Health education by forming sanogenous eating habits for preschool children

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Abstract
The national program “Health Education in Romanian Schools” has been implemented in Romania since 2005 within the Project for Early Education Reform was held at national level in all Romanian counties (including Bucharest) as part of broader reform early education program in Romania and integrated strategy for reform of early education (2005 - 2011) developed by the Ministry of Education in Romania and aims to promote the health and wellbeing of the child or the student, their harmonious personal development, and disease prevention, including food disease. This program has as a main objective the providing of quality education for preschool and school population as a whole by promoting a healthy lifestyle.

In this article, we will refer to the concerns the Romanian educational system has manifested to promote quality education for health promotion among preschoolers and schoolchildren. It is important that the general and specific objectives pursued by the national education system be promoted within the family and society. The promotion and the implementation of these should ensure the strengthening of personal and collective health; acquisition of knowledge on individual and group hygiene by children and youth; acquiring by preschool and school children of knowledge about the health of the environment in which they live; acquisition of knowledge and formation of rational, healthy nutrition skills; acquisition of knowledge and formation of basic skills on the prevention of illness, avoiding drug abuse and understanding the main signs of disease; sanitary skills training.

Keywords: health education, healthy behaviors, wellness, personal development.
Introduction

Preschool age is generally regarded as the age of advances in child growth and development, therefore, health education plays a key role at this age.

Parents, families, educators, schools and society should know that it is a necessity teaching the child to observe personal hygiene, to get used to a diet rational nutrition, to form hygienic standards about human relationships and their hygiene, about themselves in order to attain a level of self-knowledge, to learn about disease and poverty, about health and sickness of the nature or of our planet.

What was the start of the implementation of this program at a national level?

Nutrition plays an important role in maintaining health throughout our lives. Research has shown that certain nutritional imbalances at young ages can be incriminated as delay causes in intellectual development of children, metabolic and cardiovascular diseases in adulthood (Stanescu-Popp, 2006).

Many chronic diseases such as obesity, type 2 diabetes, cancer, cardiovascular diseases, osteoporosis and dental disease have as determinism the unhealthy diet (Graur et al, 2006). But as different as production mechanism of these diseases could be, a common characteristic is that each of them has a great potential of prevention. The target of primary prevention of chronic disease is the “modifiable” risk factors of which eating habits and sedentary life are distinguished (Graur et al, 2006).

World Health Organization experts recommend all countries the nutritional education and the correct information, considering that only this way there will be consumers able to choose their optimal nutrition.

Why did Romania need this program?

The answer is as simple as it is complicated: For the last 50 years, in our country, feeding behavior was negatively influenced by food shortage, which led to nutrient deficiencies, to which other imbalances due to excessive food consumption of sweet or fatty foods (due to their rush on Romanian market) were added later (after 1990). The aggressive advertisements led to their thoughtless consumption by the entire population, including children of all ages, without involving reliable institutional structures to inform the public on the content of these products and warn people about the risks of their consumption.

Based on this reality, we realized that it is our responsibility to educate children and young people to achieve healthy eating habits.

If we were to make the food portrait of a child of 3-6/7 years old 11 years ago, this portrait could outline broadly as follows:

3-6/7 year-old child specific behavior, grouped on nutritional component:
- loves fast food products,
- sweets,
- coca cola
- and despises vegetables, herbs...

Many authors believe that for health promotion it is necessary to act both in the curriculum, child – parents – personal care relationship, and in the institutions and structures involved in the “lobby” type activities.

Kindergarten plays a crucial role in setting eating habits that will influence children’s health. In addition, healthy eating in kindergarten contributes to reducing social inequalities between children, creating equal opportunities for health and learning.

Why is it necessary to promote healthy eating habits from an early age of the child? Because it is generally accepted that food habitus formed in childhood remain fixed for the entire period of existence of the adult. It can be said that health education during early childhood form habits and attitudes for lifelong.
Healthy social behaviors are learned by observing and imitating adult children (Opre, 2003), if we position ourselves in the socio-cognitive paradigm. In this sense, we present the assumptions of learning theory through modeling of Albert Bandura presented by the author mentioned above. Thus, Albert Bandura’s social learning theory focuses on the importance of observing and modeling the behavior, of the emotional attitudes and reactions of others. Bandura believes people assimilate attitudes by observing others, imitating what they see. For example, nutrition, physical exercise are examples of behavior that are learned in the family during early development (preschool) and have a role in the development of attitudes and practices in subsequent development periods and in adult education related to healthy lifestyles. At preschool age, children learn behavior by observing and imitating adults, they form attitudes to sanitary and risk behavior. At this age, the representation of health and disease state is formed.

Parents and adults, who deal directly with children, have a major role in developing sanogenous behaviors with protective role on health. Adults influence the behaviors children adopted through the model they represent. They are also the leading providers of leisure opportunities and food diversity. Parents and educators are the ones who shape children’s preferences and their attitudes towards eating habits, exercise and sexual behavior by the reinforcements and adverse reactions they express.

**General and specific objectives**

**The general objectives** of this study are:
- Promoting health and wellbeing of the child;
- Personal development of the child.

**The research hypothesis:** Applying reinforcements to sanogene dietary habits increase the frequency of their manifestations.

**The methodology and conduct of the study**

**Subjects:** A total of 20 preschool children participated in the study.

**Measuring instruments**

I prepared a questionnaire on the acquisition of healthy eating behavior with preschoolers which includes 8 questions of knowledge and attitudes. The method of administration of the questionnaire for children was made with the help of the teacher. Evaluation period: three months. Other methods that were used: observation and conversation. The questionnaire was formulated to identify eating habits of children. Based on these results we can identify whether or not children consume healthy food. The kindergarten program supports the responses, and the educators observe the eating habits of children.
The answers to the 8 questions for children are as follows:

<table>
<thead>
<tr>
<th>Questions for children</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you eat raw vegetables?</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>2. Do you have breakfast every morning?</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>3. What did you eat for breakfast? (Answers: cereal with milk, meat, fruits)</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>3. What do you drink most often? (Answers: plain water and natural juice, mineral water and soda)</td>
<td>70% Consumes plain water and natural juice</td>
<td>30% Consumes mineral water and carbonated juice</td>
</tr>
<tr>
<td>4. Do you wash hands before meals?</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>5. Do you eat fresh fruit?</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>7. Do you eat different dishes?</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>8. Do you prefer a cake or a fruit?</td>
<td>60%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Through the activities within the educational program in kindergarten, children are used:

- to eat vegetables because they contain many vitamins and fiber that help them develop in a healthy way. Health education in kindergarten and school has a particularly important role in this respect;
- take daily breakfast as it is a very important meal, that is why children should be taught to eat every morning;
- to eat cereal and milk for breakfast because dairy products are preferred by children and they are a good source of calcium;
- to consume plain water and natural fruit juices;
- to eat fruit in kindergarten and at home;
- to wash hands before meals; those unwilling to do so should be helped in strengthening this behavior; we have to remind them every time, and gradually this habit will become commonplace.
- to eat different dishes, even if at first they refuse to taste them.

We must explain our children to consume more fruits and fewer sweets.

The children’s parents who were included in this study applied at home the learning principles according to behavioral paradigm, reinforcing the desired food behaviors to manifest in the prescoler. Following these individual sessions of developing sanitary feeding behavior, we re-tested the children’s knowledge and attitudes about food and we noticed significant improvements. The re-testing method was voting an undesirable food behavior observed in the dining room.

This phase of research involves testing and verifying the hypothesis of the study. The above data support the idea that the application of behavioral learning rules determines the acquisition and maintaining of sanogenous feeding behavior.
Interpretation of results

The results emphasize the need to complement the preschoolers and parents education with healthy eating principles. For these reasons, we propose a serious implementation of such educational programs, not only in the form of mandatory programs, but also in the form of projects and programs developed by kindergartens.

We offer below a few examples of development and maintenance sanogenous feeding behavior activities:

MODELING: Parents demonstrate desirable eating behaviors (eating fruits and vegetables, lean white meat, natural yoghurt, etc), brings arguments against a chaotic style food (e.g. pictures of overweight children);

OBSERVATIONS: The human body harmonious vs disharmonious, Basic foods and their importance for health.

In case of teaching or non-teaching staff in kindergartens:

EDUCATIONAL GAMES: What does the mirror say?, What do we need?, What is good?

READING THROUGH PICTURES: Food - Source of life, Healthy food;

STORIES, THE READING TEACHER: At lunchtime;

CALLS / DEBATES: Fruit Salad Day, Vegetables Day, What can we make from fruits and vegetables?, Preparing fruit juice by washing fruits, Fruit Carnival;

MUSICAL ACTIVITIES: Early in the morning, Brave children of the Earth, Let's play the doctor;

COMPUTER GAMES where appropriate; children develop skills using technology.

These activities, in their various forms are an alternative for achieving health education. They can be used especially in children’s activities with adults or possibly teenagers, supervised by adults. These activities can be applied to children and even the parents if based on the need to exemplify and provide them with models of how desirable behaviors can develop in terms of food to children.

Conclusion

“Health Education supplements the education of preschool children, students, teenagers, young people and even parents. This form of education helps students and teenagers to better know themselves, to develop and to defend the body from the dangers that come from the environment. This requires respect for yourself and for others. This type of education has an important role in school, so that each of those involved in these programs (teachers, psychologists, doctors, parents) must focus on reducing the negative consequences of risk behaviors.” (Ardelean, Simion, 2015)

Food is a necessity, an art and a science. It is one of the sanogenous factors that is in the hands of man and in his power. Eating excessively, even if it is qualitatively and/or quantitatively, can cause various diseases.

The more children will learn about foods and their role in the body, the better their health will be. As shown in recent studies, in articles and the specialty literature, children are more prone to diseases in contemporary society because of lack of information or their and parents’ helplessness to have a healthy eating behavior.
BIBLIOGRAPHY


Stanescu - Popp, Alina 2006 - Course Notes - The importance of nutrition in child development.

Stativă, Catherine (2001) Study on child labor in rural areas, SPEED Promotion, Bucharest.


*** Early Education Curriculum for 3-6/7 years approved by O.M. nr.5233 of 01.09.2008


www.scoalacdavila.ro, Universal precautions to prevent blood-borne diseases - adaptated to collectivities of children.