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HEALTH EDUCATION WORKSHOPS

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Abstract

In a world where unhealthy habits are becoming increasingly common, schools play a fundamental role in educating students and shaping healthy eating habits. With proper nutrition, regular physical activity, personal hygiene, and emotional balance, children can grow into healthy, active, and responsible adults. Since children spend a significant amount of their time at school, it bears a crucial responsibility for their health education. Teachers, parents, and school medical staff must work together to create a healthy and safe environment. Awareness campaigns, themed activities, and involving students in health-related projects can have a lasting positive impact. A healthy lifestyle adopted in childhood with the support of the school lays the foundation for a balanced, energetic, and responsible adult. Investing in early health education is ultimately an investment in the long-term well-being of society.

Keywords: *teaching; nutrition; students; workshops;*

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Introduction

Obesity can develop at any age and is widely recognized as a complex and multifactorial condition. It results from an interplay between non-modifiable factors (such as genetic predisposition, sex, ethnicity, and metabolic characteristics) and modifiable factors (including dietary habits, physical activity, screen time, sleep patterns, and psychosocial influences) (Vancea, 2014; EPW, 2025).

Particularly alarming is the rise in childhood obesity, which has grown at an unprecedented rate in recent years. By 2035, it is estimated that childhood obesity will double compared to 2020, potentially affecting 208 million boys and 175 million girls (Askovic et al., 2012).

Among the most effective responses to this growing crisis is prevention, with a particular focus on early intervention in schools. Nutritional education and behavioral guidance, combined with monitoring and support, are essential components of a successful, long-term strategy (González-Gross et al., 2008).

Methodology

Early education offers one of the most powerful tools in shaping long-term health outcomes. When health education begins in childhood, within the structured and consistent environment of the school, it has the potential to reach all children, regardless of socioeconomic background. This makes schools ideal settings for prevention-focused interventions.

Programs implemented at the school level benefit from broad outreach and cultural adaptability. Moreover, they allow for the integration of both curricular and extracurricular elements, such as classroom instruction, school meals, physical education, and community involvement (Karpouzis et al., 2025).

The approach emphasized here involves the combined participation of educational staff, students, families, and healthcare professionals, in line with established models of community engagement in public health. This methodology supports both the transmission of theoretical knowledge and the development of practical, sustainable habits, reinforcing them through multiple channels over time.

Educational programs designed to address childhood obesity must include age-appropriate, culturally sensitive content on nutrition, physical activity, mental well-being, and lifestyle choices.

Methods such as project-based learning, interactive workshops, peer mentorship, and digital tools can increase student engagement and improve knowledge retention.

Data and observations were drawn from case studies, national policy reviews, and WHO reports on youth health education initiatives across European countries. The approach emphasizes the importance of interdisciplinary collaboration, bringing together educators, medical professionals, parents, and community stakeholders to implement holistic interventions.

Results and discussion

Rates of childhood overweight and obesity have increased significantly across Europe. In response to these growing concerns, the European Commission introduced a comprehensive strategy in 2007 entitled the Strategy for Europe on nutrition, overweight, and obesity-related health issues (COM (2007) 279 final). This strategy encourages member states to implement multi-sectoral policies focused on reducing risk factors, improving dietary habits, and increasing physical activity among children and adolescents.

At the school level, policy effectiveness depends largely on the degree of community engagement and cross-sector coordination. Designing and implementing school-based nutrition and physical activity programs is most successful when built upon collaboration between teachers, parents, students, and healthcare professionals alike.

The inclusion of a dedicated subject focused on healthy lifestyle education, starting with the preparatory grade and continuing through the early years of primary school, represents a strong step toward institutionalizing health education. This type of structured curriculum enables students to develop age-appropriate knowledge and attitudes about food, exercise, hygiene, and emotional health.

For students in middle and high school, the continuation of health promotion must extend beyond biology lessons. It should be present in homeroom sessions, school assemblies, after-school clubs, and thematic projects. By embedding health content across diverse contexts, schools can foster a more comprehensive understanding of health and well-being.

Despite these efforts, one of the main challenges remains the lack of centralized coordination. Currently, teachers are expected to plan and deliver nutrition content based on personal initiative or school-specific policies. This fragmented approach can result in gaps or

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inconsistencies in the information presented, especially in areas such as portion control, reading food labels, or understanding emotional eating.

The three-pronged framework proposed by Collins et al. (1995) continues to offer a useful lens through which to assess the quality of classroom-based nutrition education:

1. Knowledge transfer. Providing clear, factual information about nutrition and health.
2. Attitudinal change. Challenging pre-existing negative perceptions and cultivating a healthy mindset around food.
3. Skill development. Teaching students how to make healthy decisions in real-life contexts.

The main challenge was to promote these goals in age-appropriate ways that also respect students' personal and cultural preferences (Collins et al., 1995).

Since 2009, Romania's national campaign "For a Healthy Lifestyle", led by the National Audiovisual Council, has served as a platform for public awareness and behavioral change, reinforcing the messages taught in schools (WHO, 2021). Complementing this, the National Strategy for Youth Policy (2015–2020) sought to not only promote physical activity but also engage young people as active and responsible citizens, encouraging their participation in extracurricular activities such as sports clubs, youth associations, and cultural organizations.

Nevertheless, major gaps remain in physical activity levels among Romanian children. According to the WHO (2021), over half (53.9%) of children do not participate in organized sports, and approximately 40% do not walk or cycle to or from school. This shortfall is especially concerning given WHO's (2010, 2025) recommendation that children and adolescents between the ages of 5 and 17 engage in at least 60 minutes of moderate-intensity physical activity per day.

To address these issues in a more practical and sustainable way, several intervention channels can be utilized:

- *Biology clubs and extracurricular groups* allow students to explore health topics in greater depth and apply what they've learned in real-life contexts.
- *Parent engagement sessions* can help bridge the gap between school education and home practices. Families, as the primary agents of early behaviour formation, must be informed and supported to make healthier decisions.

- *Expert-led campaigns*, involving professionals such as doctors or nutritionists, can reinforce school messages with scientific credibility and tailored advice.
- *Professional development for educators*, through online or certified nutrition training, can ensure that those delivering the curriculum are well-prepared and up-to-date.

These combined efforts create a **multilayered support system**, helping children adopt and sustain healthier habits while also involving the broader community.

Conclusions

The development of healthy habits during childhood forms the foundation of lifelong well-being. Schools have a unique opportunity and responsibility to lead these efforts by delivering structured, evidence-based health education from an early age.

Beyond simply providing knowledge, educators must also foster positive attitudes and practical skills. Children need to be equipped not just with theoretical understanding but with the confidence and capacity to make informed decisions, decisions that align with both their personal needs and their social environments.

To succeed, health education must be:

- Integrated across subjects and school activities.
- Supported by ongoing teacher training.
- Reinforced by family and community engagement.
- And anchored in national policy frameworks that provide continuity and resources.

In conclusion, adopting a healthy lifestyle from early childhood is not only a preventive strategy against future disease, but also an essential investment in the health of society as a whole.

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