THE SCHOOL CONTEXT AS A SCENARIO TO PROMOTE A LIFESTYLE THROUGH THE INTEGRAL EDUCATION OF CHILDREN AND ADOLESCENTS

M. De Souza Martins[1], S. Posada-Bernal[2], L. Moreno-Bernal[1], N. Villalobos-Forero[1], K. Pinto-Ramirez[1], C. López-Franco[1]

[1]Pontificia Universidad Javeriana (COLOMBIA)
[2]Universidad Santo Tomás (COLOMBIA)

Abstract

Introduction: The school context is part of a stage of human development in which habits and values that reflect a lifestyle are incorporated. Thus, lifestyle in human development may undergo variations according to social relations, interaction with the cultural environment and the individual or collective living conditions of the person.

Objective: To analyze the trend of lifestyles in the current school context based on a systematic documentary review.

Theoretical Framework: Human development lasts a lifetime, and each stage has its own characteristics and values that reflect people's lifestyles. In addition, given the characteristics of human development in childhood and adolescence, the school is presented as a scenario to approach the understanding of the habits that lead to the configuration of lifestyles and from there, generate strategies that favor the integral education of students.

Methodology: A descriptive qualitative method was used through a Systematic Review (SR) based on the items proposed in the PRISMA Statement (Preferred Reporting Items for Systematic reviews and Meta-Analyses): a) Search for information; b) Identification of the sample; c) Selection of the studies; d) Choice of the studies; and e) Interpretation of the findings. As a source of information, we used papers published in the Medline, Complementary Index, Academic Search Ultimate and EBSCO databases. In addition, 65 articles published between January 2020 and February 2024 were included and classified into 4 categories: Body Practices (BP); Nutrition (NU); Preventive Behaviors (PB); and Sleep Quality (SQ).

Results: In general, from the selected documents, a trend is evident in the bibliometric indicators where 56% (n=36) of the publication period is between the years 2022 and 2024, shows an emphasis on the promotion of a healthy lifestyle, which is related to the Covid-19 pandemic. Similarly, the publication by continent shows 54% (n=35) for America, followed by 37% (n=24) for Europe, which indicates an evolutionary propensity of lifestyle in the school environment from a globalized perspective to the specificity of human development of each continent. On the other hand, from the lexometric analysis, it is evident the frequencies of terms that configured 4 categories related to lifestyle in childhood and adolescence, which are predictors of quality of life in the future: BP (24.6%; n=16), involves innate motor bodily movements and exercises that reflect the experiences, the senses and the internalization of an action; NU (24.6%; n=16), involving the intake of necessary foods to maintain optimal body function, preserve or restore health, and minimize disease risk; PB (26.2%; n=17), encompassing voluntary or involuntary actions, which can lead to protective consequences for health; SQ (24.6%; n=16) defined as a good night's sleep and functioning well during the day affects school activities. As a result, the school context needs to promote socioemotional well-being and healthy living habits for the integral education of students.

Conclusions: The results derived from SR made it possible to identify an integral education trend within the framework of human development, specifically in the stage of childhood and adolescence, towards the promotion of healthy lifestyles in the educational context as a strategy for care, promotion, prevention and awareness of physical, mental and emotional well-being aimed at future quality of life.

Keywords: Lifestyle, School Context, Integral Education.

1 INTRODUCTION

Human development over the centuries is associated with technological advances and creations derived from human needs and innovations to facilitate and benefit people's daily work [1]. The world is

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experiencing economic, social, cultural, political, and technological changes at an impressive pace, mainly due to the industrial, technological, and globalization revolutions that are dynamizing world interaction in all aspects [2].

Lifestyles are understood as behaviors that determine the health-disease process in combination with biological vulnerability, psychophysiological reactivity, age, and gender [3]. Moreover, they are understood as patterns of activities or behaviors that people choose among those available according to their social context [4]. For this reason, from the perspective of human development, human behavior and well-being are considered within the framework of a system configured through culture and community [5].

On the other hand, the educational context is an environment that brings greater independence to the student, becoming a risk factor for health, since social relationships can promote habits that lead to unhealthy lifestyles [6]. Therefore, since the twentieth century, the literature has shown a growing concern about lifestyles and the consequences they can have on people's health.

In this sense, it becomes relevant to ask about lifestyles in an educational context, since they represent aspects that influence development and require an understanding that highlights these interactions and promotes well-being and the perception of a future quality of life. This stage presents particularities that are considered crucial for the acquisition and consolidation of healthy lifestyles [7]. In turn, it is understood that this stage of development takes place in the stage of the educational context, where the consolidation of behaviors comes from the moment of the life cycle in which new habits and own ways of life acquired during this stage are incorporated in its various forms of socialization [8].

In the educational context, on the other hand, the benefits of behaviors that include recommendations related to physical lifestyle to promote a healthy lifestyle are evident. Therefore, the concept of physical lifestyle includes all practices related to the growth and development of the human body [9]. In this sense, these practices related to growth have categories such as physical activity, preventive behavior, nutrition and sleep quality.

2 THEORETICAL FRAMEWORK

Human development lasts for a lifetime, and each stage has its own characteristics and values that reflect people's lifestyles [10]. Each stage of lifestyles in human development has distinctive characteristics that are not limited to a specific age range, but can vary according to social relationships, systems, and individual or collective living conditions of the person [7].

In the educational context, they represent processes of interaction of the student with the immediate environment, where lifestyles are configured considered as human behaviors that undergo changes from a biopsychosocial perspective, being able to develop attitudinal and behavioral changes to achieve the intrinsic needs of development [11]. In this sense, the student during development in its different stages, considering the variability and individuality of each person, establish their own lifestyle, which is closely related to health [12].

Lifestyle is understood as the set of behaviors, attitudes, tendencies, values, and vital forms that characterize the way people live [13]. Based on the above, the concept of lifestyle encompasses a wide range of behaviors and attitudes that define how people live and develop in their environment. Therefore, lifestyles are associated with the specific situations in which people develop and carry out their daily activities [1].

Therefore, from the perspective of physical development, lifestyle refers to the daily activities that manifest the attitudes and values of individuals and are closely related to physical development, motor skills and quality of life [14]. These activities include a variety of daily practices, such as the performance of physical exercises, participation in sports or the integration of body awareness in daily life, where these elements are thus related to the physical spectrum of the individual. The "physical lifestyle" is also defined as individual and collective actions that promote the development of a quality of life through beliefs, knowledge and habits that promote health and physical well-being [15].

3 METHODOLOGY

A descriptive qualitative method was used through a Systematic Review (SR) based on the items proposed in the PRISMA Statement (Preferred Reporting Items for Systematic reviews and Meta-

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Analyses) [16]: a) Search for information; b) Identification of the sample; c) Selection of the studies; d) Choice of the studies; and e) Interpretation of the findings.

a. *Search for information* - starting from the categories of (physical) lifestyle in the educational context. As sources of information were used complete works published in the integrated databases of the Library Alfonso Borrero Cabal S.J. of the Pontificia Universidad Javeriana - Bogotá, focusing on the use of advanced search in Medline, Complementary Index, Academic Search Ultimate and EBSCO. In addition, keywords (MeSH) were used to elaborate the search terms: "Lifestyle" combined by connectors such as AND/OR with: "Physical Activity", "Body Practice", "Nutrition", "Preventive Behavior", " Quality of Sleep".
b. *Identification of the sample* - the selection criteria were: 1) articles published in scientific journals of education in the period between January 2020 and February 2024; 2) articles with the selected keywords; 3) studies conducted in the context of school education; and 4) publications in Spanish or English. In turn, the exclusion criteria for the review were: 1) articles prior to 2020; 2) research or articles from other fields of knowledge such as anthropology, philosophy and theology; 3) duplicate articles; and 4) articles from the grey literature.
c. *Selection of the studies* - a total of 130,284 papers were found through the search engines in 498 journals registered in the databases. Inclusion and exclusion criteria were applied. In this sense, 98,458 papers were outside the selection period, 23,820 duplicate studies were eliminated, and 7,225 papers were excluded because they were not directly related to the topic. Therefore, 781 papers were selected for abstract reading. Subsequently, 123 papers were selected for full-text reading, of which 58 articles were excluded for presenting partial and empirical results in the research. *Figure 1* shows the stages of SR step by step.
d. *Selection of studies* - a total of 65 documents were included for analysis and reflection on the research phenomenon.
e. *Interpretation of the results* - in this last stage, a descriptive review analysis derived from the selected documents was used by means of a Specialized Analytical Review - SAR, in a database in Microsoft Excel version 2407. In this SAR, the information was categorized by the following sections: author, year of publication, reference, journal name, publisher, language of publication, subject or topic, category, methodology used, instruments, methodological design, results, conclusions, relevant citations of the articles, references and most cited authors. A lexicometric analysis was also performed (*Figure 2*) with the 15 main word frequencies as parameters for grouping the dimensions: "Body Practice", "Nutrition", "Preventive Behavior", "Quality of Sleep".

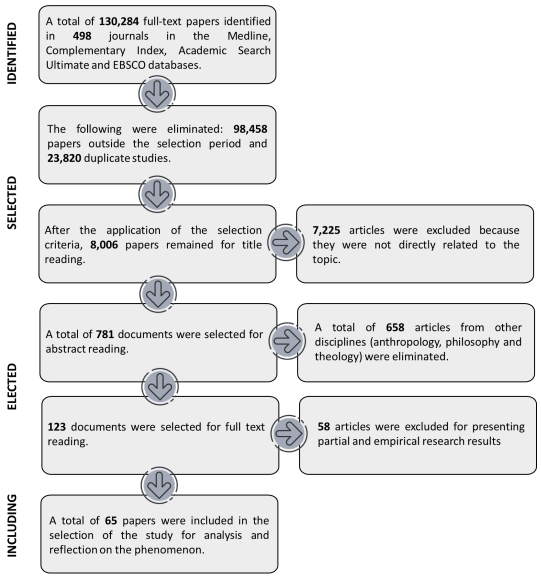

Figure 1. Stages of Systematic Review.

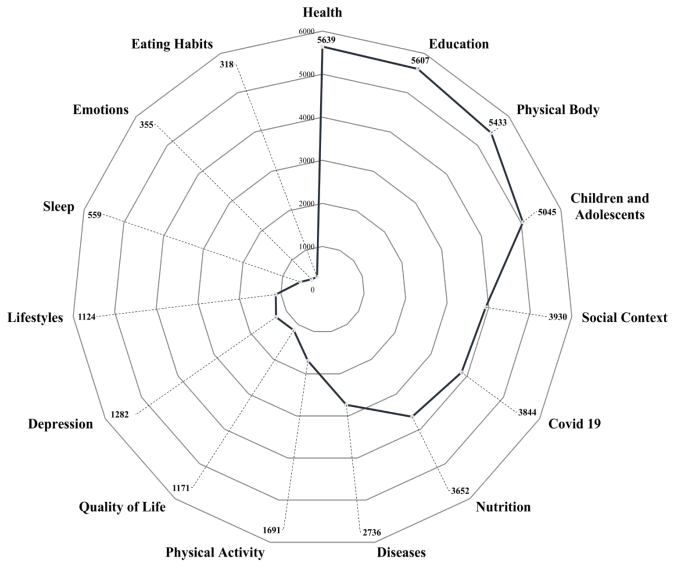

Figure 2. Lexicometric Analysis.

4 RESULTS

In general, from the selected documents, a trend is evident in the bibliometric indicators where 56% (n=36) of the publication period is between the years 2022 and 2024, shows an emphasis on the

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promotion of a healthy lifestyle, which is related to the Covid-19 pandemic. Similarly, the publication by continent shows 54% (n=35) for America, followed by 37% (n=24) for Europe, which indicates an evolutionary propensity of lifestyle in the school environment from a globalized perspective to the specificity of human development of each continent. In *Table 1*, the descriptive bibliometric indicators of the selected documents.

Table 1. Descriptive Bibliometric Indicators.

Characteristics	*Variables*	*n. º*	*%*	*Mo*	*Md*	*M*	*±DS*	*s^2*
Period of Publication	2020	19	29%	-	14	13	5,5	30,4
	2021	10	15%					
	2022	14	22%					
	2023	18	28%					
	2024	4	6%					
Methodological Trend	Quantitative	22	34%	-	22	21,7	3,7	13,6
	Qualitative	17	26%					
	Mixed	26	40%					
Instruments	Standardized Questionnaires	25	38%	-	5,5	10,8	10,5	110,5
	Anthropometric Measurements	1	2%					
	Surveys	6	9%					
	Test	5	8%					
	Focus Groups	2	3%					
	Document Review	26	40%					
Publication Language	Spanish	38	58%	-	25	21,7	14,9	221,6
	English	25	38%					
	Portuguese	2	3%					
Publication by Continent	America	35	54%	1	4	13	14	194,8
	Europe	24	37%					
	Africa	1	2%					
	Oceania	1	2%					
	Asia	4	6%					
Signature Collaboration	Two Authors	13	20%	-	11,5	10,8	6,31	39,8
	Three Authors	20	31%					
	Four Authors	15	23%					
	Five Authors	7	11%					
	Six or more Authors	10	15%					
Dimensions	Body Practice	16	24,60%	16	16	16,25	0,43	0,19
	Nutrition	16	24,60%					
	Preventive Behavior	17	26,20%					
	Quality of Sleep	16	24,60%					

On the other hand, *Table 2* shows the results of the analysis of the category "body practice" and, based on the results, two variables emerge: voluntary action and decision making. First, the concept of voluntary action shows that the execution of movements is a conscious and directed act. The origin of any voluntary movement is the mental representation of the movement, that is, the motor image previously made in the cerebral cortex [7]. Therefore, voluntary action represents the ability to initiate and control movements in a conscious manner, showing that this factor influences physical practices based on mental planning and anticipation in the execution of actions.

In the same way, the variable of decision making appears as a factor in the execution of intentional movements. We could define decision making as the mental process by which the person, after perceiving the environment, selects and plans an appropriate response compatible with the environment

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in which is located [3]. This variable suggests a mental process in which the individual selects and plans a response to a stimulus, where decision making involves a reading and evaluation of the context in order to adapt specific actions, involving in body practices, a moment of selection and planning of responses that influence the adaptation of movement.

Table 2. Body Practice Results.

Variables	***Findings***
Voluntary Action	The term "physical activity" refers to any activity that involves physical movement and requires the expenditure of energy [17].
	Physical activity refers to a range of activities that are part of people's daily lives and environments [18].
	Basic motor skills are defined as simple and organized movements that involve the combination of movement patterns of two or more parts of the body [19].
	Physical activity, considered a fundamental bodily practice, helps to maintain a healthy balance, manage stress and improve resilience and quality of life [20].
	School and out-of-school physical activity, such as dance and soccer, improves children's health and combats inactivity, promoting holistic health [21].
	High levels of physical activity improve physical health and contribute to psychological and social well-being [22].
	Physical activity affects BMI and overall health in adolescents [23].
	Self-care during the formative years provides a valuable opportunity to teach and encourage regular exercise and proper nutrition [24].
Decision Making	Recreational recess is an opportunity to encourage students' active participation [25].
	The dance, music, rhythmic, psychomotor, recreational, initiation and adventure sports, in focused on health [26].
	The practice of physical activities from infancy is fundamental for the integral development of children [27].
	Among the barriers to physical activity in adolescents, it is worth highlighting the lack of time for practice [28].
	Regular physical activity has increased exponentially attaches to health [29].
	The practice of physical activity, which improves physical fitness and promotes general well-being [30].
	Statistics on physical activity among students show that a significant proportion of them engage in light physical activity [31].
	Promoting physical activity is critical, so play and active transportation are key to increasing the physical activity [32].

Consequently, *Table 3* shows the analysis of the results for the "nutricion" category, reflecting three variables: customs, healthy food and industrialized food. First of all, the variable of customs is related to the cultural and social behavior of a group. Man is a social being; his deeply rooted food customs have developed within a culture and vary greatly from one society to another [14]. From the above, the impact of customs is highlighted, with the category of nutrition, specifically food customs, which are intrinsically linked to culture, influencing food choices, dietary patterns and consumption habits.

Secondly, the variable of a healthy diet is highlighted as a factor in the development and maintenance of nutrition. A healthy diet is achieved through a balanced combination of foods, considering the nutritional needs necessary for adequate growth, influencing the development of physical and intellectual abilities [8]. Therefore, the possibility of a balanced diet addresses the basic nutritional needs, promoting the development of the body in different dimensions, from a motor to a cognitive section.

Lastly, the variable of industrialized foods emerges as an aspect to understand the implications of modern diets. Industrialized food is defined as a combination of several ingredients, usually processed by various industrial methods. In addition to salt, sugar, oils and fats, these products contain additives and substances not used in traditional cooking. [11]. This variable includes food products that have an impact on the nutrition category due to the fact that they have special characteristics in their manufacturing process compared to fresh and natural foods.

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Table 3. Nutrition Results.

Variables	Findings
Customs	Nutrition is essential for the proper functioning of the body and preventing health problems [33].
	Food as a total social fact allows us to understand the underlying social dynamics [34].
	Quality of life is maintaining an adequate diet and is essential to promote health [35].
	A family environment that promotes a balanced diet can improve children's nutritional status and help prevent health problems [36].
	Following fad diets and skipping meals can lead to eating disorders and obesity [37].
	Malnutrition is more prevalent in rural areas than in urban areas [38]
	Parental feeding practices influence children's eating behaviors [39].
	Promote the Mediterranean diet greater family involvement may be needed to change children's diets [40].
Healthy Food	Nutrition education prevents childhood obesity by improving eating habits [41].
	Despite the consumption of fruits and vegetables, students also consume unhealthy foods [42].
	Fruit and vegetable consumption acts as a protective factor of a balanced diet to prevent obesity and cardio-metabolic risk in adolescents [43].
	Emphasis is placed on improving the eating habits of young people to adopt healthy eating behaviors [44].
Industrialized Foods	Childhood obesity is related to an inadequate diet rich in industrialized foods, which increases the risk of cardiovascular and high cholesterol problems [14].
	Excessive consumption of processed foods and low intake of fruits and vegetables in students [45].
	The consumption of ultra-processed foods high in refined fats and sugars is increasing bad health [46].
	An unbalanced diet high in processed foods, saturated fats, and added sugars is associated with weight gain and obesity [47].

Table 4 shows the analysis of the results for the "preventive behavior" category, which reflects three variables: consumption factor, health and self-care. First, the variable "consumption factor" is related to the choices and consumption habits of individuals. Consumption is directly related to personality factors, with a way of understanding life that is projected on personal values and attitudes [10]. Thus, the consumption factor influences preventive behaviors, showing that consumption decisions are determined by the personal characteristics and principles of individuals, and that these elements can guide their choices towards preventive practices in their daily lives.

Second, the variable "health" reflects the human capacity to recognize a state of well-being and a state of discomfort. There is a human capacity to perceive and express, through language, what makes it possible to distinguish between a state of well-being and a state of discomfort, which is related to quality of life and individual well-being [9]. Thus, the conscious perception of the state of health and well-being influences preventive behaviors and guides the actions that the individual should take in relation to these states.

Finally, the self-care variable refers to deliberate practices and behaviors for well-being. Self-care is a voluntary and intentional act that involves the use of reason to guide actions. Daily self-care is considered an element inseparable from action [1]. This perspective highlights how self-care, as an intentional practice, is deeply embedded in the daily actions of individuals and how it influences their ability to adopt effective preventive behaviors in their daily lives.

Table 4. Preventive Behavior Results.

Variables	Findings
Consumption Factor	In relation to screen use, it was found that students with high levels of screen use were the least likely to adhere to a healthy diet [48].
	The mechanization and automation of media are key factors contributing to the increase in sedentary lifestyles [49].
	Industrialization has created environments that limit physical activity, with an increase in screen time [50].
	Preventive behaviors such as promoting physical activity in adolescence can play a critical role in reducing health risk [51].

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	Behaviors during incarceration forced the population to become more sedentary, spend more time on technological devices [52].
	Regular physical activity is associated with healthier lifestyles and lower prevalence of risk behaviors such as alcohol and tobacco use [53].
	Boys were more likely to spend time watching television, using computers, and playing video games, while girls spent more time doing paid work or housework [54].
	Sleep patterns and eating habits are influenced by the specific academic demands of the university stage [55].
Health	COVID-19, has changed people's lifestyles, especially in the adolescent population [56].
	Some important causes of morbimortality in adolescents were pregnancy complications [57].
	Preventive behaviors are actions and habits to avoid disease and promote good health [58].
	Knowing your medical history allows you to identify symptoms and signs of possible diseases, facilitating early diagnosis and timely treatment [59].
	Preventive practices are key to address the remarkable increase in obesity in children and adolescents [60].
Self-care	Within healthy habits and lifestyles, we find body cleanliness, health promotion, the influence of the family nucleus and appropriate behaviors [61].
	The habits of students are fundamental to their development and well-being [62].
	The adherence to multiple health-related behaviors simultaneously can improve the individual impact of each on adolescent health [63].
	During the pandemic, there were significant lifestyle changes to reduce viral transmission [64].

The analysis of the results for the category "quality of sleep" (*Table 5*) reflects two variables: mood and routine. First, the variable "mood" refers to people's feelings and emotions. Moods are feelings that are usually less intense than emotions and often (but not always) lack a contextual stimulus [9]. The above highlights the influence of mood states on sleep quality and how these feelings affect both rest and people's overall well-being. Negative moods are associated with sleep disruption and reduced sleep quality, whereas positive moods are associated with restful rest.

Routine, in turn, has a significant impact on a person's life. A sleep routine regulates brain activity, which facilitates good performance and improves the ability to make decisions the next day [11]. For this reason, establishing and maintaining an adequate sleep routine influences cognitive performance and daily decision making. Regular sleep habits not only promote optimal brain function, but also contribute to a healthy and balanced lifestyle.

Table 5. Quality of Sleep Results.

Variables	***Findings***
State of mind	The importance of no-good quality sleep can have a negative impact on overall well-being [65].
	Screen time and handheld video games negatively affect sleep quality. Promoting healthy sleep habits is essential to improve their quality of life and well-being [66].
	Excessive screen time, especially before bedtime, can disrupt sleep patterns by interfering with rest [67].
	Quality sleep is critical for optimal child development [68].
	Daytime physical activity is positively associated with better quality and duration of nighttime sleep [69].
	Sleep quality may be a gendered behavior. This is attributed to health concerns and depression [70].
	Academic stress negatively affects sleep quality and mood [71].
	Sleep disorders have a negative impact on daily well-being [72].
	Adolescents face increased levels of academic stress and social pressure [73].
	Sleep deprivation among adolescents is a concern; this problem not only affects their academic performance [74].
Routine	Adolescents report that they go to bed and get up at a regular time and that their routine depends on the activities of the day [75].
	Sleep is also an important aspect of children's health [76].
	Adequate time management is associated with sleep quality [1].

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Sedentary and sleep habits highlight affect rest and overall health [78].
Adequate rest during adolescence is critical for overall health [79].
Sleep quality in children and adolescents is assessed according to specific guidelines that include a recommended amount of rest [80].

5 CONCLUSIONS

The results derived from SR made it possible to identify an integral education trend within the framework of human development, specifically in the stage of childhood and adolescence, towards the promotion of healthy lifestyles in the educational context as a strategy for care, promotion, prevention and awareness of physical, mental and emotional well-being aimed at future quality of life. In addition, this type of study in the educational context makes it possible to identify early warnings of changes in the physical lifestyle of students, towards the promotion, prevention and awareness of healthy lifestyles that favour the development of well-being in the school context oriented towards future quality of life.

This research points out relationship routes between the educational context and its influence on the formation of healthy lifestyles, seen that in the population of children and adolescents belonging to it are in a stage of physical, emotional and cognitive development. The study suggests that students' lifestyles are related to their interaction in the school environment, where physical activity, self-care and prevention of unhealthy habits are encouraged.

Thus, the school acts as a catalyst in the formation of healthy behaviors and plays a guiding role in the consolidation of habits that can influence students' future quality of life. The results are in line with the objectives of the study and highlight the need to implement pedagogical strategies that promote the integral development of students and ensure that the school environment is a space conducive to the acquisition of healthy lifestyles.

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