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Maternal Sociodemographic Characteristics and Behaviors as Correlates of Preadolescent's Breakfast Habits

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ABSTRACT

Purpose: To explore factors affecting skipping breakfast rate, and to identify its perceived reasons among preadolescent students and their mothers in Jordan.

Design and Methods: Using cluster stratified sampling, preadolescent (10–11 years) students ($N = 1915$) and their mothers ($N = 1299$) from 26 public and private schools completed a self-reported questionnaire. Breakfast skipping and its related habits were described. Children's and mothers' perceptions of regular breakfast eating and sociodemographic factors were analyzed in relation to breakfast skipping in children.

Results: Although the majority of both children and mothers perceived breakfast as very important, 23% of the children and mothers reported skipping breakfast. Male students skipped breakfast more than female students. Students whose mothers had a low level of education and students with a low value of breakfast consumption had a higher likelihood of skipping breakfast. Mothers' high value of breakfast and encouragement of children to eat breakfast were directly related to an increase in children's perceived importance of breakfast consumption. Preadolescents' and mothers' perceptions of the importance of breakfast and mothers' encouragement to eat breakfast were significant predictors of breakfast consumption among students.

Conclusion: The high prevalence of breakfast skipping among students, and knowledge about association between mothers' perceived importance of breakfast consumption and encouragement highlighted the pivotal role of mothers in preadolescent's breakfast consumption.

Practical implications: The findings suggest that health care providers, including school health practitioners, are recommended to assess children's and mothers' perceived value of breakfast and to include mothers in health promotion interventions on breakfast consumption.

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Introduction

Breakfast is one of the most important daily meals, particularly during childhood. The positive effect of regular breakfast consumption on the health, educational progress, and cognitive development among children is well documented among children of diverse age (Adolphus, Lawton, & Dye, 2013; de la Hunty, Gibson, & Ashwell, 2013; Liu, Hwang, Dickerman, & Compher, 2013). Preadolescence, often cited as the period from age 8 to 11 years, is a significant stage of childhood in which the developmental and physical characteristics of school-age children overlap with those of adolescents (Rodgers, 2013). Those studies focused on preadolescent children have shown

that regular breakfast consumption is associated with improved mental performance, neural functioning (Pivik, Tennal, Chapman, & Gu, 2012), and school achievement (Littlecott, Moore, Moore, Lyons, & Murphy, 2016; Smith et al., 2014).

Despite the growing evidence to support the importance of a regular breakfast intake, skipping breakfast (SB) and unhealthy eating habits were commonly reported among children. From an international perspective, SB rates were reported to range between 16.6% and 23.1% in 12 countries spread across all major geographic regions of the world (Zakrzewski et al., 2015) and between 25% and 67% across 41 European and North American countries (Vereecken et al., 2009). Given the high prevalence of SB among children, exploring the reasons and factors associated with SB is important to conduct successful health promotion interventions.

Concerns about nutritional health among school-age children provoked the initiation of School Breakfast Programs in many countries in the world. The impact of school breakfast programs has been reported in numerous studies, with the direction of evidence indicating a positive

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effect of these programs on the breakfast consumption rate, general health, nutritional status, and academic achievement of youths (Affenito et al., 2013; Anzman-Frasca, Djang, Halmo, Dolan, & Economos, 2015; Frisvold, 2015). However, school meal programs do not exist in many countries across the world, which place the responsibility of maintaining the children's nutritional health on the children themselves, family caregivers, and health care professionals. Therefore, it is important to identify the reasons and factors associated with SB to better direct preventive and nutritional health promotion efforts among, and for, preadolescent children.

Theoretically, health promotion interventions targeting children at early ages promise better behavioral outcomes later in life. Previous studies have shown that nutritional and feeding habits change consistently as school-age children progress in their growth and development toward early adolescence (Coppinger, Jeanes, Hardwick, & Reeves, 2012; Stea, Vik, Bere, Svendsen, & Oellingrath, 2015; Wang et al., 2016). Children tend to skip breakfast more frequently with increased age (Coppinger et al., 2012). In one study, each year's increase in age was associated with a 10% greater likelihood that a child would miss breakfast (Tin, Ho, Mak, Wan, & Lam, 2011). It is important to explore breakfast eating habits, including breakfast skipping behavior, its associated factors, and potential reasons for SB among preadolescents, especially because it is during this age group that independent personalities, values and habits begin to develop, as children progress toward adolescence.

Previous studies from different countries have shown that children skip breakfast for a number of reasons including factors related to no desire to eat food in the morning, lack of time and, in some cases, weight control (Cheng, Tse, Yu, & Griffiths, 2008; Mullan et al., 2014; Veghari & Mansourian, 2013; You, Kim, & Chang, 2009). The prevalence of breakfast skipping among children varies according to different factors, including demographic and socioeconomic characteristics (Sandercock, Voss, & Dye, 2010; Veghari & Mansourian, 2013). Variations by region and ethnicity in SB in particular, and eating habits in general, have also been reported (Mullan et al., 2014; Veghari & Mansourian, 2013; Wijtzes et al., 2015). However, evidence on factors and reasons associated with SB, for preadolescent as a separate age group, is sparse.

The purpose of this current survey was to expand the understanding of SB habits among preadolescents and to provide evidence to design interventions to promote the nutritional health of children. Specifically, this study was done to a) determine the prevalence of SB; b) identify its perceived reasons; c) describe the breakfast related habits and beliefs of children and their mothers; and d) explore the effects of sociodemographic factors, habits, and beliefs relating to SB in a sample of 10 to 11 year old children from Jordan.

Jordan is a country of approximately 1,568,325 school children under 14 years of age distributed across 5964 public and private schools over three regions of the country: North, Middle, and South (Department of Statistics, 2012). Despite the growing community interest of promoting children's health in Jordan, coordinated nutritional health promotion programs are partial; school breakfast programs are not part of the school system in Jordan. This omission makes evaluating the prevalence, reasons, and factors affecting the breakfast skipping behavior among schoolchildren a priority.

Method

Design

The results reported in this paper are part of a larger study examining SB, weight status, and their correlates among schoolchildren and their mothers in Jordan. This study used a cross-sectional descriptive correlational design. The results regarding SB, the reasons for SB, and the eating habits and sociodemographic factors associated with SB among Jordanian fifth-grade students are reported in this paper. Other results have been reported elsewhere.

Procedures

Self-report questionnaires were distributed to a nationally representative sample of fifth-grade students and their mothers from February to May 2015. The students were approached in seven private and nineteen public primary schools in Jordan. The number of students in each city was selected using a proportional cluster stratified sampling protocol to reflect the population distribution from the three regions, namely: 60% from the Middle, 30% from the North, and 10% from the South of the country; these proportions were provided by the Department of Statistics (2012). The schools were randomly selected from a list provided by the Ministry of Education of all primary schools in the selected regions.

Approximately 40 to 50 students were approached in two randomly selected fifth-grade classrooms in each school. On average, single classrooms comprised 40 students in public schools and 20 students in private schools. Through collaboration with school teachers, the students were verbally invited to participate in the study, based upon parental approval. Invitation letters were sent with the students to their parents. The letters included a detailed description of the study and an explanation of each research participant's rights. Mothers who agreed to participate with their children were asked to sign consent forms.

Self-report questionnaires were administered on Sundays (the first school day of the week in Jordan), with one research assistant reading the questions, while the other two helped the students to answer the questions, as and when such input was appropriate. Students completed the questionnaires in the classroom, and the questionnaires were collected on the same day.

Mothers' questionnaires were sent with the participating students and were completed at home and then returned to the school staff. All questionnaires were anonymous, and codes were used to link the children's and mother's questionnaires, thereby ensuring the appropriate level of confidentiality.

Participants

The estimated number of fifth graders (age 10 to 11 years) attending primary schools in Jordan is 191,000 (Department of Statistics, 2012). All male and female fifth-grade preadolescents attending primary schools, and their mothers, were eligible to participate in the research. Students with chronic diseases were excluded from the study. Chronic diseases in childhood, and their treatment, may affect children's appetites and eating habits, as well as parental feeding styles. Children and mothers with intellectual or other mental challenges and/or who were unable to comprehend written language were also excluded from the study.

Ethical Considerations

Study approval was obtained from the Institutional Research Board committees at The Jordan University of Science and Technology and the Ministry of Education in Jordan. All participants received written information about the study. Participation in the survey was voluntary and informed consent was obtained from parents before the survey. Children's approval to participate in the study was also obtained. Measures to assure anonymity and confidentiality were applied.

Instruments

The study instruments consisted of two structured questionnaires, one for students and one for mothers; with each questionnaire containing two sections. The first section included questions about the participants' sociodemographic characteristics, and the second section included questions and measurements related to the study's interests. The researchers developed all of the questions described in this paper.

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