

What's in the lunchbox?

Preparing a lunchbox for school-going children may have significant advantages for their eating behaviour and long-term health prospects, says **ZULFA ABRAHAMS** and her research team, following a study at disadvantaged schools in the Western Cape.



A joint study by the HSRC and the Medical Research Council on dietary habits of learners from disadvantaged schools in the Western Cape found that lunchboxes play an important role in the nutritional status of school-aged children.

Learners who take a lunchbox to school are more likely to consume a diet adequate in nutrients and are less likely to be overweight or obese, whereas learners who do not take a lunchbox to school are more likely to eat unhealthy snack foods sold at tuck shops or by vendors. Globally, non-communicable diseases are increasingly being recognised as major causes of illness and death, especially in low-income regions such as sub-Saharan Africa.

The burden of non-communicable diseases is growing in South Africa, where a complex mix of over-nutrition and under-nutrition is found. This has resulted in nutrition-related conditions such as underweight and overweight/obesity co-existing in primary schools.

In this study the researchers sought to identify and describe factors associated with tuck shops and lunchbox behaviours of primary school learners. Data from a cross-sectional survey of 717 learners (10 to 12 years) at 16 primary schools in the Western Cape was analysed.

DIETARY DIVERSITY

Most learners (69%) took a lunchbox to school. Children who took a lunchbox to school appeared to have greater dietary diversity, consumed more regular meals, had a higher standard of living and greater nutrition-

al self-sufficiency (competency) compared with those who did not. Learners who did not take a lunchbox to school would either not eat anything during the school day or would buy food from tuck shops or vendors.

Items commonly sold at schools were found to be high in energy, such as chips/crisps, sweets/candy and soft drinks, and high in fat.

The majority of learners who ate items from the tuck shop/vendor had a lower standard of living than those who did not. This suggested that learners from disadvantaged settings did not have control over their lunchbox behaviour. Thus provision of nutritionally adequate meals to these schoolchildren is essential.

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NUTRITIONAL KNOWLEDGE

Learners who did bring lunchboxes to school knew significantly more about nutrition compared with those who did not.

These learners displayed better nutritional behaviour, identified fewer barriers to healthy eating, and were more prepared to make healthy food choices.

Since this study sample represented children from disadvantaged settings, their lunch-

box behaviour may be completely unrelated to their lack of knowledge of nutrition, and it may be influenced largely by the family's financial situation.

It appears that lower-income households may not always have enough money to buy items needed to prepare a healthy lunchbox, but may have enough money to pay for cheaper, energy-dense snack items commonly sold at tuck shops. The dietary behaviour of disadvantaged children warrants attention in terms of nutritional health promotion, especially with regard to the importance of a healthy lunchbox.

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