

Breakfast: Barriers and Facilitators

Background

In 2010 the Health Sponsorship Council (HSC) commissioned a qualitative study into barriers to, and facilitators of, breakfast consumption in children from low-income Māori and Pacific households. The purpose of the study was to provide insight into the specific issues faced by these households in order to inform the development of HSC's breakfast promotion.

Note: The findings here cannot be generalised due to the research method used. However, the findings do provide useful insights and some findings, such as the frequency of breakfast consumption decreasing with age, are supported by larger scale research projects.

Methodology

There were 23 participants across four focus groups - two Māori groups, one Samoan group, and one non-Samoan Pacific group. Participants had three key characteristics:

1. The parent of at least one child aged 8 to 16-years, who ate breakfast fewer than five days a week, or did not eat a cereal or bread-based breakfast (for instance, had pie or instant noodles), or never ate breakfast.
2. In charge of the morning routine in the household.
3. Household income less than NZ\$40,000 a year.

The focus group discussion covered the morning routine in the participants' households, their general thoughts on breakfast, and how to encourage children to eat breakfast more often.

Key Points

- Participants had heard breakfast is important but many did not know why it was important or did not believe the messages.
- Most participants did not eat breakfast themselves.
- Price, rather than nutritional value, was the primary deciding factor for which breakfast foods were most commonly bought.
- Research indicates the frequency of breakfast consumption decreases from around 8-years-old. This is also the age when most of the participants believed children should have the responsibility for making their own breakfast.
- Participants reported their children prioritised other morning activities over breakfast.
- Participants who did not value breakfast themselves did not encourage their children to eat breakfast.
- Children who ate breakfast tended to have parents who believed breakfast was important, ate breakfast themselves, valued routine, and had a strong health focus. Other children ate breakfast because they did not have to make it themselves.
- Participant suggestions for increasing breakfast consumption frequency in their children included modelling the behaviour for their children, choosing foods that appealed to their children, and ensuring there was time for breakfast in the morning.

Breakfast: Barriers and Facilitators (continued)

Key Points Explored in Detail

In the morning the children (8 to 16-years-old) almost always took care of themselves - dressing, getting ready for school, and making breakfast if they ate it. Most parents could describe what their children had done on the morning of the focus group, while some had left for work before their children went to school.

Most of the participants had heard breakfast was important but about half could not say why. Of those who could give reasons for why breakfast was important, only some believed these reasons to be true.

Wheat biscuits were the most commonly consumed breakfast, followed by porridge, toast, puffed rice, and cornflakes, with more expensive breakfast foods (eg, Nutri-Grain®) consumed less often. Cost was the main reason for choosing a breakfast food - the nutritional benefits of the food were never mentioned by the participants. Additionally, many of the participants lacked knowledge about which breakfast foods were best for adults and children.

The participants' perceptions of why children did not eat breakfast included their children's focus on appearance in the morning (eg, preening), skipping breakfast to avoid weight gain, not having breakfast made for them, and parents not eating breakfast themselves. (Note - these are not the children's reasons for not eating breakfast and are not necessarily accurate eg, skipping breakfast is not a good weight-control technique).

Participants who viewed breakfast as being unimportant were less likely to encourage their children to eat breakfast. Some participants

reported their children were doing well at school or in sport and, therefore, did not feel the need to encourage breakfast consumption to aid these areas. Most participants did not eat breakfast themselves, which some participants acknowledged meant that they did not actually view breakfast as important, even if they had said it was. If children did not want to eat breakfast they were usually allowed to skip it to avoid arguments in the morning, especially over something the parent viewed as unimportant.

Most participants thought children older than eight or nine could make breakfast themselves and handed responsibility for breakfast preparation to the child, which is around the age that the frequency of breakfast consumption decreases. Parents retaining responsibility for their children's breakfast may slow the age-related decrease in breakfast consumption.

Children who regularly ate breakfast tended to have parents who believed breakfast was important and ate it, valued routine, and were focused on health. Alternatively, breakfast-eating children may have had breakfast made for them, or were offered a breakfast option they found appealing.

Participants thought they would be able to encourage their children to eat breakfast if they prepared it for them, ate breakfast themselves, made breakfast a family occasion, gave their children the foods they liked (within financial constraints), or ensured there was more time in the morning (note - these are only suggestions and have not been tested for effectiveness).

About the HSC

The HSC is a crown entity that uses health promotion initiatives to promote health and encourage healthy lifestyles, with a long-term focus on reducing the social, financial and health costs of a number of health behaviours.

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Breakfast-eaters *have it better.*