caregivers.

Note: The figures in the "consumed" column are the inverse of the figures in the "never" column. The base is the number of parents and caregivers saying that the item was available in their home.

1.11.3 Meats and fish

The table alongside shows how often parents and caregivers and how often their 8 to 12-year-old children ate selected meats and fish. The figures in the shaded column show overall consumption by the child and by parents and caregivers.

- Meats and fish eaten more by 8 to 12-year-old children than their parents and caregivers included: *burgers and sausages, fried chicken or nuggets, and fried fish.*
- Meats and fish eaten **more frequently** by 8 to 12-year-old children than their parents and caregivers included: *burgers and sausages and fried chicken or nuggets.*

1.11.4 Pies, pastries, snacks and sweets

The table alongside also shows how often parents and caregivers and how often their 8 to 12-year-old children ate selected pies, pastries, snacks, and sweets.

- Pies, pastries, snacks and sweets eaten more by 8 to 12-year-old children than their parents and caregivers included: *pies and pastries, potato or corn crisps and snacks, and sweets, lollies and chocolates.*
- Children 8 to 12 years old also ate these three foods **more frequently** than their parents and caregivers.

Selected foods and drinks consumed by 8 to 12-year-old children and their parents/caregivers

	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Consumed %	Base
MEATS & FISH							
Burgers & sausages							
Child	7	1	48	41	2	98	426
Parent/caregiver	8	2	40	43	7	93	
Fried chicken or nuggets							
Child	1	1	26	67	5	95	342
Parent/caregiver	<1	<1	16	60	24	76	
Fried fish*							
Child	<1	<1	20	71	9	91	390
Parent/caregiver	<1	<1	21	66	13	87	
PIES/PASTRIES/SNACKS/SWEETS							
Pies & pastries**							
Child	1	1	29	62	7	93	372
Parent/caregiver	1	1	18	58	23	77	
Potato/corn crisps & snacks							
Child	18	10	43	25	4	97	423
Parent/caregiver	2	1	31	49	18	82	
Sweets/lollies/chocolates							
Child	6	2	46	44	3	97	408
Parent/caregiver	5	5	36	44	9	91	

* Including fish and chips

** Savoury and sweet

† The scale was "twice a day or more often".

° The circles show which drinks/foods were consumed more by the child and more by the parents and caregivers and which were consumed more often by the child and more often by the parents and caregivers.

Note: The figures in the "consumed" column are the inverse of the figures in the "never" column. The base is the number of parents and caregivers saying that the item was available in their home.

1.12 Frequency of consuming selected foods and drinks – by 13 to 16-year-old children and their parents and caregivers

1.12.1 Beverages

The table alongside shows how often parents and caregivers and how often their 13 to 16-year-old children drank selected beverages. The figures in the shaded column show overall consumption by the child and by parents and caregivers.

- Drinks drunk more by 13 to 16-year-old children than their parents and caregivers included: *bottled water, flavoured water, diet carbonated drinks, full-sugar carbonated drinks, fruit juice, other juice, full-fat milk, and flavoured milk*. Children 13 to 16 years old also drank these drinks **more frequently** than their parents and caregivers.
- Drinks drunk slightly more by parents and caregivers than their 13 to 16-year-old children included: *low-fat and soy milk*. Parents and caregivers also drank these types of milk **more frequently** than their 13 to 16-year-olds.

Selected foods and drinks consumed by 13 to 16-year-old children and their parents/caregivers

	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Consumed %	Base
BEVERAGES							
Tap water							
Child	83	2	8	1	7	93	323
Parent/caregiver	82	3	6	4	5	95	
Bottled water							
Child	26	4	21	29	20	80	203
Parent/caregiver	24	5	15	31	25	75	
Flavoured water							
Child	13	2	22	41	22	78	134
Parent/caregiver	9	1	12	36	42	58	
Diet carbonated drinks							
Child	10	2	37	38	14	86	230
Parent/caregiver	10	1	22	32	36	64	
Full-sugar carbonated drinks							
Child	10	1	41	37	11	89	246
Parent/caregiver	5	2	20	38	34	66	
Fruit juice							
Child	30	2	36	26	6	94	277
Parent/caregiver	12	4	32	34	18	82	
Other juice*							
Child	26	5	26	34	10	90	214
Parent/caregiver	8	3	16	30	43	57	
Low-fat/soy milk							
Child	52	3	11	10	26	74	246
Parent/caregiver	67	5	9	9	11	89	
Full-fat milk							
Child	70	3	13	6	8	92	252
Parent/caregiver	48	3	14	10	26	74	
Flavoured milk							
Child	6	2	17	55	20	80	174
Parent/caregiver	-	<1	7	29	64	36	

* Other juice includes juice from concentrate, powder and cordials

[†] The scale was "twice a day or more often".

° The circles show which drinks/foods were consumed more by the child and more by the parents and caregivers and which were consumed more often by the child and more often by the parents and caregivers.

Note: The figures in the "consumed" column are the inverse of the figures in the "never" column. The base is the number of parents and caregivers saying that the item was available in their home.

1.12.2 Fruit and vegetables

The table alongside shows how often parents and caregivers and how often their 13 to 16-year-old children ate selected fruit and vegetables. The figures in the shaded column show overall consumption by the child and by parents and caregivers.

- Fruit and vegetables eaten more by 13 to 16-year-old children than their parents and caregivers included *fried potatoes*.
- Fruit and vegetables eaten more by parents and caregivers than their 13 to 16-year-old children included: *tinned or frozen fruit* and *tinned or frozen vegetables*.
- Fruit and vegetables eaten **more frequently** by 13 to 16-year-old children than their parents and caregivers included: *tinned or frozen fruit* and *fried potatoes*.
- Fruit and vegetables eaten **more frequently** by parents and caregivers than their 13 to 16-year-old children included: *fresh fruit*, *fresh vegetables*, *tinned or frozen vegetables*, and *taro/kumara/potatoes*.

Selected foods and drinks consumed by 13 to 16-year-old children and their parents/caregivers

	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Consumed %	Base
FRUIT & VEGETABLES							
Fresh fruit							
Child	67	7	17	7	2	98	333
Parent/caregiver	79	6	13	2	<1	100	
Tinned/frozen fruit							
Child	7	4	36	38	16	84	314
Parent/caregiver	9	4	30	46	12	88	
Fresh vegetables							
Child	68	13	16	2	<1	100 [±]	333
Parent/caregiver	78	11	10	1	1	99	
Tinned/frozen vegetables							
Child	29	8	47	11	5	95	322
Parent/caregiver	32	10	47	10	1	99	
Taro/kumara/potatoes*							
Child	40	15	36	7	2	98	331
Parent/caregiver	47	15	31	6	1	99	
Fried potatoes**							
Child	3	3	38	53	3	97	253
Parent/caregiver	2	<1	34	53	10	90	

* Boiled or baked

** Hot potato or kumara chips, French Fries, wedges and hash browns

[†] The scale was "twice a day or more often".

[±] The overall figure is rounded to 100, although a small proportion of parents and caregivers said that their 13 to 16-year-old child "never" ate fresh vegetables.

[°] The circles show which drinks/foods were consumed more by the child and more by the parents and caregivers and which were consumed more often by the child and more often by the parents and caregivers.

Note: The figures in the "consumed" column are the inverse of the figures in the "never" column. The base is the number of parents and caregivers saying that the item was available in their home.

1.12.3 Meats and fish

The table alongside shows how often parents and caregivers and how often their 13 to 16-year-old children ate selected meats and fish. The figures in the shaded column show overall consumption by the child and by parents and caregivers.

- Meats and fish eaten more by 13 to 16-year-old children than their parents and caregivers included: *burgers and sausages* and *fried chicken or nuggets*. Children 13 to 16 years old also ate these foods **more frequently** than their parents and caregivers.
- Meats and fish eaten more by parents and caregivers than their 13 to 16-year-old children included *fried fish*.

1.12.4 Pies, pastries, snacks and sweets

The table alongside also shows how often parents and caregivers and how often their 13 to 16-year-old children ate selected pies, pastries, snacks, and sweets.

- Pies, pastries, snacks and sweets eaten more by 13 to 16-year-old children than their parents and caregivers included: *pies and pastries*, *potato or corn crisps and snacks*, and *sweets, lollies and chocolates*.
- Children 13 to 16 years old also ate these foods **more frequently** than their parents and caregivers.

Selected foods and drinks consumed by 13 to 16-year-old children and their parents/caregivers

	Daily or more often [†] %	5-6 days per week %	1-4 days per week %	Less often %	Never %	Consumed %	Base
MEATS & FISH							
Burgers & sausages							
Child	4	1	48	40	7	93	313
Parent/caregiver	3	1	37	45	13	87	
Fried chicken or nuggets							
Child	2	<1	27	58	12	88	229
Parent/caregiver	1	1	18	51	30	70	
Fried fish*							
Child	<1	<1	21	61	18	82	278
Parent/caregiver	-	<1	18	68	14	86	
PIES/PASTRIES/SNACKS/SWEETS							
Pies & pastries**							
Child	1	1	30	59	9	91	254
Parent/caregiver	<1	<1	15	64	20	80	
Potato/corn crisps & snacks							
Child	15	11	51	21	3	97	305
Parent/caregiver	1	1	32	49	16	84	
Sweets/lollies/chocolates							
Child	8	5	42	40	5	95	294
Parent/caregiver	5	1	36	47	10	90	

* Including fish and chips

** Savoury and sweet

† The scale was "twice a day or more often".

° The circles show which drinks/foods were consumed more by the child and more by the parents and caregivers and which were consumed more often by the child and more often by the parents and caregivers.

Note: The figures in the "consumed" column are the inverse of the figures in the "never" column. The base is the number of parents and caregivers saying that the item was available in their home.

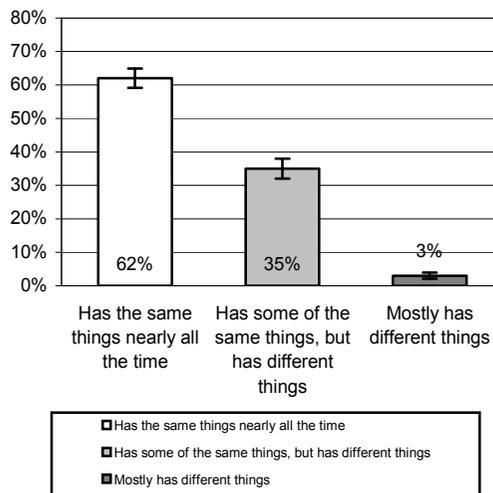
1.13 Extent to which child has the same foods/drinks as everyone else in the home

Parents and caregivers were asked which of three statements they agreed with to indicate the extent to which their child (the one chosen for the survey) usually ate or drank the same things as everyone else in their home.

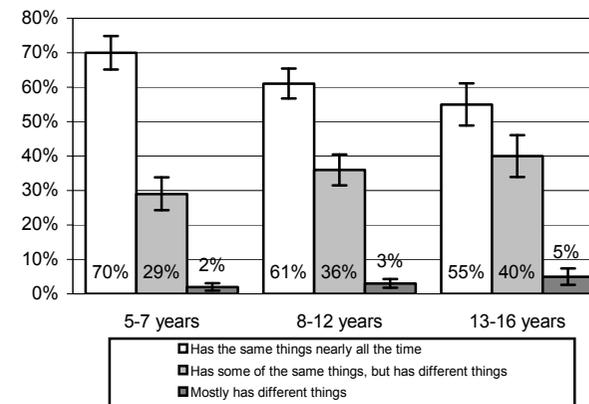
- Just under two-thirds (62%) of parents and caregivers said their child *has the same things nearly all the time*. Just over one-third (35%) agreed their child *has some of the same things, but has different things*. Only 3% said their child *mostly has different things*.
- The younger the child, the more likely the parent and caregiver was to agree that the child *has the same things nearly all the time*. Seventy percent (70%) of parents and caregivers talking about children 5 to 7 years old agreed their child *has the same things nearly all the time*, compared with 61% for parents and caregivers talking about 8 to 12-year-olds, and 55% for those talking about 13 to 16-year-olds.
- Pacific parents and caregivers were less likely than European/Other or Maori parents and caregivers to say that their child *has the same things nearly all the time*. Around one-half (53%) of Pacific parents and caregivers agreed their child *has the same things nearly all the time*, compared with 62% for Maori parents and caregivers and 64% of parents and caregivers of European/Other ethnicity. Asian parents and caregivers were slightly less likely than European/Other and Maori parents and caregivers to agree with this statement, with 57% agreeing their child *has the same things nearly all the time*.

Thinking about what [nominated child] usually eats and drinks at home, which of these applies best to her/him?

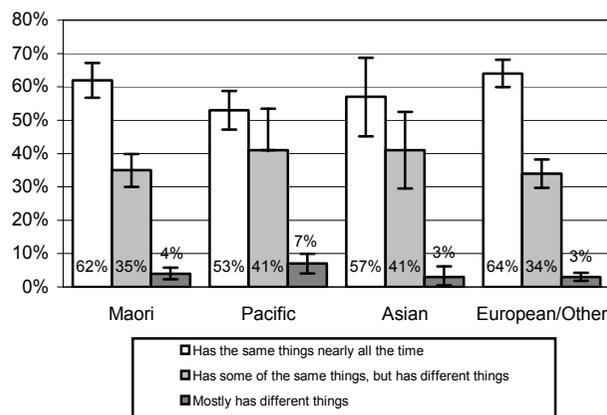
All parents/caregivers



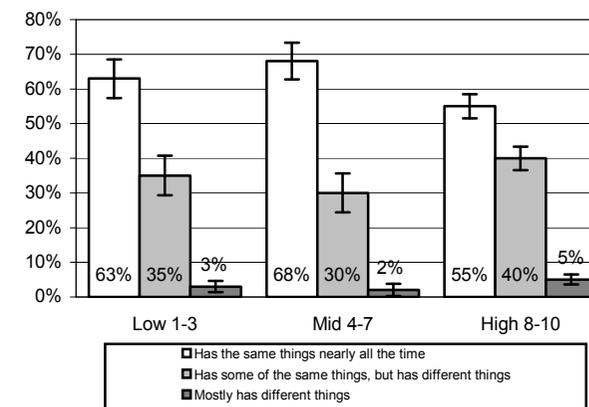
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Pacific parents and caregivers were more likely to say their child *mostly has different things* than other parents and caregivers (7%, compared with 3% of Asian, 3% of European/Other, and 4% of Maori, parents and caregivers).
- Parents and caregivers living in the most deprived areas were less likely than parents and caregivers in other areas to say their child *has the same things nearly all the time*. Fifty-five percent (55%) of these parents and caregivers agreed their child *has the same things nearly all the time*, compared with 63% of parents and caregivers living in the least deprived areas and 68% of those in areas of mid deprivation.

- Female parents and caregivers were more likely than male parents and caregivers to say that their child *has the same things nearly all the time*; nearly two-thirds (63%) of female parents and caregivers said this, compared with about one-half (53%) of male parents and caregivers.
- The age of the parents and caregivers influenced the extent to which their child (the one chosen for the survey) usually ate or drank the same things as everyone else in the home. Parents and caregivers aged 35 to 44 years were more likely to say their child *has the same things nearly all the time* (68% said this) than parents and caregivers aged 15 to 34 years (59%) and those aged 45 years or older (53%).
- Parents and caregivers living in *other households* were less likely to say their child *has the same things nearly all the time* (52% said this) than parents and caregivers living in other types of households (64% for 2-parent families, 59% for extended families, and 58% for 1-parent families).

Thinking about what [nominated child] usually eats and drinks at home, which of these applies best to her/him?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Has the same things nearly all the time	53	63	59	68	53	70	61	55	62	61	62
Has some of the same things, but has different things	44	34	39	29	43	29	36	40	35	37	35
Mostly has different things	3	3	3	3	4	2	3	5	4	2	3
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Has the same things nearly all the time	62	53	57	64	58	64	59	52	62
Has some of the same things, but has different things	35	41	41	34	38	33	36	42	35
Mostly has different things	4	7	3	3	4	3	5	6	3
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers whose annual household income is \$40,000 to \$60,000 were less likely to say their child *has the same things nearly all the time* than parents and caregivers with other income levels (55% said this, compared with 60% of parents and caregivers with household incomes of less than \$20,000, 63% for those with incomes over \$60,000, and 65% for those with household incomes in the range \$20,000 to \$40,000).
- Parents and caregivers with a household income of less than \$20,000 were more likely to say their child *mostly has different things* than other parents and caregivers (6%, compared with 3%, each, for other parents and caregivers).

Thinking about what [nominated child] usually eats and drinks at home, which of these applies best to her/him?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Has the same things nearly all the time	60	65	55	63	63	68	55	62
Has some of the same things, but has different things	34	32	42	34	35	30	40	35
Mostly has different things	6	3	3	3	3	2	5	3
Base	180	322	224	368	228	199	706	1133

2. EATING AND FOOD PREPARATION PRACTICES

2.1 Mealtime practices

Parents and caregivers were asked about mealtime practices and how often these occurred.

2.1.1 Whether the child has her/his main meal of the day in front of the TV, computer, or PlayStation.

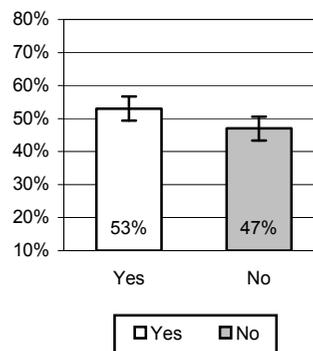
Parents and caregivers were asked if their child sometimes had her/his main meal in front of the TV, computer, or PlayStation.

The charts alongside and the tables on the following page show their answers.

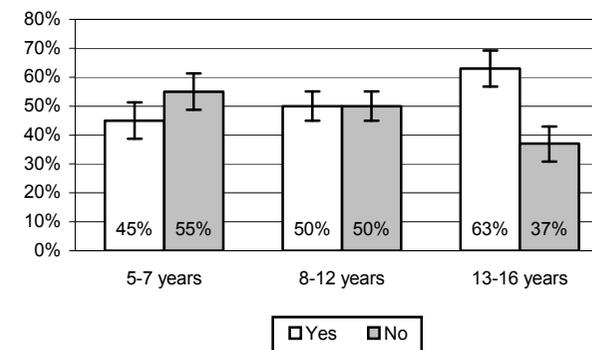
- Over one-half (53%) of parents and caregivers said that sometimes their child had her/his main meal in front of the TV, computer, or PlayStation, while 47% said that their child did not do this.
- Parents and caregivers talking about 13 to 16-year-olds were more likely to say that their child sometimes ate their main meal in front of the TV, computer, or PlayStation than parents and caregivers of younger children (63%, compared with figures of 50% for 8 to 12-year-olds and 45% for 5 to 7-year-olds).
- Parents and caregivers of European/Other ethnicity were slightly more likely than other parents and caregivers to say that their child sometimes had her/his main meal of the day in front of the TV, computer, or PlayStation (56%, compared with 43% for Maori parents and caregivers, and 50%, each, for Pacific and Asian parents and caregivers).
- There was little variation in the responses to this question by parents and caregivers living in areas with different levels of deprivation.

Does the child sometimes have her/his main meal of the day in front of the TV, computer, or PlayStation?

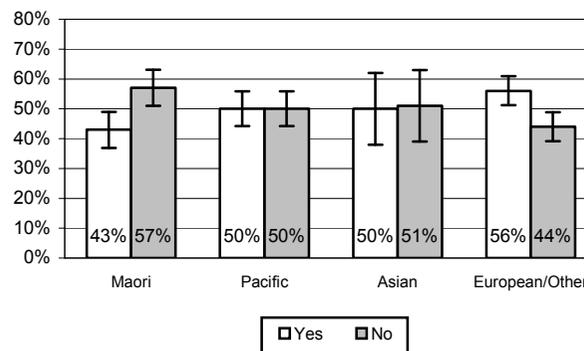
All parents/caregivers



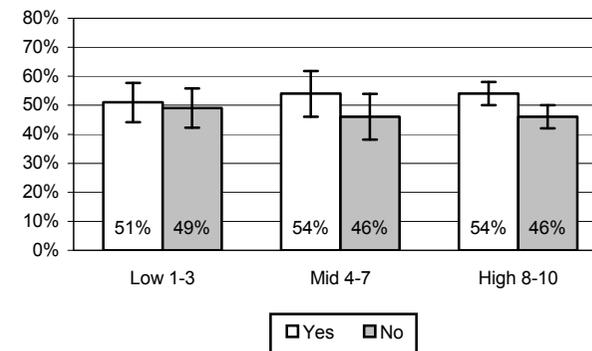
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Female parents and caregivers were more likely than male parents and caregivers to say that their child sometimes had her/his main meal in front of the TV, computer, or PlayStation.
- Parents and caregivers aged 15 to 34 years were less likely than parents and caregivers in other age groups to say that their child sometimes had her/his main meal of the day in front of the TV, computer, or PlayStation.
- Parents and caregivers living in rural areas were less likely than those living in urban areas to say that their child had her/his main meal in front of the TV, computer, or PlayStation.
- Parents and caregivers in *1-parent families* were more likely than other parents and caregivers to say their child had her/his main meal in front of the TV, computer, or PlayStation.
- Parents and caregivers whose annual household income was less than \$20,000 were more likely than other parents and caregivers to say their child had her/his main meal in front of the TV, computer, or PlayStation.

Does the nominated child sometimes have his/her main meal of the day in front of the TV, computer, or PlayStation?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	42	55	47	54	56	45	50	63	55	43	53
No	58	45	54	46	44	55	50	37	45	57	47
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	43	50	50	56	66	50	49	43	53
No	57	50	51	44	34	50	51	57	47
Base	287	330	78	437	253	645	156	79	1133

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	65	54	48	52	51	54	54	53
No	35	46	52	48	49	46	46	47
Base	180	322	224	368	228	199	706	1133

2.1.2 Frequency with which children eat their main meal in front of the TV, computer, or PlayStation

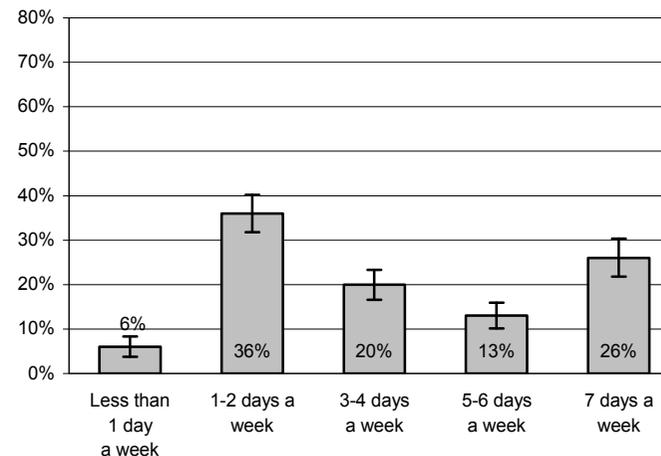
Parents and caregivers who said that their child sometimes had her/his main meal of the day in front of the TV, computer, or PlayStation were asked how often this happened. Their responses are shown in the chart alongside.

Six percent (6%) of parents and caregivers said that their child had her/his main meal of the day in front of the TV, computer, or PlayStation *less than 1 day a week*.

Over one-third (36%) of parents and caregivers said that this happened *1 to 2 days a week*, while one-fifth (20%) said that this happened *3 to 4 days a week*.

Thirteen percent (13%) of parents and caregivers said that their child had her/his main meal of the day in front of the TV, computer, or PlayStation *5 to 6 days a week*, and 26% said that this happened *everyday – 7 days a week*.

On how many days out of 7 days of the week does [nominated child] have her/his main meal of the day in front of the TV, computer, or PlayStation?



Unweighted base = 579 – all parents/caregivers who said that [nominated child] sometimes had her/his main meal of the day in front of the TV, computer, or PlayStation

- Parents and caregivers talking about children aged 5 to 7 years old were more likely than parents and caregivers talking about children of other ages to say that their child had their main meal in front of the TV, computer, or PlayStation 1-2 days a week.
- Maori and Pacific parents and caregivers were more likely than parents and caregivers of European/Other ethnicity, and slightly more likely than Asian parents and caregivers, to say that their child had her/his main meal of the day in front of the TV, computer, or PlayStation daily.
- Parents and caregivers living in the most deprived areas were more likely than other parents and caregivers to say their child had her/his main meal of the day in front of the TV, computer, or PlayStation daily.

On how many days out of 7 days of the week does [nominated child] have her/his main meal of the day in front of the TV, computer, or PlayStation?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Less than 1 day a week	6	4	7	3	2	8	6	7	5	5	6
1-2 days a week	46	35	29	36	30	40	36	45	29	31	36
3-4 days a week	12	20	25	18	24	18	20	16	21	23	20
5-6 days a week	8	17	12	13	11	6	14	11	19	9	13
7 days a week	28	25	27	31	33	28	24	22	26	32	26
Base	155	224	200	124	158	42	255	117	108	354	579

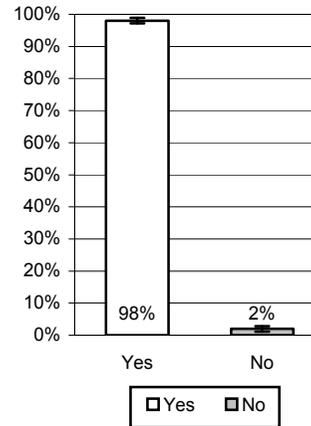
2.1.3 Whether the child has her/his main meal of the day sitting down with the rest of the household

Parents and caregivers were asked if their child sometimes had her/his main meal of the day sitting down with the rest of the household.

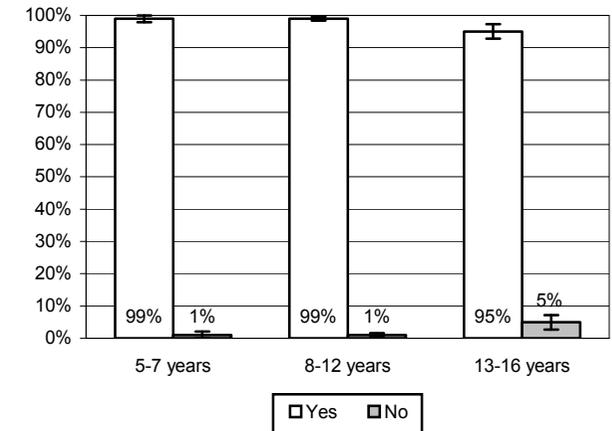
- The majority of parents and caregivers (98%) said *yes*, their child sometimes had her/his main meal of the day with the rest of the household, while 2% said *no*.
- Parents and caregivers talking about 13 to 16-year-olds were slightly less likely (95%) to say that their child sometimes had her/his main meal of the day with the rest of the household than parents and caregivers talking about 5 to 7-year-olds and 8 to 12-year-olds (99%, each).
- There was little variation in the responses to this question by parents and caregivers of different ethnicities and by those living in areas with different levels of deprivation.

Does the child sometimes have her/his main meal of the day sitting down with yourself or other members of the household?

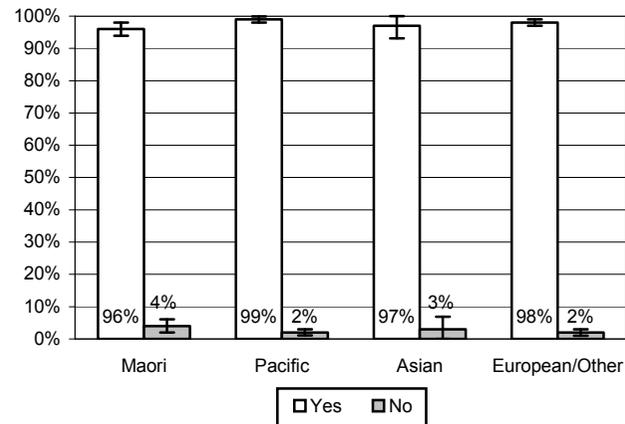
All parents/caregivers



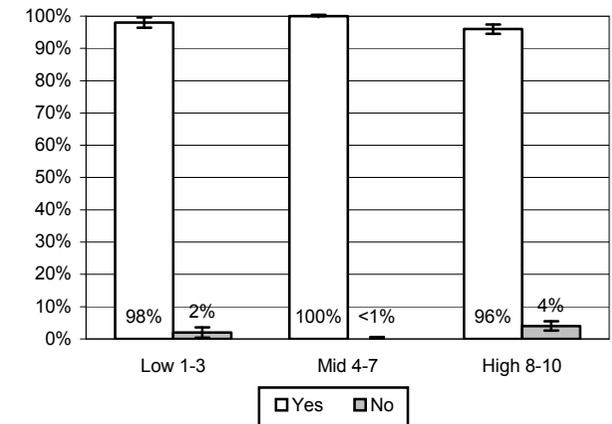
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers in *2-parent families* and those in *extended families* were slightly more likely than those in *other households* to say that their child had her/his main meal with the rest of the household.

Does the child sometimes have her/his main meal of the day sitting down with yourself or other members of the household?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	98	98	97	99	97	99	99	95	97	100*	98
No	2	2	3	1	3	1	1	5	3	<1	2
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	96	99	97	98	97	99	99	92	98
No	4	2	3	2	3	2	1	8	2
Base	287	330	78	437	253	645	156	79	1133

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	96	98	97	99	98	100*	96	98
No	4	2	3	1	2	<1	4	2
Base	180	322	224	368	228	199	706	1133

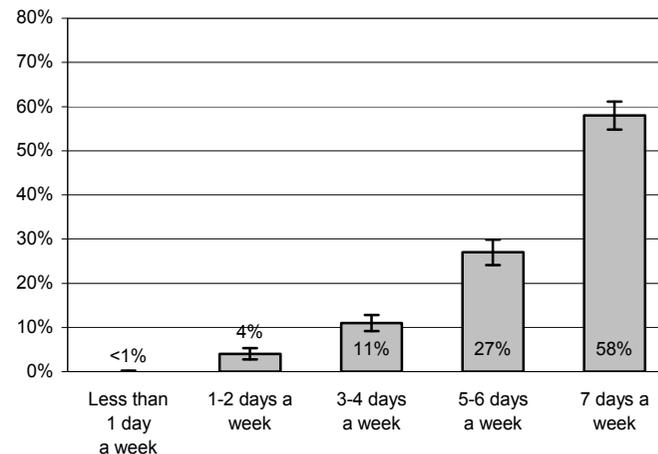
* The figure for "Yes" is rounded to 100, although a small proportion of parents and caregivers said "No" to this question.

2.1.4 Frequency with which children eat their main meal sitting down with the rest of the household

Parents and caregivers who said that their child sometimes had her/his main meal of the day with the rest of the household were asked how often this occurred. Their responses are shown in the chart alongside.

- Less than one percent (<1%) of parents and caregivers said that their child had her/his main meal with the rest of the household *less than 1 day a week*, while 4% said that this occurred *1 to 2 days a week*.
- Just over one-tenth (11%) of parents and caregivers said that their child had her/his main meal of the day sitting down with the rest of the household *3 to 4 days a week*, and over one-quarter (27%) said this happened *5 to 6 days a week*.
- Almost three-fifths (58%) of parents and caregivers said that their child had her/his main meal with the rest of the household everyday – *7 days a week*.

Frequency with which child has main meal sitting down with the rest of the household



Unweighted base = 1103 – all parents/caregivers who said that [nominated child] sometimes had her/his main meal of the day with the rest of the household.

- Parents and caregivers talking about children aged 5 to 7 years were more likely than parents and caregivers talking about older children to say their child had her/his main meal with the rest of the household daily.
- Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say that their child had her/his main meal sitting down with the rest of the household daily.
- Parents and caregivers living in the least deprived areas were less likely than those living in more deprived areas to say that their child had her/his main meal with the rest of the household 3-4 days a week.

On how many days does [nominated child] have her/his main meal of the day sitting down with yourself or other members of the household?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Less than 1 day a week	-	<1	1	<1	-	-	<1	<1	-	<1	<1
1-2 days a week	2	3	6	2	6	2	4	3	4	3	4
3-4 days a week	9	10	14	12	18	8	10	7	13	14	11
5-6 days a week	20	25	35	25	17	14	30	27	28	24	27
7 days a week	70	62	42	61	58	75	55	61	55	58	58
Base	341	446	315	275	323	76	427	223	198	681	1102

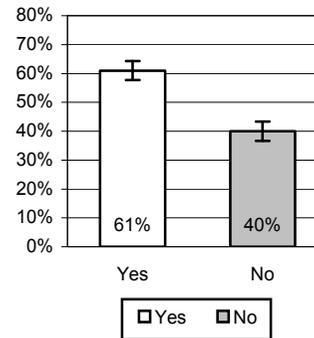
2.1.5 Whether the household has the main meal in front of the TV, watching a programme, DVD, or tape

Parents and caregivers were asked if the household sometimes had the main meal in front of the TV, watching a programme, DVD, or tape.

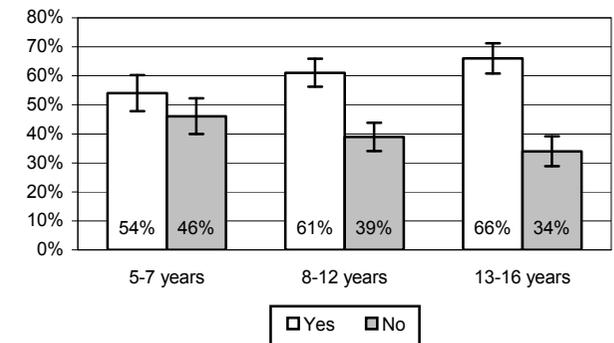
- Just over three-fifths (61%) of parents and caregivers said *yes*, the household sometimes had the main meal in front of the TV, watching a programme, DVD, or tape, while two-fifths (40%) said *no*.
- Parents and caregivers talking about 13 to 16-year-olds were more likely (66%) to say that the household sometimes had the main meal watching the TV than parents and caregivers of younger children (the corresponding figures were 61% for parents and caregivers of 8 to 12-year-olds and 54% for those of 5 to 7-year-olds).
- Parents and caregivers of European/Other ethnicity were more likely than Maori and Pacific parents and caregivers, and slightly more likely than Asian parents and caregivers, to say that the household sometimes had the main meal of the day while watching the TV (64%, compared with figures of 53% for Maori parents and caregivers, 54% for Pacific parents and caregivers, and 60% for Asian parents and caregivers).
- There was little variation in the proportion of parents and caregivers living in areas of different levels of deprivation that said that the household sometimes had the main meal in front of the TV.

Does the household sometimes have the main meal in front of the TV, watching a programme, DVD, or tape?

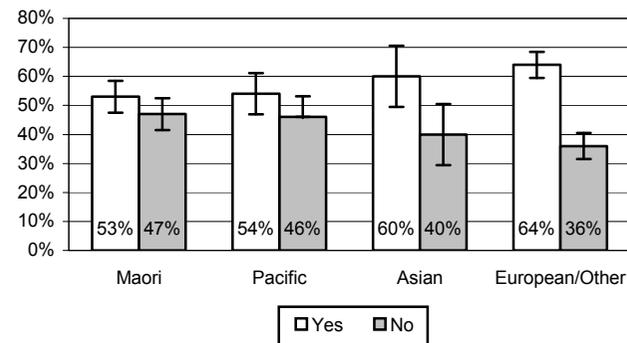
All parents/caregivers



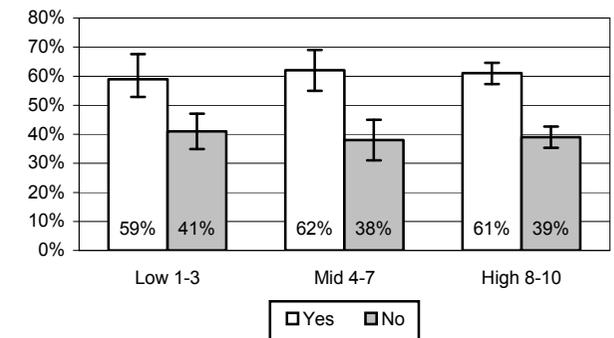
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Male parents and caregivers were slightly less likely than female parents and caregivers to say that the household sometimes had the main meal in front of the TV, watching a programme, DVD, or tape.
- Parents and caregivers aged 45 years and over were more likely to say this happened than those aged 15 to 34 years.
- Parents and caregivers living in rural areas were less likely than those living in urban areas to say that the household sometimes had the main meal while watching the TV.
- Parents and caregivers living in *1-parent families* were more likely than parents and caregivers in all other types of household to say that the household sometimes had the main meal watching the TV.

Does the household sometimes have the main meal in front of the TV, watching a programme, DVD, or tape?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	55	62	55	61	64	54	61	66	63	52	61
No	45	38	45	39	36	46	39	34	37	48	40
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	53	54	60	64	70	59	59	48	61
No	47	46	40	36	30	42	41	52	40
Base	287	330	78	437	253	645	156	79	1133

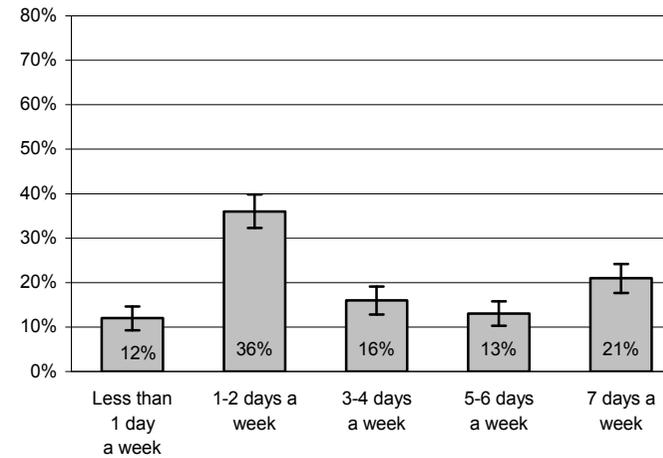
	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	65	58	61	60	59	62	61	61
No	35	42	39	40	41	38	39	40
Base	180	322	224	368	228	199	706	1133

2.1.6 Frequency with which the household has the main meal in front of the TV

Parents and caregivers who said that the household sometimes had the main meal while watching a TV programme, DVD, or tape were asked how often this happened.

- Just over one-tenth (12%) of parents and caregivers said that the household had the main meal while watching the TV *less than 1 day a week*.
- Over one-third (36%) of parents and caregivers said this happened *1 to 2 days a week*, while one-sixth (16%) said that the household had the main meal watching the TV *3 to 4 days a week*.
- Thirteen percent (13%) said the household had the main meal in front of TV, watching a programme, DVD, or tape, *5 to 6 days a week*.
- The remaining one-fifth (21%) of parents and caregivers said this happened *daily – 7 days a week*.

About how many days a week does the household have the main meal while watching a programme, DVD, or tape?



Unweighted base = 654 – all parents and caregivers who said that sometimes the household had the main meal while watching a programme, DVD or tape.

- Parents and caregivers talking about 5 to 7-year-olds were more likely to say that the household had the main meal while watching the TV *1 to 2 days a week* than parents and caregivers talking about older children.
- Pacific parents and caregivers were more likely than parents and caregivers of other ethnicities to say that the household had the main meal while watching the TV daily.
- Parents and caregivers living in the most deprived areas were more likely than those from other areas to say that the household had the main meal while watching the TV daily – *7 days a week*.

About how many days a week does the household have the main meal while watching a programme, DVD, or tape?

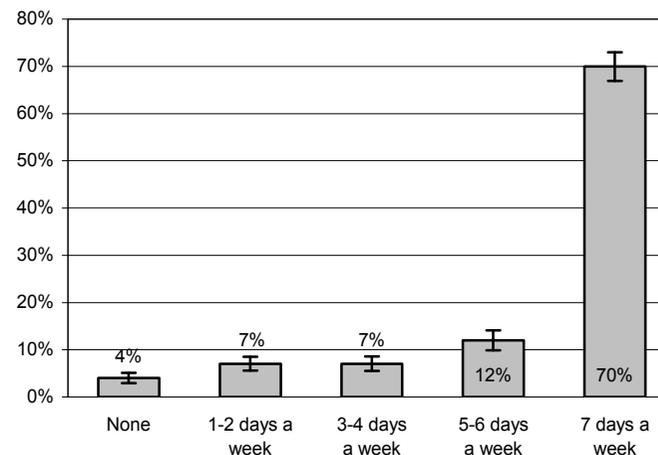
	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Less than 1 day a week	15	13	10	10	9	14	13	15	13	9	12
1-2 days a week	41	36	33	34	33	35	38	38	37	34	36
3-4 days a week	12	14	22	22	20	19	14	16	16	16	16
5-6 days a week	9	14	14	8	5	5	16	14	16	9	13
7 days a week	22	21	19	26	32	26	17	15	18	30	22
Base	185	264	205	150	168	47	289	136	126	392	654

2.1.7 Frequency with which children have a sit-down breakfast

Parents and caregivers were asked on how many days of the week their child had a sit-down breakfast rather than a snack on the run. The chart alongside and the table on the following page show their answers.

- Four percent (4%) of parents and caregivers said that their child did not have a sit-down breakfast on any day of the week.
- Seven percent (7%) of parents and caregivers said that their child had a sit-down breakfast, rather than a snack on the run, *1-2 days a week*, and 7% said this happened *3-4 days a week*.
- Just over one in ten (12%) parents and caregivers said that, rather than having a snack on the run, their child had a sit-down breakfast *5-6 days a week*, while seven out of ten (70%) parents and caregivers said this occurred daily – *7 days a week*.

Taking all 7 days of the week, on how many out of the 7 days does [nominated child] have a sit-down breakfast rather than a snack on the run?



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about children aged 13 to 16 years were less likely than parents and caregivers talking about younger children to say that their child had a sit-down breakfast, rather than a snack on the run, daily.
- Pacific parents and caregivers were less likely to say that their child had a sit-down breakfast daily than parents and caregivers of other ethnicities.
- Parents and caregivers living in the least deprived areas were more likely to say that their child had a sit-down breakfast, rather than a snack on the run, *7 days a week* and less likely to say that this happened *1-2 days a week* than other parents and caregivers.

Taking all 7 days of the week, on how many out of the 7 days does [nominated child] have a sit-down breakfast rather than a snack on the run?

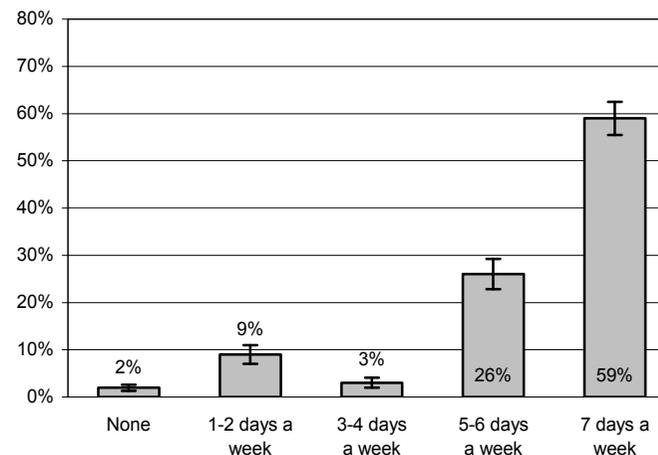
	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
None	<1	3	9	5	8	-	4	2	3	8	4
1-2 days a week	3	4	14	7	15	12	5	3	8	9	7
3-4 days a week	4	7	10	9	19	5	5	3	9	11	7
5-6 days a week	11	11	15	12	16	8	13	12	13	13	12
7 days a week	83	74	52	67	42	76	74	81	67	59	70
Base	346	454	333	287	330	78	437	228	199	706	1133

2.1.8 Frequency with which children have a sit-down lunch

Parents and caregivers were asked on how many days of the week their child had a sit-down lunch, rather than a snack on the run.

- Two percent (2%) of parents and caregivers said that their child did not have a sit-down lunch on any of the *7 days of the week*.
- Nine percent (9%) of parents and caregivers said that their child had a sit-down lunch, rather than a snack on the run, *1-2 days a week*, while 3% said this happened *3-4 days a week*.
- Just over one-quarter (26%) of parents and caregivers said that their child had a sit-down lunch *5-6 days a week* and almost three-fifths (59%) said this happened daily – *7 days a week*.

Taking all 7 days of the week, on how many out of the 7 days does [nominated child] have a sit-down lunch rather than a snack on the run?



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about children aged 5 to 7 years were more likely to say that their child had a sit-down lunch, rather than a snack on the run, *7 days a week* than parents and caregivers talking about older children.
- Pacific parents and caregivers were less likely than parents and caregivers of other ethnicities to say that their child had a sit-down lunch *7 days a week*.
- Parents and caregivers living in the least deprived areas were more likely to say this happened daily than those living in the most deprived areas.

Taking all 7 days of the week, on how many out of the 7 days does [nominated child] have a sit-down lunch rather than a snack on the run?

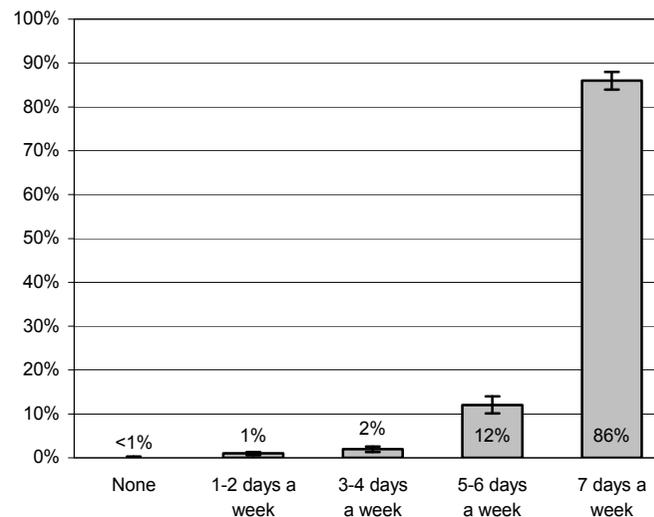
	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
None	1	1	4	4	3	<1	1	<1	1	4	2
1-2 days a week	5	9	14	9	21	23	6	7	9	13	9
3-4 days a week	1	3	6	4	6	-	3	1	2	6	3
5-6 days a week	22	28	28	28	23	8	29	26	28	24	26
7 days a week	71	59	46	55	46	66	60	65	58	51	59
Base	346	454	333	287	330	78	437	228	199	706	1133

2.1.9 Frequency with which children have a sit-down evening meal

Parents and caregivers were asked on how many days of the week their child had a sit-down evening meal rather than a snack on the run.

- Less than 1% of parents and caregivers said that their child did not have a sit-down evening meal on any day of the week.
- One percent (1%) of parents and caregivers said that their child had a sit-down evening meal, rather than a snack on the run, *1-2 days a week*, while 2% said this happened *3-4 days a week*.
- Just over one-tenth (12%) of parents and caregivers said that, rather than having a snack on the run, their child had a sit-down evening meal *5-6 days a week*.
- The majority (86%) of parents and caregivers said that their child had a sit-down evening meal, rather than a snack on the run, daily – *7 days a week*.

Taking all 7 days of the week, on how many out of the 7 days does [nominated child] have a sit-down evening meal rather than a snack on the run?



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about children aged 5 to 7-years were more likely than parents and caregivers talking about children aged 13 to 16 years to say that their child had a sit-down evening meal daily.
- Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say that their child had a sit-down evening meal 7 days a week.
- Parents and caregivers living in the least deprived areas were less likely to say that their child had a sit-down meal 5 to 6 days a week, and slightly more likely to say that their child had a sit-down meal daily, than those living in the most deprived areas.

Taking all 7 days of the week, on how many out of the 7 days does [nominated child] have a sit-down evening meal rather than a snack on the run?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
None	-	<1	1	<1	<1	-	<1	1	-	<1	<1
1-2 days a week	<1	<1	1	1	2	-	<1	1	-	1	1
3-4 days a week	1	1	3	3	4	1	1	1	1	3	2
5-6 days a week	9	12	16	15	14	1	13	10	13	15	12
7 days a week	90	87	80	81	80	98	85	89	86	81	86
Base	346	454	333	287	330	78	437	228	199	706	1133

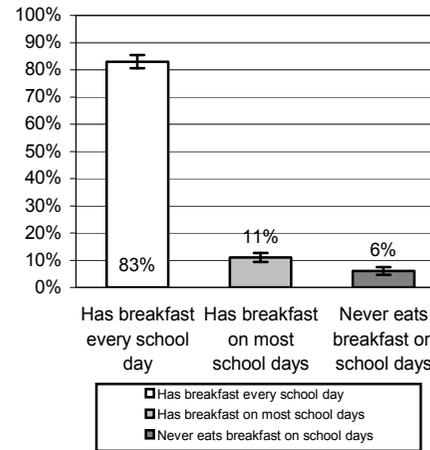
2.1.10 Frequency with which children eat breakfast at home on school days

Parents and caregivers were asked how often their child ate breakfast at home on school days. Their answers are shown in the charts alongside and in the tables on the following pages.

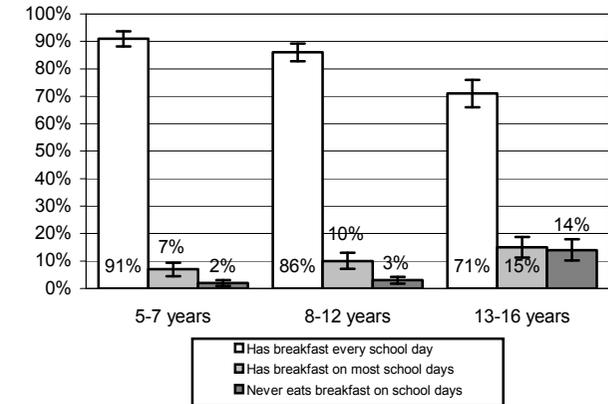
- The majority (83%) of parents and caregivers said that their child had *breakfast every school day*. Just over one-tenth (11%) of parents and caregivers said that their child had *breakfast on most school days*. The remaining 6% of parents and caregivers said that their child *never ate breakfast on school days*.
- Parents and caregivers talking about children aged 5 to 7 years were more likely (91%) than those talking about children aged 13 to 16 years (71%), and slightly more likely than those talking about children aged 8 to 12 years (86%), to say that their child had *breakfast every school day*.
- Pacific parents and caregivers were less likely than parents and caregivers of other ethnicities to say that their child had *breakfast every school day* (60%, compared with figures of 74% for Maori, 88% for parents and caregivers of European/Other ethnicity, and 89% for Asian parents and caregivers). Conversely, Pacific parents and caregivers were more likely (12%) than Maori (8%), European/Other (5%), and Asian parents and caregivers (4%) to say that their child *never ate breakfast on school days*.
- Parents and caregivers living in the least deprived areas were more likely than those living in other areas to say that their child had *breakfast every school day* (94% of parents and caregivers from the least deprived areas said this, compared with 82% and 71%, respectively, of those from areas of mid-deprivation and those from the most deprived areas).

How often does [nominated child] usually eat breakfast at home on school days?

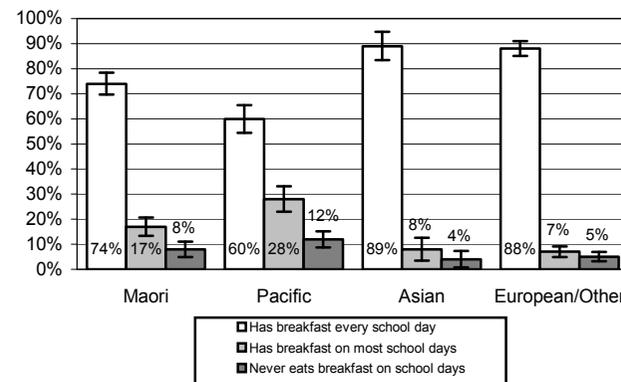
All parents/caregivers



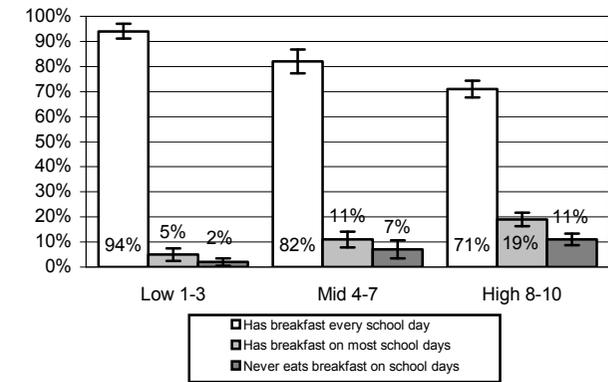
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Female parents and caregivers were slightly more likely than male parents and caregivers to say that their child *never ate breakfast on school days*.
- Parents and caregivers aged 45 years and over were less likely than those aged 15 to 34 years to say that their child had *breakfast on most school days*.
- Parents and caregivers living in *other households* were more likely than those living in other types of household to say that their child *never eats breakfast on school days*.

How often does [nominated child] usually eat breakfast at home on school days?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Has breakfast every school day	89	83	80	84	83	91	86	71	83	85	83
Has breakfast on most school days	9	11	13	11	8	7	10	15	11	9	11
Never eats breakfast on school days	3	7	6	5	9	2	3	14	6	6	6
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Has breakfast every school day	74	60	89	88	83	85	74	73	83
Has breakfast on most school days	17	28	8	7	11	11	13	10	11
Never eats breakfast on school days	8	12	4	5	7	5	13	17	6
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers whose annual household income was *less than \$20,000* were slightly less likely to say that their child had *breakfast every school day*, and more likely to say that their child *had breakfast on most school days*, than parents and caregivers with higher household incomes.

How often does [nominated child] usually eat breakfast at home on school days?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Has breakfast every school day	72	79	85	87	94	82	71	83
Has breakfast on most school days	18	14	10	7	5	11	19	11
Never eats breakfast on school days	10	7	5	6	2	7	11	6
Base	180	322	224	368	228	199	706	1133

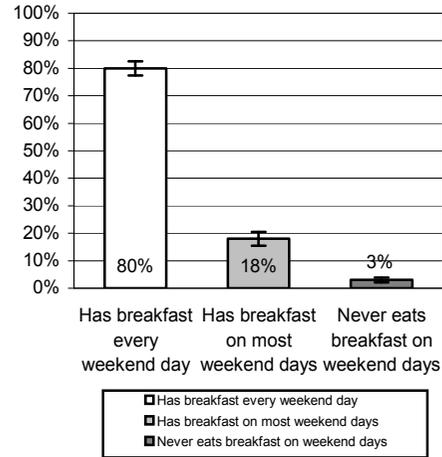
2.1.11 Frequency with which children eat breakfast at home on weekend days

Parents and caregivers were asked how often their child ate breakfast at home on weekend days.

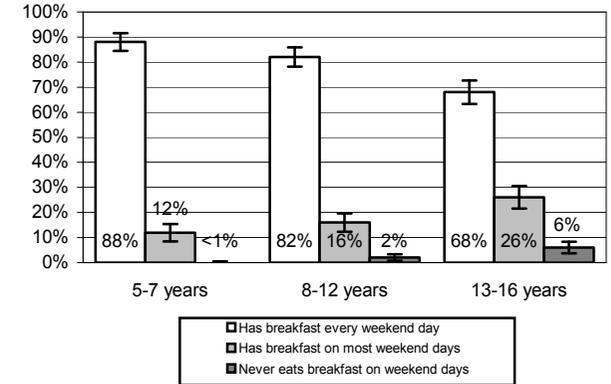
- The majority (80%) of parents and caregivers said that their child had *breakfast every weekend day*. Just under one-fifth (18%) of parents and caregivers said that their child had *breakfast on most weekend days*. The remaining 3% of parents and caregivers said that their child *never ate breakfast on weekend days* at home.
- Parents and caregivers talking about 13 to 16-year-olds were less likely (68%) than parents and caregivers talking about younger children to say that their child had breakfast at home every weekend day (82% of parents and caregivers talking about 8 to 12-year-olds said this, as did 88% of those talking about 5 to 7-year-olds).
- Asian parents and caregivers and those of European/Other ethnicity were more likely (84% and 82%, respectively) to say that their child had *breakfast every weekend day* than Maori and Pacific parents and caregivers (74% and 71%, respectively).
- Parents and caregivers living in the least deprived areas were more likely than those living in other areas to say that their child had *breakfast every weekend day* (87%, compared with figures of 78% for those living in areas of mid-deprivation and 72% for those living in the most deprived areas).

How often does [nominated child] usually eat breakfast at home on weekend days?

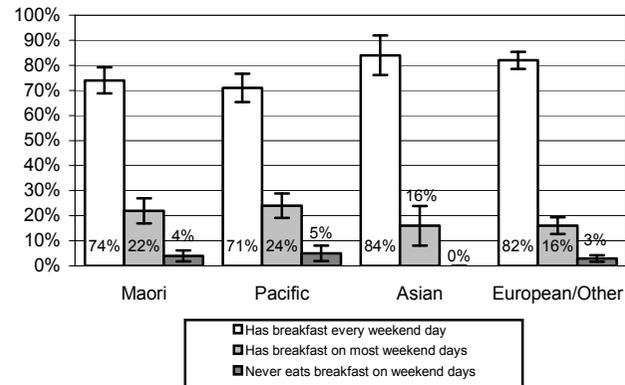
All parents/caregivers



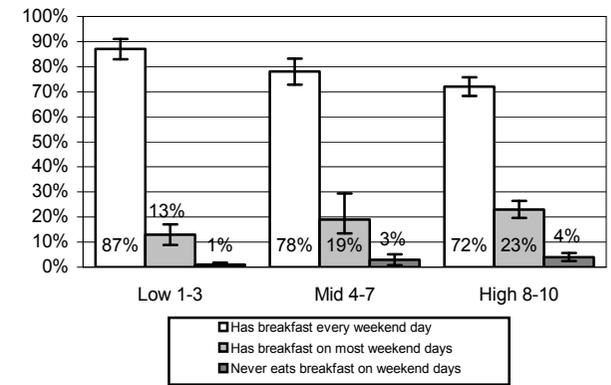
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Male parents and caregivers were more likely than female parents and caregivers to say that their child had *breakfast on most weekend days*.
- Parents and caregivers living in urban areas were more likely to say that their child had *breakfast on most weekend days*, and slightly less likely to say their child had *breakfast every weekend day*, than parents and caregivers living in rural areas.
- Parents and caregivers from *2-parent families* were more likely than those from *1-parent families* to say that their child had *breakfast every weekend day*.

How often does [nominated child] usually eat breakfast at home on weekend days?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Has breakfast every weekend day	76	80	80	79	80	88	82	68	78	84	80
Has breakfast on most weekend days	22	17	17	18	18	12	16	26	19	12	18
Never eats breakfast on weekend days	2	3	3	3	2	<1	2	6	2	4	3
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Has breakfast every weekend day	74	71	84	82	71	83	76	74	80
Has breakfast on most weekend days	22	24	16	16	26	14	24	21	18
Never eats breakfast on weekend days	4	5	-	3	3	3	1	4	3
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers whose annual household income was *less than \$20,000* were more likely than those with higher household incomes to say that their child *never ate breakfast on weekend days* at home.

How often does [nominated child] usually eat breakfast at home on weekend days?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Has breakfast every weekend day	72	78	75	84	87	78	72	80
Has breakfast on most weekend days	20	19	24	14	13	19	23	18
Never eats breakfast on weekend days	8	3	1	2	1	3	4	3
Base	180	322	224	368	228	199	706	1133

2.2 Extent to which food is taken to school from home

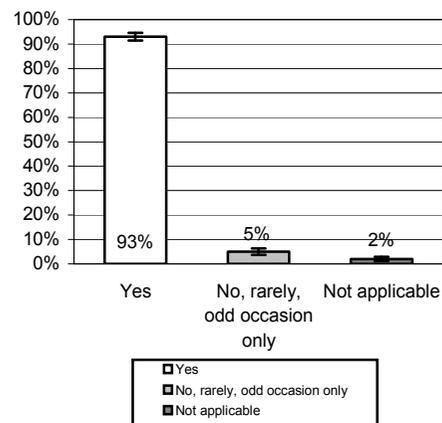
2.2.1 Whether the child takes food or drink to school from home

Parents and caregivers were asked if their child took food or drink to school from home. Their answers are shown in the charts alongside and in the tables on the following page.

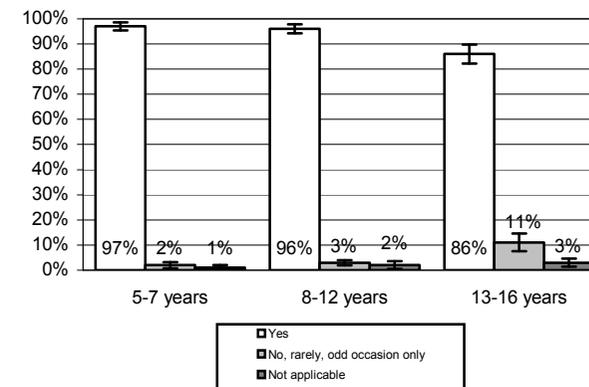
- The majority (93%) of parents and caregivers said that their child took food or drink to school from home, while 5% said *no, rarely, odd occasion only*. For the remaining 2% of parents and caregivers the question was *not applicable* (for example, because their child was home-schooled).
- Parents and caregivers talking about children aged 13 to 16 years were less likely than parents and caregivers talking about younger children to say that their child took food or drink to school from home (86%, compared with 96% and 97%, respectively, for parents and caregivers talking about 8 to 12-year-olds and 5 to 7-year-olds).
- Pacific parents and caregivers were less likely (85%) to say this happened than parents and caregivers of other ethnicities (the corresponding figures were 91% for Maori, 94% for parents and caregivers of European/Other ethnicity, and 97% for Asian parents and caregivers).
- Parents and caregivers living in the least deprived areas were more likely (98%) than those living in the most deprived areas (89%) to say that their child took food or drink to school from home.

Does [nominated child] take food or drink to school from home on any of the 5 school days in the week?

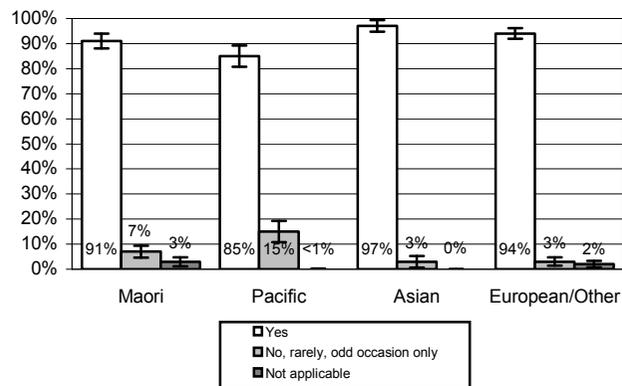
All parents/caregivers



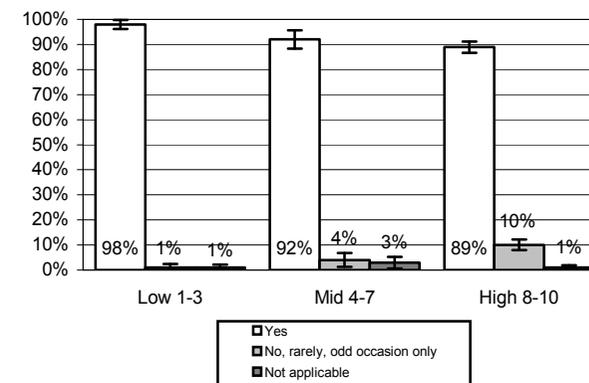
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers aged 45 years and over were slightly less likely than younger parents and caregivers to say that their child took food or drink to school from home.
- The proportion of parents and caregivers who said that their child took food or drink to school from home was similar regardless of their gender, household composition and household income, and whether they lived in urban or rural areas.

Does [nominated child] take food or drink to school from home on any of the 5 school days in the week?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	90	94	95	95	89	97	96	86	94	92	93
No, rarely, odd occasion only	10	4	4	4	7	2	3	11	5	5	5
Not applicable	<1	2	1	1	4	1	2	3	2	3	2
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	91	85	97	94	91	94	93	92	93
No, rarely, odd occasion only	7	15	3	3	7	4	7	8	5
Not applicable	3	<1	-	2	2	2	-	-	2
Base	287	330	78	437	253	645	156	79	1133

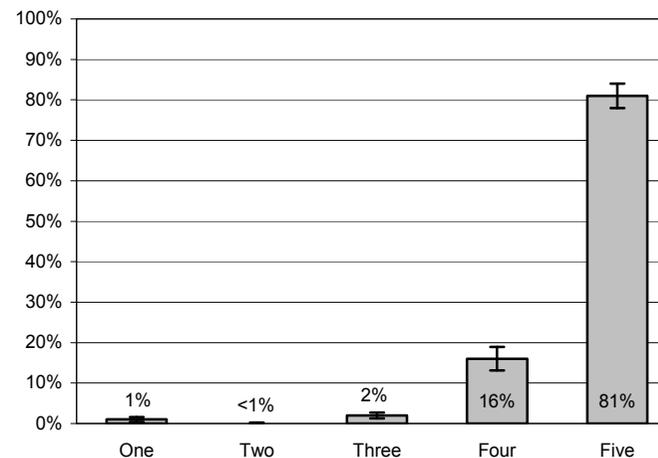
	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	92	91	95	94	98	92	89	93
No, rarely, odd occasion only	5	7	3	5	1	4	10	5
Not applicable	3	2	3	1	1	3	1	2
Base	180	322	224	368	228	199	706	1133

2.2.2 Frequency with which children take food or drink to school from home

Parents and caregivers who said that their child took food or drink to school from home were asked how often this happened.

- One percent (1%) of parents and caregivers said that their child took food or drink to school from home on one out of five school days, while less than one percent (<1%) said this happened on two school days.
- Two percent (2%) of parents and caregivers said that their child did this on three school days, and one-sixth (16%) said this happened on four out of five school days.
- The majority (81%) of parents and caregivers said that their child took food or drink to school from home every day – five school days.

How many school days out of 5 would [nominated child] usually take food or drink to school, from home?



Unweighted base = 1016 – all parents/caregivers who said that their child took food or drink to school from home

- Parents and caregivers talking about 5 to 7-year-olds were less likely than parents and caregivers talking about 8 to 12-year-olds to say that their child took food or drink to school from home on four school days.
- Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say that their child took food or drink to school from home on every (five) school day.
- Parents and caregivers living in areas of mid-deprivation were slightly more likely than parents and caregivers living in the least and most deprived areas to say that their child took food and drink to school from home every day.

How many school days out of 5 would [nominated child] usually take food or drink to school, from home?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
One	1	<1	2	1	<1	4	<1	1	1	1	1
Two	<1	<1	1	1	3	-	-	-	-	1	<1
Three	1	2	3	3	8	1	1	1	-	5	2
Four	13	18	16	13	17	4	19	19	14	15	16
Five	84	79	80	82	72	91	80	79	86	78	81
Base	333	424	259	255	277	73	410	222	183	611	1016

2.3 Food and cooking preparation practices

Parents and caregivers were asked about the extent to which they used selected food preparation and cooking practices in their homes.

2.3.1 Frequency of using selected food preparation methods

Parents and caregivers were asked about the frequency with which they used selected food preparation methods. The table alongside shows the overall responses for each of these different methods.

- **Trim the fat off meat, including corned beef** – almost one-half (45%) of parents and caregivers said they did this *always*, while just over one-fifth (22%) said that they did this *most of the time*.
- **Remove the skin from chicken** – more than one-third (35%) of parents and caregivers said they did this *rarely or never*, while just under one-third (30%) of parents and caregivers said they did this *always*.
- **Cook with oil or margarine, rather than butter or lard** – six out of ten (60%) parents and caregivers said this happened *always*.
- **Drain the fat off canned corned beef** – three-quarters (75%) of parents and caregivers said *they didn't cook or eat this*, while one-tenth (10%) said they drained the fat off canned corned beef *always*.
- **Skim the fat off boiled meat** – over one-third (36%) of parents and caregivers said they *didn't cook or eat this* type of food. Over one-third (35%) of parents and caregivers said they skimmed the fat off boiled meat *always*.

When you prepare and cook food at home, how often do you:

	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook or eat this %
Trim the fat off meat, including corned beef	45	22	13	15	5
Remove the skin from chicken	30	16	16	35	3
Cook with oil or margarine, rather than butter or lard*	60	22	12	5	1
Drain the fat off canned corned beef	10	3	4	8	75
Skim the fat off boiled meat	35	11	7	12	36
Base	1133				

* This method may be considered a cooking, rather than a food preparation, method, but it is included in this section as parents and caregivers were given the option of saying they *don't cook or eat this*.

2.3.1.1 Frequency of using selected food preparation methods – by age of child

The table alongside shows how often parents and caregivers said certain food preparation methods were used in the home, for each of the three children's age groups.

- **Trim the fat off meat, including corned beef** – parents and caregivers talking about 5 to 7-year-olds were more likely than parents and caregivers talking about older children to say they did this *rarely or never*.
- **Remove the skin from chicken** – parents and caregivers talking about 5 to 7-year-olds were less likely to say this happened *always* than parents and caregivers talking about older children. They also were less likely than parents and caregivers of 8 to 12-year-olds to say they removed the skin from the chicken *some of the time*.
- **Cook with oil or margarine, rather than butter or lard** – parents and caregivers talking about 5 to 7-year-olds were more likely than those talking about 13 to 16-year-olds, and slightly more likely than those talking about 8 to 12-year-olds, to say this happened *most of the time*.
- **Drain the fat off canned corned beef** – the responses of parents and caregivers were similar regardless of the age of the child.
- **Skim the fat off boiled meat** – parents and caregivers talking about 8 to 12-year-olds were more likely than parents and caregivers talking about 5 to 7-year-olds, and slightly more likely than those talking about 13 to 16-year-olds, to say this happened *always*. Parents and caregivers talking about 5 to 7-year-olds were more likely to say this happened *rarely or never* than parents and caregivers talking about 13 to 16-year-olds.

When you prepare and cook food at home, how often do you:

	Parent/caregiver of child 5-7 years old					Parent/caregiver of child 8-12 years old					Parent/caregiver of child 13-16 years old				
	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %
Trim the fat off meat, including corned beef	42	22	12	19	5	45	22	14	13	6	47	22	12	14	4
Remove the skin from chicken	26	15	19	37	4	31	17	14	35	3	33	15	17	33	2
Cook with oil or margarine, rather than butter or lard	57	25	12	6	1	59	21	13	6	1	65	19	11	4	2
Drain the fat off canned corned beef	9	2	5	7	77	10	4	3	9	75	12	3	3	7	74
Skim the fat off boiled meat	28	11	8	15	39	40	10	6	12	33	35	13	6	9	36
Base	346					454					333				

2.3.1.2 Frequency of using selected food preparation methods – by ethnicity of parents and caregivers

The table alongside shows how often selected food preparation methods were used in the home, by the ethnicity of parents and caregivers.

- **Trim the fat off meat, including corned beef** – Asian parents and caregivers and those of European/Other ethnicity were more likely than Pacific and Maori parents and caregivers to say they did this *always*. Maori parents and caregivers were more likely than other parents and caregivers to say this happened *rarely or never*.
- **Remove the skin from chicken** – Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say they did this *always*. Maori parents and caregivers were more likely than other parents and caregivers to say this happened *rarely or never*.
- **Cook with oil or margarine, rather than butter or lard** – Pacific parents and caregivers were less likely than other parents and caregivers to say they did this *always*. Parents and caregivers of European/Other ethnicity were less likely than parents and caregivers of other ethnicities to say they did this *some of the time*.

When you prepare and cook food at home, how often do you:

	Maori					Pacific				
	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %
Trim the fat off meat, including corned beef	24	25	13	35	4	37	24	23	14	2
Remove the skin from chicken	16	13	13	57	2	27	14	27	30	1
Cook with oil or margarine, rather than butter or lard	51	26	16	6	1	39	25	27	6	3
Drain the fat off canned corned beef	10 (24)	5 (12)	5 (12)	20 (51)	60	29 (34)	12 (14)	19 (22)	25 (30)	14
Skim the fat off boiled meat	28 (34)	12 (14)	13 (15)	30 (36)	17	37 (39)	20 (21)	16 (17)	21 (22)	7
Base	287					330				

	Asian					Euro/Other				
	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %
Trim the fat off meat, including corned beef	52	10	17	3	17	50	23	10	12	4
Remove the skin from chicken	64	1	10	17	8	29	19	17	32	3
Cook with oil or margarine, rather than butter or lard	70	13	13	1	2	64	21	8	6	1
Drain the fat off canned corned beef	12 (56)	2 (12)	4 (20)	3 (16)	79	7 (58)	1 (10)	1 (9)	3 (23)	88
Skim the fat off boiled meat	42 (66)	10 (16)	7 (12)	5 (8)	36	35 (64)	10 (17)	4 (7)	7 (12)	45
Base	78					437				

- **Drain the fat off canned corned beef** – most parents and caregivers of European/Other ethnicity (88%) and most Asian (79%) and Maori (60%) parents and caregivers said that they did **not** cook or eat canned corned beef. In contrast, most (86%) Pacific parents and caregivers said that they did cook and eat canned corned beef. The figures in brackets in the table on the previous page, therefore, show how often parents and caregivers in each of the four ethnic groups who said they **did** cook/eat canned corned beef said they drained the fat off this type of food.

Based on these figures, Maori and Pacific parents and caregivers were less likely than Asian parents and caregivers and those of European/Other ethnicity to say they did this *always* and more likely to say that they *rarely or never* drained the fat off canned corned beef.

- **Skim the fat off boiled meat** – Asian parents and caregivers (36%) and those of European/Other ethnicity (45%) were more likely than Maori (17%) and Pacific (7%) parents and caregivers to say they did **not** cook or eat boiled meat. The figures in brackets in the table on the previous page, therefore, show how often parents and caregivers in each of the four ethnic groups who said they **did** cook/eat boiled meat said they skimmed the fat off this type of food.

Based on these figures, Maori and Pacific parents and caregivers were less likely than Asian parents and caregivers and those of European/Other ethnicity to say they did this *always* and more likely to say this happened *rarely or never*.

2.3.1.3 Frequency of using selected food preparation methods – by deprivation index

The table alongside shows how often selected food preparation methods were used in the home, by the deprivation index of the area that parents and caregivers lived in.

- **Trim the fat off meat, including corned beef** – parents and caregivers living in the most deprived areas were less likely than other parents and caregivers to say they did this *always*.
- **Remove the skin from chicken** – parents and caregivers living in the most deprived areas were more likely than other parents and caregivers to say that they did this *rarely or never*.
- **Cook with oil or margarine, rather than butter or lard** – parents and caregivers living in the most deprived areas were less likely than those living in less deprived areas to say they did this *always*.
- **Drain the fat off canned corned beef** – parents and caregivers living in the least deprived areas (88%) and areas of mid-deprivation (84%) were more likely than those living in the most deprived areas (53%) to say that they did **not** cook or eat canned corned beef. The figures in brackets in the table, therefore, show how often parents and caregivers living in each of the three areas who said they **did** cook/eat canned corned beef said they drained the fat off this type of food.

Based on these figures, parents and caregivers living in the most deprived areas and areas of mid-deprivation were less likely than those living in the least deprived areas to say they *always* drained the fat off canned corned beef, and more likely to say that they did this *rarely or never*.

When you prepare and cook food at home, how often do you:

	Deprivation index 1-3					Deprivation index 4-7					Deprivation index 8-10				
	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %
Trim the fat off meat, including corned beef	51	24	11	10	5	48	21	11	16	5	34	21	17	21	6
Remove the skin from chicken	30	20	20	26	4	37	14	12	35	3	24	12	16	45	3
Cook with oil or margarine, rather than butter or lard	64	22	9	4	1	64	21	10	4	1	52	21	17	7	2
Drain the fat off canned corned beef	6 (53)	2 (13)	3 (23)	2 (13)	88	7 (41)	1 (7)	1 (4)	8 (48)	84	18 (38)	6 (14)	8 (16)	16 (32)	53
Skim the fat off boiled meat	35 (63)	9 (17)	5 (10)	6 (10)	45	37 (60)	8 (12)	6 (10)	11 (18)	38	32 (41)	16 (21)	9 (12)	20 (26)	23
Base	228					199					706				

- **Skim the fat off boiled meat** – parents and caregivers living in the least deprived areas (45%) and areas of mid-deprivation (38%) were more likely than those living in the most deprived areas (23%) to say that they did **not** cook or eat boiled meat. The figures in brackets in the table, therefore, show how often parents and caregivers living in each of the three areas who said they **did** cook/eat boiled meat said they skimmed the fat off this type of food.

Based on these figures, parents and caregivers living in the most deprived areas were less likely than those living in other areas to say that they skimmed the fat off boiled meat *always* and more likely to say that they did this *rarely or never*.

2.3.2 Frequency of using selected cooking practices

Parents and caregivers were asked how often they used selected cooking practices. The table alongside shows the overall responses for each of these different practices.

- **Fry or deep fry food rather than grill or bake** – more than six out of ten (61%) parents and caregivers said they did *this rarely or never*, and almost three out of ten (29%) said *some of the time*.
- **Cook or use low fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk** – just over one-quarter (27%) of parents and caregivers said they did this *always*, and just over one-quarter (27%) said they did this *most of the time*.
- **Add salt to food** – more than one-quarter (28%) of parents and caregivers said they did this *always*, while just over one-quarter (26%) of parents and caregivers said they did this *some of the time*, and another 26% said *rarely or never*.
- **Use sweeteners, rather than sugar** – the majority (85%) of parents and caregivers said they did *this rarely or never*.
- **Add butter, margarine or a sauce to vegetables** – almost one-half (45%) of parents and caregivers said they did this *some of the time*, and more than one-third (36%) of parents and caregivers said this happened *rarely or never*.

When you prepare and cook food at home, how often do you:

	Always %	Most of the time %	Some of the time %	Rarely or never %
Fry or deep fry food rather than grill or bake	3	8	29	61
Cook or use low-fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk	27	27	24	23
Add salt to food	28	20	26	26
Use sweeteners, rather than sugar	3	3	10	85
Add butter, margarine or a sauce to vegetables	8	12	45	36
Base	1133			

2.3.2.1 Frequency of using selected cooking practices – by age of child

The table alongside shows how often selected cooking practices were used in the home, for each of the three children's age groups.

- **Fry or deep fry food rather than grill or bake** – the responses of parents and caregivers were similar regardless of the age of the child.
- **Cook or use low fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk** – parents and caregivers talking about 13 to 16-year-olds were more likely than other parents and caregivers to say this happened *always*. Parents and caregivers talking about 5 to 7-year-olds were more likely than those talking about 13 to 16-year-olds, and slightly more likely than those talking about 8 to 12-year-olds, to say they did this *rarely or never*.
- **Add salt to food** – parents and caregivers talking about 5 to 7-year-olds were less likely to say they did this *always*, and more likely to say they did this *some of the time*, than parents and caregivers talking about older children.
- **Use sweeteners, rather than sugar** – the responses of parents and caregivers were similar regardless of the age of the child.
- **Add butter, margarine or a sauce to vegetables** – parents and caregivers talking about children aged 13 to 16 years were less likely than other parents and caregivers to say they did this *rarely or never*.

When you prepare and cook food at home, how often do you:

	Parent/caregiver of child 5-7 years old				Parent/caregiver of child 8-12 years old				Parent/caregiver of child 13-16 years old			
	Always %	Most of the time %	Some of the time %	Rarely or never %	Always %	Most of the time %	Some of the time %	Rarely or never %	Always %	Most of the time %	Some of the time %	Rarely or never %
Fry or deep fry food rather than grill or bake	2	6	29	63	4	9	30	58	3	8	27	62
Cook or use low-fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk	18	27	26	29	26	28	21	24	37	24	24	16
Add salt to food	23	20	34	24	30	19	23	28	30	21	22	27
Use sweeteners, rather than sugar	1	3	9	87	3	2	9	86	3	3	11	82
Add butter, margarine or a sauce to vegetables	8	11	42	39	5	12	44	38	10	11	48	31
Base	346				454				333			

2.3.2.2 Frequency of using selected cooking practices – by ethnicity

The table alongside shows how often selected cooking practices were used in the home, by the ethnicity of parents and caregivers.

- **Fry or deep fry food rather than grill or bake** – parents and caregivers of European/Other ethnicity were more likely than Asian and Pacific parents and caregivers, and slightly more likely than Maori parents and caregivers, to say they did this *rarely or never*.
- **Cook or use low fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk** – Maori parents and caregivers were more likely to say they did this *rarely or never* than other parents and caregivers.
- **Add salt to food** – Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say they did this *always*.
- **Use sweeteners, rather than sugar** – Pacific parents and caregivers were less likely than other parents and caregivers to say this happened *rarely or never*.
- **Add butter, margarine or a sauce to vegetables** – Asian parents and caregivers were more likely than other parents and caregivers to say they did this *rarely or never*. Maori parents and caregivers were more likely than parents and caregivers of other ethnicities to say that they did this *always*.

When you prepare and cook food at home, how often do you:

	Maori				Pacific			
	Always %	Most of the time %	Some of the time %	Rarely or never %	Always %	Most of the time %	Some of the time %	Rarely or never %
Fry or deep fry food rather than grill or bake	3	8	30	59	5	14	44	37
Cook or use low-fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk	14	16	27	43	19	25	31	24
Add salt to food	33	16	25	26	49	19	24	8
Use sweeteners, rather than sugar	1	2	10	88	5	7	23	65
Add butter, margarine or a sauce to vegetables	17	18	47	18	9	14	38	38
Base	287				330			

	Asian				Euro/Other			
	Always %	Most of the time %	Some of the time %	Rarely or never %	Always %	Most of the time %	Some of the time %	Rarely or never %
Fry or deep fry food rather than grill or bake	11	16	40	33	1	6	24	69
Cook or use low-fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk	32	33	18	18	31	29	22	18
Add salt to food	63	19	12	5	18	21	29	33
Use sweeteners, rather than sugar	9	4	13	75	2	2	8	89
Add butter, margarine or a sauce to vegetables	5	9	32	54	6	10	47	38
Base	78				437			

2.3.2.3 Frequency of using selected cooking practices – by deprivation index

The table alongside shows how often certain cooking practices were used in the home, by the deprivation index of the area that parents and caregivers lived in.

- **Fry or deep fry food rather than grill or bake** – parents and caregivers living in the most deprived areas were more likely to say they did this *some of the time*, and less likely to say they did this *rarely or never*, than other parents and caregivers.
- **Cook or use low fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk** – parents and caregivers living in the most deprived areas were more likely to say this happened *rarely or never*, and less likely to say this happened *always*, than parents and caregivers living in less deprived areas.
- **Add salt to food** – parents and caregivers living in the most deprived areas were more likely than other parents and caregivers to say they did this *always*.
- **Use sweeteners, rather than sugar** – parents and caregivers living in the least deprived areas and those living in areas of mid-deprivation were more likely to say they did this *rarely or never* than those living in the most deprived areas.
- **Add butter, margarine or a sauce to vegetables** – parents and caregivers in the least deprived areas were more likely than those living in other areas to say that they did this *rarely or never*. Parents and caregivers from areas of mid-deprivation were more likely than other parents and caregivers to say they did this *some of the time*.

When you prepare and cook food at home, how often do you:

	Deprivation index 1-3				Deprivation index 4-7				Deprivation index 8-10			
	Always %	Most of the time %	Some of the time %	Rarely or never %	Always %	Most of the time %	Some of the time %	Rarely or never %	Always %	Most of the time %	Some of the time %	Rarely or never %
Fry or deep fry food rather than grill or bake	1	6	25	68	5	8	27	61	3	9	35	52
Cook or use low-fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk	30	32	25	14	32	24	21	23	19	23	24	34
Add salt to food	19	20	35	26	29	22	21	29	38	18	20	24
Use sweeteners, rather than sugar	3	1	8	88	1	3	9	88	3	4	14	79
Add butter, margarine or a sauce to vegetables	6	10	41	43	7	9	52	33	11	16	42	31
Base	228				199				706			

2.4 Expenditure on food

Amount of money their household usually spends each week on food and beverages (per person)

2.4.1 Overall Summary

Parents and caregivers were asked how much money their household usually spent each week on food and beverages. They were asked to include all expenditure, including food and drink bought from supermarkets, markets, dairies, takeaway outlets, and petrol station shops. The table alongside shows the household's weekly spend per person by the age of parents and caregivers, by their ethnicity, and by their household income.

- Four out of ten (40%) parents and caregivers said that their household spend each week on food and beverages was over \$50 per person. Just under one-quarter (23%) of parents and caregivers said their household spend each week on food and beverages was in the range \$41-50 per person. Just under one fifth (19%) said it was in the range \$31-40 per person, and a slightly smaller proportion (16%) said their household spend each week on food and beverages was in the range \$1-30 per person.
- Parents and caregivers aged 45 years and over were less likely than younger parents and caregivers to say their household spent \$31-40 per person each week on food and beverages. Parents and caregivers aged 15 to 34 years were less likely than older parents and caregivers to say their household spent over \$50 per person on food and beverages each week.
- Asian parents and caregivers and, in particular, those of European/Other ethnicity were less likely than Maori and Pacific parents and caregivers to say they spent \$1-30 per person on food and beverages each week. Parents and caregivers of European/Other ethnicity were more likely than Maori, Asian and, in particular, Pacific parents and caregivers to say their household spend each week on food and beverages was more than \$50 per person.

	Age of parent/caregiver (in years)			Ethnicity of parent/caregiver*				Household income				Total
	15-34 %	35-44 %	45+ %	Maori %	Pacific %	Asian %	Euro/Other %	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	%
\$1-30	29	14	11	30	44	14	9	39	26	13	7	16
\$31-40	27	20	14	22	24	24	17	23	24	24	14	19
\$41-50	24	25	18	24	17	25	23	22	21	29	21	23
\$51+	19	40	55	23	13	31	50	16	28	33	57	40
Don't know/refused	1	1	2	1	2	6	<1	1	-	1	-	1
Base	342	479	307	287	330	78	437	180	322	224	368	1133

* Column totals may exceed 100% due to multiple ethnicities.

- Parents and caregivers whose annual household income was between \$40,000-\$60,000 and, in particular, those whose annual income was over \$60,000 were less likely than those whose annual income was less than \$40,000 to say their household spend each week on food and beverages was *\$1-30 per person*. Parents and caregivers whose annual household income was over \$60,000 were more likely than other parents and caregivers to say their household spend each week on food and beverages was *over \$50 per person*.

2. EATING AND FOOD PREPARATION PRACTICES

2.1 Mealtime practices

Parents and caregivers were asked about mealtime practices and how often these occurred.

2.1.1 Whether the child has her/his main meal of the day in front of the TV, computer, or PlayStation.

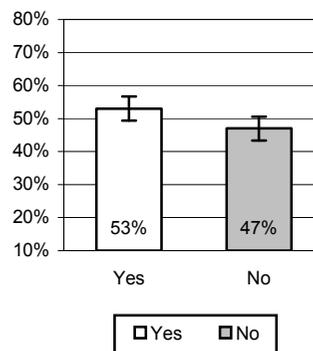
Parents and caregivers were asked if their child sometimes had her/his main meal in front of the TV, computer, or PlayStation.

The charts alongside and the tables on the following page show their answers.

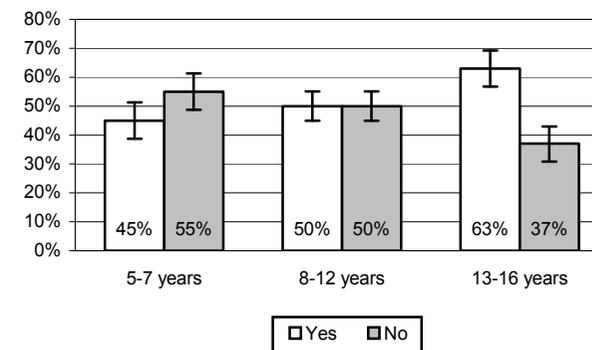
- Over one-half (53%) of parents and caregivers said that sometimes their child had her/his main meal in front of the TV, computer, or PlayStation, while 47% said that their child did not do this.
- Parents and caregivers talking about 13 to 16-year-olds were more likely to say that their child sometimes ate their main meal in front of the TV, computer, or PlayStation than parents and caregivers of younger children (63%, compared with figures of 50% for 8 to 12-year-olds and 45% for 5 to 7-year-olds).
- Parents and caregivers of European/Other ethnicity were slightly more likely than other parents and caregivers to say that their child sometimes had her/his main meal of the day in front of the TV, computer, or PlayStation (56%, compared with 43% for Maori parents and caregivers, and 50%, each, for Pacific and Asian parents and caregivers).
- There was little variation in the responses to this question by parents and caregivers living in areas with different levels of deprivation.

Does the child sometimes have her/his main meal of the day in front of the TV, computer, or PlayStation?

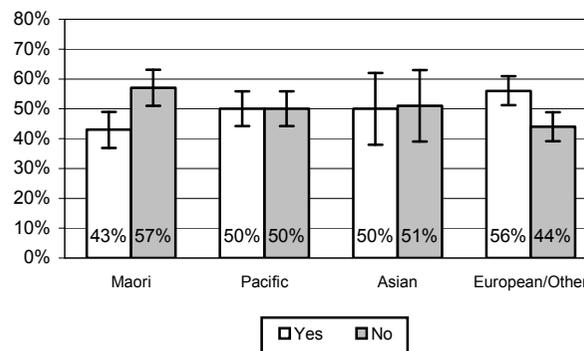
All parents/caregivers



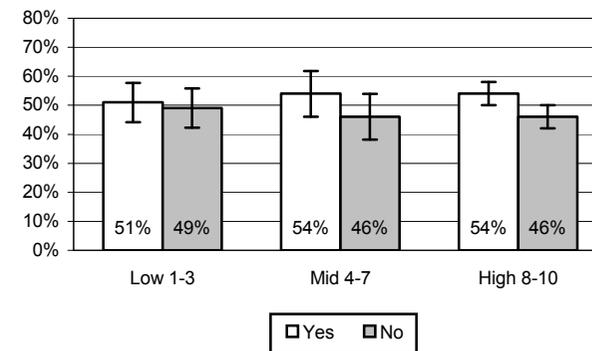
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Female parents and caregivers were more likely than male parents and caregivers to say that their child sometimes had her/his main meal in front of the TV, computer, or PlayStation.
- Parents and caregivers aged 15 to 34 years were less likely than parents and caregivers in other age groups to say that their child sometimes had her/his main meal of the day in front of the TV, computer, or PlayStation.
- Parents and caregivers living in rural areas were less likely than those living in urban areas to say that their child had her/his main meal in front of the TV, computer, or PlayStation.
- Parents and caregivers in *1-parent families* were more likely than other parents and caregivers to say their child had her/his main meal in front of the TV, computer, or PlayStation.
- Parents and caregivers whose annual household income was less than \$20,000 were more likely than other parents and caregivers to say their child had her/his main meal in front of the TV, computer, or PlayStation.

Does the nominated child sometimes have his/her main meal of the day in front of the TV, computer, or PlayStation?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	42	55	47	54	56	45	50	63	55	43	53
No	58	45	54	46	44	55	50	37	45	57	47
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	43	50	50	56	66	50	49	43	53
No	57	50	51	44	34	50	51	57	47
Base	287	330	78	437	253	645	156	79	1133

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	65	54	48	52	51	54	54	53
No	35	46	52	48	49	46	46	47
Base	180	322	224	368	228	199	706	1133

2.1.2 Frequency with which children eat their main meal in front of the TV, computer, or PlayStation

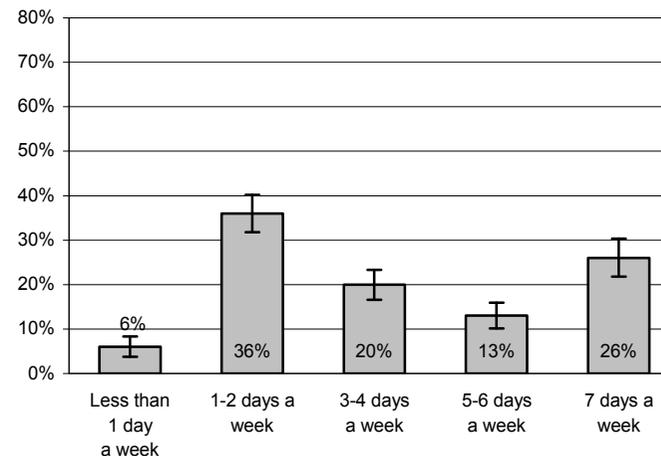
Parents and caregivers who said that their child sometimes had her/his main meal of the day in front of the TV, computer, or PlayStation were asked how often this happened. Their responses are shown in the chart alongside.

Six percent (6%) of parents and caregivers said that their child had her/his main meal of the day in front of the TV, computer, or PlayStation *less than 1 day a week*.

Over one-third (36%) of parents and caregivers said that this happened *1 to 2 days a week*, while one-fifth (20%) said that this happened *3 to 4 days a week*.

Thirteen percent (13%) of parents and caregivers said that their child had her/his main meal of the day in front of the TV, computer, or PlayStation *5 to 6 days a week*, and 26% said that this happened *everyday – 7 days a week*.

On how many days out of 7 days of the week does [nominated child] have her/his main meal of the day in front of the TV, computer, or PlayStation?



Unweighted base = 579 – all parents/caregivers who said that [nominated child] sometimes had her/his main meal of the day in front of the TV, computer, or PlayStation

- Parents and caregivers talking about children aged 5 to 7 years old were more likely than parents and caregivers talking about children of other ages to say that their child had their main meal in front of the TV, computer, or PlayStation 1-2 days a week.
- Maori and Pacific parents and caregivers were more likely than parents and caregivers of European/Other ethnicity, and slightly more likely than Asian parents and caregivers, to say that their child had her/his main meal of the day in front of the TV, computer, or PlayStation daily.
- Parents and caregivers living in the most deprived areas were more likely than other parents and caregivers to say their child had her/his main meal of the day in front of the TV, computer, or PlayStation daily.

On how many days out of 7 days of the week does [nominated child] have her/his main meal of the day in front of the TV, computer, or PlayStation?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Less than 1 day a week	6	4	7	3	2	8	6	7	5	5	6
1-2 days a week	46	35	29	36	30	40	36	45	29	31	36
3-4 days a week	12	20	25	18	24	18	20	16	21	23	20
5-6 days a week	8	17	12	13	11	6	14	11	19	9	13
7 days a week	28	25	27	31	33	28	24	22	26	32	26
Base	155	224	200	124	158	42	255	117	108	354	579

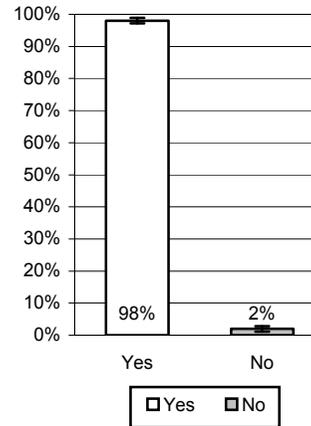
2.1.3 Whether the child has her/his main meal of the day sitting down with the rest of the household

Parents and caregivers were asked if their child sometimes had her/his main meal of the day sitting down with the rest of the household.

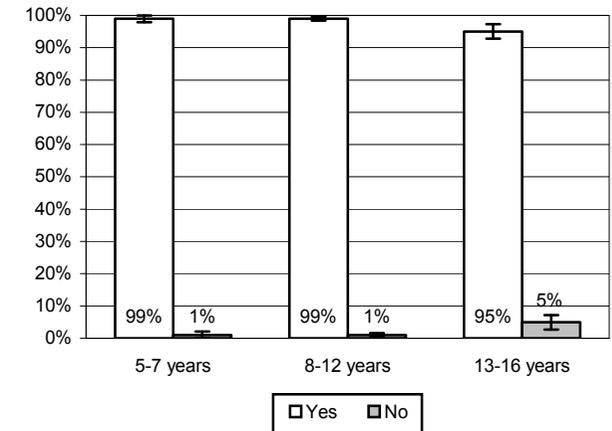
- The majority of parents and caregivers (98%) said *yes*, their child sometimes had her/his main meal of the day with the rest of the household, while 2% said *no*.
- Parents and caregivers talking about 13 to 16-year-olds were slightly less likely (95%) to say that their child sometimes had her/his main meal of the day with the rest of the household than parents and caregivers talking about 5 to 7-year-olds and 8 to 12-year-olds (99%, each).
- There was little variation in the responses to this question by parents and caregivers of different ethnicities and by those living in areas with different levels of deprivation.

Does the child sometimes have her/his main meal of the day sitting down with yourself or other members of the household?

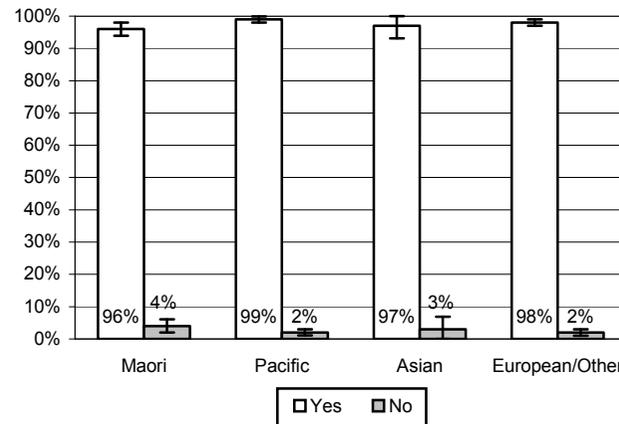
All parents/caregivers



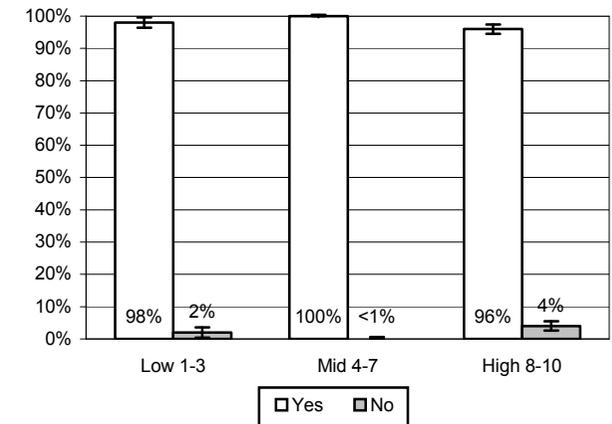
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers in *2-parent families* and those in *extended families* were slightly more likely than those in *other households* to say that their child had her/his main meal with the rest of the household.

Does the child sometimes have her/his main meal of the day sitting down with yourself or other members of the household?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	98	98	97	99	97	99	99	95	97	100*	98
No	2	2	3	1	3	1	1	5	3	<1	2
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	96	99	97	98	97	99	99	92	98
No	4	2	3	2	3	2	1	8	2
Base	287	330	78	437	253	645	156	79	1133

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	96	98	97	99	98	100*	96	98
No	4	2	3	1	2	<1	4	2
Base	180	322	224	368	228	199	706	1133

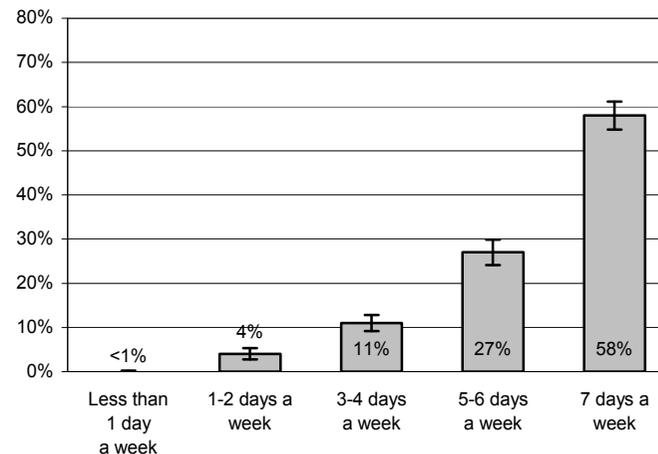
* The figure for "Yes" is rounded to 100, although a small proportion of parents and caregivers said "No" to this question.

2.1.4 Frequency with which children eat their main meal sitting down with the rest of the household

Parents and caregivers who said that their child sometimes had her/his main meal of the day with the rest of the household were asked how often this occurred. Their responses are shown in the chart alongside.

- Less than one percent (<1%) of parents and caregivers said that their child had her/his main meal with the rest of the household *less than 1 day a week*, while 4% said that this occurred *1 to 2 days a week*.
- Just over one-tenth (11%) of parents and caregivers said that their child had her/his main meal of the day sitting down with the rest of the household *3 to 4 days a week*, and over one-quarter (27%) said this happened *5 to 6 days a week*.
- Almost three-fifths (58%) of parents and caregivers said that their child had her/his main meal with the rest of the household everyday – *7 days a week*.

Frequency with which child has main meal sitting down with the rest of the household



Unweighted base = 1103 – all parents/caregivers who said that [nominated child] sometimes had her/his main meal of the day with the rest of the household.

- Parents and caregivers talking about children aged 5 to 7 years were more likely than parents and caregivers talking about older children to say their child had her/his main meal with the rest of the household daily.
- Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say that their child had her/his main meal sitting down with the rest of the household daily.
- Parents and caregivers living in the least deprived areas were less likely than those living in more deprived areas to say that their child had her/his main meal with the rest of the household 3-4 days a week.

On how many days does [nominated child] have her/his main meal of the day sitting down with yourself or other members of the household?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Less than 1 day a week	-	<1	1	<1	-	-	<1	<1	-	<1	<1
1-2 days a week	2	3	6	2	6	2	4	3	4	3	4
3-4 days a week	9	10	14	12	18	8	10	7	13	14	11
5-6 days a week	20	25	35	25	17	14	30	27	28	24	27
7 days a week	70	62	42	61	58	75	55	61	55	58	58
Base	341	446	315	275	323	76	427	223	198	681	1102

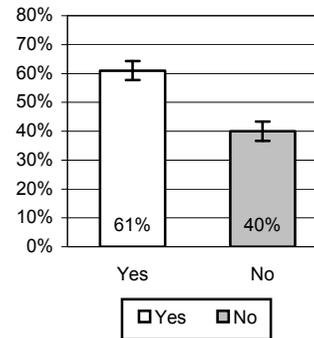
2.1.5 Whether the household has the main meal in front of the TV, watching a programme, DVD, or tape

Parents and caregivers were asked if the household sometimes had the main meal in front of the TV, watching a programme, DVD, or tape.

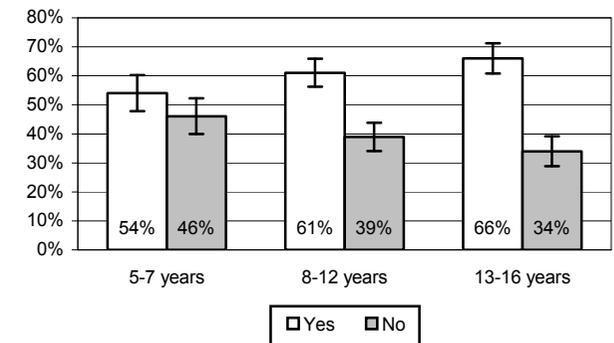
- Just over three-fifths (61%) of parents and caregivers said *yes*, the household sometimes had the main meal in front of the TV, watching a programme, DVD, or tape, while two-fifths (40%) said *no*.
- Parents and caregivers talking about 13 to 16-year-olds were more likely (66%) to say that the household sometimes had the main meal watching the TV than parents and caregivers of younger children (the corresponding figures were 61% for parents and caregivers of 8 to 12-year-olds and 54% for those of 5 to 7-year-olds).
- Parents and caregivers of European/Other ethnicity were more likely than Maori and Pacific parents and caregivers, and slightly more likely than Asian parents and caregivers, to say that the household sometimes had the main meal of the day while watching the TV (64%, compared with figures of 53% for Maori parents and caregivers, 54% for Pacific parents and caregivers, and 60% for Asian parents and caregivers).
- There was little variation in the proportion of parents and caregivers living in areas of different levels of deprivation that said that the household sometimes had the main meal in front of the TV.

Does the household sometimes have the main meal in front of the TV, watching a programme, DVD, or tape?

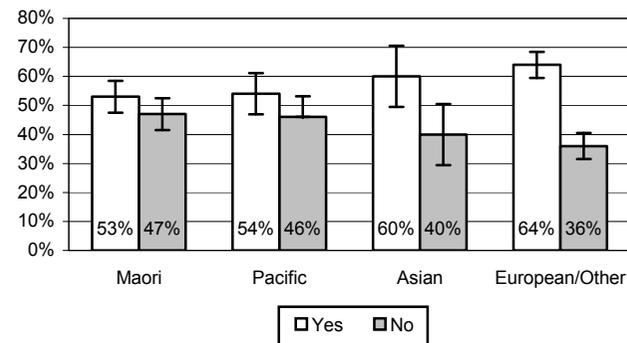
All parents/caregivers



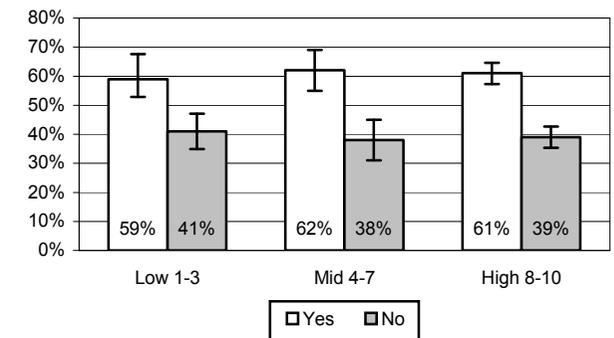
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Male parents and caregivers were slightly less likely than female parents and caregivers to say that the household sometimes had the main meal in front of the TV, watching a programme, DVD, or tape.
- Parents and caregivers aged 45 years and over were more likely to say this happened than those aged 15 to 34 years.
- Parents and caregivers living in rural areas were less likely than those living in urban areas to say that the household sometimes had the main meal while watching the TV.
- Parents and caregivers living in *1-parent families* were more likely than parents and caregivers in all other types of household to say that the household sometimes had the main meal watching the TV.

Does the household sometimes have the main meal in front of the TV, watching a programme, DVD, or tape?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	55	62	55	61	64	54	61	66	63	52	61
No	45	38	45	39	36	46	39	34	37	48	40
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	53	54	60	64	70	59	59	48	61
No	47	46	40	36	30	42	41	52	40
Base	287	330	78	437	253	645	156	79	1133

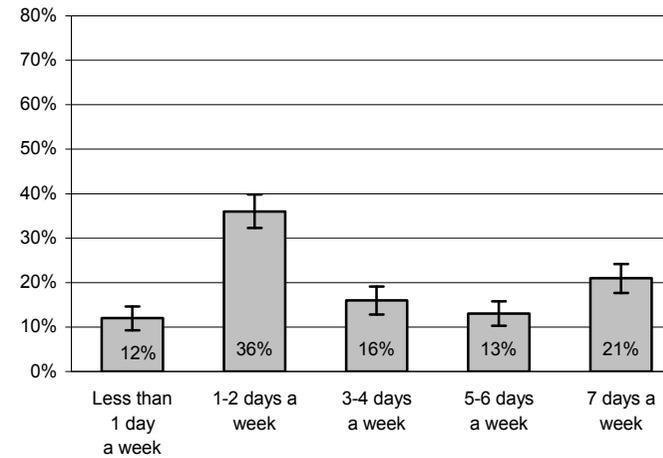
	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	65	58	61	60	59	62	61	61
No	35	42	39	40	41	38	39	40
Base	180	322	224	368	228	199	706	1133

2.1.6 Frequency with which the household has the main meal in front of the TV

Parents and caregivers who said that the household sometimes had the main meal while watching a TV programme, DVD, or tape were asked how often this happened.

- Just over one-tenth (12%) of parents and caregivers said that the household had the main meal while watching the TV *less than 1 day a week*.
- Over one-third (36%) of parents and caregivers said this happened *1 to 2 days a week*, while one-sixth (16%) said that the household had the main meal watching the TV *3 to 4 days a week*.
- Thirteen percent (13%) said the household had the main meal in front of TV, watching a programme, DVD, or tape, *5 to 6 days a week*.
- The remaining one-fifth (21%) of parents and caregivers said this happened *daily – 7 days a week*.

About how many days a week does the household have the main meal while watching a programme, DVD, or tape?



Unweighted base = 654 – all parents and caregivers who said that sometimes the household had the main meal while watching a programme, DVD or tape.

- Parents and caregivers talking about 5 to 7-year-olds were more likely to say that the household had the main meal while watching the TV *1 to 2 days a week* than parents and caregivers talking about older children.
- Pacific parents and caregivers were more likely than parents and caregivers of other ethnicities to say that the household had the main meal while watching the TV daily.
- Parents and caregivers living in the most deprived areas were more likely than those from other areas to say that the household had the main meal while watching the TV daily – *7 days a week*.

About how many days a week does the household have the main meal while watching a programme, DVD, or tape?

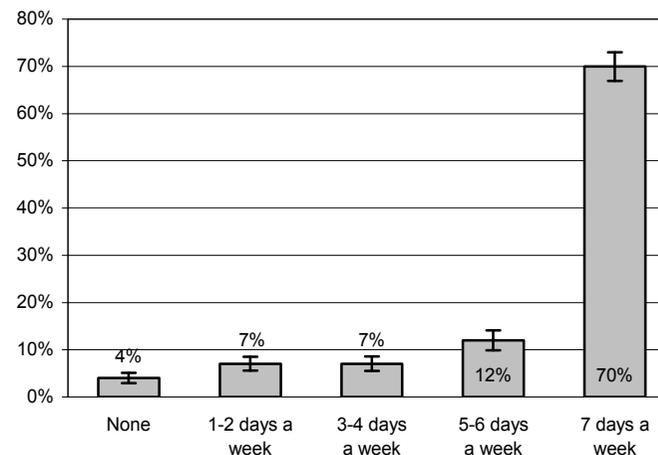
	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Less than 1 day a week	15	13	10	10	9	14	13	15	13	9	12
1-2 days a week	41	36	33	34	33	35	38	38	37	34	36
3-4 days a week	12	14	22	22	20	19	14	16	16	16	16
5-6 days a week	9	14	14	8	5	5	16	14	16	9	13
7 days a week	22	21	19	26	32	26	17	15	18	30	22
Base	185	264	205	150	168	47	289	136	126	392	654

2.1.7 Frequency with which children have a sit-down breakfast

Parents and caregivers were asked on how many days of the week their child had a sit-down breakfast rather than a snack on the run. The chart alongside and the table on the following page show their answers.

- Four percent (4%) of parents and caregivers said that their child did not have a sit-down breakfast on any day of the week.
- Seven percent (7%) of parents and caregivers said that their child had a sit-down breakfast, rather than a snack on the run, *1-2 days a week*, and 7% said this happened *3-4 days a week*.
- Just over one in ten (12%) parents and caregivers said that, rather than having a snack on the run, their child had a sit-down breakfast *5-6 days a week*, while seven out of ten (70%) parents and caregivers said this occurred daily – *7 days a week*.

Taking all 7 days of the week, on how many out of the 7 days does [nominated child] have a sit-down breakfast rather than a snack on the run?



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about children aged 13 to 16 years were less likely than parents and caregivers talking about younger children to say that their child had a sit-down breakfast, rather than a snack on the run, daily.
- Pacific parents and caregivers were less likely to say that their child had a sit-down breakfast daily than parents and caregivers of other ethnicities.
- Parents and caregivers living in the least deprived areas were more likely to say that their child had a sit-down breakfast, rather than a snack on the run, *7 days a week* and less likely to say that this happened *1-2 days a week* than other parents and caregivers.

Taking all 7 days of the week, on how many out of the 7 days does [nominated child] have a sit-down breakfast rather than a snack on the run?

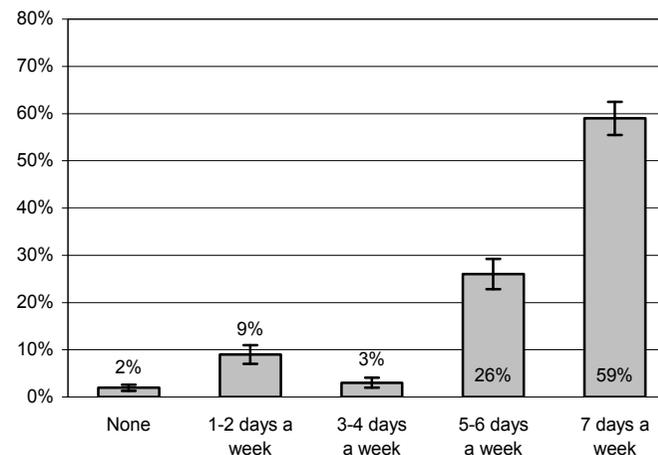
	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
None	<1	3	9	5	8	-	4	2	3	8	4
1-2 days a week	3	4	14	7	15	12	5	3	8	9	7
3-4 days a week	4	7	10	9	19	5	5	3	9	11	7
5-6 days a week	11	11	15	12	16	8	13	12	13	13	12
7 days a week	83	74	52	67	42	76	74	81	67	59	70
Base	346	454	333	287	330	78	437	228	199	706	1133

2.1.8 Frequency with which children have a sit-down lunch

Parents and caregivers were asked on how many days of the week their child had a sit-down lunch, rather than a snack on the run.

- Two percent (2%) of parents and caregivers said that their child did not have a sit-down lunch on any of the *7 days of the week*.
- Nine percent (9%) of parents and caregivers said that their child had a sit-down lunch, rather than a snack on the run, *1-2 days a week*, while 3% said this happened *3-4 days a week*.
- Just over one-quarter (26%) of parents and caregivers said that their child had a sit-down lunch *5-6 days a week* and almost three-fifths (59%) said this happened daily – *7 days a week*.

Taking all 7 days of the week, on how many out of the 7 days does [nominated child] have a sit-down lunch rather than a snack on the run?



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about children aged 5 to 7 years were more likely to say that their child had a sit-down lunch, rather than a snack on the run, *7 days a week* than parents and caregivers talking about older children.
- Pacific parents and caregivers were less likely than parents and caregivers of other ethnicities to say that their child had a sit-down lunch *7 days a week*.
- Parents and caregivers living in the least deprived areas were more likely to say this happened daily than those living in the most deprived areas.

Taking all 7 days of the week, on how many out of the 7 days does [nominated child] have a sit-down lunch rather than a snack on the run?

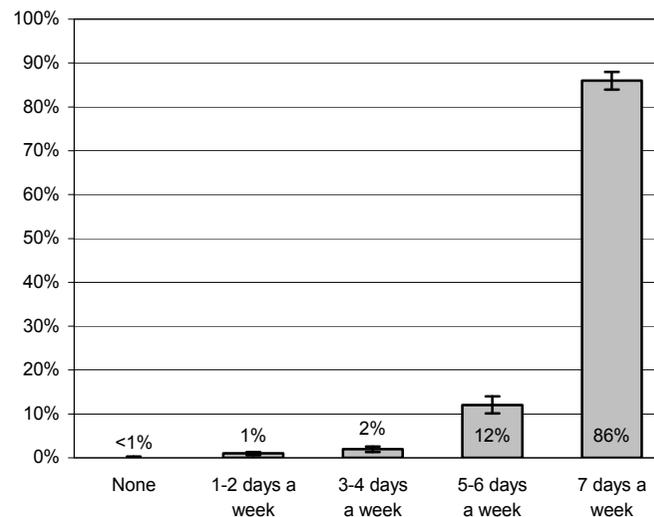
	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
None	1	1	4	4	3	<1	1	<1	1	4	2
1-2 days a week	5	9	14	9	21	23	6	7	9	13	9
3-4 days a week	1	3	6	4	6	-	3	1	2	6	3
5-6 days a week	22	28	28	28	23	8	29	26	28	24	26
7 days a week	71	59	46	55	46	66	60	65	58	51	59
Base	346	454	333	287	330	78	437	228	199	706	1133

2.1.9 Frequency with which children have a sit-down evening meal

Parents and caregivers were asked on how many days of the week their child had a sit-down evening meal rather than a snack on the run.

- Less than 1% of parents and caregivers said that their child did not have a sit-down evening meal on any day of the week.
- One percent (1%) of parents and caregivers said that their child had a sit-down evening meal, rather than a snack on the run, *1-2 days a week*, while 2% said this happened *3-4 days a week*.
- Just over one-tenth (12%) of parents and caregivers said that, rather than having a snack on the run, their child had a sit-down evening meal *5-6 days a week*.
- The majority (86%) of parents and caregivers said that their child had a sit-down evening meal, rather than a snack on the run, daily – *7 days a week*.

Taking all 7 days of the week, on how many out of the 7 days does [nominated child] have a sit-down evening meal rather than a snack on the run?



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about children aged 5 to 7-years were more likely than parents and caregivers talking about children aged 13 to 16 years to say that their child had a sit-down evening meal daily.
- Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say that their child had a sit-down evening meal 7 days a week.
- Parents and caregivers living in the least deprived areas were less likely to say that their child had a sit-down meal 5 to 6 days a week, and slightly more likely to say that their child had a sit-down meal daily, than those living in the most deprived areas.

Taking all 7 days of the week, on how many out of the 7 days does [nominated child] have a sit-down evening meal rather than a snack on the run?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
None	-	<1	1	<1	<1	-	<1	1	-	<1	<1
1-2 days a week	<1	<1	1	1	2	-	<1	1	-	1	1
3-4 days a week	1	1	3	3	4	1	1	1	1	3	2
5-6 days a week	9	12	16	15	14	1	13	10	13	15	12
7 days a week	90	87	80	81	80	98	85	89	86	81	86
Base	346	454	333	287	330	78	437	228	199	706	1133

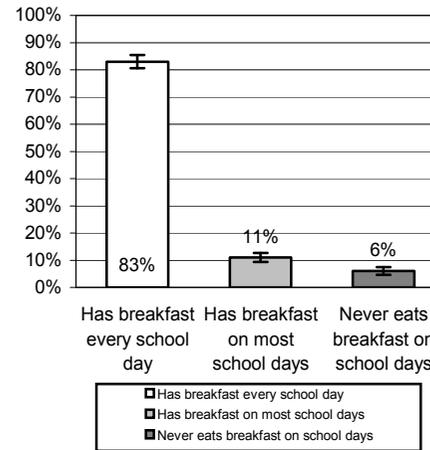
2.1.10 Frequency with which children eat breakfast at home on school days

Parents and caregivers were asked how often their child ate breakfast at home on school days. Their answers are shown in the charts alongside and in the tables on the following pages.

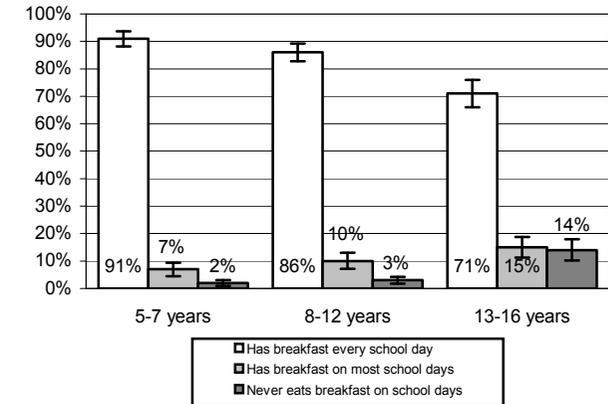
- The majority (83%) of parents and caregivers said that their child had *breakfast every school day*. Just over one-tenth (11%) of parents and caregivers said that their child had *breakfast on most school days*. The remaining 6% of parents and caregivers said that their child *never ate breakfast on school days*.
- Parents and caregivers talking about children aged 5 to 7 years were more likely (91%) than those talking about children aged 13 to 16 years (71%), and slightly more likely than those talking about children aged 8 to 12 years (86%), to say that their child had *breakfast every school day*.
- Pacific parents and caregivers were less likely than parents and caregivers of other ethnicities to say that their child had *breakfast every school day* (60%, compared with figures of 74% for Maori, 88% for parents and caregivers of European/Other ethnicity, and 89% for Asian parents and caregivers). Conversely, Pacific parents and caregivers were more likely (12%) than Maori (8%), European/Other (5%), and Asian parents and caregivers (4%) to say that their child *never ate breakfast on school days*.
- Parents and caregivers living in the least deprived areas were more likely than those living in other areas to say that their child had *breakfast every school day* (94% of parents and caregivers from the least deprived areas said this, compared with 82% and 71%, respectively, of those from areas of mid-deprivation and those from the most deprived areas).

How often does [nominated child] usually eat breakfast at home on school days?

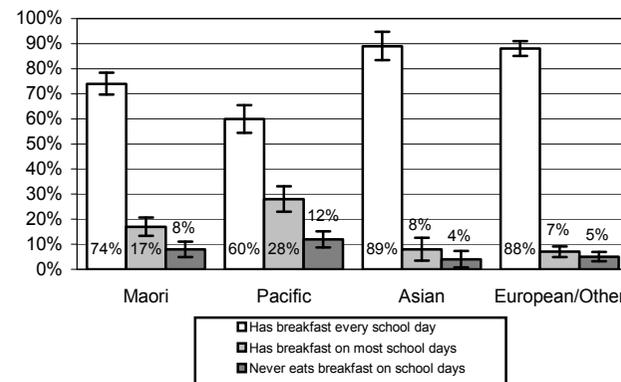
All parents/caregivers



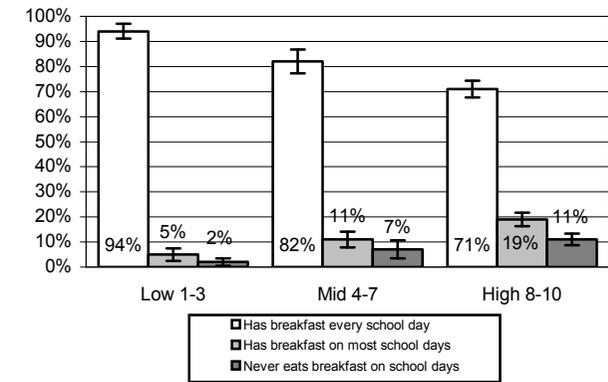
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Female parents and caregivers were slightly more likely than male parents and caregivers to say that their child *never ate breakfast on school days*.
- Parents and caregivers aged 45 years and over were less likely than those aged 15 to 34 years to say that their child had *breakfast on most school days*.
- Parents and caregivers living in *other households* were more likely than those living in other types of household to say that their child *never eats breakfast on school days*.

How often does [nominated child] usually eat breakfast at home on school days?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Has breakfast every school day	89	83	80	84	83	91	86	71	83	85	83
Has breakfast on most school days	9	11	13	11	8	7	10	15	11	9	11
Never eats breakfast on school days	3	7	6	5	9	2	3	14	6	6	6
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Has breakfast every school day	74	60	89	88	83	85	74	73	83
Has breakfast on most school days	17	28	8	7	11	11	13	10	11
Never eats breakfast on school days	8	12	4	5	7	5	13	17	6
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers whose annual household income was *less than \$20,000* were slightly less likely to say that their child had *breakfast every school day*, and more likely to say that their child *had breakfast on most school days*, than parents and caregivers with higher household incomes.

How often does [nominated child] usually eat breakfast at home on school days?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Has breakfast every school day	72	79	85	87	94	82	71	83
Has breakfast on most school days	18	14	10	7	5	11	19	11
Never eats breakfast on school days	10	7	5	6	2	7	11	6
Base	180	322	224	368	228	199	706	1133

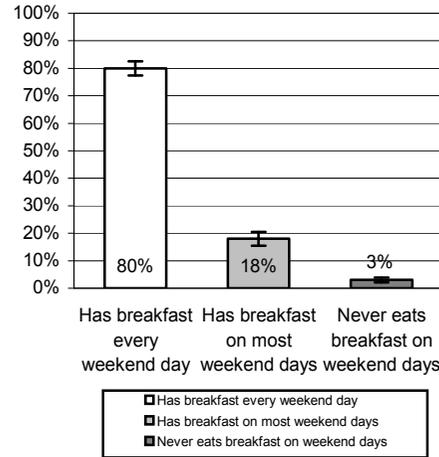
2.1.11 Frequency with which children eat breakfast at home on weekend days

Parents and caregivers were asked how often their child ate breakfast at home on weekend days.

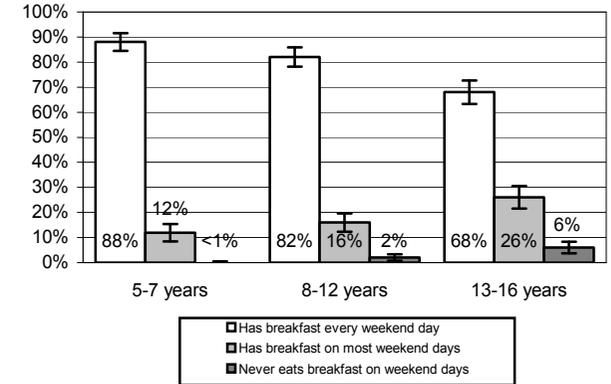
- The majority (80%) of parents and caregivers said that their child had *breakfast every weekend day*. Just under one-fifth (18%) of parents and caregivers said that their child had *breakfast on most weekend days*. The remaining 3% of parents and caregivers said that their child *never ate breakfast on weekend days* at home.
- Parents and caregivers talking about 13 to 16-year-olds were less likely (68%) than parents and caregivers talking about younger children to say that their child had breakfast at home every weekend day (82% of parents and caregivers talking about 8 to 12-year-olds said this, as did 88% of those talking about 5 to 7-year-olds).
- Asian parents and caregivers and those of European/Other ethnicity were more likely (84% and 82%, respectively) to say that their child had *breakfast every weekend day* than Maori and Pacific parents and caregivers (74% and 71%, respectively).
- Parents and caregivers living in the least deprived areas were more likely than those living in other areas to say that their child had *breakfast every weekend day* (87%, compared with figures of 78% for those living in areas of mid-deprivation and 72% for those living in the most deprived areas).

How often does [nominated child] usually eat breakfast at home on weekend days?

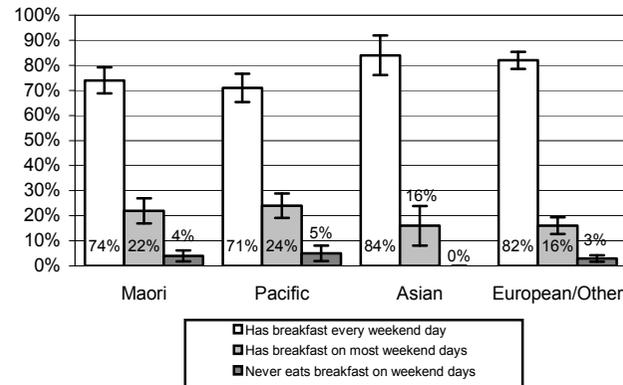
All parents/caregivers



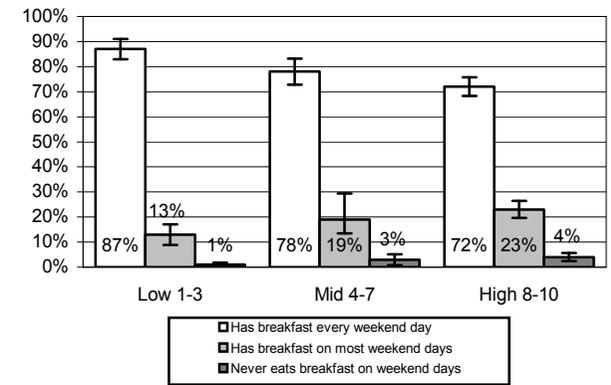
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Male parents and caregivers were more likely than female parents and caregivers to say that their child had *breakfast on most weekend days*.
- Parents and caregivers living in urban areas were more likely to say that their child had *breakfast on most weekend days*, and slightly less likely to say their child had *breakfast every weekend day*, than parents and caregivers living in rural areas.
- Parents and caregivers from *2-parent families* were more likely than those from *1-parent families* to say that their child had *breakfast every weekend day*.

How often does [nominated child] usually eat breakfast at home on weekend days?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Has breakfast every weekend day	76	80	80	79	80	88	82	68	78	84	80
Has breakfast on most weekend days	22	17	17	18	18	12	16	26	19	12	18
Never eats breakfast on weekend days	2	3	3	3	2	<1	2	6	2	4	3
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Has breakfast every weekend day	74	71	84	82	71	83	76	74	80
Has breakfast on most weekend days	22	24	16	16	26	14	24	21	18
Never eats breakfast on weekend days	4	5	-	3	3	3	1	4	3
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers whose annual household income was *less than \$20,000* were more likely than those with higher household incomes to say that their child *never ate breakfast on weekend days* at home.

How often does [nominated child] usually eat breakfast at home on weekend days?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Has breakfast every weekend day	72	78	75	84	87	78	72	80
Has breakfast on most weekend days	20	19	24	14	13	19	23	18
Never eats breakfast on weekend days	8	3	1	2	1	3	4	3
Base	180	322	224	368	228	199	706	1133

2.2 Extent to which food is taken to school from home

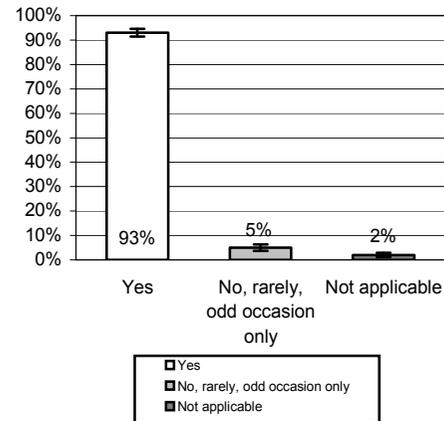
2.2.1 Whether the child takes food or drink to school from home

Parents and caregivers were asked if their child took food or drink to school from home. Their answers are shown in the charts alongside and in the tables on the following page.

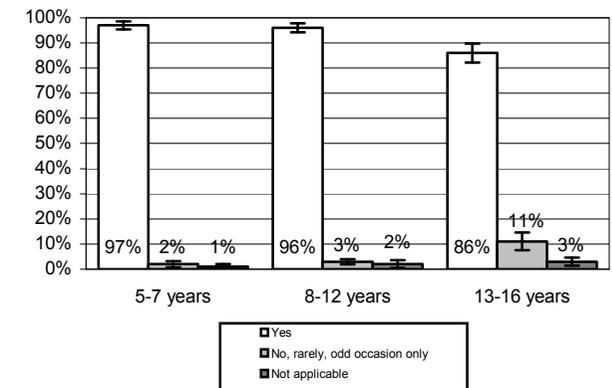
- The majority (93%) of parents and caregivers said that their child took food or drink to school from home, while 5% said *no, rarely, odd occasion only*. For the remaining 2% of parents and caregivers the question was *not applicable* (for example, because their child was home-schooled).
- Parents and caregivers talking about children aged 13 to 16 years were less likely than parents and caregivers talking about younger children to say that their child took food or drink to school from home (86%, compared with 96% and 97%, respectively, for parents and caregivers talking about 8 to 12-year-olds and 5 to 7-year-olds).
- Pacific parents and caregivers were less likely (85%) to say this happened than parents and caregivers of other ethnicities (the corresponding figures were 91% for Maori, 94% for parents and caregivers of European/Other ethnicity, and 97% for Asian parents and caregivers).
- Parents and caregivers living in the least deprived areas were more likely (98%) than those living in the most deprived areas (89%) to say that their child took food or drink to school from home.

Does [nominated child] take food or drink to school from home on any of the 5 school days in the week?

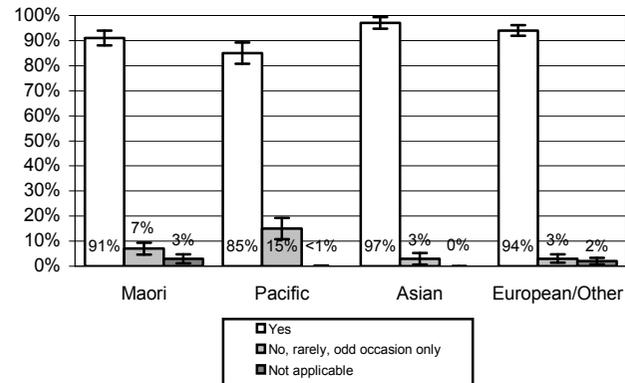
All parents/caregivers



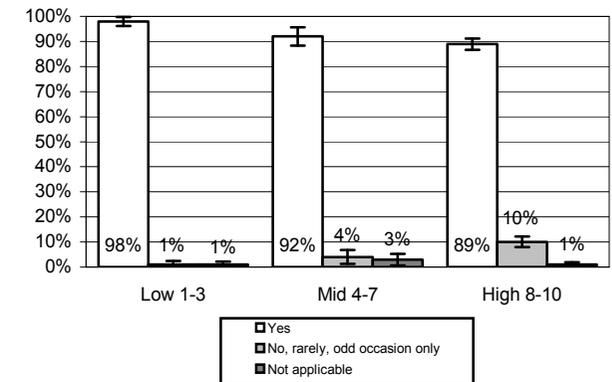
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers aged 45 years and over were slightly less likely than younger parents and caregivers to say that their child took food or drink to school from home.
- The proportion of parents and caregivers who said that their child took food or drink to school from home was similar regardless of their gender, household composition and household income, and whether they lived in urban or rural areas.

Does [nominated child] take food or drink to school from home on any of the 5 school days in the week?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	90	94	95	95	89	97	96	86	94	92	93
No, rarely, odd occasion only	10	4	4	4	7	2	3	11	5	5	5
Not applicable	<1	2	1	1	4	1	2	3	2	3	2
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	91	85	97	94	91	94	93	92	93
No, rarely, odd occasion only	7	15	3	3	7	4	7	8	5
Not applicable	3	<1	-	2	2	2	-	-	2
Base	287	330	78	437	253	645	156	79	1133

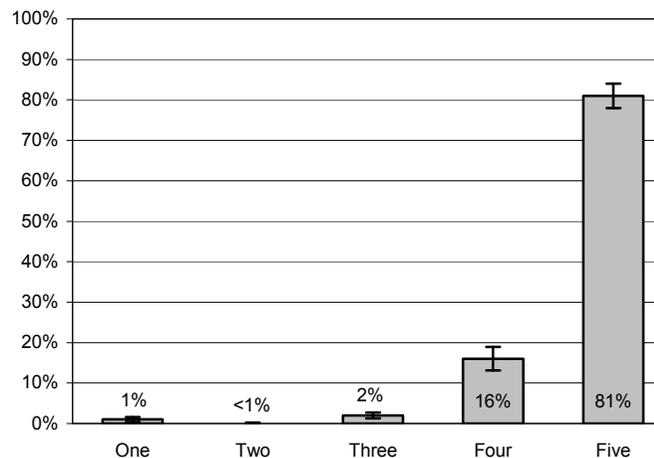
	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	92	91	95	94	98	92	89	93
No, rarely, odd occasion only	5	7	3	5	1	4	10	5
Not applicable	3	2	3	1	1	3	1	2
Base	180	322	224	368	228	199	706	1133

2.2.2 Frequency with which children take food or drink to school from home

Parents and caregivers who said that their child took food or drink to school from home were asked how often this happened.

- One percent (1%) of parents and caregivers said that their child took food or drink to school from home on one out of five school days, while less than one percent (<1%) said this happened on two school days.
- Two percent (2%) of parents and caregivers said that their child did this on three school days, and one-sixth (16%) said this happened on four out of five school days.
- The majority (81%) of parents and caregivers said that their child took food or drink to school from home every day – five school days.

How many school days out of 5 would [nominated child] usually take food or drink to school, from home?



Unweighted base = 1016 – all parents/caregivers who said that their child took food or drink to school from home

- Parents and caregivers talking about 5 to 7-year-olds were less likely than parents and caregivers talking about 8 to 12-year-olds to say that their child took food or drink to school from home on four school days.
- Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say that their child took food or drink to school from home on every (five) school day.
- Parents and caregivers living in areas of mid-deprivation were slightly more likely than parents and caregivers living in the least and most deprived areas to say that their child took food and drink to school from home every day.

How many school days out of 5 would [nominated child] usually take food or drink to school, from home?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
One	1	<1	2	1	<1	4	<1	1	1	1	1
Two	<1	<1	1	1	3	-	-	-	-	1	<1
Three	1	2	3	3	8	1	1	1	-	5	2
Four	13	18	16	13	17	4	19	19	14	15	16
Five	84	79	80	82	72	91	80	79	86	78	81
Base	333	424	259	255	277	73	410	222	183	611	1016

2.3 Food and cooking preparation practices

Parents and caregivers were asked about the extent to which they used selected food preparation and cooking practices in their homes.

2.3.1 Frequency of using selected food preparation methods

Parents and caregivers were asked about the frequency with which they used selected food preparation methods. The table alongside shows the overall responses for each of these different methods.

- **Trim the fat off meat, including corned beef** – almost one-half (45%) of parents and caregivers said they did this *always*, while just over one-fifth (22%) said that they did this *most of the time*.
- **Remove the skin from chicken** – more than one-third (35%) of parents and caregivers said they did this *rarely or never*, while just under one-third (30%) of parents and caregivers said they did this *always*.
- **Cook with oil or margarine, rather than butter or lard** – six out of ten (60%) parents and caregivers said this happened *always*.
- **Drain the fat off canned corned beef** – three-quarters (75%) of parents and caregivers said *they didn't cook or eat this*, while one-tenth (10%) said they drained the fat off canned corned beef *always*.
- **Skim the fat off boiled meat** – over one-third (36%) of parents and caregivers said they *didn't cook or eat this* type of food. Over one-third (35%) of parents and caregivers said they skimmed the fat off boiled meat *always*.

When you prepare and cook food at home, how often do you:

	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook or eat this %
Trim the fat off meat, including corned beef	45	22	13	15	5
Remove the skin from chicken	30	16	16	35	3
Cook with oil or margarine, rather than butter or lard*	60	22	12	5	1
Drain the fat off canned corned beef	10	3	4	8	75
Skim the fat off boiled meat	35	11	7	12	36
Base	1133				

* This method may be considered a cooking, rather than a food preparation, method, but it is included in this section as parents and caregivers were given the option of saying they *don't cook or eat this*.

2.3.1.1 Frequency of using selected food preparation methods – by age of child

The table alongside shows how often parents and caregivers said certain food preparation methods were used in the home, for each of the three children's age groups.

- **Trim the fat off meat, including corned beef** – parents and caregivers talking about 5 to 7-year-olds were more likely than parents and caregivers talking about older children to say they did this *rarely or never*.
- **Remove the skin from chicken** – parents and caregivers talking about 5 to 7-year-olds were less likely to say this happened *always* than parents and caregivers talking about older children. They also were less likely than parents and caregivers of 8 to 12-year-olds to say they removed the skin from the chicken *some of the time*.
- **Cook with oil or margarine, rather than butter or lard** – parents and caregivers talking about 5 to 7-year-olds were more likely than those talking about 13 to 16-year-olds, and slightly more likely than those talking about 8 to 12-year-olds, to say this happened *most of the time*.
- **Drain the fat off canned corned beef** – the responses of parents and caregivers were similar regardless of the age of the child.
- **Skim the fat off boiled meat** – parents and caregivers talking about 8 to 12-year-olds were more likely than parents and caregivers talking about 5 to 7-year-olds, and slightly more likely than those talking about 13 to 16-year-olds, to say this happened *always*. Parents and caregivers talking about 5 to 7-year-olds were more likely to say this happened *rarely or never* than parents and caregivers talking about 13 to 16-year-olds.

When you prepare and cook food at home, how often do you:

	Parent/caregiver of child 5-7 years old					Parent/caregiver of child 8-12 years old					Parent/caregiver of child 13-16 years old				
	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %
Trim the fat off meat, including corned beef	42	22	12	19	5	45	22	14	13	6	47	22	12	14	4
Remove the skin from chicken	26	15	19	37	4	31	17	14	35	3	33	15	17	33	2
Cook with oil or margarine, rather than butter or lard	57	25	12	6	1	59	21	13	6	1	65	19	11	4	2
Drain the fat off canned corned beef	9	2	5	7	77	10	4	3	9	75	12	3	3	7	74
Skim the fat off boiled meat	28	11	8	15	39	40	10	6	12	33	35	13	6	9	36
Base	346					454					333				

2.3.1.2 Frequency of using selected food preparation methods – by ethnicity of parents and caregivers

The table alongside shows how often selected food preparation methods were used in the home, by the ethnicity of parents and caregivers.

- **Trim the fat off meat, including corned beef** – Asian parents and caregivers and those of European/Other ethnicity were more likely than Pacific and Maori parents and caregivers to say they did this *always*. Maori parents and caregivers were more likely than other parents and caregivers to say this happened *rarely or never*.
- **Remove the skin from chicken** – Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say they did this *always*. Maori parents and caregivers were more likely than other parents and caregivers to say this happened *rarely or never*.
- **Cook with oil or margarine, rather than butter or lard** – Pacific parents and caregivers were less likely than other parents and caregivers to say they did this *always*. Parents and caregivers of European/Other ethnicity were less likely than parents and caregivers of other ethnicities to say they did this *some of the time*.

When you prepare and cook food at home, how often do you:

	Maori					Pacific				
	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %
Trim the fat off meat, including corned beef	24	25	13	35	4	37	24	23	14	2
Remove the skin from chicken	16	13	13	57	2	27	14	27	30	1
Cook with oil or margarine, rather than butter or lard	51	26	16	6	1	39	25	27	6	3
Drain the fat off canned corned beef	10 (24)	5 (12)	5 (12)	20 (51)	60	29 (34)	12 (14)	19 (22)	25 (30)	14
Skim the fat off boiled meat	28 (34)	12 (14)	13 (15)	30 (36)	17	37 (39)	20 (21)	16 (17)	21 (22)	7
Base	287					330				

	Asian					Euro/Other				
	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %
Trim the fat off meat, including corned beef	52	10	17	3	17	50	23	10	12	4
Remove the skin from chicken	64	1	10	17	8	29	19	17	32	3
Cook with oil or margarine, rather than butter or lard	70	13	13	1	2	64	21	8	6	1
Drain the fat off canned corned beef	12 (56)	2 (12)	4 (20)	3 (16)	79	7 (58)	1 (10)	1 (9)	3 (23)	88
Skim the fat off boiled meat	42 (66)	10 (16)	7 (12)	5 (8)	36	35 (64)	10 (17)	4 (7)	7 (12)	45
Base	78					437				

- **Drain the fat off canned corned beef** – most parents and caregivers of European/Other ethnicity (88%) and most Asian (79%) and Maori (60%) parents and caregivers said that they did **not** cook or eat canned corned beef. In contrast, most (86%) Pacific parents and caregivers said that they did cook and eat canned corned beef. The figures in brackets in the table on the previous page, therefore, show how often parents and caregivers in each of the four ethnic groups who said they **did** cook/eat canned corned beef said they drained the fat off this type of food.

Based on these figures, Maori and Pacific parents and caregivers were less likely than Asian parents and caregivers and those of European/Other ethnicity to say they did this *always* and more likely to say that they *rarely or never* drained the fat off canned corned beef.

- **Skim the fat off boiled meat** – Asian parents and caregivers (36%) and those of European/Other ethnicity (45%) were more likely than Maori (17%) and Pacific (7%) parents and caregivers to say they did **not** cook or eat boiled meat. The figures in brackets in the table on the previous page, therefore, show how often parents and caregivers in each of the four ethnic groups who said they **did** cook/eat boiled meat said they skimmed the fat off this type of food.

Based on these figures, Maori and Pacific parents and caregivers were less likely than Asian parents and caregivers and those of European/Other ethnicity to say they did this *always* and more likely to say this happened *rarely or never*.

2.3.1.3 Frequency of using selected food preparation methods – by deprivation index

The table alongside shows how often selected food preparation methods were used in the home, by the deprivation index of the area that parents and caregivers lived in.

- **Trim the fat off meat, including corned beef** – parents and caregivers living in the most deprived areas were less likely than other parents and caregivers to say they did this *always*.
- **Remove the skin from chicken** – parents and caregivers living in the most deprived areas were more likely than other parents and caregivers to say that they did this *rarely or never*.
- **Cook with oil or margarine, rather than butter or lard** – parents and caregivers living in the most deprived areas were less likely than those living in less deprived areas to say they did this *always*.
- **Drain the fat off canned corned beef** – parents and caregivers living in the least deprived areas (88%) and areas of mid-deprivation (84%) were more likely than those living in the most deprived areas (53%) to say that they did **not** cook or eat canned corned beef. The figures in brackets in the table, therefore, show how often parents and caregivers living in each of the three areas who said they **did** cook/eat canned corned beef said they drained the fat off this type of food.

Based on these figures, parents and caregivers living in the most deprived areas and areas of mid-deprivation were less likely than those living in the least deprived areas to say they *always* drained the fat off canned corned beef, and more likely to say that they did this *rarely or never*.

When you prepare and cook food at home, how often do you:

	Deprivation index 1-3					Deprivation index 4-7					Deprivation index 8-10				
	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %	Always %	Most of the time %	Some of the time %	Rarely or never %	Don't cook/eat this %
Trim the fat off meat, including corned beef	51	24	11	10	5	48	21	11	16	5	34	21	17	21	6
Remove the skin from chicken	30	20	20	26	4	37	14	12	35	3	24	12	16	45	3
Cook with oil or margarine, rather than butter or lard	64	22	9	4	1	64	21	10	4	1	52	21	17	7	2
Drain the fat off canned corned beef	6 (53)	2 (13)	3 (23)	2 (13)	88	7 (41)	1 (7)	1 (4)	8 (48)	84	18 (38)	6 (14)	8 (16)	16 (32)	53
Skim the fat off boiled meat	35 (63)	9 (17)	5 (10)	6 (10)	45	37 (60)	8 (12)	6 (10)	11 (18)	38	32 (41)	16 (21)	9 (12)	20 (26)	23
Base	228					199					706				

- **Skim the fat off boiled meat** – parents and caregivers living in the least deprived areas (45%) and areas of mid-deprivation (38%) were more likely than those living in the most deprived areas (23%) to say that they did **not** cook or eat boiled meat. The figures in brackets in the table, therefore, show how often parents and caregivers living in each of the three areas who said they **did** cook/eat boiled meat said they skimmed the fat off this type of food.

Based on these figures, parents and caregivers living in the most deprived areas were less likely than those living in other areas to say that they skimmed the fat off boiled meat *always* and more likely to say that they did this *rarely or never*.

2.3.2 Frequency of using selected cooking practices

Parents and caregivers were asked how often they used selected cooking practices. The table alongside shows the overall responses for each of these different practices.

- **Fry or deep fry food rather than grill or bake** – more than six out of ten (61%) parents and caregivers said they did *this rarely or never*, and almost three out of ten (29%) said *some of the time*.
- **Cook or use low fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk** – just over one-quarter (27%) of parents and caregivers said they did this *always*, and just over one-quarter (27%) said they did this *most of the time*.
- **Add salt to food** – more than one-quarter (28%) of parents and caregivers said they did this *always*, while just over one-quarter (26%) of parents and caregivers said they did this *some of the time*, and another 26% said *rarely or never*.
- **Use sweeteners, rather than sugar** – the majority (85%) of parents and caregivers said they did *this rarely or never*.
- **Add butter, margarine or a sauce to vegetables** – almost one-half (45%) of parents and caregivers said they did this *some of the time*, and more than one-third (36%) of parents and caregivers said this happened *rarely or never*.

When you prepare and cook food at home, how often do you:

	Always %	Most of the time %	Some of the time %	Rarely or never %
Fry or deep fry food rather than grill or bake	3	8	29	61
Cook or use low-fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk	27	27	24	23
Add salt to food	28	20	26	26
Use sweeteners, rather than sugar	3	3	10	85
Add butter, margarine or a sauce to vegetables	8	12	45	36
Base	1133			

2.3.2.1 Frequency of using selected cooking practices – by age of child

The table alongside shows how often selected cooking practices were used in the home, for each of the three children's age groups.

- **Fry or deep fry food rather than grill or bake** – the responses of parents and caregivers were similar regardless of the age of the child.
- **Cook or use low fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk** – parents and caregivers talking about 13 to 16-year-olds were more likely than other parents and caregivers to say this happened *always*. Parents and caregivers talking about 5 to 7-year-olds were more likely than those talking about 13 to 16-year-olds, and slightly more likely than those talking about 8 to 12-year-olds, to say they did this *rarely or never*.
- **Add salt to food** – parents and caregivers talking about 5 to 7-year-olds were less likely to say they did this *always*, and more likely to say they did this *some of the time*, than parents and caregivers talking about older children.
- **Use sweeteners, rather than sugar** – the responses of parents and caregivers were similar regardless of the age of the child.
- **Add butter, margarine or a sauce to vegetables** – parents and caregivers talking about children aged 13 to 16 years were less likely than other parents and caregivers to say they did this *rarely or never*.

When you prepare and cook food at home, how often do you:

	Parent/caregiver of child 5-7 years old				Parent/caregiver of child 8-12 years old				Parent/caregiver of child 13-16 years old			
	Always %	Most of the time %	Some of the time %	Rarely or never %	Always %	Most of the time %	Some of the time %	Rarely or never %	Always %	Most of the time %	Some of the time %	Rarely or never %
Fry or deep fry food rather than grill or bake	2	6	29	63	4	9	30	58	3	8	27	62
Cook or use low-fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk	18	27	26	29	26	28	21	24	37	24	24	16
Add salt to food	23	20	34	24	30	19	23	28	30	21	22	27
Use sweeteners, rather than sugar	1	3	9	87	3	2	9	86	3	3	11	82
Add butter, margarine or a sauce to vegetables	8	11	42	39	5	12	44	38	10	11	48	31
Base	346				454				333			

2.3.2.2 Frequency of using selected cooking practices – by ethnicity

The table alongside shows how often selected cooking practices were used in the home, by the ethnicity of parents and caregivers.

- **Fry or deep fry food rather than grill or bake** – parents and caregivers of European/Other ethnicity were more likely than Asian and Pacific parents and caregivers, and slightly more likely than Maori parents and caregivers, to say they did this *rarely or never*.
- **Cook or use low fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk** – Maori parents and caregivers were more likely to say they did this *rarely or never* than other parents and caregivers.
- **Add salt to food** – Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say they did this *always*.
- **Use sweeteners, rather than sugar** – Pacific parents and caregivers were less likely than other parents and caregivers to say this happened *rarely or never*.
- **Add butter, margarine or a sauce to vegetables** – Asian parents and caregivers were more likely than other parents and caregivers to say they did this *rarely or never*. Maori parents and caregivers were more likely than parents and caregivers of other ethnicities to say that they did this *always*.

When you prepare and cook food at home, how often do you:

	Maori				Pacific			
	Always %	Most of the time %	Some of the time %	Rarely or never %	Always %	Most of the time %	Some of the time %	Rarely or never %
Fry or deep fry food rather than grill or bake	3	8	30	59	5	14	44	37
Cook or use low-fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk	14	16	27	43	19	25	31	24
Add salt to food	33	16	25	26	49	19	24	8
Use sweeteners, rather than sugar	1	2	10	88	5	7	23	65
Add butter, margarine or a sauce to vegetables	17	18	47	18	9	14	38	38
Base	287				330			

	Asian				Euro/Other			
	Always %	Most of the time %	Some of the time %	Rarely or never %	Always %	Most of the time %	Some of the time %	Rarely or never %
Fry or deep fry food rather than grill or bake	11	16	40	33	1	6	24	69
Cook or use low-fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk	32	33	18	18	31	29	22	18
Add salt to food	63	19	12	5	18	21	29	33
Use sweeteners, rather than sugar	9	4	13	75	2	2	8	89
Add butter, margarine or a sauce to vegetables	5	9	32	54	6	10	47	38
Base	78				437			

2.3.2.3 Frequency of using selected cooking practices – by deprivation index

The table alongside shows how often certain cooking practices were used in the home, by the deprivation index of the area that parents and caregivers lived in.

- **Fry or deep fry food rather than grill or bake** – parents and caregivers living in the most deprived areas were more likely to say they did this *some of the time*, and less likely to say they did this *rarely or never*, than other parents and caregivers.
- **Cook or use low fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk** – parents and caregivers living in the most deprived areas were more likely to say this happened *rarely or never*, and less likely to say this happened *always*, than parents and caregivers living in less deprived areas.
- **Add salt to food** – parents and caregivers living in the most deprived areas were more likely than other parents and caregivers to say they did this *always*.
- **Use sweeteners, rather than sugar** – parents and caregivers living in the least deprived areas and those living in areas of mid-deprivation were more likely to say they did this *rarely or never* than those living in the most deprived areas.
- **Add butter, margarine or a sauce to vegetables** – parents and caregivers in the least deprived areas were more likely than those living in other areas to say that they did this *rarely or never*. Parents and caregivers from areas of mid-deprivation were more likely than other parents and caregivers to say they did this *some of the time*.

When you prepare and cook food at home, how often do you:

	Deprivation index 1-3				Deprivation index 4-7				Deprivation index 8-10			
	Always %	Most of the time %	Some of the time %	Rarely or never %	Always %	Most of the time %	Some of the time %	Rarely or never %	Always %	Most of the time %	Some of the time %	Rarely or never %
Fry or deep fry food rather than grill or bake	1	6	25	68	5	8	27	61	3	9	35	52
Cook or use low-fat foods, eg, Lite, reduced fat products, low-fat milk, or low-fat coconut milk	30	32	25	14	32	24	21	23	19	23	24	34
Add salt to food	19	20	35	26	29	22	21	29	38	18	20	24
Use sweeteners, rather than sugar	3	1	8	88	1	3	9	88	3	4	14	79
Add butter, margarine or a sauce to vegetables	6	10	41	43	7	9	52	33	11	16	42	31
Base	228				199				706			

2.4 Expenditure on food

Amount of money their household usually spends each week on food and beverages (per person)

2.4.1 Overall Summary

Parents and caregivers were asked how much money their household usually spent each week on food and beverages. They were asked to include all expenditure, including food and drink bought from supermarkets, markets, dairies, takeaway outlets, and petrol station shops. The table alongside shows the household's weekly spend per person by the age of parents and caregivers, by their ethnicity, and by their household income.

- Four out of ten (40%) parents and caregivers said that their household spend each week on food and beverages was over \$50 per person. Just under one-quarter (23%) of parents and caregivers said their household spend each week on food and beverages was in the range \$41-50 per person. Just under one fifth (19%) said it was in the range \$31-40 per person, and a slightly smaller proportion (16%) said their household spend each week on food and beverages was in the range \$1-30 per person.
- Parents and caregivers aged 45 years and over were less likely than younger parents and caregivers to say their household spent \$31-40 per person each week on food and beverages. Parents and caregivers aged 15 to 34 years were less likely than older parents and caregivers to say their household spent over \$50 per person on food and beverages each week.
- Asian parents and caregivers and, in particular, those of European/Other ethnicity were less likely than Maori and Pacific parents and caregivers to say they spent \$1-30 per person on food and beverages each week. Parents and caregivers of European/Other ethnicity were more likely than Maori, Asian and, in particular, Pacific parents and caregivers to say their household spend each week on food and beverages was more than \$50 per person.

	Age of parent/caregiver (in years)			Ethnicity of parent/caregiver*				Household income				Total
	15-34 %	35-44 %	45+ %	Maori %	Pacific %	Asian %	Euro/Other %	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	%
\$1-30	29	14	11	30	44	14	9	39	26	13	7	16
\$31-40	27	20	14	22	24	24	17	23	24	24	14	19
\$41-50	24	25	18	24	17	25	23	22	21	29	21	23
\$51+	19	40	55	23	13	31	50	16	28	33	57	40
Don't know/refused	1	1	2	1	2	6	<1	1	-	1	-	1
Base	342	479	307	287	330	78	437	180	322	224	368	1133

* Column totals may exceed 100% due to multiple ethnicities.

- Parents and caregivers whose annual household income was between \$40,000-\$60,000 and, in particular, those whose annual income was over \$60,000 were less likely than those whose annual income was less than \$40,000 to say their household spend each week on food and beverages was *\$1-30 per person*. Parents and caregivers whose annual household income was over \$60,000 were more likely than other parents and caregivers to say their household spend each week on food and beverages was *over \$50 per person*.

3. PLANNING, FOOD PREPARATION AND SHOPPING

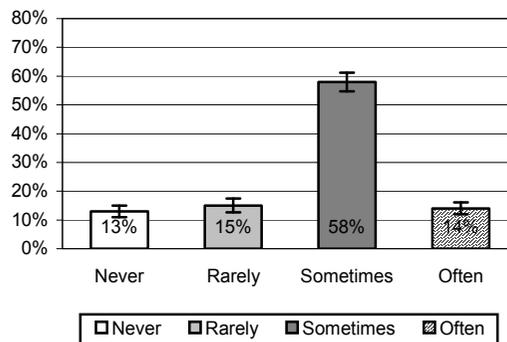
3.1 Involving children in planning meals

Parents and caregivers were asked whether their child helps to plan any meals, for example what to eat or how to prepare, cook or serve the meal, and how often this happens. The charts alongside and the tables following show their answers.

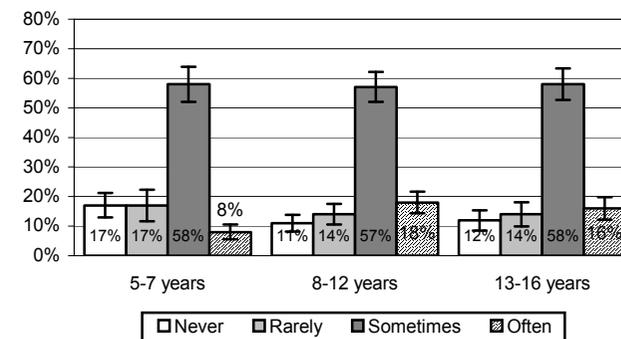
- Just under six out of ten parents and caregivers (58%) said that their child helps to plan meals *sometimes*, while much smaller proportions said that their child helps to plan meals *rarely* (15%), *often* (14%), and *never* (13%).
- Parents and caregivers talking about 5 to 7-year-olds (17%) were more likely than those talking about 8 to 12-year-olds (11%) and 13 to 16-year-olds (12%) to say that their child *never* helps to plan meals. Parents and caregivers talking about 8 to 12-year-olds (18%) and 13 to 16-year-olds (16%) were more likely than those talking about 5 to 12-year-olds (8%) to say their child *often* helps to plan meals.
- Pacific and Asian parents and caregivers (16%, each) were more likely than parents and caregivers of European/Other ethnicity (12%) to say that their child *never* helps to plan meals. Asian parents and caregivers (17%) were more likely than Pacific parents and caregivers (12%) to say that their child *rarely* helps to plan meals. Maori (22%) and Asian (25%) parents and caregivers were more likely to say that their child *often* helps to plan meals than Pacific parents and caregivers and those of European/Other ethnicity (11%, each). Pacific parents and caregivers (61%) and those of European/Other ethnicity (62%) were more likely to say that their child helps to plan meals *sometimes* than Maori (50%) and Asian (42%) parents and caregivers.

Does [nominated child] help plan any meals, for example suggest what to eat or how to prepare or cook or serve the meal?

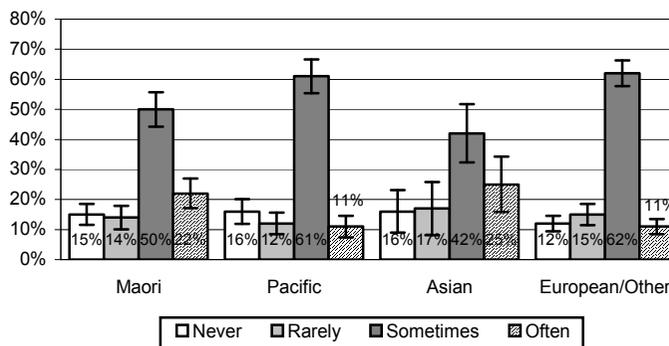
All parents/caregivers



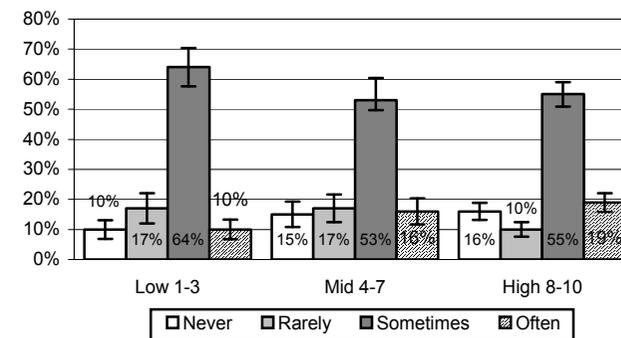
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers living in areas of mid-deprivation (15%) and in the most deprived areas (16%) were more likely than those living in the least deprived areas (10%) to say that their child *never* helps to plan meals. Parents and caregivers living in areas of mid-deprivation (16%) and in the most deprived areas (19%) were more likely than those living in the least deprived areas (10%) to say that their child *often* helps to plan meals.

Parents and caregivers living in less deprived areas (17%, each) were more likely than those living in the most deprived areas (10%) to say that their child *rarely* helps to plan meals. Parents and caregivers living in the least deprived areas (64%) were more likely than those living in areas of mid-deprivation (53%), and slightly more likely than those living in the most deprived areas (55%), to say that their child helps to plan meals *sometimes*.

- Male parents and caregivers were more likely than female parents and caregivers to say that their child *never* and *rarely* helps to plan meals, while female parents and caregivers were more likely to say that their child *often* helps to plan meals.
- Parents and caregivers aged 15 to 34 years were more likely than parents and caregivers aged 45 years and over to say that their child *never* helps to plan meals, while those aged 35 years and over were more likely than those aged 15 to 34 years to say that their child *often* helps to plan meals.
- Parents and caregivers living in urban areas were slightly more likely than those living in rural areas to say that their child *never* helps to plan meals.
- Parents and caregivers living in *other households* were more likely than those living in all other types of household to say that their child *never* helps plan meals. They were also more likely than parents and caregivers living in *2-parent families* and those living in *extended families* to say that their child *often* helps plan meals. Parents and caregivers living in *2-parent families* were more likely than parents and caregivers in all other types of household to say that their child helps plan meals *sometimes*.

Does [nominated child] help plan any meals, for example suggest what to eat or how to prepare or cook or serve the meal?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Never	18	12	16	13	12	17	11	12	14	11	13
Rarely	19	14	15	14	15	17	14	14	15	14	15
Sometimes	53	58	58	58	57	58	57	58	57	61	58
Often	10	15	12	15	15	8	18	16	15	14	14
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Never	15	16	16	12	15	12	17	24	13
Rarely	14	12	17	15	15	15	15	14	15
Sometimes	50	61	42	62	53	61	52	42	58
Often	22	11	25	11	18	13	16	21	14
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers whose annual household income was less than \$20,000 were more likely than other parents and caregivers to say that their child *never* helps to plan meals. Those whose annual household income was over \$60,000 were more likely than parents and caregivers whose annual household income was less than \$20,000 to say that their child helps plan meals *sometimes*, and slightly more likely to say this than parents and caregivers with an annual household income of \$40-60,000. Parents and caregivers whose annual household income was over \$60,000 were less likely than those whose annual household income was less than \$20,000 to say that their child helps plan meals *often*.

Does [nominated child] help plan any meals, for example suggest what to eat or how to prepare or cook or serve the meal?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Never	20	14	16	10	10	15	16	13
Rarely	13	11	14	16	17	17	10	15
Sometimes	51	60	54	61	64	53	55	58
Often	17	16	15	13	10	16	19	14
Base	180	322	224	368	228	199	706	1133

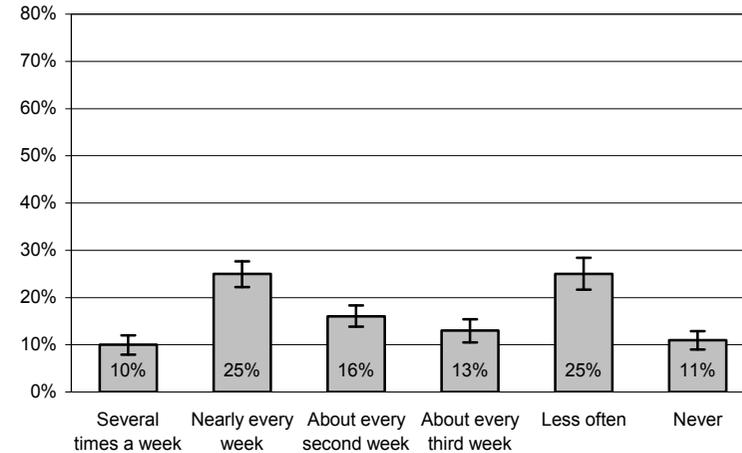
3.2 Involving children in food/grocery shopping

How often does [nominated child] help with the main food shopping, by going along to the shops, supermarket or market with you?

3.2.1 How often children help with food shopping by going along

Parents and caregivers were asked how often their child helps with the main food shopping by going along to the shops, supermarket or market with them. The chart alongside and the table on the following page show their answers.

- One in ten (10%) parents and caregivers said that their child helps with the main food shopping by going along *several times a week*. One in four (25%) parents and caregivers said that this happened *nearly every week*. Around one in six (16%) said that their child helps by going along *about every second week* and 13% said this happened *about every third week*. One in four (25%) said that their child helps by going along *less often* than about every third week, and 11% said that this *never* happened.



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about 13 to 16-year-olds were more likely than those talking about younger children to say that their child *never* helps with the main food shopping and less likely to say that their child helps by going along *several times a week*. Parents and caregivers talking about 5 to 7-year-olds were more likely than those talking about older children to say that their child helps by going along *nearly every week*.

- Pacific parents and caregivers were more likely than parents and caregivers of other ethnicities to say that their child helps with the main food shopping by going along *several times a week*. Asian parents and caregivers were more likely than parents and caregivers of other ethnicities, to say that their child helps by going along *nearly every week*.

Parents and caregivers of European/Other ethnicity were more likely than other parents and caregivers to say that their child helps by going along *about every third week* or *less often* than this. Maori parents and caregivers were more likely than other parents and caregivers to say their child *never* helps with the main food shopping.

- Parents and caregivers living in the most deprived areas were more likely to say that their child helps with the main food shopping by going along *several times a week* and less likely to say their child helps by going along *about every third week* than parents and caregivers living in less deprived areas.

Parents and caregivers living in the least deprived areas were more likely to say that their child helps by going along *less often* than about every third week, and less likely to say that their child helps by going along *nearly every week*, than parents and caregivers living in more deprived areas.

How often does [nominated child] help with the main food shopping, by going along to the shops, supermarket or market with you?

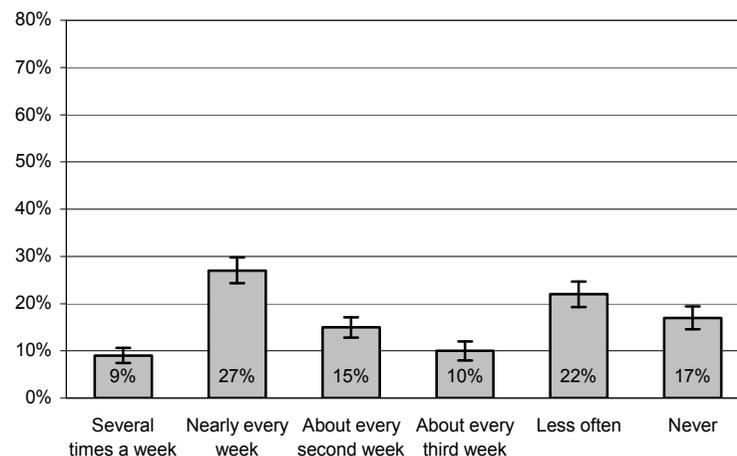
	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Several times a week	11	12	6	10	26	5	9	7	9	16	10
Nearly every week	32	24	19	31	28	44	20	19	27	31	25
About every second week	16	18	15	19	14	14	16	15	17	17	16
About every third week	11	15	13	7	7	6	17	19	13	7	13
Less often	25	22	27	18	16	21	28	32	24	17	25
Never	5	8	20	15	9	10	10	9	10	13	11
Base	346	454	333	287	330	78	437	228	199	706	1133

3.2.2 How often children help with food shopping by unpacking groceries

Parents and caregivers were asked how often their child helps with the main food shopping by unpacking the groceries afterwards. The chart alongside and the table on the following page show their answers.

- Just under one in ten (9%) parents and caregivers said that their child helps with the main food shopping by unpacking the groceries afterwards *several times a week*. Over one in four (27%) said that this happened *nearly every week*. Around one in seven (15%) parents and caregivers said that their child helps by unpacking the groceries afterwards *about every second week* and 10% said this happened *about every third week*. Just over one in five (22%) said this happened *less often* than about every third week and 17% said that this *never* happened.

How often does [nominated child] help with the main food shopping by unpacking the groceries afterwards?



Unweighted base = 1133 – all parents/caregivers

How often does [nominated child] help with the main food shopping by unpacking the groceries afterwards?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Several times a week	6	11	11	13	28	5	6	3	11	16	9
Nearly every week	24	29	30	30	36	30	25	23	28	32	27
About every second week	14	16	14	15	8	10	17	15	16	13	15
About every third week	10	10	10	9	6	16	10	13	10	6	10
Less often	27	20	20	18	13	15	26	27	22	16	22
Never	20	15	16	15	10	25	16	19	14	17	17
Base	346	454	333	287	330	78	437	228	199	706	1133

- Parents and caregivers talking about older children (8 to 12-year-olds and 13 to 16-year-olds) were more likely than those talking about 5 to 7-year-olds to say that their child helped by unpacking the groceries after shopping *several times a week* and *nearly every week*.

Parents and caregivers talking about 5 to 7-year-olds were more likely than those talking about older children to say that their child helps by unpacking the groceries after shopping *less often* than about every third week or *never*.

- Maori, and in particular Pacific, parents and caregivers were more likely than Asian parents and caregivers and those of European/Other ethnicity to say that their child helps by unpacking the groceries after shopping *several times a week*. Pacific parents and caregivers were also more likely than parents and caregivers of other ethnicities to say that their child helps by unpacking the groceries afterwards *nearly every week*.

Maori parents and caregivers and those of European/Other ethnicity were more likely than Pacific and Asian parents and caregivers to say that their child helps with this task *about every second week*. Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say that their child helps *about every third week* and to say that their child *never* helps with this task. Parents and caregivers of European/Other ethnicity were more likely than other parents and caregivers to say that their child helps by unpacking after shopping *less often* than about every third week.

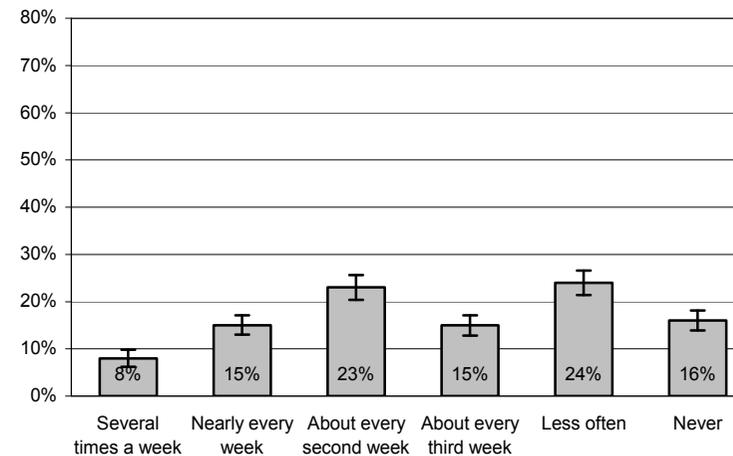
- Parents and caregivers living in more deprived areas were more likely than those living in the least deprived areas to say that their child helps by unpacking the groceries after shopping *several times a week* and *nearly every week*. Parents and caregivers living in the least deprived areas were more likely than those living in the most deprived areas to say that their child helps *about every third week*, and more likely than those living in more deprived areas to say that their child helps with this task *less often* than about every third week.

3.3 Involving children in food preparation

How often does [nominated child] help you prepare or cook food?

Parents and caregivers were asked how often their child helps them to prepare or cook food. The chart alongside and the table on the following page show their answers.

- Eight percent (8%) of parents and caregivers said that their child helps them to prepare or cook food *several times a week* and 15% said that this happened *nearly every week*. Just under one in four (23%) parents and caregivers said that their child helps them to prepare or cook food *about every second week* and 15% said that this happened *about every third week*. Just under one in four (24%) parents and caregivers said this happened *less often* than about every third week and 16% said that this *never* happened.
- Parents and caregivers talking about 13 to 16-year-olds were more likely than parents and caregivers talking about 5 to 7-year-olds to say that their child helps them to prepare or cook food *several times a week*. Parents and caregivers talking about older children (8 to 12-year-olds and 13 to 16-year-olds) were more likely than parents and caregivers talking about 5 to 7-year-olds to say that their child helps them to prepare or cook food *about every third week*, and less likely to say that their child helps them to prepare or cook food *less often* than this (refer to table on next page).



Unweighted base = 1133 – all parents/caregivers

How often does [nominated child] help you prepare or cook food?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Several times a week	5	8	11	15	15	14	4	3	11	11	8
Nearly every week	15	14	17	16	18	12	15	11	15	19	15
About every second week	24	22	22	23	22	14	24	25	23	19	23
About every third week	8	20	16	11	11	6	18	18	16	10	15
Less often	31	20	22	16	17	28	26	29	21	20	24
Never	18	16	13	19	17	26	13	14	13	20	16
Base	346	454	333	287	330	78	437	228	199	706	1133

- Parents and caregivers of European/Other ethnicity were less likely to say that their child helps them to prepare or cook food *several times a week*, and more likely to say that their child helps with this task *about every third week*, than other parents and caregivers.

Asian parents and caregivers were less likely to say that their child helps them to prepare or cook food *about every second week* and *about every third week* than parents and caregivers of other ethnicities. These parents and caregivers also were more likely than other parents and caregivers to say that their child *never* helps them with this task.

Asian parents and caregivers and those of European/Other ethnicity were more likely than Maori and Pacific parents and caregivers to say that their child helps them to prepare or cook food *less often* than about every third week.

- Parents and caregivers living in the more deprived areas (areas of mid and high deprivation) were more likely than those living in the least deprived areas to say that their child helps them to prepare or cook food *several times a week*. These parents and caregivers also were less likely than those in the least deprived areas to say that their child helps with this task *less often* than about every three weeks.

Parents and caregivers living in less deprived areas were more likely to say that their child helps them to prepare or cook food *about every third week*, and less likely to say that their child *never* helps them with this task, than those living in the most deprived areas.

4. DECISION-MAKING, MONITORING AND ROLE MODELLING

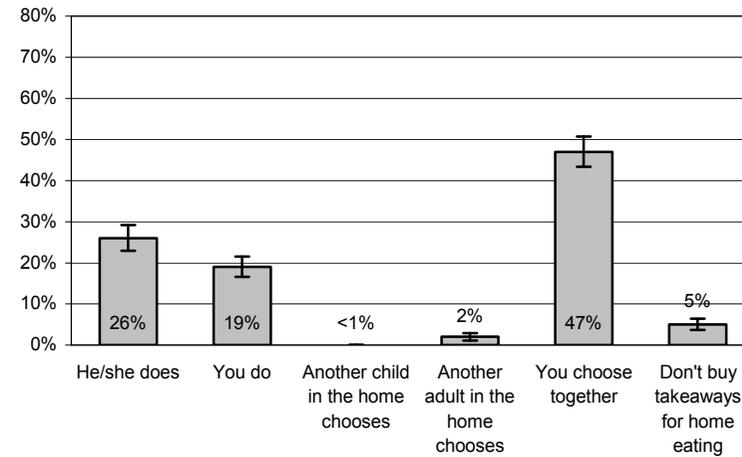
When [nominated child] has takeaway foods bought for eating at home, which of these people chooses what type to have?

4.1 Decision-making

4.1.1 Who chooses the type of takeaway food eaten by children?

Parents and caregivers were asked who chooses what type of takeaway foods their child has for eating at home. The chart alongside and the table on the following page show their answers.

- Just under one-half (47%) of parents and caregivers said that they *choose together* the type of takeaway foods that their child ate at home. Just over one-quarter (26%) of parents and caregivers said that their child chooses (*he/she does*), 19% said that they choose (*you do*), while 5% said that *they don't buy takeaways for home eating*. Very few parents and caregivers said that *another adult in the home chooses* (2%) or that *another child in the home chooses* (less than 1%).



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about 13 to 16-year olds were more likely than parents and caregivers talking about younger children to say their child chooses (*he/she does*) what type of takeaway foods to eat at home. Parents and caregivers talking about 5 to 7-year-olds were more likely than parents and caregivers of 8 to 12-year-olds, and much more likely than parents and caregivers of 13 to 16-year olds, to say that they choose (*you do*) these foods.

Parents and caregivers talking about 8 to 12-year olds were more slightly more likely than those talking about 5 to 7-year-olds and 13 to 16-year-olds to say that they *choose together*. Parents and caregivers talking about 5 to 7-year-olds were more likely than those talking about 8 to 12-year-olds, and slightly more likely than those talking about 13 to 16-year-olds, to say that they *don't buy takeaways for home eating*.

- Maori parents and caregivers were more likely to say that their child chooses (*he/she does*) what type of takeaway foods to eat at home, and less likely to say that they *don't buy takeaways for home eating*, than parents and caregivers of other ethnicities. Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say that they *don't buy takeaways for home eating*.

Pacific parents and caregivers were more likely than other parents and caregivers to say that they choose what type of takeaway foods their child eats at home. Pacific and Asian parents and caregivers were more likely than Maori parents and caregivers and those of European/Other ethnicity to say that *another adult in the home chooses*. Parents and caregivers of European/Other ethnicity were more likely than parents and caregivers of other ethnicities to say that they *choose together*.

When [nominated child] has takeaway foods bought for eating at home, which of these people chooses what type to have?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
He/she does	19	23	36	32	23	23	25	24	27	27	26
You do	27	19	12	24	30	19	16	16	22	21	19
Another child in the home chooses	<1	<1	<1	-	1	-	-	-	-	<1	<1
Another adult in the home chooses	2	2	2	1	5	9	1	3	1	3	2
You choose together	44	52	44	41	36	36	53	51	47	43	47
Don't buy takeaways for home eating	7	3	4	2	5	10	5	5	2	6	5
Other answers	1	1	1	1	1	4	1	1	2	<1	1
Base	346	454	333	287	330	78	437	228	199	706	1133

- Parents and caregivers living in more deprived areas (mid and high) were more likely than those living in the least deprived areas to say that they choose what type of takeaway foods their child eats at home. Parents and caregivers living in areas of mid-deprivation were less likely than those living in other areas to say that they *don't buy takeaways for home eating* and less likely to say that *another adult in the home chooses*.

Other answers to this question were:

"Sometimes he chooses and sometimes his older brother chooses."

"It depends, if his grandparents take him, he chooses, but if I take him, I choose."

"Sometimes he does, sometimes his parents."

"Our children have points system for behaviour – we only have takeaways about once a month if a child choose(s to)."

"Due to allergy she has no choice – only fish and chips."

"Depends, if it's someone's birthday, they choose, if someone's done well at school or sports, then they choose."

"Randomly, we sort of take turns, sometimes [I'm] the deciding authority (Mum)."

"Depends on circumstances – different people chose at different times."

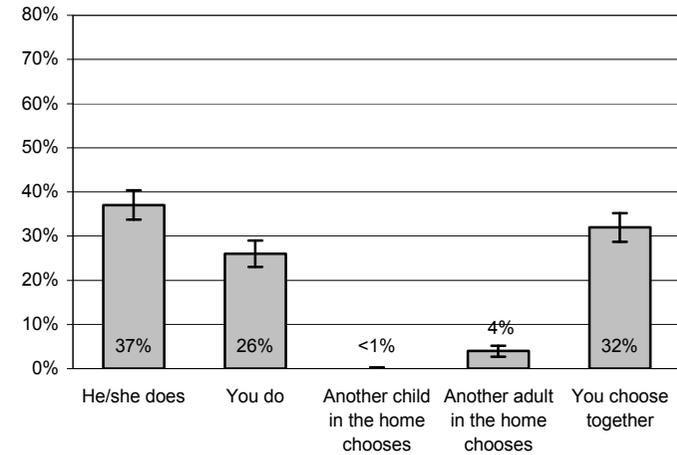
"We take turns to choose."

4.1.2 Who chooses what children eat other than the main meal at home?

Parents and caregivers were asked who chooses what their child eats, other than the main meal at home. The chart alongside and the table on the following page show their answers.

- Around one-third of parents and caregivers said that their child chooses (*he/she does* – 37%) or that they *choose together* (32%) what their child eats, other than the main meal at home. Just over one-quarter (26%) of parents and caregivers said that they choose (*you do*). Few parents and caregivers (4%) said that *another adult in the home chooses*, while less than 1% of parents and caregivers said that *another child in the home chooses* what their child eats, other than the main meal.

Other than the main meal at home, who chooses what [nominated child] eats?



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about 13 to 16-year-olds were more likely than those talking about younger children to say that their child makes these choices (*he/she does*), and less likely to say that they choose (*you do*), that *another adult in the home chooses*, and that *they choose together*.

- Asian parents and caregivers were less likely than parents and caregivers of other ethnicities to say that their child chooses what he or she eats, other than the main meal at home. Maori and Pacific parents and caregivers were more likely to say that they made these choices, and less likely to say that they *choose together*, than Asian parents and caregivers and those of European/Other ethnicity.

Pacific and Asian parents and caregivers were more likely than Maori parents and caregivers and those of European/Other ethnicity to say that *another adult in the home chooses*.

- Parents and caregivers living in more deprived areas were more likely to say that their child chooses (*he/she does*) and that they choose what their child eats, other than the main meal, and less likely to say that they *choose together*, than parents and caregivers living in the least deprived areas. Parents and caregivers living in areas of mid-deprivation were less likely than those living in other areas to say that *another adult in the home chooses*.

Other than the main meal at home, who chooses what [nominated child] eats?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
He/she does	17	32	64	40	38	31	38	32	43	39	37
You do	42	25	11	32	36	27	22	22	28	28	26
Another child in the home chooses	1	<1	<1	1	1	-	-	-	1	1	<1
Another adult in the home chooses	4	5	2	2	7	9	3	6	2	4	4
You choose together	37	36	22	24	18	32	36	41	26	28	32
Other answers	<1	1	<1	1	1	-	1	<1	1	1	1
Base	346	454	333	287	330	78	437	228	199	706	1133

Other answers to this question were:

"They eat at Nana's and Nana chooses and when at home [the nominated child] chooses from what's available."

"Sometimes his sports coach gives him nutritional talks with the rowing on the types of food he should or should not be eating for his training."

"Sometimes me, sometimes her."

"Sometimes he does, sometimes I do, it just depends."

"[the nominated child] often lives away from home and chooses what to eat."

"Hard to answer that because he goes to after-school care."

"Sometimes myself, sometimes [the nominated child] but she asks permission."

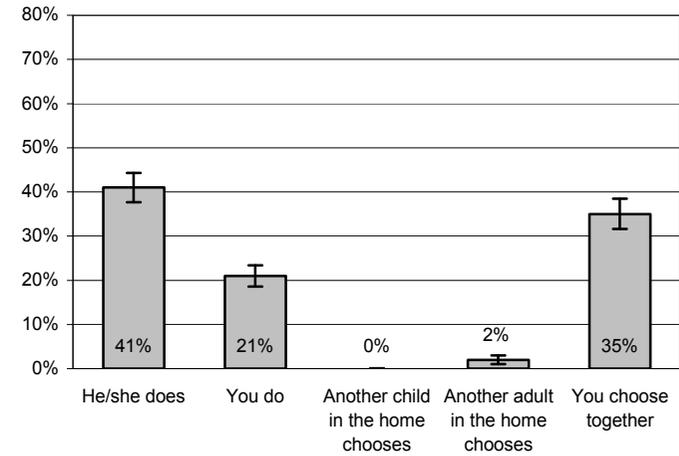
"Has school lunch at prep school."

4.1.3 Who chooses what snacks children eat?

Parents and caregivers were asked who chooses what their child eats for his or her snacks. The chart alongside and the table on the following page show their answers.

- Just over two-fifths (41%) of parents and caregivers said that their child chooses (*he/she does*) what they eat for snacks, while over one-third (35%) said that they *choose together*. Just over one-fifth (21%) of parents and caregivers said that they choose (*you do*), and 2% said that *another adult in the home chooses*.

For her/his snacks, who chooses what [nominated child] eats?



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about 13 to 16-year olds were much more likely to say that their child chooses (*he/she does*) what they eat for snacks, and much less likely to say that they choose and that they *choose together*, than parents and caregivers of younger children.

- Maori and Pacific parents and caregivers were more likely than Asian parents and caregivers and those of European/Other ethnicity to say that their child chooses the snacks they eat. Pacific and Asian parents and caregivers were more likely than those of European/Other ethnicity, and slightly more likely than Maori parents and caregivers, to say that they choose the snacks their child eats.

Asian parents and caregivers were more likely than other parents and caregivers to say that *another adult in the home chooses*, while parents and caregivers of European/Other ethnicity were more likely than other parents and caregivers to say that they *choose together*.

- Parents and caregivers living in more deprived areas were more likely to say that their child chooses the snacks they eat (*he/she does*) and that they make these choices (*you do*), and less likely to say that they *choose together*, than parents and caregivers living in the least deprived areas.

Other answers were:

"Whoever is around."

"If I'm in a hurry I just chuck things in for her, other times she chooses herself."

For her/his snacks, who chooses what [nominated child] eats?

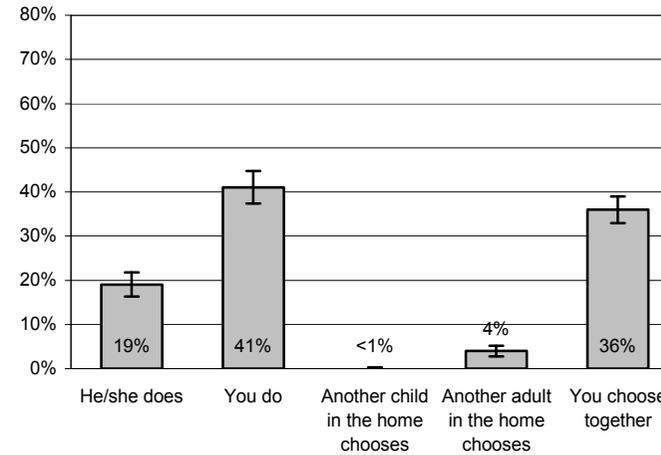
	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
He/she does	21	36	67	48	50	36	38	33	42	49	41
You do	31	22	11	23	27	28	19	18	25	22	21
Another child in the home chooses	-	<1	-	-	<1	-	-	-	-	<1	-
Another adult in the home chooses	2	2	3	1	2	8	1	2	1	3	2
You choose together	46	40	19	25	19	25	42	46	31	25	35
Other answers	<1	<1	-	1	-	-	-	<1	-	<1	<1
Don't know	<1	1	1	1	1	3	-	<1	1	1	1
Base	346	454	333	287	330	78	437	228	199	706	1133

4.1.4 Who chooses what food children take to school?

Parents and caregivers were asked who chooses what food their child takes to school from home. The chart alongside and the table on the following page show their answers.

- Just over four out of ten (41%) parents and caregivers said that they choose (*you do*) what food their child takes to school from home, while a similar proportion (36%) said that they *choose together*. Just under one-fifth (19%) said that their child chooses (*he/she does*), 4% said that *another adult in the home chooses*, and less than 1% said that *another child in the home chooses*.

Who chooses what food [nominated child] takes to school from home?



Unweighted base = 1016 – all parents/caregivers who said that their child takes food to school from home

- Parents and caregivers talking about 13 to 16-year-olds were much more likely than parents and caregivers of younger children to say that their child chooses (*he/she does*) what food he or she takes to school from home. Parents and caregivers talking about 5 to 7-year-old children were more likely than those talking about older children to say that they made these choices (*you do*). Parents and caregivers of 8 to 12-year-old children were more likely than parents and caregivers of 5 to 7-year olds and those of 13 to 16-year-olds to say that they *choose together*.

- Maori parents and caregivers were more likely than other parents and caregivers to say that their *child chooses* what food he or she takes to school from home, while Pacific parents and caregivers were more likely than other parents and caregivers to say that they made these choices.

Pacific and Asian parents and caregivers were more likely than Maori parents and caregivers and those of European/Other ethnicity to say that *another adult in the home chooses*. Parents and caregivers of European/Other ethnicity were more likely than other parents and caregivers to say that they *choose together*.

- Parents and caregivers living in more deprived areas were more likely to say that their child chooses what food he or she takes to school from home, and less likely to say they choose together, than parents and caregivers living in the least deprived areas. Parents and caregivers living in areas of mid-deprivation were less likely than those living in other areas to say that another adult in the home chooses, and that they made these choices.

Other answers were:

"Sometimes he makes his lunch and sometimes I make his lunch."

"Sometimes we do, sometimes he does."

Who chooses what food [nominated child] takes to school from home?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
He/she does	6	15	40	28	19	17	17	13	26	21	19
You do	59	37	28	40	48	37	41	43	37	43	41
Another child in the home chooses	<1	<1	-	1	1	-	-	-	1	<1	<1
Another adult in the home chooses	4	4	3	1	10	12	2	5	2	4	4
You choose together	31	43	30	30	22	32	40	40	34	32	36
Other answers	-	1	<1	-	<1	2	-	-	1	<1	<1
Base	333	424	259	255	277	73	410	222	183	611	1016

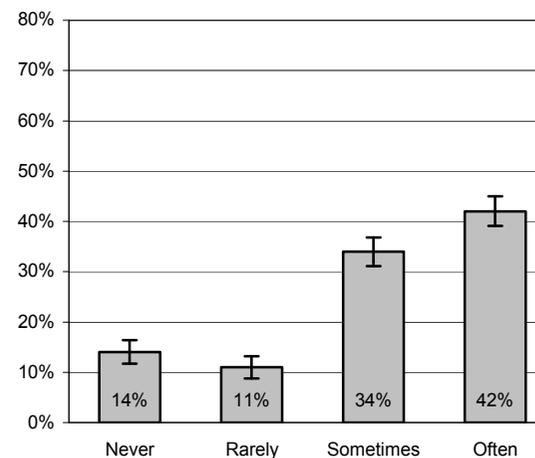
4.2 Monitoring

4.2.1 Extent to which parents/caregivers monitor foods and drinks children have away from home

Parents and caregivers were asked whether they ask their child what foods and drinks she or he has when they are away from home. The chart alongside and the table on the following page show their answers.

- Just over four out of ten (42%) parents and caregivers said that they asked their child what foods or drinks they have when they are away from home *often*. Just over three out of ten (34%) said that they asked their child *sometimes*. Over one in ten (11%) said *rarely* and a similar proportion (14%) said that they *never* asked their child.

Do you ask [nominated child] what foods and drinks she/he has when she/he is away from home?



Unweighted base = 1133 – all parents/caregivers

Do you ask [nominated child] what foods and drinks she/he has when she/he is away from home?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Never	15	11	17	20	10	13	13	14	10	18	14
Rarely	13	7	12	12	7	10	11	12	13	7	11
Sometimes	28	37	36	26	38	26	37	34	34	34	34
Often	44	45	35	41	45	52	40	41	44	41	42
Base	346	454	333	287	330	78	437	228	199	706	1133

- Parents and caregivers talking about younger children (5 to 7-year-olds and 8 to 12-year-olds) were more likely than parents and caregivers talking about 13 to 16-year-olds to say that they asked their child what foods and drinks they had when they are away from home *often*. Parents and caregivers talking about older children (8 to 12-year-olds and 13 to 16-year-olds) were more likely than parents and caregivers talking about 5 to 7-year-olds to say that they asked their child *sometimes*.

Parents and caregivers talking about 5 to 7-year-olds and those talking about 13 to 16-year-olds were more likely to say that they asked their child *rarely* and *never* than parents and caregivers talking about 8 to 12-year-olds.

- Maori parents and caregivers were more likely than parents and caregivers of other ethnicities to say that they *never* asked their child what foods and drinks he or she has when they are away from home.

Pacific parents and caregivers and those of European/Other ethnicity were more likely than Maori and Asian parents and caregivers to say that they asked their child *sometimes*. Asian parents and caregivers were more likely than Maori parents and caregivers and those of European/Other ethnicity, and slightly more likely than Pacific parents and caregivers, to say that they asked their child *often*.

- Parents and caregivers living in the least and most deprived areas were more likely than those living in areas of mid-deprivation to say they *never* asked their child what foods and drinks he or she has when they are away from home.

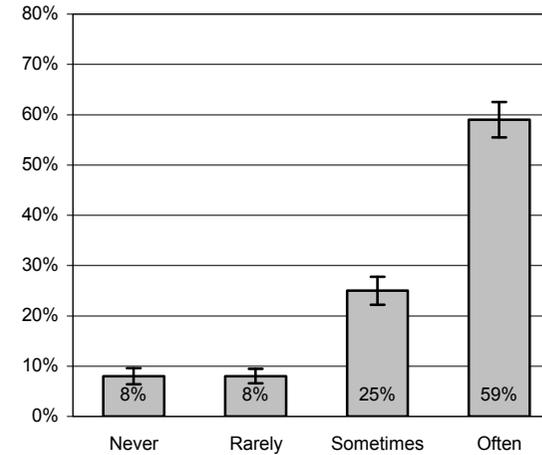
Parents and caregivers living in less deprived areas (low and mid deprivation) were more likely than those living in the most deprived areas to say that they asked their child about this *rarely*.

4.2.2 Extent to which parents/caregivers monitor foods eaten by children between meals

Parents and caregivers were asked, not counting the main meal, to what extent they keep a check on what foods and drinks their child has at home between meals. The chart alongside and the table on the following page show their answers.

- Just under six out of ten (59%) parents and caregivers said that they keep a check on what foods and drinks their child has at home between meals *often*. One-quarter (25%) of parents and caregivers said that they keep a check *sometimes*, while 8% said *rarely* and 8% said *never*.

Not counting the main meals, do you keep a check on what foods and drinks she/he has between meals here at home?



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about 13 to 16-year-olds were more likely than those talking about younger children to say that they keep a check on what foods and drinks their child has at home between meals *never* and *sometimes*, and less likely to say that they keep a check *often*.

- Maori parents and caregivers were more likely than parents and caregivers of other ethnicities to say that they *never* keep a check on what foods and drinks their child has at home between meals. Asian parent and caregivers were less likely than parents and caregivers of other ethnicities to say that they keep a check *rarely*.

Pacific and Asian parents and caregivers were more likely than Maori parents and caregivers and those of European/Other ethnicity to say that they keep a check *sometimes*, while parents and caregivers of European/Other ethnicity were more likely than other parents and caregivers to say that they keep a check *often*.

- Parents and caregivers living in the most deprived areas were more likely than those living in less deprived areas to say that they *never* or *sometimes* keep a check on what foods and drinks their child has at home between meals. These parents and caregivers also were slightly more likely to say that they keep a check *rarely*, and less likely to say that they keep a check *often*, than other parents and caregivers.

Not counting the main meals, do you keep a check on what foods and drinks she/he has between meals here at home?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Never	5	6	15	15	11	9	6	6	7	12	8
Rarely	7	7	10	11	10	3	8	7	7	11	8
Sometimes	19	25	31	25	42	34	21	23	23	30	25
Often	70	62	44	49	37	54	65	64	64	48	59
Base	346	454	333	287	330	78	437	228	199	706	1133

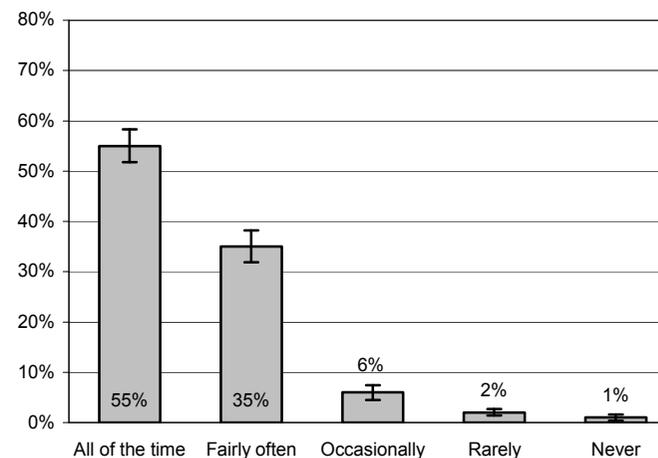
4.3 Role modelling

4.3.1 Extent to which parents and caregivers set a good example at home

Parents and caregivers were asked how often they try to set a good example at home by what they eat or drink. The chart alongside and the table on the following page show their answers.

- Over one-half (55%) of parents and caregivers said that they try to set a good example at home by what they eat or drink *all of the time*. Just over one-third (35%) said that they try to set a good example *fairly often*. Smaller proportions said they tried to do this *occasionally* (6%), *rarely* (2%), and *never* (1%).

How often do you try to set a good example at home by what you eat and drink?



Unweighted base = 1133 – all parents/caregivers

- The responses to this question by parents and caregivers talking about children in the three different age groups were very similar.

- Asian parents and caregivers were more likely than parents and caregivers of other ethnicities to say that they try to set a good example at home by what they eat and drink *all of the time*.

Maori parents and caregivers and those of European/Other ethnicity were more likely than Pacific and Asian parents and caregivers to say that they try to set a good example *fairly often*.

Pacific and Maori parents and caregivers were more likely than other parents and caregivers to say that they try to set a good example *occasionally* and *rarely*.

- Parents and caregivers living in the least deprived areas were more likely than those living in more deprived areas to say that they try to set a good example at home by what they eat and drink *fairly often*.

Parents and caregivers living in the most deprived areas were more likely than those living in less deprived areas to say they *rarely* try to set a good example at home by what they eat and drink.

How often do you try to set a good example at home by what you eat and drink?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
All of the time	56	55	56	45	52	66	57	56	58	53	55
Fairly often	35	35	35	38	28	25	37	38	33	33	35
Occasionally	5	7	6	9	13	4	5	5	6	9	6
Rarely	3	2	2	6	5	2	<1	1	2	4	2
Never	1	1	1	3	1	3	<1	1	2	1	1
Base	346	454	333	287	330	78	437	228	199	706	1133

4.3.2 Reasons why parents and caregivers do and do not try to set a good example at home by what they eat and drink

Parents and caregivers were asked what were the reasons why they tried to set a good example at home.

4.3.2.1 All of the time

The table alongside shows the top ten reasons mentioned by parents and caregivers who said that they try to set a good example at home by what they eat and drink *all of the time*.

- For parents and caregivers who said that they try to set a good example at home by what they eat or drink *all of the time* the most commonly mentioned reasons were: *I like to set a good example/want them to follow my example* (47%), *to encourage them to eat healthily* (26%), and *I want them to be healthy/don't want them to be overweight* (21%).

- Parents and caregivers talking about 5 to 7-year-olds were more likely than parents and caregivers talking about older children (8 to 12-year-olds and 13 to 16-year-olds) to say the reasons were *I like to set a good example/want them to follow my example* and *to encourage them to eat healthily*.

Parents and caregivers talking about older children were more likely than those talking about younger children (5 to 7-year-olds) to say the reasons were: *I want to be healthy/need to eat healthily/have health problems*, *I like to eat healthy food*, and because it is *my responsibility/my job as a parent*.

The reasons why parents/caregivers try to set a good example at home all of the time ... top 10 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
I like to set a good example/ want them to follow my example	57	46	40	53	34	37	50	49	57	37	47
To encourage them to eat healthily	32	25	23	17	29	31	27	30	26	22	26
I want them to be healthy/don't want them to be overweight	18	23	22	24	28	30	16	21	14	28	21
I want to be healthy/ need to eat healthily/ have health problems	10	16	20	15	15	13	16	13	16	18	15
I like to eat healthy food	4	9	13	7	6	9	9	9	5	11	9
My responsibility/my job as a parent	1	6	6	4	4	-	5	3	8	2	4
We all eat the same thing/always eat the same food	6	3	5	7	2	5	4	3	4	6	4
It's the way I was brought up/how I was raised	1	2	8	1	1	-	5	4	4	3	4
Don't always follow my example/don't always like same things	2	2	<1	1	1	2	2	2	2	1	2
When I eat/drink unhealthily I hide it from the children	<1	2	1	3	1	2	1	3	-	1	1
Base	183	233	174	128	167	52	243	121	111	358	590

- Maori parents and caregivers and those of European/Other ethnicity were more likely than Pacific and Asian parents and caregivers to say *I like to set a good example/want them to follow my example*.

Maori parents and caregivers were less likely, than parents and caregivers of other ethnicities to say the reason was *to encourage them to eat healthily*.

Parents and caregivers of European/Other ethnicity were less likely to say *I want them to be healthy/don't want them to be overweight* than parents and caregivers of other ethnicities.

- Parents and caregivers living in less deprived areas (low and mid deprivation) were more likely than those living in the most deprived areas to say *I like to set a good example/want them to follow my example* and *to encourage them to eat healthily*. Those in the most deprived areas were more likely than those in less deprived areas to say the reason they tried to set a good example *all of the time* was because *I want them to be healthy/don't want them to be overweight*.

4.3.2.2 Fairly Often

The table alongside shows the top ten reasons mentioned by parents and caregivers who said that they try to set a good example at home by what they eat and drink *fairly often*.

- For parents and caregivers who said that they try to set a good example at home by what they eat or drink *fairly often* the most commonly mentioned reasons were *I like to set a good example/want them to follow my example* (44%) and *to encourage them to eat healthily* (26%).
- Parents and caregivers talking about 5 to 7-year-olds were more likely to say *I like to set a good example/want them to follow my example*, and less likely to say *I want them to be healthy/don't want them to be overweight*, than those talking about older children (8 to 12-year-olds and 13 to 16-year-olds).
- Parents and caregivers talking about 8 to 12-year-olds were more likely than parents and caregivers talking about children of other ages to say the reason for trying to set a good example *fairly often* was *to encourage them to eat healthily*.
Parents and caregivers talking about 13 to 16-year-olds were more likely than those talking about younger children to say the reason why they only tried to set a good example *fairly often* was because *I eat unhealthy food/drinks/don't like health food*.

The reasons why parents/caregivers try to set a good example at home fairly often ... top 10 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
I like to set a good example/ want them to follow my example	49	42	42	41	31	33	48	58	33	35	44
To encourage them to eat healthily	22	32	23	19	40	40	26	25	28	27	26
I want them to be healthy/don't want them to be overweight	14	20	20	23	27	20	16	16	22	19	18
I want to be healthy/ need to eat healthily/ have health problems	13	10	10	6	13	13	12	11	7	14	11
I eat unhealthy food/drinks/don't like health food	7	6	11	7	10	9	8	4	13	9	8
I like to eat healthy food	7	6	4	6	4	10	6	7	7	3	6
My responsibility/my job as a parent	3	5	8	3	9	-	6	8	3	3	5
We all eat the same thing/always eat the same food	3	4	4	6	5	-	4	1	5	6	4
Don't always provide healthy food/ occasional treats OK	-	1	5	2	<1	8	1	2	3	1	2
Don't always follow my example/don't always like same things	1	3	1	2	2	6	1	3	-	3	2
Base	117	157	111	102	99	20	163	92	69	224	385

- Parents and caregivers of European/Other ethnicity were more likely than Pacific and Asian parents and caregivers to say *I like to set a good example/want them to follow my example*.

Pacific and Asian parents and caregivers were more likely than Maori parents and caregivers and those of European/Other ethnicity to say the reason was *to encourage them to eat healthily*.

Pacific parents and caregivers were more likely than those of European/Other ethnicity to say they set a good example *fairly often* because *I want them to be healthy/don't want them to be overweight*.

Maori parents and caregivers were less likely than other parents and caregivers to say the reason they tried to set a good example *fairly often* was because *I want to be healthy/need to eat healthily/have health problems*.

- Parents and caregivers living in the least deprived areas were more likely than parents and caregivers living in more deprived areas (mid and high deprivation) to say the reason that they tried to set a good example *fairly often* was because *I like to set a good example/want them to follow my example*. These parents and caregivers also were less likely to say the reason was *I eat unhealthy food/drinks/don't like health food* than parents and caregivers in more deprived areas.

Parents and caregivers living in the most deprived areas were less likely than other parents and caregivers to say the reason was *I like to eat healthy food*.

Parents and caregivers living in areas of mid-deprivation were less likely than parents and caregivers in other areas to say the reason was *I want to be healthy/need to eat healthily/have health problems*.

4.3.2.3 Occasionally

The table alongside shows the top five reasons mentioned by parents and caregivers who said that they try to set a good example at home by what they eat and drink *occasionally*.

- For parents and caregivers who said that they try to set a good example at home by what they eat or drink *occasionally* the most commonly mentioned reasons were: *I like to set a good example/want them to follow my example* (20%), *I eat unhealthy food/drinks/don't like health food* (13%), and *to encourage them to eat healthily* (11%).
- Parents and caregivers talking about 8 to 12-year-olds were more likely than those talking about 5 to 7-year-olds to say the reasons were *I eat unhealthy food/drinks/don't like health food*, *I want them to be healthy/don't want them to be overweight*, and *to encourage them to eat healthily*.
- Parents and caregivers talking about 5 to 7-year-olds were more likely than those talking about 8 to 12-year-olds to say the reason was *don't always follow my example/don't always like same things*.

The reasons why parents/caregivers try to set a good example at home occasionally ... top 5 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
I like to set a good example/ want them to follow my example	15	16	29	13	14	-	28	30	21	13	20
I eat unhealthy food/drinks/don't like health food	2	18	12	6	13	-	17	14	10	13	13
To encourage them to eat healthily	7	13	12	9	7	17	14	9	11	13	11
Don't always follow my example/don't always like same things	19	7	11	3	9	62	10	13	20	5	11
I want them to be healthy/don't want them to be overweight	3	18	1	5	17	-	10	-	11	15	9
Base*	31	40	28	29	42	3	25	12	12	75	99

Note: when the base is less than 30, the results should be interpreted with care.

4.3.2.4 Rarely/Never

The table alongside shows the top five reasons mentioned by parents and caregivers who said that they try to set a good example at home by what they eat and drink *rarely* or *never*.

- For parents and caregivers who said that they *rarely* or *never* tried to set a good example at home by what they eat and drink the most commonly mentioned reasons were: *I eat unhealthy food/drinks/don't like healthy food* (20%), *to encourage them to eat healthily* (16%), and *don't have meals together* (14%).
- The bases are too small to compare the responses of parents and caregivers with different characteristics.

The reasons why parents/caregivers try to set a good example at home rarely/never ... top 5 mentions

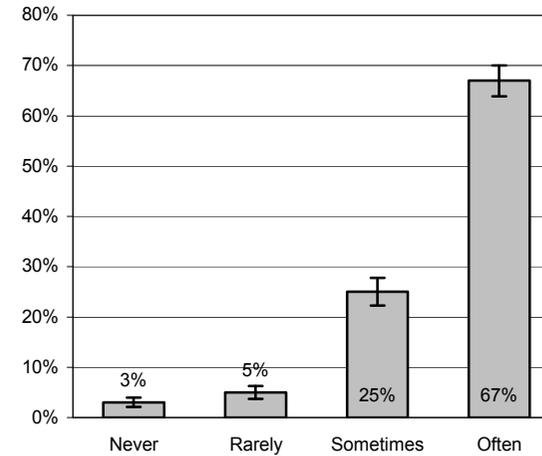
	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
I eat unhealthy food/drinks/don't like healthy food	15	13	34	14	22	-	57	20	14	23	20
To encourage them to eat healthily	17	30	-	3	-	87	-	45	27	3	16
Don't have meals together	7	13	23	20	22	-	-	-	18	15	14
Just do it/don't think about it	8	16	9	20	9	-	-	-	14	12	11
We all eat the same thing/always eat the same food	7	12	5	6	18	-	9	-	5	11	8
Base	15	23	20	28	21	3	6	3	7	48	58

4.3.3 Whether parents and caregivers talk to children about healthy and unhealthy foods

Parents and caregivers were asked whether they talk to their child about foods that may be good for them or not good for them. The chart alongside and the table on the following page show their answers.

- Just over two-thirds (67%) of parents and caregivers said that they talk to their child about foods that may or may not be good for them *often*, while one-quarter (25%) said that they talk to their child about this *sometimes*. Much smaller proportions said they did this *rarely* (5%) and *never* (3%).

Do you talk to [nominated child] about foods that may be good for her/him or not good for her/him?



Unweighted base = 1133 – all parents/caregivers

Do you talk to [nominated child] about foods that may be good for her/him or not good for her/him?

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Never	2	2	4	5	4	3	2	2	3	4	3
Rarely	4	5	7	11	5	2	4	2	6	8	5
Sometimes	28	25	24	31	38	21	23	22	26	30	25
Often	67	68	65	53	52	74	71	74	66	59	67
Base	346	454	333	287	330	78	437	228	199	706	1133

- Parents and caregivers talking about 13 to 16-year-olds were more likely than parents and caregivers talking about younger children to say that they *never* talk to their child about foods that may or may not be good for them.

- Maori and Pacific parents and caregivers were more likely than Asian parents and caregivers and those of European/Other ethnicity to say that they talk to their child about foods that may or may not be good for them *sometimes*, and less likely to say that they talk to them about this *often*.

Maori parents and caregivers were more likely than parents and caregivers of other ethnicities to say that they talk to their child about this *rarely*. Maori and Pacific parents and caregivers were more likely than parents and caregivers of European/Other ethnicity to say that they *never* talk to their child about this.

- Parents and caregivers living in more deprived areas (mid and high) were more likely than those living in the least deprived areas to say that they talk to their child about foods that may or may not be good for them *rarely*.

Parents and caregivers living in the most deprived areas were more likely than those living in the least deprived areas, and slightly more likely than those living in areas of mid-deprivation, to say that they talk to their child about this *sometimes*.

Parents and caregivers living in the least deprived areas were more likely than those living in the most deprived areas, and slightly more likely than those living in areas of mid-deprivation, to say that they talk to their child about this *often*.

5. EFFICACY AND SUPPORT FOR PARENTS AND CAREGIVERS

5.1 Extent to which parents and caregivers find it easy/hard to get children to eat and drink healthily and reasons why

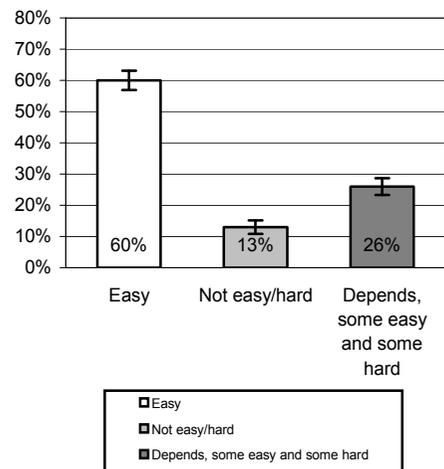
5.1.1 Whether it is easy or hard to get children to eat and drink healthily

Parents and caregivers were asked whether they find it easy or hard to get their child to eat and drink healthily. The chart alongside and the tables following show their answers.

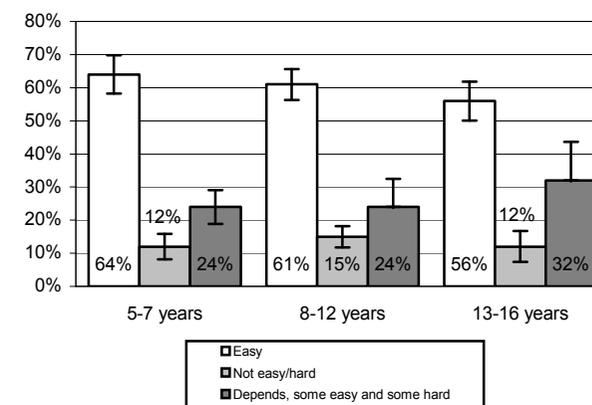
- Six out of ten parents and caregivers (60%) said that they find it *easy* to get their child to eat and drink healthily. Just over one in four (26%) said it *depends, some easy and some hard*, while 13% said *not easy/hard*.
- Parents and caregivers talking about 13 to 16-year-olds (32%) were more likely than parents and caregivers talking about younger children to say *depends, some easy and some hard* (24%, each, for parents and caregivers of 5 to 7-year-olds and 8 to 12-year-olds).
- Asian parents and caregivers (21%) were more likely than parents and caregivers of other ethnicities (Maori 16%, Pacific 17%, and European/Other 11%) to say that they find it *not easy/hard* to get their child to eat and drink healthily. Asian parents and caregivers (21%) were less likely than Pacific parents and caregivers (29%) and those of European/Other ethnicity (27%), and slightly less likely than Maori parents and caregivers (25%), to say *depends, some easy and some hard*.

Do you find it easy or hard to get [nominated child] to eat and drink healthily?

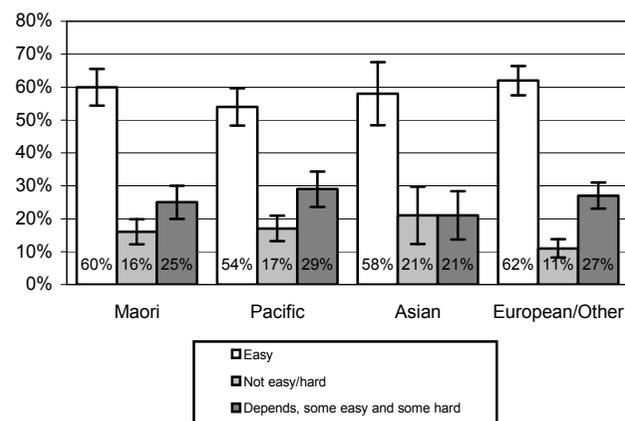
All parents/caregivers



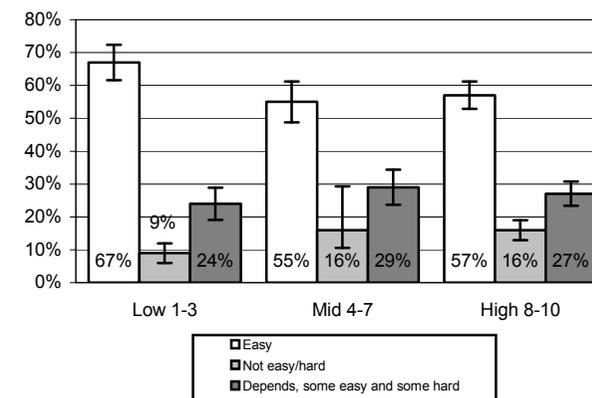
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers living in the least deprived areas (67%) were more likely to say that they find it easy to get their child to eat and drink healthily than those in areas of mid-deprivation (55%) and in the most deprived areas (57%). Parents and caregivers in the least deprived areas (9%) were less likely to say that they find it *not easy/hard* than parents and caregivers living in more deprived areas (16%, each, for areas of mid and high deprivation). Parents and caregivers living in areas of mid-deprivation (29%) were more likely than those living in the least deprived areas (24%) to say *depends, some easy and some hard*.

- Female parents and caregivers were more likely than male parents and caregivers to say that they find it *not easy/hard* to get their child to eat and drink healthily, while male parents and caregivers were slightly more likely than female parents and caregivers to say that they find it *easy*.

- Parents and caregivers aged 45 years and over were slightly more likely than those in the two younger age groups to say it *depends, some easy and some hard*.

- Parents and caregivers living in *extended families* were more likely than those living in *other households*, and slightly more likely than those in *2-parent families*, to say that they find it *easy* to get their child to eat and drink healthily. Parents and caregivers living in *other households* were more likely than parents and caregivers living in all other types of household to say it *depends, some easy and some hard*.

Do you find it easy or hard to get [nominated child] to eat and drink healthily?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Easy	66	59	60	62	57	64	61	56	61	58	60
Not easy/hard	10	14	15	12	14	12	15	12	13	13	13
Depends, some easy and some hard	24	27	25	25	29	24	24	32	26	28	26
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Easy	60	54	58	62	62	59	67	57	60
Not easy/hard	16	17	21	11	12	14	14	11	13
Depends, some easy and some hard	25	29	21	27	26	27	20	32	26
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers whose annual household income was between \$20,000 and \$40,000 were more likely than those whose annual household income was less than \$20,000 to say that they find it *not easy/hard*.

Do you find it easy or hard to get [nominated child] to eat and drink healthily?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Easy	61	61	58	60	67	55	57	60
Not easy/hard	12	16	13	13	9	16	16	13
Depends, some easy and some hard	26	23	29	27	24	29	27	26
Base	180	322	224	368	228	199	706	1133

5.1.2 Reasons why it is easy or hard to get children to eat and drink healthily

Parents and caregivers were asked why they find it easy or hard to get their child to eat and drink healthily.

5.1.2.1 Easy

The table alongside shows the top ten reasons mentioned by parents and caregivers who said that it was *easy* to get their child to eat and drink healthily.

- For parents and caregivers who said that they found it *easy* to get their child to eat and drink healthily the most commonly mentioned reasons were: *has been brought up to eat healthily* (28%), *family are all eating healthily/good role modelling* (20%), and *desire to eat healthily/likes to eat healthily* (18%).

- Parents and caregivers talking about 13 to 16-year-olds were more likely to say it was *easy* to get their child to eat healthily because of a *desire to eat healthily/likes to eat healthily*, and less likely to say it was because they had *been brought up to eat healthily* and *junk food is not available/restricted/only for a treat*, compared with parents and caregivers talking about younger children (5 to 7-year-olds and 8 to 12-year-olds).

Parents and caregivers talking about 8 to 12-year-olds were more likely than those talking about younger and older children to say the reason it was *easy* to get their child to eat and drink healthily was because the *family are all eating healthily/good role modelling*. Those talking about 5 to 7-year-olds were more likely than those talking about older children (8 to 12-year-olds and 13 to 16-year-olds) to say it was *easy* because they understand the *importance of a well-balanced diet*.

The reasons why parents/caregivers find it easy to get their child to eat and drink healthily ... top 10 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Has been brought up to eat healthily	30	33	19	26	19	20	31	34	20	26	28
Family are all eating healthily/good role modelling ...	19	24	17	18	12	28	21	22	24	15	20
Desire to eat healthily/likes to eat healthily ...	12	17	27	9	17	24	20	20	17	16	18
Understands importance of well-balanced diet ...	20	12	15	16	16	21	14	17	17	12	15
Not a fussy eater/will eat anything/enjoys new foods	13	11	10	12	15	16	10	9	11	14	11
Not given any choice/no options/has to eat what given	7	11	12	12	8	3	11	8	10	13	10
Likes/enjoys vegetables	8	9	12	10	9	2	11	8	13	9	10
Junk food is not available/restricted/only for a treat	10	11	4	6	4	5	11	10	10	6	9
Likes/enjoys fruit	5	8	6	6	7	-	7	8	4	7	6
Loves food/loves to eat	5	4	4	9	12	7	2	1	5	8	4
Base	211	259	189	164	182	45	268	149	111	399	659

- Asian parents and caregivers were more likely to say it was easy to get their child to eat and drink healthily because the *family are all eating healthily/good role modelling* and that they understand *the importance of a well-balanced diet*, and less likely to say it was because their child was *not given any choice/no options/has to eat what given* and that their child *likes/enjoys vegetables*, compared with parents and caregivers of other ethnicities.

Maori parents and caregivers and those of European/Other ethnicity were more likely than Pacific and Asian parents and caregivers to say it was easy to get their child to eat and drink healthily because they had *been brought up to eat healthily*. Maori parents and caregivers were less likely than those of other ethnicities to say it was because of a *desire to eat healthily/likes to eat healthily*.

Parents and caregivers in the least deprived areas were more likely than those in more deprived areas (mid and high deprivation) to say it was easy to get their child to eat and drink healthily because they had *been brought up to eat healthily*. Those in less deprived areas (low and mid deprivation) were more likely than parents and caregivers in the most deprived areas to say that it was because the *family are all eating healthily/good role modelling* and that they understand *the importance of a well-balanced diet*.

5.1.2.2 Not easy/hard

The table alongside shows the top ten reasons mentioned by parents and caregivers who said that it was *not easy/hard* to get their child to eat and drink healthily.

- For parents and caregivers who said that they found it *not easy/hard* to get their child to eat and drink healthily the most commonly mentioned reasons were: *doesn't like veges/doesn't like specified veges* (19%), a *fussy eater/hard to get him to eat meals* (17%), and *she/he likes junk food, eg, pies, takeaway, chips* (17%).
- Parents and caregivers talking about 13 to 16-year-olds were more likely to say it was *not easy/hard* to get their child to eat and drink healthily because *she/he doesn't like veges* [in general or specific ones], and less likely to say it was because they *like/buy sweet foods like lollies, chocolate, biscuits*, compared with parents and caregivers talking about younger children (5 to 7-year-olds and 8 to 12-year-olds).
Parents and caregivers talking about 8 to 12-year-olds were less likely than those talking about children of other ages to say it was *not easy/hard* because their child was a *fussy eater/hard to get him to eat meals*. Parents and caregivers talking about older children were more likely than those talking about 5 to 7-year-olds to say it was because *she/he won't eat the food I prepare/doesn't like healthy food*.

The reasons why parents/caregivers find it not easy/hard to get their child to eat and drink healthily ... top 10 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index**			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian* %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Doesn't like veges/ doesn't like specified veges	19	15	25	18	17	24	19	23	28	9	19
Fussy eater/hard to get her/him to eat meals	22	8	27	29	7	5	19	18	13	21	17
Likes junk food, eg, pies, takeaway, chips	14	19	16	7	28	19	17	16	11	22	17
Won't eat the food I prepare/doesn't like healthy food	5	20	19	14	19	18	15	20	16	12	15
Likes/buys sweet foods like lollies, chocolate, biscuits	11	15	1	5	4	33	6	14	9	8	10
Influenced by others/peer pressure	12	8	9	13	5	10	7	4	12	10	9
Stubborn/has a mind of her/his own/ refuses to eat/try healthy food	15	7	6	16	13	4	7	8	3	14	9
Hard most of the time/some exceptions	24	2	5	9	8	3	11	12	5	10	9
Doesn't like taste/flavour of healthy food	3	11	9	1	10	22	7	17	5	6	9
Influenced by media/TV/advertising	4	12	4	6	4	8	6	9	6	7	7
Base	51	76	52	49	62	16	51	24	29	126	179

* Responses of Asian parents and caregivers are not commented on in this section because of the small number saying it was *not easy/hard* (ie, the base is below 30).

** Responses of parents and caregivers living in different areas are not commented on in this section because of the small number of parents and caregivers in areas of low and mid deprivation saying it was *not easy/hard* (ie, the base for both these categories is below 30).

- Maori parents and caregivers and those of European/Other ethnicity were more likely to say it was *not easy/hard* to get their child to eat and drink healthily because she/he was a *fussy eater/hard to get her/him to eat meals*, and less likely to say it was because she/he *likes junk food, eg, pies, takeaway, chips*, compared with Pacific parents and caregivers.

Maori parents and caregivers were more likely to say it was *not easy/hard* because their child was *influenced by others/peer pressure*, and less likely to mention that it was because their child *doesn't like taste/flavour of healthy food*, compared with Pacific parents and caregivers and those of European/Other ethnicity.

Parents and caregivers of European/Other ethnicity were less likely than Maori and Pacific parents and caregivers to say the reason it was *not easy/hard* to get their child to eat and drink healthily was because she/he was *stubborn/has a mind of her/his own/refuses to eat/try healthy food*.

5.1.2.3 Depends, some easy and some hard

The table alongside shows the top ten reasons mentioned by parents and caregivers who said it *depends*, it is *sometimes easy* and *sometimes hard* to get their child to eat and drink healthily.

- For parents and caregivers who said *depends, some easy, and some hard* when asked how easy or hard it was to get their child to eat and drink healthily the most commonly mentioned reasons were *depends on what food is available/what's on offer* (16%) and *sometimes eats healthy food and sometimes doesn't* (14%).
- Parents and caregivers talking about older children (8 to 12-year-olds and 13 to 16-year-olds) were more likely than those talking about 5 to 7-year-olds to say their child *sometimes eats healthy food and sometimes doesn't*. Parents and caregivers talking about 13 to 16-year-olds were more likely than those talking about younger children (5 to 7-year-olds and 8 to 12-year-olds) to say the reason was that their child *likes junk food, eg, pies, takeaways, chips*.
- Maori and Pacific parents and caregivers were more likely than those of European/Other ethnicity to say it *depends on what food is available/what's on offer*. Maori parents and caregivers and those of European/Other ethnicity were more likely than Pacific parents and caregivers to say it *depends* because *sometimes she/he eats healthy food and sometimes she/he doesn't*.
Parents and caregivers of European/Other ethnicity were more likely than Maori and Pacific parents and caregivers to say it depends because their child was *influenced by others/peer pressure*. Pacific parents and caregivers were more likely than Maori parents and caregivers and those of European/Other ethnicity to say the reason was because their child *won't eat the food I prepare/doesn't like healthy food*.

The reasons why parents/caregivers said it depends when asked how easy or hard they find it to get their child to eat and drink healthily ... top 10 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian* %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Depends on what food is available/what's on offer	17	16	16	24	24	-	15	14	16	18	16
Sometimes eats healthy food and sometimes doesn't	6	17	17	15	9	25	13	11	18	13	14
Fussy eater/hard to get her/him to eat meals	11	12	11	15	11	7	11	11	12	11	11
Likes junk food eg, pies, takeaways, chips	4	8	15	8	7	4	11	4	10	14	9
Influenced by others/peer pressure	7	8	9	5	6	4	10	7	11	6	8
Likes/buys sweet foods like lollies, chocolate, biscuits	10	6	5	7	3	16	6	9	3	8	7
Stubborn/has a mind of her/his own/refuses to eat/try healthy food	7	8	5	5	4	21	5	7	6	6	7
Won't eat the food I prepare/doesn't like healthy food	11	3	6	2	8	26	4	12	3	2	6
Not able to monitor everything they eat/drink	<1	3	11	4	6	-	7	4	10	4	6
Likes/enjoys fruit	10	6	1	4	6	-	6	7	5	4	5
Base	84	119	92	74	86	17	118	55	59	181	295

* Responses of Asian parents and caregivers are not commented on in this section because of the small number saying it *depends, some easy and some hard* (ie, the base is below 30).

- Parents and caregivers living in areas of mid-deprivation were more likely to say *depends* when asked how easy or hard it was to get their child to eat and drink healthily because their child *sometimes eats healthy food and sometimes doesn't*, and because they are *not able to monitor everything they eat/drink*, and less likely to say it was because their child *likes/buys sweet foods like lollies, chocolate, biscuits*, than those living in other areas (low or high deprivation).

Parents and caregivers living in the least deprived areas were more likely than those in more deprived areas (mid and high deprivation) to say it *depends* because their child *won't eat the food I prepare/doesn't like healthy food*, and less likely to say their was because she/he *likes junk food, eg, pies, takeaways, chips*.

5.2 Strategies used by parents and caregivers to get children to eat and drink healthily

Parents and caregivers were asked how confident they were that they could use a range of strategies to get their child to eat and drink healthily, or if they were already using these strategies. The results are shown in the tables following.

5.2.1 Extent to which parents and caregivers already, or are confident they can, use the selected strategies

- Around six out of ten parents and caregivers said they were already using these strategies (*already does this*). Responses were slightly lower for involving children in preparing meals (55%), getting them to help with the shopping (57%), and getting them to eat five or more servings of fruit and vegetables most days (57%).
- Most other parents and caregivers felt confident that they could use these strategies, with between one-fifth and one-quarter of parents and caregivers saying they were sure they could use these strategies (*I am sure I can*) and around one-tenth saying that they thought they could (*I think I can*).
- Few parents and caregivers said they were not sure (5% or less), they didn't think they could use these strategies (4% or less said *I don't think I can*) or that they were sure they could not use them (2% or less said *I am sure I can't*).

Extent to which parents and caregivers already, or are confident they can, use strategies to get children to eat/drink healthily

Strategies*	Already does this %	I am sure I can %	I think I can %	Not sure %	I don't think I can %	I am sure I can't %
Eat breakfast at home, most days of the week	59	24	9	4	3	2
Eat at least one meal a day with family members on most days	58	24	9	5	4	1
Help decide what meals the family will eat	60	21	11	4	3	2
Be involved in preparing a meal	55	23	12	5	3	2
Be involved in cooking food	58	23	11	5	2	2
Help with shopping for food	57	24	11	4	3	2
Drink milk or water, rather than drinks with lots of sugar, most days of the week	62	22	10	3	2	1
Eat fried or deep fried foods no more than once a week	61	23	9	4	3	1
Eat a wide variety of healthy foods	58	24	7	5	4	1
Eat 5 or more servings of fruit and vegetables most days	57	25	10	4	4	1
Not watch TV while eating meals	61	22	8	3	4	2
Eat or drink snacks that have lots of fat or sugar no more than once a week	62	21	7	5	4	1
Eat smaller portions, if they were eating more than is good for them	62	23	7	4	2	2
Eat less each day, if they were eating more than is good for them	64	21	10	2	2	1
Base	1133					

* The fourteen strategies listed here were selected after reviewing New Zealand and international literature and other programmes promoting healthy eating for children.

5.2.2 Extent to which parents and caregivers already, or are confident they can, use the selected strategies – by age of child, ethnicity of parents and caregivers and deprivation index

The tables on the next three pages show the extent to which parents and caregivers were confident they could use or already use the fourteen selected strategies, firstly, by the age of the children they were talking about, secondly, by the ethnicity of the parents and caregivers, and thirdly, by the deprivation index of the areas the parents and caregivers lived in.

Parents and caregivers responses tended to be similar when analysed by these three different characteristics. The main differences that can be seen from the figures in the three tables are:

- Parents and caregivers talking about older children (13 to 16-year-olds) were generally less confident that they could use these strategies to get their child to eat and drink healthily than parents and caregivers talking about younger children (5 to 7-year-olds and 8 to 12-year-olds).
- Fewer Pacific parents and caregivers said that they were already using these strategies than other parents and caregivers. This is the case for most but not all of the strategies.
- Parents and caregivers living in the most deprived areas were less likely than parents and caregivers living in other areas to say they were already using these strategies.

Confidence that they could use these strategies also was lower among parents and caregivers living in the most deprived areas. For most of the strategies, the proportion of parents and caregivers living in the most deprived areas who said they were *not sure* they could use these strategies, they didn't think they could and they were sure they could not was higher than for other parents and caregivers.

We would like to ask you whether you feel you could get [nominated child] to do the following:

	Parent/caregiver of child 5-7 years old						Parent/caregiver of child 8-12 years old						Parent/caregiver of child 13-16 years old					
	Already does this %	I am sure I can %	I think I can %	Not sure %	I don't think I can %	I am sure I can't %	Already does this %	I am sure I can %	I think I can %	Not sure %	I don't think I can %	I am sure I can't %	Already does this %	I am sure I can %	I think I can %	Not sure %	I don't think I can %	I am sure I can't %
Eat breakfast at home, most days of the week	55	29	7	5	2	2	62	22	9	3	2	1	59	21	11	4	4	2
Eat at least one meal a day with family members on most days	57	25	10	5	3	<1	57	27	9	5	2	<1	59	20	8	5	6	1
Help decide what meals the family will eat	59	19	12	4	4	1	60	23	10	4	2	1	59	19	10	6	4	3
Be involved in preparing a meal	56	25	10	4	2	3	58	23	10	5	3	1	51	20	17	7	3	3
Be involved in cooking food	63	21	12	2	2	1	57	25	8	6	3	1	54	23	13	7	2	3
Help with shopping for food	55	26	14	3	1	1	60	23	9	5	3	<1	53	24	10	5	4	4
Drink milk or water, rather than drinks with lots of sugar, most days of the week	63	22	9	3	2	1	65	23	7	2	3	1	56	20	15	6	3	1
Eat fried or deep fried foods no more than once a week	62	26	7	3	2	<1	66	21	7	3	3	1	52	21	14	8	5	<1
Eat a wide variety of healthy foods	57	27	7	6	3	<1	64	26	5	3	2	1	52	21	10	7	7	3
Eat 5 or more servings of fruit and vegetables most days	59	25	10	2	3	1	58	27	9	4	2	<1	54	21	10	7	6	2
Not watch TV while eating meals	59	25	8	3	3	2	62	21	9	3	3	1	62	20	6	3	6	2
Eat or drink snacks that have lots of fat or sugar no more than once a week	62	18	11	4	4	1	65	21	6	5	3	<1	57	24	5	7	6	2
Eat smaller portions, if they were eating more than is good for them	63	24	5	4	1	3	66	21	8	3	2	1	55	25	8	5	4	3
Eat less each day, if they were eating more than is good for them	62	22	11	2	1	2	70	18	7	2	3	1	57	23	12	3	3	2
Base	346						454						333					

We would like to ask you whether you feel you could get [nominated child] to do the following:

	Maori						Pacific						Asian						Euro/Other					
	Already does this %	I am sure I can %	I think I can %	Not sure %	I don't think I can %	I am sure I can't %	Already does this %	I am sure I can %	I think I can %	Not sure %	I don't think I can %	I am sure I can't %	Already does this %	I am sure I can %	I think I can %	Not sure %	I don't think I can %	I am sure I can't %	Already does this %	I am sure I can %	I think I can %	Not sure %	I don't think I can %	I am sure I can't %
Eat breakfast at home, most days of the week	56	22	14	3	1	3	53	26	11	5	4	1	56	19	8	9	7	2	61	24	8	3	2	2
Eat at least one meal a day with family members on most days	51	29	12	4	4	<1	56	22	9	7	4	2	62	16	9	4	5	3	59	24	8	5	3	-
Help decide what meals the family will eat	54	25	11	4	4	1	52	25	13	7	4	<1	55	21	14	3	3	4	63	19	10	4	3	1
Be involved in preparing a meal	51	25	13	5	4	2	55	22	11	6	5	2	46	16	20	8	6	4	58	23	10	5	2	2
Be involved in cooking food	56	26	11	3	2	2	49	30	11	6	3	2	48	21	13	10	6	4	61	22	10	5	2	1
Help with shopping for food	49	29	10	6	4	1	52	28	11	5	2	2	49	18	16	9	5	3	61	23	10	3	2	1
Drink milk or water, rather than drinks with lots of sugar, most days of the week	57	26	9	5	3	1	51	24	13	7	3	1	57	18	12	5	5	3	66	21	10	2	2	1
Eat fried or deep fried foods no more than once a week	63	24	8	3	1	1	53	26	9	6	5	1	59	22	11	2	4	3	62	21	9	5	3	<1
Eat a wide variety of healthy foods	57	29	7	5	1	1	54	22	9	10	4	1	62	16	6	9	5	1	59	25	7	3	4	2
Eat 5 or more servings of fruit and vegetables most days	57	24	13	2	3	1	53	25	10	8	3	1	63	17	7	6	7	-	57	26	9	4	3	1
Not watch TV while eating meals	58	26	9	3	3	1	49	33	8	4	4	3	60	15	9	8	8	-	64	20	7	3	4	2
Eat or drink snacks that have lots of fat or sugar no more than once a week	57	27	7	4	4	1	53	26	6	7	5	4	55	24	10	5	7	-	65	18	7	5	4	1
Eat smaller portions, if they were eating more than is good for them	66	19	7	3	3	2	51	26	9	10	4	1	54	22	15	3	4	3	64	24	5	4	2	2
Eat less each day, if they were eating more than is good for them	60	21	11	2	4	2	60	23	8	6	2	1	64	16	14	3	3	1	65	21	9	1	2	2
Base	287						330						78						437					

We would like to ask you whether you feel you could get [nominated child] to do the following:

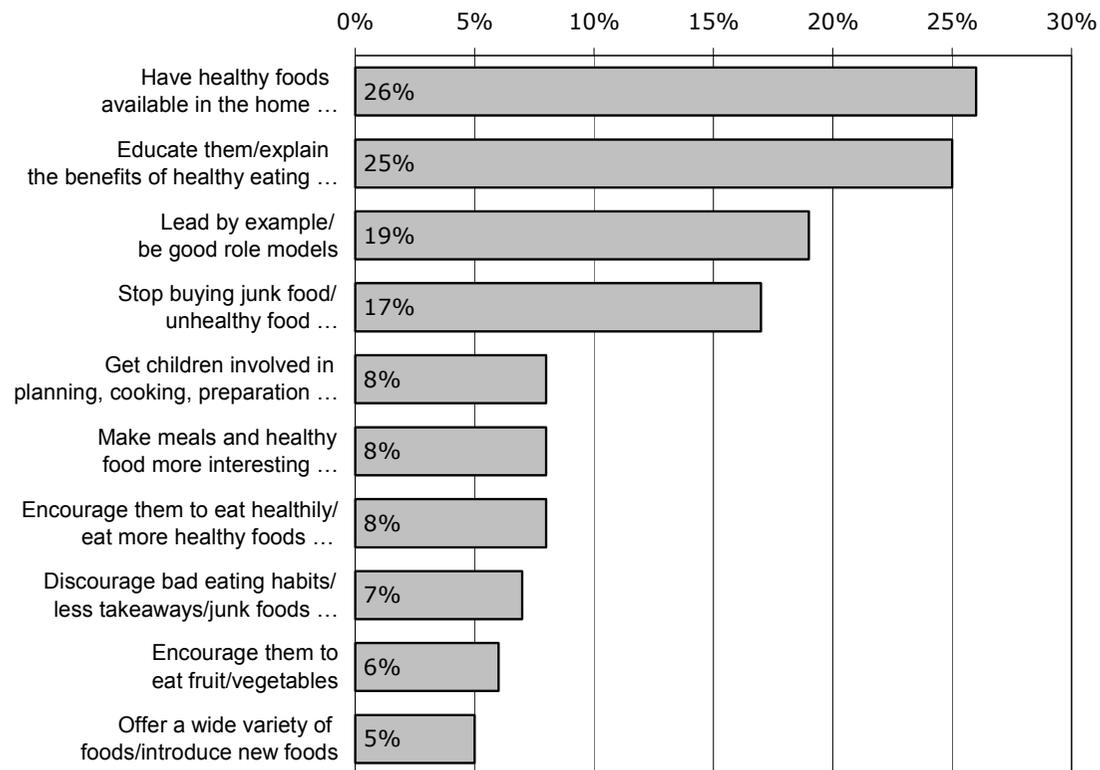
	Deprivation index 1-3						Deprivation index 4-7						Deprivation index 8-10					
	Already does this %	I am sure I can %	I think I can %	Not sure %	I don't think I can %	I am sure I can't %	Already does this %	I am sure I can %	I think I can %	Not sure %	I don't think I can %	I am sure I can't %	Already does this %	I am sure I can %	I think I can %	Not sure %	I don't think I can %	I am sure I can't %
Eat breakfast at home, most days of the week	62	23	8	3	3	1	62	22	9	4	2	2	53	25	10	6	4	3
Eat at least one meal a day with family members on most days	59	27	8	4	2	1	62	19	10	5	4	-	53	26	10	6	4	1
Help decide what meals the family will eat	63	21	10	3	2	1	63	17	12	4	4	1	53	24	10	6	4	3
Be involved in preparing a meal	61	21	12	3	2	2	50	27	12	6	3	2	54	21	12	7	4	2
Be involved in cooking food	59	23	10	5	3	1	60	22	11	5	1	2	54	24	11	6	3	2
Help with shopping for food	57	25	13	2	1	2	58	23	8	6	3	1	55	24	10	6	4	1
Drink milk or water, rather than drinks with lots of sugar, most days of the week	62	23	10	2	2	1	67	18	10	3	1	1	57	24	9	6	4	1
Eat fried or deep fried foods no more than once a week	61	23	9	4	2	1	66	19	9	4	2	-	56	25	9	5	5	1
Eat a wide variety of healthy foods	62	26	4	3	4	1	60	20	10	7	3	1	53	27	9	6	4	2
Eat 5 or more servings of fruit and vegetables most days	60	26	7	3	3	1	57	20	14	5	4	<1	53	26	9	6	4	2
Not watch TV while eating meals	64	22	6	3	3	2	64	17	9	3	6	1	55	27	9	5	3	2
Eat or drink snacks that have lots of fat or sugar no more than once a week	67	18	7	5	3	-	65	18	5	4	7	1	52	28	8	7	3	2
Eat smaller portions, if they were eating more than is good for them	67	24	5	3	1	1	62	21	9	3	2	4	55	24	8	7	4	2
Eat less each day, if they were eating more than is good for them	68	20	9	1	1	<1	65	21	10	1	2	2	56	22	11	5	4	2
Base	228						199						706					

5.3 Other strategies parents and caregivers suggested to get children to eat and drink healthily

What, if any, other things could parents/caregivers do to help children eat and drink healthily ... top 10 mentions

Parents and caregivers were asked what other things parents and caregivers could do to help children eat and drink healthily. The chart alongside and the table on the following page show the top ten strategies mentioned.

- Around one-quarter of parents and caregivers said other strategies could be to *have healthy foods available in the home* (26%) and *educate them* [ie, the children] */explain the benefits of healthy eating* (25%). Just under one-fifth (19%) said they could *lead by example/be good role models*, and 17% said *stop buying junk food/unhealthy food*.



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about 13 to 16-year-olds were more likely than those talking about younger children to say a strategy could be to *have healthy foods available in the home*.

Parents and caregivers talking about 5 to 7-year-olds were more likely to say role modelling – *lead by example/be good role models*, and less likely to say *stop buying junk food/unhealthy food*, than parents and caregivers talking about older children.

What, if any, other things could parents/caregivers do to help children eat and drink healthily ... top 10 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Have healthy foods available in the home	23	22	35	24	30	22	27	26	26	26	26
Educate them/explain the benefits of healthy eating	25	25	27	22	24	34	25	24	29	24	25
Lead by example/be good role models	26	15	18	17	13	7	23	23	19	15	19
Stop buying junk food/unhealthy food	14	18	19	11	9	14	21	23	14	13	17
Get children involved in planning, cooking, preparation	10	8	6	12	6	9	7	10	6	7	8
Make meals and healthy food more interesting	8	8	6	10	5	3	8	10	5	7	8
Encourage them to eat healthily/eat more healthy foods	9	8	6	10	13	13	5	6	6	11	8
Discourage bad eating habits/less takeaways/junk foods	6	9	7	5	9	9	8	7	8	7	7
Encourage them to eat fruit/vegetables	7	5	7	7	13	9	5	4	7	9	6
Offer a wide variety of foods/introduce new foods	5	6	5	6	3	5	5	7	3	4	5
Base	346	454	333	287	330	78	437	228	199	706	1133

- Pacific parents and caregivers were more likely than Maori and Asian parents and caregivers to say a strategy could be to *have healthy foods available in the home*. Asian parents and caregivers were more likely than other parents and caregivers to say *educate them/explain the benefits of healthy eating*.

Parents and caregivers of European/Other ethnicity were more likely to say *lead by example/be good role models* and *stop buying junk food/unhealthy food* than parents and caregivers of other ethnicities.

Maori parents and caregivers were more likely than Pacific parents and caregivers and those of European/Other ethnicity to say a strategy could be to *get children involved in planning, cooking, preparation*. Maori parents and caregivers were more likely than Pacific and Asian parents and caregivers to say *make meals and healthy food more interesting*.

Parents and caregivers of European/Other ethnicity were less likely than those of other ethnicities to say *encourage them to eat healthily/eat more healthy foods*.

Pacific parents and caregivers were more likely to say a strategy could be to *encourage them to eat fruit/vegetables* than parents and caregivers of other ethnicities.

- Parents and caregivers living in areas of mid-deprivation were more likely than those in other areas (low or high deprivation) to say a strategy could be to *educate them/explain the benefits of healthy eating*. Parents and caregivers living in the least deprived areas were more likely to say *lead by example/be good role models, stop buying junk food/unhealthy food, and offer a wide variety of foods/introduce new foods* than those living in the more deprived areas (mid and high deprivation).

Parents and caregivers living in the most deprived areas were more likely than those in less deprived areas (low and mid deprivation) to say a strategy could be to *encourage them to eat healthily/eat more healthy foods*.

The main strategies parents and caregivers suggested to get children to eat and drink healthily were:

Have healthy foods available in the home/buy/cook healthy foods/give them healthy options (mentioned by 26% of parents and caregivers) ...

"Have healthy foods in the house." (m)

"Having a good range of healthy foods in the cupboard." (o)

"Only have healthy options available in the house." (m)

"They should get good food at home." (o)

"Cook healthy food for the family." (p)

"Provide good food for them." (o)

"Just buy healthy products from the shops." (p)

"Get a good balance in the diet." (o)

"Have healthy food available all the time and cook a proper meal." (m)

"Have low fat snacks in the cupboard." (p)

Educate them/explain the benefits of healthy eating/results of eating junk food/give them the tools to make the right choices (mentioned by 25% of parents and caregivers) ...

"Explain how eating the right foods is so important." (m)

"Tell him what is good or bad for him." (a)

"Explain benefits of good healthy food." (p)

"We can help by educating them." (p)

"We watch TV programmes about obesity and good eating habits." (o)

"Educate him about healthy food so he can make the right choices himself." (m)

"Be more informed about food." (o)

"Show them the food pyramid." (m)

"Educate them by discussing the positive and negatives about food." (p)

Lead by example/be good role models (mentioned by 19% of parents and caregivers) ...

"Set good examples by their own eating habits." (m)

"Practice what they preach." (m)

"Parents need to set an example by what they eat themselves." (p)

"If they see you doing it they do it as well." (a)

"Show a good example." (m)

"Eat healthy yourself." (m)

"Set a better example." (o)

"Eat a sensible diet yourself, the children will follow what you do." (o)

"Model healthy eating habits." (o)

Stop buying junk food/unhealthy food/junk food not available (mentioned by 17% of parents and caregivers) ...

"Don't bring junk food into the house." (m)

"Don't buy rubbish." (m)

"Don't buy unhealthy foods." (a)

"Eliminate junk foods in the house." (p)

"Don't shop for junk food." (p)

"Don't buy unhealthy food for the house." (p)

"If junk food is not available then they can't eat it." (o)

"Don't provide unhealthy snacks." (a)

"Remove the bad stuff out of the house." (o)

Get children involved in planning, cooking and preparation of food/grocery shopping/growing vegetables (mentioned by 8% of parents and caregivers) ...

"Get them involved in preparing the food." (p)

"Encourage the kids to prepare and cook the food." (p)

"Get them more involved in cooking." (o)

"Take them grocery shopping and show them the healthier food." (m)

"Involve your child in the planning and cooking of meals." (m)

"Have a vege garden and get the children involved." (m)

"Get them involved in the decisions to buy and which meal to have." (o)

"Let them prepare and choose what they like to eat." (p)

Make meals and healthy food more interesting/be creative with presentation of food/make it fun (mentioned by 8% of parents and caregivers) ...

"Make their plates look more attractive." (m)

"Design a happy face on their plate." (o)

"Make it fun, make it yum." (p)

"Make it fun especially if you have a child that doesn't like vegetables." (m)

"Make the food fun, make it into shapes." (p)

"Novelty ways of preparing the food." (m)

"Prepare healthy food in a delicious manner." (a)

"Disguise food they mightn't like in something attractive." (m)

"Make meals more appealing." (m)

"Prepare fruit and vegetables in a different way to make it more interesting, eg, fruit kebabs." (p)

"Make healthy food fun and appealing." (o)

Encourage them to eat healthily/eat more healthy foods/eat a balanced diet (mentioned by 8% of parents and caregivers) ...

"Try to encourage them to eat healthy options." (m)

"Encourage them to eat healthy food." (p)

"Keep on encouraging them." (p)

"Encouraging to eat right foods." (p)

"Encourage to eat more good foods." (m)

"Encourage good eating habits." (o)

"Encouraging him to eat well." (o)

"Encourage her to keep eating healthy foods." (a)

"Encourage them to make healthy choices." (o)

Discourage bad eating habits/less takeaways/junk food/fatty foods/sugary foods (mentioned by 7% of parents and caregivers) ...

- "Have less takeaways." (p)
- "Minimise the bad foods." (o)
- "Encourage him to eat less of fried food." (p)
- "Less sugary foods." (o)
- "Less fries." (m)
- "Discourage consumption of snacks." (a)
- "Don't buy fatty food." (p)
- "Discourage sugary and fried foods." (o)

Encourage them to eat fruit/vegetables (mentioned by 6% of parents and caregivers) ...

- "Motivate her to eat vegetables." (p)
- "Encourage them to eat apples or other fruit." (o)
- "More fruit and veges." (o)
- "Eat more vegetables." (p)
- "Serve up more veges." (m)
- "Have fruit available for children to snack on." (m)
- "Encourage him to eat more fruit and vegetables." (m)
- "Make fruit and vegetables available to him." (p)

Offer a wide variety of foods/introduce new foods (mentioned by 5% of parents and caregivers) ...

- "Prepare a variety of meals." (m)
- "Change the menu and introduce new types of food." (o)
- "Introduce them to a variety of healthy foods." (p)
- "Get them to try small amounts of new foods." (m)
- "Get them to try a wide variety of foods, then stick with the ones they like." (o)
- "Give them a choice of things to eat." (p)
- "Have a healthy variety of foods for them to snack on." (o)
- "Introduce new foods that the children have not tried." (o)

Key: m = Maori, p = Pacific peoples,
a = Asian peoples, o = European/Other

Other strategies parents and caregivers suggested to get children to eat and drink healthily given by less than 5% of parents and caregivers were ...

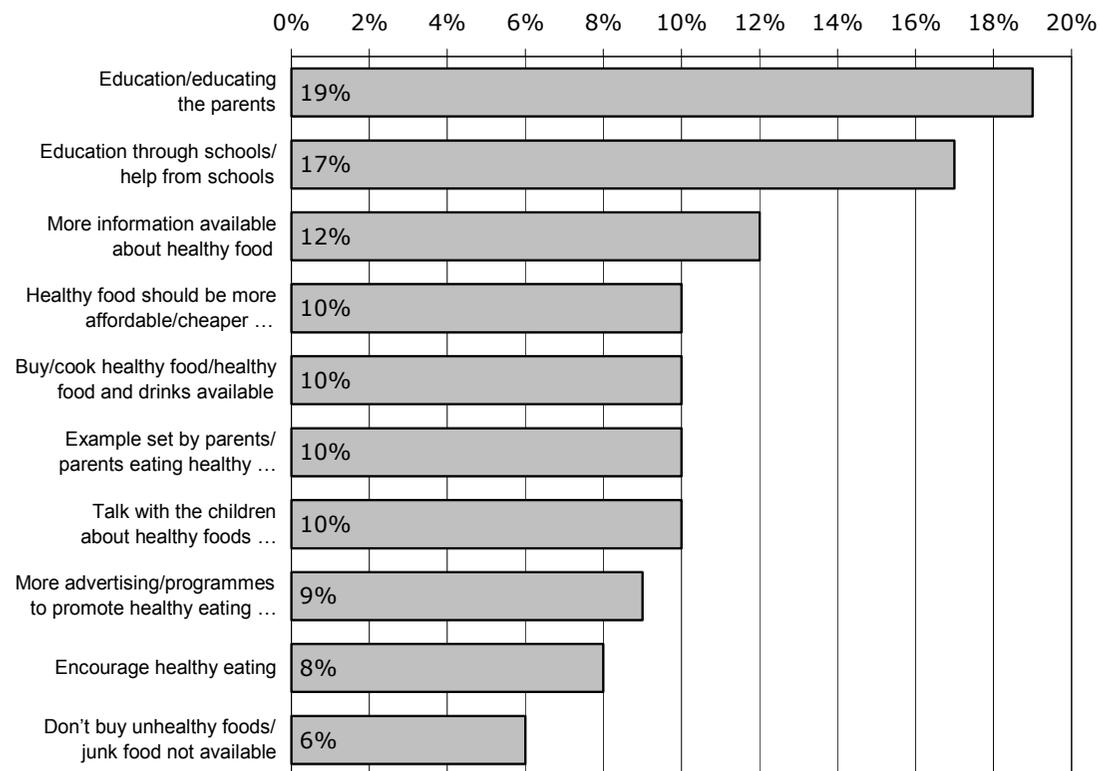
- Encourage them to drink water/milk.
- Eat meals together/families eating the same food/no TV at mealtimes.
- Offer rewards for healthy eating.
- Watch what they eat/monitor what is given to them/have control over what they're eating/how much they're eating.
- Force them to eat/drink healthily/make them do as they are told/don't give them a choice.
- Don't force them/put pressure on them to eat things they don't like/give them choice.
- Change their eating habits slowly.
- Healthy food should be cheaper/more affordable.
- Control advertising on TV/limit TV viewing.
- Prepare healthy lunches/snacks for school.
- Get them doing more exercise/sport.
- Junk food/takeaways only for a treat.
- Less fizzy drinks/limit sugary drinks/caffeine.
- Develop good eating habits from an early age.
- Nothing/we are already eating healthily.
- Read what is on the label/be aware of food content.
- Don't give the kids money to spend on junk.
- Have regular meals.

5.4 Support parents and caregivers need to get children to eat and drink healthily

Parents and caregivers were asked what kinds of help they think they need in order to use strategies that will get children to eat and drink healthily. The chart alongside and the table following show the top ten things mentioned.

- Just under one-fifth (19%) of parents and caregivers said the types of support they needed included *education/educating the parents*, while 17% said *education through schools/help from schools*. Just over one-tenth (12%) of parents and caregivers suggested there should be *more information available about healthy food*. One-tenth (10%, each) of parents and caregivers said *healthy food should be more affordable*, they should *buy/cook healthy food/healthy food and drinks available*, they should be good role models – *example set by parents/parents eating healthy* – and they should *talk with the children about healthy foods* ...

What kind of help do you think parents/caregivers need to get children to do these kind of things to help them eat and drink healthily ... top 10 mentions



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers talking about 13 to 16-year-olds were more likely to say the support they needed included role modelling – *example set by parents/parents eating healthy* – and that they should *talk with children about healthy foods*, and less likely to mention *more information available about healthy food* than parents and caregivers of younger children.

- Parents and caregivers of European/Other ethnicity were more likely than those of other ethnicities to say *education/educating the parents*. Maori parents and caregivers and those of European/Other ethnicity were more likely to say *education through schools/help from schools*, and less likely to mention *buy/cook healthy food/healthy food available*, than Pacific and Asian parents and caregivers.

Asian parents and caregivers were more likely than other parents and caregivers to say the support they needed included *more information about healthy food* and that they should *talk with the children about healthy food*, and less likely to say *healthy food should be more affordable/cheaper*.

- Parents and caregivers in less deprived areas (low and mid deprivation) were more likely than those in the most deprived areas to say the support they needed included *education/educating the parents* and *education through schools/help from schools*. Parents and caregivers in the least deprived areas were more likely than those in more deprived areas (mid and high) to say there should be *more information available about healthy food*.

What kind of help do you think parents/caregivers need, to get children to do these kind of things to help them eat and drink healthily ... top 10 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Education/educating the parents	17	20	20	10	9	14	24	22	22	13	19
Education through schools/help from schools	19	16	16	16	10	9	19	19	18	13	17
More information available about healthy food	14	14	9	12	6	22	11	16	11	9	12
Healthy food should be more affordable/cheaper	13	8	11	16	7	1	11	9	13	10	10
Parents/caregivers could buy/make available more healthy food and drinks	12	10	10	6	17	21	9	12	10	9	10
Parents/caregivers could set an example by eating healthily	8	8	14	10	8	13	10	11	8	10	10
Parents should talk with the children about eating healthy foods	9	9	13	8	16	22	8	8	10	12	10
More advertising/programmes to promote healthy eating	9	9	8	6	6	12	10	11	9	6	9
Encourage healthy eating	8	8	7	8	11	10	7	6	9	9	8
Don't buy unhealthy foods/junk food not available	5	7	7	5	9	5	6	5	8	6	6
Base	346	454	333	287	330	78	437	228	199	706	1133

The main kinds of help the parents and caregivers thought they needed to get children to eat and drink healthily were:

Education/educating the parents (mentioned by 19% of parents and caregivers) ...

"More education." (m)

"It's about educating the parents to know what is healthy." (o)

"Basic education." (o)

"Education to promote more healthy living." (m)

"More education on healthy food choices." (m)

"Parents should educate themselves at home." (m)

"Education, if parents don't know how can they help their kids." (o)

Education through schools/help from schools (mentioned by 17% of parents and caregivers) ...

"Healthier tuck shops." (m)

"Learning at school about eating well." (m)

"Encourage the kids at school with programmes about healthy eating." (p)

"Programmes in school that reinforces the importance of healthy eating and nutrition." (p)

"Through school, teacher can show them what sorts of things to eat." (o)

"They need to educate them at school about healthy eating." (o)

"Schools more active about what children bring for lunch." (m)

"Help through notices from school." (m)

"Schools not having junk food available." (p)

"School rewards for healthy lunch eating." (o)

More information available about healthy food (mentioned by 12% of parents and caregivers) ...

"More pamphlets and information available." (m)

"Information in an interesting way." (o)

"Put more labels up at the supermarkets for parents to read." (p)

"Hotline for parents to ring regarding lunch ideas." (p)

"Parents need information on what foods are really healthy and what are not." (p)

"More information about healthy foods through brochures." (m)

"Give them brochures to read." (m)

"Parents need more information from outside - books, internet." (a)

"Having information available like posters so I am able to explain better what kind of food to eat." (a)

Healthy food should be more affordable/cheaper/healthy food is too expensive (mentioned by 10% of parents and caregivers) ...

"Make fruit and veges cheaper." (m)

"Remove GST from price of fruit and vegetables." (o)

"Milk should be cheaper than fizzy drinks." (o)

"Cheaper to eat unhealthy foods than it is to eat healthy foods." (p)

"Making healthier foods more affordable for low budget families." (m)

"Having enough money to buy healthy food can be an issue for low income families." (o)

"Prices of healthy foods need to be reduced." (o)

"Make healthy food cheaper than junk food." (m)

"Make the better cuts of meat cheaper." (m)

"When fizzy drinks are half the price of milk the government needs to subsidise some of our food so it is more affordable." (o)

"Free fruit and veges provided." (p)

Parents/caregivers could buy/make available more healthy food and drinks (mentioned by 10% of parents and caregivers) ...

"Keep healthy food in the house." (a)

"Buy healthy food and have it available at home." (a)

"Prepare healthy food." (p)

"Give more vegetables to them." (p)

"Have healthy snacks available." (m)

"Have healthy choices available." (o)

"Provide healthy options." (o)

"Cook good healthy food." (a)

"Have good basic food in the house." (o)

"Having healthy food available all the time." (o)

Parents/caregivers could set an example by eating healthily (mentioned by 10% of parents and caregivers) ...

"Eat healthily yourself." (m)

"Make changes, we can't expect them to eat healthily if we don't." (m)

"By eating the same food as the kids." (p)

"Lead by example in what you eat." (o)

"Have a meal together." (p)

"Set the example and your children will follow along." (p)

"You have to set an example and then ask the child to follow your guidelines regarding food." (a)

"Change in their own eating habits, children do what they see, parents need to set an example." (m)

Parents should talk with the children about eating healthy foods (mentioned by 10% of parents and caregivers) ...

"Talking about it with the kids." (o)

"Talk with children about good and healthy food." (a)

"Make them aware of the types of food that they are eating." (p)

"Talk to them reminding them to eat less takeaways." (p)

"Always talk to them, give them advice, let them know what to eat and drink." (p)

"Make sure that children are aware of what is good for them to eat and what is bad - what healthy eating is." (p)

"Talk a lot to your kids and teach them to eat the right food." (p)

"Remind them to drink water and eat fruit." (a)

More advertising/programmes to promote healthy eating/media campaigns (mentioned by 9% of parents and caregivers) ...

"More advertising on TV pushing good eating." (m)

"Campaigns on healthy eating." (o)

"Ads on TV promoting healthy eating." (o)

"Promotion of healthy products." (m)

"TV ads are good, more in the newspapers." (m)

"Using children's magazines and TV to advertise healthy foods." (o)

"Advertise more healthy food during the cartoons." (m)

"More healthy eating programmes on TV." (o)

Encourage healthy eating (mentioned by 8% of parents and caregivers) ...

"Encourage them to eat healthily." (m)

"Motive them to eat healthy food." (p)

"Encourage them to eat healthier food." (p)

"Get them into the routine of eating healthily." (m)

"Encourage them to eat what is good for them." (o)

"The whole concept of just encouraging healthy eating." (o)

"Offering incentives." (p)

Don't buy unhealthy foods/junk food not available (mentioned by 6% of parents and caregivers) ...

"Don't have unhealthy food available." (m)

"Avoid foods that are unhealthy." (p)

"Stop buying fizzy drinks and lollies." (p)

"Give them less junk food." (p)

"Restrict junk food available." (o)

"Throw the junk food out." (m)

"Stay away from sugar and junk food." (m)

"Less processed foods." (o)

"No rubbish food." (a)

"Limitation on availability of unhealthy food." (m)

Key: m = Maori, p = Pacific peoples,
a = Asian peoples, o = European/Other

Other mentions of the kind of help the parents and caregivers thought they need to get children to eat and drink healthily given by less than 6% of parents and caregivers were ...

- Courses/classes/workshops for parents.
- Less advertising of unhealthy foods/limit advertising on TV when children are watching.
- How to prepare quick/easy/cost effective/healthy meals.
- Advice from health professionals - Plunket/dieticians/doctors/nurses/dentists.
- Support from the community - agencies/groups/church.
- Support from family members/friends.
- Healthier foods available/promoted/on display in the shops/supermarket.
- More/clearer information on packaging of foods/read the information on packaging.
- Need good role models.
- Healthy food more tasty/attractive/interesting/more variety.
- Involve the children in cooking/meal planning/shopping.
- More exercise/involvement in sports/watch less TV.
- Need more time to prepare healthy meals.
- Nothing/help is already there/don't need help.

6. VIEWS AND CONCERNS ABOUT CHILDREN'S DIETS

6.1 Parents and caregivers' views about children eating healthily

Parents and caregivers were asked what they thought children eating and drinking healthily means and what the benefits of healthy eating are for children.

6.1.1 Parents and caregivers' views about what children eating and drinking healthily means

The main things that parents and caregivers said counted in their mind as having their child eating and drinking healthily were when they: *eat plenty of fruit and vegetables* (66%); *drink plenty of water* (40%); *eat balanced meals/a variety of food from all food groups* (24%); and *eat meat/red meat* (21%).

- Parents and caregivers talking about 13 to 16-year-olds were less likely than those talking about younger children to mention *plenty of fruit and vegetables* and *drink plenty of water* as the types of things that meant children were eating and drinking healthily. Parents and caregivers of 8 to 12-year-olds were more likely than other parents and caregivers to say that *drinking milk* is healthy.
- Pacific parents and caregivers were more likely than Asian parents and caregivers to say that eating healthily meant eating *plenty of fruit and vegetables*. Parents and caregivers of European/Other ethnicity were more likely to say that children eating and drinking healthily meant eating *balanced meals/a variety of food from all food groups* and limiting *sugary foods like sweets, biscuits, lollies* than parents and caregivers of other ethnicities.

What counts in your mind as having [nominated child] eating and drinking healthily? ... top 10 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Eat plenty of fruit and vegetables	67	71	59	64	71	59	67	62	66	71	66
Drink plenty of water	43	43	34	46	60	32	38	36	39	47	40
Eat balanced meals/a variety of food from all food groups	25	23	24	16	10	15	29	32	23	14	24
Eat meat/red meat	22	22	17	20	25	29	19	16	22	25	21
Eat healthy food not junk food	14	13	19	19	14	17	14	16	14	14	15
Eat three proper meals a day with/without snacks	15	10	15	11	6	10	14	16	16	6	13
Drink milk	10	16	9	8	16	23	10	13	9	13	12
Limit sugary foods like sweets, biscuits, lollies, etc	11	13	9	7	6	1	15	12	12	9	11
Limit fizzy drinks/juice/other sugary drinks	10	13	9	8	13	10	12	13	10	9	11
Eat cereals/cereals for breakfast	7	11	10	12	12	11	9	9	10	10	10
Base	346	454	333	287	330	78	437	228	199	706	1133

- Parents and caregivers living in the least deprived areas were more likely to say that eating *balanced meals/a variety of food from all groups*, and less likely to say that eating *meat/red meat*, were healthy ways for children to eat and drink than parents and caregivers living in more deprived areas (areas of mid and high deprivation).

6.1.2 Parents and caregivers' views about the benefits of children eating and drinking healthily

Parents and caregivers were asked what the benefits were of children eating and drinking healthily. Their responses are shown in the table alongside.

The benefits of children eating and drinking healthily most commonly mentioned by parents and caregivers were: children having *more energy/able to be more active/more stamina* (44%); children having a *healthy body/better health and fitness* (44%); and children being *less susceptible to illness* (24%).

- Parents and caregivers talking about 5 to 7-year-olds were less likely than parents and caregivers talking about older children to say that children who ate and drank in healthy ways would have a *healthy body*, and more likely to say that children would *concentrate better/be more alert and focused at school*.

Parents and caregivers talking about children aged 13 to 16 years were more likely than those talking about younger children to mention *maintaining good body weight*, and less likely to mention *developing good eating habits*, as the benefits of children eating and drinking healthily.

- Pacific and Asian parents and caregivers were more likely than Maori parents and caregivers and those of European/Other ethnicity to say that by eating and drinking healthily their children would have *better health and fitness*. Maori and Pacific parents and caregivers were less likely than Asian parents and caregivers and those of European/Other ethnicity to say that their children would *grow properly* if they eat and drink in healthy ways.

When children do eat and drink in healthy ways, what benefits do you think they get from doing that? ... top 10 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Have more energy/able to be more active/more stamina	43	42	47	47	31	30	47	43	47	42	44
Healthy body/better health and fitness/improved well-being	38	46	47	37	55	53	42	41	49	42	44
Don't get sick/less susceptible to illness	24	24	22	14	31	32	24	25	23	22	24
Concentrate better/more alert and focused at school	26	21	21	24	15	11	25	26	22	19	22
Better brain function/study/learn better at school	20	21	21	23	23	25	19	20	22	21	21
Happier/not so grumpy/better temperament/less moody	15	16	16	14	11	6	19	16	17	15	16
Grow properly/good for body development	15	14	12	4	8	17	17	17	14	10	14
Maintain good body weight/not overweight/prevent obesity	10	11	17	9	14	22	12	10	15	14	13
Develop good eating habits/learn to make healthy choices	10	9	4	5	7	4	10	11	6	6	8
Get good nutrition/vitamins, minerals, iron, etc	6	6	7	4	3	11	7	5	9	6	6
Base	346	454	333	287	330	78	437	228	199	706	1133

- Parents and caregivers living in the least deprived areas were more likely than those living in more deprived areas (mid and high deprivation) to mention that their children *developed good eating habits* by eating and drinking healthily. Parents and caregivers living in the most deprived areas were less likely than those living in other areas (low and mid deprivation) to say that their children *grew properly* when they were eating and drinking in healthy ways.

The main benefits of children eating and drinking healthily mentioned by parents and caregivers were as follows:

Have more energy/able to be more active/more stamina (mentioned by 44% of parents and caregivers) ...

- "Increased energy levels."* (m)
- "Needs good food for energy."* (m)
- "Energetic, full of life."* (m)
- "Able to cope better with sports."* (m)
- "More active, energy lasts longer."* (m)
- "Bad food means lethargic, energy level higher."* (p)
- "Not so sluggish."* (o)
- "Lots of energy, move around a lot."* (p)
- "Lively during the day."* (p)
- "It keeps them going, gives them more stamina."* (m)
- "Better stamina, do more sports."* (o)

Healthy body/better health and fitness/improved general wellbeing (mentioned by 44% of parents and caregivers) ...

- "Being fit and healthy."* (m)
- "Grow more healthy."* (a)
- "Better wellbeing."* (m)
- "Healthy body, fit body."* (m)
- "Better sense of wellbeing."* (o)
- "General health improves."* (m)
- "Overall good health."* (m)

Don't get sick/less susceptible to illness/good immune system (mentioned by 24% of parents and caregivers) ...

- "Get sick less often."* (o)
- "Less likely to get sick."* (m)
- "Immune system good, hardly gets ill."* (m)
- "Helps keep them free from illness."* (o)
- "Prevents getting adult and child illnesses."* (m)
- "Protect from sickness."* (p)
- "Less infections and bugs."* (o)
- "Reduce the chance of infection."* (a)
- "Rarely have to take them to the doctor."* (p)

Concentrate better/more alert and focused at school (mentioned by 22% of parents and caregivers) ...

- "More concentration."* (m)
- "Good concentration."* (m)
- "Longer concentration spans."* (m)
- "Can concentrate better at school."* (o)
- "More alert and focused."* (m)
- "Good attention at school."* (m)
- "Attention span longer."* (p)
- "More alert at school."* (o)
- "Able to focus in the morning at school."* (m)
- "Alert, longer attention span."* (m)

Better brain function/study/learn better at school (mentioned by 21% of parents and caregivers) ...

- "Brain will work better." (o)
- "Keeping brain working." (m)
- "More memory power." (a)
- "Makes your brain work better, keeps your mind active." (p)
- "Brain functions properly." (o)
- "Learn better, a bit more productive." (m)
- "Doesn't have brain blocks." (m)
- "At school think clearly." (p)
- "Helps to study well." (p)
- "Learn better at school." (o)
- "Mind will function properly." (a)
- "Feeds the mind." (m)
- "Thinks about things more, thinks about his answers." (m)
- "Keeps the brain working." (m)

Happier/not so grumpy/better temperament/less moody (mentioned by 16% of parents and caregivers) ...

- "Less tears and grumps." (m)
- "Happier, bright smiling, rather than grumpy and morose." (m)
- "Don't get as stroppy." (o)
- "Temperament better." (p)
- "Grumpy if they eat a lot of rubbish." (o)
- "Not cranky." (p)
- "Attitude becomes better." (p)

Grow properly/good for body development (mentioned by 14% of parents and caregivers) ...

- "Able to grow." (m)
- "Body will grow properly." (o)
- "Helps body develop in favourable ways." (o)
- "Good development." (o)
- "Develop body in a healthy way." (o)
- "Important for their development." (a)
- "Grow in a healthy way." (o)
- "Helps development." (m)
- "Helps them to grow." (p)
- "Growth optimal." (o)

Maintain good body weight/not overweight/prevent obesity (mentioned by 13% of parents and caregivers) ...

- "Better chance against obesity." (m)
- "Don't get fat." (o)
- "Keep weight at a good level." (o)
- "More balanced weight." (p)
- "Won't become overweight." (a)
- "Lost a lot of weight when she improved her diet." (o)
- "Be skinny when she grows up." (p)
- "Keeps him trim." (p)
- "She will be slim." (o)

Develop good eating habits/learn to make healthy choices for life (mentioned by 8% of parents and caregivers) ...

- "They learn healthy eating and benefit in the future." (p)
- "Sets up habits for later in life." (o)
- "More aware of health and will make healthy choices to enhance his life." (m)
- "Better example for future years." (m)
- "Hope she passes these habits to her children." (o)
- "Learning to look after herself and not eat junk." (p)
- "A positive influence, continue with healthy choices." (p)

Get good nutrition/vitamins, minerals, iron etc (mentioned by 6% of parents and caregivers) ...

- "Feeding their bodies something good." (o)
- "Nutritional intake better." (o)
- "They get the nutrition that they need." (o)
- "Getting nutrients, vitamins and proteins." (o)
- "Gets proteins, calcium and vitamins for growth." (a)
- "Helps his blood iron." (p)
- "Gets all her vitamins and minerals." (o)
- "Good fuel for their body." (p)
- "Don't get deficiencies." (a)

Key: m = Maori, p = Pacific peoples, a = Asian peoples, o = European/Other

Other mentions of benefits of children eating and drinking healthily given by less than 6% of parents and caregivers were ...

- Better behaved/easier to control.
- No sugar rushes/not hyperactive/calmer.
- Less skin irritations/rashes/sores.
- Less risk of diabetes.
- Less risk of high cholesterol/high blood pressure/heart disease.
- Grow stronger/has strength in body.
- Sleep better/better sleeping patterns.
- Not so tired/more awake.
- Live longer.
- Good healthy teeth and gums.
- Good strong bones.
- Healthy glowing skin/better complexion/less acne.
- Healthy clear eyes/good eyesight.
- Keeps bowels good and regular.
- Better for digestive system/no bloating.
- Feeling of fullness for longer/need less snacks.
- More sociable/ more talkative/ more communicative with others.
- More motivated/more proactive/not so lazy.
- Feel better about themselves/better self esteem.
- Improves or controls their health concern.
- Generally look good/look healthy/can see it in their faces.

- Able to cope with everyday life/functions better.
- Healthy hair/shiny/curly hair.

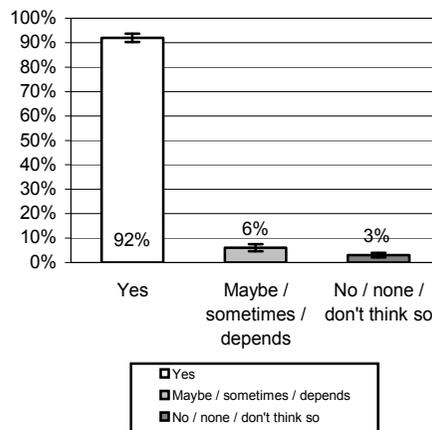
6.1.3 Parents and caregivers' views about whether problems can arise from child not eating and drinking healthily

Parents and caregivers were asked if they thought that children could get problems when they don't eat and drink in healthy ways. Their responses are shown in the charts alongside and in the tables on the following page.

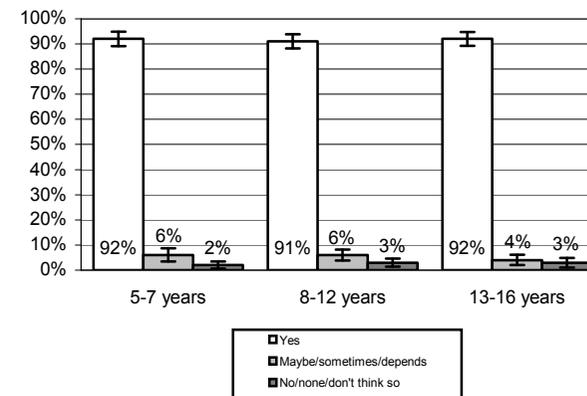
- The majority (92%) of parents and caregivers said that children could get problems when they don't eat and drink healthily. Six percent (6%) said that by not eating and drinking in healthy ways their children could get problems *maybe/sometimes/depends*, while 3% said *no/none/don't think so*.
- There was little variation in the responses to this question for parents and caregivers talking about children in the three different age groups.
- Pacific parents and caregivers were slightly less likely to say that problems could arise from children not eating or drinking healthily than Maori parents and caregivers and those of European/Other ethnicity (85% of Pacific parent and caregivers, compared with 92% and 94%, respectively, for Maori parents and caregivers and those of European/Other ethnicity).
- Parents and caregivers living in the most deprived areas were slightly less likely (87%) to say that children could get problems when they didn't eat and drink in healthy ways than other parents and caregivers (93% for those living in the least deprived areas and 95% for those living in areas of mid-deprivation).

When children like [nominated child] don't eat and drink in healthy ways, do you think they can get problems from that?

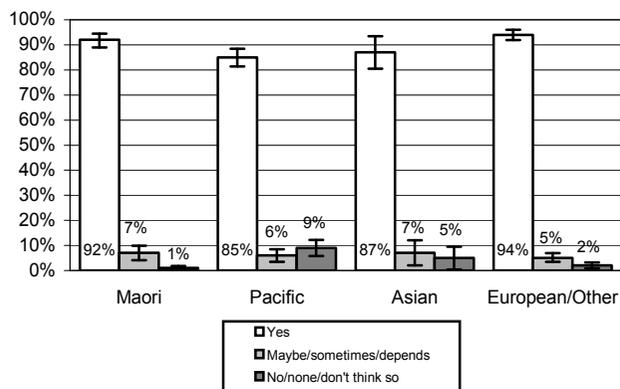
All parents/caregivers



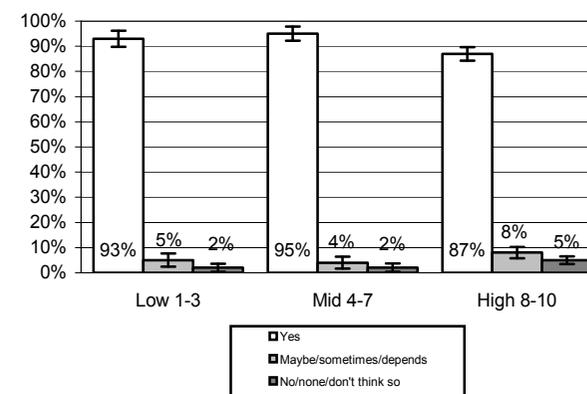
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Male parents and caregivers were more likely than female parents and caregivers to say that when children didn't eat and drink in healthy ways they *sometimes* got problems.
- Parents and caregivers living in *extended families* were more likely than those living in *1-parent families* to say that they didn't think that children could get problems when they didn't eat and drink healthily.

When children like [nominated child] don't eat and drink in healthy ways, do you think they can get problems from that?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	86	93	92	92	91	92	91	92	92	93	92
Maybe/sometimes/depends	10	5	7	5	6	6	6	4	6	6	6
No/none/don't think so	4	2	2	3	2	2	3	3	3	2	3
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	92	85	87	94	95	91	87	93	92
Maybe/sometimes/depends	7	6	7	5	4	6	7	6	6
No/none/don't think so	1	9	5	2	1	3	6	2	3
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers with an annual household income of \$20-40,000 were more likely than those with an income of \$40-60,000 to say that *maybe/sometimes* children could get problems when they didn't eat and drink in healthy ways.

When children like [nominated child] don't eat and drink in healthy ways, do you think they can get problems from that?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	91	89	94	93	93	95	87	92
Maybe/sometimes/depends	7	8	4	5	5	4	8	6
No/none/don't think so	2	4	2	2	2	2	5	3
Base	180	322	224	368	228	199	706	1133

6.1.4 Parents and caregivers' views about the problems that arise when children don't eat and drink healthily

Parents and caregivers who said that problems could arise when children don't eat and drink in healthy ways were asked what they thought these problems might be.

- The problem that most parents and caregivers said children could experience when they didn't eat and drink healthily was that they *tend to gain weight/will be overweight/ lead to obesity*; this was mentioned by almost four out of ten (38%) parents and caregivers. Over three out of ten (31%) said that children were *more susceptible to illness*, while a similar proportion (27%) said that children had *lack of energy* when they didn't eat and drink healthily.
- Parents and caregivers talking about 5 to 7-year-olds were less likely to say that children *tended to gain weight*, and more likely to say that they could have *bad teeth and gums* when they didn't eat and drink in healthy ways, than parents and caregivers of older children (8 to 12-year-olds and 13 to 16-year-olds).
- Pacific and Asian parents and caregivers were less likely than Maori parents and caregivers and those of European/Other ethnicity to say that when children didn't eat and drink healthily they *had an attitude problem, were grumpy/moody/irritable*. Asian parents and caregivers were less likely than parents and caregivers of other ethnicities to say that children *were always tired* when they didn't eat or drink in healthy ways.
- Pacific parents and caregivers were more likely than those of other ethnicities to say that children *get sick/are more susceptible to illness*, and were less likely to say that they *lack energy/are not as active/have low stamina*, when they didn't eat and drink healthily.

Problems the parents/caregivers think children can get when they don't eat and drink in healthy ways ... top 10 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Tend to gain weight/ will be overweight/ lead to obesity	28	43	40	30	38	36	40	39	38	36	38
Gets sick/more susceptible to illness/ poor immune system	32	33	28	28	45	37	29	29	31	35	31
Lack of energy/not as active/low stamina	30	23	28	31	16	22	27	28	27	24	27
Unhappy/grumpy/ moody/irritable/ attitude problem	19	19	22	27	11	7	22	20	23	18	20
Lack of concentration/ poor attention span/ distracted ...	22	19	15	18	13	21	19	26	14	14	19
Always tired/fatigued	15	17	15	22	19	8	15	14	19	15	16
Unhealthy body/poor health and fitness/ wellbeing not good	16	15	15	14	17	11	16	16	13	17	15
Bad teeth and gums/ tooth decay, etc	21	13	8	12	5	5	17	15	13	13	14
Risk of diabetes	12	12	15	13	15	10	13	12	11	16	13
Poor brain function/ thinking not clear/ poor school learning	7	14	13	9	14	14	11	11	12	11	11
Base	334	432	318	282	299	73	429	224	196	664	1084

- Parents and caregivers living in the least deprived areas were less likely than those living in the most deprived areas to say that children were *more susceptible to illness* when they didn't eat or drink healthily. Parents and caregivers from the least derived areas were more likely than those from more deprived areas (mid and high deprivation) to mention *lack of concentration* as a problem children could experience when they didn't eat and drink healthily.

The main problems the parents and caregivers thought children could get when they didn't eat and drink in healthy ways were:

Tend to gain weight/will be overweight/could lead to obesity (mentioned by 38% of parents and caregivers) ...

- "End up obese."* (m)
- "Getting fat."* (m)
- "They tend to gain more weight."* (p)
- "Probably overweight problems."* (m)
- "Too much weight."* (m)
- "She gets bulky."* (a)
- "Get fat and chubby."* (a)

Gets sick/more susceptible to illness/poor immune system (mentioned by 31% of parents and caregivers) ...

- "Become sick."* (p)
- "They can get the flu and colds."* (m)
- "Less immunity to colds."* (o)
- "More body deterioration eg the immune system."* (m)
- "If she gets sick she won't be able to get better, not quick to fight it off."* (o)
- "Catch infections easily."* (m)
- "Tend to be sick more often."* (p)
- "More susceptible to infections, low immune system."* (o)

Lack of energy/not as active/low stamina (mentioned by 27% of parents and caregivers) ...

- "No energy."* (m)
- "Listlessness."* (m)
- "Low energy."* (m)
- "Lethargic."* (m)
- "Become less active, don't have the energy to participate in physical activity."* (m)
- "Don't want to do physical stuff because they have no energy."* (m)
- "Not as active."* (m)
- "Energy just goes down."* (p)
- "Slow down on everything if they don't eat right."* (p)

Unhappy/ grumpy/ moody/ irritable/ attitude problem (mentioned by 20% of parents and caregivers) ...

- "They will get easily irritated."* (m)
- "Mood swings, fiery temper."* (p)
- "Won't be happy."* (p)
- "Grumpiness."* (m)
- "Grizzly."* (p)
- "Can get tearful."* (o)
- "Become crabby and irritable."* (o)
- "Cranky."* (m)
- "Sad."* (p)
- "Gets an attitude problem."* (m)

Lack of concentration/poor attention span/distracted/unfocused (mentioned by 19% of parents and caregivers) ...

"Attention span not so good, easily distracted." (m)

"Can't focus well at school." (o)

"Concentration and attention span would be worse." (p)

"Lack of attention." (m)

"Distracted, unfocused." (m)

"Can't concentrate at school in the mornings when they have hard core lessons." (m)

"Don't pay attention." (m)

"Don't listen, don't seem to concentrate." (o)

Always tired/fatigued (mentioned by 16% of parents and caregivers) ...

"Get tired easily." (a)

"Fatigue, even if he's getting enough sleep." (o)

"They get tired before the end of the day." (p)

"Always tired." (o)

"Sleeps and can't wake up." (p)

"Feel sleepy." (p)

"The body just gets tired very quickly." (p)

Unhealthy body/poor health and fitness/general wellbeing not good (mentioned by 15% of parents and caregivers) ...

"If they don't eat healthy, they wouldn't be healthy." (p)

"Health goes down." (m)

"Just general poor health." (p)

"Not good for their health." (p)

"Their all round wellbeing is not good." (o)

"Fitness levels down." (o)

"Not as fit as they should be." (m)

"Health problems." (m)

"Unfit for sports or any other events she may have to be healthy for." (p)

Bad teeth and gums/tooth decay etc (mentioned by 14% of parents and caregivers) ...

"Too much sugar causes tooth decay." (m)

"Maybe bad teeth, bad gums." (m)

"Dental care is more frequent." (m)

"Holes in their teeth." (m)

"Teeth can get spoilt." (a)

"Oral health is not good." (p)

"Rotten teeth." (p)

"Dental problems." (p)

Risk of diabetes (mentioned by 13% of parents and caregivers) ...

"High blood sugar." (m)

"They will get some sickness like diabetes." (p)

"It can cause diabetes." (o)

"They can become diabetic." (p)

"They can get diabetes type 2." (a)

Poor brain function/thinking not clear/poor learning at school (mentioned by 11% of parents and caregivers) ...

"Doesn't help with their learning." (p)

"Schoolwork suffers." (p)

"Learning ability affected." (o)

"Their way of thinking isn't as clear as that of a healthy person." (p)

"Brain not functioning." (p)

"Homework suffers." (m)

"Would not think so logically." (m)

"Slow at school." (p)

"Brain won't work especially in studies." (p)

"Don't do good at school." (p)

"Poor study result." (a)

"Reduces cognitive capacity." (o)

Key: m = Maori, p = Pacific peoples,
a = Asian peoples, o = European/Other

Other mentions of problems the parents and caregivers thought children could experience when they didn't eat and drink in healthy ways given by less than 11% of parents and caregivers were:

- Behaves badly/hard to control.
- Sugar rushes/hyperactive/restless.
- Skin irritations/rashes/sores.
- Risk of high cholesterol/high blood pressure/heart disease.
- Bad eating habits/craves unhealthy food/picky eater.
- Poor body growth/impeded body development/don't put on weight.
- Weak/not a strong body/weak bones etc.
- Sleep badly/poor quality of sleep.
- Health problems in later life/problems with vital organs/cancer etc.
- Malnutrition/dehydration/lack vitamins, minerals, iron etc.
- Poor skin condition/unhealthy complexion/ acne.
- Bowel problems/constipation/diarrhoea/ farting.
- Upset digestive system/sore tummy/vomiting.
- Not sociable/lack friends/uncommunicative with others.
- Lazy/lack motivation/don't want to get involved.
- Poor self esteem/lack confidence/get taunted/ teased.
- Unable to cope with everyday life/functions poorly.
- Risk of asthma/breathing problems.
- Headaches/migraines.
- Develop food allergies.
- Mental health problems/emotional problems/ depression.

6.1.5 Parents and caregivers' views about how healthy selected foods and drinks are

Parents and caregivers were asked how healthy they thought certain foods and drinks were (note: this is the same list of foods and drinks that parents and caregivers were asked about in relation to availability and consumption). This section describes their answers to these questions. The section begins with a description of the responses of all parents and caregivers, and then describes their responses in relation to the three children's age groups, their ethnicity, and the deprivation index of the area that they live in.

6.1.5.1 Views about how healthy selected foods and drinks are – overall

Beverages

The table alongside shows the overall responses of parents and caregivers when they were asked how healthy or unhealthy selected drinks were for children.

We would like to ask you how healthy these foods and drinks are for children of [nominated child's] age:

	Total Healthy %	Very healthy %	Healthy %	Neither healthy/unhealthy %	Total Unhealthy %	Unhealthy %	Very unhealthy %	Base
BEVERAGES								
Tap water	95	78	17	3	2	1	1	
Bottled water	90	57	34	8	2	1	1	
Flavoured water	44	12	32	36	19	16	3	
Diet carbonated drinks	2	<1	2	14	84	41	43	
Full-sugar carbonated drinks	1	<1	<1	4	95	36	60	1133
Fruit juice	38	5	33	35	27	23	4	
Other juice*	6	<1	5	20	75	42	33	
Low-fat/soy milk	89	42	47	8	2	2	<1	
Full-fat milk	75	24	51	17	8	7	1	
Flavoured milk	22	2	20	33	45	36	9	

* Other juice includes juice from concentrate, powder and cordials

- **Tap water** – the majority (95%) of parents and caregivers thought that this was healthy (with 78% saying *very healthy* and 17% saying *healthy*).
- **Bottled water** – nine out of ten (90%) parents and caregivers thought that this was healthy (with 57% saying *very healthy* and 34% saying *healthy*).
- **Flavoured water** – over four out of ten (44%) parents and caregivers thought that these types of drinks were healthy, while over two-thirds (36%) said *neither healthy nor unhealthy* and almost one-fifth (19%) said they were unhealthy.

- **Diet carbonated drinks** – the majority (84%) of parents and caregivers thought that these drinks were unhealthy (with 41% saying *unhealthy* and 43% saying *very unhealthy*).
- **Full-sugar carbonated drinks** – the majority of parents and caregivers (95%) thought that these drinks were unhealthy, with six out of ten (60%) saying they thought they were *very unhealthy*.
- **Fruit juice** – was considered healthy by almost four out of ten (38%) parents and caregivers, while over one-third (35%) said it was *neither healthy nor unhealthy* and over one-quarter (27%) said fruit juice was unhealthy.
- **Other juice** – three-quarters (75%) of parents and caregivers thought that this was unhealthy (with 42% saying *unhealthy* and 33% saying *very unhealthy*).
- **Low-fat/soy milk** – almost nine out of ten (89%) parents and caregivers thought that this was healthy (with 42% saying *very healthy* and 47% saying *healthy*).
- **Full-fat milk** – three-quarters (75%) of parents and caregivers thought that this type of milk was healthy (with 24% saying *very healthy* and 51% saying *healthy*), while less than one-tenth (8%) thought this type of milk was unhealthy and the remaining 17% thought it was *neither healthy nor unhealthy*.
- **Flavoured milk** – almost one-half (45%) of parents and caregivers thought that this was unhealthy (with 36% saying *unhealthy* and 9% saying *very unhealthy*). Just over one-fifth (22%) of parents and caregivers thought that this type of milk was healthy, while one-third (33%) thought it was *neither healthy nor unhealthy*.

Fruit and vegetables

The table alongside shows the overall responses that parents and caregivers gave when they were asked how healthy different types of fruit and vegetables were.

- **Fresh fruit** – all parents and caregivers (100%) thought that fresh fruit was healthy (with 94% saying *very healthy* and 6% saying *healthy*).
- **Tinned/frozen fruit** – was considered healthy by six out of ten (60%) parents and caregivers (with 8% saying *very healthy* and 51% saying *healthy*). Around three out of ten parents and caregivers (32%) did not have a view either way – saying *neither healthy nor unhealthy*. Less than one in ten (8%) parents and caregivers thought tinned or frozen fruit was unhealthy.
- **Fresh vegetables** – all parents and caregivers thought that these were healthy (with 94% saying *very healthy* and 5% saying *healthy*).
- **Tinned/frozen vegetables** – these were considered healthy by the majority (88%) of parents and caregivers, while 12% thought these were *neither healthy nor unhealthy* and only 1% thought these types of vegetables were unhealthy.
- **Taro/kumara/potatoes** – the majority (93%) of parents and caregivers thought these were healthy (with 51% saying *very healthy* and 42% saying *healthy*).
- **Fried potatoes** – these were considered unhealthy by two-thirds (66%) of parents and caregivers (with 49% saying *unhealthy* and 17% saying *very unhealthy*), while just over one-quarter (27%) thought fried potatoes were *neither healthy nor unhealthy* and 7% thought they were *healthy*.

We would like to ask you how healthy these foods and drinks are for children of [nominated child's] age:

	Total Healthy %	Very healthy %	Healthy %	Neither healthy/unhealthy %	Total Unhealthy %	Unhealthy %	Very unhealthy %	Base
FRUIT & VEGETABLES								
Fresh fruit	100	94	6	-	<1	<1	-	1133
Tinned/frozen fruit	60	8	51	32	8	8	1	
Fresh vegetables	100	94	5	<1	<1	-	<1	
Tinned/frozen vegetables	88	27	61	12	1	1	<1	
Taro/kumara/potatoes*	93	51	42	7	1	1	<1	
Fried potatoes**	7	<1	7	27	66	49	17	

* Boiled or baked

** Hot potato or kumara chips, French Fries, wedges and hash browns

The table alongside and the one on the next page show the overall responses that parents and caregivers gave when they were asked how healthy different types of meats and fish, and pies, pastries, snacks and sweets were.

Meats and fish

- **Burgers and sausages** – more than two-fifths (42%) of parents and caregivers thought these were *neither healthy nor unhealthy*, while one-third (33%) thought that these foods were unhealthy and one-quarter (25%) thought that they were healthy.
- **Fried chicken or nuggets** – the majority (84%) of parents and caregivers said these were unhealthy (with 42% saying *unhealthy* and 42% saying *very unhealthy*).
- **Fried fish** – more than three-quarters (76%) of parents and caregivers thought that this was unhealthy (with 43% saying *unhealthy* and 33% saying *very unhealthy*). Almost one-fifth (18%) of parents and caregivers considered this type of food *neither healthy nor unhealthy*, while only 7% thought it was healthy.

We would like to ask you how healthy these foods and drinks are for children of [nominated child's] age:

	Total Healthy %	Very healthy %	Healthy %	Neither healthy/unhealthy %	Total Unhealthy %	Unhealthy %	Very unhealthy %	Base
MEATS & FISH								
Burgers & sausages	25	3	22	42	33	27	7	1133
Fried chicken or nuggets	4	<1	4	12	84	42	42	
Fried fish*	7	1	6	18	76	43	33	

* Including fish and chips

Pies, pastries, snacks and sweets

- **Pies and pastries** – these were considered unhealthy by the majority (85%) of parents and caregivers (with 44% saying *unhealthy* and 41% saying *very unhealthy*), while 12% said these were *neither healthy nor unhealthy*. The remaining 3% thought that pies and pastries were healthy.
- **Potato/corn crisps and snacks** – eight out of ten (80%) parents and caregivers thought these foods were unhealthy (with 52% saying *unhealthy* and 28% saying *very unhealthy*). Almost one in five (19%) parents and caregivers said these foods were *neither healthy nor unhealthy*, while only 1% thought they were healthy.
- **Sweets/lollies/chocolates** – nine out of ten (90%) parents and caregivers thought that these were unhealthy (with 41% saying *unhealthy* and 49% saying *very unhealthy*); 9% considered them *neither healthy nor unhealthy*, while only 1% said these were healthy.

We would like to ask you how healthy these foods and drinks are for children of [nominated child's] age:

	Total Healthy %	Very healthy %	Healthy %	Neither healthy/unhealthy %	Total Unhealthy %	Unhealthy %	Very unhealthy %	Base
PIES/PASTRIES/SNACKS/SWEETS								
Pies & pastries*	3	<1	3	12	85	44	41	1133
Potato/corn crisps & snacks	1	<1	1	19	80	52	28	
Sweets/lollies/chocolates	1	<1	1	9	90	41	49	

* Savoury and sweet

6.1.5.2 How healthy certain foods and drinks are – by age of child

Beverages

The table alongside shows how healthy parents and caregivers thought different types of drinks were for each of the three children's age groups.

Parents and caregivers responses tended to be similar when analysed by the age of their child. The main differences that can be seen from the figures alongside are:

- Parents and caregivers talking about 13 to 16-year-olds were less likely to say that **diet carbonated drinks** were *unhealthy* and more likely to say that **fruit juice** and **flavoured milk** were *healthy* than parents and caregivers talking about younger children.
- Parents and caregivers talking about 5 to 7-year-olds were less likely to say that **full-fat milk** was *unhealthy* and slightly more likely to say that **other juice** was *unhealthy* than parents and caregivers talking about older children.
- Parents and caregivers talking about 13 to 16-year-olds were slightly more likely than parents and caregivers of younger children to say that **low-fat/soy milk** was *healthy*.

We would like to ask you how healthy these foods and drinks are:

	Parent/caregiver of child 5-7 years old			Parent/caregiver of child 8-12 years old			Parent/caregiver of child 13-16 years old		
	Healthy %	Neither healthy/unhealthy %	Unhealthy %	Healthy %	Neither Healthy/unhealthy %	Unhealthy %	Healthy %	Neither healthy/unhealthy %	Unhealthy %
BEVERAGES									
Tap water	96	3	1	95	3	2	93	5	2
Bottled water	93	5	2	90	8	2	89	10	1
Flavoured water	45	35	19	45	34	22	42	41	17
Diet carbonated drinks	2	11	87	2	13	85	3	19	79
Full-sugar carbonated drinks	1	3	97	1	5	94	1	4	96
Fruit juice	36	38	27	35	38	28	43	30	27
Other juice*	4	18	78	7	20	73	5	21	74
Low-fat/soy milk	89	10	1	86	10	4	94	5	2
Full-fat milk	77	19	4	77	14	9	72	18	10
Flavoured milk	18	36	46	22	33	46	25	31	44
Base		346			454			333	

* Other juice includes juice from concentrate, powder and cordials

Reader Note: *The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.*

Fruit and vegetables

The table alongside shows how healthy parents and caregivers thought different types of fruit and vegetables were for each of three age groups.

- Parents and caregivers talking about 5 to 7-year-olds were more likely than parents and caregivers talking about 8 to 12-year-olds and slightly more likely than parents and caregivers talking about 13 to 16-year-olds to say that **tinned or frozen fruit** was *healthy*.
- Parents and caregivers talking about 5 to 7-year-olds were less likely than parents and caregivers talking about older children to say that **taro, kumara or potatoes** were *neither healthy nor unhealthy*.
- Parents and caregivers talking about 8 to 12-year-olds were more likely than parents and caregivers talking about older children and slightly more likely than parents and caregivers talking about younger children to say that **fried potatoes** were *unhealthy*.

We would like to ask you how healthy these foods and drinks are:

	Parent/caregiver of child 5-7 years old			Parent/caregiver of child 8-12 years old			Parent/caregiver of child 13-16 years old		
	Healthy %	Neither healthy/unhealthy %	Unhealthy %	Healthy %	Neither Healthy/unhealthy %	Unhealthy %	Healthy %	Neither healthy/unhealthy %	Unhealthy %
FRUIT & VEGETABLES									
Fresh fruit	100	-	-	100	-	<1	100	<1	<1
Tinned/frozen fruit	64	29	7	56	35	9	60	31	9
Fresh vegetables	99	-	1	100	<1	<1	100	-	-
Tinned/frozen vegetables	88	11	1	88	11	1	87	12	1
Taro/kumara/potatoes*	95	4	1	93	7	1	90	9	1
Fried potatoes**	7	28	65	8	22	71	5	34	61
Base		346			454			333	

* Boiled or baked

** Hot potato or kumara chips, French Fries, wedges and hash browns

Reader Note: The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.

The table alongside shows how healthy parents and caregivers thought different types of meat and fish, and pies, pastries, snacks and sweets were for each of three age groups.

Meats and fish

- Parents and caregivers talking about 13 to 16-year-olds were less likely to say that **burgers and sausages** were *healthy* and slightly more likely to say that **fried chicken or nuggets** were *unhealthy* than parents and caregivers talking about younger children.

Pies, pastries, snacks and sweets

- Parents and caregivers talking about 8 to 12-years were slightly less likely than other parents and caregivers to say that **pies and pastries** were *unhealthy*.
- Parents and caregivers talking about 5 to 7-year-olds were slightly less likely than parents and caregivers talking about older children to say that **potato or corn crisps and snacks** were *unhealthy*.

We would like to ask you how healthy these foods and drinks are:

	Parent/caregiver of child 5-7 years old			Parent/caregiver of child 8-12 years old			Parent/caregiver of child 13-16 years old		
	Healthy %	Neither healthy/unhealthy %	Unhealthy %	Healthy %	Neither Healthy/unhealthy %	Unhealthy %	Healthy %	Neither healthy/unhealthy %	Unhealthy %
MEATS & FISH									
Burgers & sausages	27	46	27	27	40	33	20	40	40
Fried chicken or nuggets	5	14	81	3	14	83	3	10	87
Fried fish*	5	18	77	8	16	76	6	20	74
PIES/PASTRIES/SNACKS/SWEETS									
Pies & pastries**	2	12	86	6	12	82	2	11	87
Potato/corn crisps & snacks	2	22	76	1	19	80	1	15	84
Sweets/lollies/chocolates	1	9	90	2	10	89	2	7	91
Base		346			454			333	

* Including fish and chips

** Savoury and sweet

Reader Note: The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.

6.1.5.3 How healthy certain foods and drinks are – by ethnicity of parent/caregiver

Beverages

The table alongside shows how healthy parents and caregivers thought different types of drinks were by the ethnicity of parents and caregivers.

- Parents and caregivers of European/Other ethnicity were slightly more likely than other parents and caregivers to say that **tap water** was healthy.
- Asian parents and caregivers were less likely to say that **bottled water** was healthy and more likely to say that **flavoured milk** was healthy than parents and caregivers of other ethnicities.
- Pacific parents and caregivers were more likely than parents and caregivers of other ethnicities to say that **flavoured water** was healthy.
- Parents and caregivers of European/Other ethnicity were slightly more likely to say that **full-sugar carbonated drinks** were unhealthy than other parents and caregivers.
- Maori parents and caregivers were less likely than Pacific and European/Other parents and caregivers and, in particular, Asian parents and caregivers to say that **fruit juice** was healthy.
- Maori parents and caregivers and those of European/Other ethnicity were more likely than Pacific and Asian parents and caregivers to say that **other juice** was unhealthy.
- Maori parents and caregivers were less likely than European/Other and slightly less likely than Asian and Pacific parents and caregivers to say that **low fat/soy milk** was healthy.
- Parents and caregivers of European/Other ethnicity and Asian parents and caregivers were more likely to say that **full-fat milk** was healthy than Maori and Pacific parents and caregivers.

We would like to ask you how healthy these foods and drinks are:

	Maori			Pacific			Asian			Euro/Other		
	Healthy %	Neither healthy/unhealthy %	Un-healthy %	Healthy %	Neither Healthy/unhealthy %	Un-healthy %	Healthy %	Neither Healthy/unhealthy %	Un-healthy %	Healthy %	Neither healthy/unhealthy %	Un-healthy %
BEVERAGES												
Tap water	89	6	5	92	5	3	91	8	1	97	2	1
Bottled water	90	9	1	92	6	2	81	15	4	92	7	2
Flavoured water	41	37	21	63	25	12	37	38	25	44	37	19
Diet carbonated drinks	3	17	81	5	12	83	3	18	79	1	13	86
Full-sugar carbonated drinks	2	8	91	1	7	92	1	8	91	<1	2	98
Fruit juice	29	31	40	48	30	21	53	37	11	36	37	27
Other juice*	4	19	77	16	33	51	15	25	61	3	17	80
Low-fat/soy milk	84	15	2	88	10	3	91	7	1	97	7	3
Full-fat milk	66	25	9	62	22	16	75	19	6	80	14	6
Flavoured milk	15	31	54	23	39	38	47	34	19	19	33	49
Base		287			330			78			437	

* Other juice includes juice from concentrate, powder and cordials

Reader Note: The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.

Fruit and vegetables

The table alongside shows how healthy parents and caregivers thought different types of fruit and vegetables were by the ethnicity of parents and caregivers.

- Parents and caregivers of European/Other ethnicity and Pacific parents and caregivers were more likely than Maori and Asian parents and caregivers to say that **tinned or frozen fruit** and **tinned or frozen vegetables** were *healthy*.
- Asian parents and caregivers and those of European/Other ethnicity were more likely than Maori and Pacific parents and caregivers to say that **taro, kumara or potatoes** were *healthy*.
- Parents and caregivers of European/Other ethnicity were less likely than other parents and caregivers to say that **fried potatoes** were *healthy*.

We would like to ask you how healthy these foods and drinks are:

	Maori			Pacific			Asian			Euro/Other		
	Healthy %	Neither healthy/unhealthy %	Un-healthy %	Healthy %	Neither Healthy/unhealthy %	Un-healthy %	Healthy %	Neither Healthy/unhealthy %	Un-healthy %	Healthy %	Neither healthy/unhealthy %	Un-healthy %
FRUIT & VEGETABLES												
Fresh fruit	100	<1	<1	100	-	-	100	-	-	100	-	<1
Tinned/frozen fruit	42	42	16	63	28	9	32	46	23	69	27	4
Fresh vegetables	99	<1	1	100	-	1	100	-	-	100	-	-
Tinned/frozen vegetables	82	16	2	91	6	2	82	18	1	90	10	<1
Taro/kumara/potatoes*	87	11	2	85	12	3	94	6	1	95	5	<1
Fried potatoes**	8	25	68	11	21	68	10	25	66	5	30	65
Base	287			330			78			437		

* Boiled or baked

** Hot potato or kumara chips, French Fries, wedges and hash browns

Reader Note: The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.

The table alongside shows how healthy parents and caregivers thought different types of meat and fish, and pies, pastries, snacks and sweets were, by the ethnicity of parents and caregivers.

We would like to ask you how healthy these foods and drinks are:

Meats and fish

- Asian parents and caregivers were less likely than parents and caregivers of other ethnicities to say that **fried chicken or nuggets** and **fried fish** were *unhealthy*.
- Parents and caregivers of European/Other ethnicity were less likely than Maori and, in particular, Pacific and Asian parents and caregivers to say that **burgers and sausages** were *healthy*.

Pies, pastries, snacks and sweets

- Asian parents and caregivers were less likely than parents and caregivers of other ethnicities to say that **pies and pastries** and **sweets, lollies and chocolates** were *unhealthy*.
- Parents and caregivers of European/Other ethnicity were more likely than Maori, Pacific and, in particular, Asian parents and caregivers to say that **potato or corn crisps and snacks** were *unhealthy*.

	Maori			Pacific			Asian			Euro/Other		
	Healthy %	Neither healthy/unhealthy %	Un-healthy %	Healthy %	Neither Healthy/unhealthy %	Un-healthy %	Healthy %	Neither Healthy/unhealthy %	Un-healthy %	Healthy %	Neither healthy/unhealthy %	Un-healthy %
MEATS & FISH												
Burgers & sausages	28	38	34	42	34	25	37	41	22	20	44	36
Fried chicken or nuggets	3	12	84	6	14	81	15	32	53	2	9	89
Fried fish*	5	14	80	6	13	81	18	24	58	5	19	76
PIES/PASTRIES/ SNACKS/SWEETS												
Pies & pastries**	3	10	87	3	16	80	15	17	68	2	10	88
Potato/corn crisps & snacks	3	25	72	4	19	77	2	31	66	<1	15	85
Sweets/lollies/ chocolates	2	10	89	2	6	92	7	22	71	<1	7	93
Base		287			330			78			437	

* Including fish and chips

** Savoury and sweet

Reader Note: The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.

6.1.5.4 How healthy certain foods and drinks are – by deprivation index

Beverages

The table alongside shows how healthy parents and caregivers thought different types of drinks were by the deprivation index of the area that parents and caregivers lived in.

- Parents and caregivers living in the most deprived areas were slightly less likely than those living in less deprived areas (low and mid) to say that **tap water** and **full-fat milk** were *healthy*.
- Parents and caregivers living in the most deprived areas were less likely than those living in areas of mid-deprivation and, in particular, those living in the least deprived areas to say that **other juice** was *unhealthy*.
- Parents and caregivers living in the least deprived areas were less likely than those living in the most deprived areas to say that **flavoured milk** was *healthy*.
- Parents and caregivers living in the least deprived areas were less likely than those living in more deprived areas (mid and high) to say that **flavoured water** was *healthy*.
- Parents and caregivers living in areas of mid-deprivation were less likely than those living in the most deprived areas, and slightly less likely than those living in the least deprived areas, to say that **fruit juice** was *healthy*.

We would like to ask you how healthy these foods and drinks are:

	Deprivation Index 1-3			Deprivation Index 4-7			Deprivation Index 8-10		
	Healthy %	Neither healthy/unhealthy %	Unhealthy %	Healthy %	Neither healthy/unhealthy %	Unhealthy %	Healthy %	Neither healthy/unhealthy %	Unhealthy %
BEVERAGES									
Tap water	96	4	<1	97	1	2	91	6	4
Bottled water	91	7	2	90	10	1	90	8	3
Flavoured water	36	40	24	47	33	19	51	35	13
Diet carbonated drinks	2	14	84	1	14	85	3	15	83
Full-sugar carbonated drinks	-	3	97	-	4	96	2	5	93
Fruit juice	38	38	25	34	38	27	41	30	29
Other juice*	2	15	83	6	21	72	9	24	67
Low-fat/soy milk	90	7	3	91	8	2	87	11	2
Full-fat milk	79	14	7	76	18	6	70	19	10
Flavoured milk	18	35	47	21	35	45	27	30	43
Base		228			199			706	

* Other juice includes juice from concentrate, powder and cordials

Reader Note: *The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.*

Fruit and vegetables

The table alongside shows how healthy parents and caregivers thought different types of fruit and vegetables were by the deprivation index of the area that parents and caregivers lived in.

- Parents and caregivers living in the least deprived areas were more likely to say that **tinned or frozen fruit** was *healthy* and slightly more likely to say that **taro, kumara or potatoes** were *healthy* than parents and caregivers living in more deprived areas.
- Parents and caregivers living in the most deprived areas were slightly less likely than those living in less deprived areas (low and mid) to say that **tinned or frozen vegetables** were *healthy*.
- Parents and caregivers living in areas of mid-deprivation were slightly less likely than those living in other areas of deprivation to say that **fried potatoes** were *unhealthy*.

We would like to ask you how healthy these foods and drinks are:

	Deprivation Index 1-3			Deprivation Index 4-7			Deprivation Index 8-10		
	Healthy %	Neither healthy/unhealthy %	Unhealthy %	Healthy %	Neither healthy/unhealthy %	Unhealthy %	Healthy %	Neither healthy/unhealthy %	Unhealthy %
FRUIT & VEGETABLES									
Fresh fruit	100	-	-	100	-	-	100	<1	<1
Tinned/frozen fruit	67	28	6	58	33	8	52	36	12
Fresh vegetables	100	-	-	100	-	<1	99	<1	<1
Tinned/frozen vegetables	89	11	-	89	11	<1	85	13	2
Taro/kumara/potatoes*	95	4	1	91	8	<1	90	8	2
Fried potatoes**	6	27	67	6	32	63	8	24	68
Base		228			199			706	

* Boiled or baked

** Hot potato or kumara chips, French Fries, wedges and hash browns

Reader Note: The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.

The table alongside shows how healthy parents and caregivers thought different types of meats and fish, and pies, pastries, snacks and sweets were by the deprivation index of the area that parents and caregivers lived in.

Meats and fish

- Parents and caregivers living in the most deprived areas were more likely to say that **burgers and sausages** were *healthy* than those living in less deprived areas (low and mid).
- Parents and caregivers living in the least deprived areas were slightly less likely than those living in more deprived areas (mid and high) to say that **fried fish** was *unhealthy*.

Pies, pastries, snacks and sweets

- Parents and caregivers living in areas of mid-deprivation were slightly more likely than those living in other areas of deprivation to say that **pies and pastries** were *unhealthy*.

We would like to ask you how healthy these foods and drinks are:

	Deprivation Index 1-3			Deprivation Index 4-7			Deprivation Index 8-10		
	Healthy %	Neither healthy/unhealthy %	Unhealthy %	Healthy %	Neither healthy/unhealthy %	Unhealthy %	Healthy %	Neither healthy/unhealthy %	Unhealthy %
MEATS & FISH									
Burgers & sausages	19	44	36	24	43	33	32	37	31
Fried chicken or nuggets	4	11	85	2	15	83	6	12	83
Fried fish*	8	18	74	2	21	77	9	15	77
PIES/PASTRIES/SNACKS/SWEETS									
Pies & pastries**	5	12	83	1	9	90	4	14	83
Potato/corn crisps & snacks	1	16	83	1	20	79	3	20	77
Sweets/lollies/chocolates	1	10	89	<1	7	93	4	8	88
Base		228			199			706	

* Including fish and chips

** Savoury and sweet

Reader Note: The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.

6.2 Parents and caregivers' concerns about their children's weight

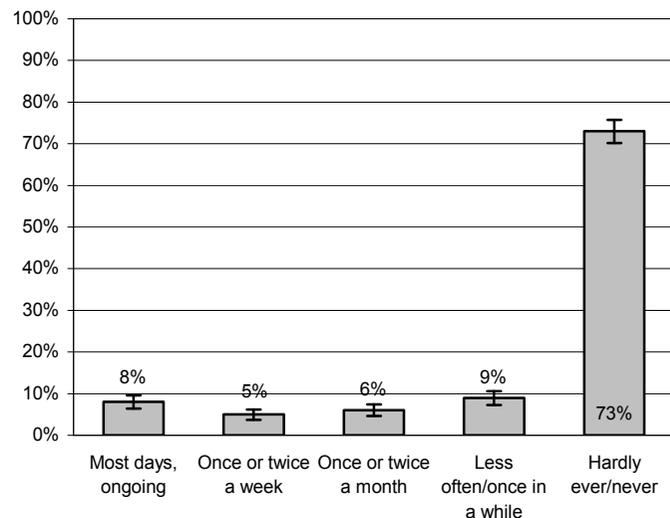
Parents and caregivers were asked whether they were concerned about their children's weight.

6.2.1 Frequency of worrying about children gaining more weight or weighing more than is best for them

Parents and caregivers were asked how often they worried that their child was gaining more weight or weighed more than was best for her/him. The chart alongside and the table on the following page show their answers.

- Almost three-quarters (73%) of parents and caregivers said they were concerned about their child gaining more weight *hardly ever or never*. Almost one in ten (9%) said they worried *less often* than once or twice a month, while 8% said they worried *most days* that their child was gaining more weight than was best for her/him. Six percent (6%) said this happened *once or twice a month*, and 5% said *once or twice a week*.

How often do you worry that [nominated child] is gaining more weight or weighs more than is best for her/him?



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers aged 35 to 44 years were less likely to say they worried about their child gaining more weight *once or twice a month* and more likely to say that they worried *hardly ever/never* than parents and caregivers aged 45 years and over.
- Parents and caregivers talking about 5 to 7-year-olds were less likely to say they were concerned *less often* than once or twice a month and more likely to say they were worried *hardly ever/never* than parents and caregivers of older children.
- Parents and caregivers living in urban areas were more likely than those living in rural areas to say that they were worried about their child gaining more weight than is best for her/him *most days* and less likely to be worried *hardly ever/never*.
- Pacific parents and caregivers were more likely than parents and caregivers of other ethnicities to say that they were concerned about their child gaining more weight *most days*. Parents and caregivers of European/Other ethnicity were more likely than Pacific and Asian parents and caregivers to say that they were worried about their child gaining more weight *hardly ever/never*.
- Parents and caregivers living in *other households* and *extended families* were more likely than those living in *1-parent* and *2-parent families* to say that they worried *most days*.

How often do you worry that [nominated child] is gaining more weight or weighs more than is best for her/him?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Most days, ongoing	6	8	7	7	9	3	9	11	9	4	8
Once or twice a week	7	4	6	4	4	3	5	6	5	1	5
Once or twice a month	6	6	7	4	8	4	5	8	6	5	6
Less often/once in a while	5	10	10	8	10	5	12	10	9	10	9
Hardly ever/never	76	73	70	77	68	85	70	65	71	80	73
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Most days, ongoing	8	24	14	5	8	7	14	16	8
Once or twice a week	5	8	6	4	7	4	6	-	5
Once or twice a month	6	7	7	5	7	6	4	8	6
Less often/once in a while	11	10	11	8	7	10	11	7	9
Hardly ever/never	70	51	62	78	72	74	67	69	73
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers with an annual household income of \$40-60,000 were less likely than those with an annual household income of less than \$40,000 to say that they were concerned about their child gaining more weight *most days*. Those with an annual household income of less than \$20,000 were less likely to say that they were worried *less often/once in a while* than parents and caregivers living in households with an annual income between \$40-60,000.
- Parents and caregivers living in the most deprived areas were more likely than those living in less deprived areas (low and mid deprivation) to say that they were concerned *most days*.

How often do you worry that [nominated child] is gaining more weight or weighs more than is best for her/him?

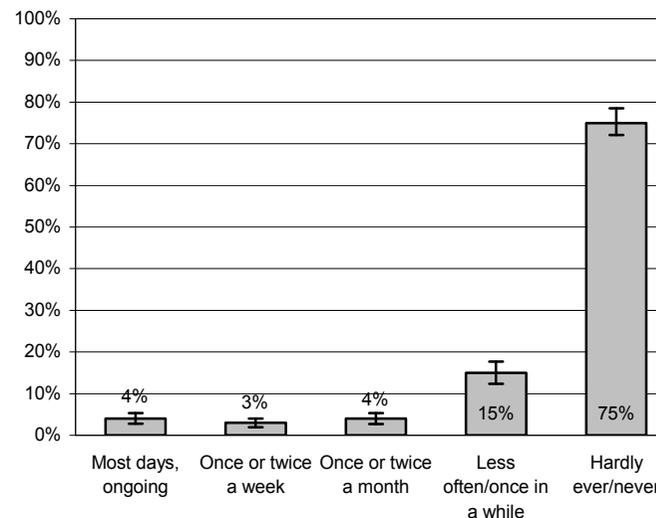
	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Most days, ongoing	12	10	5	7	5	6	14	8
Once or twice a week	4	5	6	4	4	6	4	5
Once or twice a month	7	8	5	5	5	8	5	6
Less often/once in a while	6	9	11	10	10	7	9	9
Hardly ever/never	71	68	73	75	76	74	68	73
Base	180	322	224	368	228	199	706	1133

6.2.2 Frequency of worrying about children gaining less weight or weighing less than is best for them

Parents and caregivers who were **not** worried about their children gaining weight or weighing more than was best for her/him were asked if they worried about their child gaining less weight or weighing less than was best for her/him. The chart alongside and the tables on the following pages show their answers.

- Three-quarters (75%) of parents and caregivers who were asked this question said that they were concerned about their child gaining less weight than was best for her/him *hardly ever/never*. Almost one-sixth (15%) of these parents and caregivers said this happened *less often* than once or twice a month. Few of these parents and caregivers said they worried that their child gained less weight than is best for her/him: *most days* (4%); *once or twice a month* (4%); and *once or twice a week* (3%).

How often do you worry that [nominated child] is gaining less weight or weighs less than is best for her/him?



Unweighted base = 858 – all parents/caregivers who said they worried about their children gaining more weight or weighing more than is best for her/him less than once or twice a month or hardly ever/never

- Male parents and caregivers were more likely than female parents and caregivers to say that they worried about their child gaining less weight or weighing less than is best for them *once or twice a week*.
- Parents and caregivers of 13 to 16-year-olds were slightly less likely than those of 8 to 12-year-olds to say they were concerned *less often* than once or twice a month about their child gaining less weight or weighing less than is best for them.
- Pacific and Asian parents and caregivers were more likely to say that they were worried about this *once or twice a week*, and less likely to say that they were worried *hardly ever/never*, than Maori parents and caregivers and those of and European/Other ethnicity.

How often do you worry that [nominated child] is gaining less weight or weighs less than is best for her/him?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Most days, ongoing	3	4	6	3	4	3	4	4	4	4	4
Once or twice a week	6	2	4	3	1	2	3	4	3	1	3
Once or twice a month	5	4	5	4	4	4	4	5	5	3	4
Less often/once in a while	13	15	13	15	16	14	17	13	15	15	15
Hardly ever/never	73	75	73	76	75	77	73	75	74	76	75
Base	109	727	259	376	218	290	344	224	681	177	858

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Most days, ongoing	4	6	9	3	4	3	9	8	4
Once or twice a week	1	6	10	2	3	3	5	-	3
Once or twice a month	6	6	2	4	6	4	5	3	4
Less often/once in a while	15	15	16	14	18	15	11	7	15
Hardly ever/never	74	66	64	77	70	76	70	82	75
Base	231	193	57	377	190	501	106	61	858

- Parents and caregivers with an annual household income less than \$20,000 were less likely to say that they were concerned about their child gaining less weight, or weighing less, than was best for her/him *less often* than once or twice a month, compared with parents and caregivers with an annual household income higher than \$20,000.
- Parents and caregivers living in the most deprived areas were more likely than those living in less deprived areas to say that they were concerned about this *most days*.

How often do you worry that [nominated child] is gaining less weight or weighs less than is best for her/him?

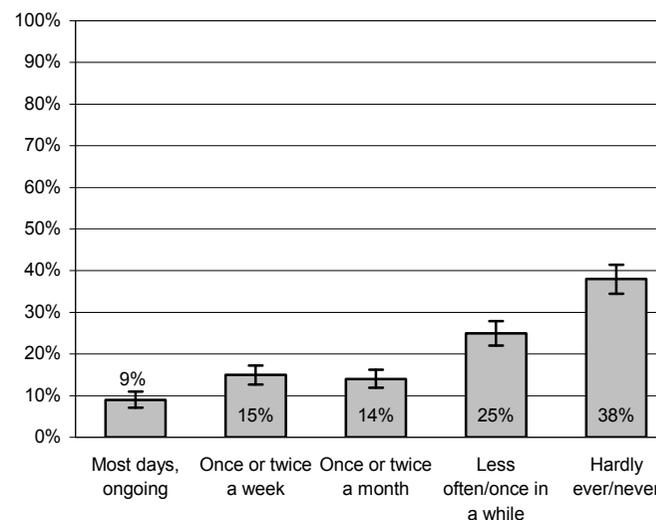
	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Most days, ongoing	6	6	4	2	2	3	7	4
Once or twice a week	2	3	4	3	2	2	5	3
Once or twice a month	5	4	3	5	4	5	4	4
Less often/once in a while	10	17	14	14	16	14	13	15
Hardly ever/never	78	70	75	76	76	76	71	75
Base	131	233	176	290	194	161	503	858

6.2.3 Frequency of worrying about children having too much of the unhealthy kinds of foods and drinks

Parents and caregivers were asked how often they worried that their child was having too much of the unhealthy kinds of foods and drinks. The chart alongside and the tables on the following pages show their answers.

Almost two-fifths (38%) of parents and caregivers said that they were concerned about their child eating or drinking too much of the unhealthy kinds of foods and drinks *hardly ever/never*, while one-quarter (25%) said they worried about this *less often* than once or twice a month. Almost one-sixth (15%) of parents and caregivers said they worried *once or twice a week* and a similar proportion (14%) said they worried *once or twice a month*. Around one in ten (9%) parents and caregivers said that they worried about their child having too much of the unhealthy kinds of foods and drinks *most days*.

How often do you worry that [nominated child] is having too much of the unhealthy kinds of foods and drinks?



Unweighted base = 1133 – all parents/caregivers

- Males parents and caregivers were more likely to say that they were worried that their child ate or drank too much of the unhealthy kinds of foods and drinks *hardly ever/never*, and less likely to say they were worried *once in a while*, than females parents and caregivers.
- Parents and caregivers aged 15 to 34 years were less likely than those in the two older age groups to say that they were worried *less often* than once or twice a month.
- Parents and caregivers talking about 13 to 16-year-olds were more likely to say that they worried about their child having too much of the unhealthy foods and drinks *most days*, and less likely to be worried *hardly ever/never*, than parents and caregivers of younger children.
- Pacific parents and caregivers were more likely than other parents and caregivers to say they worried about this *most days*.

Pacific parents and caregivers were less likely than other parents and caregivers to say that they worried about their child gaining more weight *hardly ever/never*.

- Parents and caregivers living in *1-parent families* and *2-parent families* were less likely than those living in *extended families* and *other households* to say that they were worried that their child ate and drank too much of the unhealthy kinds of foods and drinks *most days*. Those living in *1-parent families* were more likely than other parents and caregivers to say they were concerned *hardly ever/never*.

How often do you worry that [nominated child] is having too much of the unhealthy kinds of foods and drinks?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Most days, ongoing	13	9	12	7	11	8	8	13	10	9	9
Once or twice a week	12	16	15	17	12	12	17	16	16	13	15
Once or twice a month	11	14	15	14	12	11	14	16	14	11	14
Less often/once in a while	18	26	20	26	26	31	20	24	24	28	25
Hardly ever/never	47	36	37	37	39	39	41	32	37	40	38
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Most days, ongoing	10	30	16	5	5	9	21	16	9
Once or twice a week	17	20	11	14	17	15	10	11	15
Once or twice a month	15	14	15	13	13	13	18	14	14
Less often/once in a while	19	14	23	28	20	26	23	25	25
Hardly ever/never	39	21	35	40	44	36	29	35	38
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers with an annual household income of \$20-40,000 were more likely than other parents and caregivers to say that they were worried about their child having too much of the unhealthy foods and drinks *most days*. Those with an annual household income of less than \$40,000 were less likely than those with an annual household income of over \$40,000 to say that they were worried about this *less often* than once or twice a month.
- Parents and caregivers living in the most deprived areas were more likely to say they were concerned about their children having too much of the unhealthy kinds of foods and drinks *most days* than those living in less deprived areas (low and mid deprivation). Those living in the least deprived areas were more likely to say they were worried *less often* than once or twice a month than those from more deprived areas (mid and high).

How often do you worry that [nominated child] is having too much of the unhealthy kinds of foods and drinks?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Most days, ongoing	9	14	8	8	7	6	16	9
Once or twice a week	13	17	14	15	13	18	16	15
Once or twice a month	17	11	16	13	12	17	12	14
Less often/once in a while	20	21	25	28	30	23	20	25
Hardly ever/never	42	39	37	36	39	37	36	38
Base	180	322	224	368	228	199	706	1133

7. THE ROLE OF PARENTS/ CAREGIVERS AND OTHERS IN HEALTHY EATING FOR CHILDREN

Parents and caregivers were asked how big or small a role they thought that parents and caregivers and others should have in ensuring that children eat and drink healthily. Their responses are shown in the tables following.

7.1 Extent to which parents and caregivers think they and others should play a role in children eating and drinking healthily – overall

Parents and caregivers were most likely to single themselves out as the group that should play a "big role" in making sure that children eat and drink healthily. Almost all (99%) parents and caregivers said they should play a big role, with 91% saying this should be a *very big role*.

Parents and caregivers also thought that food manufacturers should have a "big role" to play, with 81% thinking this and 40% saying it should be a *very big role*.

Parents and caregivers thought that schools (76%) and GPs and other health professionals (75%) should have a "big role" to play, with over one-third (35% for each of these groups) saying this should be a *very big role*.

Around seven out of ten (71%) parents and caregivers thought that broadcasters should have a "big role" to play, although more parents and caregivers thought this should be a *big role* (43%) than a *very big role* (28%).

Around six out of ten parents and caregivers thought that Government (63%), the whole community (64%), social and welfare agencies (59%), supermarkets and dairies (58%), and sports clubs or organisations (58%) should have a "big role" to play.

How big or small a role do you think that each of these groups should have, to bring about healthy eating and drinking by children?

	A big role %	A very big role %	A big role %	Not big but not small either %	A small role %	A small role %	A very small role %	None/should not be involved in this %	Don't know %
Parents and caregivers	99	91	7	1	<1	<1	<1	-	<1
Schools	76	35	41	17	6	5	1	1	<1
Food manufacturers	81	40	40	13	5	4	1	1	<1
Government	63	28	36	22	10	6	3	5	<1
GPs and other health professionals	75	35	40	18	6	5	1	<1	1
The whole community	64	25	39	23	10	7	3	2	1
Supermarkets and dairies	58	20	38	22	17	12	5	3	1
Broadcasters (TV/radio)	71	28	43	15	11	9	2	3	<1
Places that sell fast food/takeaway food	50	21	29	24	19	14	5	7	1
Restaurants where people eat on the premises	48	16	32	26	22	16	6	5	<1
Sports clubs or organisations	58	20	38	24	15	10	4	3	<1
Social and welfare agencies	59	23	37	22	13	9	4	5	1
Churches	33	11	22	25	28	18	10	13	1
Base	1133								

Fewer parents and caregivers thought that this should be a "big role" for churches (33%), restaurants (48%) and fast food and takeaway outlets (50%).

Most parents and caregivers who did not think these types of organisations should have a "big role" to play did not have a view either way (saying *not big but not small either*), rather than thinking that the role of these types of organisations should be a "small one" or that they should not have a role (*none/should not be involved in this*). The only exception to this were the views about churches, with 28% of parents and caregivers saying churches should have a "small role" and 13% saying they should not be involved.

7.2 Extent to which parents and caregivers think they and others should play a role in children eating and drinking healthily – by age of child

The table alongside shows the views of parents and caregivers about the extent to which they and other organisations and agencies should play a role in making sure that children eat and drink healthily for each of the three children's age groups. The responses show that parents and caregivers' talking about children of different ages had very similar views about the role they and others should play. The only differences in parents and caregivers' views were:

- Parents and caregivers talking about 5 to 7-year-olds were slightly more likely than parents and caregivers talking about older children to say that *restaurants where people eat on the premises* should play a "big role" in making sure that children eat and drink healthily.
- Parents and caregivers talking about 8 to 12-year-olds were slightly less likely than other parents and caregivers to say that *food manufacturers, supermarkets and dairies, and sports clubs or organisations* should have a "big role".
- Parents and caregivers talking about 13 to 16-year-olds were slightly less likely than parents and caregivers talking about younger children to say that *the whole community and broadcasters (TV/radio)* should have a "big role".

How big or small a role do you think that each of these groups should have, to bring about healthy eating and drinking by children?

	Parent/caregiver of child 5-7 years old					Parent/caregiver of child 8-12 years old					Parent/caregiver of child 13-16 years old				
	A big role %	Not big but not small either %	A small role %	None/should not be involved in this %	Don't know %	A big role %	Not big but not small either %	A small role %	None/should not be involved in this %	Don't know %	A big role %	Not big but not small either %	A small role %	None/should not be involved in this %	Don't know %
Parents and caregivers	99	<1	<1	-	1	99	1	<1	-	<1	98	1	1	-	<1
Schools	76	18	4	2	1	78	16	6	1	<1	74	17	7	2	<1
Food manufacturers	82	13	5	<1	1	78	15	5	2	<1	83	11	6	1	<1
Government	63	22	9	5	1	66	22	9	3	<1	61	21	11	7	<1
GPs and other health professionals	73	21	5	1	1	77	15	7	1	<1	75	18	6	<1	1
The whole community	67	19	11	2	1	65	24	8	2	1	59	25	12	3	1
Supermarkets and dairies	59	20	18	1	1	55	22	20	4	1	60	25	11	4	<1
Broadcasters (TV/radio)	72	16	10	2	1	73	14	11	2	<1	67	17	12	4	<1
Places that sell fast food/ takeaway food	48	26	20	5	1	50	22	20	7	1	51	24	17	8	<1
Restaurants where people eat on the premises	51	26	18	5	1	48	23	25	4	<1	46	29	21	5	<1
Sports clubs or organisations	62	25	11	2	1	55	24	17	4	<1	59	23	15	3	<1
Social and welfare agencies	62	21	11	5	1	58	21	15	5	1	58	23	13	5	1
Churches	33	28	27	11	1	35	24	27	12	2	31	24	28	16	<1
Base	346					454					333				

Reader Note: The categories "a very big role" and "a big role" are combined in this table, as are the categories "a small role" and "a very small role". The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.

7.3 Extent to which parents and caregivers think they and others should play a role in children eating and drinking healthily – by ethnicity of parents and caregivers

The table on the next page shows the views of parents and caregivers about the extent to which they and other organisations and agencies should play a role in making sure that children eat and drink healthily by the ethnicity of parents and caregivers. The main differences in the views of parents and caregivers of different ethnicities were:

- Parents and caregivers of European/Other ethnicity were less likely than other parents and caregivers to say that *schools, Government, GPs and other health professionals, the whole community, places that sell fast food/takeaway food, sports clubs or organisations, and churches* should have a "big role" in making sure that children eat and drink healthily.
- Maori parents and caregivers were more likely than parents and caregivers of other ethnicities to say that *food manufacturers* should have a "big role".
- Asian parents and caregivers were more likely to say that *broadcasters (TV/radio)* should have a "big role" and less likely to say that *social and welfare agencies* should have a "big role" than parents and caregivers of other ethnicities.
- Maori and Pacific parents and caregivers were more likely than Asian parents and caregivers and those of European/Other ethnicity to say that *supermarkets and dairies* should have a "big role".
- Pacific and Asian parents and caregivers were more likely than Maori parents and caregivers and, in particular, those of European/other ethnicity to say that *restaurants where people ate on the premises* should have a "big role".

How big or small a role do you think that each of these groups should have, to bring about healthy eating and drinking by children?

	Maori					Pacific					Asian					Euro/Other				
	A big role %	Not big but not small either %	A small role %	None/should not be involved in this %	Don't know %	A big role %	Not big but not small either %	A small role %	None/should not be involved in this %	Don't know %	A big role %	Not big but not small either %	A small role %	None/should not be involved in this %	Don't know %	A big role %	Not big but not small either %	A small role %	None/should not be involved in this %	Don't know %
Parents and caregivers	99	1	1	-	-	97	2	1	-	1	97	1	-	-	2	99	1	<1	-	-
Schools	83	12	3	3	-	86	7	6	1	1	87	11	1	-	2	71	20	8	1	-
Food manufacturers	87	9	3	1	<1	78	12	7	2	1	83	14	1	1	2	79	14	6	1	-
Government	76	14	5	4	<1	77	14	5	3	1	75	19	3	1	2	56	25	13	6	-
GPs and other health professionals	82	13	4	1	1	87	6	6	-	1	83	9	7	-	2	70	23	7	<1	<1
The whole community	74	15	8	3	1	79	14	5	<1	1	77	18	3	-	2	57	27	13	3	1
Supermarkets and dairies	67	21	10	2	<1	66	16	11	5	1	59	20	17	2	3	54	24	19	3	-
Broadcasters (TV/radio)	75	14	9	2	-	74	15	8	2	1	84	5	9	1	2	67	17	13	3	-
Places that sell fast food/takeaway food	58	22	16	4	<1	61	14	16	8	1	62	19	12	4	3	44	27	21	7	<1
Restaurants where people eat on the premises	56	22	20	3	<1	61	17	18	4	1	63	16	18	1	2	41	29	23	6	-
Sports clubs or organisations	66	19	11	4	<1	70	19	7	2	1	66	21	11	1	2	53	26	17	3	-
Social and welfare agencies	62	20	12	6	1	62	21	12	3	1	48	31	15	3	3	60	21	14	5	1
Churches	41	25	23	12	<1	63	21	12	3	1	51	23	15	9	2	24	27	33	15	1
	287					330					78					437				

Reader Note: The categories "a very big role" and "a big role" are combined in this table, as are the categories "a small role" and "a very small role". The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.

7.4 Extent to which parents and caregivers think they and others should play a role in children eating and drinking healthily – by deprivation index

The table alongside shows the views of parents and caregivers about the extent to which they and other organisations and agencies should play a role in making sure that children eat and drink healthily by the deprivation index of the area they live in. The main differences in the views of parents and caregivers living in these different areas were:

- Parents and caregivers living in the most deprived areas were more likely than those living in the least deprived areas, and slightly more likely than those living in areas of mid-deprivation, to say that *schools*, *Government*, and *churches* should have a "big role" in making sure that children eat and drink healthily.
- Parents and caregivers living in the most deprived areas were slightly more likely than those living in less deprived areas (low and mid deprivation) to say that *supermarkets and dairies* should have a "big role".
- Parents and caregivers living in the least deprived areas were less likely to say that *restaurants where people eat on the premises* and *sports clubs or organisations* should have a "big role", and slightly less likely to say that *GPs and other health professionals*, *the whole community*, and *places that sell fast food/takeaway food* should have a "big role", than other parents and caregivers.
- Parents and caregivers living in areas of mid-deprivation were slightly more likely than other parents and caregivers to say that *food manufacturers* should have a "big role".

How big or small a role do you think that each of these groups should have, to bring about healthy eating and drinking by children?

	Deprivation Index 1-3					Deprivation Index 4-7					Deprivation Index 8-10				
	A big role %	Not big but not small either %	A small role %	None/should not be involved in this %	Don't know %	A big role %	Not big but not small either %	A small role %	None/should not be involved in this %	Don't know %	A big role %	Not big but not small either %	A small role %	None/should not be involved in this %	Don't know %
Parents and caregivers	100	-	-	-	1	99	1	-	-	-	97	2	1	-	<1
Schools	70	22	5	2	1	76	16	8	1	-	84	11	5	1	<1
Food manufacturers	80	12	6	1	1	84	12	3	1	-	78	14	6	1	1
Government	58	25	12	5	1	62	23	9	7	-	72	16	8	3	1
GPs and other health professionals	71	20	7	<1	1	76	19	5	1	-	78	14	6	<1	1
The whole community	59	25	11	3	2	66	23	9	2	<1	68	20	10	2	1
Supermarkets and dairies	56	22	20	2	1	56	23	16	4	1	61	22	13	4	1
Broadcasters (TV/radio)	68	18	11	3	1	71	15	12	2	-	73	13	12	2	<1
Places that sell fast food/takeaway food	47	25	21	7	1	51	24	19	5	1	53	23	16	8	1
Restaurants where people eat on the premises	43	29	22	5	1	48	24	25	3	-	54	23	18	5	1
Sports clubs or organisations	54	25	19	2	1	62	23	12	3	-	61	22	12	3	1
Social and welfare agencies	59	24	13	4	1	58	21	16	6	1	61	20	12	6	2
Churches	23	27	35	14	1	32	28	25	15	-	47	21	21	9	2
Base			346					454					333		

Reader Note: The categories "a very big role" and "a big role" are combined in this table, as are the categories "a small role" and "a very small role". The text describes some of the more notable differences in parents and caregivers' responses, rather than all of the differences.

8. AWARENESS AND VIEWS OF ADVERTISING AND PROMOTION

8.1 Awareness of advertising for parents and caregivers about ways they can help children eat and drink healthily

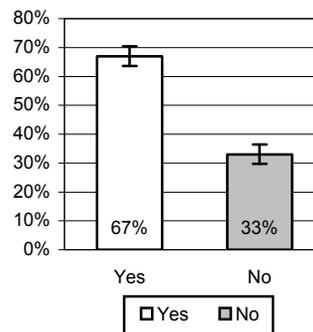
8.1.1 Whether parents and caregivers have seen or heard any type of advertising in the last 3 months

Parents and caregivers were asked whether, in the last three months, they had seen or heard any advertising, or noticed any leaflets or posters, that explained ways that they can help their children eat and drink healthily. The charts alongside and the tables following show their answers.

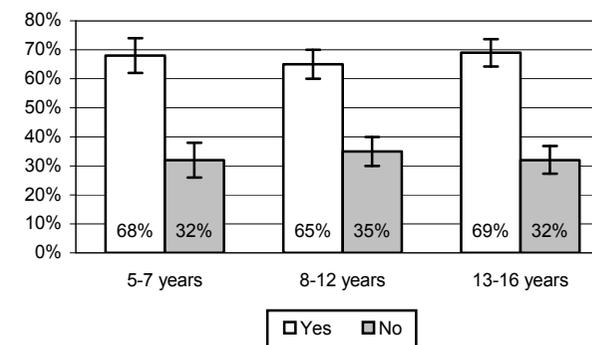
- Over two-thirds (67%) of parents and caregivers said that, in the last three months, they had seen or heard some advertising, or noticed leaflets or posters, that explained ways they can help their children eat and drink healthily. One-third (33%) said that they hadn't seen any advertisements of this type.
- There was little variation in the answers to this question by parents and caregivers talking about children in the three different age groups.
- Similarly, there was little variation in the responses of parents and caregivers living in areas with different levels of deprivation.

In the last three months, have you seen or heard any advertising, or noticed any leaflets or posters that explain to parents or caregivers ways they can help their children eat and drink healthily?

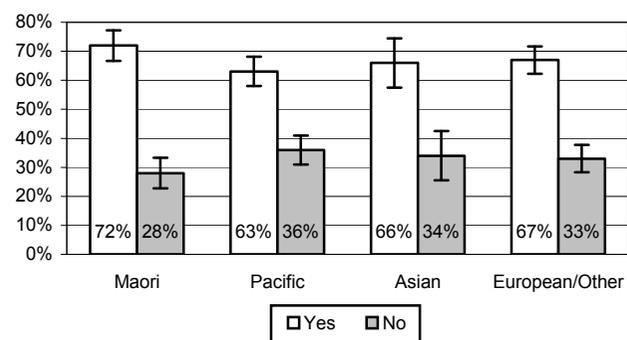
All parents/caregivers



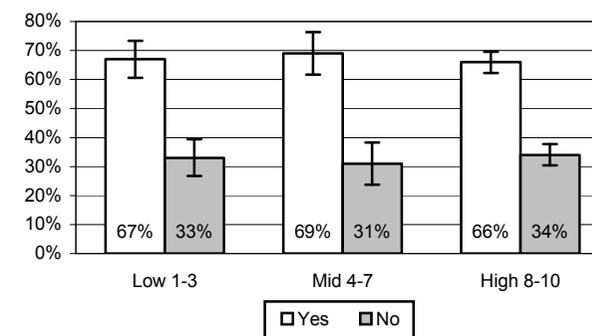
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Maori parents and caregivers (72%) were more likely than Pacific parents and caregivers (63%), and slightly more likely than Asian parents and caregivers (66%) and those of European/Other ethnicity (67%), to say that they had seen this type of advertising in the last three months.
- Female parents and caregivers were more likely than male parents and caregivers to say that they had seen or heard some advertising in the last three months that explained ways that they could help their children eat and drink healthily.
- Parents and caregivers living in rural areas were slightly more likely than those living in urban areas to say that they had seen or heard this type of advertising in the last three months.
- Parents and caregivers living in *other households* were more likely than those living in *extended families*, and slightly more likely than those living in *2-parent families*, to say that they had seen or heard this type of advertising in the last three months.
- Parents and caregivers whose annual household income was between \$40,000 and \$60,000 were slightly more likely than other parents and caregivers to say yes, they had seen or heard this type of advertising in the last three months.

In the last three months, have you seen or heard any advertising, or noticed any leaflets or posters that explain to parents or caregivers ways they can help their children eat and drink healthily?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	57	69	64	69	67	68	65	69	66	73	67
No	43	31	36	31	33	32	35	32	34	27	33
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	72	63	66	67	71	66	64	74	67
No	28	36	34	33	29	34	36	26	33
Base	287	330	78	437	253	645	156	79	1133

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	64	68	73	65	67	69	66	67
No	36	32	27	35	33	31	34	33
Base	180	322	224	368	228	199	706	1133

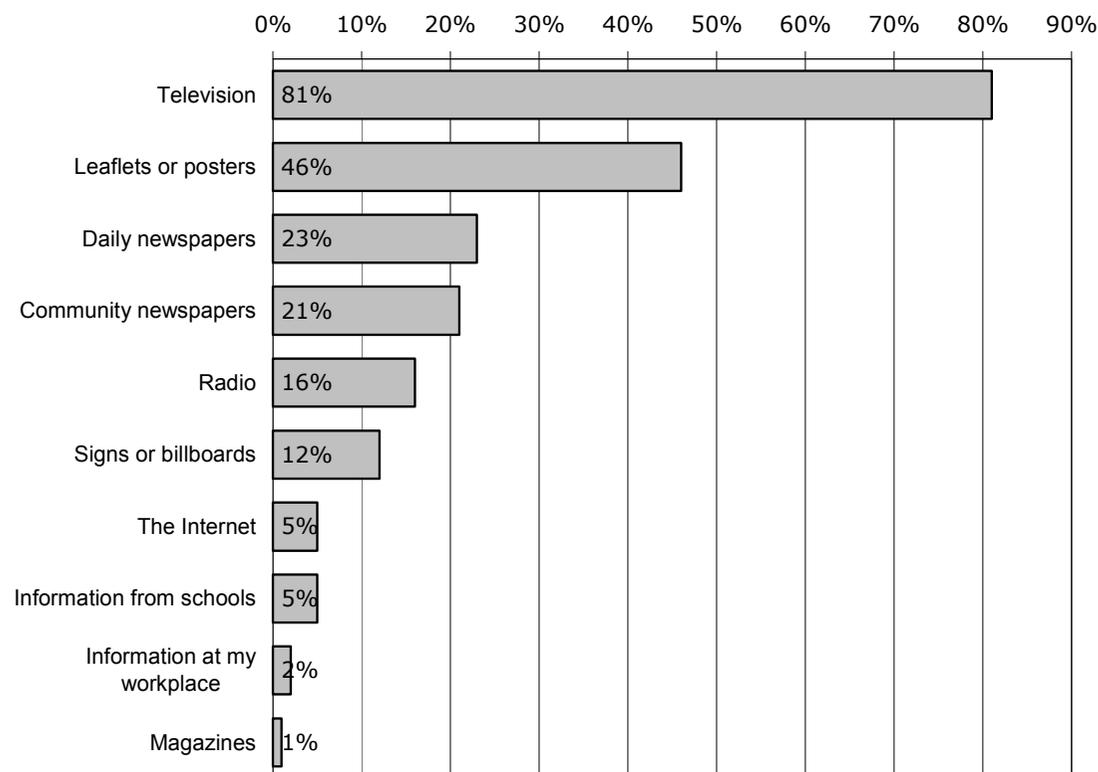
Note: "Don't know" responses are not shown in tables where the figures are <1%.

8.1.2 Types of advertising/information seen

Parents and caregivers were asked what types of advertising or information they had seen. The chart alongside shows the top ten types mentioned.

- Just over four-fifths (81%) of parents and caregivers mentioned *television*, while just under one-half (46%) mentioned *leaflets or posters*. Just under one-quarter (23%) mentioned *daily newspapers* and around one-fifth (21%) mentioned *community newspapers*.
- Parents and caregivers talking about children in the two younger age groups were more likely than parents and caregivers talking about 13 to 16-year-olds to mention *leaflets or posters*, *radio*, *signs or billboards*, and *information from schools*. Parents and caregivers talking about children in the two older age groups were more likely than parents and caregivers talking about 5 to 7-year-olds to mention *the Internet*. Parents and caregivers of 8 to 12-year-olds were more likely to mention *daily newspapers* than other parents and caregivers.
- Pacific parents and caregivers were more likely to mention *daily newspapers*, *community newspapers*, and *radio* than parents and caregivers of other ethnicities. Maori parents and caregivers were more likely than other parents and caregivers to mention *signs or billboards*, and *leaflets or posters*, while Asian parents and caregivers were more likely to mention *the Internet* than other parents and caregivers.

What types of advertising/information have you seen? ... Top 10 mentions



- Parents and caregivers living in areas of mid-deprivation were more likely than those in the least deprived areas to mention *television*. Parents and caregivers living in the most deprived areas were slightly more likely than those in the least deprived areas to mention *television*.

Parents and caregivers living in areas of mid-deprivation were less likely than parents and caregivers in other areas to mention *leaflets or posters*.

Parents and caregivers in the most deprived areas were more likely than those in less deprived areas (low and mid) to mention *community newspapers* and *information from schools*. Parents and caregivers in the more deprived areas (mid and high) were more likely to mention *signs or billboards* than those in the least deprived areas.

What types of advertising/information have you seen? ... Top 10 mentions

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Television	77	80	86	78	89	76	81	75	86	83	81
Leaflets or posters	49	49	38	56	40	30	46	51	38	47	46
Daily newspapers	19	29	19	23	28	22	22	27	17	23	23
Community newspapers	19	24	21	19	32	19	21	19	20	26	21
Radio	19	18	12	16	36	16	14	16	15	17	16
Signs or billboards	11	16	8	19	11	12	10	8	14	14	12
The Internet	3	6	6	7	5	14	3	4	6	6	5
Information from schools	6	8	1	9	5	-	5	4	3	9	5
Information at my workplace	2	1	2	1	1	2	2	2	1	2	2
Magazines	1	1	1	1	-	-	2	1	1	1	1
Base	241	301	215	203	211	48	294	155	140	462	757

Other answers were:

"Information at the doctors." "Word of mouth from relatives/friends." "Supermarket." "Cooking books." "One-on-one meetings with Green Prescription counsellor." "Demonstration in the supermarket." "The food triangle at the back of the bread packet." "Career expos." "The kids fair – get active." "On cereal boxes." "Hospital resources." "Stickers." "Community programmes."

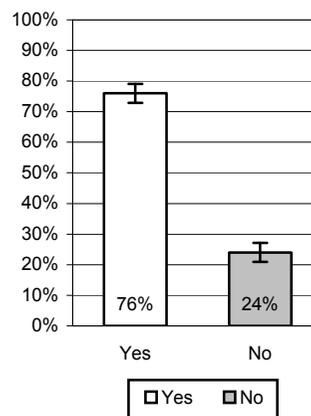
8.1.3 Whether parents and caregivers could describe the advertising they had seen or heard

Parents and caregivers were asked whether they could describe the advertising, leaflets or posters they had seen or heard. The charts alongside and the tables following show their answers.

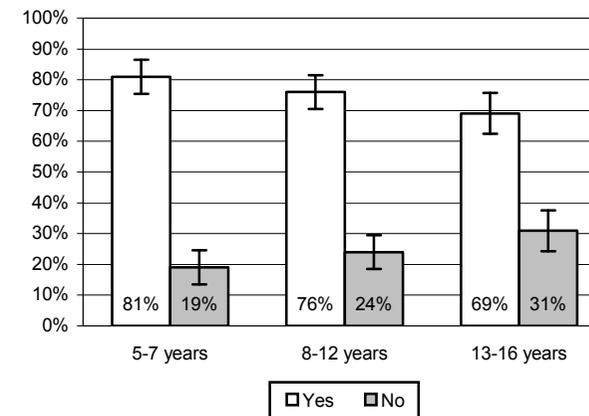
- Just over three-quarters (76%) of parents and caregivers said that they could describe the advertising they had seen or heard, while just under one-quarter (24%) said that they could not.
- Parents and caregivers talking about 5 to 7-year-olds (81%) and 8 to 12-year-olds (76%) were more likely than parents and caregivers talking about 13 to 16-year-olds (69%) to say that they could describe the advertising they had seen or heard.
- Pacific parents and caregivers were slightly more likely (81%) to say that they could describe the advertising they had seen or heard than Maori (77%) and Asian (76%) parents and caregivers and those of European/Other ethnicity (75%).
- There was little variation in the answer to this question for parents and caregivers living in areas with different levels of deprivation.

Can you describe the advertising, leaflet or poster?

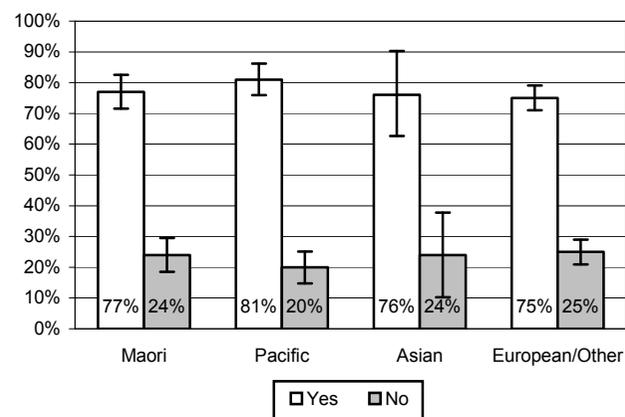
All parents/caregivers



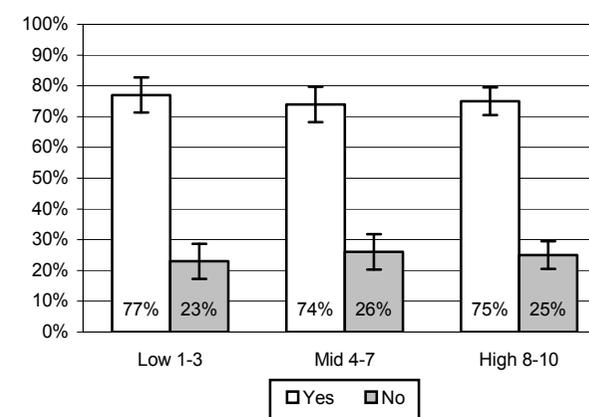
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Female parents and caregivers were more likely than male parents and caregivers to say that they could describe the advertising they had seen or heard.
- Parents and caregivers in the two younger age groups were more likely than those aged 45 years and over to say that they could describe the advertising they had seen or heard.
- Parents and caregivers living in urban areas were more likely than those living in rural areas to say that they could describe the advertising.
- Parents and caregivers whose annual household income was over \$20,000 were slightly more likely than those whose annual household income was less than \$20,000 to say that they could describe the advertising they had seen or heard.
- Parents and caregivers living in *other households* were more likely to be able to describe the advertising than parents and caregivers living in other types of household.

Can you describe the advertising, leaflet or poster?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	69	76	76	80	68	81	76	69	78	69	76
No	31	24	24	20	32	19	24	31	22	31	24
Base	90	641	224	332	198	240	301	215	615	141	756

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	77	81	76	75	77	74	76	85	76
No	24	20	24	25	23	26	24	15	24
Base	203	210	48	294	175	425	96	60	756

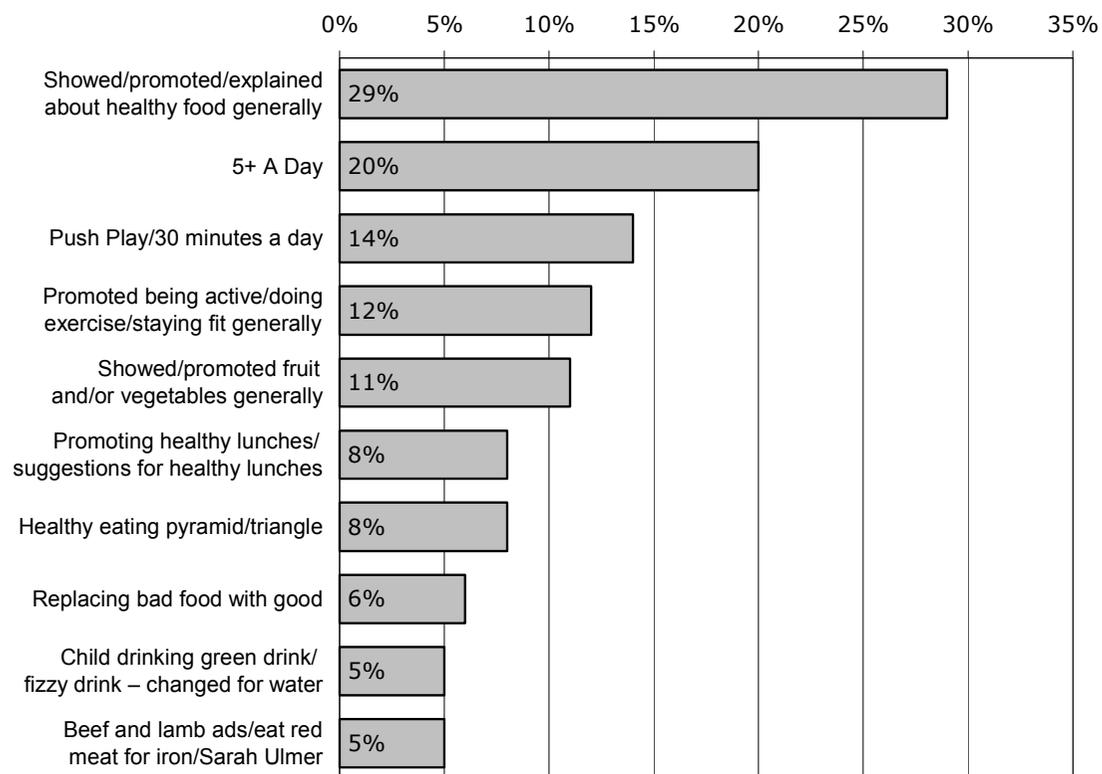
	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	69	79	75	76	77	74	75	76
No	31	22	25	24	23	26	25	24
Base	122	211	156	244	155	139	462	756

8.1.4 Messages conveyed by advertising, leaflets and posters

Parents and caregivers were asked what the advertising, leaflet or poster said or showed. The table alongside shows the top ten messages mentioned.

- Just under three out of ten parents and caregivers (29%) said the advertising *showed/promoted/ explained about healthy food generally*. Two out of ten (20%) parents and caregivers mentioned *5+ A Day*, while over one in ten mentioned *Push Play [exercise] /30 minutes a day* (14%), *promoted being active/doing exercise/staying fit generally* (12%), and *showed/promoted fruit and/or vegetables* (11%).

What did the advertising, leaflet or poster say? ... Top 10 mentions



What did the advertising, leaflet or poster say? ... Top 10 mentions

- Parents and caregivers talking about children in the two younger age groups were more likely than those talking about 13 to 16-year-olds to mention *showed/ promoted/ explained about healthy food generally*. Parents and caregivers talking about 5 to 7-year-olds were more likely to mention *promoting healthy lunches/suggestions for healthy lunches*, and *healthy eating pyramid/triangle* than parents and caregivers of 8 to 12-year-olds.
- Pacific and Asian parents and caregivers were more likely to mention *showed/promoted/ explained about healthy food generally*, and less likely to mention *5+ A Day* and *Push Play [exercise] /30 minutes a day* than Maori parents and caregivers and those of European/Other ethnicity. Parents and caregivers of European/Other ethnicity were less likely than other parents and caregivers to say *promoted being active/doing exercise/staying fit generally*, and *showed/promoted fruit and/or vegetables generally*. Maori parents and caregivers were more likely than parents and caregivers of all other ethnicities to mention *healthy eating pyramid/triangle*.
- Parents and caregivers living in areas of mid-deprivation were more likely than those in other areas to mention *5+ A Day*, *child drinking green drink/fizzy drink – changed for water*, and *beef and lamb ads/eat red meat for iron/Sarah Ulmer*. Parents and caregivers in the most deprived areas were more likely than those in less deprived areas (mid and low) to mention *promoted being active/doing exercises/staying fit generally*. Those living in more deprived areas (mid and high) were more likely than those living in the least deprived areas to mention *Push Play/30 minutes a day*. Those living in the most deprived areas were more likely than those living in the least deprived areas to mention *showed/promoted fruit and/or vegetables generally*.

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Shown/promoted/ explained about healthy food generally	32	30	24	26	38	34	28	29	27	31	29
5+ A Day	23	19	19	29	12	16	20	16	27	19	20
Push Play/30 minutes a day	12	16	15	20	9	3	16	11	16	17	14
Promoted being active/doing exercise/staying fit generally	12	12	12	16	16	18	9	9	9	19	12
Shown/promoted fruit and/or vegetables generally	12	9	11	11	17	16	8	8	10	14	11
Promoting healthy lunches/suggestions for healthy lunches	12	8	5	8	4	5	10	8	11	6	8
Healthy eating pyramid/triangle	12	6	4	13	3	-	8	9	7	7	8
Replacing bad food with good	4	7	7	5	9	4	6	6	4	7	6
Child drinking green drink/fizzy drink – changed for water	4	6	6	8	11	7	4	3	9	5	5
Beef and lamb ads/eat red meat for iron/Sarah Ulmer	5	5	7	3	6	2	7	4	8	4	5
Base	194	231	152	148	170	38	221	122	102	353	577

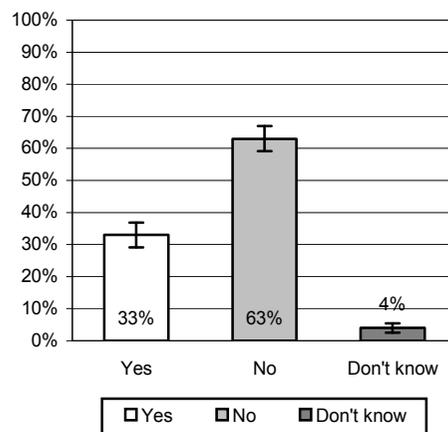
8.1.5 Whether a celebrity featured in the advertising

Parents and caregivers were asked whether a celebrity person featured in the advertising, leaflet or poster that they saw or heard. The charts alongside and the table following show their answers.

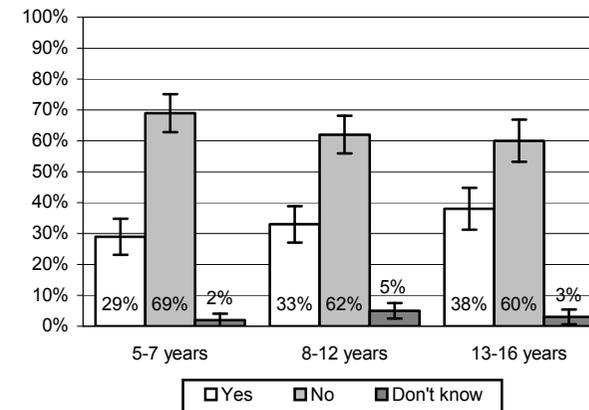
- One-third (33%) of parents and caregivers said *yes*, a celebrity person featured in the advertising they had seen or heard, while just under two-thirds (63%) said *no*. Four percent (4%) did not know.
- Parents and caregivers talking about 13 to 16-year-olds were more likely (38%) than those talking about younger children to have said *yes* (29% for parents and caregivers of 5 to 7-year-olds and 33% for parents and caregivers of 8 to 12-year-olds).
- Pacific (44%) and Maori (36%) parents and caregivers and those of European/Other ethnicity (35%) were more likely than Asian parents and caregivers (10%) to have said *yes*, a celebrity person featured in the advertising.
- Parents and caregivers living in the most deprived areas were more likely (39%) than those in the least deprived areas (29%) and areas of mid-deprivation (33%) to have said *yes*, a celebrity person featured in the advertising they had seen or heard.

Was a celebrity person featured in that advertising, leaflet or poster?

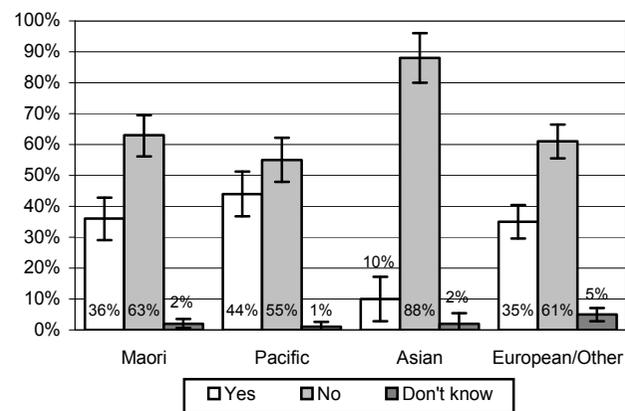
All parents/caregivers



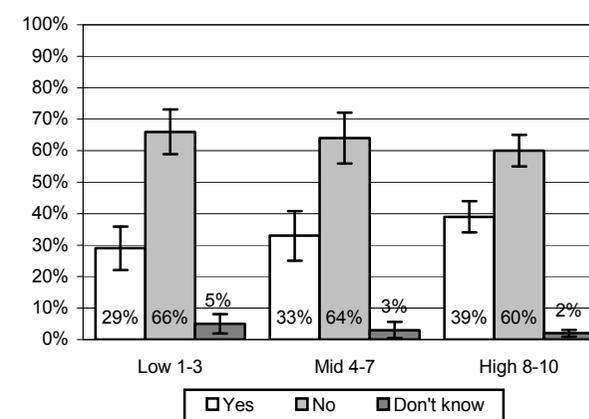
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers living in rural areas were more likely to have said *yes*, a celebrity person featured in the advertising, than those living in urban areas.
- Parents and caregivers in *1-parent families* were more likely than those living in *other households* to have said that a celebrity person featured in the advertising.
- Parents and caregivers whose annual household income was over \$20,000 were more likely than those whose annual household income was below \$20,000 to have said that a celebrity person featured in the advertising.

Was a celebrity person featured in that advertising, leaflet or poster?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Yes	30	33	35	33	33	29	33	38	32	39	33
No	68	63	62	65	62	69	62	60	66	54	63
Don't know	2	4	3	3	5	2	5	3	3	7	4
Base	90	641	224	332	198	240	301	215	615	141	756

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Yes	36	44	10	35	35	33	34	30	33
No	63	55	88	61	63	63	62	70	63
Don't know	2	1	2	5	2	4	4	-	4
Base	203	210	48	294	175	425	96	60	756

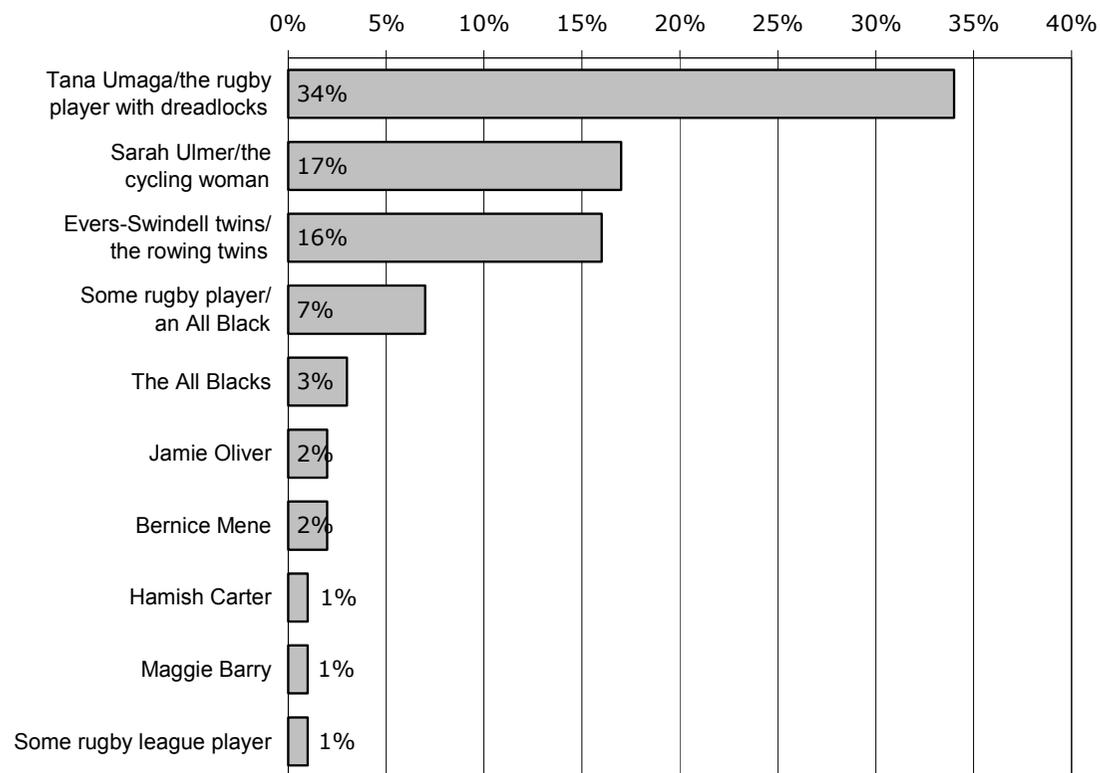
	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Yes	29	34	36	33	29	33	39	33
No	66	64	62	63	66	64	60	63
Don't know	5	2	3	4	5	3	2	4
Base	122	211	156	244	155	139	462	756

8.1.6 Celebrities featured in advertising, leaflets and posters

Parents and caregivers who said that a celebrity person featured in the advertising that they had seen or heard were asked who the celebrity was. The top ten celebrities mentioned are shown in the table alongside.

- Just over one-third (34%) said *Tana Umaga/the ruby player with dreadlocks*. Around one-sixth said *Sarah Ulmer/the cycling woman* (17%) and the *Evers-Swindell twins/the rowing twins* (16%), while 7% mentioned *some rugby player/an All Black*.

Who was the celebrity? ... Top 10 mentions*



* Does not include "other" and "don't know" answers.

- Parents and caregivers talking about 5 to 7-year-olds were more likely than other parents and caregivers to mention *some rugby player/an All Black*.

Parents and caregivers talking about 8 to 12-year-olds were more likely than other parents and caregivers to mention *Tana Umaga/the rugby player with dreadlocks*.

Parents and caregivers talking about 13 to 16-year-olds were more likely to mention the *Evers-Swindell twins/the rowing twins* than other parents and caregivers.

- Asian parents and caregivers were more likely to mention *Tana Umaga* and *some rugby player/an All Black* than parents and caregivers of other ethnicities.

- Parents and caregivers living in areas of mid-deprivation were more likely to mention *Tana Umaga* and *Sara Ulmer/the cycling woman* than parents and caregivers living in other areas.

Parents and caregivers living in the most deprived areas were more likely to mention *some rugby player/an All Black* than those living in other areas.

Who was the celebrity? ... Top 10 mentions*

	Parent/caregiver of child aged			Ethnicity of parent/caregiver				Deprivation index			Total
	5-7 years %	8-12 years %	13-16 years %	Maori %	Pacific %	Asian %	Euro/Other %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Tana Umaga/the rugby player with dreadlocks	31	43	28	44	44	80	28	31	39	34	34
Sarah Ulmer/the cycling woman	14	12	25	4	7	-	24	18	24	11	17
Evers-Swindell twins/the rowing twins	11	9	27	7	10	-	21	16	17	15	16
Some rugby player/an All Black	12	5	6	6	3	20	7	6	5	10	7
The All Blacks	2	3	2	4	-	-	3	2	4	2	3
Jamie Oliver	5	1	-	1	1	-	2	3	-	2	2
Bernice Mene	3	-	3	1	4	-	1	1	-	3	2
Hamish Carter	-	1	3	-	-	-	2	-	3	1	1
Maggie Barry	4	1	-	1	1	-	2	3	-	1	1
Some rugby league player	-	-	3	4	-	-	-	-	3	1	1
Base	80	107	86	72	93	6	101	44	49	180	273

* Does not include 'other' and 'don't know' answers.

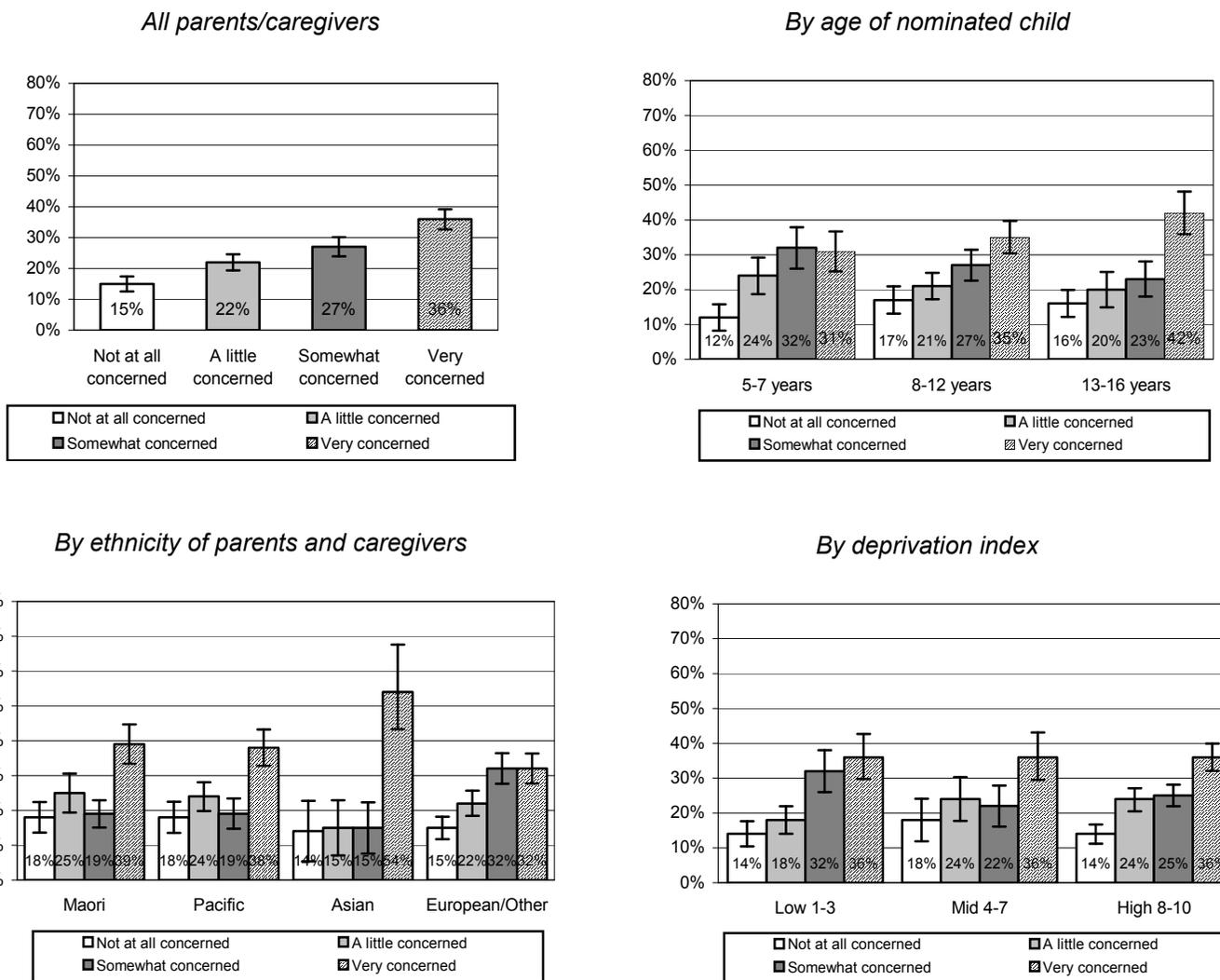
8.2 Concern about TV advertising of unhealthy food targeted at children

Parents and caregivers were asked to what extent, if at all, they were concerned about advertising of unhealthy food products at times when children watch TV. The chart alongside and the tables following show their answers.

- Over one-third (36%) of parents and caregivers said that they were *very concerned*, while over one-quarter (27%) said that they were *somewhat concerned*. Just over one-fifth (22%) said that they were *a little concerned*, and just under one-sixth (15%) said that they were *not at all concerned*. Less than 1% did not know.
- Parents and caregivers talking about 5 to 7-year-olds were more likely (32%) than other parents and caregivers to say that they were *somewhat concerned* (27% for parents and caregivers of 8 to 12-year-olds and 23% for those of 13 to 16-year-olds), while parents and caregivers talking about 13 to 16-year-olds were more likely (42%) than other parents and caregivers to say that they were *very concerned* (35% for parents and caregivers of 8 to 12-year-olds and 31% for those of 5 to 7-year-olds).
- Asian parents and caregivers were more likely (54%) to say that they were *very concerned* than parents and caregivers of other ethnicities (39% for Maori parents and caregivers, 38% for Pacific parents and caregivers, and 32% for those of European/Other ethnicity).

Parents and caregivers of European/Other ethnicity were more likely than other parents and caregivers to say that they were *somewhat concerned* (32%, compared with 15% for Asian, and 19%, each, for Maori and Pacific parents and caregivers).

To what extent, if at all, are you concerned about advertising of unhealthy food products at times when children watch TV?



Charts do not include "don't know" answers, which were 2% or less.

Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers living in the least deprived areas were less likely (18%) to say that they were *a little concerned* than those living in more deprived areas (24%, each, for mid and high). Parents and caregivers living in the least deprived areas were more likely (32%) than those living in more deprived areas (25% for high and 22% for mid) to say that they were *somewhat concerned*.

- Male parents and caregivers were more likely to say that they were *not at all concerned*, and less likely to say that they were *somewhat concerned*, compared with female parents and caregivers.

- Parents and caregivers who were aged between 15 and 34 years were more likely to say that they were *a little concerned*, and less likely to say that they were *very concerned*, than parents and caregivers who were aged 35 years and over.

- Parents and caregivers living in urban areas were more likely to say that they were *very concerned*, and less likely to say that they were *somewhat concerned* and *not at all concerned*, than those living in rural areas.

- Parents and caregivers in *extended families* were more likely to say that they were *not at all concerned*, and less likely to say that they were *very concerned*, than those living in other types of household.

Parents and caregivers in *2-parent families* and *extended families* were more likely than those in *1-parent families* and *other households* to say that they were *somewhat concerned*.

Parents and caregivers in *other households* were more likely than those in *1-parent* and *2-parent families* to say that they were *a little concerned*.

To what extent, if at all, are you concerned about the advertising of unhealthy food products at times when children watch TV?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Not at all concerned	19	15	15	16	15	12	17	16	14	19	15
A little concerned	24	21	27	20	20	24	21	20	22	19	22
Somewhat concerned	22	28	27	27	27	32	27	23	25	34	27
Very concerned	33	36	31	37	38	31	35	42	38	29	36
Don't know	1	<1	<1	-	1	1	<1	-	<1	-	<1
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Not at all concerned	18	18	14	15	16	15	21	14	15
A little concerned	25	24	15	22	22	21	25	28	22
Somewhat concerned	19	19	15	32	20	30	25	20	27
Very concerned	39	38	54	32	42	35	30	38	36
Don't know	-	1	2	-	<1	<1	-	-	<1
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers whose annual household income was between \$20,000 and \$40,000 were more likely than other parents and caregivers to say that they were *not at all concerned*. Parents and caregivers whose annual household income was less than \$20,000 were more likely than those whose annual household income was above \$20,000 to say that they were *a little concerned*.
- Parents and caregivers whose annual household income was above \$60,000 were more likely than those whose income was below \$60,000 to say that they were *somewhat concerned*, while those who had an annual household income of between \$20,000 and \$60,000 were more likely than those whose annual household income was below \$20,000 to say that they were *very concerned*.

To what extent, if at all, are you concerned about the advertising of unhealthy food products at times when children watch TV?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Not at all concerned	14	20	16	12	14	18	14	15
A little concerned	28	23	21	20	18	24	24	22
Somewhat concerned	25	19	26	33	32	22	25	27
Very concerned	33	38	38	35	36	36	36	36
Don't know	-	<1	-	-	1	-	<1	<1
Base	180	322	224	368	228	199	706	1133

8.3 Views about regulating TV advertising

Parents and caregivers were asked whether they supported or opposed various types of bans on food advertising on TV. The summary table alongside shows their answers, while the following sections show the responses to these questions by the characteristics of parents and caregivers.

- Few parents and caregivers (12%) said that they *support* a total ban on **all** food advertising on TV. Just over three out of ten (31%) said they had no view either way (*neither support nor oppose*), while almost six out of ten (56%) parents and caregivers said that they *oppose* such a ban.

Three out of ten (30%) parents and caregivers said that they *support* a total ban on **all** food advertising at times when **children** watch TV, while four out of ten (40%) said that they *oppose* this type of ban and three out of ten (30%) had no view either way.

Almost six out of ten (56%) parents and caregivers said that they *support* a total ban on advertising **unhealthy foods**, while one-fifth (20%) said that they *oppose* such a ban and around one-quarter (24%) had no view either way.

Just under three-quarters (73%) of parents and caregivers *support* a total ban on advertising **unhealthy foods** at times when **children** watch TV. Around one in ten parents and caregivers (12%) said that they *oppose* such a ban, and just under one-sixth (15%) had no view either way.

Do you support or oppose these types of bans on food advertising?

	Total ban on all food advertising %	Total ban on all food advertising at times when children watch TV %	Total ban on advertising unhealthy foods %	Total ban on advertising unhealthy foods at times when children watch TV %
Support	12	30	56	73
Neither support nor oppose	31	30	24	15
Oppose	56	40	20	12
Base	1133			

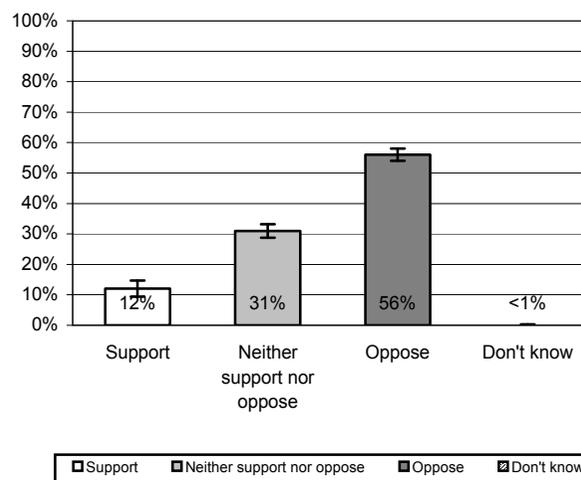
8.3.1 Support for a total ban on all food advertising

Parents and caregivers were asked whether they supported or opposed a total ban on all food advertising. The charts alongside and the tables following show their answers.

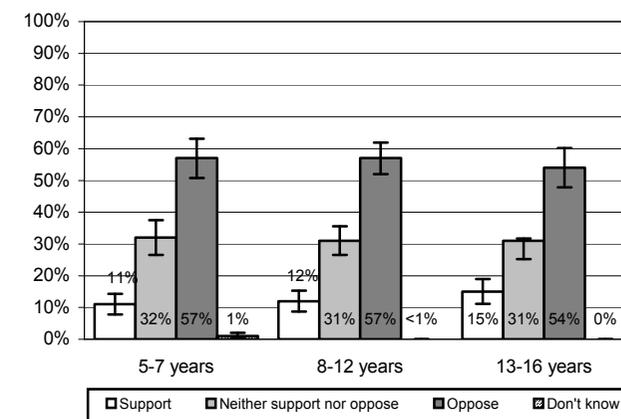
- Almost six out of ten (56%) parents and caregivers *oppose* a total ban on all food advertising, with 40% saying *oppose* and 16% saying *strongly oppose*. Just over three out of ten (31%) said that they *neither oppose nor support* a total ban on all food advertising, while around one in ten (12%) parents and caregivers said that they *support* such a ban, with 9% saying *support* and 3% saying *strongly support*. Less than 1% did not know.
 - Parents and caregivers talking about 13 to 16-year-olds (15%) were slightly more likely than parents and caregivers talking about 5 to 7-year-olds (11%) and 8 to 12-year-olds (12%) to say that they *support* a total ban on all food advertising.
 - Pacific (27%) and Asian (28%) parents and caregivers were more likely than Maori (11%) parents and caregivers and those of European/Other ethnicity (8%) to say that they *support* a total ban on all food advertising. Conversely, Maori parents and caregivers (50%) and those of European/Other ethnicity (62%) were more likely than Pacific (42%) and Asian (42%) parents and caregivers to say that they *oppose* a total ban on all food advertising.
- Maori parents and caregivers (40%) were more likely than Pacific (31%) and Asian (28%) parents and caregivers and those of European/Other ethnicity (30%) to say that they *neither support nor oppose* a total ban on all food advertising.

Do you support or oppose a total ban on all food advertising?

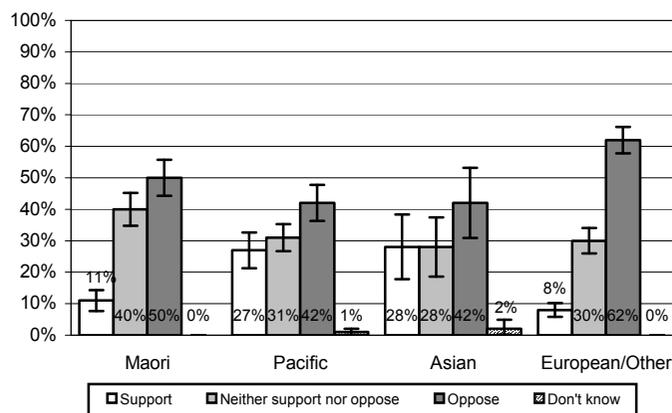
All parents/caregivers



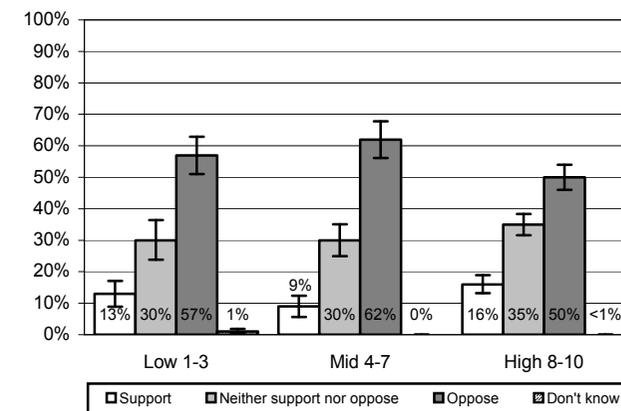
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers living in areas of mid-deprivation (9%) were less likely than those living in the least deprived areas (13%) and most deprived areas (16%) to say that they *support* a total ban on all food advertising.

Those living in the most deprived areas (35%) were more likely than those living in less deprived areas (30%, each, for mid and low) to say that they *neither support nor oppose* a total ban on all food advertising. Parents and caregivers living in areas of mid-deprivation (62%) were more likely than those living in the most deprived areas (50%) to say that they *oppose* a total ban on all food advertising.

- Parents and caregivers who were male were more likely than those who were female to say that they *support* a total ban on all food advertising.
- Parents and caregivers 15 to 34 years old were more likely than those aged 35 years and over to say that they *neither support nor oppose* a total ban on all food advertising. Parents and caregivers aged 35 to 44 years were more likely than those aged 15 to 34 years to say that they *oppose* a total ban.
- Parents and caregivers living in rural areas were more likely than those living in urban areas to say that they *neither support nor oppose* a total ban on all food advertising, and less likely to say that they *oppose* this.
- Parents and caregivers in *extended families* were more likely to say that they *neither support nor oppose* a total ban on all food advertising, and less likely to say that they *oppose* this, than other parents and caregivers.

Do you support or oppose a total ban on all food advertising?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Support	16	11	11	12	15	11	12	15	12	13	12
Strongly support	5	3	2	4	3	3	3	4	4	2	3
Support	11	8	9	7	12	8	8	11	9	11	9
Neither support nor oppose	30	32	39	28	31	32	31	31	30	39	31
Oppose	53	57	50	60	54	57	57	54	58	49	56
Oppose	29	42	34	44	38	42	41	37	40	37	40
Strongly oppose	25	15	16	16	16	15	16	17	18	11	16
Don't know	1	<1	<1	-	1	1	<1	-	<1	-	<1
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Support	11	27	28	8	12	13	10	14	12
Strongly support	3	9	12	1	3	3	3	7	3
Support	7	18	17	7	9	10	7	7	9
Neither support nor oppose	40	31	28	30	35	29	48	27	31
Oppose	50	42	42	62	53	58	42	59	56
Oppose	32	28	28	46	40	42	25	36	40
Strongly oppose	18	14	14	16	13	17	17	23	16
Don't know	-	1	2	-	<1	<1	-	-	<1
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers whose annual household income was below \$40,000 were more likely than those whose annual household income was above \$40,000 to say that they *support* a total ban on all food advertising. Parents and caregivers whose annual household income was less than \$20,000 were more likely than other parents and caregivers to say that they *neither support nor oppose* a total ban, and less likely to say that they *oppose* this.

Do you support or oppose a total ban on all food advertising?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Support	15	15	10	11	13	9	16	12
Strongly support	5	4	2	3	4	2	4	3
Support	10	11	9	7	9	7	11	9
Neither support nor oppose	44	35	31	27	30	30	35	31
Oppose	41	50	59	63	57	62	50	56
Oppose	30	36	47	43	39	46	36	40
Strongly oppose	12	14	12	20	18	16	14	16
Don't know	-	<1	-	-	1	-	<1	<1
Base	180	322	224	368	228	199	706	1133

8.3.2 Support for a total ban on all food advertising at times when children watch TV

Parents and caregivers were asked whether they supported or opposed a total ban on all food advertising at times when children watch TV. The charts alongside and the tables following show their answers.

- Four out of ten (40%) parents and caregivers *oppose* a total ban on all food advertising at times when children watch TV, with 32% saying they *oppose* and 8% saying they *strongly oppose* this. Three out of ten (30%) parents and caregivers *neither support nor oppose* a total ban on all food advertising at times when children watch TV.

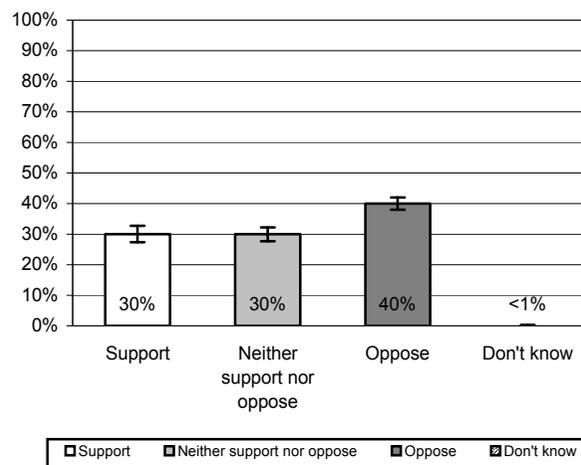
Three out of ten (30%) parents and caregivers *support* a total ban on all food advertising at times when children watch TV, with 19% saying *support* and 10% saying *strongly support*. Less than 1% did not know.

- There was little variation in the answers to this question by parents and caregivers talking about children in the three different age groups.

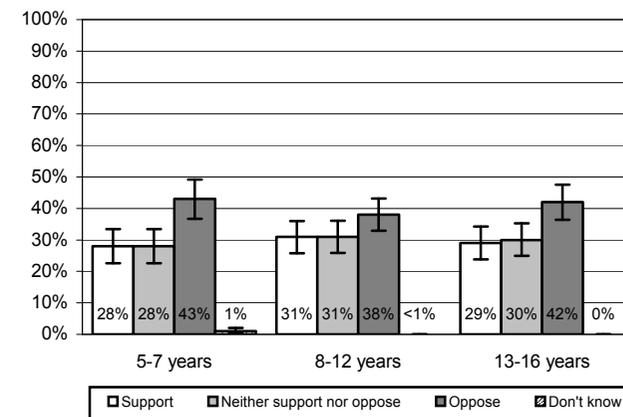
- Maori parents and caregivers (24%) were less likely than parents and caregivers of other ethnicities (European/Other 30%; Asian 32%; and Pacific 35%) to *support* a total ban on all food advertising at times when children watch TV. Maori parents and caregivers (42%) and those of European/Other ethnicity (41%) were more likely than Asian (37%) and Pacific (34%) parents and caregivers to *oppose* this kind of ban.

Do you support or oppose a total ban on all food advertising at times when children watch TV?

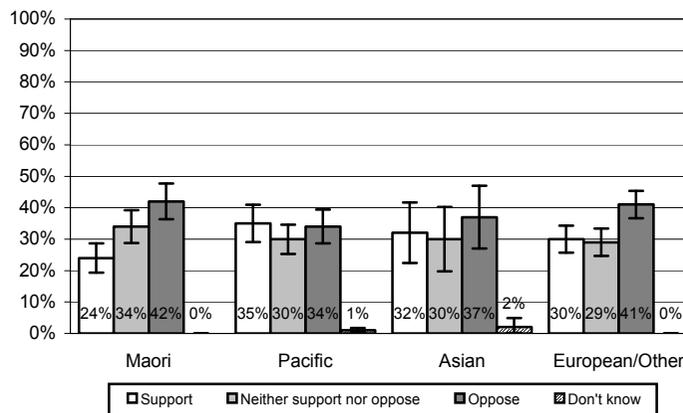
All parents/caregivers



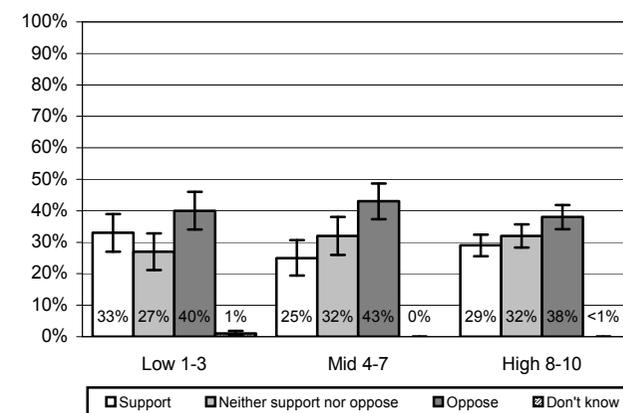
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

Do you support or oppose a total ban on all food advertising at times when children watch TV?

- Parents and caregivers living in the least deprived areas (33%) were more likely than those living in areas of mid-deprivation (25%), and slightly more likely than those living in the most deprived areas (29%), to say that they *support* a total ban on all food advertising at times when children watch TV. Those living in more deprived areas (32%, each, for mid and high deprivation) were more likely than those living in the least deprived areas (27%) to say that they *neither support nor oppose* this kind of ban.
- Female parents and caregivers were more likely than male parents and caregivers to say that they *neither support nor oppose* a total ban on all food advertising at times when children watch TV.
- Parents and caregivers aged 15 to 34 years old were more likely than those aged 35 years and over to say that they *neither support nor oppose* a total ban on all food advertising at times when children watch TV.
- Parents and caregivers living in urban areas were more likely than those living in rural areas to say that they *oppose*, and less likely to say that they *neither support nor oppose*, a total ban on all food advertising at times when children watch TV.
- Parents and caregivers in *extended families* were more likely than those living in other types of household to say that they *neither support nor oppose* a total ban on all food advertising at times when children watch TV. Those living in *2-parent families* were more likely than those in *extended families* to say that they *oppose* such a ban.

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Support	32	29	27	31	29	28	31	29	29	30	30
Strongly support	13	10	7	11	11	11	10	10	10	13	10
Support	19	19	20	20	18	17	21	19	20	17	19
Neither support nor oppose	23	31	35	29	29	28	31	30	29	34	30
Oppose	43	40	38	41	41	43	38	42	41	36	40
Oppose	31	33	32	32	34	35	31	32	33	30	32
Strongly oppose	12	7	6	9	8	8	7	10	8	7	8
Don't know	1	<1	-	-	1	1	<1	-	<1	-	<1
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Support	24	35	32	30	33	29	28	30	30
Strongly support	7	15	10	11	9	11	7	10	10
Support	17	20	22	19	24	17	21	21	19
Neither support nor oppose	34	30	30	29	28	30	36	31	30
Oppose	42	34	37	41	39	41	36	39	40
Oppose	31	28	30	34	29	34	31	27	32
Strongly oppose	12	7	6	8	10	7	6	12	8
Don't know	-	1	2	-	<1	<1	-	-	<1
Base	287	330	78	437	253	645	156	79	1133

- Parents and caregivers whose annual household income was less than \$20,000 were more likely to say that they *neither support nor oppose* a total ban on all food advertising at times when children watch TV, and less likely to say that they *oppose* such a ban, than those whose annual household income was over \$20,000.

Do you support or oppose a total ban on all food advertising at times when children watch TV?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Support	32	29	32	29	33	25	29	30
Strongly support	7	9	12	11	13	7	10	10
Support	26	20	19	17	21	18	19	19
Neither support nor oppose	38	32	31	27	27	32	32	30
Oppose	30	39	38	45	40	43	38	40
Oppose	23	30	34	35	31	34	32	32
Strongly oppose	7	9	3	9	8	9	7	8
Don't know	-	-	-	-	1	-	<1	<1
Base	180	322	224	368	228	199	706	1133

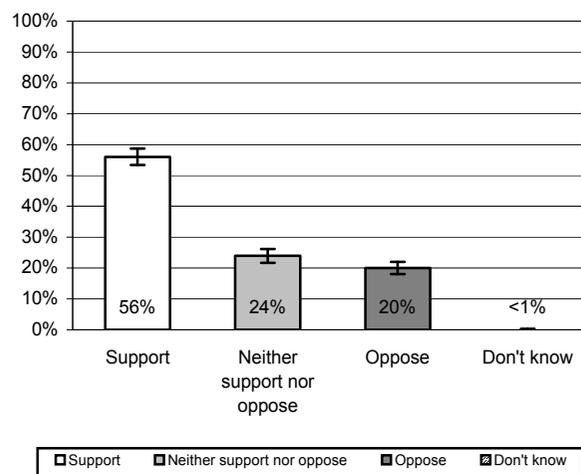
8.3.3 Support for a total ban on advertising of unhealthy foods

Parents and caregivers were asked whether they supported or opposed a total ban on advertising **unhealthy** foods. The charts alongside and the tables following show their answers.

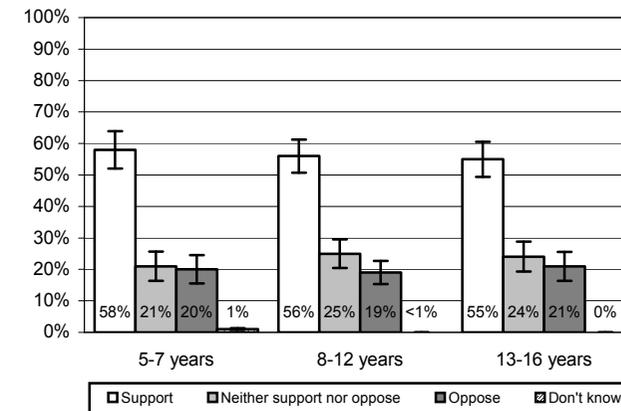
- Almost six out of ten (56%) parents and caregiver said that they *support* a total ban on advertising unhealthy foods, with 32% saying *support* and 25% saying *strongly support*. Just under one-quarter (24%) said that they *neither support nor oppose* such a ban. One-fifth (20%) said that they *oppose* this kind of ban, with 16% saying they *oppose* and 4% saying that they *strongly oppose* this. Less than 1% did not know.
- There was little variation in the answers to this question by parents and caregivers talking about children in the three different age groups.
- Asian parents and caregivers (29%) were more likely to *oppose* a total ban on advertising unhealthy foods than Maori (22%) and Pacific (18%) parents and caregivers and those of European/Other ethnicity (18%).
- Parents and caregivers living in areas of mid-deprivation (24%) and in the most deprived areas (21%) were more likely than those living in the least deprived areas (17%) to *oppose* a total ban on advertising unhealthy foods.

Do you support or oppose a total ban on advertising unhealthy foods?

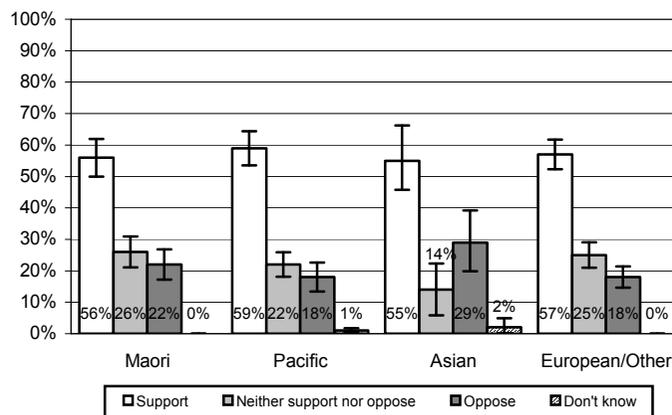
All parents/caregivers



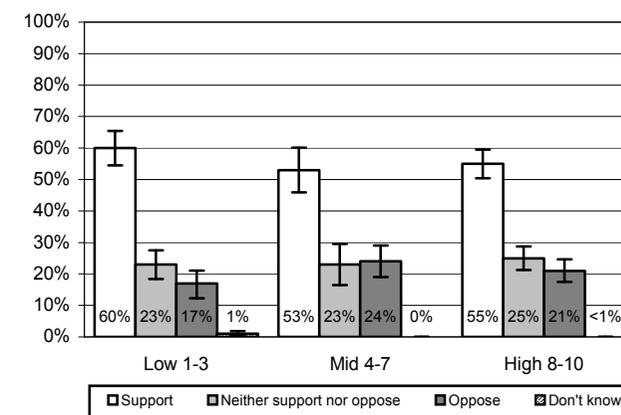
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Female parents and caregivers were more likely to *support* a total ban on advertising unhealthy foods, and less likely to *oppose* such a ban, than male parents and caregivers.
- Parents and caregivers aged 15 to 34 years were more likely to say that they *neither support nor oppose* a total ban on advertising unhealthy foods than those aged 35 years and over.
- Parents and caregivers living in urban areas were more likely than those living in rural areas to say that they *oppose* a total ban on advertising unhealthy foods.
- Parents and caregivers living in *extended families* were less likely than parents and caregivers living in other types of household to *support* a total ban on advertising unhealthy foods. Parents and caregivers living in *extended families* were more likely than parents and caregivers in other types of household to say that they *neither support nor oppose* such a ban.

Do you support or oppose a total ban on advertising unhealthy foods?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Support	49	58	51	59	56	58	56	55	55	60	56
Strongly support	21	25	21	28	23	26	23	26	24	27	25
Support	28	32	30	31	33	33	33	29	31	33	32
Neither support nor oppose	21	24	28	22	23	21	25	24	23	25	24
Oppose	28	19	22	19	21	20	19	21	21	15	20
Oppose	24	15	17	15	18	15	17	16	18	10	16
Strongly oppose	4	4	5	4	3	4	2	5	4	5	4
Don't know	1	<1	-	-	1	1	<1	-	<1	-	<1
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Support	52	59	55	57	57	57	47	57	56
Strongly support	28	25	31	23	26	25	24	24	25
Support	25	34	24	34	32	32	24	32	32
Neither support nor oppose	26	22	14	25	23	23	36	25	24
Oppose	22	18	29	18	20	20	17	19	20
Oppose	17	14	24	15	15	17	15	18	16
Strongly oppose	4	4	5	3	5	4	2	1	4
Don't know	-	1	2	-	<1	<1	-	-	<1
Base	287	330	78	437	253	645	156	79	1133

- There was little variation in the answers to this question by parents and caregivers with different levels of annual household income.

Do you support or oppose a total ban on advertising unhealthy foods?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Support	59	57	58	56	60	53	55	56
Strongly support	21	22	26	27	24	27	23	25
Support	38	34	32	29	36	27	31	32
Neither support nor oppose	21	24	23	25	23	23	25	24
Oppose	20	20	20	20	17	24	21	20
Oppose	14	14	19	17	14	20	16	16
Strongly oppose	6	6	1	3	3	4	5	4
Don't know	-	-	-	-	1	-	<1	<1
Base	180	322	224	368	228	199	706	1133

8.3.4 Support for a total ban on advertising of unhealthy foods at times when children watch TV

Parents and caregivers were asked whether they supported or opposed a total ban on advertising **unhealthy** foods at times when **children** watch TV. The charts alongside and the tables following show their answers.

- Just under three-quarters (73%) of parents and caregivers *support* a total ban on advertising unhealthy foods at times when children watch TV, with 31% saying *support* and 41% saying *strongly support*. Just under one-sixth (15%) of parents and caregivers said that they *neither support nor oppose* such a ban and around one-tenth (12%) said that they *oppose* this, with 10% saying *oppose* and 3% saying *strongly oppose*. Less than 1% did not know.

- There was little variation in the answers to this question by parents and caregivers talking about children in the three different age groups.

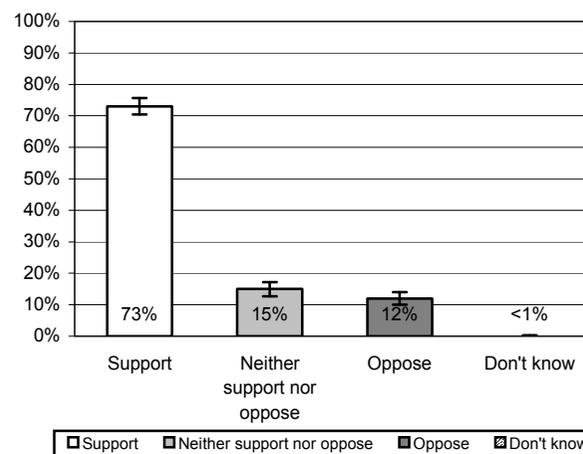
- Parents and caregivers of European/Other ethnicity (77%) and Asian parents and caregivers (71%) were more likely than those who are Maori (61%) to say that they *support* a total ban on advertising unhealthy foods at times when children watch TV.

Maori (23%) and Pacific (20%) parents and caregivers were more likely than Asian (12%) parents and caregivers and those of European/Other ethnicity (13%) to say that they *neither support nor oppose* such a ban.

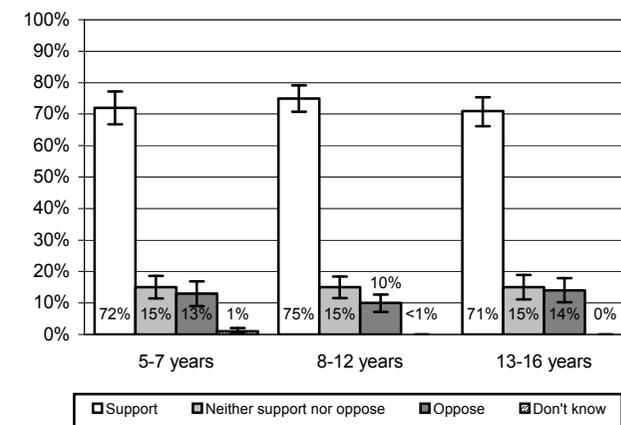
Parents and caregivers of European/Other ethnicity (10%) were less likely than Maori (17%) and Asian (15%) parents and caregivers, and slightly less likely than Pacific (13%) parents and caregivers, to say that they *oppose* such a ban.

Do you support or oppose a total ban on advertising unhealthy foods at times when children watch TV?

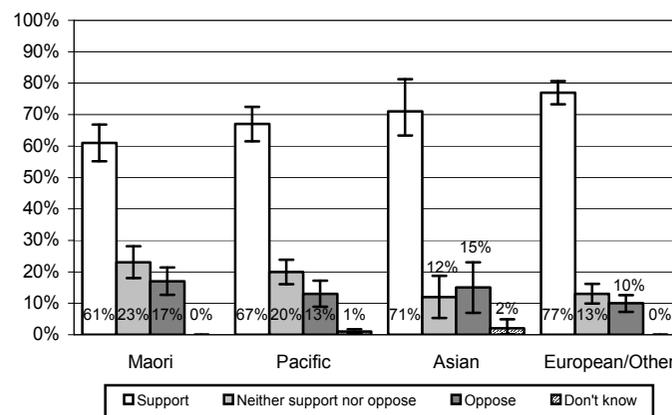
All parents/caregivers



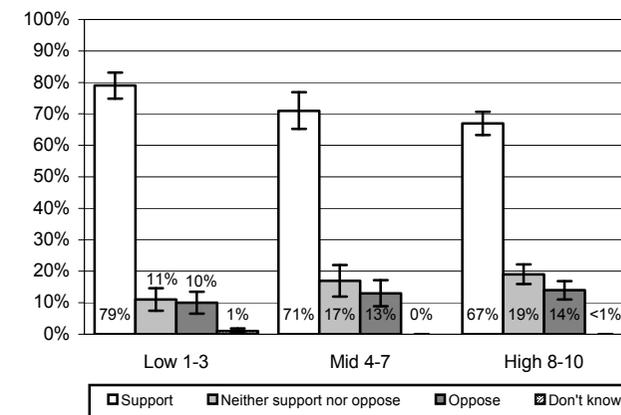
By age of nominated child



By ethnicity of parents and caregivers



By deprivation index



Unweighted base = 1133 – all parents/caregivers

- Parents and caregivers living in the least deprived areas (79%) were more likely than those living in areas of mid-deprivation (71%) and in the most deprived areas (67%) to say that they *support* a total ban on advertising unhealthy foods at times when children watch TV. Parents and caregivers living in the most deprived areas (14%) were more likely than those living in the least deprived areas (10%) to say that they *oppose* such a ban.

- Parents and caregivers aged 15 to 34 years old were more likely than those aged 35 years and over to say that they *oppose* a total ban on advertising unhealthy foods at times when children watch TV.
- Parents and caregivers living in *extended families* were more likely than parents and caregivers in other types of household to say that they *neither support nor oppose* a total ban on advertising unhealthy foods at times when children watch TV.

Do you support or oppose a total ban on advertising unhealthy foods at times when children watch TV?

	Gender of parent/caregiver		Age of parent/caregiver (in years)			Parent/caregiver of child aged			Location		Total
	Male %	Female %	15-34 %	35-44 %	45+ %	5-7 years %	8-12 years %	13-16 years %	Urban %	Rural %	%
Support	72	73	65	78	70	72	75	71	73	73	73
Strongly support	32	43	30	48	38	42	40	42	41	43	41
Support	40	30	35	29	32	30	35	29	32	30	31
Neither support nor oppose	13	15	19	12	17	15	15	15	15	17	15
Oppose	13	12	16	10	12	13	10	14	13	11	12
Oppose	12	9	12	8	10	9	9	11	10	6	10
Strongly oppose	1	3	4	3	2	4	1	3	2	4	3
Don't know	1	<1	-	-	1	1	<1	-	<1	-	<1
Base	156	939	342	479	307	346	454	333	933	200	1133

	Ethnicity of parent/caregiver				Household composition				Total
	Maori %	Pacific %	Asian %	Euro/Other %	1-parent family %	2-parent family %	Extended family %	Other household %	%
Support	61	67	71	77	73	73	67	73	73
Strongly support	34	38	39	44	40	43	32	37	41
Support	27	28	33	33	33	30	35	36	31
Neither support nor oppose	23	20	12	13	14	14	25	16	15
Oppose	17	13	15	10	13	12	9	11	12
Oppose	13	10	11	8	9	10	7	9	10
Strongly oppose	3	3	4	2	4	2	2	1	3
Don't know	-	1	2	-	<1	<1	-	-	<1
Base	287	330	78	437	253	645	156	79	1133

- Those whose annual household income was less than \$20,000 were more likely than parents and caregivers whose annual household income was \$40,000 and over to say that they *neither support nor oppose* a total ban on advertising unhealthy foods at times when children watch TV.

Do you support or oppose a total ban on advertising unhealthy foods at times when children watch TV?

	Household income				Deprivation index			Total
	Less than \$20k %	\$20-40k %	\$40-60k %	Over \$60k %	Low 1-3 %	Mid 4-7 %	High 8-10 %	%
Support	68	73	75	74	79	71	67	73
Strongly support	29	38	44	46	46	41	36	41
Support	39	35	31	29	33	30	31	31
Neither support nor oppose	20	17	13	14	11	17	19	15
Oppose	12	10	12	12	10	13	14	12
Oppose	7	7	11	11	8	11	11	10
Strongly oppose	5	3	1	1	2	2	3	3
Don't know	-	-	-	-	1	-	<1	<1
Base	180	322	224	368	228	199	706	1133