

FACT SHEET FOR PROFESSIONALS

BREAKFAST CEREALS AND CHILDREN

Breakfast cereal is the most popular breakfast choice among Australian children. The 2014 ABS CensusAtSchool data – a voluntary survey of 16,112 Australian school aged students – revealed on the day of the survey 35.7% ate breakfast cereal, followed by bread and bread products (26.3%) and milk products (12.4%).¹

Regular consumption of breakfast cereals by children and adolescents is associated with:

- **diets higher in vitamins and minerals,**
- **a greater likelihood of meeting recommended nutrient intakes, and**
- **a lower BMI and reduced risk of being overweight or obese.**

Contribution to nutrient intakes

Breakfast cereal provides children with:

- around 20% of their daily thiamin, riboflavin, folate and iron intake,²
- around 10% of their daily fibre intake,^{2,3}
- less than 5% of their sodium intake,⁴ and
- just 4% of their total sugars intake.^{2,3}

Healthier diets

The evidence suggests children and adolescents who regularly eat breakfast cereal have better overall diets, specifically:

- they have diets that are higher in vitamins and minerals (Grade B evidence),⁵
- they have a greater likelihood of meeting recommended nutrient intakes (Grade C evidence),⁵
- children who eat breakfast cereal are more likely to eat a wider range of foods at breakfast and have greater whole grain and milk intake,²
- milk consumed with breakfast cereal accounts for almost a third of the daily milk intakes of Australian children,³ and
- there is no difference in overall daily energy intake or total sugars intake whether children or adolescents consume pre-sweetened breakfast cereals or other breakfast cereals.⁵

Lower BMI and reduced risk of obesity

Scientific evidence consistently associates regular breakfast cereal consumption with healthy weights in children and adolescents. In summary:

- regular consumption of breakfast cereals is associated with a lower BMI and reduced risk of being overweight or obese in children (Grade B evidence),⁵ and
- for children who consume breakfast cereal, there is no difference in their risk of being overweight or obese whether they consume pre-sweetened cereals or other breakfast cereals (Grade C evidence).⁵

Improved cognition and school performance

There is a significant body of research supporting the role of breakfast and improved mental and physical performance. This includes:

- eating breakfast helps children to perform better at school, in both mathematical and creative tasks,⁶⁻⁸ and
- a review of 50 years of research on breakfast and cognition in children concluded that eating breakfast was better for cognitive function than missing breakfast.⁹ It also highlighted that eating a good quality breakfast which contained at least one serve of cereal, dairy and fruit had a positive influence on school performance.⁹

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No increased risk of dental caries

Consumption of breakfast cereals by children is not associated with an increased risk of dental caries (Grade B evidence).⁵

References

- 1 Australian Bureau of Statistics. Customised report on the CensusAtSchool data for the Australian Breakfast Cereal Manufacturers Forum. Canberra: ABS; 2014.
- 2 CSIRO. Additional analyses of the 2007 National Children's Nutrition and Physical Activity Survey. Canberra: Department of Health & Ageing; 2012.
- 3 Fayet F, Ridges L, Sritharan N, Petocz P. Breakfast cereal consumption is associated with higher micronutrient and milk intake among Australian Children. *Australasian Medical Journal* 2011; **4**(12):775.
- 4 Grimes CA, Campbell KJ, Riddell LJ, Nowson CA. Sources of sodium in Australian children's diets and the effect of the implication of sodium targets to food products to reduce sodium intake. *British Journal of Nutrition* 2011; **105**:468-477.
- 5 Williams PG. The Benefits of Breakfast Cereal Consumption: A Systematic Review of the Evidence Base. *Advances in Nutrition* 2014; **5**: 636S-673S.
- 6 O'Dea JA, Mugridge AC. Nutritional quality of breakfast and physical activity independently predict the literacy and numeracy scores of children after adjusting for socioeconomic status. *Health Education Research* 2012; **27**: 975-985.
- 7 Kleinman RE, Hall S, Green H *et al*. Diet, breakfast, and academic performance in children. *Annals of Nutrition & Metabolism* 2002; **46**(suppl 1): 24-30.
- 8 Wyon DP, Abrahamsson L, Jartelius M, Fletcher R. An experimental study of the effect of energy intake at breakfast on the test performance of 10-year old children in school. *International Journal of Food Science Nutrition* 1997; **48**: 5-12.
- 9 Hoyland A, Dye L, Lawton CL. A systematic review of the effect of breakfast on the cognitive performance of children and adolescents. *Nutrition Research Reviews* 2009; **22**: 220-243.

Interpreting evidence grades

According to NHMRC guidance, Grade A evidence is to be trusted to guide clinical practice, Grade B is to be trusted to guide practice in most situations, Grade C provides some support but care should be taken in its application, and Grade D is suggestive, where the body of evidence is weak and therefore the statement should be applied with caution.

About the Australian Breakfast Cereal Manufacturers Forum (ABCMF)

The ABCMF provides evidence-based, practical information so Australians can have a better understanding of the true value of breakfast cereals and breakfast as part of a healthy lifestyle. The ABCMF is a forum of the Australian Food and Grocery Council.

For more information contact ABCMF Director Leigh Reeve AdvAPD lreeve@afgc.org.au

Connect with ABCMF for the latest information on breakfast cereals:

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