

Nutrition and physical activity

Children's lifestyle, including nutrition and physical activity, is fundamental to the development of their well-being, self-esteem, personal and social fulfillment, and health; all of these factors are thus closely connected to their success at school. Children who take part in sports generally have a greater attention span at school and better cognitive performance. On the other hand, poor nutrition and a sedentary lifestyle can hinder learning and academic performance.

What the research says

Many studies have made connections between the development of a healthy lifestyle, student health, and the risk of dropping out. And while health can affect school performance, that performance can, on the other hand, affect the health of some young people.

Researchers in California conducted a large-scale literature review on the links between health and education.¹ They concluded that the links between health and dropping out take three pathways:

1. Physical health problems → Disparities in care and follow-up → Worsening of symptoms → Problems at school (absenteeism, poor grades, etc.) → Dropout
2. Behavioural problems (attention, hyperactivity, nutrition, etc.) → Learning and behavioural problems in elementary school → Learning and behavioural problems in high school (motivation, psychoactive substance use, delinquency, etc.) → Dropout
3. Poor school performance → Risky adolescent behaviour (psychoactive substance use, risky sexual behaviour, etc.) → Associated health conditions (addiction, pregnancy, etc.) → Dropout

Certain factors such as socioeconomic status, education level of mother, literacy level of parents, family income, or single-parenthood are predictors both of the physical and mental health of adolescents and of their performance at school. In general, we can say that health and school problems have a certain number of socioeconomic precursors in common.

Childhood poverty is associated with various health problems (premature birth, intrauterine growth restriction, infant and young child mortality, infectious diseases, chronic diseases, asthma, injury, hospitalization, and developmental and learning problems). Poverty and low socioeconomic status during childhood are also associated with future health problems in adulthood: higher rates of obesity, smoking, adult mortality, cardiovascular disease, type 2 diabetes, and cognitive problems.

Moreover, the Québec Health Survey of High School Students² shows that while 69 percent of youth have a normal weight, 71 percent of them take measures to change it (59 percent try to control or lose weight, while 12 percent try to gain weight). Among those trying to lose or control their weight, 66 percent use potentially dangerous methods (skipping meals, intensive training, cutting sugar and fat, restrictive diets, etc.). This highlights the excessive attention youth pay to their physical appearance, which can eventually lead to nutritional and psychological imbalances and to health problems. Paradoxically, this state of affairs goes along with a less than stellar portrait of youth lifestyle in terms of nutrition and level of physical activity.

For more information

Alimentation et poids corporel avant l'entrée à l'école

<http://www.stat.gouv.qc.ca/statistiques/sante/bulletins/zoom-sante-200612.pdf>

[1] J. Breslau (2010), Health in Childhood and Adolescence and High School Dropout, California Dropout Research Project Report #17 March 2010. Downloaded at: <http://www.thrivingstudents.org/sites/default/files/Health%20&%20Dropout%20Report.pdf>

[2] ISQ (2012), Québec Health Survey of High School Students (in French). Downloaded at: <http://www.stat.gouv.qc.ca/statistiques/sante/enfants-ados/alimentation/sante-jeunes-secondaire1.pdf>

Taking effective action

Because a better health and lifestyle contribute to better school performance and vice versa, the health, education and family services sectors must work together strategically at both the institutional and community levels. Priority interventions should target underprivileged areas and ensure continuity of services, since it has been clearly shown that physical activity in such areas is limited and that nutrition is often poor or inadequate for optimal youth development.¹

In all cases, however, parents must be involved very early on in the development of a healthy lifestyle among young people, in particular by providing an environment that encourages physical activity and good eating habits.

Avenues for effective action related to nutrition and physical activity

Offer activities that are attractive to both girls and boys:

- by organizing workshops that promote the discovery of healthy foods (cooking activities that feature fruits, vegetables, whole foods, etc.),
- by promoting a diversity of ideas related to body image,
- by promoting healthy behaviours (physical activity, diet, food experiences, balanced portions, etc.);
- to encourage participation in sports (teams, varsity leagues, etc.).

Make agreements with various organizations to make it easier to use their facilities or equipment in the community (cities, CEGEPs, universities, etc.):

- to arrange to use and make accessible local facilities (parks, playgrounds, community kitchens, sports and outdoor infrastructure, etc.),
- to encourage youth participation in activities run by organizations that have facilities and equipment (accessibility, low cost, promotion, etc.).

Facilitate active transportation by setting up safe pedestrian and bicycle routes.

Encourage municipalities to create regulations to limit fast food restaurants and junk food advertising, especially around schools.

Promote a healthy lifestyle on both small and large scales:

- to support parents in establishing a healthy lifestyle for their children's success (nutritional variety, healthy diet, balanced portions, regular physical activity, active transportation, good sleep habits, stress management, physical development, etc.),
- by providing environments that foster a healthy lifestyle in youth environments (healthy snacks in child care and daycare centres, healthy food in school cafeterias, sporting activities, safe environments, sports equipment for schoolyards, active transportation, etc.).

[1] N.H. Falkner D. Neumark-Sztainer, M. Story, R. W. Jeffrey, T. Beuhring, and M.D. Resnick (2001), Social, educational, and psychological correlates of weight status in adolescents, *Obesity Research*, 9, 32–42. Downloaded at: <http://www.ncbi.nlm.nih.gov/pubmed/11346665>