



## Breakfast and Snack Patterns among Iranian Children and Adolescents: A Systematic Review

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### Abstract

**Background:** Breakfast is often considered the most important meal of the day; however, many children and adolescents regularly skip this morning meal. This study aims to investigate breakfast and snack consumption patterns, as well as the factors influencing these behaviors among primary and high school students in Iran.

**Materials and Methods:** In this systematic review, two independent researchers selected articles that reported on the status of breakfast and snacks among students from the Scopus, EMBASE, Cochrane Library, Web of Science, CINAHL, Medline, CIVILICA databases, and the Google Scholar search engine, without any time restrictions up to December 2022.

**Results:** A total of 21 studies involving 45,778 children and adolescents were included. The results indicated that 20.75% (9.3–32.2) of school children and 17.09% (2.1–32.08) of high school students skipped breakfast. Additionally, 54.1% (10.5–97.7) of children and 55.05% (17.3–92.8) of adolescents reported consuming breakfast regularly. Midmorning snack intake was observed in 55.35% (13–97.7) of children and 72.4% (48.6–96.2) of adolescents. The primary reasons for skipping breakfast included low appetite, waking up late, unappetizing foods, and lack of attention from mothers. A significant relationship was found between snack consumption and various factors, including maternal age, maternal educational level, gender, urban residency, and the students' birth order ( $p < 0.045$ ). An inverse relationship was identified between students' age and economic situation and breakfast consumption ( $p = 0.01$ ,  $r = -0.143$ ).

**Conclusion:** Breakfast skipping and snack consumption were common among children and adolescents. The primary reasons for missing breakfast included low appetite, waking up late in the morning, unappetizing foods, and a lack of attention from mothers. It is essential to develop school health promotion programs for parents and students to encourage healthy eating habits, including nutritious breakfasts and snacks.

**Key Words:** Adolescents, Breakfast, Children, Iran, Snack.

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## 1- INTRODUCTION

Breakfast, typically eaten in the morning, is the first meal of the day (1). The term refers to breaking the fasting period of the previous night (2). Various "typical" or "traditional" breakfast menus exist, with food choices varying across regions and cultures worldwide. Nutrition is an essential factor in promoting and maintaining health, and it varies depending on the activity levels of children and adolescents. Childhood and adolescence are critical periods for developing lifelong nutritional habits (3, 4).

Nutrition, particularly through breakfast, plays a crucial role in the health and academic success of students. Skipping breakfast is associated with decreased accuracy, reduced mental concentration, and increased academic failure. Missing this meal can lead to a decline in the nutrients available to the brain and, ultimately, a decrease in cognitive function (5). A study conducted in the country indicates that approximately 40% of children do not eat breakfast (4), despite it being recognized as the most important meal of the day, with regular consumption positively impacting physical, mental, and social health. This essential meal is more frequently overlooked by children and teenagers than by other age groups (6, 7).

The rate of skipping breakfast varies across populations (8). Children and adolescents who skip breakfast tend to have poorer nutrient intakes than those who do not (9-11). Eating a regular breakfast has been linked to a greater intake of fiber, calcium, iron, vitamin C, and other nutrients, as well as a lower intake of fat, cholesterol, and sodium (12-14). Breakfast skipping among children and adolescents is associated with several negative health outcomes and health-compromising behaviors, including higher blood cholesterol and insulin levels, smoking, alcohol use, physical inactivity, disordered eating, and unhealthy weight

management practices (15-20). When students miss a healthy morning meal, they go to class hungry. Hunger is associated with lower physical activity, stomachaches, headaches, depression, anxiety, and a decreased ability to focus (21). Additionally, children and adolescents experiencing hunger tend to have lower math scores and generally poorer grades and are more likely to fail a grade (22, 23).

Studies show that students with inadequate appetite and limited opportunities to eat breakfast are more irritable in the classroom and show reduced interest in learning due to fatigue and lack of energy (24, 25), often resorting to snacks at school to satisfy their hunger. High consumption of low-nutritional-value foods among children and adolescents has consequences such as obesity, tooth decay, and chronic diseases (26). Proper nutrition and the appropriateness of school food programs are essential for maintaining the health of children, especially during school age, due to their greater vulnerability, significant representation in the population, and the increased effectiveness of health interventions in this period (27, 28).

Based on the above, good nutrition—especially through breakfast—is a crucial factor in human progress within society. The state of nutrition and health serves as an indicator of social well-being (4). Inadequate nutrition hinders the growth of children and adolescents, contributes to the spread of diseases, diminishes physical and intellectual capacity, and can lead to conditions such as depression among students (5). Therefore, in alignment with government policies aimed at improving nutrition among target groups, particularly students, it is essential for healthcare providers to understand the eating patterns of children and adolescents and the reasons for skipping breakfast during school (6). However, statistics vary across different regions of the country, and there is a lack

of comprehensive reviews of studies that determine the prevalence of breakfast consumption and the reasons for its omission among various age groups of students (3). This study aims to investigate and review breakfast and snack consumption patterns, along with their influencing factors, among primary and high school students in Iran.

## 2- MATERIALS AND METHODS

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement was used as the framework for this review (29).

### 2-1. Eligibility criteria

The Participants, Interventions, Comparators, and Outcomes (PICO) framework was used to formulate the review objective and inclusion criteria.

- **Participants:** Iranian primary and high school students aged 6 to 19 years.
- **Interventions:** The included studies were non-interventional; therefore, there was no intervention group.
- **Comparison:** No comparison group was included in the studies.
- **Outcome:** Breakfast consumption and skipping, as well as snack consumption.

### 2-2. Included Studies

The review included studies that contained any form of quantitative assessment, measurement, and evaluation of breakfast consumption and skipping, as well as snack consumption, specifically among primary and high school students in Iran. These studies were published up to December 2022 and were written in English or Persian.

### 2-3. Exclusion Criteria

The exclusion criteria included abstracts without full articles, articles not written in English or Persian, review articles, systematic reviews and meta-analyses,

letters to the editor, editorials, short reports, case reports, and briefs.

### 2-4. Information Sources

A systematic search of electronic databases, including Medline (via PubMed), Scopus, EMBASE, Web of Science, Cochrane Library, CINAHL, CIVILICA, and Google Scholar, was conducted. The search was performed independently by two reviewers, and any disagreements between the reviewers were resolved by the supervisor.

### 2-5. Search

The titles and abstracts of the identified records were initially screened for relevance. If an article could not be definitively rejected based on its title or abstract, the full-text paper was retrieved for further evaluation. Keywords were obtained from MeSH and extracted from related articles. The search terms included a combination of "students," "primary school children," "elementary students," "high school students," "breakfast consumption," "breakfast skipping," "snack," "snack consumption," "junk food," and "Iran."

### 2-6. Study selection

A database search was conducted to identify potential studies. Abstracts were screened for eligibility, full-text articles were obtained and assessed, and a final list of included studies was compiled. In addition to primary articles, the references of these articles were also searched for additional studies. This process was carried out independently and in duplicate by two reviewers, with any disagreements resolved by a third reviewer. References were organized and managed using EndNote software (version X8).

### 2-7. Data collection process

From each of the included studies, the following information was recorded in the data extraction table: author's name, year

of study, study design, study population, city or province of the study, gender, and main results.

### 2-8. Risk of bias in individual studies

The risk of bias was assessed using the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guidelines (30). STROBE is a valuable tool for evaluating the quality of observational studies. This checklist consists of 22 items, each scored based on its relevance to the present study. The maximum score for the checklist was 30, while the minimum score was 15.0. The assessment was conducted independently and in duplicate by two reviewers, with any discrepancies resolved by a third reviewer.

### 2-9. Synthesis of results

A meta-analysis was not conducted due to significant differences among the included studies, such as variations in study design (descriptive-analytical, cross-sectional, secondary studies), age groups, sample sizes (ranging from 100 to over 14,000 participants), and the types of questionnaires used. These inconsistencies in methodology and data collection make it challenging to combine the results into a single, reliable analysis.

### 2-10. Ethics statement

Ethical approval was not required for this study because it is a systematic review that does not involve direct human or animal subjects.

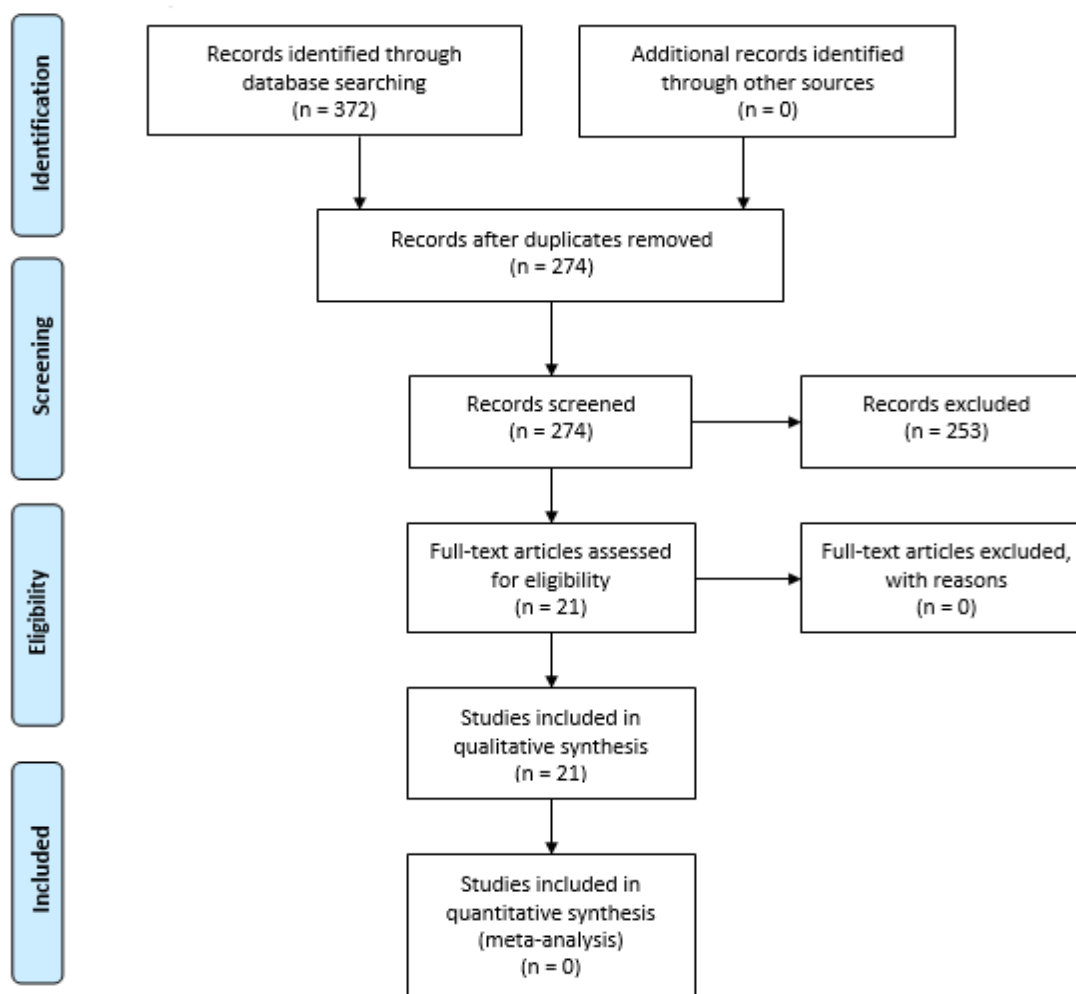


Fig.1: PRISMA Flowchart.

### 3- RESULTS

At the conclusion of the search process, 21 relevant studies were selected, encompassing a total of 45,778 children and adolescents. This group included 10,599 schoolchildren and 35,179 high school students (**Figure 1**). The main characteristics of the selected studies are summarized in **Table 1** and are as follows:

**1.** A descriptive study conducted in 2012 involving 223 fourth-grade elementary students in Zahedan aimed to assess their knowledge and perceived threat levels regarding breakfast and snack consumption. The results indicated that 51.6% of the students ate breakfast every day, while 22% reported consuming snacks daily. The Pearson correlation test revealed a significant positive relationship between knowledge and perceived susceptibility and severity, as well as behavior ( $p < 0.05$ ) (31).

**2.** A descriptive-analytical study conducted in 2014 with 180 elementary students in Torbat Heydariyeh aimed to evaluate the levels of knowledge, perceived benefits, and barriers related to breakfast and snack consumption. The results showed that 45.6% of the students had breakfast every day, 10.4% went to school without breakfast, and only 22.5% consumed snacks daily. The Pearson correlation test demonstrated a significant positive relationship between knowledge, behavior, perceived susceptibility, and severity; however, no such relationship was found between perceived benefits and behavior (32).

**3.** A descriptive-analytical study conducted from 2007 to 2008 involving 1,300 primary school students in Qazvin aimed to investigate the patterns of breakfast and snack consumption, as well as the factors influencing these behaviors. The results indicated that 89.5% of the students had breakfast before going to school. The most common reason for

skipping breakfast was waking up late in the morning. Additionally, 85.4% of the students consumed bread and cheese, while only 20.1% included milk in their breakfast. Only 8.5% of students did not eat any snacks during school hours, with cakes and cookies being the most frequently consumed snacks (85.1%) among them (33).

**4.** A descriptive-analytic cross-sectional study conducted in 2017 aimed to investigate the factors affecting breakfast consumption among 312 elementary school students in Esfarayen. The results showed that 97.7% of the students consumed breakfast an average of  $6.11 \pm 1.3$  days per week. Most students preferred to have breakfast with their families (86.5%), and 80.8% enjoyed having breakfast at home. The most commonly consumed food group was bread and grapes (50.5%), while fruits were the least consumed (5.5%). The study found a significant correlation between protein consumption at breakfast and daily breakfast consumption ( $p < 0.05$ ,  $r = 0.112$ ) (34).

**5.** A cross-sectional study conducted from 2013 to 2014 involving 245 students from eight elementary schools in Gonbad aimed to assess snack patterns and associated factors among elementary school students. The results indicated that 97.7% of the students consumed snacks, with biscuits, cakes, and cookies being the most popular choices (49%). A significant relationship was found between snack consumption and maternal age ( $p < 0.045$ ), maternal educational level ( $p < 0.001$ ), and the birth order of the students ( $p < 0.045$ ) (35).

**6.** A cross-sectional study conducted in 2017 involving 360 primary school students aimed to investigate breakfast consumption behavior, self-efficacy, outcome expectations, outcome evaluation, and knowledge among elementary students. The results indicated that the mean weekly breakfast consumption score

was 2.4, with a standard deviation of 1.7. Only 10.5% of the students had breakfast daily. There was a significant relationship between breakfast consumption and self-efficacy, outcome expectations, and outcome evaluation ( $p < 0.001$ ). An inverse relationship was found between students' age, economic situation, and breakfast consumption ( $p = 0.01$ ,  $r = -0.143$ ). Multiple regression analysis revealed a significant relationship between self-efficacy, type of school, student age, and breakfast consumption, predicting a variance of 24.3% in breakfast consumption (36).

**7.** A descriptive study conducted in 2012 involving 7,426 students from urban and rural areas aimed to evaluate the effects of skipping breakfast among primary school children in northern Iran. The results indicated that 91.7% of schoolchildren had breakfast before going to school. Skipping breakfast was reported by 9.3% of students (9.9% female and 6.7% male), but it was significantly less common ( $p = 0.001$ ) in the Turkman ethnic group (6.0%) compared to other ethnic groups such as Fars (9.6%) and Sistani (9.4%). The most important reasons for missing breakfast were low appetite (70.1%), unappetizing foods (11.8%), lack of attention from mothers (5.2%), and other factors (13%). Additionally, higher educational levels of parents, good income, and unemployed fathers were identified as significant risk factors for skipping breakfast among schoolchildren in this region (37).

**8.** A cross-sectional study conducted in 2016 involving 298 primary school children in Ilam City aimed to assess breakfast consumption patterns among a sample of primary students. The results indicated that 32.2% of the schoolchildren skipped breakfast, with 5% of these students never having breakfast at all. There was a significant difference in breakfast habits between boys and girls ( $p < 0.05$ ). Additionally, it was found that

13.1% of the schoolchildren had not eaten anything for breakfast the morning before completing the questionnaire (38).

**9.** A cross-sectional study conducted in 2015 involving 155 primary school girls in Omidieh, Khuzestan province, aimed to evaluate the breakfast and snack patterns of these students. The results indicated a satisfactory breakfast consumption pattern within the studied population, with 79.5% of students reporting that they regularly ate breakfast during the 14 days of the study. Additionally, 22% of students consumed junk food, including puffs, chips, and candy, while 13% opted for traditional snacks such as dried fruits and nuts. The primary reason for not eating breakfast among 49% of students was a lack of appetite. Regarding breakfast types, 28% of the students consumed bread, cheese, and tea, while 12% chose traditional foods. Only 2.5% consumed bread, cheese, and walnuts (39).

**10.** A case-control study conducted from 2010 to 2011 involving 100 girls from primary schools in Tehran aimed to evaluate the association between educational achievement and breakfast and snack consumption among primary school children. In the study, 50 children with scores lower than 17 were randomly selected as the case group, while 50 children with scores higher than 17 constituted the control group. The results indicated a statistically significant difference ( $p < 0.05$ ) between the two groups in terms of breakfast consumption. In the case group, 22% of participants reported that they typically had breakfast, whereas this figure was 80% in the control group. There was also a significant difference ( $p < 0.0001$ ) between the two groups regarding daily snack consumption. Among participants in the control group, 72% typically consumed snacks, while 54% of the case group reported normally having snacks. This indicates that children in the case group consumed fewer

breakfasts and snacks compared to those in the control group ( $p < 0.05$ ) (40).

**11.** A cross-sectional study involving 2,444 students aged 12-14 from five Iranian ethnicities (Arab, Kurdish, Sistani, Baluchi, Turkish, and Turkmen) aimed to determine the status of breakfast and snack consumption among these students in 2015. The results showed that the mean number of food types available at home for breakfast was 2.2, while the mean amount of snacks consumed at school was 1.8. A total of 17.3% of the students did not have breakfast at home, and 16.2% did not consume any food at school. The least frequently consumed nutritional content group was fruits and vegetables, while the highest nutritional intake came from the miscellaneous group. The quality of 16% of the food received was rated as poor. There was a significant relationship between the quantity and quality of foods consumed and the ethnic groups ( $p < 0.05$ ) (41).

**12.** A descriptive study conducted in 2008 involving 120 female students aimed to determine the knowledge, attitudes, and nutritional practices of middle school students in District Four of Isfahan. The results indicated that 37.5% of students had poor nutritional knowledge, and 90% exhibited poor nutritional practices. Daily consumption of bread and cereals was higher than that of other food groups; however, the average consumption of milk and dairy products, meat, fruits, and vegetables was lower than the minimum recommended levels for this age group. The most commonly consumed snacks were fruits, cakes, and biscuits (42).

**13.** A descriptive-analytical study conducted from 2009 to 2010 involving 100 secondary school girls aimed to determine breakfast consumption and its predictors among schoolgirl students in Qom, based on the constructs of Pender's health promotion model. The results indicated that only 25% of the studied

students had breakfast seven days a week, while 21% went to school without eating breakfast. Based on the constructs of Pender's model and personal factors that potentially correlate with behavior, a 69% variability in breakfast consumption among the girls ( $R^2 = 0.69$ ,  $F = 12.68$ ,  $p < 0.0001$ ) was predicted by the following variables: prior related behaviors, perceived barriers, self-efficacy, and competing demands and preferences (43).

**14.** A cross-sectional descriptive-analytical study involving 208 governmental middle school students conducted in 2013 aimed to determine dietary patterns and breakfast and snack consumption among middle school students in Ramsar. The results showed that the main food group consumption of most participants (56.2%) was unsatisfactory; 92.8% ate breakfast at home, and 96.2% had snacks at school. Participants consistently consumed milk and dairy products (34.1%), meat (10.6%), eggs (13.9%), vegetables (17.4%), and fruits (34.1%). There was a significant relationship between sex and the frequency of milk, meat, and egg consumption ( $p < 0.05$ ) (3).

**15.** A cross-sectional study aimed to determine the patterns of food consumption and physical activity among 450 high school students in North Khorasan province. The results indicated that the prevalence of obesity was higher in girls than in boys. Up to 60.2% of boys and 38.6% of girls in the morning shift, as well as 64.5% of boys and 47.4% of girls in the evening shift, had breakfast during weekdays (44).

**16.** A secondary study was conducted on 13,486 students (mean age  $12.50 \pm 3.36$  years) across 30 provinces of Iran during 2011-2012. Data were obtained from the fourth national school-based surveillance survey, "CASPIAN-IV," which aimed to assess the frequency of consuming different types of snacks among Iranian students according to the socioeconomic

status (SES) of their living regions. The results indicated that fresh fruits were the most commonly consumed category of healthy snacks (55.74%). Boys had a higher daily consumption of milk (48.65% vs. 43.27%), while girls had a greater daily consumption of fresh fruits (58.07% vs. 53.47%). Urban residents had lower consumption of vegetables (30.53% vs. 37.55%), dried fruits (18.29% vs. 23.02%), and fresh fruits (45.33% vs. 50.09%) compared to their rural counterparts. Among unhealthy snacks, sweets had the highest daily consumption (34.15%). Boys consumed more sweetened beverages (22.57% vs. 17.6%) and fast foods (3.51% vs. 2.17%). At the national level, the consumption of other junk snacks (except for salty snacks, which were consumed by 16.24% of rural residents vs. 11.83% of urban residents) showed no significant difference between urban and rural populations (45).

**17.** A study conducted as part of an epidemiological survey involving 2,302 schoolgirls in Guilan Province (2005-2006) aimed to evaluate the current status of overweight and obesity among high school girls in both urban and rural areas. The results indicated that a significant percentage of the students surveyed, particularly those who were overweight or obese, skipped breakfast in both urban and rural settings. Additionally, the consumption of energy-dense, low-nutrient snack foods was prevalent during school hours among both overweight/obese and normal-weight girls, especially in rural areas. School buffets provided the majority of food consumed throughout the school day, particularly in rural regions (46).

**18.** A cross-sectional study involving 569 students aged 12 to 16 years in Yazd (2020) aimed to estimate and compare the intake of macro- and micronutrients in breakfast and mid-morning snacks. The results showed that the prevalence of irregular breakfast consumption was

61.9% among the students. Adolescents with irregular breakfasts reported a higher daily energy intake. Additionally, 85.6% of the adolescents consumed mid-morning snacks. Notably, 96.3% of the students had their breakfast prepared at home. Energy intake from breakfast was significantly higher in males ( $p < 0.05$ ). The adjusted mean intake of total carbohydrates, total fat, saturated fat, fat-soluble vitamins, vitamin B complex, vitamin C, and caffeine during breakfast was significantly greater among male students ( $p < 0.05$ ). Regarding mid-morning snacks, boys consumed significantly higher adjusted mean amounts of total carbohydrates, protein, saturated fat, vitamin C, zinc, calcium, and iron compared to girls (47).

**19.** A national cross-sectional study was conducted involving 14,880 students with a mean age of  $12.47 \pm 3.36$  years, selected through a multistage cluster sampling method from rural and urban areas across 30 provinces of Iran (2016-2017). The study aimed to assess the relationship between snack consumption and meal skipping among Iranian children and adolescents. The results indicated that 32.08%, 8.89%, and 10.90% of the studied population skipped breakfast, lunch, or dinner, respectively. The frequency of meal skipping was higher among girls, urban residents, and students in higher school grades ( $p < 0.05$ ) (48).

**20.** A cross-sectional study with descriptive-analytic aspects was conducted on 300 high school students to assess the relationship between eating breakfast and snacks with awareness levels in students of a high school in Tehran. The results showed that 72.6% of students had breakfast every day, and only 2.1% went to school without it. A total of 64.6% ate snacks every day. There was no correlation between having breakfast and attention in classes, but math scores were correlated with having breakfast ( $p = 0.045$ ,  $r=0.107$ ). There was a significant relationship

between eating breakfast and body mass index ( $p < 0.05$ ) (49).

**21.** A cross-sectional study involving 320 students from public high schools in Yazd (2013) aimed to investigate their nutritional and health behaviors. The

results showed that 18% of students did not always eat breakfast, and 48% consumed carbonated soft drinks at least once a day. More than 64% of students had consumed prepared foods at least once in the previous seven days (50).

**Table-1:** The general characteristics of included studies (n=21).

| Author, Year, Reference              | Study design                                 | Study population          | Study city/province | Gender      | Main results  |
|--------------------------------------|--|---------------------------|---------------------|-------------|---|
| Lotfi et al., 2012, (31)             | Descriptive study                            | 223 elementary students   | Zahedan             | Male/Female | 51.6% of students reported eating breakfast every day, and 22% reported consuming snacks every day.                     |
| Alizadeh Siuki et al., 2014, (32)    | Descriptive-analytical study                 | 180 elementary students   | Torbat-Heydariyeh   | Male/Female | 45.6% of students ate breakfast every day, 10.4% went to school without breakfast, and only 22.5% ate snacks every day. |
| Rezakhani et al., 2007-2008, (33)    | Descriptive-analytical study                 | 1300 elementary students  | Qazvin              | Male/Female | 89.5% of students had eaten breakfast before going to school.   |
| Rohani et al., 2018, (34)            | Descriptive-analytic cross-sectional study   | 312 elementary students   | Esfarayen           | Male/Female | 97.7% of students consumed breakfast and reported an average of $6.11 \pm 1.3$ days of breakfast per week.              |
| Abedi et al., 2013-2014, (35)        | Cross-sectional study                        | 245 elementary students   | Gonbad              | Male/Female | 97.7% of students consumed snacks.  |
| Sadr Hashemi et al., 2017, (36)      | Cross-sectional study                        | 360 elementary students   | Isfahan             | Male/Female | Only 10.5% of students were eating breakfast daily; mean breakfast consumption was 2.4 days/week (SD = 1.7).            |
| Veghari et al., 2012, (37)           | Descriptive study                            | 7426 elementary students  | North of Iran       | Male/Female | 91.7% of school children ate breakfast; skipping breakfast was significant among 9.3% of students.                      |
| Mirzaei et al., 2016, (38)           | Cross-sectional study                        | 298 elementary students   | Ilam                | Male/Female | 32.2% of schoolchildren skipped breakfast; significant difference between boys' and girls' habits ( $p < 0.05$ ).       |
| Karimi et al., 2015, (39)            | Cross-sectional study                        | 155 elementary students   | Omidieh             | Female      | 79.5% reported regularly eating breakfast; additionally, 22% consumed junk foods and 13% traditional snacks.            |
| Nazari Nasab et al., 2010-2011, (40) | Case-Control study                           | 100 elementary students   | Tehran              | Female      | Only 22% in the case group reported eating breakfast compared to 80% in the control group.                              |
| Motlagh et al., 2015, (41)           | Cross-sectional study                        | 2444 high school students | Iran                | Male/Female | Mean food types at home for breakfast was 2.2; mean snacks at school was 1.8; significant percentages skipped meals.    |
| Hazaveheei et al., 2008, (42)        | Descriptive study                            | 120 high school students  | Isfahan             | Female      | Found that 37.5% had poor nutritional knowledge; and that 90% had poor nutritional practice.                            |
| Rahimi et al., 2009-2010, (43)       | Descriptive-analytical study                 | 100 high school students  | Qom                 | Female      | 25% of the studied students ate breakfast 7 days a week, while 21% went to school without eating breakfast.             |
| Karimi et al., 2013, (3)             | Cross-sectional descriptive analytical study | 208 high school students  | Ramsar              | Male/Female | 92.8% of the samples ate breakfast at home, and 96.2% had a snack at school.  |
| Hosseini et al., 2011, (44)          | Cross-sectional study                        | 450 high school students  | North Khorasan      | Male/Female | Up to 60.2% of boys and 64.5% of girls in the morning shift, as well as   |

|                                    |                       |   |                      |             |  |
|------------------------------------|-----------------------|---|----------------------|-------------|--|
|                                    |                       |   | province             |             | 38.6% of boys and 47.4% of girls in the evening shift, eat breakfast during the weekdays.  |
| Bahreynian et al., 2011-2012, (45) | Secondary study       | 13,486 students (mean age 12.50 ± 3.36 years) | 30 provinces of Iran | Male/Female | Among unhealthy snacks, sweets had the highest daily consumption, while fresh fruits were the most commonly consumed category of healthy snacks. Boys consumed milk more frequently, whereas girls consumed fresh fruits more often. |
| Maddah et al., 2005-2006, (46)     | Secondary study       | 2,302 high school students                    | Guilan province      | Female      | A high percentage of the students in the study, especially those who were overweight or obese, skipped breakfast in both urban and rural areas.  |
| Karandish et al., 2020, (47)       | Cross-sectional study | 569 high school students                      | Yazd                 | Male/Female | The prevalence of irregular breakfast eating was 61.9% among the students, and midmorning snack intake was reported by 85.6% of adolescents.   |
| Kelishadi et al., 2016-2017, (48)  | Cross-sectional study | 14,880 students (mean age 12.47 ± 3.36 years) | 30 provinces of Iran | Male/Female | 32.08%, 8.89%, and 10.90% of participants skipped breakfast, lunch, and dinner, respectively.  |
| Jafari et al., 2013, (49)          | Cross-sectional study | 300 high school students                      | Tehran               | Male/Female | 72.6% of students eat breakfast every day, while only 2.1% go to school without it; additionally, 64.6% eat snacks every day.  |
| Shahbazi et al., 2013, (50)        | Cross-sectional study | 320 high school students                      | Yazd                 | Male/Female | 18% of students do not always eat breakfast; also, 48% consume carbonated soft drinks at least once a day.   |

#### 4- DISCUSSION

Students are the future builders of society and are in one of the most important periods of development. As food patterns are formed in the early years of life, especially during childhood and adolescence, and become stabilized over time, this period is the most appropriate time to identify nutritional problems and improve the existing situation. Childhood and adolescence play a crucial role in determining dietary habits in adulthood. This study aimed to investigate and review the patterns of breakfast and snack consumption and their influencing factors among primary and high school students in Iran. The systematic review demonstrated that 20.75% of schoolchildren and 17.09% of high school students skipped breakfast. Mid-morning snack intake was reported among 55.35% of children and 72.4% of adolescents. A significant relationship was found between snack consumption and maternal age, maternal educational level,

and the birth order of the students. Additionally, there was an inverse relationship between students' age, economic situation, and breakfast consumption ( $p = 0.01$ ,  $r = -0.143$ ).

Students form a large part of society. The student population in Iran is close to 13 million, and their physical and mental health are essential for a dynamic and healthy society (51-54). Childhood and adolescence are two crucial periods in the formation of nutritional habits throughout life (3, 55, 56). Nutrition, especially through breakfast, is a significant factor in the health and academic success of students; thus, not eating breakfast is associated with decreased accuracy, mental concentration, and academic failure (57-68). Nutritionists divide meals into three main parts: breakfast, lunch, dinner, and two or three snacks. Among these, breakfast is essential as it increases metabolism in the morning and compensates for the decreased blood

glucose levels in the brain after a night's sleep. Furthermore, as most intellectual activity occurs in the early hours of the day, breakfast should include foods that can provide one-third of the total daily energy requirement (27, 28, 69). However, the results of the present review indicated that 20.75% (9.3-32.2%) and 17.09% (2.1-32.08%) of schoolchildren and high school students skipped breakfast, respectively. The frequency of meal skipping was higher among girls, urban inhabitants, and schoolchildren.

Studies show that going to school hungry and without breakfast leads to distraction, neglect of natural stimuli, and lower levels of active behavior in children. Breakfast is the most important daily meal due to its calming effect at the beginning of the day, its ability to relieve hunger in body cells—especially brain cells—regulate blood sugar, and have direct effects on body weight (27, 28, 70). Children experiencing hunger may have lower physical functioning, more frequent stomachaches and headaches, mental health problems (e.g., depression, anxiety, behavioral issues), and poorer overall health (71-76). The study by Zamani et al. showed that students aged 6 to 18 years had unfavorable nutritional behaviors, with 51% of children consuming various types of puffs, industrial juices, carbonated drinks, candies, chocolates, and junk food as snacks during the week (77). Studies indicate that students who skip breakfast generally have slower memory recall, make more errors, and are more likely to be absent or late and to repeat a grade (78-80).

In the present review, the primary reasons for missing breakfast were low appetite, waking up late, unpalatable foods, and inattentive mothers. In addition, higher parental education levels, good socioeconomic conditions, and unemployed fathers were among the most important risk factors for breakfast

skipping by schoolchildren in this region. Snacks play an important role in learning and concentration. Around noon, even children who have eaten breakfast become hungry, and the concentration necessary for learning diminishes. Thus, consuming the right snack can increase students' work capacity and learning ability. However, the snack consumed must have sufficient nutritional value, be satisfying and healthy, and fit within the family's budget. When choosing a suitable snack, in addition to the student's interest and appetite, it is necessary to consider the nutrients required for growth and health, as well as the family's economic status, ensuring that the snack does not decrease the child's appetite to the point that they skip main meals (81). Such healthy snacks include fresh fruits, fresh vegetables, natural juices, nuts (e.g., walnuts, pistachios, almonds, hazelnuts), and biscuits (28, 82-85). These snacks provide about 38% of the students' daily energy intake, with fruits and plain biscuits being the most commonly consumed items. Other studies have reported that the snack consumption rates in urban and rural areas of the country were 20.3% and 25.8% for puffs and chips, 21.5% and 27.2% for carbonated drinks, and 30.8% and 33.2% for chocolate and sweets, respectively (86, 87).

Based on the current review, fresh fruits (55.7%), biscuits, cakes, and cookies were the most frequently consumed snacks, accounting for 49%. Among unhealthy snacks, sweets had the highest daily consumption at 34.15%. Boys had a higher consumption of sweetened beverages (22.57% vs. 17.6%) and fast foods (3.51% vs. 2.17%) compared to girls.

In general, students who eat breakfast have better vitamin and nutrient intake, enjoy overall healthier diets, and are less prone to being overweight or obese. Regularly eating breakfast has been linked with a greater intake of fiber, calcium, iron,

vitamin C, and other vitamins and minerals, and a lower intake of fat, cholesterol, and sodium (12-14). Children and adolescents who eat breakfast have more favorable weight-related outcomes (e.g., lower body mass index, lower waist circumference, decreased likelihood of being chronically obese, and decreased obesity risk) in the short and long term than those who skip breakfast (10, 13, 87-93). In addition to breakfast frequency and composition, other factors such as dinner quality, healthy back-to-school habits, physical activity, and socioeconomic status (SES) are also effective for adolescents (46). Nutrition, especially through breakfast and snacks, plays an essential role in students' health and academic performance. Schools are an effective platform for plans and policies to prevent bad eating habits, as students spend much of their time at school. It is necessary to improve the nutritional status of students through education and nutritional awareness, and by using nutritional support strategies such as providing snacks in schools supplemented with nutrients like iron and zinc. Attention to proper nutrition and higher nutritional awareness among students and families to choose healthier foods can be effective in improving their physical health and academic success (27, 28, 65).

## 5- CONCLUSION

Students should start the school day with a healthy breakfast. Breakfast is often referred to as the most important meal of the day, as it provides sustenance and energy (i.e., calories) for the activities ahead. Based on the results, mid-morning snack intake was reported among 55.35% (13-97.7%) of children and 72.4% (48.6-96.2%) of adolescents. The most significant reasons for missing breakfast were low appetite, waking up late in the morning, unpalatable foods, and inattentive mothers. There was an inverse relationship between students' age,

economic situation, and breakfast consumption. Schools should conduct health promotion programs for parents and students to encourage healthy breakfast and snack consumption.

**6- CONFLICT OF INTEREST:** None.

## 7- REFERENCES

1. Breakfast – definition of breakfast. Free Online Dictionary, Thesaurus and Encyclopedia. 2012. Retrieved 28 March 2012.
2. Anderson, Heather Arndt, 2013. Breakfast: A History. AltaMira Press. ISBN 0759121656.
3. Karimi H, Shirinkam F, Sajjadi P, Sharifi M, Bayandari M. Dietary pattern, breakfast and snack consumption among middle school students. *Journal of Holistic Nursing and Midwifery*, 2015;25(2):73-83.
4. Solamane N. Effect of breakfast eating on the cognitive performance and educational of the fourth grad students of elementary schools of garmsar in the academic years of 2010- 11. *Research in curriculum planning*. 2010-11;13(2):139-50.
5. Vaghari Gh, Somali L. Study of breakfast in elementary school students. *Quarterly Journal of Monitoring*. 2012;3: 327-36.
6. Dwyer JT, Evans M, Stone EJ, Feldman HA, Lytle L, Hoelscher D, et al. Adolescents' eating patterns influence their nutrient intakes. *J Am Diet Assoc* 2001; 101(7): 798-802.
7. Rampersaud GC, Pereira MA, Girard BL, Adams J, Metz J. Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. *J Am Diet Assoc* 2005; 105(5): 743- 60.
8. Mullan BA, Singh M. A systematic review of the quality, content, and context of breakfast consumption. *Nutr Food Sci*. 2010; 40(1): 81-114.
9. Naghi bi SA, Ramezani. Evaluation of Breakfast Consumption among Elementary School Students in Ahwaz Based on BASNEF Model. *Iranian Journal of Health Education & Promotion*. 2016; 4(3):236-43.
10. Deshmukh-Taskar, P. R., Nicklas, T. A., O'Neil, C. E., Keast, D. R., Radcliffe, J. D.,

- Cho, S. The relationship of breakfast skipping and type of breakfast consumption with nutrient intake and weight status in children and adolescents: the National Health and Nutrition Examination Survey 1999-2006. *Journal of the American Dietetic Association*, 2010;110(6): 869-78.
11. Sincovich A, Moller H, Smithers L, Brushe M, Lassi ZS, Brinkman SA, Gregory T. Prevalence of breakfast skipping among children and adolescents: a cross-sectional population level study. *BMC Pediatr*. 2022 Apr 23;22(1):220. doi: 10.1186/s12887-022-03284-4. PMID: 35459164; PMCID: PMC9034546.
12. Affenito, S. G., Thompson, D. R., Barton, B. A., Franko, D. L., Daniels, S. R., Obarzanek, E., Schreiber, G. B., & Striegel-Moore, R. H. Breakfast consumption by African-American and white adolescent girls correlates positively with calcium and fiber intake and negatively with body mass index. *Journal of the American Dietetic Association*, 2005;105(6): 938-45.
13. Affenito, S. G., Thompson, D., Dorazio, A., Albertson, A. M., Loew, A., & Holschuh, N. M. (2013). Ready-to-eat cereal consumption and the School Breakfast Program: relationship to nutrient intake and weight. *Journal of School Health*, 2013;83(1): 28-35.
14. Kerver, J. M., Yang, E. J., Obayashi, S., Bianchi, L., & Song, W. O. Meal and snack patterns are associated with dietary intake of energy and nutrients in US adults. *Journal of the American Dietetic Association*, 2006;106(1): 46-53.
15. Kapantais, E., Chala, E., Kaklamanou, D., Lanaras, L., Kaklamanou, M., Tzotzas, T. Breakfast skipping and its relation to BMI and health-compromising behaviours among Greek adolescents. *Public Health Nutrition*, 2011;14(1): 101-8.
16. Keski-Rahkonen, A., Kaprio, J., Rissanen, A., Virkkunen, M., & Rose, R. J. Breakfast skipping and health-compromising behaviors in adolescents and adults. *European Journal of Clinical Nutrition*, 2003;57(7): 842-53.
17. Schembre, S. M., Wen, C. K., Davis, J. N., Shen, E., Nguyen-Rodriguez, S. T., Belcher, B. R., Hsu, Y. W., et al. Eating breakfast more frequently is cross-sectionally associated with greater physical activity and lower levels of adiposity in overweight Latina and African American girls. *American Journal of Clinical Nutrition*, 2013;98(2): 275-81.
18. Smith, K. J., Gall, S. L., McNaughton, S. A., Blizzard, L., Dwyer, T., & Venn, A. J. Skipping breakfast: longitudinal associations with cardiometabolic risk factors in the Childhood Determinants of Adult Health Study. *American Journal of Clinical Nutrition*, 2010;92(6): 1316-25.
19. Zullig, K., Ubbes, V. A., Pyle, J., Valois, R. F. Self-reported weight perceptions, dieting behavior, and breakfast eating among high school adolescents. *Journal of School Health*, 2006;76(3): 87-92.
20. Monzani A, Ricotti R, Caputo M, Solito A, Archero F, Bellone S, Prodam F. A Systematic Review of the Association of Skipping Breakfast with Weight and Cardiometabolic Risk Factors in Children and Adolescents. What Should We Better Investigate in the Future? *Nutrients*. 2019 Feb 13;11(2):387. doi: 10.3390/nu11020387. PMID: 30781797; PMCID: PMC6412508.
21. Alaimo K, Olson CM, Frongillo EA Jr, Briefel RR. Food insufficiency, family income, and health in US preschool and school-aged children. *Am J Public Health*. 2001;91(5):781-6. doi: 10.2105/ajph.91.5.781.
22. Alaimo, K., Olson, C. M., & Frongillo, E. A., Jr. Food insufficiency and American school-aged children's cognitive, academic and psychosocial development. *Pediatrics*, 2001;108(1): 44-53.
23. Shanafelt, A., Hearst, M. O., Wang, Q., Nanney, M. S. Food insecurity and rural adolescent personal health, home, and academic environments. *Journal of School Health*, 2016;86(6): 472-80.
24. Cooper SB, Bandelow S, Nevill ME. Breakfast consumption and cognitive function in adolescent schoolchildren. *Physiol Behav*. 2011 Jul 6;103(5):431-9.
25. Kleinman RE, Hall S, Green H, Korzec-Ramirez D, Patton K, Pagano ME, Murphy JM. Diet, breakfast, and academic performance in children. *Ann Nutr Metab*.

- 2002;46 Suppl 1(0 1):24-30. doi: 10.1159/000066399. PMID: 12428078; PMCID: PMC3275817.
26. Millimet, Daniel L. and Tchernis, Rusty and Hussain, Muna, School Nutrition Programs and the Incidence of Childhood Obesity. IZA Discussion Paper No. 3664, Available at [SSRN: https://ssrn.com/abstract=1261449](https://ssrn.com/abstract=1261449).
27. Dabravolskaj J, Montemurro G, Ekwaru JP, Wu XY, Storey K, Campbell S, Veugelers PJ, Ohinmaa A. Effectiveness of school-based health promotion interventions prioritized by stakeholders from health and education sectors: A systematic review and meta-analysis. *Prev Med Rep.* 2020 Jun 1;19:101138. doi: 10.1016/j.pmedr.2020.101138. PMID: 32612906; PMCID: PMC7322344.
28. Zurc J, Laaksonen C. Effectiveness of Health Promotion Interventions in Primary Schools-A Mixed Methods Literature Review. *Healthcare (Basel).* 2023 Jun 21;11(13):1817. doi: 10.3390/healthcare11131817. PMID: 37444651; PMCID: PMC10340694.
29. Moher D, Shamseer L, Clarke M, Ghersi D, Liberati A, Petticrew M, Shekelle P, Stewart LA; PRISMA-P Group. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Syst Rev.* 2015 Jan 1;4(1):1. doi: 10.1186/2046-4053-4-1.
30. Von Elm E, Altman DG, Egger M, Pocock SJ, Gotsche PC, Vandenbroucke JP, et al. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: Guidelines for reporting observational studies. *Preventive Medicine.* 2007; 45(4): 247-51.
31. Behrooz Lotfi, Fatemeh Rakhshani. Knowledge and perceived threat of students in relationship with their behavior in context of consumption of breakfast and snack in primary boy schools in Zahedan. *Payesh* 2014; 13(1):61-71.
32. Alizadeh siuki, Heshmati, KHademi, ShamayianRazavi, Khalafi. Knowledge and perceived benefits and perceived barriers of students in relationship with their behavior in context of consumption of breakfast and snack in primary schools in Torbat Heydariyeh. *JMS* 2013; 1 (3) :23-31.
33. Rezakhani H, Soheili Azad A, Razaghi M, Nemati A. Pattern of Breakfast and Snack Consumption and Their Effective Factors among Primary School Students, Qazvin. *j.health* 2012; 2 (4):57-63.
34. Rohani H, Sadeghi A, Bidkhori M, Kazemian S, Siyavashi M, Davari MA. The Survey of Effective Factors of Breakfast Consumption in Elementary School Students of Esfarayen City in 2017. *Beyhagh,* 2019; 24(1): 20-29.
35. Jalili Z, Saboohi Z, Tavakoli R. Effect of Training Program on Snack Consumption in Elementary School Girls: Application of the BASNEF Model. *Journal of Education and CommunityHealth.*2021; 8(1):3-9.
36. Sadr Hashemi, F, Soltani, R, Hassanzadeh, A, Eslami, A. Relationship between Breakfast Consumption and Self-Efficacy, outcome Expectations, Evaluation and Knowledge in Elementary Students. *International Journal of Pediatrics,* 2017; 5(1): 4163-74.
37. Veghari G, Mansourian AR. Breakfast Consumption amongst School Children in Northern Iran. *Journal of Nepal Paediatric Society,* 2012; 32 (3):193-200.
38. Mirzaei A, Ghofranipour F, Ghazanfari Z, Ahmadi Vasmehjini A. The study of primary schoolchildren eating breakfast status in Ilam: A pilot study. *JBRMS* 2016; 3(1):3-9.
39. Karami K, Ghaleh S. Breakfast and snack patterns of primary school girls in Omidieh, Khuzestan Province, Iran. *J Prevent Med* 2015; 2(3):67-72.
40. Nasab MN, Yosae S, Marghi MB, Khosravi AA. Association between the educational achievement and consumption of breakfast and snack in students. *Intl. Res. J. Appl. Basic. Sci.,* 2013;7 (10): 699-703.
41. Motlagh M, Taheri M, Ghadimi R, nasrollapour shirvani D. Breakfast and Snack Status among the Students of Iranian Ethnicities . *Iranian J Nutr Sci Food Technol,* 2017; 12(1):29-36.
42. Hazaveheei M.M, Pirezadeh A., Entezari MH, Hasanzadeh A, Bahreynian N. Investigating the Knowledge, Attitude and

- Nutritional Practice of Female Middle School Second Graders in Isfahan in 2008. *Knowledge and Health*, 2010; 4(3):24-7.
43. Rahimi T, Dehdari T, Ariaeian N, Gohari M. Survey of breakfast consumption status and its predictors among Qom students based on the Pender's health promotion model constructs. *Iranian J Nutr Sci Food Technol* 2012; 7(2):75-84.
44. Hosseini S, Rajabzadeh R, ShoraKa H, Alavinia S, Sodmand M, Jalilvand M. Physical activity, dietary habits of high school students in the North Khorasan province. *JNKUMS* 2014; 6 (3): 553-62.
45. Bahreynian M, Qorbani M, Heshmat R, Esmail Motlagh M, Djalalinia Sh, Ardalan G, et al. Snack Consumption among Iranian Children and Adolescents: The CASPIAN-IV Study. *Iran J Public Health*, 2015; 44(Supple. No. 1):62-75.
46. Maddah M, Rashidi A, Mohammadpour B, Vafa R, Karandish M. In-school snacking, breakfast consumption, and sleeping patterns of normal and overweight Iranian high school girls: a study in urban and rural areas in Guilan, Iran. *J Nutr Educ Behav*. 2009 Jan-Feb;41(1):27-31.
47. Karandish M, Mozaffari-Khosravi H, Hadianfard A M, Azhdari M, Amiri R, Mirzavandi F, et al . Distribution of Nutrients in Breakfast and Midmorning Snacks among Overweight or Obese Adolescents of Yazd, Iran. *JNFS* 2020; 5(4):306-15.
48. Kelishadi R, Mozafarian N, Qorbani M, Motlagh ME, Safiri S, Ardalan G, Keikha M, Rezaei F, Heshmat R. Is snack consumption associated with meal skipping in children and adolescents? The CASPIAN-IV study. *Eat Weight Disord*. 2017 Jun;22(2):321-328. doi: 10.1007/s40519-017-0370-4.
49. Jafari F, Rezaeipor N, Malek V. G, Kholdi N, Aminzadeh M. Association Between Breakfast Consumption and Math Scores of High School Students in Tehran. *Biomed Pharmacol J* 2013;6(2).
50. Shahbazi H, Baghiani Moghaddam MH, Khajeh Z, Esmaili A, Karimi M, Alian Ajam Sh, et al. Survey of health and nutritional behaviors among high school students. *Iran J Health Educ Health Promot* 2013; 1 (4):69-80.
51. Statistical Center of Iran. National Population and Housing Census 2011. Available from: <http://www.sci.org.ir>.
52. Imani M, Rakhshani F, Tabatabaei S. M. T. Knowledge about students' health needs among teachers of Zahedan Primary Schools. *Zahedan Journal of Research in Medical Sciences (Tabib-E-Shargh)* 2004; 8(3):227-31.
53. Ramezankhani A. Comprehensive Textbook of Public Health, Chapter Eleven: School Health. Deputy of Research, Ministry of Health and Medical Education: 1795-1817.
54. Sharifirad Gh.R, Amidi Mazaheri M & Akbarzadeh K. Hygiene of School Food-Shops And Effects of Training on Their Keepers in Esfahan. *Journal of Ilam University of Medical Sciences* 2004- 2005; 12(44-45): 17-23.
55. Liu J, Hwang WT, Dickerman B, Compher C. Regular breakfast consumption is associated with increased IQ in kindergarten children. *Early Hum Dev*. 2013 Apr;89(4):257-62. doi: 10.1016/j.earlhumdev.2013.01.006. Epub 2013 Feb 8. PMID: 23395328; PMCID: PMC3606659.
56. Li J, Wang Y. Tracking of dietary intake patterns is associated with baseline characteristics of urban low-income African-American adolescents. *J. Nutr*. 2008;138:94-100.
57. Amiri F, Amani R, khajemogahi N, Rashidkhani B. Comparison of the effects of two Iranian breakfasts (high-carbohydrate vs. high- protein) on cognitive function of 9-11 year-old primary school children. *Iranian J Nutr Sci Food Technol* 2008; 3(2):23-32.
58. Holt, S.H., Delargy, H.J., Lawton, C.L., Blundell J.E. The effects of high-carbohydrate vs high-fat breakfasts on feelings of fullness and alertness, and subsequent food intake. *Int J Food Sci Nutr*, 1999; 50(1):13-28.
59. Ernst, J. Rising Blood Sugar Impairs Cognitive Function. Wednesday, February 11 Sth, 2009.
60. Gajre, N.S., Fernandez, S., Balakrishna, N., Vazir, S. Breakfast eating habit and its influence on attention-concentration,

immediate memory and school achievement. *Indian Pediatr* 2008;45 :824-28.

61. Institute of food research and resources, United nation children's fund of Iran. Micronutrient status of iron, zink and vitamin A and D in different age groups in Iran. Tehran:. Institute of food research and resources 2011.

62. Montazeri Far F, karaji Bani M, Ghanbari MR, Mousavi Gilani SR .The study of risk factors of malnutrition in children under 5 years attending to health centers in Zahedan city. *Scientific Journal of Hamadan University of Medical Sciences & Health Services*. 2003; 10(28): 63-8.

63. Acham H, Kikafunda JK, Malde MK, Oldewage-Theron WH, Egal AA. Breakfast, midday meals and academic achievement in rural primary schools in Uganda: implications for education and school health policy. *Food Nutr Res*. 2012;56.

64. Adolphus, K., Lawton, C. L., Dye, L. The Relationship between Habitual Breakfast Consumption Frequency and Academic Performance in British Adolescents. *Frontiers in Public Health*, 2015;3(68). <http://doi.org/10.3389/fpubh.2015.00068>

65. Adolphus K, Lawton CL, Dye L. The effects of breakfast on behavior and academic performance in children and adolescents. *Front Hum Neurosci*. 2013 Aug 8;7:425. doi: 10.3389/fnhum.2013.00425. PMID: 23964220; PMCID: PMC3737458.

66. Affinita, A., Catalani, L., Cecchetto, G., Lorenzo, G. De, Dilillo, D., Donegani, G., et al. Breakfast: a multidisciplinary approach. *Italian Journal of Pediatrics*, 2013;10(39):1–10. doi: 10.1186/1824-7288- 39-44.

67. Defeyter MA, Russo R. The effect of breakfast cereal consumption on adolescents' cognitive performance and mood. *Front Hum Neurosci*. 2013;7:789.

68. Edefonti, V., Rosato, V., Parpinel, M., Nebbia, G., Fiorica, L., Fossali, E., Agostoni, C. The effect of breakfast composition and energy contribution on cognitive and academic performance: A systematic review. *American Journal of Clinical Nutrition*, 2014;100(2): 626–56.

69. Hanson, T., Austin, G., Zheng, C. Academic performance and school well-being. Paper prepared for the California Education Supports Project. Los Alamitos: WestEd, 2011.

70. Berg F, Buechner J, Parham E; Weight Realities Division of the Society for Nutrition Education. Guidelines for childhood obesity prevention programs: promoting healthy weight in children. *J Nutr Educ Behav*. 2003 Jan-Feb;35(1):1-4. doi: 10.1016/s1499-4046(06)60318-7.

71. Moore L, Moore GF, Tapper K, Lynch R, Desousa C, Hale J, Roberts C, Murphy S. Free breakfasts in schools: design and conduct of a cluster randomised controlled trial of the Primary School Free Breakfast Initiative in Wales. *BMC Public Health*. 2007 Sep 21;7:258. doi: 10.1186/1471-2458-7-258.

72. Slack, K. S., & Yoo, J. Food hardship and child behavior problems among low-income children. *Social Service Review*, 2005;79(3): 511–36.

73. McLaughlin, K. A., Green, J. G., Alegría, M., Jane Costello, E., Gruber, M. J., Sampson, N. A., et al. Food insecurity and mental disorders in a national sample of U.S. adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 2012;51(12), 1293-1303.

74. Ryu, J. H., & Bartfeld, J. S. Household food insecurity during childhood and subsequent health status: the early childhood longitudinal study - kindergarten cohort. *American Journal of Public Health*, 2012;102(11), e50-e55.

75. Goldman, N., Ettinger de Cuba, S., Sheward, R., Cutts, D., & Coleman, S. Food Security Protects Minnesota Children's Health. Boston, MA: Children's HealthWatch, 2014.

76. Kimbro, R. T., Denney, J. T. Transitions into food insecurity associated with behavioral problems and worse overall health among children. *Health Affairs*, 2015;34(11):1949-55.

77. Zamani AF, Faghih-zadeh S, Sadeghi F. Application of the Health Belief Model for Unhealthy Eating Prevention among Primary School Children in Arak / Iran (2004-2005). *Behood* 2008; 11(4 (35):352-67.

78. Littlecott HJ, Moore GF, Moore L, Lyons RA, Murphy S. Association between breakfast consumption and educational outcomes in 9-11-year-old children. *Public Health Nutr.* 2016 Jun;19(9):1575-82. doi: 10.1017/S1368980015002669. Epub 2015 Sep 28. Erratum in: *Public Health Nutr.* 2016 Jun;19(9):1583. doi: 10.1017/S1368980015003365.
79. Frisvold, D. E. Nutrition and cognitive achievement: an evaluation of the School Breakfast Program. *Journal of Public Economics*, 2015;124: 91–104.
80. Anzman-Frasca, S., Djang, H. C., Halmo, M. M., Dolan, P. R., & Economos, C. D. Estimating impacts of a breakfast in the classroom program on school outcomes. *JAMA Pediatrics*, 2015; 169(1): 71-7.
81. Khazaei pool M, Ebadi fard Azar F, Solhi M, Asadi Lari M, Abdi N. Investigating the effect of education through the health belief model on the nutritional perceptions of fourth-year female students of Nowshahr primary schools about breakfast and snacks. *The J of Toloo-e-behdasht*, 2009; 7(1-2): 51-63.
82. Alavi Naeini S, Jazayeri SA, Moghaddam Banaem N, Afrooz GA. The effects of taking snacks on the learning ability and educational achievement of elementary school children, 1997-98. *Tehran Univ Med J* 2000;58(1):38-44.
83. Bastami F, Zamani-Alavijeh F, Mostafavi F. Factors behind healthy snack consumption at school among high-school students: a qualitative study. *BMC Public Health.* 2019 Oct 22;19(1):1342. doi: 10.1186/s12889-019-7656-6. PMID: 31640640.
84. Amini M, Dadkhah-Piraghaj M, Abtahi M, Abdollahi M, Houshiarrad A, Kimiagar M. Nutritional assessment for primary school children in tehran: an evaluation of dietary pattern with emphasis on snacks and meals consumption. *Int J Prev Med.* 2014 May;5(5):611-6.
85. Damari B, Riazi-Isfahani S, Hajian M, Rezazadeh A. Assessment of the situation and the cause of junk food consumption in Iran and recommendation of interventions for reducing its consumption. *Community Health* 2015; 2 (3):193-204.
86. Torabi M, PourEslami HR, Sajadi A, Karimi Afshar M, Karimi Afshar M. Evaluation of type and frequency of snacks consumption in 3-6-year-old children in Rabor and Baft cities (2011). *J Health Based Res* 2015; 1 (2):145-53.
87. Mohammadi Zeidi I, Pakpour A. Effectiveness of educational intervention based on theory of planned behavior for promoting breakfast and healthy snack eating among elementary school students. *Razi J Med Sci*, 2013; 20 (112):67-78.
88. Alexander, K. E., Ventura, E. E., Spruijt-Metz, D., Weigensberg, M. J., Goran, M. I., Davis, J. N. Association of breakfast skipping with visceral fat and insulin indices in overweight Latino youth. *Obesity*, 2009;17(8), 1528-33.
89. Niemeier, H. M., Raynor, H. A., Lloyd-Richardson, E. E., Rogers, M. L., Wing, R. R. Fast food consumption and breakfast skipping: predictors of weight gain from adolescence to adulthood in a nationally representative sample. *Journal of Adolescent Health*, 2006;39(6): 842-49.
90. Timlin, M. T., Pereira, M. A., Story, M., & Neumark-Sztainer, D. Breakfast eating and weight change in a 5-year prospective analysis of adolescents: Project EAT (Eating among Teens). *Pediatrics*, 2008;121(3): e638-45.
91. Wojcicki, J. M., Schwartz, N., Jiménez-Cruz, A., Bacardi-Gascon, M., Heyman, M. B. Acculturation, dietary practices and risk for childhood obesity in an ethnically heterogeneous population of Latino school children in the San Francisco bay area. *Journal of Immigrant and Minority Health*, 2012;14(4): 533-39.
92. Blondin, S. A., Anzman-Frasca, S., Djang, H. C., & Economos, C. D. Breakfast consumption and adiposity among children and adolescents: an updated review of the literature. *Pediatric Obesity*, 2016;11(5):333.
93. Bruening, M., Afuso, K., Mason, M. Associations of Eating Two Breakfasts with Childhood Overweight Status, Sociodemographics, and Parental Factors among Preschool Students. *Health Education & Behavior*, 2016;43(6): 665–73.