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HEALTH POLICY INTERVENTION IN SCHOOLS PROMOTE PHYSICAL ACTIVITIES AMONG THE PUPILS

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Introduction / Problem

Today, more and more children are overweight or obese than ever before. Schools can play a prominent role in easing the situation. Schools have a great potential through the curriculum, health promoting programming and transportation to preventing children from becoming obese and overweight. The study concerns the behaviors of Health Promoting School (HPS) according to a broad definition of HPS in World Health Organization (WHO), or dependent on schools own health promoting policies. The purpose of this paper is to examine whether promoting physical activity among the children at schools in relation to a school health policy, such as Food and Nutrition Policy (FNP).

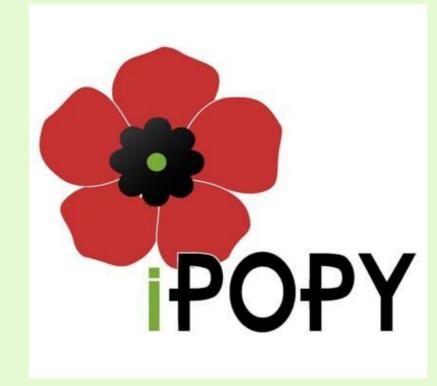
Materials and Methods

A quantitative survey using a Web Based Questionnaire (WBQ) was performed in Denmark among school food coordinators in the public primary schools (grade 1-9). The potential participants weren't only school food coordinators but could also be the school headmaster or school food caterer, etc.

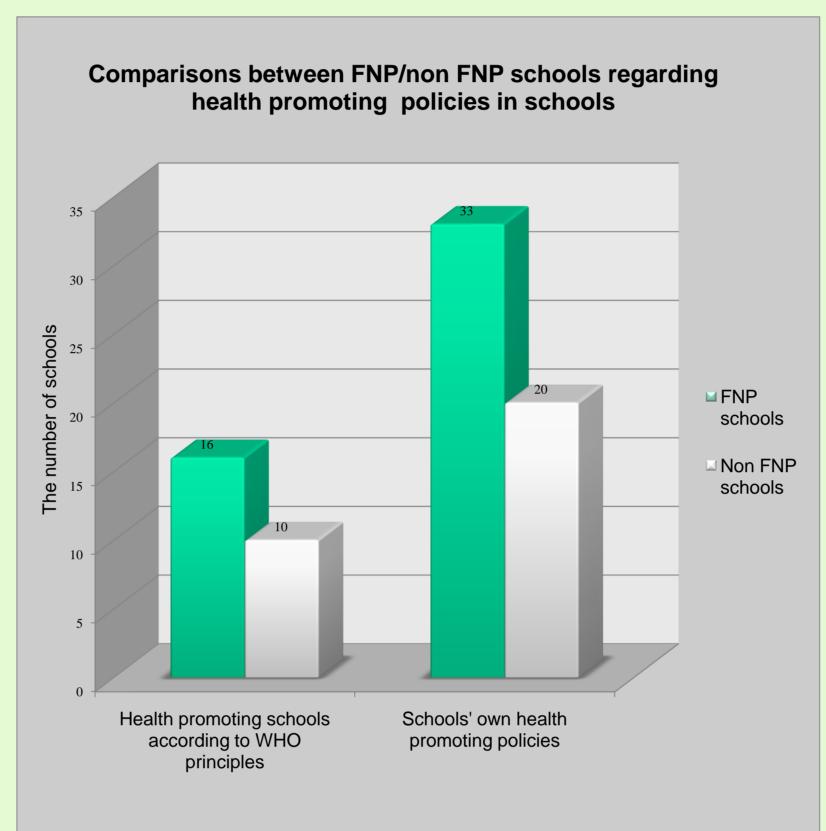
The content sequence of the WBQ is mainly followed as 1) background information of both respondents' and schools' contact, 2) attitude of respondents regarding promoting the organic foods and healthy eating habits through school meals service and curricular activities, 3) existing policies with regard to school food, such as POP policy, FNP, health promoting school policy or green school policy and 5) school food serving practices.

Data shows, there were 92 out of 179 Danish schools that responded the WBQ. And 52 Danish schools in the survey have adopted a FNP, 39 schools didn't have a FNP, 1 school didn't 't know.

The project is a part of the iPOPY research project funded through the European Research Arena project CoreOrganic. (http://ipopy.coreportal.org/)



Results



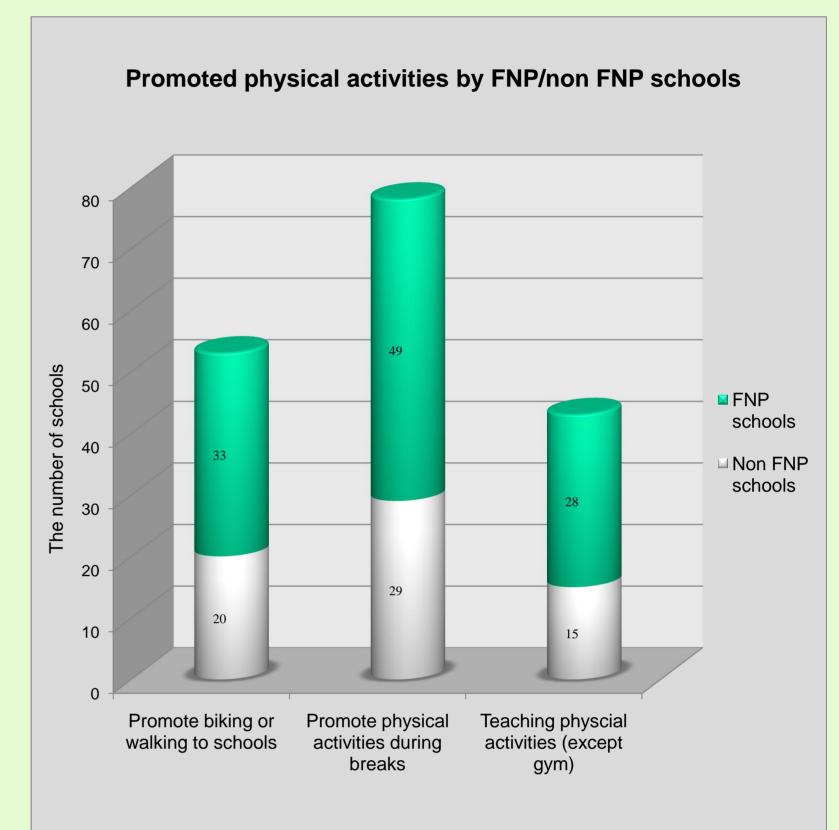


Figure 1 shows the comparisons regarding the schools were considered as having a WHO policy or own health promoting policy between the FNP schools (the schools that having a FNP) and the non FNP schools (the school that didn't have a FNP). Data indicates, 16 out of 52 FNP schools responded they are HPS according to WHO principles, and 33 FNP schools depended on their own health promoting policy. 10 out of 39 non FNP schools had a WHO policy 'and 20 non FNP schools had own health promoting policy.

Figure 2 shows promoted physical activities by the FNP schools and non FNP schools. There were 33 FNP schools promoted biking or walking to schools/home among children, and 49 schools promoted health of children through physical activities during breaks. In addition, more than half of the FNP schools carried out curriculum activities regarding promoting of physical activities. For non FNP schools, 20 schools have promoted to bike or walk to schools, and 29 schools encouraged children to do physical activities during break time. 15 out of 39 non FNP school had teaching concerning physical activities.

Conclusions

The results demonstrate that there is a positive relationship between promoting physical activities and health promoting policies at the school. It can be seen physical activities promoted by schools are proportional to the health promoting policies. Moreover, the FNP schools seem to consider more about healthy issues for children than the non FNP schools. The results also suggest that the FNP schools more likely to promote physical activities not only outdoors but also curriculum. Therefore, it seems that health promoting policies intervention in schools can positively build an active physical life among pupils, which has like hood of continuing into adulthood.

