



World Health
Organization

REGIONAL OFFICE FOR Europe

FACT SHEET, 15 March 2016

ADOLESCENTS' DIETARY HABITS

This fact sheet presents highlights from the international report of the 2013/2014 **Health Behaviour in School-aged Children (HBSC)** survey. HBSC, a WHO collaborative cross-national study, asks boys and girls aged 11, 13 and 15 years about their health and well-being, social environments and health behaviours every four years. The 2013/2014 survey was conducted in 42 countries and regions across the WHO European Region and North America.

BACKGROUND

Eating a balanced and varied diet and establishing healthy eating habits promotes young people's health, growth and intellectual development across the life-course. Most notably, a healthy diet and body weight reduces the risk of ill health and premature death from noncommunicable diseases (NCDs).

A healthy diet can have a significant effect on many of adolescents' main concerns by contributing to maintaining a healthy weight, improving physical and intellectual performance, optimizing growth and improving skin health. An unbalanced diet with a reliance on energy-rich, nutrient-poor foods is an important factor in the current epidemic of obesity and NCDs. WHO guidance to Member States on healthy diets encourages all people, but particularly adolescents, to eat less food that is high in calories, fats, free sugars or salt/sodium, and more fruit, vegetables and dietary fibre, such as whole grains.

Some diet-related behaviours are particularly important during adolescence. Regularly eating breakfast, for example, is thought to reduce snacking and consumption of energy-rich foods. It also increases intake of essential micronutrients, including iron, calcium and vitamins C, B and D, and fibre. Skipping breakfast remains very common among young people in Europe, however, and is associated with other unhealthy behaviours such as smoking, alcohol consumption and sedentary behaviours.

Some food groups are hugely important during adolescence. Fruit and vegetable consumption during childhood is linked to many positive short- and long-term health outcomes, with a well established decreased risk of NCDs such as cardiovascular disease, diabetes, obesity and cancer in adulthood. Most countries recommend the consumption of five or more portions (> 400 g) of fruit and vegetables a day, but adolescents in many eat far fewer. Food preferences and eating habits established in adolescence tend to be maintained into adulthood, which makes increasing fruit consumption among children and adolescents an important public health issue.

KEY FACTS AND FIGURES

Age differences

Healthy eating behaviours become less common as young people move through adolescence, with the frequency of breakfast consumption, eating fruit and having evening meals with the family decreasing between ages 11 and 15, and soft-drink consumption increases with age.

Cross-national and gender differences

Eating breakfast is generally more common among boys and varies substantially across countries and regions; from 92% of 11-year-old boys in the Netherlands to 34% of 15-year-old girls in Albania.

Family affluence

Many inequalities in eating behaviours exist, with young people from less affluent families generally more likely to report a poorer diet.

Difference between 2010 and 2014

Little change in the low levels of fruit consumption is seen since the previous HBSC survey in 2009/2010.

Soft-drinks consumption has decreased slightly, especially among older adolescents.



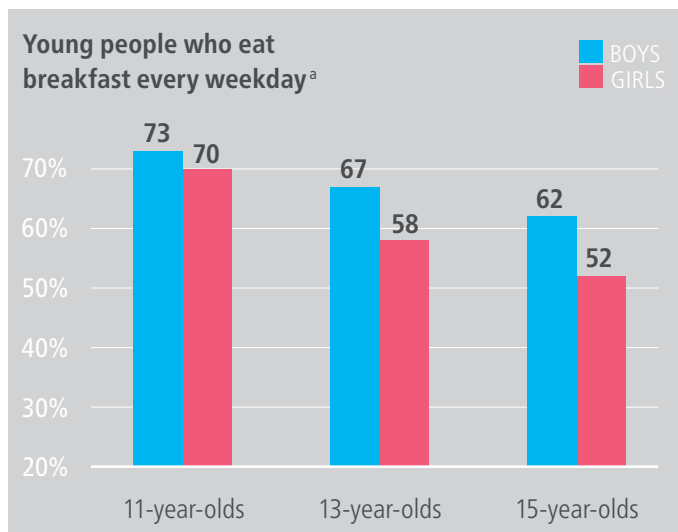
Certain types of foods and drinks should be limited to special occasions and are not suitable in the context of a healthy diet. Soft-drinks intake is higher among adolescents than in other age groups and is a matter of concern. Soft drinks with added sugar are associated with a greater risk of weight gain, obesity and chronic diseases such as metabolic syndrome and type 2 diabetes. Research shows that children with the highest intake of sugar-sweetened beverages are more likely to be overweight or obese than those with low intakes. Consumption can also directly increase the risk of dental caries (commonly known as tooth decay). Sugar-sweetened soft drinks are the main source of free sugars in children and adolescents' diets.

Taking regular meals as a family is associated with healthier diets for adolescents, providing an opportunity for parents to offer healthy choices and present an example of healthy eating.

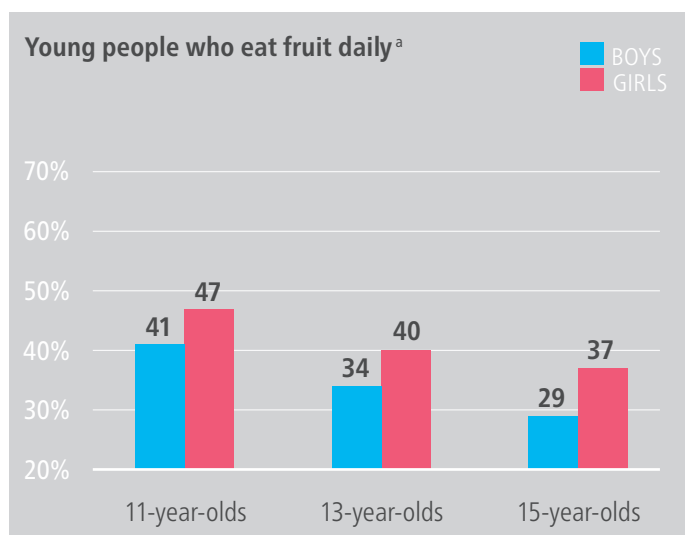
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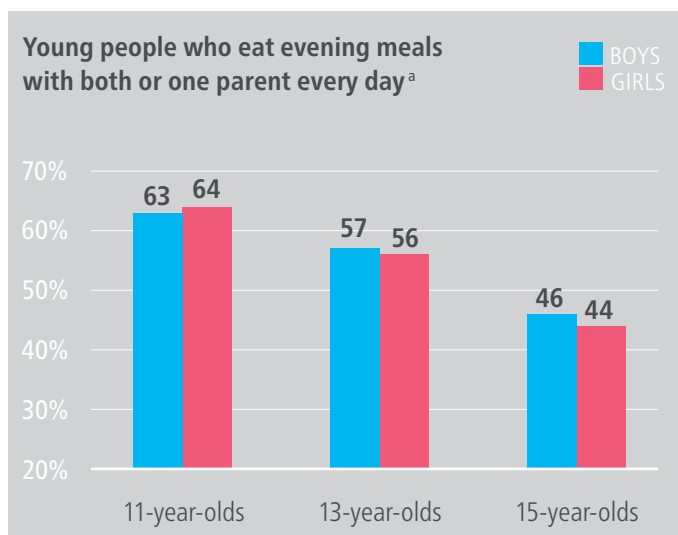
Soft-drink consumption increases with age, with significant differences between 11- and 15-year-olds found in 23 countries and regions for boys and 16 for girls. Age differences may be attributed, in part, to greater independence in food choice as children grow older.



^a Average across all countries in the HBSC report



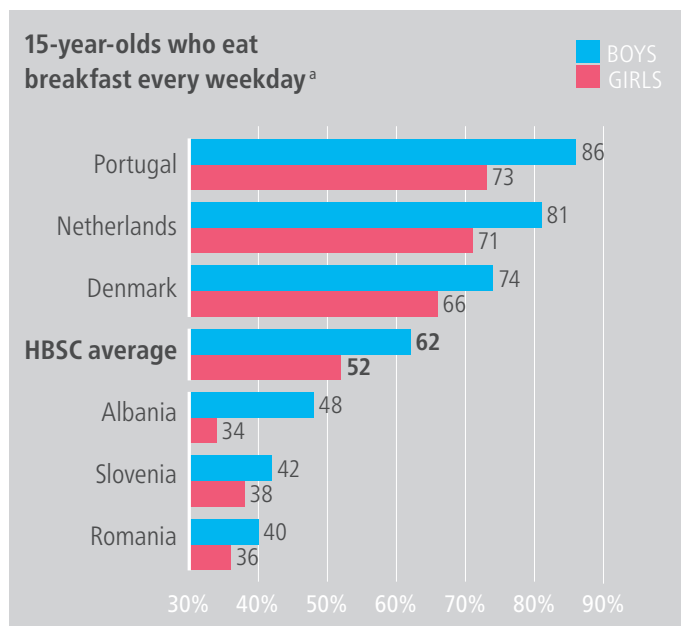
^a Average across all countries in the HBSC report



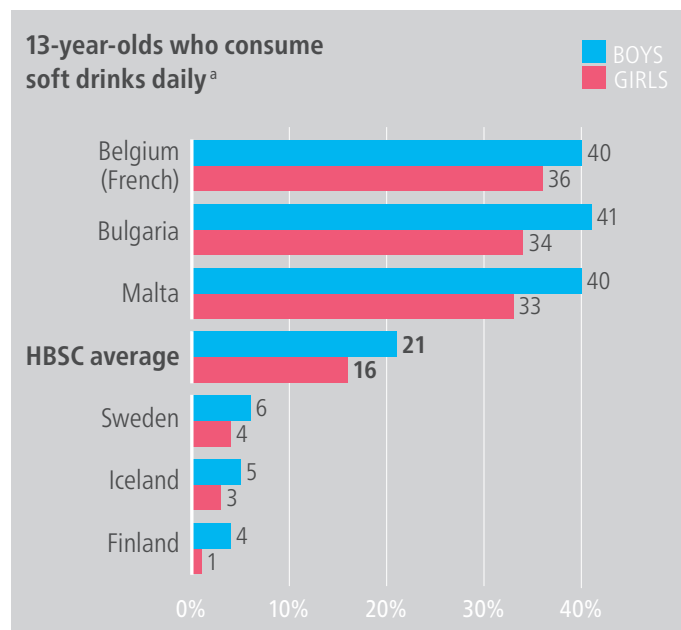
^a Average across all countries in the HBSC report

Cross-national and gender differences

Eating breakfast on weekdays varies substantially across countries and regions, from 92% of 11-year-old boys in the Netherlands doing so to 34% of 15-year-old girls in Albania. It is higher among boys, especially at ages 13 and 15. The largest gender differences are found in France (15-year-olds), Greenland (13-year-olds), and United Kingdom (England and Wales) (13- and 15-year-olds).



^a Top and bottom 3, and average across all countries in the HBSC report



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Levels of daily fruit consumption are generally below recommended levels. While they are higher among girls, rates are still relatively low.

Soft-drink consumption is more common among boys at all ages, except among 11-year-olds in Ireland and 13-year-olds in Israel, where girls are more likely to report it. Prevalence ranges from 42% in 15-year-old boys in Greenland to 1% among girls of all ages in Finland. Reported levels are particularly low in Scandinavian countries.

Frequency of having evening meals with the family also shows considerable variation between countries, from 88% of 11-year-old girls in Portugal to 13% of 15-year-old girls in Finland and Poland.

Family affluence

Many inequalities in eating behaviours exist, with young people from less affluent families generally more likely to report a poorer diet. Breakfast and fruit consumption are more common in those from higher-affluence families.

Soft-drink consumption is associated with lower affluence in most countries and regions, but is more common among higher-affluence groups in Albania, Armenia, Estonia, the Republic of Moldova and Romania.

Daily evening meals with the family tend to be more common among young people from higher-affluence families.

Difference from the previous HBSC survey

Little change in the low levels of fruit consumption is seen since the previous HBSC survey in 2009/2010. Levels of breakfast consumption have also remained steady.

Soft-drinks consumption has decreased slightly, especially among older adolescents: it is down from 28% for boys and 22% for girls at age 15 in 2009/2010 to 22% and 16% respectively.

HOW CAN POLICY HELP?

The WHO European food and nutrition action plan for 2015–2020 envisions a Europe in which the negative impacts of unhealthy diets and obesity in young people have been reduced dramatically.

Policies that not only improve consumption of healthy foods like fruit and vegetables among young people, but also influence the production, marketing, availability and affordability of foods rich in saturated fats, trans-fatty acids, free sugars and/or salt, are essential.

Specific actions include:

- adopting easy-to-understand nutritional information about food products, particularly those targeted at children and adolescents;
- improving knowledge, skills and competence about nutrition and healthy diets by focusing on food literacy and skills in childhood and adolescence;
- cracking down on unhealthy food environments in key settings such as schools, public institutions, catering establishments and retail environments where children and adolescents gather;
- regulating food availability in schools, restricting access to sugary soft drinks and increasing fruit and vegetable options;
- restricting marketing to children and using taxes or subsidies to influence purchasing decisions; and
- urgently and massively reformulating food products targeted at children and adolescents.

Successful adoption and implementation of these policies requires continuing emphasis on evidence-based multisectoral approaches. Attention is needed to ensure progress across the process, from development and sharing of good practices, to institutionalized, scaled-up implementation of effective measures.

Investing in children: the European child and adolescent health strategy 2015–2020 highlights the need for sectors to collaborate to facilitate healthier food choices throughout the life-course. It acknowledges that overweight and obesity are among the fastest growing health issues for children and adolescents, creating health problems later in life and producing an economic burden on health systems and societies.

Further information

Child and Adolescent Health
WHO Regional Office for Europe
Email: lifecourse@euro.who.int
Website: www.euro.who.int/cah

Health Behaviour in
School-aged Children study
Email: info@hbsc.org
Website: www.hbsc.org