

CO1.8: Healthy eating at ages 11, 13 and 15

Definitions and methodology

Healthy eating at ages 11, 13 and 15 is represented here using the proportions of children who eat fruit daily. Indicators are taken from the Health Behaviour in School-aged Children Surveys (HBSC) from 1992/93, 1997/98, 2001/02 and 2005/06. In 1992-93, the figures are reported as ‘Students who ate fruit once a day or more often’, in 1997/98 as ‘Students who report eating fruit every day’, in 2001/02 as ‘Young people who eat fruit every day’, and in 2005/06 as children of different ages ‘who eat fruit daily’.

Eating right is important for children’s development and long-term health. Eating fruit during adolescence in place of high-fat, sugar and salt products can protect against health problems such as obesity, diabetes, and heart problems. Moreover eating fruit when young can be habit forming, promoting healthy eating behaviours for later life.

Key Findings

Today, only around one-third of boys (32%) and two fifth of girls (41%) in the OECD eat at least one piece of fruit per day. Younger children eat more fruit than older children. Fewer boys than girls eat fruit daily, and for the majority of countries the gap between girls and boys is bigger for older children.

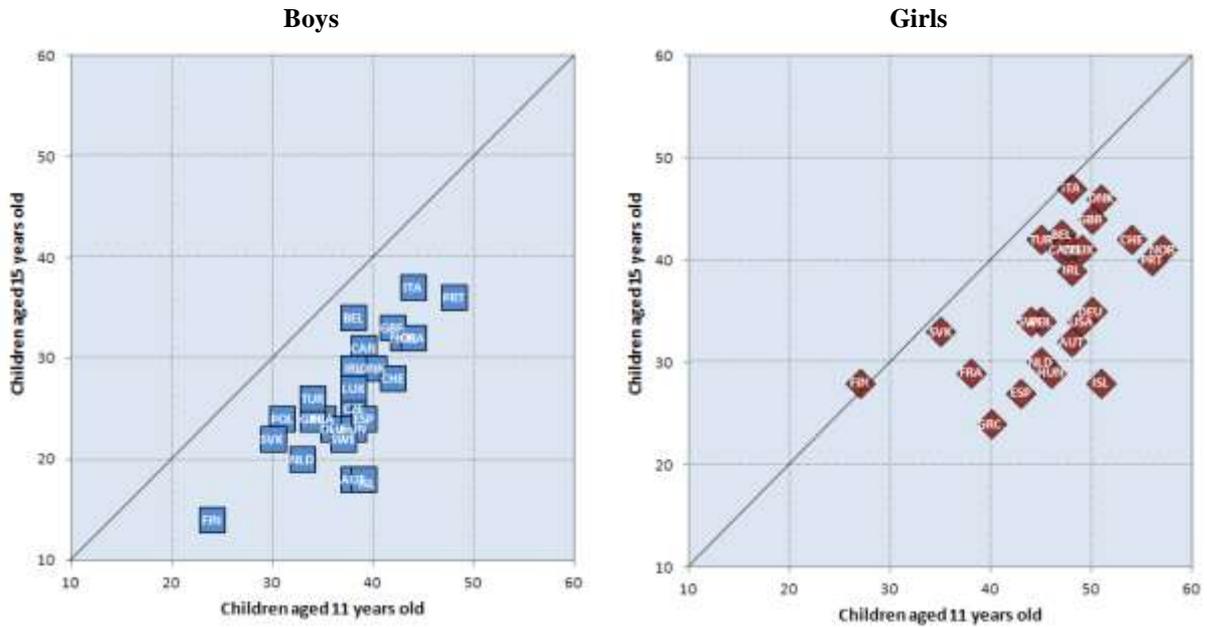
With the exception of girls in Finland, all OECD countries show a drop in fruit consumption as children age. Chart CO1.8.A plots the differences between daily fruit eating for 15 and 11 year-old boys and girls in 2005/06. The drop is most severe for older boys in Austria and Iceland where rates fall in absolute terms by over 20 percent. Belgium is most successful in maintaining healthy eating habits as boys get older, with a fall in absolute terms of only 4%. The decline in fruit consumption among girls is highest for Iceland, where 50% of girls ate fruit every day at age 11 but only 30% do so at age 15). Austria, Germany, Hungary, Portugal, Norway, Spain and the United States all report marked declines in fruit consumption as girls get older.

For most OECD countries the gap between the fruit consumption of boys and girls is largest at age 15. Chart CO8.1.B reports a ratio of boys’ over girls’ daily fruit consumption at 11, 13 and 15 years of age in 2005/06. With two exceptions (13-year-olds in Italy and 15-year-olds in Greece), daily fruit consumption is higher amongst girls than boys. At age 11, differences between boys and girls eating fruit are smallest in France, Italy, and Spain, with 9 boys eating fruit every day for every 10 girls. Germany, the Netherlands and Poland have the biggest gaps at this age. At thirteen the gender gaps in most countries are similar to those for 11 years-old.

Other relevant indicators: CO1.7 *Obesity*, CO1.9 *Physical activity*, CO4.2 *Prevalence of smoking*

Chart CO1.8.A. As children age regular fruit consumption falls.

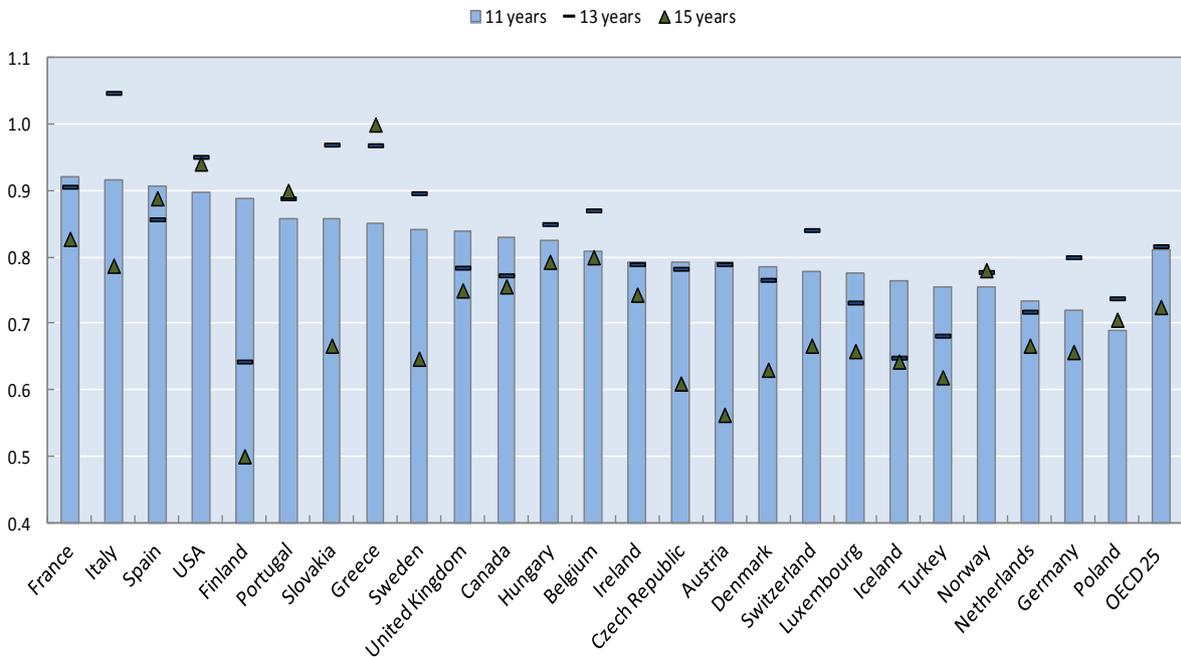
Regular fruit consumption at 11 and 15 years of age by sex, 2005/06



Source: Health Behaviour in School-aged Children Survey, 2005/06.

Chart CO8.1.B: In 2005/06 girls were eating more fruit than boys, a gap that increases by the time children reach 15 years of age

Ratio of boys' over girls' fruit consumption by age



Source: Health Behaviour in School-aged Children Survey, 2005/06.

Comparability and data issues

All data for this indicator are taken from the survey of Health Behaviour in School—aged Children (HBCS) undertaken in 1985/86, 1989/90, 1993/94, 1997/98, 2001/02, 2005/06. In 1992/93 and 1997/98 regional samples were used in France and Germany (Nancy-Lorraine and Toulouse-midi-Pyrénées in France, and North Rhine-Westphalia in Germany). In 2001/02 data for Germany are for four Länder (Berlin, Hessen, North Rhine-Westphalia and Saxony) and five Länder in 2005/06 (Berlin, Hamburg, Hesse, North Rhine-Westphalia, and Saxony). Estimates for the United Kingdom refer to data for England only. Belgium figures are an average of Flemish and French figures for each wave except 1997-98 when French Belgium did not participate in the HBSC survey. Data is drawn from school-based samples; Australia, Japan, Korea, Mexico and New Zealand are missing throughout.

Sources and further reading: Currie C et al (eds) (2008) Inequalities in young people's health: international report from the HBSC 2006/06 survey, *Health Policy for Children and Adolescents, No.5*, WHO Regional Office for Europe, Copenhagen; OECD (2010), *Obesity and the Economics of Prevention: Fit not Fat*, OECD, Paris.