



hbsc

**HEALTH BEHAVIOUR IN
SCHOOL-AGED CHILDREN**

WORLD HEALTH ORGANIZATION
COLLABORATIVE CROSS-NATIONAL STUDY

DIETARY HABITS

An overview of adolescent dietary behaviours



The Health Behaviour in School-Aged Children (HBSC), a WHO collaborative cross-national study, collects data on 11-, 13-, and 15-years old boys' and girls' health and well-being, social environments and health behaviours every four years. The 2009/2010 survey was conducted in 43 countries and regions across Europe and North America.¹

To assess dietary habits the survey asked how often young people usually have breakfast on schooldays and on how many days young people usually eat fruit, vegetables and soft drinks. Daily breakfast consumption and eating fruit, vegetables and soft drinks daily or more often are presented overleaf.

Why should we pay attention to this issue?

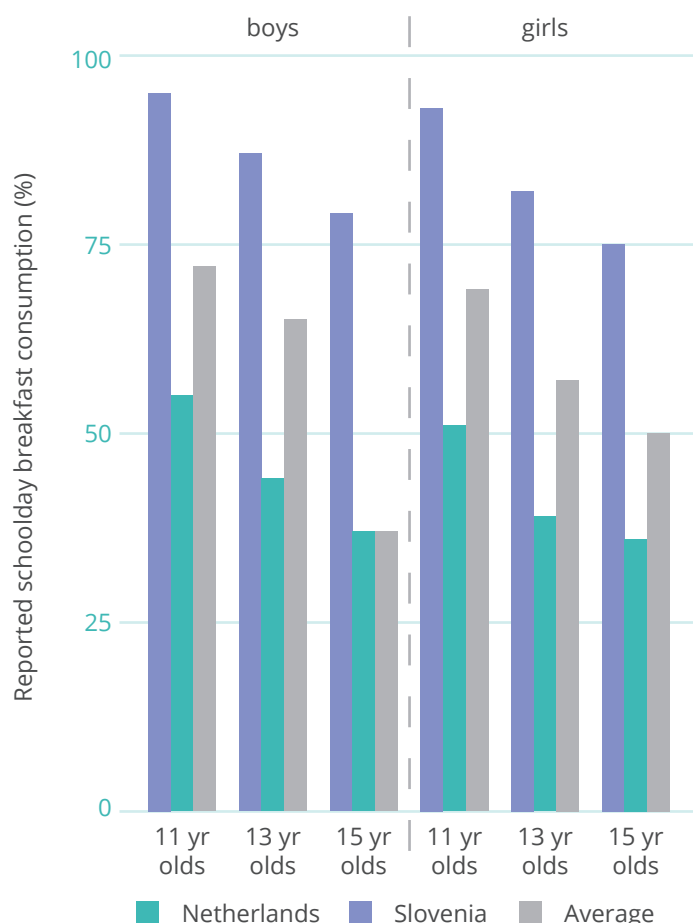


Eating a balanced and varied diet and establishing healthy eating habits among youth can promote optimal health, growth and development. An unbalanced diet with a reliance on energy-dense, nutrient poor foods is one of many contributing, but important factors to the obesity epidemic.

Data from HBSC on body weight, while based on self-reports, illustrate that gender differences

are apparent with boys tending to be more overweight than girls in most countries. Daily breakfast consumption and eating fruit and having soft drinks daily or more often in countries with the highest and lowest prevalence and HBSC average consumption are presented overleaf.

Eating breakfast every schoolday



Age

Prevalence of daily breakfast consumption declined significantly by age among boys and girls in almost all countries and regions. The change exceeded 15% in around a third of countries for boys and girls.

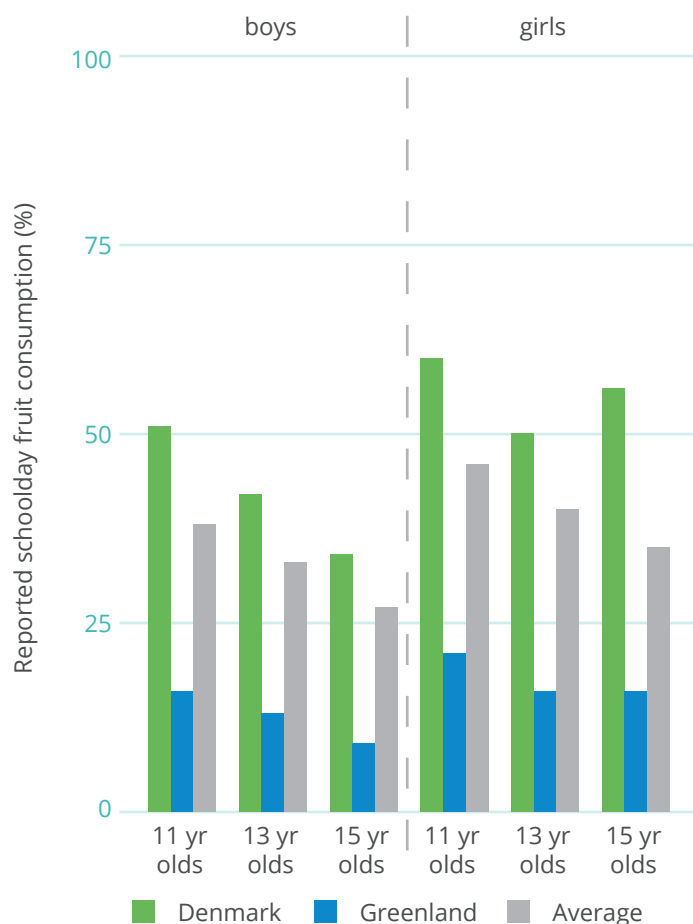
Gender

Boys are more likely to eat breakfast in almost all countries, gender difference was greater among 13 and 15 year olds for whom prevalence differed by more than 10%.

Family Affluence

Adolescents from high-affluence families in most countries and regions were significantly more likely to report eating breakfast, with differences exceeding 15% in a few countries.

Daily fruit consumption



Age

Prevalence of fruit consumption decreased for boys and girls between the ages of 11 and 15. The difference was significant in almost all countries and regions among boys and in most for girls, being more than 15% in around a quarter.

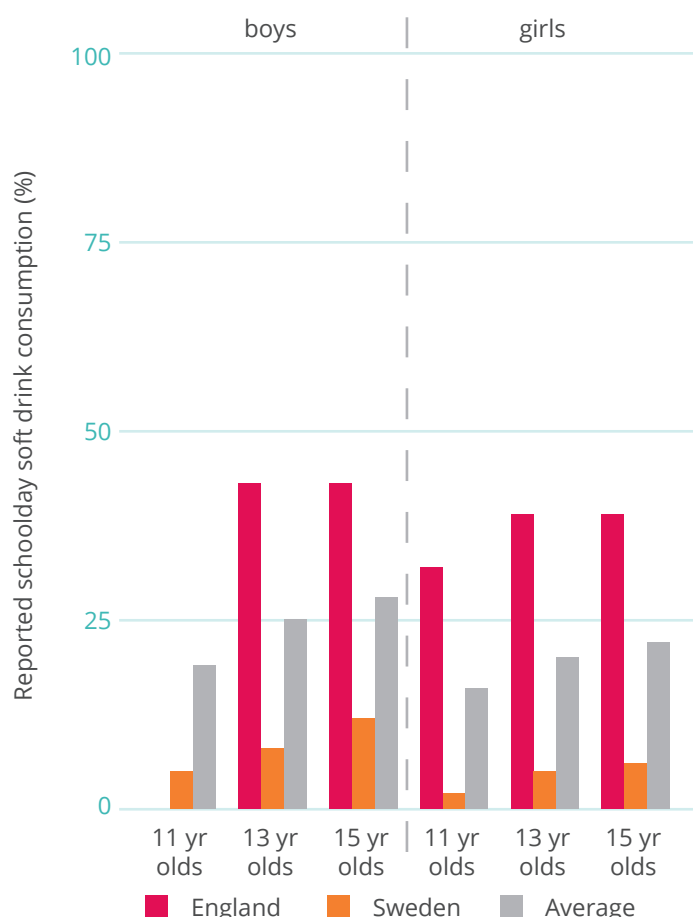
Gender

Girls had a significantly higher prevalence of daily fruit consumption in around a quarter of countries and regions, with gender differences being more than 10% in about a third.

Family Affluence

Girls and boys from high-affluence families in most countries and regions were more likely to eat fruit daily. The differences were more than 10% in a minority of countries for boys and in most for girls, for whom the differences were more than 15% in around a quarter.

Daily soft drink consumption



Age

Prevalence of soft drinks tended to increase between ages 11 and 15, especially in boys, with a significant difference in most countries and regions. The difference in prevalence across age groups exceeded 10% in just under half of countries and regions for boys and in a few for girls.

Gender

Soft drink consumption was higher among boys in most countries and regions across all age groups. The difference was more than 10% among 15-years old in a few countries.

Family Affluence

Young people from low-affluence families in around a third of countries and regions were significantly more likely to report daily soft drink consumption. However, this trend was reversed, particularly among boys, in a few countries.

Cross-national differences



Variation in breakfast consumption across countries may be attributable to cultural practices around meal patterns that either encourage or discourage breakfast consumption, and to socioeconomic factors. There is no clear geographic pattern in fruit consumption. However availability, price and cultural factors are

likely to play a role in cross-national variations. The lowest levels of soft-drink consumption are found in northern Europe and the Baltic states which may in part be related to national and local policies on marketing, availability, price and accessibility of these products to young people.

How can policy help?



The HBSC findings underline the need for policy to support interventions that increase daily breakfast and fruit consumption while decreasing soft drink intake among young people. The decline in healthy dietary habits with age is clear, indicating that adolescence is a key period for dietary interventions. Adolescent's increased autonomy, financial independence and greater access to food outside the home are important factors to consider.

The food environment in and around schools may be one route to consider. However, a supportive family environment is also fundamental to improving young people's dietary habits and this is linked, at least in part, to the cost and pricing structure of breakfast and other foods of which policy can play a role.

The differences in dietary habits by gender may be attributed in part to gendered views of health

in general and body weight in particular, with girls more weight conscious than boys, with skipping breakfast and eating fruit employed as a common weight-control strategy. This may also in part explain why girls consume less soft drinks than boys but their knowledge about food and nutrition may also play a role. Autonomy, access to and marketing of items such as soft drinks may also explain the findings.

Family circumstances that allow the purchase of nutritious breakfast foods and provide a supportive home environment may partially explain the positive association between breakfast consumption and family affluence. The relationship with family affluence and fruit consumption may partly result from the pricing structure of fruits in comparison with higher energy, less healthy alternatives. Fruits may not be considered affordable by families on lower incomes.

The data indicate that the needs of countries and regions differ. Policy needs to be cognisant of the numerous and inter-related factors that influence dietary habits in respective countries

Policy-makers and practitioners should consider the following:

- Policy should facilitate the implementation, on a large scale, of evidence informed strategies to influence eating behaviours of young people.
- Family based programmes could be considered as food related parenting practices have an important influence on eating habits of children and adolescents.²
- The holistic approach of the health promoting school is effective in influencing eating habits across countries.³
- Gender responsive interventions for dietary behaviours should be considered.⁴
- The marketing of food and beverage products high in fat, sugar and salt to children is recognized in Europe as an important element in the etiology of child obesity. Countries could adopt policies that reduce the extent of exposure to, and the power of, marketing messages which promote the consumption of foods high in saturated fats, trans-fatty acids, free sugars or salt.⁵

References



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