

## ABSTRACT

Breakfast means to “break”, the “fast” - the fast being the almost 12 hour or longer period of not eating after the dinner. It is the most important meal of the day and around one-third of daily requirements should be obtained from it. There are tremendous benefits of taking breakfast regularly, according to published literature. Inadequate breakfast leads to nutritional deficiencies and reduces the concentration and analytical power of individuals. Skipping breakfast tend to make individuals consume junk food and a heavy lunch which ultimately leads to developing non-communicable diseases in adulthood, which is an emerging problem in Sri Lanka. The nutritional status of adolescents in Sri Lanka is not satisfactory in spite of numerous efforts made, and it is essential to have a nutritious breakfast for all to be blessed with a physically and mentally healthy nation in the long run for development.

A community based cross sectional study was done in the area of Medical Officer of Health (MOH), Kelaniya among the school-going children between 10 and 15 years of age and their mothers/caregivers. The objectives of the study were to describe socio-demographic and other selected characteristics of children, to describe the pattern of taking breakfast, to describe the preferred pattern of taking breakfast and to describe knowledge, attitudes and practices among mothers/caregivers in relation to their children's breakfast.

The cluster sampling method was used and the data was collected throughout 14 Public Health Midwife (PHM) areas out of the 28 such areas in Kelaniya, where an interviewer administered questionnaire was used. Pre-testing of the questionnaires and pilot testing were performed and every effort was done to maintain the quality of data at every stage.

Key findings were that the frequency of taking breakfast was low where only 34.0% of children had breakfast four or five days per five-day school week, 41.5% of them ate on two or three days and 24.5% of them ate only on one day or not at all.

Skipping of taking breakfast was more among girls than among boys and the frequency of taking breakfast decreased with advance in age. The category of the school attended and the duration of travel from home to school had a distinct bearing on the frequency of taking the breakfast. There was no relationship between the place of taking breakfast and its frequency. A vast majority of children ate breakfast before 7.00 am, either at home or at school, and more than one third of the children spent an inadequate time to eat breakfast. However, it was revealed that the majority of children preferred to have breakfast between 8.00 am and 9.00 am at school, taking five to ten minutes.

Milk, milk based food, bread and other wheat-flour based food was consumed by a large percentage of children more frequently, whereas consumption of rice, milk rice and fatty food was average. Consumption of pulses, vegetables, fruits, meat, fish and eggs at breakfast was not satisfactory. More than 15% of students drank soft drinks on four or five days a week. A large percentage of children preferred to consume rice, milk rice, fruits and vegetables but the percentage that actually consumed them was low.

The practices with regard to breakfast were relatively low compared to knowledge and attitudes. Though there was a significant relationship between the mothers' level of education, knowledge and attitudes regarding their children's breakfast, there was no relationship between them and the practices actually adopted towards breakfast. Neither was there any statistically significant relationship between the frequency of taking breakfast and the mothers'/caregivers' level of education. It can be observed that the frequency of taking breakfast is higher among the children whose mothers/caregivers are employed.

It was therefore recommended to provide at least a 15 minute time period in school between 8.00 AM and 9.00 AM to have breakfast. This has to be implemented through advocacy, inter-sectoral coordination between health and education sectors and as well as education of school teachers, children and mothers regarding breakfast and behavioural change. It was also recommended to increase the availability of healthy food at school canteens.