

Interdisciplinary Look at Lifestyles in School Population. Pereira

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Abstract

This document presents the lifestyles of the student population enrolled in the Official Educational Institution. Pereira. Objective: To recognize lifestyles in the student population of the Educational Center 30 de Agosto, during the year 2018. Type of descriptive cross-sectional study, 49 boys and girls participated. Interdisciplinary research in Optometry, Respiratory Therapy, Radiology, and Diagnostic Imaging and Nursing, an instrument developed by the authors, validated by experts, allowed observing practices on Care and self-care. Results: Their families in 37% are extensive; Diet shows a high preference for foods rich in flour and sugar, they carry out physical activity. 47% of boys and girls have nighttime awakenings. 57% are taken to growth and development control. The use of insufficient protection elements; 99% do not report alcohol or tobacco consumption. Boys and girls collect and separate waste. Discussion: Vulnerable population, female population predominates in all age groups, there is a high preference for foods rich in flour and sugar, in tune with the diet of the region, the lack of restful sleep has consequences in the performance and development of activities daily as school activities, one of the important aspects in the studied population is the care habits they have and their permanence in them, in general, the evaluated aspects show difficulties in the self-care processes, the use of free time is compared with the unrelated physical activity as wellness in context. Conclusions: Diet suffers from deficiencies, consumption of sugary drinks, fats, flours, low intake of fruits and vegetables predominates, the sleep period is affected.

Keywords: *Lifestyles, Health, Self-Care, Healthy Environments, Promotion, Prevention.*

Introduction

Lifestyles have become a concern for various areas, these are defined as the set of behaviors, behaviors that are daily and are related to idiosyncrasy, for the WHO Health Organization, it is *"the perception that an individual has of his place in existence, in the context of the culture and the system of values in which he lives and in relation to his objectives, their expectations, their norms, their concerns."* (WHO, 1958). According to the National Demographic and Health Survey, ENDS 2015 In the country there is a slight trend towards an increase in the number of people in adulthood who also have a series of non-communicable diseases but with a long-term impact, resulting from health events in the family and collective spheres. When we talk about lifestyles, we are referring to the aspects that have to do with people and communities in a positive sense of their health, including their own beliefs and traditions.

Álvarez, who quotes Méndez, recounts that since the 1950s and 1960s, where terminology was used and logically conceptualized about it. (Véliz, 2017).

According to Cockerham, *"lifestyles are patterns of health behavior, in which human beings take control of their own health, but which are influenced by the life opportunities offered by the context in which they develop"* (Álvarez C, Luz, 2012). *"Healthy lifestyles generate a direct and positive impact on the state of health at a physical and psychological level."* (ESE Salud Pereira, 2018). By implementing healthy lifestyle habits, you take control of your own health and that of others, giving you the possibility of making decisions.

In coherence with the above, lifestyle is related to healthy eating and physical activity but also to the use of psychoactive substances, the management of emotional tension, as well as the attitude towards life. The evaluation of lifestyles and the identification of aspects that lead to health situations or events that can

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affect the life of everyone, present in the different life courses, being the stage between 5 and 12 years of age of special attention because it is there where healthy behaviors can be intervened and appropriated from the different disciplines as in this case.

For the Pan American Health Organization PAHO, "*Healthy environments promote health by providing protection, facilitating the appropriation of tools that increase their capacities to generate self-control that results in learning, quality of life and opportunities for human and social development*" (PAHO, 2006). In accordance with this, it is important that the academy tends to approach educational institutions as references for the population of children and adolescents with the aim of contributing to the empowerment of healthy styles, behaviors and behaviors, since it is the decisive school stage for the consolidation of these styles. Hence, the WHO has established policies and comprehensive prevention plans for children and adolescents as strategies.

To enable this, the family and the educational institution, especially those that come from vulnerable communities and with limited resources, need the support of institutions, such as those of higher education with academic health programs, which have the mainly human resource, with the training, knowledge and willingness to support them in the diagnosis and training for the adoption and strengthening of these styles. which is done from the Social Projection and Health Promotion projects.

This demonstrates the importance of approaching schoolchildren, in such a way that their lifestyles are recognized in a comprehensive way with an interdisciplinary approach, which allows defining strategies aimed at reducing the presence of diseases and leading to maintaining an optimal state of health, enabling them to adjust and propose policies for concrete action. aimed at improving the lifestyles of this population, in the same way it allows the Institution to guide its academic processes aimed at the health of its educational community, strengthening the direction of Social Responsibility and Research actions.

Materials and Methods

Methodology

This research is proposed with a descriptive and qualitative cross-sectional design. The information collection instrument is a questionnaire that was designed by researchers belonging to various disciplines. The questions were divided into dimensions based on models found during the bibliographic review and adapted for the target group, fourth and fifth grade students of a public education institution of socioeconomic status 1, 2 and 3. It was created in Google Docs for easy access and application, avoiding the use of paper. The questionnaire was divided into eight dimensions (see link: https://docs.google.com/forms/d/e/1FAIpQLSelvFAixrQKdeiok1QcEEMi9h7_33y52FXL6qwODLId8fzISQ/viewform?embedded=true). Each dimension was subjected to validation by three expert peers in the area. Peers were given access to the survey and they answered a questionnaire (see Appendix Instrument to validate the Habits and Lifestyles Questionnaire of the Student Population of the Educational Center August 30, 2018 (Evaluation by Dimensions)) and a global evaluation of the instrument by three different peers to the evaluators of the dimensions (see annex Instrument to validate the Habits and Lifestyles Questionnaire of the student population of the Educational Center 30 August 2018 (Global Assessment)).

With the results of the evaluations by dimensions and overall, the researchers made an analysis of the scores obtained by questions and by dimensions, based on these, the pertinent modifications and corrections to the instrument were made. Then, a pilot test was carried out with a population whose characteristics were similar to the target population, with which a database of the responses was generated. The analysis of the application and the results obtained in the database led to other adjustments that were made to obtain the final instrument. The final questionnaire was applied to the target population

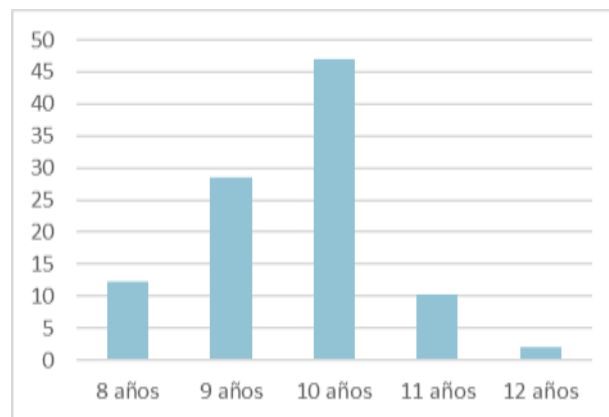
Statistical analysis The information was analyzed through the use of descriptive statistics based on the level of measurement of the variables. It was recorded in SPSS, from its results percentages and frequencies were calculated.

Ethical aspects: In this research, Resolution 8430 of 1993 of the Ministry of Health and Social Protection was considered, which establishes the rules for its development. Participants signed the assent and their parents signed the informed consent.

Results

This population was classified into low socioeconomic strata, exposed to different risks, including the environmental due to inadequate final disposal of garbage, this population changes its address frequently in search of an economic activity, it has few sports venues according to the Development Plan of the township 2007-2016 (Pereira Mayor's Office, 2007-2017). Most of them were answered by men (57%).

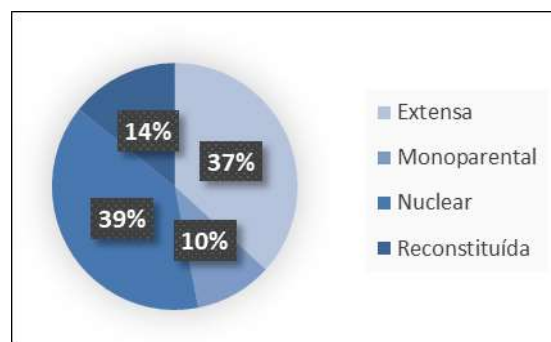
Figure 1. Age Distribution



Source: Healthy Lifestyles Survey, 2019

Family typology The prevalence of nuclear families was observed with 39%, followed closely by complete extended families (37%). It is necessary to appreciate that stepfamilies are on the rise in Colombia.

Figure 2. Family Typology



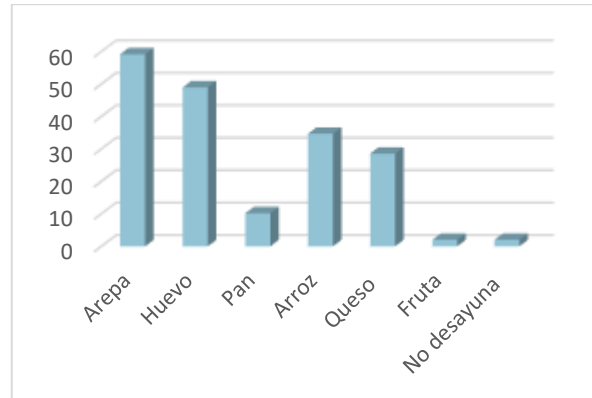
Source: Healthy Lifestyles Survey, 2019

Regarding family composition, the number of people per family was between 4 and 5 people (50.9%), followed by more than 6 members (28%). The average number of family members is 4.5 people per family. Figure 3. These data also reflected that most of those who remain in the care of the children are women, finding mothers, grandmothers and stepmothers or aunts (89%).

Food Dimension: The information related to food was obtained by inquiring about breakfast, lunch, lunch and snacks. There is a predilection for those foods that contain a large amount of flour and sugars, as for breakfast there is a marked trend in the consumption of arepa (59%), in the same way the consumption of bread, cookies and toast is frequent, which are mostly accompanied by cheese (29%) and sausages (5%). It

should be noted that a significant 35% consume rice in the morning, although small, but it is worth noting that 2% reported not eating breakfast and this same percentage (2%) consumes fruits.

Figure 3. Breakfast Food



Source: Healthy Lifestyles Survey, 2019

A similar situation was found with lunch, with which the same patterns were repeated, excess carbohydrates where the total population stated that they consumed between 1 and two flours among which rice predominates, in the same way there is evidence of low consumption of vegetables and scarce fruit (29 and 15% respectively). However, the percentage of foods rich in protein was 88, including meat, eggs, chicken, lentils and beans. The panorama with respect to dinner foods continues, most of them consume the same as lunch) 65%, significantly reducing the presence of vegetables and fruits, the rest of the children report eating arepa, toast, cookies, white bread alone, with egg or meat.

Drinks were also investigated, finding the same behavior at the time of the 3 main meals, at breakfast the preferred liquids are chocolate and panela water 55 and 32 percent respectively, both with high cultural value, dairy products occupied 12%. Lunch and dinner are accompanied by sugary drinks such as juice, although it is mostly fruit, followed by panela water, coffee and soda that occupies the furthest place with 8%.

Likewise, it was asked about the foods consumed between breakfast and lunch, finding that 2% eat rice with meat or nothing, 3% eat sandwich and fruit and the remaining percentage is among the packaged foods accompanied in their order by bottled drinks, yogurt, chocolate and again panela water appears as a liquid of frequent consumption. The snack between lunch and dinner contains the same elements except that the packaging is considerably reduced and there is an absence of dairy.

Sleep dimension: In the present research it was found that 47% of children have nocturnal awakenings, among the causes investigated, awakening due to physiological needs predominates with 78%, in the same way 22% manifest waking up as a result of nightmares.

Dimension of self-care: One of the important aspects in the population studied is the care habits they have and their permanence in them, 57.14% were taken to the early childhood and childhood consultation. It was also evidenced that a worrying 95.92% brush less than three times a day, only 4.08% of children state that they do so according to Clarke and Lisa's recommendations (Clarke, Lisa, 2019).

77% of the children investigated are directly exposed to the sun, with the aggravating factor that few apply sunscreen (32%), 30% use a hat, umbrella or cap to reduce this exposure, only 0.7% use a long-sleeved shirt, with insufficient means of protection.

Taking into account that hand washing is a reinforced behavior in many media, in this population it was evident that 91.84% respond to having hand washing at the correct times.

Although 98% did not report alcohol or tobacco consumption, it is noteworthy that 71.43% have the influence in their direct environment, being the parents or relatives who do it, causing in addition to the example the damage by considering themselves a passive smoker. A relevant aspect that was taken into account in this dimension of self-care was to ask them if they consider themselves happy, we found positive answers, finding that 83.6% are happy in the family and 76% of them say they feel good in the school environment, in which they can share with their classmates and develop learning and recreational activities. At school they feel well treated.

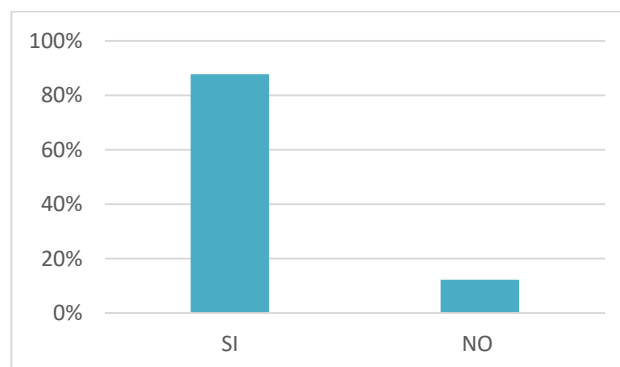
Environmental care dimension: Children play an important role in raising awareness about the responsibility to care for the environment, finding that they collect and separate waste, 92% do it at home and 80% do it at school. They expressed the need to take care of water, land and the protection of human beings.

Dimension of free time: It was found that children spend time playing alone, with someone else or with a pet (31%), and 22% play with their electronic devices, including tablets, cell phones or computers. Individual analysis in the use of each device:

The use of the tablet is the choice for 18%, the use of the cell phone obtained the highest percentage with 29%, finally, regarding the use of the computer is 20%, the time of use on the three devices is less than 1 hour a day. It is possible that their use is related to the economic condition of these families, while 63% watch television between 2 and 4 hours a day. They also state that they dedicate time to completing homework and reviewing topics seen in class, 10% support their parents in household chores.

Physical Activity Dimension: In the information related to physical activity, 88% of the children surveyed perform physical activity when they are not in school.

Figure 4. Physical Activity Outside of School



Source: Healthy Lifestyles Survey, 2019

The main physical activities they do when they are not at school are walking and cycling since they do it daily as a way to travel to school and other nearby places, followed by running every 1 time a week, playing soccer every 3 times a week, all the above activities with an intensity between 0 and 1 hour a day, in addition to other activities with less participation such as volleyball, swimming and basketball.

Discussion

This population is vulnerable, with a deficit of scenarios for recreation and play, in addition to having some difficulties. In Colombia, marital separations are becoming more frequent, according to figures from the Superintendence of Notaries and Registry in 2017 there were 23,422, this situation is mostly accompanied by new relationships and with them the presence of stepfathers or stepmothers, these new relationships are part of our reality, taking away the weight of families made up of parents and children. Reconstituted families can be a source of family tension since on some occasions coexistence is difficult at the beginning when they want to insert themselves into an already formed family. (Whitsett, D. and Land, H., 1992). This

type of family is susceptible to accompaniment to avoid non-normative crises. Although a smaller proportion of single-parent families are found, as a result of the divorce itself, the death of the spouse or partner or even the abandonment of the latter, according to Arriaga (2002), "... *families whose leadership is exercised by better people are at greater risk.*" (Arriagada, Irma, 2002).

The family composition is on average 4.5 people per family. According to data from the 2015 National Demographic and Health Survey for Colombia and the report on the number of people per family, which states: "in the last five years, households increased with 1, 2, 3 and 4 people, while those with 5 and more decreased"; which reflects that the population of this sector is close to what the survey shows, but in the same way families with more than 6 members have a large percentage within the community. The average number of family members is 4.5 people per family. This information reflects that care is mostly given by women grandmothers, mothers, stepmothers or aunts (89%). It should be noted that the bond between the child and his or her caregiver is essential to facilitate their safety and autonomy. There is a preference for the consumption of flours and sugars, in tune with the diet of the region; as for breakfast, there is a marked trend in the consumption of arepa, a food made from corn, a reference food and flagship of the coffee region, generally its manufacture is homemade. It is important to clarify that the consumption of foods recommended for breakfast contributes to the maintenance of health, positively affects academic performance, attention and concentration, since it favors both physical growth and development; hence the need to guide with respect to food, children breakfast contributes 25% of daily caloric expenditure. Breakfast also decreases the risk of metabolic disorders such as obesity, which is also the gateway for the presence of non-communicable but long-term diseases such as diabetes, affecting quality of life. According to the age of the child, specific quantities should be offered, investing the time required in their consumption, avoiding doing it quickly, guaranteeing an adequate environment. It is necessary to accompany families with eye-catching, practical recipes within their reach that promote adequate nutrition and that result in the physical and mental health of children. As for the school, teachers must be guided, but especially those who manage the school store so that without having losses it contributes to the well-being of the school community. Sleep is elementary for the development of this population, it favors mental functions such as attention, memory and attitude, it is necessary in this case to attend to both physiological causes and nightmares must be addressed, once they can be linked or failing that evidence some metabolic disorder or habits related to the consumption of liquids at the end of the afternoon, a diet low in vegetables contributing to constipation (Fernández F. Marta, 2014). The lack of restful sleep has consequences in the development of daily activities such as school activities, it has been shown that in the first 15 years of life there are changes in the structure of sleep, in physiological processes and sleeping habits, therefore, the number of hours dedicated to rest and sleep gradually decreases with age. The sleep-wake cycle is adapted to physical, recreational, social, school, mealtimes, and especially ambient light activities. It is necessary to promote the consultation on growth and development, it is important to highlight that it favors comprehensive development, taking into account that access to this type of care is free and is part of healthy public policies in Colombia (Ministry of Health and Social Protection, 2018); however, a significant percentage of these are not taken to their controls, reducing the possibility of early detection of their alterations.

Self-care must be instilled through example in the family nucleus, reinforced in the school environment. Personal care habits are immersed in health well-being through pedagogical strategies in educational institutions and health centers, among others. It is essential to educate regarding brushing habits, in this population the consumption of sugary foods prevails and therefore predisposes to the presence of cavities, making brushing the effective tool to reduce it and that together with healthy eating prevents the appearance of other diseases.

Exposure to ultraviolet radiation is an aspect whose significance is increasing since during childhood, it becomes a determining factor in the presence or absence of diseases; correctly protected children have a 78% lower risk of developing skin cancer (Magliano, J., Álvarez, 2011), photoprotection strategies are focused on reducing the overall time to sun exposure that they will receive throughout life; In the population investigated, 51.02% responded that they had insufficient means of protection, highlighting the importance of promoting self-care in children.

Handwashing is still on the agenda of countries, since it reduces the presence of gastrointestinal diseases such as diarrhea and parasitism, respiratory diseases such as pneumonia and eye infections (Pérez Cueto, María del Carmen, 2007).

Studies carried out in Latin America define factors of smoking and alcoholism faced in their family or school nucleus, as a public health problem, according to the WHO "*Tobacco has very serious consequences for children. Despite its devastating effects, in countries faced with immediate problems, such as poverty, lack of access to clean water and infectious diseases, tobacco use is often considered a lower priority threat.*" (WHO, 2010). Although in this population 97.96% do not report consumption, it is highlighted that 71.43% have the influence on their direct environment, being parents or relatives who do it, causing in addition to the example the damage by considering themselves a passive smoker, in another article the same WHO reports that "*passive smoking is a cause of serious cardiovascular and respiratory diseases, among them coronary heart disease and lung cancer*" (WHO, 2012). The same situation occurs with alcohol consumption where (72.73%) find it at home, but a significant 22.44% do state that they have consumed, which implies the need to intervene early in the family and social network that allows the early identification of factors that induce this situation (Manrique-Abril, Fred G., 2009).

It is necessary to educate children in favor of environmental care, this makes us think that education in the family and in the institution play a very important role in raising awareness about the responsibility to take care of the environment, education becomes a tool to contribute to the behaviors that are adopted from school. The feeling of occupation is becoming more and more frequent, but it is necessary to teach how to use free time and take advantage of it in the best way without overdoing it, there must be a balance between these and their responsibilities. Physical activity, in addition to contributing to the physical development of children, is also associated with mental health, reducing the risk of anxiety and depression, favoring social interaction.

Conclusions

The present work evidenced the need to carry out educational intervention, once inappropriate behaviors were observed in terms of food and hydration, use of sun protection and the number of hours dedicated to sleep and rest, as well as family ties that are decisive in the appropriation of lifestyles. It allowed recognizing the aspects that influence children, it was possible to determine that alcohol and cigarette consumption occurs in the family environment, contributing to the repetition of patterns that affect their behaviors. It is necessary to start with active work in which both families and managers participate. It was evident that most of them have apparently healthy lifestyles; however, tobacco consumption at the family level becomes a negative factor for children, so it must be addressed from respiratory therapy; likewise, the use of screens and their age makes it essential to assess from Optometry in addition to teaching methods that tend towards optimal vision; it is vitally important to provide guidance on the use of sunscreen, umbrella or other element that reduces the risk of skin cancer, developing educational interventions from Radiology, and of course from nursing, food, sleep and physical activity must be improved, strengthening children's participation in sports activity through continuous and methodical processes that allow, on the one hand, to become aware of the risks of an education distanced from corporeality and on the other hand, to claim the need for physical activity that enhances the individual, his social behaviors, responsibility with himself, with others and the environment.

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