In Fact
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Parents' and caregivers' opinions on limiting access to unhealthy foods and beverages in schools

Background

The Ministry of Health recommends that children and young people eat a variety of food from each of the four major food groups everyday: vegetables and fruit; breads and cereals; milk and milk products; and lean meat, poultry, fish, shellfish, eggs, legumes, nuts and seeds (Ministry of Health, 2012). However, research indicates that a high proportion of the foods and drinks children consume are high in fat, sugar and salt (Ministry of Health, 2012). Consumption of these foods and drinks, as well as lack of physical activity, contribute to childhood obesity.

The Health Promotion Agency's (HPA's) nutrition and physical activity programme's goal is to help New Zealanders eat healthily and be more active. Data on what families eat and drink, as well as attitudes towards food and drink, are collected in HPA's Health and Lifestyles Survey (HLS). This fact sheet reports on parents' and caregivers' attitudes on their child's access at school to high fat foods and sugary drinks and foods in the 2014 HLS.

Methodology

To measure parents' and caregivers' attitudes towards limiting access to unhealthy foods and beverages in schools, they were asked the extent of the importance they placed on their child's school limiting access to the following: a) high fat foods such as pies, hot chips, sausage rolls and hot dogs; b) sugary drinks such as soft drinks, sports drinks and energy drinks; and c) sugary foods such as lollies, cookies and doughnuts. Level of importance of limiting access was measured on a five-point scale ranging from 'very important' to 'very unimportant'.

To assess if any demographic differences existed in parents'/caregivers' support for the importance of limiting the availability of certain foods and beverages, responses were grouped into 'important' ('very important' or 'important') or 'unimportant' ('neither important nor unimportant', 'unimportant' or 'very unimportant'). Child ethnicity[1], child age, neighbourhood deprivation and parent/caregiver educational background were considered for subgroup differences[2]. See the 'About the Health and Lifestyles Survey' section for more detail and the relevant comparison groups. Statistically significant differences ($p < .05$) are reported.

Importance on limiting access to unhealthy foods and beverages

There was overwhelming support by parents and caregivers for their child's school to limit access to high fat foods, sugary drinks and sugary foods. Nine in ten (93%; 88-97%) parents/caregivers felt that it was important for their child's school to *limit access to sugary drinks* such as soft drinks, sports drinks and energy drinks (see Figure 1). Nine in ten (92%; 87-96%) parents/caregivers reported that they were in support of

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1 Importance of limiting access to a) sugary drinks and b) sugary foods was unable to be assessed for subgroup differences by child ethnicity as some cells contained insufficient numbers.

2 When looking at demographic group differences for each food/drink group, we were unable to control for child consumption of each food/drink category. Consumption data collected in the HLS does not directly correspond with the examples of the foods/drinks given for each category.

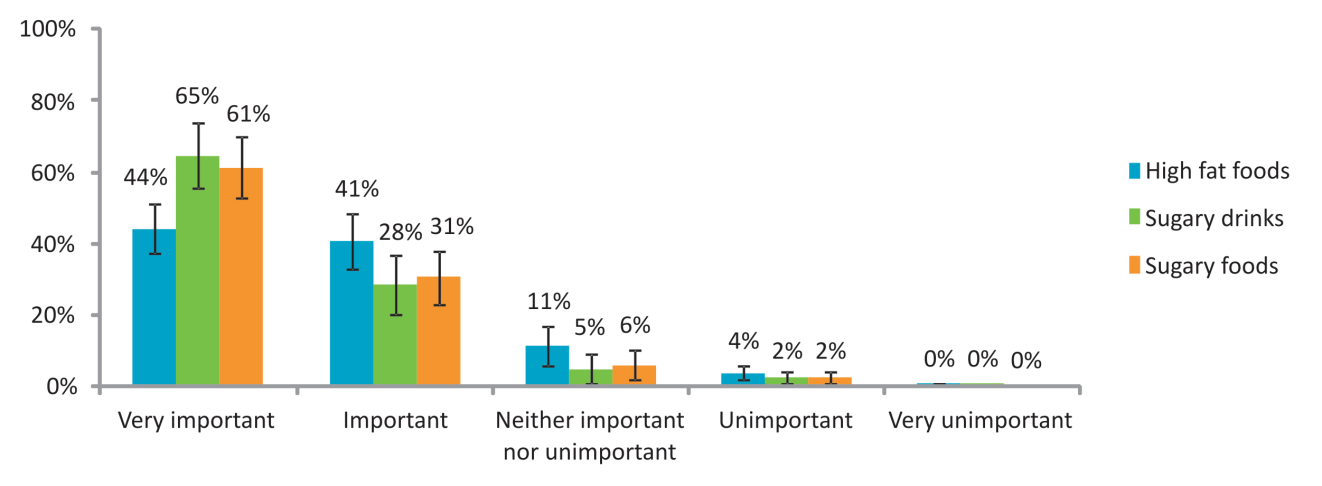

Figure 1: Parents'/caregivers' support for the importance of limiting the availability of certain foods and beverages at their child's school

limited access to sugary foods such as lollies, cookies and doughnuts at their child's school. Eighty five percent (79-90%) of parents/caregivers felt it important that their child's school *limited access to high fat foods* such as hot chips, sausage rolls and hot dogs.

Parents/caregivers living in low deprivation neighbourhoods (94%) were more likely than those living in mid deprivation (80%) or high deprivation neighbourhoods (73%) to consider it important for their child's school to *limit access to high fat foods*. Similarly, parents/caregivers in low deprivation neighbourhoods (98%) were more likely than those in high deprivation neighbourhoods (79%) to consider it important for their child's school to *limit access to sugary drinks*. There were no other sub-group differences found.

Key points

- The overwhelming majority of parents/caregivers expressed that it was important their child's school limits access to unhealthy foods and beverages: 93% of parents/caregivers expressed that they thought it was important for their child's school to limit access to *sugary drinks*, 92% expressed importance for limited access to *sugary foods*, and 85% for limited access to *high fat foods*.
- Parents'/caregivers' expressed importance on limiting access to *high fat foods* and *sugary drinks* differed by neighbourhood deprivation status.

References

Ministry of Health. (2012). *Food and nutrition guidelines for healthy children and young people (aged 2-18 years): A background paper – revised February 2015*. Wellington: Ministry of Health.

Citation

Holland, K. (2015). *Parents' and caregivers' opinions on limiting access to unhealthy foods and beverages in schools. [In Fact].* Wellington: Health Promotion Agency Research and Evaluation Unit.

About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years since 2008.
- The 2014 HLS asked New Zealand adults aged 15-years-and-over a series of questions about their behaviours and attitudes relating to tobacco, skin cancer prevention, healthy eating, gambling, alcohol, exercise, immunisation, mental health and general health. The response rate was 73.2%.
- There were 742 parents and caregivers in the 2014 HLS, including 277 people of European/Other ethnicity, 218 Māori, 171 Pacific people and 76 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) according to 2013 Census data to ensure they are representative of the New Zealand population.
- For this analysis, jack-knife proportions and associated 95% confidence intervals were produced. Sub-group differences were tested using logistic regression.
- Comparison groups for these analyses were as follows:
  - Child age: 9 to 12 years and 13 to 16 years, compared to five to eight years.
  - Child ethnicity: Māori, Pacific and Asian, compared with European/Other (parent/caregiver ethnicity was not examined as child and parent/caregiver ethnicity were very similar).
  - Neighbourhood deprivation status: mid and high deprivation levels, compared with low deprivation level.
  - Parent/caregiver educational background: no formal qualification, secondary school, trade certificate/professional/diploma, compared with degree/postgraduate qualification.
- A full description of the HLS methodology and further HLS publications can be found at http://www.hpa.org.nz/research-library/research-publications.

About the HPA

HPA is a Crown entity that leads and delivers innovative, high quality and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles, prevent disease, illness and injury, enable environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

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