

健康促進學校介入情形與國小師生營養知識、飲食行為之相關性研究

Investigation on the association between health promoting school programs & nutrition knowledge and eating behaviors among students and teachers in elementary schools

中文摘要

1995 年起，世界衛生組織提出建立「健康促進學校」以改善學生及教職員的健康、教育及生活。台灣地區於 93 年起在全國學校推動健康促進學校計劃，但直至目前為止，國外針對健康促進學校推動成效的文獻相當有限，國內則尚未有相關之研究結果出現。本研究旨在了解國小六年級學生與教師之營養知識和飲食行為現況，及探討健康促進學校之介入情形與師生營養知識與飲食行為現況之關係。

本研究於 2007 年 1 月選取自選健康飲食為主題的健康促進學校一所(A 校)、非健康飲食為主題的健康促進學校一所(B 校)及非健康促進學校兩所(C 校)，共 525 位學生與 283 位教師進行問卷施測，以線性迴歸分析學生與教師之營養知識、飲食行為及食物攝取頻率與學校健康促進介入情形之相關性。

研究結果發現控制基本人口學變項、健康狀況及營養知識興趣後，健康飲食為主題的健康促進學校(A 校)學生及教職員得分皆與控制組(C 校)無統計上的顯著差異；在食物攝取頻率部分，控制相關變項後，A 校學生顯著有較高的「空熱量食物」攝取頻率($\beta=1.25;95\%CI:0.02,2.49$)，而 A 校教師則有較高的「高油食物」攝取頻率($\beta=1.07;95\%CI:0.21,1.93$)。此外，師生對營養知識的興趣及體重相關變項(包括體位、體重意象或身材意象)皆顯著與飲食行為相關。

建議將來推動健康飲食為主題的健康促進學校時，可著重提昇師生對營養知識的喜愛與興趣，以期改變飲食行為，此外亦建議配合健康體位教育，以避免因不正確的身體意象而產生不當的飲食行為危害健康。在學生的飲食行為中亦發現家長自製晚餐者學生有較好的飲食行為得分，因此建議可加強家長之飲食宣導活動，藉由家庭供餐環境的改變，營造學生全面的健康飲食環境。

在本研究中發現，推行以健康飲食為主題的健康促進介入兩年後，雖見到學校師生在營養知識及飲食行為與其他學校沒有統計上的顯著差異，但經過學校政策、課程規劃、社區環境、學校環境等因素的長期變化後，推行的成效是否有所改變，將值得繼續追蹤與了解。

英文摘要

In 1995, the World Health Organization proposed the concept of Health Promoting Schools, which aimed at creating and maintaining a healthy learning environment to promote the physical, emotional, and social well-being of staff and students. In Taiwan, the 'health promoting school' program collaborated by Department of

Health and Ministry of Education with the six areas in line with WHO was initiated in 2003. However, the effects of the administration of health promoting schools, especially with the focus on nutrition, have not been well evaluated.

This cross-sectional study aimed at investigating the association between the intervention of health promoting school programs and the nutrition knowledge and diet behaviors among students and teachers in elementary schools. A total of 525 students and 283 teachers were recruited in 2007 from 3 types of schools, including (1) a health promoting school focusing on nutrition (school A), (2) a health promoting school not focusing on nutrition (school B) and (3) a non-health promoting school (school C). A self-reported questionnaire was applied to collect information on nutrition knowledge, diet behavior and the consumption frequency of food items among students and teachers. It was found in this study that independent of socio-demographic variables, health status and the interests in nutrition knowledge, there was no statistically significant difference between health promoting school programs (i.e., school A & school C) and nutrition knowledge and diet behaviors for both students and teachers. Furthermore, after controlling for all other variables, the students and teachers in school A consumed more junk food ($\beta=1.25$;95%CI:0.02,2.49) and oily food ($\beta=1.07$;95%CI:0.21,1.93), respectively. In addition, the interests in nutrition knowledge and body weight were significantly associated with diet behaviors of students and teachers.

In the future, the design of a more effective program to promote health promoting schools, especially with the focus on elevating the interests in nutrition knowledge among teachers and students, might help modification towards healthier diet behaviors in elementary schools. In addition, incorporating education of body size in schools might avoid improper diet behaviors due to inappropriate body image. It might also be critical to obtain parents' involvements because children who had dinner made by their parents reported better diet behaviors. Finally, it indeed takes time for health education to change one's knowledge and behaviors. Although this study was unable to observe significant impact on the administration of health promoting schools, followed-up studies are in need to keep monitoring the long-term effects of health promoting schools.