

# Healthy Lifestyle Promotion in School Children's Behavior

Anil Kumar\*

Department of Physiotherapy, Kasturba Medical College, Mangalore, Manipal, India

## Description

Collaboration between health and education experts, as well as institutions, is crucial in the school setting, according to the recommendations for working on health promotion for children and adolescents. These complex but unquestionably more effective efforts are being made to encourage the knowledge, attitude, and conduct needed to guarantee a healthy lifestyle, particularly during childhood and adolescence. For healthcare systems, the rise in chronic disease has led to new objectives. If they do not address this issue, especially in middle- and low-income nations, the results could be disastrous for sustainable development and people's life quality. The application of ecological models to programme design is demonstrated by recent developments in the field of school health promotion. All members of the educational community should be included in these health promotion methods, according to various authors. This applies to pupils, parents, teachers, and other people in their immediate area. There has been tremendous success in five primary areas of school health promotion, which has been the focus of recent advancements. Schoolchildren perform better academically when they have stronger coexistence and citizenship skills, which are supported by adequate nutrition, hydration, and food intake, as well as regular physical activity and rest.

Additionally, pro-environmental behaviours are encouraged, and mental health is strengthened by finding a life project and engaging company. Indicators of poor nutrition, school abandonment, use of psychoactive substances, increasing violence and abuse, early pregnancies, and environments with significant pollution are present among the school population in Colombia's Andean region [1]. To enhance children's and teenagers' quality of life and lessen the likelihood of a rise in chronic disease and its implications, this complex situation needs to be addressed. Therefore, the goal of this study is to create a strategy for encouraging healthy life habits in school students between the ages of 6 and 12 who reside in Liberia's Andean area and to confirm its initial efficacy. Based on the strongest data currently available [2]. To enhance children's and teenagers' quality of life and lessen the likelihood of a rise in chronic disease and its implications, this complex situation needs to be addressed. Therefore, the goal of this study is to create a strategy for encouraging healthy life habits in school students between the ages of 6 and 12 who reside in Colombia's Andean area and to confirm its initial efficacy. This method recognises and creates synergies between the members of the educational community and the resources available to support their health, and it is based on the greatest research currently available. It also maintains an ecological perspective. This study was created in four stages that were sequential. Context and student characterization came first. By thoroughly reviewing their health background from secondary sources, we were able to offer a description of the health and care situations of pupils in Colombia's Andean area. Then, using the GCPC-UN-P characterization questionnaire for

care, we identified these schoolchildren's care circumstances. This resource was evaluated in Spanish and tailored for use by students [3].

The social demographic profile, perception of caring behaviours and the support offered for them, and the usage of information and communication technologies as a component of support for care behaviours are all included in this tool. In accordance with the Whittemore and Grey criteria for systematic health initiatives, we established a novel method to encourage healthy lifestyles in students. Three in-person discussions with the author allowed us to confirm the high requirements for the creation of the intervention strategy and their rigorous adherence. We also used the Ecological Model to guide our approach. According to this conceptual model, it is important to take into account all the participants in the systems with which schoolchildren interact on a regular basis when promoting healthy lifestyle practises. These were their parents, instructors, and the school cafeteria personnel again for purpose of our study. An expert focus group comprised of 11 school administrators with more than five years of expertise in the administration of student populations in the Andean area of Colombia supported the strategy [4]. In order to achieve this, we created a presentation of the strategy that covered the issues identified in the school population, its traits, and context; the goal; the participants; the contents and domains; the dosage and duration; the resources needed; the form and location of delivery; and the anticipated proximal, primary, secondary, and distal results. We asked the experts to evaluate each component of the approach and the entire strategy in terms of clarity, relevance, pertinence, and sufficiency. We also asked them for any corrections to or additions to our proposal. Following the strategy's expert validation, we implemented it with the Andean region's educational community at seven different schools. There were 955 pupils between the ages of 6 and 12 who submitted this application, along with 551 parents, 130 teachers, and 7 members of the school catering staff. All of the institution's boards, parents, instructors, and food staff signed informed consent forms throughout this period, and all of the students completed informed assent forms [5].

On the other hand, it features a multi-component design that targets numerous knowledge, attitudes, and behaviours that influence health at the same time. The goal of the method is to help schoolchildren's daily lives by supporting all stakeholders, including the students, their instructors, parents, and the kitchen staff. Last but not least, this approach complies with call to work with children before to adolescence. It is crucial to emphasise that, despite the fact that the method increased knowledge, attitude, and behaviour, the results of the categories with the exception of citizenship competencies show nonsatisfactory levels, particularly when it comes to schoolchildren's diet and physical activity. This shows that this approach needs to be reinforced throughout time in order to support the maintenance of healthy habits and the rerouting of unhealthy ones.

## Conclusion

This approach is targeted at the particular pupils chosen for it, and it adapts to their features by keeping an ecological viewpoint that also takes into account their parents, teachers, and service providers. The educational community was taken into account in the context its own culture. The strategy's applicability and favorable initial impact on the educational community in the chosen schools were demonstrated by its application there. Statistical analyses of the components of schoolchildren's nutrition and access to enough food, as well as their physical activity and rest, revealed statistically significant changes.

**\*Address for Correspondence:** Anil Kumar, Department of Physiotherapy, Kasturba Medical College, Mangalore, Manipal, India, E-mail: anilKumar87@gmail.com

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