REVISTA O MUNDO DA SAÚDE

Experience of Implementing a Food and Nutrition Education Program for Preschoolers

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Abstract

Food and Nutrition Education (FNE) promotes healthy eating habits starting from the first years of life, which is a fundamental part in programs for the prevention and control of childhood obesity. In this context, in addition to the family, the school is an ideal environment, as it is a conducive place for learning, and where children spend most of their time, as well as eat their meals. The objective of this study was to implement the "Grow Healthy at School" Program through problematization methodologies using the Charles Maguerez Arch (CMA), for preschoolers in a school for early childhood education (SP/SP). The study design is longitudinal in nature, qualitative, and quantitative. The sample consisted of 151 children, 4-6 years old, after parental consent, during 2018-2019. The steps of the CMA comprise observation of reality, identification of key points, theorization, formulation of hypotheses, and application in reality. Therefore, 39 FNE activities were applied, and a portion of fruit was offered weekly while educational messages were sent to parents about healthy eating, biweekly. As a result, the children participated with great enthusiasm and interest, and accepted the fruits very well. Although, there is a limitation in measuring the results related to food consumption, as they are perceived in the long term, the children were very interested and willing to replicate the knowledge learned, demonstrating that this Program has practical applicability and can be repeated in other schools. Thus, permanent resources and continuous methodologies are needed that address the awareness of the school community, as well as the planning and the regular consumption of healthy foods by students.

Keywords: Health Promotion, Food and Nutrition Education, Pre-school, School.

INTRODUCTION

According to the World Health Organization (WHO), obesity in the world has tripled since 1975, and is considered a global epidemic. In 2016, among children and adolescents, it is estimated that more than 340 million five to nineteen years old individuals were overweight or obese, while among children under five, this number has already reached 38 million[1]. In Brazil, according to the 2008 Family Budget Survey (FBS), in the period from five to nine years of age, 32% of boys and 34.8% of girls were overweight, and, respectively, 16.6% and 11.8% were obese, and this prevalence was significantly higher in the urban area. Among adolescents aged 10 to 19 years, overweight had a more pronounced increase than obesity, and this showed an upward trend[2]. In the adult Brazilian population, from 2006 to 2018, there was an increase of 67.8% in obesity and 30.8% in overweight[3]. In the municipality of São Paulo, according to recent information, overweight has also affected children under five years of age.

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Anthropometric data collected in Primary Health Care, in 2019, indicate that 7.4% to 11.8% of children were overweight. More specifically in the Vila Mariana/Jabaquara region, 9.3% to 10% of preschoolers demonstrated excess weight; and yet, a height deficit of 6.9% to 7.7%, which is related to malnutrition. Together, these indicators reveal the magnitude of nutritional deviations, with children under five years of age showing a greater biological and social vulnerability[4].

Obesity is a pro-inflammatory condition, which in children is capable of affecting their entire organic system, and if it persists, in adulthood it can lead to serious consequences in health and quality of life. In this context, it can promote an increased risk of several chronic diseases, such as systemic arterial hypertension, dyslipidemia, insulin resistance, type 2 diabetes, cardiovascular disease, fatty liver disease, asthma, osteoarthritis, various types of cancer, and psychosocial complications[5]. Moreover, an obese child has a five times greater risk of becoming an obese adult compared to a child with an adequate weight[6].

Although obesity is a multifactorial disease in which endogenous factors, such as genetic and endocrine causes, exogenous factors, such as behavioral aspects, and micro and macro environmental factors are involved. However, the influence of socioeconomic and cultural aspects in childhood and adolescence are much more determinant than genetic factors[7,8]. Among these aspects, technological advances play a fundamental role in environmental and behavioral changes, as they introduce children into virtual interactive activities and disconnect them from the real world. These activities, made available through mobile applications and online games, are under the constant influence of digital marketing techniques from the food industry, such as behavior profile analysis and interactive ads, which stimulate the consumption of energy-dense and low-nutritious foods. They are like television ads, but in a more interactive and effective way. Thus, in addition to establishing immediate food priorities, they are able to form taste preferences that can perpetuate into adulthood, creating an obesogenic environment[9,10].

Considering the importance of preventive measures for chronic non-communicable diseases through diet, Food and Nutrition Education (FNE) is placed as a fundamental strategy, encouraging healthy eating habits and strengthening the autonomy of individuals in the consolidation of these practices[11]. Evidence demonstrates the beneficial effects of FNE on children's food preferences, knowledge of nutrition, autonomy, physical activity, adequacy of body mass index (BMI) and waist circumference, through interactive activities such as games, stories, and music related to nutrition, cooking, and school gardens[10].

Food and nutrition, which are the responsibility of the State, the social environment, and the individuals themselves, in addition to basic elements for health promotion and protection, are fundamental for the development of learning and school performance[12]. Thus, the National School Feeding Program (NSFP), instituted in the country in 1955 and reformulated over the years, established among its objectives the formation of healthy eating habits of students through the actions of FNE[13,14].

Thus, the school is a very favorable environment for implementing FNE programs, since the family ceases to play a leading role, and the environment and colleagues become a reference in determining the child's eating habits[15]. Due to the influence of the new social group and the educational system, the child is led to try other foods and preparations, changing his/her eating habits[14].

In this context, health and nutrition education programs carried out in schools are capable of modifying attitudes, knowledge, skills, and behaviors, which will result in a

better quality of life[12].

Considering the importance of implementing effective Food and Nutrition Education strategies aimed at schoolchildren under the age of 5 in the southern region of the city of São Paulo and the inadequate anthropometric indices, from the nutritional point of view, the present work aimed to implement an FNE Program in a public school, for two years, in the city of São Paulo, called the Growing Healthy at School Program to encourage healthy eating among preschoolers.

METHODOLOGY

This was a longitudinal study of the implementation of the Growing Healthy at School Program, with FNE actions, carried out at the Profa. Lourdes Heredia Mello Municipal School of Early Childhood Education (EMEI), located in the south of the city of São Paulo (SP/SP). The Pedagogical Team of EMEI has a director, a coordinator, and eight teachers. The Program was composed of nutritionists and undergraduate students studying Nutrition who were identified as the Health Team.

The inclusion criteria were established by the parents/guardians signing the informed consent form (ICF), consent given by the children (via play), both sexes, aged between 4 and 6 years old and regularly enrolled in the EMEI school. This study was approved by the Ethics Committee of the Centro Universitário São Camilo (CUSC) (No. 2.450.931; CAAE: 80676417.2.0000.0062). The terms of agreement were presented as follows: first, an explanation was presented in a simple way for children of how the Program would occur; then, the child was given the freedom to choose whether he/she wanted to participate or not; if they accepted, the child would have to draw up a drawing of the food they liked the most for the Program team.

The Program structure occurred in the following way, the Health Team, accompanied by the pedagogical team, visited once a week to evaluate and develop playful activities with the children, as well as participated in the parents' meetings, previously scheduled by EMEI.

The Program lasted two academic years, with a total sample of 151 preschoolers. Half of the students who participated in the 1st academic year, continued until the end. The school has four classes, two initial and two final classes, and the children remain enrolled in the school for a maximum of two years. See the timeline and the number of students per school year in the figure below (Figure 1).

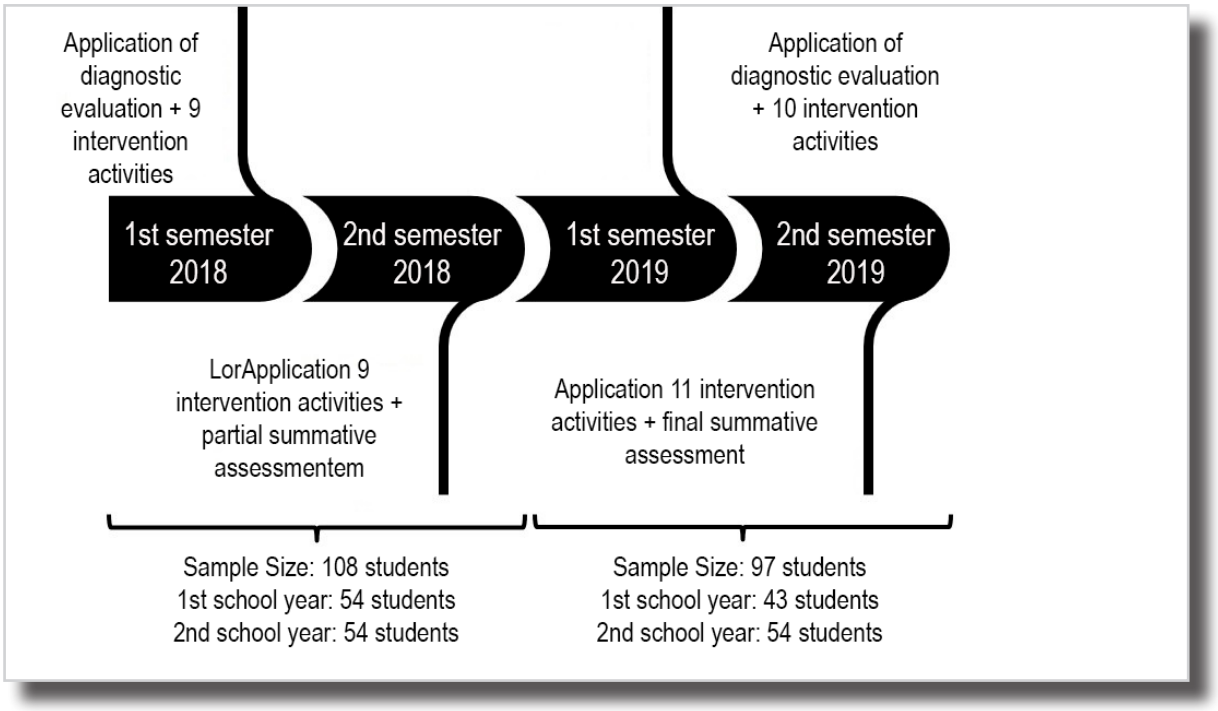

Figure 1 – Timeline and number of students per school year of the Growing Healthy at School Program.

For the construction of the Program, problematizing methodologies were applied using the Charles Maguerez Arch (CMA). The steps of the CMA are comprised of the observation of reality (diagnostic evaluation), identification of key points, theorization, formulation of hypotheses, and application in reality[16].

The structure of the Growing Healthy at School Program included a characterization questionnaire for diagnostic evaluation, applied to parents to investigate the child's social and clinical aspects, in addition to information on the family's level of education on the topic of healthy eating, held in a meeting between parents and/or guardians at EMEI. Regarding questions about healthy eating, the instrument offered a score for each correct answer, in that the higher the score, the greater the family's level of education on the issue addressed. The result of applying this questionnaire was important for the identification of the key points and the construction of regular educational activities, adapted to the students' reality.

During the two years of the Program, 39 different educational intervention activities were applied, each with a different methodology (see Table 1). All activities were planned according to the age group and education of the children. After each activity, there was a discussion with the Program's health team and the pedagogical team of EMEI about the children's use. A detailed description of the activities of the first academic year of the Growing Healthy at School Program was published in a recent article[17].

Table 1 – List of intervention activities carried out in the 2018-2019 period.

Intervention activities carried out in the academic year 2018	
"What Fruit Am I?"	"Child Nutritionist"
"What Vegetable Am I?"	“Food traffic light”
“Food Journal”	“My Healthy Dish”
“Playing Washing Hands”	“Joy Race”
“In the Kingdom of Fruitland”	“My Healthy Body”
"Food Bowling"	“Singing with Food”
“Food Fishing”	“Playing with Vitamins”
“My 1st Recipe Book”	“Food Finger Puppets”
“Fruit Charade”	“Food Garland”
Intervention activities carried out in the academic year 2019	
“Food preferences”	“Preparing a Healthy Dish”
“Coloring the Food”	"Quiz: Healthy Food"
“Finding out what's missing in the carrot”	“The Importance of Drinking Water”
“Fruit Salad tasting”	"Hot potato"
“Storytelling”	“Storytelling”
“Knowing the Vegetables”	“Healthy Food Masks”
"The Importance of Washing Hands"	“Getting to know Fresh and Dried Fruits”
"Knowing the Greens"	“Knowing the Oilseeds”
“Vegetable Treasure Hunt”	“Discovering Where the Fibers Come From”
“Transformation of Corn into Popcorn”	“Program Participation Medal”
“Understanding Food Processing”	

In the final stage, the children's attitudes/perceptions of food were investigated and the family's perception of changes in their behavior regarding food choices was also investigated, through the reapplication of the characterization questionnaire, in a self-administered format, sent to parents or guardians via school schedule. The analysis of these data (initial and final) represents the quantitative approach of the present study, which was carried out with the aid of the Statistical Package for the Social Sciences® (SPSS) program, version 23.0 (SPSS Incorporation, 2006). The significance value considered was $p < 0.05$ for the paired Student's T and Wilcoxon tests (paired samples), and Student's T and Mann-Whitney tests (independent samples), according to the distribution of the score variable of questionnaire on healthy eating.

Regarding the qualitative nature, the approach was based on the monitoring of children throughout play activities, and at the end of the Program, some families manifested themselves with the perception of the Program on a voluntary basis. The analysis of these statements was based on the discourse of the collective subject, a method on social representation that uses individual testimonies in the construction of one or more words or phrases that represent the collective[18].

Thus, considering the objective of the work, the results of this study are of a qualitative and quantitative nature, observed by those who participated in the application of and the monitoring of activities with the children and the family; all the while considering that the characteristics of critical analysis and intellectual maturity of these preschool children, were still being developed.

RESULTS

From the results of the questionnaire to characterize parents and/or family members, it was found that half of the sample (49.5%) did not complete high school. Most families (75.5%) had an income of up to 3 minimum wages and 53.8% of parents or guardians were overweight. Regarding the families' knowledge about healthy eating, it was possible to perceive that an associated with income. Families that had a higher income answered the questions correctly more frequently than those that had a lower income ($p<0.05$). Except for the combination of rice and beans, in this case, families with lower income had greater knowledge about their benefits than those who had higher monthly income (data not shown). The diagnostic activity aimed at children made it possible to verify that they did not have health problems (reported by the family) and had an affinity for processed and ultra-processed foods, while the recognition of fruits and vegetables common to this region did not always happen. Details on the tool used to assess knowledge regarding healthy eating applied to parents or guardians can be found in a recently published article[17].

In a qualitative way, with the diagnostic evaluation conducted with parents or guardians, through the characterization questionnaire, and with the students, through playful-pedagogical activities of recognition and acceptance of healthy foods as well as affinity for processed and ultra-processed foods, it is estimated that they have a greater chance of having a restricted diet in relation to fresh foods, due to lack of economic access or non-acceptance of the child. Thus, the objective of the Program was to make children aware, through educational activities, about the importance of regular consumption of fruits and vegetables for the maintenance of health.

Regarding the application of educational activities, the results observed in the actions “My First Cookbook”, “Child Nutritionist”, “My Healthy Body” and “Preparing a Health Plate” showed that the capacity for reflection and autonomy gradually increased with increase in acquired knowledge. In addition, social interaction, especially among preschoolers themselves, was able to stimulate curiosity and strengthen self-confidence.

In activities that involved storytelling, such as "In the Kingdom of Fruitland", "Food Finger Puppets", "Francisco's Unhealthy Eating" and the subsequent "Healthy Food Masks" with their characters, and also "The Great Radish" it was possible to observe a lot of attention and participation of the children, with cognitive and metacognitive involvement, since they sought to retake the acquired knowledge and integrate it not only with the later knowledge, but also with the experiences they had.

The objectives of the activities applied in the Program were mostly achieved, with very positive results. With the exception of the activities “Coloring the Food” and “Vegetable Treasure Hunt” in the schoolyard, due to the impossibility of separating the children during the performance of individual activities, which leads them to imitate and/or compete with their classmate next to them, as well as their tendency to disperse easily in open environments. Some results attracted more attention, such as the activities "Knowing the Vegetables" and "Knowing the Greens", in which children were able to get to know and explore sensorially, including through tasting, vegetables and greens. There was

great interest, curiosity, and acceptance of these foods, with repetition of the portions offered, overcoming the food neophobia characteristic of the age group. The activities "Knowing the Fresh and Dried Fruits" and "Knowing the Oilseeds" also stand out, since the knowledge transmitted regarding the nutritional importance and the purpose of the technological process of dehydration of dried fruits was spontaneously repeated by the children in later activities as well as their high acceptance in the tasting, suggesting that the low consumption of these foods is due to the lack of knowledge, offer and/or high cost of them.

It is noteworthy that it was possible to observe that whenever the teacher was present in the execution of the activities, the children were more involved, participative, and behaved within the rules of good coexistence.

In general, the children were extremely participatory, demonstrating that they assimilated much of the past information, and furthermore, they motivated their family's involvement through the spread of the acquired knowledge and through the recognition by the family members of the child's development. In addition, parents and/or guardians were also encouraged through the repercussion of educational activities via the school blog, and by educational messages sent via the child's school journal.

In 2018, a limitation was observed regarding the bond with the family, because, despite the pedagogical team posting photos with the description of all activities on the EMEI blog weekly, as well as the four face-to-face meetings which took place during the year, this contact was not enough to engage the family in relation to the topic of healthy eating. In order to bring parents or guardians of the Program closer together, in 2019, educational messages were sent to families every two weeks, via the school journal, containing tips on how to have a healthier diet and economic and practical recipes to help vary the families' menu.

With the creation of a channel of communication with families via the school journal, 10 mothers expressed (spontaneously) their perception of the Program, reporting experiences lived outside the school environment because of this, in addition to praise and doubts about how to make their child better accept food, especially vegetables, legumes, and fruits, as recorded in the excerpts below transcribed (the students' names have been changed to maintain ethical confidentiality) (see Box 2).

Table 2 – Perception of the mothers of the participants concerning Healthy Growing at School Program.

Central idea	Testimonial
Testimony about the child's diet; Proposed solution; Critical analysis of the Program.	"João comments a lot about your work (project) at home. Every Tuesday he says he can't miss it because it is a special day with nutritionists. He loves it! He still rejects some vegetables, but I always make him try it. He doesn't like some fruits, like watermelon, melon, papaya, mango, but he tries it when we're eating. Congratulations on the project, I can only thank you. Mommy" (Mother of student 1)
Testimony about the child's diet; Critical analysis of the Program.	"I want to thank all the work of nutritionists together with the teachers. Maria has improved significantly, even today she eats food that she hated like beans. Thank you from the heart. Mom" (Mother of student 2)
Testimony about the child's diet; Request for help; Research at the school. Testimony about the child's diet	"Good Morning! I'm still having a hard time getting my daughter to accept vegetables, legumes, and fruits. She says she doesn't like it, I ask if she has already tried it, and she just says yes, and that it was at school, but she insists on saying that she doesn't like it. I do not know what else to do! Can you help me? How do you approach children to eat? Does she eat at school?" (Mother of student 3)
Depoimento sobre a alimentação da criança	"Fernanda always comments on what nutritionists say is healthy or not. And she stopped eating some things, for example: sausage. Thank you." (Mother of student 4)
Testimony about the child's diet	"Rafael has a selectivity of food, at home he practically doesn't eat food, only junk." (Mother of student 5)
Testimony about the child's diet	"He used to eat vegetables (broccoli), nowadays he refuses all vegetables. He's been refusing tomatoes, eggs too. I even intended to ask if he is eating well at school." (Mother of student 6)
Research at the school.	"It is very difficult for my son to eat vegetables and some legumes he doesn't even try. How do I change his diet?" (Mother of student 7)
Testimony about the child's diet; Proposed solution; Critical analysis of the Program.	"I thank you for the great program that you have been doing with the children at EMEI. Felipe has been talking about healthy food and I have been trying to reduce the industrialized foods I used to buy (cookies, crackers, and sweets). It is not an easy thing, because Felipe asks for it, but I am decreasing the quantity of these items a lot. He has been accepting salads and vegetables, something that I had not been able to do here with him before. There are vegetables that he doesn't like yet, but I believe that this may be temporary, and he will start to like them later. Anyway, I thank and recognize the work they do at school as extremely important. I hope they continue in the next semester. Congratulations for the initiative! Hugs." (Mother of student 8)
Testimony about the child's diet	"Juliana talks about the project at home, but she still has difficulty in accepting fruits and vegetables. The only fruit that she most accepts oranges and bananas. She has difficulty accepting (trying) other flavors." (Mother of student 9)
Testimony about the child's diet	"... He progressed every day in writing, playing with his knowledge, he is very happy and loves school. He always says mom, I can't miss it because today we have a nutritionist at school. He is attentive to all the events at the school and talks about everything ..." (Mother of student 10)

The reapplication of the questionnaire on knowledge in relation to healthy eating showed no significant difference when the assessment of the initial score was compared to the final score of the Program.

It is important to highlight that, in the academic year of 2019, the Program entered into a partnership with a private company that donated a portion of fruit, ready for consumption, to each child on the day of the educational activity. In the beginning, there was a refusal by some children, especially when it came to fruits less common for them, such as papaya. After a few weeks, in general, all the children accepted the fruits well.

To conclude the Program, a closing activity was carried out with the children, with the delivery of a medal and a certificate of participation for each child. In this way, the Program's proposal was fulfilled by raising awareness about healthy eating, through educational activities for children, and making the family aware about the importance of the theme for the health of preschoolers.

DISCUSSION

Children develop their food preferences and aversions through direct contact with food, either by sight, touch, smell, taste, as well as by observing the social environment and eating behavior of others[19]. Thus, many factors are capable of interfering in the formation of eating habits, such as the environment, the family, and the socioeconomic and cultural level[20].

Parents are the first influence of the child's eating habits, however, they are often not very sensitive and receptive to signs of hunger and satiety, offering little autonomy to the child during meals, contributing to the development of behaviors that interfere with their food consumption, such as neophobia, determined by the refusal of unknown foods[21]. Food selectivity and neophobia are characteristic of the eating behavior of children between 2 and 5 years of age. The knowledge that strategies based on experimentation and repeated exposure in positive environments favor the acceptance and the development of food preferences was the basis for the intervention program of the Growing Healthy at School Program offering a portion of fruit, weekly, to the children at EMEI. The literature points out that, on average, a child shows an increase in the consumption of vegetables after eight to ten exposures at regular intervals, which is often not achieved, since parents feel discouraged by the child's facial expressions of aversion in the first attempts[19].

The educational activities of the Growing Healthy at School Program were based on what the literature points out to be most effective, that is, considering that in order to make children aware of the importance of regular consumption of fruits and vegetables for the maintenance of health, it is necessary that the intervention lasts more than 6 months, and experimental activities (such as cooking and gardening workshops), sensory learning (from images, sounds resulting from biting and chewing, music and stories, textures, smells and flavors), and exposures to flavors (with a minimum of 10 exposures) occur[19,22].

Given that the increase in nutritional problems in children and adolescents is associated with greater risks to health and

development, FNE has become a requirement within the preschool curriculum in many countries[19].

When starting academic life, the child expands their environment and social group, starting to have other references in addition to the family influencing food choices. Thus, the school environment becomes opportune for the implementation of FNE programs and may have a wide reach due to the number of children involved[15]. In Brazil, Law 13.666/18 establishes that FNE be included in the curriculum of elementary and high school, in the classes of science and biology[23].

As carried out in the present study, FNE programs aimed at parents, are generally based on the provision of nutritional information, since when children are involved, interactive activities capable of promoting child engagement are used, such as educational stories, drawings, games, gardening, cooking, and tasting[21].

Thus, the educational activities of the Growing Healthy at School Program were planned and developed in a participatory manner, according to the goals established at the beginning of its implementation and considering the cognitive and socio-cultural characteristics of the target audience, with an active, dialogued, playful and interactive methodology. Active methodologies favor constructive teaching-learning processes, which stimulate students' reflection, self-confidence, autonomy, and curiosity[24,25]. In the active methodology, a child acquires greater self-confidence and autonomy when they realize that problems can be solved in different ways through solutions planned and executed by themselves[25]. These concepts became clear in the applied activities that were based on active and constructive methodologies, such as: "My First Cookbook", "Child Nutritionist", "My Healthy Body", and "Preparing a Healthy Dish", as described in the results.

In parallel, playfulness, whether through games, music, dances, or storytelling, allows children to get closer to knowledge in a pleasurable way, stimulating interaction with the world and imagination, making the child reflect about the cultural reality in which they are inserted, with its rules and social roles[26]. Thus, it favors not only learning, but also the ability to interpret, make decisions, and raise hypotheses[27].

However, for these results to be achieved, it is necessary that the duration of the activity, according to the child's level of development and the objectives to be achieved, be respected[28]. In fact, despite the playful character, there must be a lot of planning and regulation of the process. It is essential that the educator has prior knowledge of the children's cognitive development level, is able to observe and respond to their needs, is able to interact at the moment of the activity to provide greater approximation and confidence of the students, and intervene, when necessary, to maintain norms of social conduct. It is their responsibility to plan, prepare, and present activities in an appropriate and non-discriminatory environment of educational and social experiences[29]. In view of these assumptions, it appears that the educational objectives of the Program were achieved, as a result of: (1) conscientious and articulated planning between the health and pedagogical teams; (2) preparation of materials and environment; and (3) application of activities, in four classes/rooms, according to the level of cognitive development, with at least two educators and, whenever possible, an EMEI teacher, for an adequate interaction, monitoring, and regulation of the process. These findings, already verified in other

studies, demonstrate the importance of the active participation of teachers in activities, since this proximity to the children's reality can favor the development of more effective strategies[27,30,31].

Regarding the activities that involved storytelling applied in the Program, it is known that these strategies and their specificities (such as use of complementary materials, characterization of the storyteller, voice intonation, and body expression), in addition to being an interactive activity, also educates, instructs, favors the development of cognitive and metacognitive skills, stimulates the imagination and self-expression, allowing the child to build their own references and ethical judgments as well as develop their ability to solve every day problems[32].

The FNE for the preschool audience can be strongly influenced by factors associated with parents, such as food culture, knowledge of nutrition, socioeconomic status, food preferences, limitations on the cost and time available to plan and prepare meals, and engagement with educators. The participation of parents in activities involving FNE is essential for the success of the program and for the learning to last. Among the strategies capable of increasing parental engagement and support in the programs is the sending of informative and educational materials, such as newsletters and healthy monthly recipes to the student's home[33].

From the parents' participation in a spontaneous way, through messages sent to the Program including the central ideas of the testimonies about the child's diet, proposed solutions, requests for help, research at school, and critical analyses of the program showed the parents' interest regarding their children's diet. Despite representing less than 10% of the study sample, it can still be an interesting initiative to raise awareness among other parents, during events at EMEI and/or together with the pedagogical team, about the relevance of healthy eating in the preschool phase.

However, many discursive advances have not reflected proportionately in improvements in the practices developed by professionals. The scarcity of theoretical and methodological references that support the practices of FNE and the low visibility of successful experiences represent a challenge for its proper implementation, justifying the need to expand this knowledge[14].

CONCLUSION

It was possible to verify how eager the preschoolers were to learn about healthy eating. This was demonstrated by their interest, participation, commitment, and collaboration in the activities, as well as by their willingness to replicate the knowledge acquired at school for their families. Such was the involvement of family members, that many felt comfortable expressing thanks and even asking for support from the Program to remedy their particular difficulties. The importance of the family in the planning, acquisition, preparation and offering a balanced diet for preschool children as a support in the process of acquisition and changing inappropriate standards, in the replication of knowledge and in their involvement becomes decisive in this process.

Thus, the relevance of the FNE integrated into the school scenario is noted - characterized by being an environment conducive to the generation of knowledge and fundamental for

the formation of habits in the future. Therefore, the structure of the Growing Healthy at School Program implemented may be applied in other schools, respecting their particular characteristics, in order to encourage healthy eating among preschoolers.

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