

Demographic and Parental Influences on Breakfast Consumption Rates

Background

Promoting breakfast eating among children has many benefits, including improved cognitive and physical abilities, increased likelihood of meeting the recommendations for fruit and vegetable intake, and decreased unhealthy snacking (Mahoney, Taylor, Kanarek, & Samuel, 2005; Rampersaud, Pereira, Girard, Adams, & Metz, 2005; Utter, Scragg, Mhurchu, & Schaaf, 2007; Wyon, Abrahamsson, Järtelius, & Fletcher, 1997). The Ministry of Health's Food and Nutrition Guidelines highlight the importance of eating three healthy meals every day, including breakfast (Ministry of Health, n.d.).

The Breakfast-eaters programme run by the Health Promotion Agency (HPA) encourages families with children to eat a healthy breakfast every day. The HPA monitors both children's and their parents/caregivers' breakfast eating habits in the Health and Lifestyles Survey (HLS), as parental breakfast consumption has been found to be an important predictor of whether a child eats breakfast or not (Keski-Rahkonen, Kaprio, Rissanen, Virkkunen, & Rose, 2003).

Methodology

In the 2012 HLS, parents and caregivers were asked how many times in the past seven days they ate breakfast, and similarly, how many times in the past seven days their child ate breakfast. Responses to both questions were recorded as the number of days from zero to seven.

For further analysis purposes, responses were grouped into two categories: breakfast was eaten every day or breakfast was eaten less than every day. The following demographic factors were analysed to determine whether there are any differences in daily breakfast consumption among the sub-groups:

- gender
- ethnicity (Māori; Pacific; European/Other)

- age (Children: 5 to 7 years; 8 to 10 years; 11 to 13 years; 14 to 16 years. Adults: 15 to 24 years; 25 to 34 years; 35 to 44 years; 45 to 54 years; 55 and above)
- neighbourhood deprivation status (Low: NZDep 1 to 3; Mid: NZDep 4 to 7; High: NZDep 8 to 10)
- parents/caregivers' educational status (No formal qualification; Secondary school; Trade/Professional/Undergraduate diploma; Bachelor's Degree/Postgraduate).

Only those group difference that are statistically significant ($p < 0.05$) are reported.

Rates of Breakfast Consumption

Parents and caregivers report higher rates of daily breakfast consumption for their children (86.6%, 83.4-89.8%), compared with their own daily breakfast eating (68.8%, 64.1-73.4%). There is no clear pattern for either group in the consumption rates of zero to six days. The distribution of responses is found in Table 1.

Table 1: Frequency of breakfast consumption in the previous seven days

Number of days breakfast was consumed	Child (%)	Parent/Caregiver (%)
0	2.3	7.6
1	0.6	3.3
2	2.9	4.5
3	0.7	5.3
4	1.6	4.0
5	1.9	3.9
6	2.3	2.6
7	86.6	68.8

Parental Influence on Children's Breakfast Consumption

Children whose parents or caregivers eat breakfast every day are more likely to do the same compared with children whose parental figures do not eat breakfast every day (OR=1.99, 1.11-3.59). These findings indicate an association between parental breakfast consumption and children's likelihood of eating breakfast. This association helps to support the existing evidence that parental breakfast consumption influences children's breakfast consumption (Keski-Rahkonen et al., 2003).

Differences in Breakfast Consumption by Demographic Factors

Differences in children's rates of breakfast eating

Among children, there is a clear decrease in the frequency of daily breakfast consumption between the younger age groups and the older age groups. Older children (14 to 16 years) are less likely than all of the younger age groups to eat breakfast every day. Specifically, 72.2% of 14 to 16-year-olds eat breakfast on a daily basis compared with:

- 87.4% of 11 to 13-year-olds
- 91.8% of 8 to 10-year-olds
- 93.1% of 5 to 7-year-olds.

Parents and caregivers' educational level influence their children's daily breakfast consumption, but the pattern is somewhat unclear. Children whose parent/caregiver reports having a bachelor's or post-graduate degree have higher rates of daily breakfast consumption (95.6%) compared to children whose parent reports having attained a trade/professional/undergraduate diploma (82.5%), but this difference is not statistically significant for children whose parent/caregiver completed secondary school or had no formal qualification.

There are no differences in children's breakfast consumption by ethnicity (after controlling for parental education level), gender, or neighbourhood deprivation status.

Differences in parents and caregivers' rates of breakfast eating

Among parents and caregivers, daily breakfast eating varies by age group. Those aged 25 to 34 years have lower rates of daily breakfast consumption (60.2%) compared to parents and caregivers aged 45 to 54 years (74.5%).

Parents and caregivers with lower levels of formal education are less likely to eat breakfast daily compared to those with a higher level of education. Specifically, 56.9% of those with no formal education and 63.4% of those who completed secondary school eat breakfast every day, compared with 83.2% of parents/caregivers with a university or post-graduate degree.

There are no differences among parents' and caregivers' breakfast consumption by ethnicity or deprivation (after controlling for education level for both) or by gender.

Key points

- The majority (86.6%) of children aged 5 to 16 years are reported to have eaten breakfast every day in the previous seven days. This rate is higher than their parents and caregivers' reported daily breakfast consumption (68.8%).
- Children whose parents or caregivers eat breakfast every day are more likely to do the same compared with children whose parental figures do not eat breakfast every day.
- There is a marked steady decline in daily breakfast consumption between the youngest children in the sample (93.1% of 5 to 7-year-olds) and older children (72.2% of 14 to 16-year-olds).
- Higher parental education level is associated with higher rates of daily breakfast consumption for both parents/caregivers and for children.

About the Health and Lifestyle Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years, starting in 2008. The 2012 HLS consisted of a sample of 2,672 New Zealanders aged 15 years and over who provided information about their health behaviours and attitudes relating to tobacco, sun safety, healthy eating, gambling, and alcohol. Parents and caregivers also responded to a subset of questions for 806 children aged 5 to 16 years.
- In 2012, the parent/caregiver sample, with a response rate of 87.7%, included 337 people of European/Other ethnicity, 211 Māori, 213 Pacific people and 45 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, proportions and 95% confidence intervals were produced. Odds ratios were undertaken to compare responses between groups.
- The significance level used for statistical analyses was set to $\alpha=0.05$.
- A full description of the 2012 HLS survey methodology and further HLS publications can be found online at <http://www.hpa.org.nz/research-library/research-publications.compared-with-never-smokers>).

About the HPA

The 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, and prevent disease, illness and injury. The HPA also enables environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

Citation

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