



A Health Education Project's Effect on Elementary School Students' Health Status



Bence Cselik*, Erzsébet Rétsági and Pongrác Ács

Faculty of Health Sciences, University of Pécs, Hungary

Submission: July 31, 2017; **Published:** August 14, 2018

***Corresponding author:** Bence Cselik, Faculty of Health Sciences, University of Pécs, Pécs, H-7621 Pécs, Vörösmarty u. 4, Hungary;
Email: cselik@icwip.hu

Keywords: Traditional medicine; Oil pulling; Natural oils; Sunflower oil; Coconut oil; Sesame oil; Milk; Water

Introduction

Our research topic was about the basic options of health education, divided for several parts and related questions. Research has been done in the elementary school age-group (11-14 years) from five elementary school in Pécs (Hungary). We do believe that kind of health education and health development could never be started early, as we also referred in the title. We also find our research topical because as we know, obesity is showing an increasing trend in younger age. We would like to confirm that good strategy and effective short term goals brings positive results in health education relatively in short time.

We suppose if health education begins in childhood within the boundaries of elementary school and a committed group of health educators are in charge with a good program, that just makes significant changes in health status and thinking not just in the life of students but every other citizens of the institution.

We do hope monitoring the results and with the help of follow-up tests, we manage to run an efficient health education program, which advantages and results will also show up in the future, at next educational levels. We do believe that a good and proven health education program can be successful in other institutions too [1-3].

Objectives

The primal aim of the research is to present a health strategy in the elementary education institution, which quality is highly decisive regarding that a secondary social field is where students take up standards. In view of the above we find important to compare our tests and method with similar tests to see ourselves in the right position in the particular field of research [4,5].

- We presume physical activity is decreasing by the age increasing of children.
- We presume we find significant coherence between sex and health awareness and regular exercise.

c) We presume a deliberately formed elementary school health education program runned in the "Citycenter" Initiative has the positive effect on mixed nurture and physical activity and will also show a lower number regarding overweight children compared to the other institution's and national statistic numbers [6-9].

d) We presume with the help of a proper strategic plan alongside committed participants, we manage to achieve positive results in elementary school health education.

Subject and Method

During the research phase an anonym query was used in every year to be the ground of the study. Questions are alternately connected to health and sport subjects, referred to students and the research field's inner and outer factors [10].

We were curious about the feeding habits and trends of the students, even personal opinions and feedbacks were welcomed

Steps of the research:

- Convince schools' directors about the need of the tests, manage to approve,
- Survey the students,
- Data gathering (from school documents also),
- Evaluation of the surveys,
- Comparing analysis,
- Present the facts, draw conclusions and summarize.

IBM SPSS Statistics version 20 and Microsoft Excel 2010 were the softwares used for our for statistic analysis. Through the process we practiced descriptive statistics and deductive method also (consistency and diversity inspection). Significance was determined as $p < 0,05$. Through the process of data presentation,

aggregated data was shown by different graphicons and statistic charts. The final database was created of the solo intitution statistics, health visitors' report on body fat and BMI data and the previous test results collected of ours [11].

The queries were filled out by upper divison students of four units of "Citycenter School Pécs" initiative (n=866). Students were without exception fifth to eight grade, aged from 11 to 14 (av. 12,04, spread:1,51) [12].

Results

Due to body mass index (BMI), two thirds of the students were in good nutrition condition. More than 3% of the students were morbidly obsessed or weight deficited. Almost 9% of students were overweighted or fattened. Firstly, because BMI test is not always enough to size-up body condition, we considered to test body fat also during the lay down of overweight tests. Based on these body fat tests, 30% of children and pubescent were over the relative health limit of body fat [14,15].

a) It is important to screen students, mainly regarding body fat content.

b) For achiving this aim, it is needed to strengthen and develop connection and co-operancy between institutions and school doctor and health visitor. It is important to emphasize school prevention programs about nutrition and feeding.

c) It would be rewarding to create special add-on sport opportunities for overweight or fattened students, even as a school class.

d) High priority of healt screening for seventh grade students or higher.

On the ground of surveys, more than 72% of students doing sports on regular basis - besides the school classes - at the lowest estimate 2 or 3 times a week. However this trend shows decreasing form by age, eight grade students ratio at the same terms are much lower. Nearly 10% of children never doing sports. Schools' sports activities are not so popular, altogether 9,05% of students take part in.

a) Need to improve schools' infrastructure and selection of sport activities. Special sports need to be provided based on students needs.

b) It would be rewarding to set a similar next year, specially in seven and eight grade, because it is the first time in the history of school to have physical education as a class in every single day for all the divisions.

c) Most of eight grade students are doing sport at home or at gym inividually. From eight grade, it would be important to add to syllabus informative lecturesabout proper training, so students could learnthe basics of creating a training program for themselves, giving information they can work up on their own to help the prevention of injuries and posterior developmental issues [16].

Feeding habit are showing good trends, mixed nutrition had proven good and the results are also affected by that. The major problem is the satisfaction level of the school canteen's meal selection, told by the students.

a) Furthermore it is relevant to publicize healty lifestyle for one and all, parents and children

b) Create opportunity to open reform canteen or bar, even based on the requirements and needs of children. Operational conditions would be ideal to be set by the institution, not the renter [17,18].

Summary

It was an exciting and resultful process untl the end of the research. After all, we were curious about the results, whether institutions' staff hard work and the reached aims prove our hypothesis or not. In our oppinion, we do confirmed our hypothesis. A long side effort and commitment, it is visible a good strategy makes difference and a well-tried health education program can bring positive effects not just on one but other establishments too. In connention with the research, it would be rewarding to extend these tests to other facilities too, even to municipal levels, to elementary and secondary education. It has been proven, that education and health education for healthy lifestyle of growing up generation would begin in elementary school (even in kindergarten) to form that common health conscious attitude in our children what they take on and hold through the process of becoming an adult.

References

1. Ács P, Hécz R, Paár D, Stocker M (2011) A fitness (m)értéke - a fizikai inaktivitás nemzetgazdasági terhei Magyarországon. *Közgazdasági Szemle* 58(7-8): 689-708.
2. Allardt P Pesonen (1997) Cleavages in Finnish Politics. In Seymour M Lipset, Stein Rokkan (Eds.), *Party Systems and Voter Alignments. Cross-National Perspectives*, New York: The Free Press, USA, Pp. 25-66.
3. Berger-Smitt R, Noll HH (2000) Conceptual framework and Structure of a European System of Social Indicators, EU Reporting Working Paper, ZUMA, Mannheim, No. 9.
4. Cselik B, Szmodis M, Szóts G, Ács P (2015) Hungarian Dimensions of Physical Activity Based on Studies at School Ages. Practice and Theory in Systems of Education. 2nd IRI Health Conference. Štúrovo, Szlovákia 10(2): 131-140.
5. Cselik B, Rétsági E, Ács P (2015) Factors influencing physical activity of the Hungarian society Saarbrücken: Lambert Academic Publishing, 64 p.
6. Currie C, et al. (Eds.) (2012): Social determinants of health and well-being among young people. *Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey*. Copenhagen, WHO Regional Office for Europe, Health Policy for Children and Adolescents, No. 6.
7. Tomada (2011) *Obesidade Infantil: uma epidemia á escala mundial*, Cadernos de Saúde, Número especial Obesidade 4: 27-32.
8. Jebb S McCarthy, Fry D, Prentice T (2004) New body fat reference curves for children, *Obesity Reviews*, NAASO A156.
9. Laczko T, Melczer Cs (2015) *Az egészségsport alapjai*, Pécsi Tudományegyetem Egészségtudományi Kar, Pécs 9-11.

10. Németh Á (szerk.). (2007) Iskoláskorú gyermekek egészségmagatartása elnevezésű, az Egészségügyi Világszervezettel együttműködésben zajló nemzetközi kutatás 2006. évi felmérésének Nemzeti jelentése. Health Behaviour in School-aged Children a WHO-collaborative Cross-National Study, HBSC National Report (szerk.e: Németh Á.)
11. OÉTI (2009) Országos Táplálkozási és Tápláltsági állapot Vizsgálat az Egészségügyi Világszervezettel együttműködésben zajló nemzetközi kutatás. Health Behaviour in School-aged Children.
12. Ottawaian Charta (1986) First International Conference on Health Promotion, Canada.
13. Pereira, Paulo Almeida, Lopes, Liliana Correia (2012) Obesidade Infantil: Estudo em Crianças num ATL. Millenium 42: 105-125.
14. (2004) Revista de Nutrição. Rev Nutr. Campinas 17(4).
15. Rétsági E (2011) Sportelméleti ismeretek, Dialóg Campus Kiadó - Nordex Kft. Pécs 18-21.
16. Szöts G (2012) A fitness mértéke, mint a megbetegedések rizikóját befolyásoló tényező. Magyar Sporttudományi Füzetek IV, Akadémiai Kiadó, Budapest, 9-46, 69-152.
17. Trudy M.A. Wijnhoven (2014) WHO European Childhood Obesity Surveillance Initiative: School Nutrition Environment and Body Mass Index in Primary Schools. Int. J Environ Res Public Health 11(11): 11261-11285.
18. WHO (2010) Global recommendations on physical activity for health. WHO, Geneva, Switzerland.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/JCMAH.2018.06.555694](https://doi.org/10.19080/JCMAH.2018.06.555694)

Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission
<https://juniperpublishers.com/online-submission.php>